

Quality Assurance Standards for *Domestic Violence Prevention and Intervention*

Within Oregon Department of Human
Services and Oregon Health
Authority

Updated February 18, 2010

An electronic copy of the Standards are available on the
DV Council Web page at:
<http://www.oregon.gov/DHS/abuse/domestic/dvcouncil/index.shtml>

Contents:

Page 3: *Purpose*

Page 4: *Overview*

Page 6: *Glossary of Terms*

Page 8: *Component One:* **Safety-Centered Practices**

Page 12: *Component Two:* **Comprehensive and Responsive Services**

Page 16: *Component Three:* **Respect for Diversity**

Page 19: *Component Four:* **Qualified Staff**

Page 23: *Component Five:* **Effective Partnerships**

Page 27: *Component Six:* **Monitoring and Evaluation**

Page 29: *Appendix #1:* **Guiding Principles**

Page 31: *Appendix #2:* **Recommended content for DV 101 & Workplace Effects of Domestic Violence, Sexual Assault and Stalking training**

Companion Document:* **Current Practice*

Quality Assurance Standards for Domestic Violence Prevention and Intervention within the Department of Human Services and the Oregon Health Authority

PURPOSE

The Department of Human Services (DHS) mission is to “Assist people to become independent, healthy and safe.”

As the Department of Human Services (DHS) transitions into two agencies it is believed that close coordination is critical to maintain services to survivors of domestic violence across Oregon. The Council currently has representatives that are from both DHS and what will be OHA. It is recommended that these standards will apply to both DHS and the Oregon Health Authority (OHA).

The *Domestic Violence Council* presents these quality assurance standards to prevent and reduce domestic violence and to increase the effectiveness of the DHS and OHA response to domestic violence. These standards have been developed to reflect the vision, mission and goals of the Department as well as a set of guiding principles crucial to domestic violence intervention. The principles¹ are:

- Safety of individuals and children
- Holding the batterer/perpetrator accountable, not the victim
- Affirmation of every person’s right to be treated with dignity
- Interventions built upon victim/survivor strengths and decisions
- Honor and respect for diversity
- A coordinated community response to prevent and intervene in domestic violence
- Provision of accurate and supportive options will facilitate informed decision-making by victims and survivors

As DHS and OHA examines policies, practices and training, the Council offers these standards as a reference tool in order to evaluate domestic violence practice at every juncture of policy development and service delivery. The Council aspires that these standards will help the department implement the safest and best possible practices in prevention and intervention services for domestic violence.

The Council recognizes that coordination system-wide is critical to the safety of domestic violence victims/survivors and to any hope of reducing incidents of domestic violence. Collaboration between DHS, OHA, contractors and community partners who work with domestic violence victims/survivors, are reflected throughout the standards.

In addition to use by DHS and OHA, the Council offers these standards to others who are interested in assessing their own practices and service delivery.

¹ Refer to appendix #2 – Guiding Principles for more detail

Quality Assurance Standards Overview:

Reflecting the guiding principles, the Quality Assurance Standards for the Domestic Violence Prevention and Intervention System are comprised of six components, each with objectives, examples of effective practices, guidance, recommendations for assessing progress and current practice. Descriptions of the six components follow:

Component One: Safety Centered Practices

Safe and healthy environments are fundamental to the support system for violence prevention and intervention. Services and supports are designed to create safe and self-sustaining environments for victims/survivors and their children. DHS and OHA staff and contractors maintain a continuous understanding and awareness of power and control dynamics that form the basis for domestic violence.

Component Two: Comprehensive and Responsive Services

The domestic violence prevention and intervention system includes a broad range of informal and formal social supports, care and education, health and social services to meet the needs and circumstances of individuals and children. Services and supports affirm and build upon existing strengths. The comprehensive services and supports focus on the entire continuum of victim/survivor needs.

Component Three: Respect for Diversity

DHS and OHA domestic violence intervention strategies and supports will honor and respect cultures of families including linguistic, geographic, religious, economic, ethnic, racial diversity and disabilities. Services and supports respect family realities, values and beliefs with a consistent promotion of non-violent practices. DHS and OHA staff and contractors understand, acknowledge, and respect the uniqueness of individuals and families. Special needs and developmental levels are recognized and supported.

Component Four: Qualified Staff

Based on their education and/or experience, DHS and OHA staff and contractors have a “best or emerging” practices framework for handling the variety of experiences they may encounter. DHS and OHA staff and contractors participate in training opportunities and receive ongoing supervision to develop realistic and effective plans with victims/survivors. Volunteer and informal networks supporting victims/survivors are strengthened through access to training and other supports.

Component Five: Effective Partnerships

Through a coordinated community response, private and public sector partners join to ensure that victims/survivors can access the comprehensive system of domestic violence prevention and intervention services and supports necessary for safety and well-being. All partners share leadership, maintain open communication, and respect confidentiality.

Component Six: *Monitoring and evaluation*

The foundation of accountability is the use of proven-practices. Systematic monitoring and evaluation help determine if an effective system of domestic violence intervention and prevention is in place. Victims/survivors are identified and supported, services are implemented effectively, and the intended results are achieved. Information gathered should be used in state and local decision-making and in the development of appropriate policies, programs, and practices.

Glossary of terms:

DAS: Oregon Department of Administrative Services

DHS: Oregon Department of Human Services

OHA: Oregon Health Authority

Staff and contractors: DHS and OHA staff and contractors who work with domestic violence victims/survivors, children, and/or their families.

Domestic Violence Council: A group of ten DHS and OHA staff and five community partners who advise the Director of DHS and OHA and their cabinets on domestic violence intervention and prevention efforts within DHS and OHA.

Quality Assurance Standards (QAS): Consistent components and objectives that are included in DHS and OHA activities, services, and programs that were developed to assure the appropriateness of work related to domestic violence.

Domestic Violence: The definition of domestic violence varies across DHS and OHA. The working definition adopted by the DV Council includes common components from the various definitions. *“Domestic Violence is a pattern of controlling and coercive behaviors including physical, emotional, sexual, verbal, psychological, spiritual and economic abuse. Domestic violence is present in all cultures, ages, socio-economic classes, and communities of faith.”*

Objective: A goal, that when achieved, will indicate appropriate responses to domestic violence.

Effective Practice: Practices or models of service that have been proven, through science or practice to achieve or lead to the achievement of the desired outcome.

Guidance: Suggests sample activities that contribute to achieving effective practices.

Recommendations for assessing progress: Suggested processes for reviewing progress toward achieving the objective.

Community partners/partners: Advocates in the community, organizations that work with and provide resources for domestic violence survivors, legal services providers, and other city and state agencies.

Acronyms: (Used in this document)

- **CAF:** Children, Adults and Families
- **CW:** Child Welfare
- **CPS:** Child Protective Services
- **SS:** Self Sufficiency
- **TA-DVS:** Temporary Assistance for Domestic Violence Survivors
- **SPD:** Seniors & People with Disabilities
- **APS:** Adult Protective Services
- **SNAP:** Supplemental Nutritional Assistance Program (formerly Food Stamps)
- **ERDC:** Employment Related Day Care

COMPONENT One: Safety Centered Practices

Objective 1.1

Safe and healthy environments are reflected in the system for prevention and intervention of violence.

Effective Practice

- DHS and OHA policies and practices promote safe and healthy environments that support victims/survivors, their children and families.
- Case plans take into account client safety and confidentiality needs.
- Contractors share a commitment to safety-centered practices in areas of work with domestic violence.
- Contractors are selected based upon this shared commitment.

Guidance

DHS and OHA staff and contractors are equipped with tools, training, resources, and knowledge to promote and help create safe environments for victims/survivors based on best practices.

DHS and OHA staff and contractors receive a basic level of information about the dynamics of domestic violence in accordance with DV 101 training guidelines² developed in partnership with community partners.

DHS and OHA staff and contractors have policies and practices in place that ensure confidentiality for victims/survivors and their families.

Recommendations for Assessing Progress

Periodic policy review indicates tools, trainings, and resources are in place that promote a safe environment for domestic violence victims/survivors.

There is evidence of safety planning whenever services are delivered to clients impacted by domestic violence.

Periodic contract monitoring demonstrates policies and practices that support safety-centered practices related to domestic violence intervention and prevention.

DHS and OHA staff and contractor staff demonstrate adherence to the principles of safety-centered practices.

² Refer to Appendix #2 – Domestic Violence 101 – recommended content

COMPONENT One: Safety Centered Practices

Objective 1.2

DHS and OHA staff and contractors work with individuals who are victims/survivors of domestic violence to identify and implement a plan of action to meet individual needs.

Effective Practice

- Plans focused on safety should be in place for all cases where clients are impacted by domestic violence.
- Plans should reflect the health and safety needs for violence prevention and intervention based on the unique perspective of each individual.
- Plans reflect the ongoing affects of domestic violence and specific barriers the victim may be encountering.
- Individual and family insights, opinions, and needs shape decision making, service plan development and the implementation of services.
- Where appropriate, plans are provided through a system of care coordination.
- Service delivery activities are coordinated to strengthen interventions, thereby reducing duplicative efforts.
- Workers recognize their position of authority and take steps to compensate accordingly to empower the victims/survivors in personal decision making.

Guidance

Plans are customized to meet individual health and safety needs to minimize the impact of domestic violence.

Forums and practices are in place to solicit client input in the development of plans.

Mechanisms are in place in communities to assure that clients interface with various systems to foster a comprehensive continuum of care.

Recommendations For Assessing Progress

There is evidence of individualized action plans customized to meet the unique needs of each victim of domestic violence.

COMPONENT One: Safety Centered Practices

Objective 1.3

Individuals who are or who have been victims/survivors of domestic violence have the opportunity to participate in knowledge and skill development that helps them to create safe and healthy environments.

Effective Practice

- DHS and OHA staff and contractors have an understanding of the opportunities available for victims/survivors and offer them to victims/survivors in a way that will most effectively meet the needs of the victim.

Guidance

DHS and OHA staff and contractors provide practical and appropriate skill building and training activities for victims/survivors in coordination with their normal support system and community based service providers.

Services should be offered based on client need.

Recommendations For Assessing Progress

Periodic review of training opportunities indicates that skill building and training opportunities are available and utilized by clients impacted by domestic violence.

Mechanisms are in place to evaluate the effectiveness of skill building and training opportunities for victims/survivors of domestic violence.

Client feedback should be solicited to determine appropriateness of opportunities offered in meeting their needs.

COMPONENT One: Safety Centered Practices

Objective 1.4

DHS and OHA staff and contractors promote non-violent practices in the workplace.

Effective Practice

- DHS and OHA staff and contractors provide services that demonstrate support of a violence-free workplace for staff, partners, and clients.
- DHS and OHA hiring and retention policies are supportive of maintaining a violence-free workforce.

Guidance

Plans, policies, and protocols reflect a standard of intolerance for violent actions, behaviors, and attitudes.

DHS and OHA staff and contractors avoid actual or perceived coercive or threatening behaviors when working with other staff members or clients.

Recommendations For Assessing Progress

Mechanisms are in place to ensure that DHS and OHA hiring and retention policies are supportive of maintaining a violence-free workforce.

Periodic review indicates policies and practices are implemented that support a nonviolent work environment.

COMPONENT Two: Comprehensive and Responsive Services

Objective 2.1

DHS and OHA policies and procedures support a coordinated and collaborative domestic violence prevention and intervention system of services and supports.

Effective Practice

All components of the DHS and OHA domestic violence prevention and intervention system:

- Support collaborative service delivery,
- Create linkages among programs and services,
- Avoid unnecessary duplication of services and supports, and
- Advance the development of a full continuum of supports for Individuals and children.

Collaborative efforts with community partners addressing DV incorporate the policies and procedures outlined above.

Guidance

Universal screening for domestic violence is conducted to provide access to appropriate services.

Policies and practices create linkages as individuals move through various programs and services.

Policies and practices create linkages among programs and services to build a continuum of supports and avoid overlap and duplication of services.

Letters of agreement, referral mechanisms, and other ongoing strategies that link programs and services are in place.

Recommendations for Assessing Progress

Policies and procedures are in place addressing DV prevention and intervention services and supports.

Periodic review of services reflects application of appropriate DV policies and procedures.

COMPONENT Two: Comprehensive and Responsive Services

Objective 2.2

There is a broad range of formal and informal social supports, care and education, health and social services for individuals and children related to domestic violence intervention and prevention.

Effective Practice

- DHS and OHA programs have services in place to meet the diverse needs of individuals and children for domestic violence prevention and intervention.
- DHS and OHA develops and supports a coordinated community response to domestic violence prevention and intervention.

Guidance

DHS and OHA provides a continuum of DV prevention and intervention services that address client needs.

Coordination of services across DHS clusters ensures maximization of efforts in serving DHS and OHA clients impacted by domestic violence.

Recommendations For Assessing Progress

Client feedback is solicited to determine appropriateness of services.

Periodic data review will indicate the degree and extent of DV prevention and intervention activities provided through DHS and OHA services and supports.

COMPONENT Two: Comprehensive and Responsive Services

Objective 2.3

Services and supports build upon existing strengths. The system of supports promotes connecting individuals and families to comprehensive services to address domestic violence.

Effective Practice

- DHS and OHA staff, contractors and community partners work together in a confidential, consistent and supportive manner.
- Connections across clusters and programs create smooth and easy access for domestic violence prevention and intervention.

Guidance

A process (that may include a screening tool) addressing potential safety risks is conducted at the earliest possible time to identify children and families impacted by DV in order to provide or refer the family to appropriate services and supports.

DHS and OHA works with local DV service providers and coordinating councils to develop comprehensive services.

Unique needs of individuals and families impacted by DV are always considered.

DHS and OHA staff and contractors coordinate services and share resources (training, program information, etc.) when appropriate.

DHS and OHA collaborates with existing community programs addressing DV prevention and intervention activities.

Recommendations For Assessing Progress

Mechanisms are in place for periodic review of DV services and supports for individuals and families.

Feedback from community partners and clients should be used to determine effectiveness of collaborative efforts and coordination of services.

COMPONENT Two: Comprehensive and Responsive Services

Objective 2.4

Batterer accountability is reflected in practice and planning.

Effective Practice

- DHS and OHA staff interact with clients in a manner that avoids victim-blaming or alignment with the perpetrator of violence.

Guidance

Coordination with Batterer Intervention (BI) programs that hold the batterer responsible for using tactics to gain power and maintain control and that meet standards required in ORS 180.700.

Coordination with Batter Intervention programs that hold batterers accountable through attendance, participation, and compliance with BI rules.

Coordinate with local and statewide batterer intervention efforts.

Practice and policy that recognizes the potential for and that discourages victim blaming and system collusion with batterers.

Recommendations For Assessing Progress

Protocols are in place to coordinate with appropriate services for batterers.

Appropriateness of services and referrals are supported by Partner and client feedback.

COMPONENT Three: Respect for Diversity

Objective 3.1

DHS and OHA clients/consumers receive culturally appropriate domestic violence services.

Effective Practice

- DHS and OHA staff and contractors implement strategies to recruit, retain, and promote a diverse staff at all levels of the department that are representative of the population being served and the demographic characteristics of the service area.
- DHS and OHA staff and contractors obtain knowledge and skills, e.g. research literature, training, etc. to provide culturally appropriate domestic violence services to people of different races, ethnicities, languages, countries of origin, acculturations, ages, classes, genders, religious and spiritual beliefs, sexual orientations, and physical abilities.
- DHS and OHA staff and contractors use various communication methods and styles to deliver services that are linguistically suitable, developmentally appropriate, and culturally specific.
- DHS and OHA staff and contractors coordinate with local culturally specific service providers in development of plans to address domestic violence.
- DHS and OHA staff and contractors demonstrate respect for diversity

Guidance

When possible and appropriate, staff reflect the diversity of the population served.

DHS and OHA staff and contractors are provided with appropriate training to expand knowledge and skills for working with diverse populations impacted by domestic violence.

DHS and OHA staff involvement in the community is promoted.

Recommendations For Assessing Progress

Periodic review of staff composition and recruitment practices to assess ability to represent the diversity needs of the community receiving domestic violence prevention and intervention services.

Review of the workplace for evidence of an atmosphere that acknowledges and welcomes people from diverse backgrounds, ages and abilities, etc. through artwork, posters, books, etc.

There is evidence that the department invests in and maintains resource libraries containing up-to-date articles, books, tapes, etc. related to cultural, gender and special needs issues and domestic violence.

Periodic review indicates that tools are in place to address the unique needs of the various communities served by DHS and OHA staff and contractors.

Periodic feedback is solicited from clients, culturally specific programs, and members of specific communities to assess DHS' and OHA' response to the various cultural needs of the community.

Annual performance reviews track compliance with required cultural competency expectations and training related to cultural diversity.

COMPONENT Three: Respect for Diversity

Objective 3.2

DHS and OHA staff and contractors develop participatory, collaborative partnerships with communities (including tribes) and utilize a variety of formal and informal mechanisms to facilitate community and client/consumer involvement in designing, implementing, and planning a culturally competent service delivery system responsive to domestic violence.

Effective Practice

- DHS and OHA and contractors encourage the active involvement of community partners from diverse populations in the development of culturally competent policies and in the design, implementation, and evaluation of local and department level domestic violence prevention and intervention programs.

Guidance

Tools and practices are tailored to meet the unique needs of the population served.

Staff are trained and resources are available to address specific client needs related to domestic violence prevention and intervention.

Assess community to identify diverse populations to be represented in policy design and planning activities related to domestic violence.

Recommendations For Assessing Progress

Identify evidence that DHS and OHA has involved resource people from various cultural and special populations of the community in domestic violence prevention and intervention planning activities.

COMPONENT Four: Qualified Staff

Objective 4.1

Competent DHS and OHA staff and contractors are hired and retained based on job criteria and a demonstrated willingness to meet DHS and OHA domestic violence prevention and intervention standards.

Effective Practice

- Staff are qualified by relevant education, licensure, certification, training and/or experience appropriate to the area in which they work.
- Staff represent the cultural, linguistic and geographic diversity of the community and have an understanding of domestic violence intervention and prevention.
- Staff are equipped with the best tools to work with domestic violence survivors.
- Staff follow safety based policy and practices.
- Staff refer to appropriate service providers.

Guidance

DHS, OHA and contractors ensure that staff have the appropriate knowledge, skills, and experience needed to perform their jobs responsibly. Consideration is given to aspects such as:

- a. Training and/or experience in the position or area of expertise;
- b. Training and/or experience in domestic violence intervention and prevention as appropriate for specific position;
- c. Awareness and sensitivity to the special issues dealing with domestic violence;
- d. Interpersonal communication skills;
- e. Awareness of and sensitivity to cultural issues and local community practices.

Professional staff holds credentials supportive of their work.

Efforts are made to hire staff representing the cultural, linguistic, and geographic diversity of the community.

Recommendations For Assessing Progress

Client and community complaints regarding contacts with domestic violence victims/survivors are addressed.

Verify that hiring procedures are in place to ensure that staff are well qualified to work with survivors of domestic violence from varied communities.

Annual review of recruitment and hiring strategies to identify areas for improvement and create action plans.

Personnel files are maintained and reviewed annually, at a minimum, for documentation of licensure, certification, training and professional development activities in conjunction with performance evaluation.

Documentation shows evidence that staff reflect the demographic composition of the community.

COMPONENT Four: Qualified Staff

Objective 4.2

DHS and OHA staff and contractor staff receives basic and ongoing training and opportunities for professional development.

Effective Practice

- Policies and practices support training and professional development for staff on DV prevention and intervention.
 - All staff will be introduced to basic DV training and training about domestic violence in the workplace.
 - Staff working with victims/survivors will receive training based upon their position and responsibility in domestic violence intervention.
- Partners jointly plan for knowledge and skill development activities including basic domestic violence training for DHS and OHA staff and contractors.

Guidance

Staff training and development plans are both individualized to meet the needs and goals of each staff member and reflective of the program goals.

Staff receive basic training in areas such as: domestic violence intervention and prevention; cultural diversity; interpersonal and communication skills; community resources; and confidentiality procedures.

Staff receive information on the impact of domestic violence during orientation and are regularly updated on program purpose and function.

Staff attain training goals set by DHS and OHA Domestic Violence council.

Recommendations For Assessing Progress

Review of existing data sources such as the DAS, DHS and OHA training database to determine extent of domestic violence trainings and professional development opportunities provided and utilized.

Staff and management feedback is solicited and considered in the development and evaluation of domestic violence related training.

Evidence exists to show that community partners have been involved in development and evaluation of domestic violence training.

COMPONENT Four: Qualified Staff

Objective 4.3

Supervision and support are provided to maintain consistent quality service.

Effective Practice

- Leadership demonstrates knowledge and skills related to domestic violence intervention.
- Leadership models and supports best practice for working with domestic violence prevention and intervention.
- Staff receive supervision consistent with best practice for domestic violence prevention and intervention.
- Supervisory staff receive training on domestic violence.

Guidance

Leadership is readily available and accessible for consultation about domestic violence.

Supervisors work with staff to set goals and monitor progress in job performance.

Supervisors use observations, self-assessments and client feedback to assist staff in development of skills supportive of domestic violence prevention and intervention.

Recommendations for Assessing Progress

Annual performance reviews track attendance at DV trainings.

Policies and procedures are in place to provide effective supervision.

Review type and frequency of training for supervisors in domestic violence.

Evaluation of staff based on demonstrated compliance with DV policy and practice guidelines as appropriate to the position.

Demonstrated knowledge and expertise is used to support job promotion.

COMPONENT Five: Effective Partnerships

Objective 5.1

DHS and OHA works in coordination with community partners to develop a shared vision, common goals, and attainable outcomes for all aspects of domestic violence intervention and prevention.

Effective Practice

- Collaborative activities identify and mobilize a diverse group of individuals representing clients, as well as public and private agencies and organizations, to jointly create a system of care and supports for domestic violence victims and survivors.
- DHS and OHA works together with partners to develop a shared vision and common goals that are evidence based and supported by current and emerging domestic violence research findings.

Guidance

State, local, public and private partners engage in a recurring planning process that draws upon one another's experiences and strengths.

Membership is open and reflects the diversity of the community.

Management and supervisors support and encourage appropriate staff participation in collaborative/coordinated efforts to address domestic violence.

The vision, goals and outcomes address the needs of victims/survivors, children and their families and capitalize on the assets and resources of the community.

Vision and goals are translated into measurable and attainable outcomes to guide implementation, assessment and improvement of services and supports.

Recommendations For Assessing Progress

Agreements articulate common vision and goals for domestic violence prevention and intervention.

Documentation demonstrates various partners and collaborative activities.

Other DHS and OHA advisory bodies assess their response to domestic violence in light of the standards.

COMPONENT Five: Effective Partnerships

Objective 5.2

DHS and OHA staff, contractors and community partners share information and resources.

Effective Practice

- DHS, OHA contractors and community partners share information and resources to support domestic violence victims/survivors and their children, where possible.
- DHS and OHA honors the role of community partners and the information and resources they bring to the collaboration.
- A coordinated community response and collaborative effort guide community planning and decision making regarding domestic violence intervention and prevention.
- Confidentiality agreements are in place, including appropriate information releases.

Guidance

DHS, OHA and partners work together to develop and share resources, including: materials and equipment, staffing, training and technical assistance, and funding (where possible).

Information collection and sharing procedures assure confidentiality.

Recommendations For Assessing Progress

Communication systems and practices exist for exchanging information, developing policies and making decisions.

Mechanisms are in place to gather, analyze and report data across systems and clusters to inform collaborative decision-making.

Staff demonstrate respect for partnerships and appropriate collaboration skills.

COMPONENT Five: Effective Partnerships

Objective 5.3

DHS, OHA, contractors and community partners share leadership and decision-making through collaborative relationships.

Effective Practice

- The domestic violence prevention and intervention system fosters the integration of diverse partners' knowledge and skills and supports a sharing of leadership and decision-making.

Guidance

DHS, OHA and partners understand and support each partner's roles and responsibilities within the domestic violence prevention and intervention system.

Leadership roles are shared and include survivors of domestic violence, representatives from public, private, formal and informal supports, as appropriate.

Representatives of public, private, formal and informal supports are visible in leadership and decision-making across the system.

Recommendations For Assessing Progress

Roles, responsibilities, and parameters of DHS and OHA staff and partners are clearly written in policies and protocols.

Review and assessment of collaborative efforts is ongoing and is reflected in the work of the DV Council.

Review and assessments of collaborative efforts is reflected in DV council activities.

Feedback from clients, community members and partners are used in policy and practice development.

COMPONENT Five: Effective Partnerships

Objective 5.4

DHS, OHA and contractors communicate openly, frequently, inclusively and respectfully with partners and clients.

Effective Practice

- Communication is based on a climate of mutual respect, trust, inclusion and support. All partners, public and private, formal and informal, are included in essential communications.
- Partners are committed to breaking silence that contributes to or hides domestic violence, while at the same time respecting and protecting safety, privacy, and diversity.
- Participants follow agreed-upon policies and procedures for resolving conflict.

Guidance

All partners, public and private, formal and informal, are included in essential communications according to the defined parameters of all partners.

Constructive conflict management allows partners to learn from differences.

Partners strive for consensus in decision-making through agreed-upon processes.

Recommendations For Assessing Progress

Feedback from partners, clients and community partners is incorporated in the development of local collaboration protocols.

Agreed upon policies and procedures for effective communication and conflict resolution are in place.

DV issues are addressed through consistent and on-going communication among partners.

COMPONENT Six: Monitoring and Evaluation

Objective 6.1

DHS and OHA staff and contractors assess needs, resources, and assets to prevent and respond to domestic violence.

Effective Practice

- DHS and OHA staff and contractors review strengths, needs, and resources to inform planning and decision-making.
- DHS and OHA staff and contractors involve community partners in planning and program delivery.
- Appropriate policies and procedures are in place to assure safety and quality of service components.

Guidance

Information is gathered from existing sources including families, public and private agencies, domestic violence service providers, businesses and employers, the faith community, other community partners and culturally specific service providers. The information is used assure appropriate implementation of DV related policies and practices.

DHS, OHA and contractors support:

- Evidence-based, best practices;
- Safety and non-violence; and
- Batterer accountability.

DHS and OHA staff and contractors participate in collaborative prevention and intervention activities related to domestic violence.

Recommendations For Assessing Progress

Periodically review the extent of collaborative activities with community partners.

Periodically review the presence and application of policies related to domestic violence within DHS and OHA.

The DV Council will review the application of these standards on a periodic basis. Community partner and client feedback may inform the review process.

Objective 6.2

DHS and OHA staff and contractors will use data and review results to refine and improve the domestic violence prevention and intervention system.

Effective Practice

- DHS and OHA staff and partners establish agreement on promising practices for prevention and intervention services.
- Measurable outcomes appropriate to the program mission and role for responding to domestic violence are identified.

Guidance

DHS and OHA staff and contractors regularly review information to identify service gaps, improve services, and assess the progress of partnerships and linkages within the system through the domestic violence council by:

- Connecting individual needs to services available from public and private sources in the community;
- Capacity to provide supports that help individuals meet goals, develop skills, and live a life free from violence; and
- Successes and barriers to creating partnerships and linkages within the system.

DHS and OHA staff and contractors identify intended outcomes that are appropriate in context for the specific service and target group.

Recommendations for Assessing Progress

DHS and OHA staff and contractors use data and review results to establish needed changes in domestic violence intervention and prevention policies and practice.

Reviews should show how services improve the lives of individuals and families.

Guiding Principles

Essential to the Department of Human Services Domestic Violence Prevention and Intervention services are the quality assurance standards driven by guiding principles. The quality assurance standards are designed to guide comprehensive planning, quality review, and system improvements across all aspects of the department to provide a system of services related to domestic violence prevention and intervention. The role of the system is to encourage and assist programs in moving toward a commonly held assurance of quality. The guiding principles that drive the quality assurance standards are:

1. Safety of individuals and children

Policies and procedures translate to practices that keep victims/survivors, children and their families safe from harm. Existing examples of this guiding principle in practice are privacy, confidentiality, and planning for safety. Since the experience of safety rests in the perception of the victim, a quality review of this principle may include assessments from victims/survivors themselves.

2. Holding the batterer/perpetrator accountable, not the victim

The victim/survivor is not responsible for the violence of another person's actions – accountability for the violence rests with the perpetrator. While this guiding principle is obvious, appropriate practices avoid victim blaming language and behaviors. DHS and OHA staff and service providers who work with victims/survivors must recognize the potential of collusion with the batterer. Often the victim/survivor is the one accessing DHS and OHA services. DHS or OHA may not be working with or have access to hold the batterer accountable. This puts DHS and OHA in a power over position with the victim and may not with the batterer. System response will include training and supervision for DHS and OHA staff and contractors to strengthen and support victims/survivors avoid collusion with the batterer and on how to hold batterers accountable (where possible).

3. Affirm every individual's dignity

Everyone has a right to be treated with dignity. DHS and OHA staff and contractors treat others in a respectful and caring fashion, mindful of the intrinsic worth of the 'other'. (This guiding principle, when sincerely applied, fundamentally changes the work culture since the entire infrastructure – all levels of management and staff – must believe in the principle so that it is reflected in internal interactions and in practice with victims/survivors.) Since the experience of dignity (feeling respected and honored) rests in the perception of the victims/survivors, a quality review of this guiding principle will include assessments from victims/survivors themselves.

4. Interventions build upon victim/survivor strengths and decisions

Strength-based interventions have proved to be more effective than penalty-type solutions. Indeed, building upon existing strengths affirms the individual and thus conveys respect for the individual's worth. The victims/survivors also has a right to self-determination and autonomy. This principle will be demonstrated by involving victims/survivors in all levels of case planning.

5. Honor and respect diversity

DHS and OHA staff and contractors will pay particular attention to developing broad knowledge about and practice skills for working with victims/survivors from diverse communities, including victims/survivors of color; members of Native American nations and communities; low income victims/survivors; people who come from other countries and speak diverse languages or follow different traditions; and gay, lesbian, bisexual or transgender victims/survivors and people with disabilities. Capacity building also must pay ongoing attention to the underlying and even unintended biases often resulting in poor treatment of marginalized people. Recognition of the professional power of DHS and OHA staff and contractors (the power differential between provider and victim) is important to avoid abuses of power. Cultural competence requires department leaders to make an ongoing commitment to fact-finding in order to determine whether victims/survivors are served fairly and capably.

6. Interventions and prevention efforts are built upon a coordinated community response

We think better together than separately. No one program has the resources or expertise to develop a comprehensive response to domestic violence. Victims/survivors may experience other problems, too, such as lack of transportation and housing, substance abuse and mental illness. Poor coordination of services may create significant risks for the victim. The degree to which DHS and OHA staff and contractors can be effective depends in large part on their abilities to connect victims/survivors with the expertise and resources of other programs in the local community. System improvements could include teaching DHS and OHA staff and contractors how to collaborate with other providers and community groups and how to assess the changing characteristics and needs of the community and reflecting these changes in program design and resource allocation.

7. Victims and survivors are provided with information to facilitate informed decision-making

DHS and OHA staff and contractors will provide victims/survivors the information necessary to help victims/survivors decide what actions best promote living life free from violence. The emphasis here is on the DHS and OHA staff and contractors receiving ongoing training to ensure the information provided to victims/survivors is accurate, supportive and helpful. This guiding principle is closely aligned with guiding principle number 4 above: *Interventions will build upon survivor's strengths and decisions.*

Domestic Violence 101

Domestic Violence is a pattern of controlling and coercive behaviors including physical, emotional, sexual, verbal, psychological, spiritual and economic abuse. Domestic violence is present in all cultures, ages, socio-economic classes, and communities of faith.

DHS and OHA recognize the importance of training all staff on the dynamics of domestic violence. Whenever possible, DHS and OHA staff should attend training provided by their local domestic violence service provider. In addition to training, domestic and sexual violence advocacy programs are the primary resources for shelter, developing safety plans, support groups, etc. DHS and OHA staff and service providers are encouraged to seek collaborative partnerships in order to address the needs of victims/survivors and survivors in their communities. The following basic components are recommended for any DHS or OHA sponsored training on domestic violence:

1. Types of Abuse/Continuum of Abuse

Emotional, Physical, Sexual, Verbal, Psychological, Spiritual, Economic
Escalation of abuse over time

2. Warning Signs of Abusive Behavior:

- Manipulative Charm
- Isolation
- Jealousy
- Emotional Abuse
- Control

3. Addressing Myths

- Children who witness domestic violence grow up and become abusers or victims
- Alcohol and/or drugs cause domestic violence
- Domestic Violence is an “anger control” issue
- Stress/Poverty/Culture causes domestic violence
- Low self-esteem leads to becoming a perpetrator/victim of domestic violence
- Women “choose” abusers/go from one abuser to another
- The victim is responsible for the actions of the abuser

4. Dynamics of Domestic Violence

- Domestic violence is a choice
- Domestic violence is about power and control
- Domestic violence crosses all ages, socio-economic levels, cultures, religions, etc.

5. Barriers to Leaving an Abuser

- Fear/Danger
- Lack of Options/Poverty
- Pressure from family, friends, faith community
- Oppression
- Language

6. Ways to Support Survivors/Services Available/Coordination with other Service Providers (Law Enforcement, District Attorney's Office, Medical Service Providers, etc.)

7. Partnering with Domestic and Sexual Violence Advocacy Programs

Workplace Effects of Domestic Violence, Sexual Assault and Stalking

1. Risk Factors for being a victim of domestic violence, sexual assault or stalking.
How does poverty, race, religion and gender play a role in the dynamics of domestic violence, sexual assault and stalking.
2. Prevalence of Domestic Violence, Sexual Assault and Stalking
 - Statistics from Oregon data and the stalking resource center.
3. When is a victim at greatest risk of being killed:
 - When sexually assaulted by a stranger
 - When she is attempting to leave
4. Warning Signs of Perpetrators:
 - Manipulative Charm
 - Isolation
 - Jealousy
 - Emotional Abuse
 - Control
5. Addressing Myths about the cause of domestic violence, sexual assault and stalking
 - Children who witness violence grow up and become perpetrators or victim
 - Alcohol and/or drugs
 - Anger and rage
 - Lack of sexual partners
 - Mental illness
6. Addressing the leading cause of deaths in the workplace for women
 - Homicide
7. The impact on of domestic violence, sexual assault and stalking in the workplace
 - Performance and other work issues
 - Missing work
 - Being late to work
 - Using company time to deal with the consequences of abuse/stalking

- Harassment by the abuser
- 8. What can you say to a victim of domestic violence, sexual assault or stalking
 - I believe you and it's not your fault
- 9. How can the workplace respond to domestic violence, sexual assault and/or stalking
 - Safety planning
 - Code words for employees to signal there is a potential problem
 - Anti-violence policies and procedures
 - Respect for confidentiality and the decisions of the victim
 - Developing a working relationship with your local domestic violence & sexual assault service provider
 - Knowledge of community resources for victims and perpetrators