
Utah Victim Services Overview Report

EXECUTIVE SUMMARY

Utah victims of crime deserve a thorough, efficient review of their needs as well as a plan to strengthen strategies for improvement and accessibility to victim services. Considerations for collaboration, prioritization, and funding may improve services for victims of crime and their families. Up front, emergent services to victims may reduce long term costs to the state including medical, mental health, and substance abuse.

KEY FINDINGS

Overall, Utah has not provided adequate levels of services for victims or survivors of domestic violence or sexual assault. In addition, not all victims have access to services and are unable to obtain the necessary support.

Victim services are anticipating cuts in funding, particularly federal funding such as Victims of Crime Act (VOCA) monies. This anticipated reduction will further reduce the ability to serve victims and survivors.

Despite the increasing population and needs, services and providers may be forced to compete for funds in attempts to serve those victims and survivors of domestic violence and sexual assault.

Money invested up front to serve victims and survivors may very well save Utah more money over time due to less medical, mental health, and substance abuse treatment when people go untreated or do not receive services.

Appropriate and consistent standards of care are needed to assure that victims and survivors of domestic violence and sexual assault are provided the right services in a timely and appropriate manner.

CONSIDERATIONS

For a full list of considerations, see Appendix A.

Consideration for the creation of a commission to help with additional coordination efforts and to allow all stakeholders a voice in the development and implementation of the strategic statewide plan for services.

Considerations for minimum funding required to stabilize domestic violence, sexual violence, Children's Justice Centers (CJC) programs, and Restoring Ancestral Winds (RAW).

Consideration for a centralized data collection repository to be housed with Commission on Criminal and Juvenile Justice (CCJJ).

Consideration to maintain inclusion and accessibility at the forefront of further efforts to provide quality care and services. Assure that services are culturally responsive and trauma-informed.

CORE SERVICES & BEST PRACTICES

Several core services and best practices required for victims of domestic violence and sexual assault were identified and include the following:

- Crisis response through a 24-hour line and/or on site response
- Safe housing and/or on-site shelter
- Safety planning and danger assessment

- Sexual assault exam and medical care
- Assistance with basic needs: food, clothing, childcare, transportation, and urgent financial
- Lethality assessment; through LAP or other evidence-based tool
- Child advocacy and ongoing child care
- Informed intake with victim's rights education
- Financial assistance for relocation, transitional or permanent housing, and rent assistance
- Crisis and ongoing therapy or treatment
- Mobile or community advocacy
- Notification of criminal justice events, victim rights, and criminal justice process
- Assistance with restitution and victim compensation
- Access to translation services
- Mobile, community, or virtual/telehealth advocacy
- Intervention with employer, creditor, landlord, or academic institution
- Ongoing case management, review and coordination, and tracking
- Community education, prevention, and training
- Civil legal assistance, court advocacy, protective order help, and crime victim reparation
- Forensic interviews
- Victim advocacy
- Multidisciplinary team
- Medical evaluations
- Mental health
- Organizational capacity
- Child safety and protection
- Diversity, equity, and access

REPORT SUMMARY

The Social Services Appropriations Subcommittee voted that agencies work with domestic and sexual violence providers

to define a core level of services or minimum standard of practice along with proposed funding levels for these services. This report includes considerations on how to coordinate domestic violence and sexual assault services to a) coordinate and define core services, b) develop base state funding considerations, c) coordinate and report on statewide data, and d) develop a long-term strategic plan. Additionally, this report includes the historical context of programs that were state managed, their transition to private providers, and what level of funding has been passed to these private providers.

BACKGROUND

Victim services can be defined as services to a person who experiences mental, physical, financial, social, emotional, or spiritual harm as the direct result of a specified action committed on their person or property. Victim services should be trauma informed with the intent and purpose of helping the victim to heal and move forward from the crime in a thoughtful and healthy manner.

Domestic violence (DV) and sexual assault (SA) victims comprise the majority of crime victims served in Utah. The system serving victims is complex with many responsibilities shared by governmental agencies, non profit agencies, coalitions and community partners. This committee reviewed statutes associated with domestic violence and sexual assault, identified appropriate standards of care to be applied, and reviewed data. In addition, core services needed for victims and best practice were identified. The committee compared current services provided to victims with actual services needed to serve victims that are not currently available to them.

Contributors to Domestic Violence and Sexual Assault Review

Office on Domestic and Sexual Violence
Department of Health and Human Services
Department of Workforce Services
Division of Child and Family Services
GOV Comm. Criminal & Juvenile Justice
Office of the Legislative Fiscal Analyst
Restoring Ancestral Winds Coalition
Utah Coalition Against Sexual Assault
Timpanogos Legal Center

Children's Justice Centers
Governor's Office
Governor's Office Planning & Budget
Utah State University
Brigham Young University
Legal Aid Society of Salt Lake City
Utah Office of Victims of Crime Utah
Utah Domestic Violence Coalition
Rape Recovery Center

Introduction

In February 2022, a core team of victim service experts began meeting to review statewide victim services and discuss ways to improve services to victims and their families. Victim services include a complex array of services, funding sources, and other resources.

The committee's review of statewide victim services found that domestic violence (DV) and sexual assault (SA) victims comprise the majority of the victims served. Therefore, the committee began a detailed review of these victim populations and will continue the review process with the remaining crime victim populations in the months to come if deemed appropriate by the Legislature.

This report seeks to provide an overview and clarification of the many facets of victim services in the state of Utah and details agencies' responsibilities to victims including current statutes, standards, best practice, core services, data and sources, funding, and considerations for improved services for victims of crime and their families. Utah victims of crime deserve a thorough, efficient review of their needs and a plan to strengthen strategies for improvement of and accessibility to victim services.

Organizations Involved in Overall Victim Services

Victim services can be defined as services to a person who experiences mental, physical, financial, social, emotional, or spiritual harm as the direct result of a specified action committed on their person or property. Victim services should be trauma informed with the intent and purpose of helping the victim to heal and move forward from the crime in a thoughtful and healthy manner.

State Agencies:

- **Attorney General's Office (AG):** Employs a victim advocate to assist victims. Funding to pay the victim advocate includes state funds. The AG's office also houses the Children's Justice Center Program (CJC) which is supported by state funds, as described below. (<https://attorneygeneral.utah.gov/>)
- **Children's Justice Center Program (CJC):** CJs provide trauma-informed, evidence-based support to child victims of physical and sexual abuse, as well as children who have been a victim of/or witness to other crimes. Utilizing a multidisciplinary response, CJs facilitate the investigation, prosecution, and treatment services to promote safety, justice, and healing for victims. The CJC Program is administered by the AG's office; individual CJs are government agencies operated via contracts with counties. (<https://utahcjc.org/>)
- **Adult Protective Services (APS):** Investigates cases of abuse, neglect, and exploitation of vulnerable adults. Trained staff in a statewide system of offices work with local law enforcement and community partners to educate and assist victims to access appropriate resources within their communities. Utah law ([62A-3-305](#)) mandates any person who has reason to believe that a vulnerable adult is being abused, neglected, or exploited must immediately notify Adult Protective Services or the nearest law enforcement office. (<https://daas.utah.gov>)
- **Division of Child and Family Services (DCFS):** Investigates child abuse and neglect, including domestic violence related child abuse, and provides services to strengthen families and protect children. DCFS administers federal Family Violence Prevention and Services Act (FVPSA) funding, pass through for State General Funds and administration of Domestic Violence and Sexual Assault contracts/grants. (<https://dcfs.utah.gov/>)
- **Utah Commission on Criminal and Juvenile Justice (CCJJ)**
 - **Office on Domestic and Sexual Violence:** Focuses on gaps in the state and judicial systems addressing problems and recommending solutions. Provides direct support to agencies and organizations that work to prevent domestic violence and rape and sexual assault. The Utah Domestic Violence Offender Treatment Board, ([statutorily created in 2022](#)), is staffed by this office. State General Funds for hospital response teams are administered through the Commission on Criminal

and Juvenile Justice.

(<https://justice.utah.gov/about-ccjj/domestic-violence-sexual-assault>)

- **Utah Office for Victims of Crime (UOVC):** Provides financial compensation for victims of crime, administers and monitors Victim of Crime Act Compensation and Assistance grants and Violence Against Women Act grants, networks victim services across the state, provides enhanced training, and provides staff support to the Utah Council on Victims of Crime. (<https://crimevictim.utah.gov/>)
- **Department of Public Safety (DPS):** Works to provide crime victims with a continuum of support from the crisis period through the investigative and judicial processes, as well as assisting persons with resources or emotional needs following traumatic events. The goal of DPS is to enhance the treatment of victims and survivors of criminal acts by providing them with services that can assist victims in recovery, as quickly and fully as possible. This includes the provision of sexual assault kits directly to victims and a victim's bill of rights. DPS also manages the VINE (Victim Information Notification Everyday) victim notification system. VINE funding sources include the Department of Corrections (DOC), DPS and UOVC. (<https://publicsafety.utah.gov/>)
- **Department of Workforce Services (DWS):** Assist individuals and families in overcoming barriers to and obtaining employment, providing temporary assistance to families, meeting workforce needs of Utah businesses, and providing economic data and analysis. Temporary Assistance to Needy Families, TANF, is a federal block grant and funding is used to support one or more of the purposes of TANF: 1) Provide assistance to needy families so children can be cared for in their own home, 2) Reduce the dependency of needy parents by promoting job preparation, work and marriage, 3) Prevent and reduce the incidence of out of wedlock pregnancies, and 4) Encourage the formation and maintenance of two parent families. Domestic Violence shelters receive TANF dollars through various TANF funded grants to assist with sexual assault prevention and essential victim services. Victims of domestic violence are often eligible for a TANF program provided by the Department of Workforce Services, called the Family Employment Program (FEP), which provides temporary cash assistance to needy families. Families on FEP also receive case management and clinical services support. (<https://jobs.utah.gov>)
- **District and County Attorney's Offices:** District Attorney's Offices employ victim advocates; Victim advocate position funding sources include county funding and VOCA .
- **Violence and Injury Prevention Program (VIPP):** Established in 1983, VIPP is well respected, locally and nationally, for its violence and injury surveillance, prevention planning, implementation, and evaluation. VIPP focuses efforts on the primary prevention of injury and violence and reducing the harm experienced through the implementation of trauma informed approaches. (<https://vippp.health.utah.gov>)

Non-State Organizations: (not comprehensive)

The following organizations are limited examples of independent non-state entities that assist victims of crime. These organizations are funded by state, federal, and private funds. Organizations include court/legal, community based DV providers, community based SA providers, and system based (prosecution/law enforcement) providers, as well as providers who serve underserved populations, culturally specific organizations, and victims of child abuse.

- **Asian Association:** Employs victim advocates serving victims from Asian communities, particularly non-English speaking refugees and immigrants. Funding sources include grants and other sources. (<http://aau-slc.org/>)
- **Cherish Families:** Cherish Families is an organization employing victim advocates who work with individuals and families who are primarily from polygamist cultures. Victim advocate funding sources include VOCA, fundraising, and private donations. (<https://cherishfamilies.org/>)
- **Utah Coalition Against Sexual Assault (UCASA):** Operates a rape and sexual assault hotline for victims of rape and sexual assault in Spanish and English. UCASA will also refer victims to other sexual assault service agencies. Funding sources include FVPSA, ARPA, VOCA, Violence Against Women Act (VAWA), and the Utah Department of Health (DOH). (<https://www.ucasa.org/>)
- **Utah Domestic Violence Coalition (UDVC):** While UDVC doesn't employ front-line victim advocates, victims often reach out to UDVC initially. Funding to pay UDVC staff comes from FVPSA, TANF, VOCA, OVW (Office for Violence Against Women), and other contributions. UDVC administers the Home Safe and LINKLine programs. UDVC is also the federally-designated membership organization for domestic violence service providers in Utah, providing training, technical assistance, and public policy advocacy. (<https://udvc.org/>)
- **Restoring Ancestral Winds (RAW):** Began operating a Resource, Information and Support Telephone Line July 1, 2022 to respond to Native American victims of domestic and sexual violence during business hours. Advocates answering this telephone are funded with state General Funds. (<https://restoringawcoalition.org/>)
- **Timpanogos Legal Center (TLC):** Employs attorneys and one victim advocate/executive assistant who assist self-represented parties that are survivors of domestic violence, sexual assault, and other victims of crime. TLC is a legal nonprofit and funding sources include VOCA, DHHS, and private donations. (<https://www.timplegal.org/>)
- **Utah Crime Victims Legal Clinic (UCVLC):** Employs attorneys and one victim advocate who advocates legally for survivors of domestic violence, sexual assault, and other violent crimes. UCVLC is a nonprofit and funding sources include VOCA, VAWA, and private donations. (<https://www.ucvlc.org/>)
- **Legal Aid Society of Salt Lake:** Employs attorneys and victim advocates who work within the legal system to obtain orders of protection and/or seek divorce or custody orders on behalf of victims. Victim advocate funding sources include Third District Court, State

ongoing General Funds, DOJ/Sexual Assault Funding, Community Development Block Grant, VOCA, Justice for All Joint Campaign, United Way, foundations, corporations, Utah Bar Foundation, annual fundraising gala, and individual donations.

[\(https://www.legalaidsocietyofsaltlake.org/\)](https://www.legalaidsocietyofsaltlake.org/)

- **Utah Legal Services:** Employs attorneys, paralegals, and support staff who provide a broad range of free, legal assistance to underserved populations, including approximately 20 attorneys and paralegals who work primarily with DV survivors to obtain protective orders, stalking injunctions, and/or divorce and custody orders. Funding sources include the State of Utah, Legal Services Corporation, VOCA, and others.
[\(https://www.utahlegalservices.org/\)](https://www.utahlegalservices.org/)
- **Rape Recovery Center:** The Rape Recovery Center is the only stand alone Rape Crisis Center in Utah. It employs therapists and victim advocates working within the center as well as those who respond on the Mobile Response Team after hours to serve survivors of sexual assault during the forensic examination process at hospitals and correctional facilities. Victim advocate funding sources include VOCA, VAWA, SASP (Sexual Assault Set-Aside Program), fundraising, and private donations.
[\(https://www.raperecoverycenter.org/\)](https://www.raperecoverycenter.org/)
- **PIK2AR:** Employs Pacific Islander (PI) victim advocates who serve PI survivors of violent crime, particularly domestic violence. PIK2AR funding sources include DHHS, sponsors, and self funding. [\(https://pik2ar.org/\)](https://pik2ar.org/)
- **Victim Advocates**
 - **Domestic violence shelter victim advocates:** Working within domestic violence shelter programs are victim advocates who serve survivors of domestic, dating, and family violence, as well as sexual violence. Shelter advocate funding sources include FVPSA, VOCA, VAWA, SASP, private donations, and state General Funds.
 - **Law enforcement victim advocates:** Throughout Utah, many police departments have victim advocates that are based within their agencies. Systems-based advocate funding sources include local city funding, VOCA, VAWA, and SASP.
 - **Prosecution-based victim advocates:** Throughout Utah, victim advocates are often based in city prosecutor offices. Systems-based advocate funding sources include local city funding, VOCA, VAWA, and SASP.
 - **Federal Bureau of Investigation (FBI) victim advocate:** The Salt Lake City Office of the FBI employs a victim advocate who works with federal victims of crime. Funding to pay this victim advocate is federal.
<https://www.fbi.gov/contact-us/field-offices/saltlakecity>
 - **United States Attorney's Office:** The United States Attorney's Office employs a victim advocate to assist victims. Victim advocate funding source is federal.
<https://www.justice.gov/usao-ut>
 - **Attorney General's Office:** Employs a victim advocate to assist victims. The victim advocate is funded with state funds.

- **Victim Specialized Treatment:** Clinicians often assist victims of violent crime and sexual assault in processing trauma. Clinicians may operate through a treatment center or independently. Funding sources include reparations by the Utah Office of Crime Victims (UOVC), FVPSA, Medicaid, private insurance, and private pay.

Other Victim-Involved Services and Supports:

- **Community Healthcare Providers:** Victims of sexual abuse and domestic violence often seek medical interventions through emergency rooms, hospitals, and community clinics. Medical providers are often paid by private insurance. Twenty-three Sexual Assault Nurse Examiner programs throughout the state receive partial funding through reimbursement for care provided through UOVC.
- **Faith Leaders:** Victims often seek support from faith leaders. Faith leaders are funded through private donations.
- **Family and Friends:** Very often victims turn to their family or friends first when suffering violent crime victimization. There is not a cost associated with this interaction, however, victims may be impacted positively or negatively depending on how family and friends respond.

Victims of Crime ACT (VOCA)

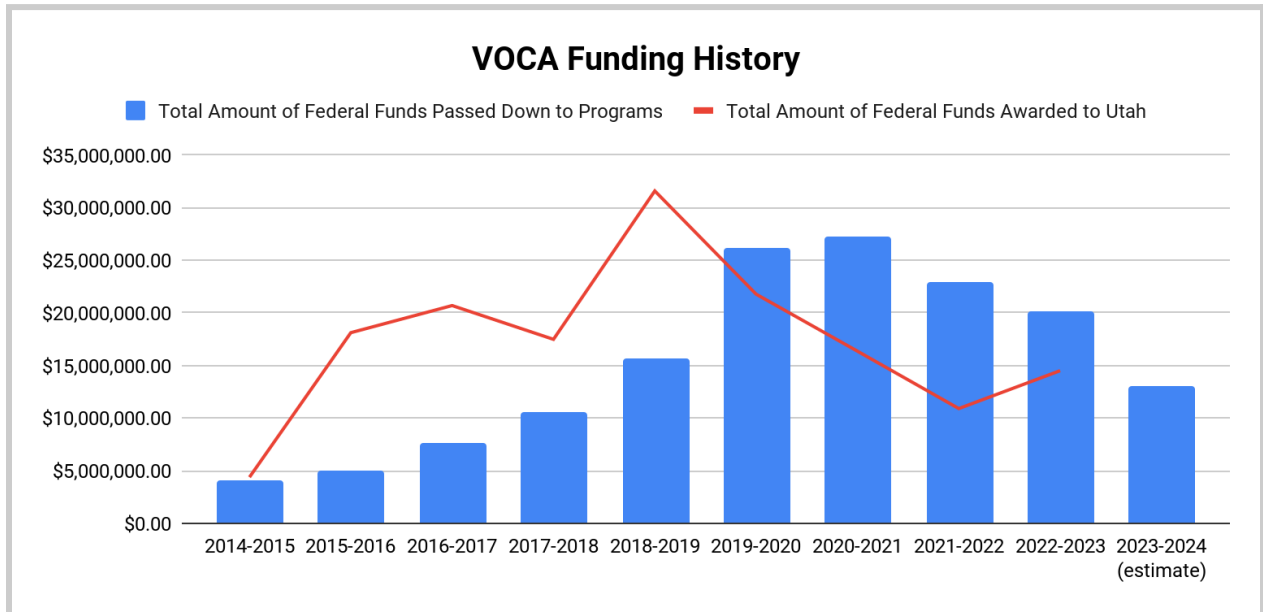
Victims of Crime Act (VOCA) Funding

The Victims of Crime Act of 1984 (VOCA) is federal legislation aimed at helping victims of crime and established the Crime Victims Fund to compensate crime victims. The fund is financed by fines and penalties by convicted federal offenders not by tax dollars. The Utah Office for Victims of Crime (UOVC) is the agency authorized to administer the grant program.

The general purpose of VOCA is to assist public and private non-profit organizations in providing services to victims of crime. VOCA victim assistance funding is also utilized to develop new programs in underserved victim populations and geographic areas and to enhance successful programs.

Due to substantial deposits in the Crime Victims Fund (CVF), in 2015 the cap on VOCA funding was increased nationwide by 400%. This allowed victim services programs to expand services into much needed areas. These increases reached their peak in 2018 and since then have been declining rapidly. Over the past few years, VOCA-funded programs have faced 20-30% cuts and will be facing 35-50% cuts in the upcoming fiscal year. Due to these decreases programs are faced with making difficult decisions on where and how to cut funds to essential victim services.

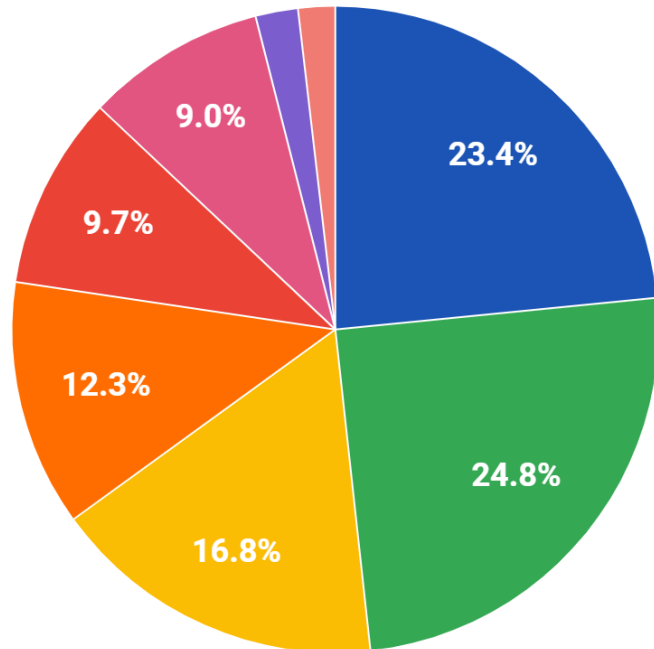
Furthermore, as demonstrated below, due to the drastic fluctuations in this funding, it cannot be relied on as a baseline source of funding for programs.



Funding Category	2019-2021 Award	2021-2023 Award	% Decrease
Criminal Justice Advocacy Programs	\$11,853,210.69	\$10,090,799.12	14.87%
Domestic Violence Programs	\$12,046,515.61	\$10,692,259.48	11.24%
Child Abuse/Treatment Programs	\$8,766,487.18	\$7,215,221.35	17.70%
Sexual Assault Programs	\$7,078,735.31	\$5,313,324.62	24.94%
Legal Services Programs	\$5,189,708.44	\$4,171,579.86	19.62%
Underserved Population Programs	\$4,051,334.90	\$3,875,929.86	4.33%
New Agencies	\$0.00	\$912,216.75	N/A
Totals	\$48,985,992.13	\$42,271,331.04	13.71%

2021-2023 Awards by Funding Category

- Criminal Justice Advocacy Programs (54)
- Domestic Violence Programs (14)
- Child Abuse/Treatment Programs (20)
- Sexual Assault Programs (15)
- Legal Services Programs (6)
- Underserved Population Programs (6)
- New Agencies (7)
- Self Awards (2)



Domestic Violence (DV) Services In Utah

Utah County Code

[17-16-21\(c\)\(i\)](#) **Marriage License Fee to DCFS** : As long as DCFS has responsibility under [Section 62A-4a-105](#) to provide DV services, the county clerk shall transmit \$10 from each marriage license fee, to the extent actually paid, to the Division of Finance for distribution to the Division of Child and Family Services for the operation of shelters for victims of domestic violence. DCFS will distribute the collection to the Domestic Violence shelters.

Workforce Services Code

[35A-8-202\(2\)](#) **Assistance to domestic violence shelters**: In accordance with [Part 9](#), the division may assist in developing, constructing, and improving shelters for victims of domestic violence, as described in [Section 77-36-1](#), through loans and grants to nonprofit and governmental entities.

[35A-8-901\(b\)](#) **Assistance to domestic violence shelters**: DWS may assist DCFS by providing for the development, construction, and improvement of shelter for victims of DV, as described in [Section 77-36-1](#), through loans and grants to nonprofit and governmental entities.

[35A-3-702](#) **Continuation of Refugee Services:** DWS may make rules to provide for the administration and coordination of services to refugees beyond the time period refugee assistance is provided or funded by the federal government, including services for victims of DV.

[35A-16-302](#) **Uses of Homeless to Housing Reform Restricted Account:** The homelessness council may award ongoing or one-time grants or contracts funded from the Homeless to Housing Restricted Account created in [Section 35-A-16-303](#). It should ensure the project or contract will target distinct housing needs of at-risk or homeless subpopulations, including (v) victims of domestic violence.

Real Estate Code

[57-22-5.1\(4\)](#) **A renter who is a victim of domestic violence:** may terminate a rental agreement if they are in compliance with all provisions of Section 57-22-5 and all obligations under the rental agreement are met. Must provide the owner written notice of termination, protective order or police report, and pay the owner 45 days' rent for the period beginning on the date the renter provides notice of termination.

Human Services Code

[80-2-301:](#) **Domestic violence services** means: (a) a temporary shelter, treatment and related services to an individual who is a victim of abuse, their dependent children, or (b) treatment services for an individual alleged to have committed, been convicted or pled guilty to an act of domestic violence.

[80-2-301:](#) the **Division of Child of Family Services** shall:

- (a)(ii) Provide domestic violence services to minors and families,
- (b)(vi) provide domestic violence services in accordance with federal law,
- (b)(vii) protective services to victims of domestic violence and their children, in accordance with [Utah Code 80-2a-3](#),
- (c)(iii) direct or contract providers of domestic violence services,
- (e) cooperate with the federal government in the administration of child welfare and domestic violence programs and other human service activities assigned by the department,
- (f) *within appropriations* from the Legislature, provide or contract for a variety of domestic violence services and treatment methods,
- (3) except to the extent provided by rule, the division is not responsible for investigating domestic violence in the presence of a child, as described in [Section 76-5-114](#).

[62A-4a-106\(1\)\(i\):](#) **Services provided by division:** The division may provide, directly or through contract, domestic violence services.

Governor's Programs Code

[63M-7-703](#) **Domestic Violence Offender Treatment Board:** Advises and makes recommendations to other councils, boards, and offices within the commission that address domestic violence; research, identify, establish and monitor best practices standards, training programs for public and private providers of intervention and treatment for intimate partner and domestic violence offenders.

State Officers and Employees Code

[67-5-24](#) **Attorney General Crime and Violence Prevention Fund:** Money shall be used for any of the following activities: (c) prevention of domestic violence and dating violence.

Code of Criminal Procedure

[77-36-1\(4\)](#): Domestic Violence is any criminal offense involving violence or physical harm or threat of violence or physical harm, or any attempt, conspiracy, or solicitation to commit a criminal offense involving violence or physical harm, when committed by one cohabitant against another.

Offenses Against the Individual Code

[76-5-102](#) - An actor commits assault if the actor attempts, with unlawful force or violence, to inflict bodily injury on an individual; or (a) commits an act, with unlawful force or violation, that: (b) causes bodily injury to an individual; or creates a substantial risk of bodily injury to an individual.

Judicial Code

[78A-2-112](#)(1) **Grants to nonprofit legal assistance organizations:** The state court administrator shall, in accordance with [63G-6a](#), solicit requests for proposals and award grants to nonprofit legal assistance providers to provide legal assistance to low to moderate income victims of domestic violence.

[78B-7-112](#) **Statewide volunteer network:** *(Note: This is an outdated statute of at least 20+ years that is not currently the practice or desired practice. These duties have largely been taken over by others or evolved into different structures.)*

- DCFS will directly or by contract: (a) develop statewide network of volunteers and community resources to support, assist, and advocate on behalf of victims of domestic violence; (b) train volunteers to provide clerical assistance to individuals seeking a civil protective order under this chapter; (c) coordinate the provision of volunteer services with Utah Legal Services and the Legal Aid Society; and (d) assist local government officials in establishing community based support systems for victims of DV.
- Volunteers also will provide nonlegal assistance to DV victims, including information on location and availability of shelters and other community resources.

[78B-7-113](#) **Statewide Domestic Violence Network:** Peace officer's duties: Law enforcement, DPS, and the AOC shall utilize statewide procedures to ensure that a peace officer at the scene of an alleged violation has immediate access to information necessary to verify existence and terms of that order.

[78B-7-120](#)(1) **Law enforcement training DV, Lethality assessments:** DPS shall develop training in domestic violence responses and lethality assessment protocols, including:

- (a) recognizing symptoms of DV and trauma; (b) evidence-based assessment to identify victims of DV at high risk of being killed by a perpetrator; (c) LAPs and interviewing techniques, including indicators of strangulation; (d) responding to the needs and concerns of a victim of DV; (e) delivering services to victims of DV; (f) understanding cultural perceptions and common myths of DV.
- (5): In partnership with DCFS and the Commission on Criminal and Juvenile Justice, shall work to identify aggregate domestic violence data.
- (6) DPS with support from CCJJ and DCFS will provide recommendations to the Law Enforcement and Criminal Justice Interim Committee no later than July 31st of each year, and in the commission's annual report required by Section [63M-7-205](#).

[78B-7-201](#) **Child protective order:** Pertains to children being abused or in imminent danger of being abused, DV-related or non-DV related abuse. Requires referral to DCFS before filing a petition.

[78B-7-205](#) **Income withholding:** Child support orders issued as part of a child protective order are subject to mandatory income withholding under [62A-11-4](#) and [62A-11-5](#).

[78B-7-206](#) **Statewide Domestic Violence Network:** Administrative Office of the Courts (AOC), in cooperation with DPS and Criminal Investigations and Technical Services Division, shall post ex parte child protective orders, child protective orders, and any modifications to them on the statewide network established in Section [78B-7-113](#).

[78B-7-602\(1\)](#) **Abuse or danger of abuse -- Cohabitant Abuse Protective Orders:** Any cohabitant subjected to abuse or domestic violence, or where there is a substantial likelihood of abuse, may seek a protective order, whether or not cohabitant has left the residence or the premises.

History

In an effort to determine the history of funding and services for domestic violence, the committee sought information from community-based shelters and state agencies. Domestic violence core services have been present in Utah for several decades and are provided mostly through community-based nonprofit organizations, including shelter-based providers (currently 16 located

throughout the state, plus one state-owned and operated shelter based in Price) and other culturally-specific organizations and community nonprofits who serve survivors of domestic violence. Funding comes from a variety of sources including grants, state funding, federal funding, and fundraising. State General Funds to support community and shelter-based domestic violence services has gradually increased over the past several years and, at present, is approximately \$6 million in ongoing funds as outlined below.

Shelters

Establishment of sixteen shelters occurred from 1906-2021, with most being established during the mid 1980's-1990's. Thirteen of the sixteen shelters were never state operated and report no funding for transition to private status.

Friends Against Family Violence (FAFV) operating in Duchesne and Daggett counties, reported domestic violence services starting in 2019 for the private shelter. They were originally a state operated shelter with an initial 5-year contract in the total amount of \$1,314, 500.

Switchpoint (previously known as Pathways), operating in Tooele County, transitioned from DCFS operation to Valley Behavioral Health in FY 2014, then to Friends of Switchpoint in FY2021. While DCFS operated the shelter, they received \$436,863 in funding from 2011-2014. Shelter costs were not tracked separately during that time. With the limited historic program context, the costs were provided by a cost reference rather than the full picture of operating a state operated shelter.

The Colleen Quigley Women's Shelter, operating in Carbon and Emery counties, is operated by DCFS. They receive approximately \$500,000 Social Services Block Grant (SSBG) grant funds, and state General Funds range from \$100,000 to \$300,000 on average.

- **CAPSA** - Cache and Rich counties, 1984
- **New Hope Crisis Center** - Box Elder County, 1987
- **YCC Family Crisis Center** - Weber and Morgan counties, 1945
- **Safe Harbor** - Davis County, 1996
- **YWCA Utah (Previously known as YWCA of Salt Lake City)** - Salt Lake County, 1906 with domestic violence services established in 1976
- **Pathways Domestic Violence Shelter** - Tooele County, transitioned from DCFS operations to Valley Behavioral Health in FY 14, then transitioned again to be a division of Switchpoint's Tooele CRC in FY 21
- **South Valley Services** - Salt Lake County, 1998
- **Peace House** - Summit and Wasatch counties, 1995
- **The Refuge Utah (Previously known as the Center for Women and Children in Crisis)** - Utah and Juab counties, 1984

- **Seekhaven Family Crisis & Resource Center** - Grand County, 1990
- **New Horizons Crisis Center** - Sevier, Millard, Piute, Sanpete and Wayne counties, 1992
- **Canyon Creek Services** - Iron, Beaver and Garfield counties, 1996
- **DOVE Center** - Washington and Kane counties, 1994
- **Friends Against Family Violence** - Uintah, Duchesne and Daggett counties, transitioned from DCFS operation to private shelter in 2019 with original contract funding for five years at \$1,314,500, total over those five years
- **Gentle Ironhawk Shelter** - San Juan County, Four Corners Tribal Nations, 2021 although previously operated for a short time (partnership between the Navajo Nation and Utah Navajo Health System)
- **State Operated Colleen Quigley Women’s Shelter** – Carbon and Emery counties, 1992;

DV as Defined by Legislative Funding and Contracts Provided by DCFS

DV Shelter Funding History¹ DRAFT

State Fiscal Year*	Private DV Shelters Base State Funds**	Total*** Contract Amounts for Private DV Shelter Contracts	
2010	\$ 989,062	\$ 2,018,607	
2011	\$ 968,636	\$ 2,011,381	
2012	\$ 967,776	\$ 2,010,181	
2013	\$ 963,900	\$ 2,107,700	
2014	\$ 1,111,020	\$ 2,946,120	
2015 [^]	\$ 1,563,884	\$ 3,062,482	
2016	\$ 2,277,030	\$ 3,864,950	
2017	\$ 2,437,740	\$ 3,572,670	
2018	\$ 2,303,240	\$ 3,436,140	
2019	\$ 3,805,850	\$ 4,970,340	
2020 ^{^^}	\$ 4,004,600	\$ 5,259,500	
2021	\$ 4,004,600	\$ 5,259,500	
2022	\$ 4,004,600	\$ 5,259,500	

Ongoing Legislative State General Funds Increases for DV Shelters (included in the Base State Funds)	
State Fiscal Year	Amount
2014 (for YCC)	\$ 147,000
2015	\$ 300,000
2019	\$ 1,480,100

One-Time Legislative State General Funds Increases for DV Shelters	
State Fiscal Year	Amount
2013	\$ 100,000
2014	\$ 840,000
2015	\$ 393,500
2016	\$ 500,000
2022	\$ 914,888

DWS/TANF

¹ This document was prepared using domestic violence shelter contracts and summary notes of legislative increases maintained over time. It is not tied specifically to legislative appropriation documents or to actual expenditures.

Note: The funding listed does NOT include any COVID-19 funds provided to DV shelters, funds to UDVC for Home Safe or lethality assessment, amounts provided to shelters from Marriage License Fees, or funds appropriated to DCFS in Appropriation Unit KHM for domestic violence treatment or DCFS administrative costs.

*State Fiscal Year for which funds were authorized by the State Legislature.

** Annual base allocation for DV shelters consisted of state general funds, state restricted funds, and SSBG (utilized in some years instead of general funds). The amount of restricted funds fluctuated from year to year, so starting in FY 21, the restricted fund was discontinued and replaced with state funds. Base state funds includes new ongoing funding granted by the legislature for a fiscal year but does not include one-time funding for a fiscal year.

*** The total funding amount includes the base state general funds plus FVPSA grant funding and one-time funding granted from the legislature for that specific year.

[^]In FY 15, Tooele shelter was privatized. Also allocated slight increase in base.

^{^^} In FY 20, Vernal shelter was privatized.

DCFS Actuals for KHM DV (all sources of funding) – (Not limited to DV shelter services)

Program	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Appropriated	2022 Rev. Approp
KHM Domestic Violence	5,265,944	5,274,698	6,882,708	7,402,585	8,526,440	8,858,500	8,858,500

Sources of Finance	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Appropriated	2022 Rev. Approp
General Fund	3,381,800	3,724,000	4,527,600	3,356,700	4,505,500	4,505,500
General Fund, One-Time	3,400	1,700	(166,800)	1,200	1,501,700	1,501,700
Federal Funds	1,235,600	2,423,700	3,073,800	3,124,200	2,849,600	2,849,600
Federal Funds, One-Time	0	0	0	0	1,000	1,000
Dedicated Credits Revenue	700	2,400	1,900	5,100	1,200	1,200
Domestic Violence (GFR)	708,300	731,000	762,600	762,600	0	0

Transfers	(300)	0	0	0	(500)	(500)
Transfer for COVID-19 Response	0	0	20,300	979,700	0	0
Beginning Nonlapsing	0	0	0	755,700	0	0
Closing Nonlapsing	0	0	(755,700)	0	0	0
Lapsing Balance	(54,800)	(100)	(61,100)	(458,700)	0	0
Total	5,274,700	6,882,700	7,402,600	8,526,500	8,858,500	8,858,500

Other Funding Sources

Office on Violence Against Women (OVW): Administers federal grant programs authorized by the Violence Against Women Act (VAWA). Programs are designed to develop the nation’s capacity to reduce domestic violence, dating violence, sexual assault, and stalking by strengthening services to victims and holding offenders accountable. Grants awarded for domestic violence services in Utah for [FY 2021](#) include:

- \$341,347 - Restoring Ancestral Winds, Inc.
- \$1,048,706 - Utah Domestic Violence Advisory Council (Utah Domestic Violence Coalition)
- \$935,885 - Sego Lily Center for the Abused Deaf
- \$172,076 - Utah Coalition Against Sexual Assault
- \$500,000 - Citizens Against Physical and Sexual Abuse, Inc. (CAPSA)
- \$1,763,287 - State of Utah-STOP (Services, Training, Officers, Prosecution) VAWA formula funds to the Utah Office for Victims of Crime, which are then administered through subawards to communities in each of the STOP categories)

Department of Workforce Services (DWS)

- **Temporary Assistance for Needy Families (TANF) block grant:** \$3,252,398.97 was awarded to Domestic Violence Shelters in FY 2022.
 - \$2,114,112.98 TANF awarded to DV programs for sexual assault prevention services
 - \$935,240.29 TANF awarded to DV programs for essential victims services
 - \$65,108.94 TANF awarded to DV programs for homeless prevention and family housing
 - \$18,758.30 TANF awarded to DV programs for teen after school programs to support sexual assault prevention
 - \$119,178.46 TANF awarded to DV programs for youth development to support sexual assault prevention
 - TANF funding must be used to meet one of the four TANF Purposes. Two of the purposes and certain services under the other purposes require eligibility determination that includes gathering personal identifying information. This can conflict with VAWA confidentiality provisions in some circumstances. When funding sexual assault or domestic violence related programs or services with TANF, eligibility determination requirements should be taken into consideration due to the potential constraints this can cause for the funds to be utilized.
- FY 2022 **Office of Homeless Services funding** for Domestic Violence Shelters totalled \$1,574,252
 - Pamela Atkinson Homeless Trust Fund - \$1,155,010
 - Federal Funding (ESG) - \$89,195
 - State Homeless to Housing - \$330,047

Victims of Crime Act (VOCA): VOCA funding is intended to assist public and private nonprofit organizations in providing services to victims of crime. Utah Office for Victims of Crime is required to allocate at least 10% of its overall award to each of the following categories: domestic violence, sexual assault, child abuse, and underserved populations. The below awards are only the amounts of VOCA funding towards community-based DV programs. There is a substantial amount of funding for DV victims under VOCA that have been awarded to other DV services (e.g., approximately \$4 million in VOCA funding is also awarded to law enforcement agencies and prosecutors' offices to support domestic violence-specific victim advocacy services provided by advocates based in those locations).

- \$12,046,515.61 awarded to DV Programs through UOVC for 2019-2021:
 - \$1,256,745.32 - Canyon Creek Services
 - \$1,370,152.22 - CAPSA
 - \$1,247,988.43 - DCCAV-Safe Harbor
 - \$650,263.41 - The DOVE Center
 - \$292,009.99 - New Hope Crisis Center
 - \$1,629,902.24 - New Horizons Crisis Center

- \$652,297.43 - Peace House
- \$1,279,541.85 - CWCIC, dba The Refuge
- \$847,362.90 - Seekhaven
- \$946,370.77 - South Valley Services
- \$269,920.34 - Switchpoint
- \$191,805.92 - Utah Domestic Violence Coalition
- \$1,152,745.57 - YCC Family Crisis Center
- \$559,409.18 - YWCA Utah

VOCA funding is facing potential 30-40% decreases for the next fiscal year, which means domestic violence community based programs and legal services could be facing a decrease of approximately \$2 million for the next fiscal year. Advocacy services based within the criminal justice system and focused on domestic violence, currently supported by approximately \$4 million in federal VOCA funding as stated above, also face a loss of approximately \$1.5 million in the next fiscal year.

Department of Health and Human Services, Division of Child and Family Services:

- **Family Violence Prevention and Services Act (FVPSA):** Formula grants fund emergency shelter and related assistance for victims of domestic violence and their children.
- **Social Services Block Grant (SSBG):** A capped entitlement program that provides funds to assist states in delivering social services directed toward the needs of children and adults.

DV Actual Funding Summary	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
General Fund	3,147,700	3,306,900	3,725,700	4,360,800	4,120,500	4,268,416
Domestic Violence Trust Fund - RGF	883,800	731,800	731,000	701,600	0	1,500,000
SSBG	0	0	1,154,900	1,778,000	1,481,700	1,620,500
FVPSA	1,233,191	1,235,645	1,268,745	1,295,758	1,642,495	2,022,097
IV-E Adjustment	-3	0	73	-4	0	0
Marriage License	1,343	670	2,350	1,881	5,090	6,115
Revenue Transfers (one-time State CARES Act Funding - COVID)	0	-300	0	20,310	979,690	0
Beginning Non lapse Fund	0	0	0	0	755,700	0
Total	5,266,031	5,274,715	6,882,768	8,158,345	8,985,175	9,417,128

DV Expenditure Summary	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Personnel	628,114	586,625	607,632	306,259	298,969	319,216
In State Travel	887	2,963	1,258	3,405	1,760	75
Out State Travel	0	1,100	513	242	0	0
Current Expenses	229,229	88,028	78,284	50,396	38,179	73,316
Data Processing Current Expenses	9,123	10,892	13,094	4,242	2,192	124
Other/Pass through including one-time COVID funding in FY20 & FY21	4,398,592	4,585,091	6,181,928	7,038,041	8,185,339	9,024,397
Total	5,265,944	5,274,698	6,882,708	7,402,585	8,526,440	9,417,128

FY 2022 Shelter Annual Budget (Excluding One-time Passthrough and COVID Grant)

Provider	Total Amount	Funding Sources	
		Federal Funds	State Funds
		FVPSA	
Canyon Creek Women's Crisis Center	299,300	71,400	227,900
CAPSA Citizens Against Physical Abuse, Logan	431,600	103,000	328,600
Center for Women and Children in Crisis	347,300	82,900	264,400
D.O.V.E. Center	332,800	79,400	253,400
Davis Citizens Coalition Against DV, Kaysville (Safe Harbor)	384,900	91,800	293,100
Domestic Peace Task Force (Peace House)	289,900	69,200	220,700
Northeastern Utah Friends Against Family Violence (Vernal)	288,900	68,900	220,000
New Hope Crisis Center, Brigham	320,600	76,500	244,100
New Horizons Crisis Center	324,800	77,500	247,300
Seekhaven Family Crisis Center	284,100	67,700	216,400
South Valley Sanctuary	433,200	103,400	329,800
Switchpoint - Tooele (7/17/2020 start date)	297,900	71,100	226,800

YCC, Ogden	519,100	123,900	395,200
YWCA of Salt Lake City	705,100	168,200	536,900
Total	5,259,500	1,254,900	4,004,600

Additional Sources of Funding:

Funding to provide domestic violence victim services in Utah comes from a variety of sources—federal, state, city/county government as well as private contributions—and is administered through multiple federal, state, and local agencies. There is currently no entity that is responsible for compiling this information and accurately reporting it, so a total amount of funding being utilized to support DV victim services in Utah remains unknown. In order to contribute to a more comprehensive picture of statewide domestic violence funding for this report, however, the Utah Domestic Violence Coalition (UDVC) conducted an informal survey of community-based nonprofits who provide domestic violence services statewide. UDVC received responses from 14 of the 16 shelter-based service providers and a handful of nonprofit legal services providers whose clients include a significant percentage of domestic violence victims. The information they provided has not been verified independently and does not include all community-based organizations in Utah who provide domestic violence services.

Federal Funding: The information from these surveys indicates that in addition to the federal funding listed above, some community-based domestic violence service providers receive minimal, competitive-based grants directly from federal agencies, such as the the Department of Justice or the Department of Housing and Urban Development. The total amount in any current federal grants is unclear.

State Funding: There may also be approximately \$1 million in “state funding” that organizations receive outside of the state general funds reported by DCFS above, but the accuracy of these being state funds (rather than federal or other-sourced funds administered by state agencies) is unknown. If that \$1 million reported in informal surveys is in fact state general funds, the total for state funding for DV services would be approximately \$7 million (\$4 million as listed by DCFS above, plus an additional \$2 million appropriated by the 2022 Legislature and administered by DCFS but not yet reflected in the tables above, plus the \$1 million reported in surveys).

City/County Funding: Nonprofit organizations also indicate that approximately \$1 million in competitive grant funding from city and county governments currently supports some domestic violence services in Utah, but this amount is highly variable year-to-year.

Private Funding: Finally, these nonprofit organizations report that they are currently able to raise approximately \$9 million from individual donors, private foundations, and other community contributions to support services for domestic violence survivors and their families. This amount

also fluctuates year-to-year and reflects an estimate of the current or most recent fiscal year for most organizations that responded to the survey.

For all of these additional funding sources, they seem to mainly be competitively awarded and support specific, time-limited projects. In other words, these are not ongoing or stable sources of support for core domestic violence services statewide. Very rough estimates from these surveys, in addition to the funding amounts listed by state agencies above, reflect current funding for domestic violence services that may be between \$30 million-\$40 million with all sources combined.

Standards of Care/Best Practice

Standards of care related to domestic violence refer to the reasonable degree of care a person should provide to another person including the following:

- Trauma informed advocacy
- Confidentiality (also required by federal law through the Violence Against Women Act and Family Violence Prevention and Services Act)
- Accessibility of all services
- Appreciation of the dignity and worth of the person
- Voluntary services (never compelled to participate) and empowerment-based support
- Crisis intervention
- To be treated with integrity
- Competence of those serving victims of crime
- Safety planning
- Equity/diversity/inclusion
- Training for those serving victims of crime
- Mandatory reporting as required
- Adherence to the victim bill of rights found in code 77-37-3.

Sources reviewed to determine potential standards of care moving forward include the following:

- NASW Code of Ethics (Core Values, Standards, and Principles)
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English#standards>
- Office of Justice Programs - Victim Rights
<https://victimlaw.org/victimlaw/pages/victimsRight.jsp>
- Training Link - Provided by UDVC for training police and others
- DCFS Shelter Contract - Scope of Work
- Utah Victim Rights Statute [Utah State Code 77-37](#)
- NCJFCJ Guiding Principles
<https://www.ncjfcj.org/jff-supervised-visitation-program/guiding-principles/>

- Illinois Domestic Violence Professionals
<https://ilcdvp.org/code-of-ethics/>
- Warm Springs Health and Wellness Center Guidelines for Clinical Assessment and Intervention on Domestic Violence - Guiding Principles
<https://www.futureswithoutviolence.org/userfiles/file/HealthCare/ClinicalAssessment.pdf>

Core Domestic Violence Victim Services

Timing of Need	Immediate Crisis (first 72 hours)	Short-Term (1-3 months)	Longer-Term (4+ months)
Social Services (Safety, Basic Needs: Shelter, Housing, Advocacy)	<ul style="list-style-type: none"> • Crisis response through a 24-hour line • Safe housing and/or on-site shelter • Assistance with other basic needs (includes food, clothing, childcare, urgent financial) • Lethality assessment (through LAP or other evidence-based tool) • Safety planning (ongoing process to include review of danger and lethality risks) • Medical advocacy (info, support, assistance with healthcare system, not providing medical care) • Child advocacy (support in crisis) • Immediate case management (survivor-driven formal assessment within first 24-48 hours) • Immediate criminal 	<ul style="list-style-type: none"> • Ongoing case management (based on 30-day assessment and plan) • Safety planning (ongoing process to include review of danger and lethality risks) • Mobile or community advocacy (advocacy provided at survivor's choice of location) • Group (service that brings together more than one survivor to interact, develop skills, process trauma, work toward healing including support group, life skills, psychoeducation, clinical and peer-led groups) • Ongoing child advocacy (services and support for children impacted by trauma and violence) • Therapy (services provided by a licensed, qualified professional or cultural healer that includes clinical assessment, 	<ul style="list-style-type: none"> • Ongoing case management • Group (ongoing support and intervention/services) • Therapy (ongoing therapeutic intervention services) • Child advocacy (ongoing support for impacted children, including therapeutic intervention, services for parent/s navigating legal processes to protect child's rights/safety, support for parents in relationship with their children) • Housing-specific advocacy and/or case management • Transitional housing support if available on-site • Other forms of ongoing financial assistance, unrelated to housing • Community education (increasing knowledge and awareness of DV/IPV, cycles and dynamics, warning

	<p>justice case advocacy, support, or assistance</p> <ul style="list-style-type: none"> • Crisis therapy 	<p>therapeutic planning, support, and treatment - including individual and family therapy provided virtually or in-person)</p> <ul style="list-style-type: none"> • Transitional housing and safe shelter support • Financial assistance to obtain immediate housing off-site (including rental assistance) • Other forms of ongoing financial assistance, unrelated to housing • Ongoing criminal justice case advocacy, court support, assistance with civil legal issues (e.g. protective order) 	<p>signs, etc.)</p> <ul style="list-style-type: none"> • Community prevention education (aimed specifically at preventing DV/IPV from happening in the first place, such as K-12 education about healthy relationships) • Community training (teaching community members and professionals about DV/IPV and related topics and how to apply those to their work to improve community response to survivors) • Equitable and Inclusive Services
Nonprofit-Based Legal Services and Support	<ul style="list-style-type: none"> • Legal assistance and advocacy, including support in applying for protective orders • General legal assistance, information, and support 	<ul style="list-style-type: none"> • Ongoing legal assistance and advocacy in obtaining and ensuring enforcement of protective orders • Legal assistance with family law issues (e.g, divorce, custody, visitation, child support) • Criminal case advocacy, including court/other criminal justice system accompaniment and support, legal representation when needed and available 	<ul style="list-style-type: none"> • Ongoing civil legal assistance with family law issues (e.g, divorce, custody, visitation, child support) • Immigration attorney assistance (e.g., special Visas to protect domestic violence survivors, continued presence application, and other immigration relief) • Restitution and victim rights legal assistance
Criminal Justice Advocacy	<ul style="list-style-type: none"> • On-scene crisis response • Medical advocacy (info, support, 	<ul style="list-style-type: none"> • Notification of criminal justice events (case status, arrests, bail, court 	<ul style="list-style-type: none"> • Provide criminal justice advocacy and accompaniment • Notification of

	<p>assistance with healthcare system, not providing medical care)</p> <ul style="list-style-type: none"> ● Safety planning and crisis intervention ● Assistance with other basic needs (includes food, clothing, childcare, urgent financial) ● Assistance with jail release no contact orders, criminal orders of protection ● Inform of victim rights and criminal justice process ● Provide advocacy/accompaniment for law enforcement interviews ● Connect victims with community resources ● Intervention with employer, creditor, landlord, or academic institution ● Provide transportation assistance 	<p>proceedings, etc)</p> <ul style="list-style-type: none"> ● Assist with victim impact statement and provide support at sentencing ● Assist with restitution when collection efforts are not successful ● Assist with obtaining civil or criminal orders of protection ● Provide assistance for refugee and immigrant victims with specific immigration issues such as obtaining Visas ● Provide advocacy/accompaniment for interviews with prosecution or law enforcement ● Provide criminal justice advocacy and accompaniment ● Ensure victim's rights are upheld during the criminal justice process ● Intervention with employer, creditor, landlord, or academic institutions as needed ● Connect victims with community resources 	<p>criminal justice events</p> <ul style="list-style-type: none"> ● Assist with victim impact statements and restitution as needed ● Consistent safety planning and addressing the need for orders of protection through the criminal justice process, sentencing, and/or through board of pardon and parole process ● Ensure victim's rights are upheld during the criminal justice process ● Continue to connect victims with community resources as needed
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Domestic Violence Core Services Cost Estimate

The Utah Domestic Violence Core Services cost projection is based on providing the above core services to survivors of domestic violence within the community-based system of services as it is currently configured. Any cost projections beyond current victims served and/or services that are not currently funded adequately were based on the published national study of Domestic Violence Shelter costs, demand and unmet need for services in Utah as published by the National Network to End Domestic Violence Annual Census (“Domestic Violence Counts”), estimates of domestic violence prevalence from The National Intimate Partner and Sexual Violence Survey, the 2016 Utah Intimate Partner Violence Data report from the Utah Violence and Injury Prevention Program, the DCFS Family Violence Prevention & Services Act (FVPSA) grant FY21 annual federal

report, and domestic violence service provider program data as reported to the Utah Domestic Violence Coalition.

Personnel costs are estimated based on client needs for informed intake, crisis support and advocacy, lethality assessment and safety planning, case management, therapeutic support, child advocacy services, and community education in order to meet the needs of domestic violence survivors across the state. Other cost projections are made using DCFS FY 2021 FVPSA (Family Violence Prevention and Services Act) reported client count for shelter and other community-based/non-shelter services, program and cost data as reported to the Utah Domestic Violence Coalition, average billable rate for therapy and legal services, and estimated average financial assistance and temporary safe housing needs.

Core Services to Meet Needs

The estimated cost to provide core services for DV survivors statewide through community-based programs is approximately \$106.5 million. This is the estimated cost incurred to support approximately 20,000 domestic violence survivors per year at \$5,300 per survivor.

This does not represent all individuals who experience domestic violence each year in Utah. National victimization estimates applied to state population statistics indicate that number may be closer to 140,000 adults annually. This report instead focuses on adequately funding the community-based domestic violence victim services system as it is currently configured, which includes 16 DHHS-licensed shelters, as well as other nonprofit service providers such as legal services and culturally-specific organizations who serve a significant percentage of DV victims. Estimates provided also include an additional 25% of victims who these community-based service providers cannot adequately support at present due to lack of stable funding, as reported in Utah's Domestic Violence Counts Annual Census by the National Network to End Domestic Violence and by current domestic violence services providers as reported to the Utah Domestic Violence Coalition. This 25% increase would result in serving an estimated 20,000 domestic violence survivors per year statewide.

This core services funding also includes statewide implementation of the [Lethality Assessment Program \(LAP\)](#), a program currently being utilized by approximately half of Utah's law enforcement agencies. It is critical for identifying domestic violence victims who are at high lethality risk on-scene and directly connecting them to 24-hour, confidential, community-based victim services and support.

This estimate of the cost of domestic violence core services does not contemplate adding new shelters to ensure that one exists in each county of the state. This report does not include a full assessment of whether this is needed or possible. It also does not ensure that all victims statewide who may be in need can access no-cost or low-cost legal services to support them throughout their

case. This estimate does not include needed funding for criminal justice system-based victim advocates who are based in law enforcement agencies and prosecutors' offices, and who provide critical assistance and support to domestic violence survivors navigating each step of the criminal justice system and process. Currently, these "system-based victim services" are entirely federally funded in Utah (through VOCA funds) at approximately \$4 million and face an approximate decrease of \$1.5 million in the upcoming fiscal year. An analysis of how well these specific services meet current or projected domestic violence needs was not conducted as part of this report. The need for additional culturally-specific and responsive services is also urgent for domestic violence survivors and has not yet been integrated into this estimate to meet the need for core services statewide. This additional analysis and cost estimates for comprehensively addressing domestic violence in Utah should be undertaken by the new commission recommended in this report.

The costs of intimate partner violence if left unaddressed are difficult to measure and more research is needed. However, overviews of national data have led to estimates that the [total cost to U.S. society is \\$9.3 billion in 2017 dollars](#), and [to an individual victim over a lifetime is \\$103,767 for women and \\$23,414 for men](#). These costs include medical, criminal justice, and lost wages among others. On the other hand, estimates in this report indicate that providing core, community-based services to a domestic violence survivor in Utah costs approximately \$5,300. Therefore, an investment of just over \$5,000 per person in order to ensure that they receive the information, support, and resources needed to start the healing process and rebuild a life free of abuse has the potential to avoid costs five to twenty times higher for that survivor and for our communities in the long run.

Core Services by Time of Need

The following information outlines this estimated cost for statewide core domestic violence services according to the time frame when survivors are in need of the most intensive support and resources. It also separates organizations based on shelter and other community-based services from nonprofit-based legal services for domestic violence survivors. Other community-based service organizations are culturally-specific service providers and other nonprofit organizations whose services include domestic violence support and advocacy, but who do not operate 24/7/365 shelters or residential programs. Again, the table below does not include the cost for criminal justice system-based victim advocacy services for the reasons listed above, but ensuring that these advocates are available statewide is a critical component of the immediate, short-term, and longer-term core services for domestic violence survivors in Utah.

Community-Based DV Service Provider Category	Estimated Total Costs for DV Core Services (all time frames)	Cost of Immediate Crisis Response only (first 72 hours)	Cost of Short - Term Response only (1-3 months)	Cost of Longer - Term Response only (up to 1 year)
Shelters & Other Community-Based Services	\$88.3 million	\$45.6 million	\$19 million	\$23.6 million
Non - profit Legal Services	\$8.6 million	\$875,000	\$5.3 million	\$2.4 million
Indirect Costs at 10% (includes equipment, supplies, and other infrastructure; staff training and travel)	\$9.7 million	\$4.7 million	\$2.4 million	\$2.6 million
Total*	\$106.5 million (\$5,326 per survivor)	\$51.1 million (\$2,558 per survivor)	\$26.7 million (\$1,335 per survivor)	\$28.7 million (\$1,433 per survivor)
State investment to support half of cost (current state funding ~\$7 million)	\$53.3 million (\$2,663 per survivor)	\$25.6 million (\$1,279 per survivor)	\$13.4 million (\$668 per survivor)	\$14.3 million (\$717 per survivor)

*Totals may be affected by rounding.

\$106.5 million in state support to stabilize and adequately fund the current community-based DV victim services system and ensure that Utah meets its obligation to these survivors would be ideal. The phased approach outlined above would be an initial investment of \$51.1 million for crisis response within 72 hours, a subsequent investment of \$26.7 million for services up to 3 months, and a final phase of \$28.7 million in state funding to support DV survivors up to one year, totaling \$106.5 million to provide adequate services within the current community-based DV system. The funding required for state investment at half the cost for each time frame is also included.

If the state needs to narrow its focus for the initial phase, we recommend prioritizing the cost for community-based providers to offer immediate crisis response services within the first 72 hours of a victim reaching out for help at the estimated cost of \$51.1 million. Should the state assume responsibility for half of this cost in order to help ensure that these core crisis services are available to DV victims statewide, that requires \$25.6 million, or just under \$1,300 per survivor, in ongoing state funding. Current state funding for community-based DV services is approximately \$7 million, meaning another \$18.6 million in ongoing state investment is needed to stabilize these core domestic violence crisis services across the state. It is also important to note that DV shelters and other providers are facing potential 30-40% decreases in federal VOCA funding for next year, which would amount to a decrease of approximately \$2 million in funds that help ensure these core services are there when a victim needs them.

Considerations

By reviewing the services of current providers and the funding utilized by each, the team was able to identify a beginning budget consideration for the first 5 years of strategic planning in an effort to reach the level of coordination and efficiency requested by this committee.

- The committee supports the suggestion to create a new commission to allow all stakeholders a voice in the development and implementation of the strategic statewide plan for services.
 - This committee suggests that the commission develop a statewide strategic plan, coordinate services and funding, and ensure all voices are at the table to make the decisions necessary to improve outcomes.
 - The committee suggests that prevention services be a prioritized area of assessment.
 - The committee suggests the commission undertake a more comprehensive analysis of the needs of domestic violence victims that are not able to be addressed by the current system of services, as well as the cost to meet those needs.
 - The following components are not included in this report and are suggested for the commission to pursue:
 - Whether additional shelters are needed statewide (e.g., in order to ensure that one is located in each county) and how the state can ensure these are

- strategically established and adequately funded
 - How to increase statewide availability of no- or low-cost legal services to support DV victims throughout their case
 - How many additional criminal justice system-based advocates are needed statewide and how to best stabilize core funding for these services
 - How the state can support the establishment of additional culturally-specific and responsive services to ensure that all domestic violence survivors in Utah can access the support they need when they reach out for help.
- Create and fund an office within the Department of Health and Human Services to meet current statutory mandates regarding domestic violence service provision, decrease administrative burden for community-based providers, and ensure a “one door” approach for victims seeking community-based domestic violence services. This office would not replace or impede upon the duties of the current Utah Office for Victims of Crime, but would complement their efforts and focus on the statutorily-mandated domestic violence services and funding provided through DHHS. This office would work closely with the new commission in an effort to research, review and implement the requests and recommendations of the commission.
 - In order to accomplish this endeavor, we present the following additional considerations:
 - Ongoing funding would be necessary to create the team and maintain it moving forward in an effort to research, review and implement recommendations of the new commission.
 - The new office may focus on state General Funds supporting community based funding and core services and existing federal funds currently administered by DHHS.
 - To ensure effective and efficient implementation of these activities and current statutorily-mandated domestic violence services statewide, it is believed that this new office would require 6 full-time positions:
 - Services Administrator \$130,000
 - Office Assistant \$45,000
 - Data Analyst \$86,000
 - Technical Assistance Coordinator \$102,000
 - Grant and Contracts Coordinator \$86,000
 - Finance Manager \$110,000
 - The creation of this team would require at total \$559,000 of ongoing funding(These positions have not been through the Governor’s budget process.) This amount may be provided under a standard 3.5-5% administrative costs for any new

state General Funds appropriated to community-based domestic violence victim services, if preferred.

- Develop a 5 year Strategic Plan in coordination with the recommended commission which may address:
 - How to consolidate and streamline current core services and state/federal domestic violence victim services funding under the new office.
 - Create a statewide needs assessment implementation plan.
 - Based on the needs assessment outcome and data analysis, develop new core services and fund with approved one time or ongoing funding.
 - A grant process to disperse the funding to state and private agencies that provide current core domestic violence victim services and meet the standards of care.
- In order to support the creation of this office, the committee supports instituting the standard 3.5-5% administration costs for any new state General Funds appropriated to community-based domestic violence victim services. This has not been included in state domestic violence funding appropriated to DHHS thus far and stakeholders agree that it is important to support efficient and effective administration of funding and coordination of statutorily-mandated domestic violence services at the state agency level.
- Expand implementation of the [Lethality Assessment Program \(LAP\)](#) to all law enforcement agencies statewide. This would require doubling the current program, an evidence-based tool for on-scene identification of domestic violence victims who are at high lethality risk and directly connecting them to 24-hour, confidential, community-based victim services and support. The recommended funding for 72-hour crisis response services outlined includes the community-based victim services program and personnel costs for implementing this program statewide (approximately \$2 million). Additional funds would be required for law enforcement agencies and systems-based victim advocates to ensure effective LAP implementation statewide.
- As an initial phase to stabilize funding for core domestic violence crisis services, provide state funding to support the immediate services a victim needs within the first 72 hours of experiencing abuse. Although these core services are being provided to some extent at present, they are not adequately funded to ensure availability to all victims, nor are they available in all areas of the state in an equitable manner offering quality of care. While we identified \$51.1 million needed to stabilize these core crisis services in Utah, other funding sources may continue to be leveraged by service providers so the state can prioritize half of these costs at \$25.6 million or just under \$1,300 per survivor. This investment requires \$18.6 million in new state funding to bridge the gap between current state funding and this

proposed state contribution toward stabilizing core domestic violence crisis services statewide.

- **\$51,154,180**, or \$2,558 per survivor, supports currently-configured community-based crisis services for survivors in the first 72 hours of accessing support. These include:
 - Safe housing and/or on-site shelter
 - Lethality assessment and safety planning
 - 24-hour crisis hotline
 - Advocacy and support services for impacted children
 - Crisis case management, including formal assessment
 - One crisis therapy session
 - Immediate financial assistance to obtain transitional housing and other basic needs
 - Initial legal information, including assistance applying for protective order
 - On-scene response, law enforcement interview support, and immediate criminal justice case support if no systems-based advocate available (8-15% of cases)
- **\$25,577,090**, or \$1,279 per survivor, represents an ongoing state investment at 50% of the total cost listed above for a 72-hour domestic violence response statewide. This would help stabilize the availability of these crisis-level services statewide.
- **\$18,577,090** (still \$1,279 per survivor) bridges the gap between current state funding and this proposed 50% state investment to help stabilize domestic violence crisis response services statewide (\$25,577,090 minus approximately \$7,000,000 in current ongoing state funding for community-based DV services).
- Assess current domestic violence prevention efforts statewide as part of the 5 year strategic plan and in coordination with the recommended new commission in order to make program and funding recommendations to the Legislature and other state leaders. The \$106.5 million cost outlined here includes approximately \$3 million in community education, but this does not adequately address the efforts needed statewide to prevent violence in relationships from happening in the first place. This funding is also not part of the recommended state investment outlined above since it is not 72-hour crisis services.

Sexual Assault Services in Utah

Sexual Assault Code

There is little mention in Utah State Statute as to how services shall be provided to victims of rape and sexual assault. There is some mention of victims rights, specifically around rape victims' rights,

as well as statute around privileged communications, sexual assault kit processing, prosecution of rape cases, and prison rape elimination. For victims of rape on tribal lands, the statute is sparse resulting in higher number of native women being sexually assaulted.

Victims Rights

[Utah State Code 77-37](#) **The Rights of Crime Victims:** They include the right to request voluntary testing for themselves for HIV infection and to request mandatory testing of the alleged sexual offender for HIV infection, the right to be informed whether a DNA profile was obtained from the testing of the rape kit evidence or from other crime scene evidence, the right to be informed whether a DNA profile developed from the rape kit evidence or other crime scene evidence has been entered into the Utah Combined DNA Index System (CODIS), the right to be informed whether there is a match between a DNA profile developed from the rape kit evidence or the crime scene evidence and a DNA profile contained in CODIS, provided that disclosure would not impede or compromise an ongoing investigation, and the right to designate a person of the victim's choosing to act as a recipient of the information provide under this subsection.

The Utah Victims Bill of Rights further provides rights for victims in the prosecution of their cases, and the rights of victims to seek restitution or reparations, including medical costs, as provided in Title 63M, Chapter 7, Criminal Justice and Substance Abuse, Title 77, Chapter 38b, Crime Victims Restitution Act, and Section 80-6-710. State and local government agencies that serve victims have the duty to have a functional knowledge of the procedures established by the Crime Victim Reparations Board and to inform victims of these procedures.

Privileged Communications for Rape Crisis Counselors

[77-38-201](#) **Confidential Communications:** Confidential communications between rape victims and certified crisis counselors was established as privileged in order to “enhance and promote the mental, physical and emotional recovery of victims of sexual assault and to protect the information given by victims to sexual assault counselors from being disclosed.”

Sexual Assault Kit Initiative (SAKI)

Federally, the 2016 Sexual Assault Survivor’s Rights Act provides for statutory rights for sexual assault survivors, including the right to: receive a forensic medical examination at no cost, have a sexual assault evidence collection kit (i.e., a rape kit) preserved for 20 years or the maximum applicable statute of limitations, whichever is shorter, receive written notification prior to destruction or disposal of a rape kit, and be informed of the rights and policies under the law which includes making statutory crime victims' rights applicable to sexual assault survivors.

In the 2017 General Legislative Session, Utah Passed H.B. 200 “Sexual Assault Kit Processing Amendments” which required that all sexual assault kits (SAK), except for those classified as

restricted kits, be tested to obtain DNA profiles; provided that testing of a SAK be completed within a specified amount of time, provided the process by which SAKs shall be stored and transmitted for testing, required medical personnel who conduct sexual assault examinations to inform each victim of specified rights, available treatments, and services, and authorized the Department of Public Safety to develop and implement a statewide sexual assault kit tracking system.

The 2022 VAWA enacted the Fairness for Rape Kit Backlog Survivors Act, which requires state victim compensation programs to allow sexual assault survivors to file for compensation without being unfairly penalized due to rape kit backlogs and reinforces existing survivor rights.

Prosecution Review under the Attorney General’s Office

In the 2019 General Legislative Session, Utah passed H.B. 281 “Prosecution Review Amendments” which added a provision that authorizes the attorney general to review an investigation and prosecute any first degree felony (including rape) that a district or county attorney declines or fails to prosecute. This legislation provides an avenue for victims to have their case tried when their local prosecutors decline to press charges.

Prison Rape Elimination Act (PREA) Compliance

In 2021, Utah legislature passed a bill regarding Prison Rape Elimination Act Compliance. This law meets national standards made under the federal Prison Rape Elimination Act of 2003 by mandating the implementation of policies and data collection relating to the sexual assault of inmates.

Statutes for Indigenous Communities

4.5 percent of the land in Utah, or 2.45 million acres, is Tribal land. Over the course of hundreds of years, Tribal Nations duty to exercise their stewardship to protect and keep safe in balanced relations is legally limited and bound. These limitations on criminal jurisdiction over non-Indians have been shown to be detrimental to Indigenous balanced relations or healthy Indigenous communities. Legislative efforts like the Special Domestic Violence Criminal Jurisdiction included in the Violence Against Women Act and case decisions like U.S. v Cooley have provided an avenue for Tribes to exercise their traditional relational responsibilities to citizens and members (Riley, 2016).

Tribal Nations currently enter into intergovernmental agreements with municipalities, counties, and states around protocol on criminal jurisdiction, these often take the form of cross-deputization agreements. While impactful, many Tribal Nations seek to have their authority restored to arrest and prosecute any perpetrator of any crime on Tribal land.

History

Funding for sexual assault services in Utah has relied heavily upon grass roots advocacy and private funding for decades. In 1987, Utah received initial funding from the Victims of Crime Act (VOCA) under the Department of Justice to provide direct services to crime victims. Subsequently in 1994, the Violence Against Women Act (VAWA) was passed which provided funds for services, training, prosecution, and investigation of crimes against women which includes sexual assault. Rape crisis programs began to access federal funding in the early nineties and were able to develop and expand their programs through these initiatives. However, it is not until the last decade that state funds have been specifically allocated towards sexual assault victims and there remains very little in state statute in regards to how programs should provide quality services to victims that enter their doors. Below is a ten year history of state and federal funds allocated to sexual assault victim programs in Utah:

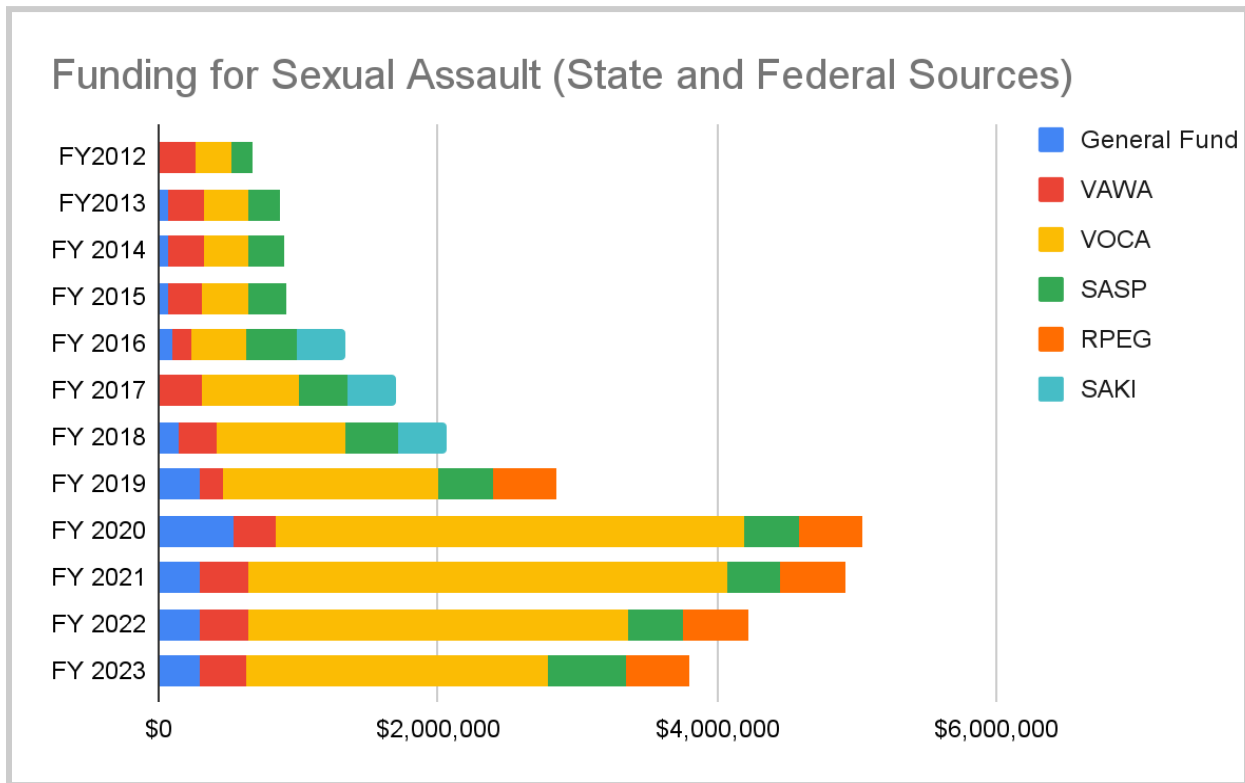
Historically, state General Funds have not been allocated to specifically support community-based sexual assault services. Beginning in 2018, ongoing state funding in the amount of \$290,000 has been administered through the Commission on Criminal and Juvenile Justice to support sexual assault hospital team response services.

Note: TANF funding (not listed) is not exclusively for sexual assault. It also funds intimate partner violence and domestic violence. TANF dollars are only used for prevention and cannot be used for direct services. Furthermore, only a small number of programs received TANF funds, thus it is not included here.

Funding History for Sexual Assault in Utah (State and Federal Sources)

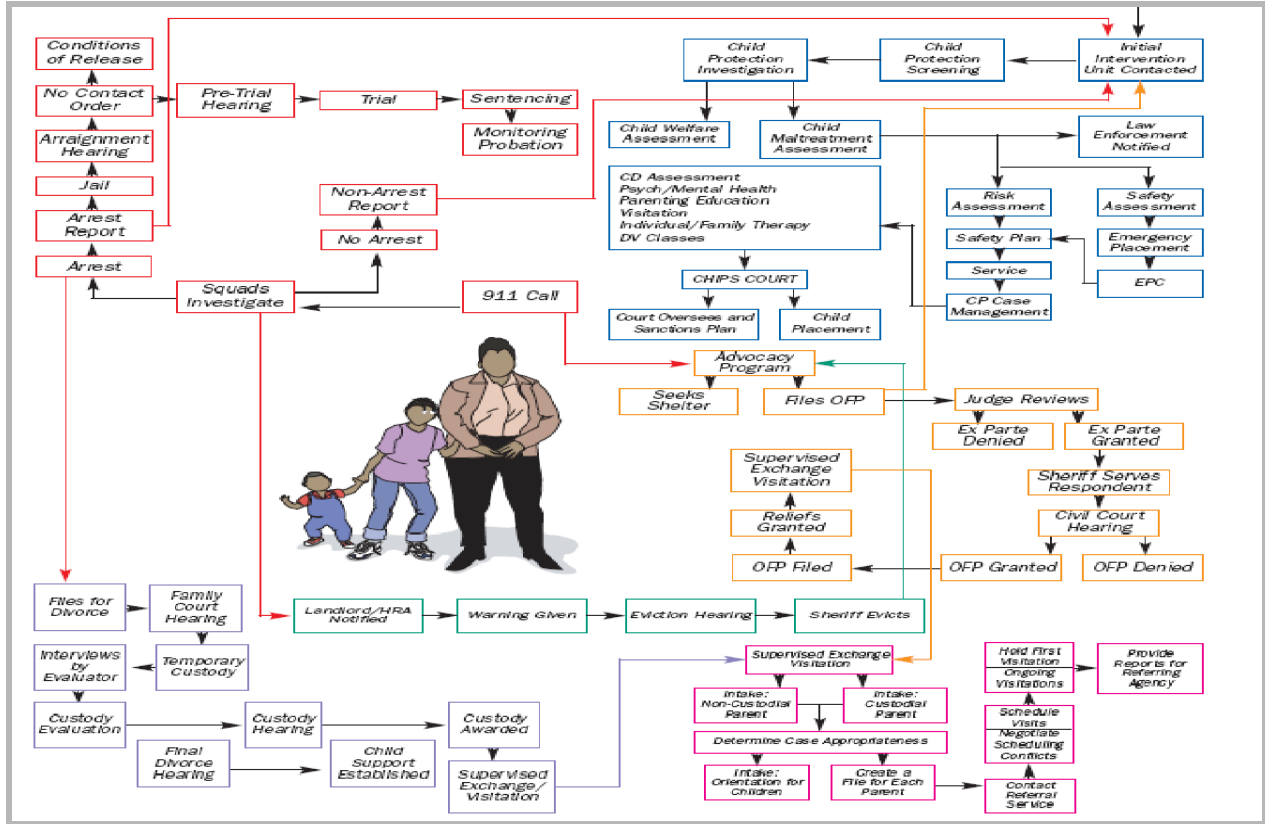
	General Fund	VAWA	VOCA	SASP	RPEG	SAKI	Total
FY2012	\$0	\$258,747	\$255,590	\$150,299	\$0	\$0	\$664,636
FY2013	\$64,332	\$258,747	\$317,384	\$224,881	\$0	\$0	\$865,344
FY 2014	\$74,638	\$251,412	\$308,037	\$258,309	\$0	\$0	\$892,396
FY 2015	\$62,154	\$253,796	\$333,036	\$257,251	\$0	\$0	\$906,237
FY 2016	\$102,117	\$128,695	\$393,061	\$364,302	\$0	\$345,510	\$1,333,685
FY 2017	\$0	\$309,912	\$699,094	\$341,726	\$0	\$345,510	\$1,696,242
FY 2018	\$150,000	\$259,727	\$922,740	\$377,155	\$0	\$345,510	\$2,055,132
FY 2019	\$300,000	\$166,258	\$1,537,973	\$388,499	\$456,512	\$0	\$2,849,242
FY 2020	\$540,000	\$304,137	\$3,342,090	\$400,825	\$456,512	\$0	\$5,043,564
FY 2021	\$290,000	\$356,512	\$3,422,628	\$386,994	\$456,512	\$0	\$4,912,646
FY 2022	\$290,000	\$344,779	\$2,732,961	\$391,889	\$456,512	\$0	\$4,216,141

FY 2023	\$290,000	\$332,235	\$2,170,158	\$550,000	\$456,512	\$0	\$3,798,905
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Sexual Assault Core Services

When a person is raped or sexually assaulted, they are not only victimized by the assault itself, but they are also thrown into a world of services and providers that is extremely complex. As shown in the chart below, navigating this system (whether the crime is reported or not) can be very difficult and retraumatizing to the victim. Listing all of the resources that a victim may need during this time in their life would be an endless task. However, there have been some general core services that victims of rape and sexual assault access on their journey to healing.



Graph courtesy of Praxis International

The services that have been identified as core services are separated into six main categories: Information and Referral; Personal Advocacy/Accompaniment; Emotional Support, Medical, and/or Safety Services; Coordinated Community Services; Shelter/Housing Services; and Criminal Civil Justice System Assistance. We believe these are the most essential services to victims of sexual assault and are core to a best-in-class rape crisis center. The funding request below reflects the amount estimated to serve known numbers of sexual assault survivors. For ease, we have broken the services and associated budgetary requirements into six categories in the following table. These services are provided across the system. Not all services are provided by one center, and some are provided through the criminal justice system itself. For effective care for victims, all these services must be provided, coordinated, and seamlessly delivered.

These services and numbers do not reflect everything that would go into the best-in-class rape crisis centers of the future. The bullets on Standards of Care in the following section reflect additional service needs once these core services are operational.

Category	Services
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Information and Referral	<ul style="list-style-type: none"> ● Information about victim rights, how to obtain notifications, criminal justice process ● Referral to other victim service programs ● Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.) ● Informed intake with victim's rights education (confidentiality, etc.)
Personal Advocacy/ Accompaniment	<ul style="list-style-type: none"> ● Victim advocacy/ accompaniment to medical forensic exam ● Transportation assistance (includes coordination of services) ● Language access services ● Intervention with employer, creditor, landlord, or academic institution ● Individual advocacy (e.g., assistance in applying for public benefits, return of personal property/effects, and assistance with practical problems created by the victimization) ● Mobile, community, or virtual/telehealth advocacy (advocacy services provided at the location of survivor's choice) ● Child advocacy (support for children who have been impacted by trauma and violence, including therapeutic intervention, support navigating legal processes to protect child's rights/safety, support for parents in relationship with their children) ● Community based services to incarcerated survivors (including those in the criminal justice system, youth in detention, etc.)
Emotional Support, Medical, and/or Safety Services	<ul style="list-style-type: none"> ● Crisis intervention (in-person, includes safety planning, etc.) ● On-scene crisis response (e.g., community crisis response) ● 24 hour hotline services providing crisis intervention services, referrals, and counseling; ● Financial assistance with basic needs (includes food, clothing, childcare, emergency needs) ● Individual counseling ● Other therapy and healing services (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.) ● Support groups (facilitated or peer) ● Sexual assault exam and medical care
Coordinated Community Services	<ul style="list-style-type: none"> ● Sexual Assault Response Team (SART) Coordination ● Community Education <ul style="list-style-type: none"> ○ Increasing knowledge and awareness of primary sexual assault prevention, cycles and dynamics, warning signs, etc. ○ Aimed specifically at primary sexual assault prevention from, such as K-12 education about healthy relationships ○ Teaching community members and professionals about primary sexual assault prevention and related topics and how to apply those to their work to improve community response to survivors
Shelter/ Housing Services	<ul style="list-style-type: none"> ● Emergency shelter or safe house especially in instances of sexual violence against persons who are unhoused (including transportation to shelter) ● Relocation assistance/Housing

Criminal/ Civil Justice System Assistance	<ul style="list-style-type: none"> ● Notification of criminal justice events ● Assistance with restitution ● Law enforcement interview advocacy/accompaniment ● Prosecution interview advocacy/accompaniment ● Immigration assistance and referral (e.g., special Visas, continued presence application, and other immigration relief) ● Victim impact statement assistance ● Civil legal assistance in obtaining a protective order ● Civil legal assistance in family law issues ● Court advocacy and accompaniment ● Assistance with crime victim reparations
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Essential Services Still to Be Considered

The services listed above are the most basic services and considered core for most sexual assault survivors. However there are many other services that still require additional consideration.

Sexual Assault Nurse Examiners (SANE)

Such services include costs for SANE Nurses and forensic exams as well as treatment costs for perpetrators. A brief overview of Utah SANE Programs and Support Provided by UCASA is included here:

In 2021 approximately 110 SANE nurses working for 23 programs performed more than 1,139 sexual assault medical forensic examinations throughout Utah. The 23 SANE programs cared for sexual assault patients at more 44 hospitals and clinics.

Sexual Assault Nurse Examiners (SANEs) are specially trained nurses who can give comprehensive and trauma-informed care to adult and adolescent survivors of sexual assault. SANE nurses in Utah complete a 40-hour didactic course that meets the education guidelines of the International Association of Forensic Nurse followed by “hands on” clinical education both through classes with simulated patients and at the bedside with experienced nurses.

A typical examination takes between four to six hours and includes a health history, a detailed history of the assault, a complete head to toe examination, and a detailed genital examination. The examination includes both written and photo-documentation of injury, collection of medical forensic evidence, and medication to the patient to prevent unwanted pregnancy and sexually transmitted infections.

To maintain a high quality of care, SANEs participate in ongoing education and peer review. They also provide testimony in sexual assault cases when requested by either the prosecution or the defense.

The Utah Coalition Against Sexual Assault (UCASA) supports Utah's SANE programs by providing a variety of training, including the 40-hour SANE class four times a year at no cost, three 16-hour and two 4-hour skills classes with model patients to allow examination practice, webinars, and onsite and virtual technical assistance with SANE program development. UCASA has one full time and two part time SANE nurses who are available 24/7/365 to answer questions and give assistance to SANEs. The SANE staff at UCASA also provides education to law enforcement, victim advocates, and other professionals in order to improve the multidisciplinary team response.

Finally, UCASA administers and maintains the only statewide electronic forensic medical record. FeMR is a HIPAA And HITECH compliant electronic health record that provides secure storage of both the written and photo-documentation of sexual assault exams. It also provides secure access to law enforcement and the Utah Bureau of Forensic Services Crime Lab, facilitating both investigation of sexual assault and the processing of sexual assault evidence kits. FeMR can be the foundation for advanced analytics on and tracking of sexual assault exam reports for law enforcement and survivors in accordance with the 2017 Utah HB 200 requiring kit tracking capabilities.

Indigenous Communities

Core services for indigenous communities require further consideration and funding. This may include the following:

Hire a full-time tribal liaison to work specifically with community-based tribal organizations to improve intergovernmental coordination, establish best practices for state, Tribal and federal law enforcement and bolster resources for survivors and victim's families. This would greatly enhance the ability to combat the epidemic of missing persons, murder, and trafficking of American Indians and Alaska Natives.

Increase access to trauma-informed, culturally specific services and support for survivors from Indigenous communities. Provide targeted resources to tribes and tribal organizations to prevent and address gender-based violence, including public funding to offer grants to tribal programs that provide immediate shelter and supportive services for victims of sexual assault including efforts to raise awareness and improve prevention efforts.

Cost Projection

Estimating the costs of quality services for all sexual assault victims in the state is extremely complex. This project was undertaken in 2015 by the Utah Department of Health and the Utah Coalition Against Sexual Assault (UCASA). After months of thorough research, the total cost of sexual assault to the state of Utah was estimated at \$4.88 billion dollars (Utah Department of Health & Utah Coalition Against Sexual Assault, 2015). Factors that were measured included but were not limited to medical care, mental health care, lost work, pregnancy, suffering/lost quality of life, substance abuse, and earning loss. While the cost projections below may seem high, it is

important to keep in mind that Utah’s citizens are already paying for sexual assault in one way or another. Providing quality services to those who have been sexually victimized can save Utahns down the road.

In order to determine the projected costs of sexual assault victim services, the following methodology was taken into place:

First, the overall amount of sexual assault victims in a given year in Utah was estimated, There were several ways to calculate this amount. First we referenced the total amount of victims served under the state's largest funding source to victims, Victims of Crime Act (VOCA) funding. Under this funding source alone, there were over 15,000 victims of sexual assault shown as served. Next, we referenced the Department of Public Safety’s Crime in Utah Dashboard and selected all sexual assault crimes. There has been a steady increase in reported rape and sexual assault over the past years, with a substantial spike in 2021 at 5,064 reported cases. Furthermore, it should be noted that rape is among the least reported crimes with as few as 1 in 10 victim of rape reporting to law enforcement. Last, we reference the aforementioned Costs of Sexual Violence in Utah report. Said report estimated 20,666 adults as being raped in any given year with an additional 54,742 adults being sexually assaulted for a total of 75,408 victims in Utah. In our most ideal victim services cost projection, we set the total amount of victims being served as 40,000. While this is not the amount that is being served current, this is still an extremely modest projection of how many victims of sexual assault there actually are.

Next, we assigned each core service a projected amount of victims as being served under that unit along with the amount of service units. Service units reflect the total number of times that particular service was given. For example, one person may receive the service of “referral to other victim service programs” once, twice, or seven times. For this reason the number of service units is always a higher number than the number of victims served for that particular service.

Then, we assigned a cost for each service unit. This is the total monetary amount of resources that is dedicated to that service. For example, staff time to provide the service, contractors fees, and/or other financial resources are all included. We then multiplied the service unit by the cost per service unit to get the total cost as demonstrated in the table below:

Service	Anticipated # of SA Victims	Anticipated # of Service Units	Cost per Service Unit	Total Cost	Description of Service Unit Formula
Information about victim rights, how to obtain notifications,	40,000	48,000	\$22.50	\$1,080,000	The service unit cost was calculated by taking the amount of time it would take an advocate (on average) to provide this service (30

criminal justice process, etc.					minutes), multiplied by the hourly wage and benefit % of said advocate (\$30/hour+50% benefit rate).
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**\$30/hour would be an ideal rate to retain qualified victim advocates. Currently the average rate is \$20 or less*

After all of the individual core services were assigned a cost, we then took into consideration the non-direct service costs that are necessary to provide direct services. These include but are not limited to administrative and indirect costs; equipment, supplies, and other infrastructure; and staff training and travel. The total breakdown for all of these costs was 30% of the total direct costs.

Other important items to consider: first, the workgroup that produced these projections included professionals from various disciplines including: community and system based advocates, coalitions, funders, and survivors. While the estimates may not be exact, they come from actual experience working with crime victims. As most victim services professionals will attest, working with sexual assault victims takes more time and resources than any other victimization due to the extensive amount of trauma and stigma associated with the crime. Next, the cost projections were based on victim needs and were determined outside of any particular agency/agencies requesting funding. The costs of these services are structured in a way for a community/system based model where various providers work seamlessly together to provide victims the highest quality of services available. The totals associated below are for all sexual assault victims no matter how/where they are served (i.e. community based programs, law enforcement, legal services, etc.). Last, these estimates are fluid. With an increase of funding would come a higher quality and quantity of services. While services will still be offered, if funded at a lower amount, the system would have less ability to serve all victims at higher standards of care. This results in victims needing more services over time, which results in higher costs to victims and the system and with less ideal outcomes.

Ideal Victim Services Cost Projection

TOTAL Number of SA Victims Served	40,000
Total Costs by Category	
Information/Referral	\$4,725,000
Personal Advocacy	\$8,475,000
Emotional Support, Health, Safety	\$75,432,400
Coordinated Community Services	\$5,900,000
Shelter/Housing	\$21,600,000

Civil/Criminal Justice Advocacy	\$40,377,000
TOTAL Core Services Costs	\$156,509,400
Administrative Support Services	\$46,952,820
TOTAL Program Costs	\$203,462,220

In an ideal victim services system, all clients would be served. We estimate the number of victims to be served at 40,000, which is between the number of victims currently accessing rape crisis services (15,000) and the total estimated amount of victims there are in Utah (75,000) in any given year. In this projection, we included high standards of care for victims. For example, interviews with law enforcement and prosecution are assumed to be trauma informed, which involves a significant increase in the amount of time spent with the victim compared to what is currently given. We also account for a fully-staffed statewide rape crisis line to ensure callers receive quality care and attention in a reasonable amount of time. We also account for financial assistance for basic needs such as food and shelter, as well as long term needs like housing. Attorneys are available to assist victims with protective orders, family law, and other legal matters. Victim services professionals are paid a competitive wage so as to provide victims with the most quality services. One cost in particular that stands out in this funding structure is emotional support, health, and safety. One of the greatest needs for victims is quality mental health counseling. In this structure, 75% of the victims are receiving 16 sessions an average of therapy. While we understand that this projection may not be realistic for the foreseeable future, it is important to keep in mind that these victims still exist and are in need of this level of care.

Decreased Amount of Victims Served Cost Projection

TOTAL Number of SA Victims Served	20,000
Total Costs by Category	
Information/Referral	\$2,295,000
Personal Advocacy	\$4,237,500
Emotional Support, Health, Safety	\$38,910,400
Coordinated Community Services	\$5,900,000
Shelter/Housing	\$10,800,000
Civil/Criminal Justice Advocacy	\$20,796,000
TOTAL Core Services Costs	\$82,938,900
Administrative Support Services	\$24,881,670

TOTAL Program Costs	\$107,820,570
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In this projection, the costs were kept the same as the ideal service structure, but the total number of victims being served were reduced by 50%. In this way, the quality of services was maintained but the quantity of victims being served was greatly reduced. While this amount is much closer to the amount of victims currently served, those victims would receive a higher standard of care than we are able to provide in the current system. While victims would receive better care, a lower funding level would result in a greater number of victims going unserved.

Decreased Amount of Victims/Decreased Rates Cost Projection

TOTAL Number of SA Victims Served	<u>20,000</u>
Total Costs by Category	
Information/Referral	\$1,125,000
Personal Advocacy	\$2,120,625
Emotional Support, Health, Safety	\$27,883,550
Coordinated Community Services	\$3,525,000
Shelter/Housing	\$8,100,000
Civil/Criminal Justice Advocacy	\$14,350,500
TOTAL Core Services Costs	\$57,104,675
Administrative Support Services	\$17,131,403
TOTAL Program Costs	\$74,236,078

The next cost structure keeps the amount of victims served at 20,000 and incorporates decreased rates of services by 25% which inhibits the overall quality and quantity of services. Rates for victim advocates were decreased by what they are being paid currently which has been directly correlated with high levels of burnout and turnover. Less time and resources are devoted to each crime victim which can then elongate their path to healing and recovery. However, this cost structure still provides a high level of services to rape victims and would be a monumental increase to what is currently being provided.

Current Estimated Expenditures of Sexual Assault Services

TOTAL Number of SA Victims Served	15,000
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Total Costs by Category	
Information/Referral	\$468,750
Personal Advocacy	\$1,440,000
Emotional Support, Health, Safety	\$6,636,800
Coordinated Community Services	\$1,205,000
Shelter/Housing	\$1,800,000
Civil/Criminal Justice Advocacy	\$1,719,000
TOTAL Core Services Costs	\$13,269,550
Administrative Support Services	\$3,980,865
TOTAL Program Costs	\$17,250,415

Last is the current estimated expenditures of sexual assault services. The total number of victims has been reduced to 15,000 which is the estimated number of victims currently served. Each core service category was greatly reduced by both victims served as well as service units. This accurately reflects how services are being provided at this time. Advocates simply do not have enough time and resources to dedicate to those that need it most. Programs are working to stay solvent amidst increasing budget constraints. Demands continue to increase while resources diminish. This amount of funding would continue to serve the sexual assault victims in Utah, but would not address the long-term needs of programs to provide necessary quality care to rape victims.

Standards of Care

In order to ensure that every survivor in the state of Utah has access to a minimum level of consistent services, regardless of demographic or location, there remains a need to develop Standards of Care for Rape Crisis Centers. Currently there is not language in Utah statute that addresses the development, provision, or assessment of services to victims and survivors of rape and sexual assault. However, evidence-based Standards of Care for rape crisis centers have been developed on a national level and many states have adopted standards of care for rape crisis centers in their jurisdiction.

After evaluating the Standards of Care in numerous states, we employed the Texas Standards of Care as a model of what could be implemented in Utah.

These standards are composed of five key services categories: 1) Crisis intervention 2) 24 hour crisis hotline 3) Accompaniment to hospitals, law enforcement, and prosecutors offices 4) Advocacy and 5) Public Education.

They are listed in detail below and, as above, are based on Texas Government Code :

Crisis Intervention

Crisis Intervention means an immediate, supportive response in order to reduce acute distress, to begin stabilization, and to assist in determining next steps. Trained SAPs must provide Crisis Intervention to survivors of sexual violence 24 hours/day, 7 days/week via the 24 Hour Crisis Hotline, and/or via Accompaniment to Hospitals, Law Enforcement Offices, Prosecutor's Offices and Courts on a walk-in basis during regular hours of operation.

SAPs must ensure Crisis Intervention is provided by employees/volunteers trained in accordance with Utah's Sexual Assault Certification Requirements, and must ensure intervention is provided subject to confidential communication requirements in Utah's Confidential Communications Act.

SAP employees/volunteers providing Crisis Intervention must be supervised by SAP staff with at least one year experience providing services to survivors of sexual violence. The SAPs must maintain a current resource/referral list responsive to individuals affected by sexual violence that all employees/volunteers have in their possession, and must regularly evaluate Crisis Intervention services and, as needed, make adjustments based on the findings.

24 Hour Crisis Line Criteria

If the Sexual Assault Program (SAP) chooses to operate a 24 Hour Crisis line to meet the Crisis Intervention criteria, it must maintain a 24 Hour, 7 Day a Week Crisis Line operated by trained SAP staff/volunteers for survivors of sexual violence to provide immediate, confidential, non-judgmental support, crisis intervention, information and referrals.

The crisis line number must be accessible to the public via the SAP's website and in public directories that cover the SAP's service area, indicating 24 hour availability for survivors of sexual assault where advertised.

Crisis line calls must be answered immediately either by a SAP employee/volunteer or a 3rd party answering service and connected to a trained SAP employee/volunteer within 5 minutes. Crisis lines must have at least one bypass feature in place to accommodate more than one call at a time (busy signal and call-waiting features do not satisfy the bypass feature). Bypass calls must be answered or returned by a trained SAP employee/volunteer within 15 minutes.

SAPs must ensure employees/volunteers provide crisis line services subject to confidential communication requirements in the Utah Confidential Communication Act, have completed training that meets the Utah Sexual Assault Counselor Certification Requirements, are supervised

by a SAP staff member with at least one year experience providing direct services to survivors of sexual violence, and have a current resource/referral list responsive to individuals affected by sexual violence maintained by the SAP in their possession.

Crisis lines must be equipped to respond to callers who are deaf, hearing impaired, or with limited English proficiency. The SAP must regularly evaluate the 24 Hour Crisis Hotline and, as needed, make adjustments based on the findings.

Accompaniment to Hospitals, Law Enforcement Offices, Prosecutor's Offices, and Courts Criteria

If the Sexual Assault Programs (SAPs) chooses to provide Accompaniment (mobile response) to meet the Crisis Intervention criteria, it must provide Accompaniment to Hospitals, Law Enforcement Offices, Prosecutors' Offices and Courts – in-person support, assistance and provision of information about crime victims' rights during the survivor's interaction with medical or criminal justice professionals at hospitals, law enforcement offices, prosecutors' offices, and courts.

Accompaniment to Hospitals, Law Enforcement Offices, Prosecutors' Offices and Courts must be provided by trained SAP employees/volunteers, and must be provided until they are no longer needed by the survivor. The SAP must provide hospital Accompaniment services for survivors of sexual violence for a sexual assault medical forensic exam 24/hours day, 7 days/week and must dispatch an employee/volunteer to provide Accompaniment to a hospital within 15 minutes of receiving a request with a system in a place to accommodate multiple or overlapping requests for Accompaniment to a hospital.

SAPs must ensure employees/volunteers provide Accompaniment subject to confidential communication requirements in the Utah Confidential Communication Act, have completed training that meets the Utah Sexual Assault Training Counselor Certification Requirements, and are supervised by a SAP staff member with at least one year experience providing direct services to survivors of sexual violence.

SAPs shall initiate, lead, or be a key participant in a sexual assault response team that includes, at a minimum, the following core members who are first responders as identified in the Toolkit: community based advocates, law enforcement, and forensic medical examiners including sexual assault nurse examiners. The SAP must regularly evaluate Accompaniment services and, as needed, make adjustments based on the findings.

Advocacy Criteria

Sexual Assault Programs (SAPs) must provide Advocacy to survivors of sexual violence - assistance on behalf of a survivor of sexual violence with third parties (e.g., schools, employers, law enforcement agencies, housing authorities, healthcare professionals, prosecutor's offices, CVC).

Advocacy must be provided by trained SAP employees/volunteers 24 hours/day, 7 days/week via the 24 Hour Crisis Hotline and via Accompaniment to Hospitals, Law Enforcement Offices, Prosecutor's Offices and Courts on a walk-in basis during the SAP's regular hours of operation.

SAP employees/volunteers must orient survivors of sexual violence to their constitutional and statutory rights and assist survivors in securing those rights.

SAPs must ensure employees/volunteers provide Advocacy subject to confidential communication requirements in the Utah Confidential Communication Act, are trained in accordance with Utah Sexual Assault Certification Requirements, and are supervised by SAP staff member with at least one year experience providing direct services to survivors of sexual violence.

SAPs shall initiate, lead, or be a key participant in a sexual assault response team that includes at a minimum the following core first responders as identified in the Office for Victims of Crime SART Toolkit: community based advocates, law enforcement, and forensic medical examiners including sexual assault nurse examiners. The SAP must regularly evaluate Advocacy services and, as needed, make adjustments based on the findings.

Public Education Criteria

The Sexual Assault Program (SAP) must provide Public Education – workshops, speaking engagements, and distribution of printed materials – to increase knowledge of the dynamics of sexual violence, its causes and consequences, and of services available through the sexual assault program.

SAP employees/volunteers must provide Crisis Intervention, information and referral to individuals making a sexual assault related outcry at Public Education events.

SAP Public Education must use accurate information and statistics with citations, be culturally and developmentally appropriate to the audience, be intentionally inclusive of underserved and marginalized populations, and include efforts to identify survivors of sexual violence that might not otherwise be reached (i.e., underserved or marginalized populations) and refer them to services.

SAP employees/volunteers providing Public Education must complete training that meets Utah's Sexual Assault Certification Requirements and be supervised by a SAP staff member with at least

one year experience providing direct services to survivors of sexual violence or providing Public Education. The SAP must regularly evaluate Public Education and, as needed, make adjustments based on the findings.

Standards of Care Moving Forward:

Many states across the nation have made great strides in implementing statewide standards of care for sexual assault services programs. It is time for Utah to make similar improvements so that sexual assault victims in our state can receive the highest level of care available. The Utah Coalition Against Sexual Assault (UCASA) and the Utah Office for Victims of Crime (UOVC) are dedicated to establish standards of care for rape crisis centers across the state. The following will be considered in the forthcoming standards of care for Utah:

- Incorporation of evidence-based practices as well as standards that meet specific needs of Utah and its demographics.
- Establishment of standards specific to Sexual Assault Nurse Examiners (SANEs) that are in congruence with the International Association of Forensic Nurses, and inclusion of standards for Sexual Assault Response Teams (SARTS). All communities in Utah should have a SART, SART training, and SART complaint procedures and standardized sexual assault medical forensic exam and treatment.
- Maintenance of a victim centered/priority response/approach which includes ensuring the victims safety as top priority, respecting the integrity, choices, and autonomy of each victim, protecting the victims privacy and confidential information, identifying and responding to obstacles victims may face when seeking help, and recognizing the importance of victim feedback in improving responses to SA.
- Inclusion of PREA standards with the goal of being at minimum PREA compliant.
- Consideration of underserved populations, as well as a culturally responsive resource manual
- Confidential sexual assault advocacy
- Specialized services for child and adolescent victims
- Standards for law enforcement agencies as well as prosecutors which will include a trauma-informed, victim-centered approach when handling their cases

The establishment of sexual assault services standards of care will take time, resources, and the right people at the table to develop and implement. It is our hope that within two years these standards will be established and programs will be working towards full implementation in order to provide victims the utmost quality of care.

Considerations

- Establish and implement Standards of Care for sexual assault core services set by the state and federally recognized Sexual Assault Coalition for Utah.
- Maintain a statewide 24-hour hotline for sexual assault and tools for analytics on the incoming data for resource allocation, law enforcement, and easing the burden on survivors in navigating through the system.
- Ensure culturally responsive and trauma-informed practices are fully integrated within all sexual assault core services.
- Establish a clear distinction of sexual assault services and programming apart from domestic violence services and programming within established colocated programs as well as stand alone centers in order to provide significant assurances of separate and distinct resources for sexual assault survivors for the development of a statewide network of meaningful sexual assault services operated in accordance with standards of care set by the State and Federally recognized Sexual Assault Coalition for Utah.

Children's Justice Center Services in Utah

While Children's Justice Centers (CJCs) were not a specific focus of this report, they were invited to provide a summary related to their role in domestic violence and sexual assault cases. Should committee members want to study child-specific victim services in more detail, CJCs and the Attorney General's Office, as the administering agency, welcome that opportunity.

Children's Justice Centers coordinate a comprehensive, multidisciplinary response to child abuse. In addition to facilitating the investigation and prosecution, they provide victim advocacy, medical and mental health services, and other support needed for healing. They work with a very vulnerable population. Of the children screened at CJCs for traumatic stress and suicidal ideation, 1 in 2 score high for trauma symptoms and 1 in 10 (ages 11-18) score high for suicide risk.

Who CJCs Serve - Any child 17 years of age or younger who is:

A victim of sexual abuse or physical abuse, or

A victim of or critical witness to any other crime (including domestic violence).

Every year CJs handle more than 7,000 new cases and support approximately 8,000 primary victims (PV), in addition to managing the thousands of existing cases that remain open as they move through the justice system. Each case can involve multiple allegations, and of the more than 15,000 allegations reported to CJs in FY 2022, more than 11,000 were specific to domestic violence or sexual abuse.

Number of Primary Victims Served in FY 2022*	Number of Secondary Victims Served*	Total Number of Reported Allegations*	Number of domestic violence allegations*	Number of sexual abuse/assault allegations*
8028	16,053	15,000	1,371	9,791

*Data Reported by CJs via Statewide CJC Case Management System

History of CJs and Statutory Responsibilities of Attorney General

1991: After researching the Children’s Advocacy Center (CAC) model developed in Alabama, three centers were piloted in Utah with a \$300,000 legislative appropriation. (CJs and CACs use the same model; the name just varies state by state).

1994: The Legislature established the CJC Program in the Attorney General’s Office, making the AG and CJs jointly responsible for fulfilling their purpose. CJs are operated via contracts between the State and counties and by statute, and are intended to be supported with state, local, federal, and private dollars.

2000: The Legislature established the CJC medical assessment program. Through this partnership with Primary Children’s Center for Safe and Healthy Families (SHF), advanced practice providers and physicians in CJs throughout the state provide urgent medical and forensic evaluations from birth to 18. They also provide medications, testing, victim support, and follow-up care. Additional supports by SHF includes 24/7/365 service coverage by pediatric forensic nurses and medical decision making assistance for CJs and providers by Child Abuse Pediatricians. To ensure that care meets/exceeds national standards, SHF also provides all training to CJC providers and peer reviews every medical evaluation.

2022: There are now 25 CJC locations serving all 29 counties. The appropriation of \$4,684,300 not only supports CJC operation but also the forensic interview specialist initiative, statewide case management system, statewide outcome measurement system, and a digital evidence management system. It also supports the above-referenced CJC medical assessment program, whose advanced practice providers and physicians provided 1,297 forensic evaluations in FY22 and offered consultation in thousands of other cases.

The administrative responsibilities of the Attorney General/CJC Program are outlined in [67-5b Children's Justice Center Program](#). They include development of new centers, coordination between centers, training, technical assistance, and evaluation. The AG relies on 5.25 FTEs (2.5 funded by federal grants; 2.75 by state funds) to meet its responsibilities, although that current capacity is still insufficient to meet the needs of a statewide service network that has evolved so significantly over 30-plus years.

Other statutes that guide the work of CJCs include, but are not limited to:

- [77-37-4 Victims' Rights, Children](#) , which provides additional protections to forensic interviews of children
- [77-38-405 Disclosure of a communication given to a victim advocate](#), which allows for the sharing of information by an advocate with a CJC and its Multidisciplinary Team (MDT)
- [80-2-704 Division interview of a child](#), which outlines conditions for DCFS conducting an interview with a child in a setting other than a CJC

Standards of Care and Core Services

The National Children's Alliance (NCA), the national accrediting organization for CACs/CJCs, maintains 10 standards of care to ensure that children receive consistent evidence-based interventions that help them pursue safety, healing, and justice. The standards not only outline requirements for core service delivery, but minimum training requirements as well. These standards align with the core services outlined in the statute governing CJCs ([67-5b Children's Justice Center Program](#)).

The specific standards are: 1) Forensic Interviews; 2) Victim Advocacy; 3) Multidisciplinary Team; 4) Medical Evaluation; 5) Mental Health; 6) Case Review and Coordination; 7) Case Tracking; 8) Organizational Capacity; 9) Child Safety and Protection; 10) Diversity, Equity, and Access. [Standards for CACs and CJCs](#) (2023 version). Centers must pay a fee to be formally reviewed and approved as an accredited center and must also pay dues, but in turn, the State and accredited centers become eligible for limited grant opportunities.

NCA also maintains accreditation standards for State Chapters/Programs. [NCA Standards for State Chapters](#)

Considerations for Improving Access to and the Quality of Victim Services

The CJC Program, in coordination with CJs, conducts periodic assessments and strategic planning to advance its goals and objectives. The following considerations reflect just some of the priorities identified in its planning, both in terms of policy and funding recommendations.

- Explore Development of a Statewide Child Abuse Protocol
- Expand the CJC FI Specialist Initiative
- Pilot the MDT Enhancement Initiative
- Explore Strategies to Improve Access to Mental Health Services
- Promote Use of Paraprofessionals to Support Mental Health
- Support and Expand Resiliency and Mental Health Care for Service Providers
- Explore Strategies to Support Child Abuse Prevention Education and Improve Mandatory Reporting

Explore Development of a Statewide Child Abuse Protocol – Other states have improved services by formalizing and mandating the use of CJs/MDTs through a statewide response protocol. Said protocol could outline specific responses by type of victimization (including domestic violence and sexual abuse/assault).

Expand the CJC FI Specialist Initiative – A unique core victim service of the CJC is the forensic interview, which is a developmentally sensitive and legally sound method of gathering factual information regarding allegations of abuse and/or exposure to violence. Ideally, it is conducted by a forensic interview (FI) specialist—a competently trained, neutral professional utilizing research and practice-informed techniques as part of a larger investigative process. Since piloting the use of FI specialists in 2015, CJs have seen a significant improvement in interview quality. The federal VOCA Rule recognizes FIs as a critical victim service that informs the delivery of other victim services—provided they are conducted by trained professionals. Key partners, including DCFS, support the use of FI specialists. (Funding required)

Pilot the MDT Enhancement Initiative – Utilized by other states and implemented in partnership with Child Protective Services, this initiative grants specialized CJC coordinators access to CPS intake reports for secondary review. In some areas, implementation has nearly doubled the number of cases identified as appropriate for investigation and/or victim services. (Funding required)

Explore Strategies to Improve Access to Mental Health (MH) Services – Funding to pay for therapy for victims is an issue, but it is not the only issue. Service providers struggle with a shortage of clinicians and unreasonable wait times and that is particularly true for CJs, whose standards of care require specific treatment modalities. CJs recommend exploring opportunities to increase Utah's service capacity, including but not limited to partnerships with universities; utilization of

the interstate mental health compact; expansion of telemental health; increased technical support for agencies wanting to partner with clinicians, and rate adjustments to victim service funding sources that are far below market rates.

Promote the Use of Paraprofessionals to Support Mental Health (MH) - Based on the successful implementation of the Care Process Model (CPM), a trauma screening tool developed by University of Utah and Primary Children's Center for Safe and Healthy Families and piloted in CJs, we also support the utilization of paraprofessionals, including victim advocates, to provide support not requiring advanced education or licensing (eg, screening, client engagement, and advocacy). This "task sharing" strategy is endorsed by national CAC/CJC experts and considered particularly helpful in rural areas with a limited number of licensed professionals.

Support and Expand Resiliency Resources and Mental Health Care for Service Providers - The impact of work-related trauma exposure is not limited to law enforcement, EMTs, and firefighters. On a daily basis victim advocates, forensic interview specialists, child protective service employees, and others are exposed to trauma through the experiences of the victims they work with. They hear the stories, they see the injuries and yet they are often overlooked in discussions about resources for first responders. In passing and funding First Responder Mental Health Services Amendments, the Legislature has already acknowledged that for first responders to be able to take care of victims, their own wellbeing must also be a priority. The next step is to ensure that eligibility and funding be extended to all who need the support.

Explore Strategies to Support Child Abuse Prevention Education and Improve Mandatory Reporting - Child abuse is a significantly underreported crime. Estimates above for CJs do not include potential children who could be served, but are not currently being served. To ensure that children that need help receive it, CJs recommend more support for community-based prevention education efforts and mandatory reporting training. Future estimates should consider the number of children who are not being served in cost projections.

Considerations for Funding Core Services for Child Victims/CJs

While the above-referenced recommendations would, in the view of CJs and the Program, certainly improve the State's response, funding is by far the biggest barrier to meeting victims' range of needs. Without additional funding in the immediate term, CJs are going to struggle to simply maintain current levels of service delivery, much less actually stabilize services and fully meet the needs of victims.

Urgent - Investment Needed to Stabilize Lost Funding, Program Staff, and Adjust for Growth for 8,000 Primary Victims: \$6,755,999

- Replace past and projected VOCA grant/other cuts (\$2,587,019)
- Move core Program staff (state employees) from federal grants to state funds (\$384,000)

- Support needed expansion (CJC transitions from PT to FT; 25th location) (\$240,000)
- Increase CJC appropriation for growth, which in 30 plus years has never been increased for growth or inflation for existing centers (\$3,544,980)

Even with this additional funding, some core service delivery will still be limited, will be dependent on community partner support, and/or may be delayed due to external service availability (eg, lack of mental health services).

Essential - Investment Needed to Provide Additional Core Personnel for 8,000 PVs: \$3,407,000

- Provide core service delivery beyond basic levels by funding much needed forensic interview specialists, advocates, and therapists: \$3,407,000.

Even with this additional funding, CJCs would still have to triage mental health services, for which State funds have never been appropriated, and would have to continue to rely on some external service provider availability, which is limited.

Ideal CJC Victim Services Cost Projection

In addition to identifying urgent service gaps and funding needs, CJCs considered costs to provide optimal services to about 8,000 primary victims annually (based on FY 2022 stats). The CJC Program also considered how many other victims might be served if every eligible CPS case resulted in a CJC referral. For purposes of this report, we estimated 4,000 additional cases that were drawn from FY 2022 CPS data. Any discussion about the estimated number of children who never report should include conversations about prevention and mandatory reporting (referenced in the CJC considerations).

Cost of providing full array of CJC services at optimal levels to every eligible REPORTED case/victim annually: \$50,200,500

Projection includes:

- cost of service provision (\$3,865/PV)
 - Estimated cost of CJC service per child/case, based on formula developed by the University of Maryland and adjusted for Utah. It does not reflect funds that may come from other non-State sources--including county funds, federal dollars, and private donations (per the CJC's diversified funding model). The estimate reflects CJC costs only--not the cost of case support provided by other MDT partners (eg, law enforcement, CPS, child protection attorneys, guardian ad litem, etc)
- cost of optimizing CPS referrals (\$130/case)
 - Estimated cost of the MDT Enhancement Initiative (successfully utilized in other states) to ensure all eligible cases are referred to the CJC. CJCs see an average of 7,000 cases and 8,000 primary victims/year, but for sex abuse and severe/chronic abuse cases alone in FY 2022, CPS had 10,946 cases--almost 4,000 more cases

than were referred to CJs.

- Program support at 5% (standard for admin; equates to \$199/PV)
 - In addition to administrative responsibilities, the Program provides significant training, technical assistance, and case consultation; maintains statewide systems for case management, client feedback, and evidence management; and provides accreditation support as required by NCA’s standards of care for State programs/chapters (different from center standards).

Child abuse is a significantly underreported crime. 1 in 7 children have experienced abuse or neglect in the past year. Utah currently has 947,985 residents under 18; 1 in 7 is 135,426. Using this data, one could project a cost of \$539,537,184 for the State to maximize case referrals and provide an ideal CJC response to every child. But without more research and discussion, no such projections are included in this budget.

CJC/CJC Program Funding Considerations		
<p>Current budget (Based on 8,000 Primary Victims (PV) served FY22)</p>	<p>\$4,684,300 in current state funding</p> <p>\$15,381,650 total funding from all sources</p>	<p>State appropriation supports base CJC funding, the forensic interview specialist initiative, statewide medical assessment program, case management system, outcome measurement system, digital evidence management system, and some program admin/personnel costs.</p> <p>Other funding sources supporting CJs include: VOCA/Other Federal: \$3,286,575 County Cash/In-kind: \$2,710,775 Private Cash/In-kind: \$4,700,000</p> <p>(Other sources are self-reported by CJs. Budget does not include the value of CJC facilities provided by the community; indirect costs supported by counties operating CJs; or indirect costs supported by the AG’s Office.)</p>
<p>State investment at this level</p>	<p>\$585 per PV</p>	

<p>Urgent - Investment Needed to Stabilize Lost Funding, Program Staff, and Adjust for Growth for 8,000 PVs</p> <p>State investment at this level</p>	<p>\$11,440,299 (inclusive of current state funding)</p> <p>\$1,430 per PV</p>	<p>Projected additional funding needed to cover federal cuts, support core Program staff, and adjust for 30+ years of CJC growth: \$6,755,999.</p> <ul style="list-style-type: none"> • Replace past and projected VOCA grant/other cuts (\$2,587,019) • Move core Program staff (state employees) from federal grants to state funds (\$384,000) • Support needed expansion (CJC transitions from PT to FT; 25th location) (\$240,000) • Increase CJC appropriation for growth, which in 30 plus years has never been increased for growth or inflation for existing centers (\$3,544,980)¹ <p>At this level, some core service delivery will still be limited, will still be dependent on community partner support, and/or may be delayed due to external service availability (eg, lack of mental health services).</p>
<p>Essential - Investment Needed for Additional Core Personnel for 8,000 PVs</p> <p>State investment at this level</p>	<p>\$14,847,299 (inclusive of current state funding and Urgent funding estimate)</p> <p>\$1,855 per PV</p>	<p>Projected additional funding needed to provide core service delivery beyond basic levels by funding much needed forensic interview specialists, advocates, and therapists: \$3,407,000.</p> <p>(CJCs would still have to triage mental health services, for which State funds have never been appropriated, and continue to rely on some external service provider availability, which is very limited).</p>
<p>Standard of Care</p> <p>Optimize CJC Services/Provide</p>	<p>\$50,200,500 (inclusive of current</p>	<p>Projected cost of providing services optimally to PVs in CJC cases (8,000 in FY22) and PVs in CPS cases eligible for services but not referred to CJCs (4,000 in FY22). Estimate includes:</p>

<p>Ideal Response For 12,000 PVs (# of PVS based on FY22 Eligible Cases Only)</p>	<p>appropriation, Urgent and Essential funding estimates)</p>	<ul style="list-style-type: none"> • cost of core service provision (\$3,865/PV)² • cost of optimizing CPS referrals (\$130/case)³ • Program support at 5% (\$199/PV); standard for admin, particularly given that the Program provides significant training, technical assistance, and case consultation; maintains statewide systems for case management, client feedback, and evidence management; and provides accreditation support as required by NCA’s standards of care for State programs/chapters.
<p>State investment at this level</p>	<p>\$4,183 per PV</p>	<p>Child abuse is a significantly underreported crime. According to the CDC, 1 in 7 children have experienced abuse or neglect in the past year. Based on US Census data, Utah currently has 947,985 residents under 18, and 1 in 7 would be 135,426. Using this data, one could project a cost of \$539,537,184 for the State to maximize case referrals AND provide an ideal CJC response. But without more research and discussion, no such projections are included in this budget.</p>

(1) Estimates based on US Bureau of Labor Statistics Inflation calculator, and only includes estimates from 1997-2022. During that time the CJC line item increased by \$3,778,500. That is \$7,323,479 in today's dollars. Per their diversified funding model, in FY 2022, CJC's reported a total of almost \$1.7 million in county cash support and \$240,000 in county in-kind support; almost \$1.6 million in private cash support and \$2.4 million in private in-kind support. The figures listed in this report do not include: 1) the value of the CJC buildings/facilities provided by the community; 2) indirect costs supported by counties operating CJC's; 3) indirect costs supported by the AG's Office.

(2)Based on a formula for CJC service cost per child/case, developed by the University of Maryland and adjusted for Utah. It does not reflect funds that may come from other non-State sources--including county funds, federal dollars, and private donations (per the CJC's diversified funding model). The per child/case cost reflects CJC costs only--not the cost of case support provided by other MDT partners (eg, law enforcement, CPS, child protection attorneys, guardian ad litem, etc)

(3)The MDT Enhancement Initiative (successfully utilized in other states) to ensure all eligible cases are referred to the CJC. CJC's see an average of 7,000 cases and 8,000 primary victims/year, but for sex abuse and severe/chronic abuse cases alone in FY 2022, CPS had 10,946 cases--almost 4,000 more cases than were referred to CJC's.

The Cost of Not Providing Support to Victims of Child Abuse

The CJC model is proven to provide better outcomes for child abuse cases, as well as to restore the mental, physical, and emotional wellbeing of the children and families involved. There is a cost to provide CJC services, but that expense is significantly lower than the overall economic burden of child maltreatment, to say nothing of the human toll if there is no intervention and support.

Child Maltreatment Outcome	Lifetime Cost and Economic Burden Estimates*
Short-term Health Care Cost	\$44,559.92
Long-term Health Care Cost	\$14,372.16
Child Welfare Cost	\$10,643.84
Criminal Justice Cost	\$9,292.93
Special Education Cost	\$11,016.41
QALY Reduction (Quality of Life)	\$963,128.88
TOTAL COST PER CHILD	\$1,053,014.15
<small>*"Economic Burden of Child Maltreatment in the US" by the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention). The study, published in 2018, was based on 2015. Costs have been adjusted for inflation to reflect 2022 estimated costs.</small>	

Individual state studies have projected even higher costs. In 2021, a University of Maryland analysis estimated the tangible cost of child abuse to the Maryland economy to be \$2.9 million per child. When a state supports evidence-based CJC services for victims, it benefits economically, but most importantly, it helps protect the health and wellbeing of its children for the long-term.

Restoring Ancestral Winds-Tribal Considerations, Core Services

While Utah has eight federally-recognized tribes with an approximate population of 35,000 who speak multiple languages, and while most now live off a Tribal Nations, Native Americans are subject to similar oversimplifications and ethnic essentializing, as are other racial and ethnic groups. Definitions of ethnicity are often arbitrarily assigned or based on death certificates and lack tribal affiliations with no cross-checking or corroboration from IHS records or other population databases (Bachman, 1992). Most research on Native Americans is limited in terms of sample size and design, and as a result, mostly underestimates the degree of violence in American Indian families.

Jurisdictional issues arise when studies focus on Indian populations in specific states, as the boundaries do not correlate with the boundaries of Utah Tribal Nations. Valuable information may

be lost about tribal-specific sexual assault rates when Tribal Nations are obscured by state geography. Low levels of reporting inform record keeping that obscures the access the true prevalence of sexual assault in various urban and Utah Tribal Nations. These gaps in data allow perpetrators to escape accountability and leave Native American victims and survivors without recourse.

The creation of culturally responsive services helps ensure participation for Native Americans. Thought must be given to the numerous barriers that exist regarding racism, fear of losing child custody, mistrust of White-dominated agencies, fear of familial alienation, a history of inactivity by the state, and confusion about jurisdiction. Other barriers in literature include language barriers, cultural and value differences, lack of flexibility and trust, insurance coverage, locations of service providers, and type of service delivery design (Katz, 2004).

While there is a vast prevalence of sexual assault in Native American communities, the lack of quantitative research is scant at best. Different methods of data collection illustrate a concern about numerators (i.e. what is reported to the US Department of Justice) and denominators i.e. variations on Census, Indian Health Service, and tribal enrollment figures.

Research indicates an overlap between risk factors associated with Intimate Partner Violence (IPV) and sexual assault, including institutional oppression (including racism) and internalized oppression, poverty, substance abuse, and exploitative resources and boarding schools (Wahab, Olson, 2004).

In 2017, Urban Indian Health Institute conducted a study on missing and murdered Indigenous women and girls and highlights the results of a deeply flawed institutional system rooted in colonial relationships that marginalize and disenfranchise people of color and remains complicit in violence targeting American Indian and Alaska Native women and girls. The study emphasizes the need for good data implemented by those who understand Indigenous research decolonizing data by valuing Indigenous values of data collection, analysis, research by and for Indigenous people and the broader public.

Funding/Budget

Considerations:

- Data collection that is accurate and contributes to informing Utah policymakers is critical. Collecting and analyzing local, tribal, and state health care data for information on American Indian health can ensure unique issues are not lost in aggregate numbers. Jurisdictional issues arise when studies focus on Indian populations in specific states, as the boundaries do not correlate with the boundaries of Utah Tribal Nations. Valuable information may be lost about tribal-specific sexual assault rates when Tribal Nations are obscured by state geography, obscuring true rates of sexual violence and allowing perpetrators to escape accountability.
- Research and practice should consider exploring Intimate Partner Violence (IPV) and sexual abuse contextually across eight Tribal Nations and urban tribal populations, particularly because gender, class, race, and power relations differ across tribes.

- Research must address the role of religion, rural versus urban contexts, and changing cultural practices with regard to gender and family.
- Researchers should evaluate current programs to address variability in findings.
- Research and service efforts may also explore variables such as cultural differences and similarities in language, values, and traditions, across tribes; the different contexts in which services are provided (on Tribal Nation, urban); jurisdiction; socioeconomic class; and the intersections of different forms of oppression experiences by Native Americans in the United States.

Data on Domestic Violence and Sexual Assault

The following is the data subcommittee’s considerations for a systematic data collection and information sharing process to assess victim needs.

Many state agencies, nonprofit organizations, and other entities collect and/or report on data related to victims of crime in Utah. This information will focus primarily on domestic and sexual violence data collection; however, data collection for all types of victims of crime will be interlinked with this information as soon as possible. Current state data on crime victims, rape, sexual assault, and domestic violence are incomplete, fragmented, or outdated. The following agencies answered questions generated by the Social Services Appropriations Subcommittee as it pertains to data collection about domestic and sexual violence.

DATA OVERVIEW FOR VICTIM SERVICES	
Organization	Data Collected

<p>Utah Office for Victims of Crime</p>	<p><u>Federal Victims of Crime Act Grants-VOCA Grant Program</u> Total number of victims served for each program, including both new and returning clients Victims demographic information Type of victimizations Special classification of individuals Services received <u>Federal Violence Against Women Act and Sexual Assault Services Grants-VAWA/SASP Programs</u> Training Activities-content, people trained, etc Public education activities-groups educated, topics Coordinated Community Response activities Policies and Legislation-development, revision, and implementation Products-brochures, manuals, training curriculum Data Collection/Communication Systems Specialized Units-development, support, training System Improvement Victim Services Demographics Types of services Legal Services Criminal Justice System-Law Enforcement Prosecution- number of cases received Courts-disposition of cases Probation/Parole, Batterer Intervention Programs</p>
<p>Utah Office for Victims of Crime Reparations</p>	<p>The following data is limited to the victims who have applied for reparations with our office: Number of claims received by County Claims by crime type Victims by race and gender Claims by denial reason Victim demographics Amount paid on claims per benefit category Amount of restitution received by our office Data on forensic exams would include: Limited victim demographic information; gender and age Region the exams were performed in. SANE agencies performing percentage of exams paid by our office</p>
<p>Division of Child and Family Services</p>	<p>Number of shelters Number of shelter nights Number of clients served in shelter Number of clients served in non-shelter services Age</p>

	Race and Ethnicity Other Information
Utah Domestic Violence Coalition (UDVC)	Lethality Assessment Program- approximately half of Utah's law enforcement agencies participate in the LAP, and most submit their LAP data to UDVC, which includes: Number of LAP Screens conducted Number of Screens that scored High Danger LINKLine - UDVC operates a 24-hour confidential hotline known as the LINKLine: 1-800-897-LINK (5465). LINKLine offers trauma-informed support and connects survivors, friends, family, service providers, and others to local resources and includes: Total individuals served Number of children served Number and gender of victims represented Number and gender of perpetrators represented
Utah Commission on Criminal and Juvenile Justice: CCJJ	Number of hospital response team shifts staffed by advocates to ensure availability for all sexual assault forensic exams Number of volunteer advocates that are recruited, trained, and supervised to ensure availability of hospital response teams Number of individual contacts with community and system-based partners to ensure follow-up services are provided for survivors of sexual assault
Attorney General's Office - CJC Program and CJs	Case Management System - The CJC Program created and maintains a statewide Case Management System (CMS) to monitor case progress and track case outcomes. The Program's Quality Assurance Analyst provides technical assistance to CJs and periodically audits entries to ensure data integrity. The Program can run various reports from the CMS. Information collected/maintained includes: Primary Victim Data; Secondary Victim/Contacts; Secondary Demographics; Forensic Interview - date of service, professional conducting FI, special services used (eg, Interpreter), parties present Suspect Information (may be multiple) Law Enforcement - agency and investigator assigned to case (could be multiple agencies if case involves multiple allegations in multiple jurisdictions), LE case # and case status (including final disposition) CPS/DCFS - investigator assigned, Suspect; CPS case # and case status (including final disposition) Prosecution/Criminal - acceptance/declination status; prosecutor assigned, case #; charges; status and final disposition Medical Exam/Care - provider name; type of exam, date of service, where conducted Case Review/Staffing History Victim Services Provided (to both primary and secondary victims) Training Provided to Child Abuse Professionals

	<p>Care Process Model (Trauma Screening System) - date of service and outcomes of screening (scores for trauma and suicide risk); other relevant notes (such as resources provided to child and family)</p> <p>Outcome Measurement System (OMS) - The Program uses the NCA Outcome Measurement System, an online tool that allows families to provide feedback (through surveys) to evaluate service delivery. The system also allows MDT partners to provide feedback to evaluate CJC/MDT effectiveness.</p>
<p>DHHS - Violence and Injury Prevention Program</p>	<p>Data on Sexual Assault and IPV Collected. The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. This data can be compared to other states data and to national data. Health outcomes can be compared to the general population to determine increased risk.</p> <p>Prevalence of DV and sexual assault in Utah (reported and unreported)</p> <p>Demographic information</p> <p># Household members, # of children, Household income, Pregnant, Weight, Height, Sex at birth, Sexual orientation, Gender identity</p> <p>Transgender</p> <p>Marital status</p> <p>Education level</p> <p>Religious identity</p> <p>Own/rent</p> <p>County</p> <p>Zip code</p> <p>Internet access</p> <p>Veteran status</p> <p>Employment</p> <p>Industry/occupation</p> <p>Employer benefits</p> <p>Health Status and outcomes</p> <p>Adverse Childhood Experiences</p> <p>Chronic Diseases</p> <p>Drug use</p> <p>Tobacco use</p> <p>Alcohol use</p> <p>Healthy Days</p> <p>Health care access</p> <p>Exercise</p> <p>Disability</p> <p>Health screenings</p>

	<p>Firearm safety</p> <p>Youth Risk Behavior Surveillance System - CDC's Youth Risk Behavior Surveillance System (YRBSS) monitors priority health behaviors and experiences among students across the country. The results help understand the factors that contribute to the leading causes of illness, death, and disability among youth and young adults.</p> <p>Demographics</p> <p>Gender, gender identity, sexual orientation</p> <p>Prevalence of dating violence in youth</p> <p>Prevalence of sexual assault in youth</p> <p>Prevalence of bullying in youth</p> <p>Health outcomes</p> <p>Depression, suicidality</p> <p>Tobacco use</p> <p>Alcohol use</p> <p>Dietary behaviors</p> <p>Physical activity and nutrition</p> <p>Risky behaviors</p> <p>Costs of SV</p> <p>Breakdown of costs associated with perpetration of SV</p> <p>Investigation/adjudication</p> <p>Confinement/treatment</p> <p>Sex offender registry</p> <p>Breakdown of costs associated with victimization of SV</p> <p>Victim services, Medical care</p>
<p>Department of Public Service</p>	<p>National Incident Based Reporting (NIBRS) - These reports included a DV analysis, Utah Law Enforcement Sharing and Analytic System (ULEISA). ULEISA is a record management system (RMS) for law enforcement to share information and reports on law enforcement incidents.</p> <p>DPS Lethality Assessment Program (LAP) The DPS LAP includes questions on the suspect's relationship to victim, weapons used or if the suspect has access to firearms, threatening the victims' children, strangulation or choking, stalking, mental illness, alcohol/drug use, animal abuse, and more.</p> <p>Other Data Reviewed for Yearly Analysis</p> <p>FBI Crime Data Explorer - The FBI Crime Data Explorer does not individually break down how many crimes are DV related, but does provide the victim's relationship to the offender which may provide a possible implication of a DV relation.</p>
<p>Court System</p>	<p>The courts collect information about protective order requests, denied protective orders, and approved protective orders. The courts also collect data on domestic violence criminal case filings (case types, charges, and case dispositions) including protective order violations.</p>

DATA OVERVIEW FOR VICTIM SERVICES	
Organization	What Data Needs Improvement
Utah Office for Victims of Crime	Because this data is self-reported, there is a disparity among the programs in how they are reporting their data. More consistency among programs will lead to better data.
Utah Office for Victims of Crime Reparations	Our current database is very limited on how we can break out or track our data. We are working on a new database that will improve our reporting. Our data is also limited to people who have applied for reparation benefits with our office.
Division of Child and Family Services	Because shelter data is self-reported, there may be inconsistency among the programs in how they are reporting their data.
Utah Domestic Violence Coalition	<p>Data from community-based providers is collected on an ad hoc basis by UDVC. A shared database is needed that would streamline data collection for providers, decrease or eliminate per-agency cost, and allow for consistent, accurate, and annual reporting to UDVC that could then inform, and be incorporated into, other statewide data collections and reporting efforts. This would help create a clearer picture of the prevalence and impact of, and response to, DV in Utah communities. UDVC also needs increased staff capacity to manage this data collection and reporting process.</p> <p>Requirements for LAP data submission should also be improved through collaboration between UDVC and DPS and/or other state entities that can help facilitate this with law enforcement agencies statewide.</p>
Utah Commission on Criminal and Juvenile Justice: CCJJ	Providing current data about rape and sexual assault and domestic violence through yearly/current surveys and reports.
Attorney General's Office - CJC	<p>CJCs' ability to monitor case progress is dependent on partners sharing information and providing case updates.</p> <p>Lack of access to partner data - Partners (eg, LE and CPS) maintain their own data systems but CJCs do not have access to information that is essential to victim service provision and case management.</p> <p>Lack of information sharing - In the absence of access to systems just referenced, CJCs must depend on partners to actively share information, which is needed for service delivery. Partners do not consistently provide that data to CJCs.</p> <p>A 2021 pilot project illustrates the value of information sharing. For a short time the Program received all child abuse reports from CPS, which enabled Program to help ensure that cases eligible for investigation and CJC services didn't fall through the cracks.</p>

DHHS - Violence and Injury Prevention Program	VIPP can only propose questions to the BRFSS when there is unspent funds from a federal grant. BRFSS questions are \$7,000 for each question. Additionally, reports on cost data for IPV and SV can be pricey and there is not dedicated funding to do this.
Department of Public Service	Reporting Methods and Requirements Specifying whether an offense has a DV nexus Varying Numbers in DV Data Better Clarification on Child Victims in DV Dashboard Need clarification in the DV dashboard regarding “other family members” including foster children.
Court System	The courts could improve data on protective order to facilitate transmission to law enforcement on UCJIS while maintaining victim safety. Other data points that the courts could improve include if child custody cases or divorce cases have any alleged domestic violence, data about compliance with judicial orders, sentencing outcomes, data connecting cases to inform judges (e.g. connecting that person X has been involved in these other case types- divorce in 2020, child custody, civil PO case in 2021, and a criminal DV case in 2019; all orders should match and overlap neatly if involving the same parties), divorces/ child custody cases that include a protective order, allegations of domestic violence in eviction cases, and determining relationship status in DV cases (intimate partner as defined by federal law vs. a cohabitant under Utah law).

DATA OVERVIEW FOR VICTIM SERVICES	
Organization	What data is Missing
Utah Office for Victims of Crime- Victim Assistance Grants	This data only includes programs that are funded with grants from UOVC and only the portion that those grants fund. It does not provide the whole picture of these services across the state from all of the programs.
Utah Office for Victims of Crime- Reparations	Data that is difficult to obtain such as police reports, amounts of restitution that has been ordered to victims, amounts of restitution that has been paid or collected.
Division of Child and Family Services	Shelter data only includes private, non-profit programs that are funded with grants from FVPSA. DVRCA characteristic and contributing factor data may be recorded inconsistently across caseworkers.
Utah Domestic Violence Coalition	Law enforcement agencies are not currently required to submit

	LAP or other risk assessment data to UDVC, so the data reported by the organization does not include all cases screened statewide.
Utah Commission on Criminal and Juvenile Justice: CCJJ	Provide funding for CCJJ researchers to complete reports on Rape in Utah, Domestic Violence in Utah and a report on all other victimization in Utah. These reports can rotate every third year.
Attorney General's Office - CJC	The CJs' current case management system lacks the capacity to fully track the provision of mental health services, including completion of therapy sessions, outcomes of treatment and reduction of trauma symptoms (as determined by conducting periodic screening).
DHHS - Violence and Injury Prevention Program	Agency Did not Provide an Answer
Department of Public Service	Weapon/Firearm Related DV Incidents Same Gender Data Stalking, Strangulation, Suicide/Homicide Court data
Court System	The following data is needed: Compliance with judicial orders in all case types involving domestic violence (includes civil cases) DV specific risk assessment data (assessments to help judges inform bail and sentencing outcomes) Recidivism outcomes after court involvement Data distinctions between high conflict divorces vs. divorces with domestic violence markers present Data about court forms (accessibility for victims and offenders to use- what's easier), and Data on trauma-informed court practices for domestic violence.

Data Considerations

Much of the data committee’s discussion has been focused on the very critical need for the state to be able to collect and analyze relevant data to guide decision-making on policy, systems, funding, and other institutional support for victims. Service providers must have the ability to effectively and efficiently collect data to track specific services and supports provided to individual victims, to assess and identify unmet/remaining needs for those victims, and to monitor ongoing progress over the duration of a provider’s interaction with victims. Data collection is essential to helping individual programs conduct program evaluation and identify any barriers or disparities in service access to inform continuous quality improvement. We propose the following plan for systematic data collection and information sharing to assess victim needs:

- Establish the Commission on Criminal and Juvenile Justice (CCJJ) as the centralized location for data storage and reports.
- Develop a data committee to meet quarterly to review, analyze, and develop a legislative report.
 - This could include representatives from DPS/BCI, DOH, UDVC, Courts, DCFS, and federal entities (i.e. representative of FBI SLC because the FBI reports their own yearly data on crime in Utah and have information on Utah tribal lands and other Utah law enforcement agencies that directly share crime statistics with the FBI).
- Submit the report to the legislative oversight committee.
 - The deadline for HB-301 is July 31 but some agencies don't finalize their yearly data until August or later, making it difficult to obtain current, accurate statistics for the legislature. We suggest the date to be before November 1 of each year.
- Based on the analysis, the data committee will make recommendations for the overall strategic plan for the coming year.
- The CCJJ and the data committee will address the following:
 - Work together to decrease duplicate data
 - Create and collect a statewide comprehensive set of essential data to direct victim services.
 - Develop MOUs or shared data agreements to make the analysis more accessible to all stakeholders.
 - Address HIPAA and/or any confidentiality concerns/requirements.
 - It's easier to have separate sets of data but this makes it so you can't get a complete overview of DV incidents in Utah broken down by type of incident.
- A comprehensive data system is needed to meet the functionality and requirements for collecting the set of data elements defined by the group and to produce the reports needed by the state and service providers. A potential model would be the Utah Homeless Management Information System (UHMIS) administered by the DWS Office of Homeless Services. This is a statewide database that is compliant with federally and locally defined homelessness data standards that is available to all homeless service providers in Utah free of charge. UHMIS is paid for using a mix of federal and state funds and costs approximately \$100,000 annually, plus the cost of supporting state staff.
- The State of Utah provide resources to a state agency for an individual to lead the data committee designated with the authority to compile existing data from all involved entities, identify gaps and strategies for closing gaps in data collection, analyze data once it is compiled, and regularly develop/disseminate a consolidated report on rape and sexual assault, domestic violence and other crime victimization in Utah. Provide funding for a researcher to complete research on Rape in Utah, Domestic Violence in Utah and a report on all other victimization in Utah. These reports can be correlated with completed data and rotate every third year.

Budget

1 FTE for a Data Program Manager	\$175,000.00
1 FTE to Data Researcher	\$175,000.00

1 FTE Tribal Data Liaison	\$ 85,000.00
Funding for yearly victimization reports	\$135,000.00
Victim database Cost	\$100,000.00
Support Staff Costs	\$ 90,000.00
TOTAL	\$670,000.00

Commission Creation

We support the creation of a Utah Crime Victim Services Coordination Commission to establish a statewide strategy to assess and address victim needs.

Serving and protecting citizens is the role of the government. While we recognize the many entities approaching victim services in our state, we have identified a need for greater coordination to appropriately address the needs of victims of crimes. The proposal here is to create the Utah Crime Victim Services Coordination Commission to provide a collective voice to victims. The Commission will leverage expertise from local community partners and state and local agencies to better coordinate services, develop a statewide approach to serving victims within individual communities, and promote collaboration in public and private partnerships.

The Commission will serve to coordinate victim services in the state with an emphasis on maximizing the best use of available resources to produce a coordinated statewide victim service delivery model with necessary infrastructure. We believe this approach will enhance positive aspects and mitigate negative features of the current victim service delivery system. The Commission will convene to discuss pressing issues and innovatively approach solutions by coordinating a local community and government response.

The Commission will work with the Executive, Legislative, and Judicial branches to integrate roles, responsibilities, and mandates of individual agencies into a united and focused effort to assure the state’s services to victims are accessible and meaningful to victims of crime in all of Utah’s communities.

Proposed members of the Commission include:

- Executive Directors of the Utah Commission on Criminal and Juvenile Justice, the Utah Department of Public Safety, Utah Department of Workforce Services, Utah Board of Pardons, Utah Department of Health and Human Services, Utah Division of Multicultural Affairs, Utah Office of Homeless Services, Utah Department of Corrections, and the Attorney General's Office Administrator that directs the Children’s Justice Center Program;
- Citizens directly impacted by various types of crimes;
- Utah’s state sexual assault coalition;

- Utah’s state domestic violence coalition;
- Utah’s tribal coalition;
- Prevent Child Abuse Utah;
- Representatives of the Domestic Violence Offender Treatment Board and Sex Offender Intervention Treatment community;
- Utah Council on Victims of Crime;
- Representatives of the victim legal services community, association of defense attorneys; association of prosecuting attorneys, Chiefs of Police Association, Sheriffs Association, and county commissioners;
- Representatives of sexual assault nurse examiners, medical professionals with specialized training and expertise in evaluating children for abuse, county health departments, Utah Hospitals, and Trauma Informed Utah;
- Representatives of system-based victim advocates; and
- And a Representative and Senator from the Utah State Legislature.

Conclusion

We thank the legislature for the opportunity to review victim services, specifically domestic violence and sexual assault. This team will continue to collaborate, as desired by the legislature, in the review and considerations related to domestic violence, sexual assault, and other victim crimes.

**Appendix A:
Summary of Condensed Considerations**

For full recommendations, please see individual sections of this report.

Domestic Violence

- Create and fund an office within the Department of Health and Human Services to meet current statutory mandates regarding domestic violence service provision, decrease administrative burden for community-based providers, and ensure a “one door” approach for victims seeking community-based domestic violence services. This office should also be responsible for creating and implementing a statewide 5-year domestic violence strategic plan in coordination with the new commission recommended in order to ensure alignment

with statewide coordination of all victim services. This office will be responsible to implement the recommendations of the commission and assist in sustainability.

- We suggest ongoing funding to support six full-time positions to ensure effective and efficient implementation of these activities and current statutorily-mandated domestic violence services statewide.
 - Services Administrator \$130,000
 - Office Assistant \$45,000
 - Data Analyst \$86,000
 - Technical Assistance Coordinator \$102,000
 - Grant and Contracts Coordinator \$86,000
 - Finance Manager \$110,000
- The creation of this team would require \$559,000 of ongoing funding. (These positions have not been through the Governor's budget process.) This amount may be provided under a standard 3.5-5% administrative costs for any new state General Funds appropriated to community-based domestic violence victim services, if preferred.
- Expand implementation of the [Lethality Assessment Program \(LAP\)](#) to all law enforcement agencies statewide. This would require doubling the current program, an evidence-based tool for on-scene identification of domestic violence victims who are at high lethality risk and directly connecting them to 24-hour, confidential, community-based victim services and support. Costs for community-based victim services programs to support this expansion are included in the 72-hour crisis services and funding needs outlined in this report. Other costs and funding needed by criminal justice system agencies and advocates to support this implementation need to be assessed.
- Stabilize funding for core domestic violence crisis services by supporting a portion of the immediate services a victim needs within the first 72 hours of experiencing abuse. Although these core services are being provided to some extent at present, they are not adequately funded to ensure availability to all victims, nor are they available in all areas of the state in an equitable manner offering quality of care. While we identified \$51.1 million needed to stabilize these core crisis services in Utah, we propose that other funding sources continue to be leveraged by service providers and that the state's responsibility prioritize half of these costs at \$25.6 million or just under \$1,300 per survivor. This investment requires \$18.6 million in new state funding to bridge the gap between current state funding and this proposed state contribution toward stabilizing core domestic violence crisis services statewide.
- Undertake a more comprehensive analysis of the needs of domestic violence victims that are not able to be addressed by the current system of services, as well as the cost to meet those needs (e.g., additional shelters, legal services for all victims who need it, expanded and funded criminal justice system-based advocates, comprehensive culturally-specific and -responsive services).

Sexual Assault

- Establish and implement Standards of Care for sexual assault core services set by the state and federally recognized Sexual Assault Coalition for Utah.
- Maintain a statewide 24-hour hotline for sexual assault and tools for analytics on the incoming data for resource allocation, law enforcement, and easing the burden on survivors in navigating through the system.
- Ensure culturally responsive and trauma-informed practices are fully integrated within all sexual assault core services.
- Establish a clear distinction of sexual assault services and programming apart from domestic violence services and programming within established colocated programs as well as stand alone centers in order to provide significant assurances of separate and distinct resources for sexual assault survivors for the development of a statewide network of meaningful sexual assault services operated in accordance with standards of care set by the State and Federally recognized Sexual Assault Coalition for Utah.
- Establish core services funding for sexual assault victims statewide. For ideal services to 40,000 sexual assault victims per year, this would be \$203 million or \$5,075 per victim. For optimum services to 20,000 sexual assault victims this would be \$74 million or \$3,700 per victim. For basic services to 15,000 sexual assault victims this would be \$17 million or \$1,133 per victim.

Children's Justice Centers

- Stabilize Core Service Provision for CJs - CJs have identified their most urgent funding needs in this report, some of which are critical to maintaining current service levels.
 - Urgent (Tier 1) Needs: \$6,755,999
 - Cost of 1) replacing past and projected VOCA grant/other cuts (\$2,587,019); 2) moving core Program staff (state employees) from federal grants to state funds (\$384,000); 3) supporting recent CJC expansion (CJC transitions from PT to FT; support 25th location) (\$240,000); 4) Cost of increasing the CJC line item for growth, which in 30 plus years has never been increased to support growth or inflation for existing centers (\$3,544,980).
 - Urgent Tier 2 Needs: \$3,407,000
 - Fund FI, advocacy, and mental health positions to stabilize services (would still have to triage mental health, for which State funds have never been appropriated)
- Explore Development of a Statewide Child Abuse Protocol – Other states have improved services by formalizing and mandating the use of CJs/MDTs through a statewide response protocol. Said protocol could outline specific responses by type of victimization (including domestic violence and sexual abuse/assault).

- Expand the CJC FI Specialist Initiative – Research supports the use of specially trained professionals to conduct forensic interviews (FIs) of children. Since piloting the use of FI specialists in 2015, CJsCs have seen a significant improvement in interview quality. The federal VOCA Rule recognizes FIs as a critical victim service that informs the delivery of other victim services, provided they are conducted by trained professionals. Key partners, including DCFS, support the use of FI specialists. (Funding required)
- Pilot the MDT Enhancement Initiative – Utilized by other states and implemented in partnership with Child Protective Services, this initiative grants specialized CJC coordinators access to CPS intake reports for secondary review. In some areas, implementation has nearly doubled the number of cases identified as appropriate for investigation and/or victim services. (Funding required)
- Explore Strategies to Improve Access to Mental Health (MH) Services – Funding to pay for therapy for victims is an issue, but it is not the only issue. Service providers struggle with a shortage of clinicians and unreasonable wait times and that is particularly true for CJsCs, whose standards of care require specific treatment modalities. CJsCs recommend exploring opportunities to increase Utah’s service capacity, including but not limited to partnerships with universities; utilization of the interstate mental health compact; expansion of telemental health; increased technical support for agencies wanting to partner with clinicians, and rate adjustments to victim service funding sources that are far below market rates.
- Promote the Use of Paraprofessionals to Support Mental Health (MH) - Based on the successful implementation of the Care Process Model (CPM), a trauma screening tool developed by University of Utah and Primary Children’s Center for Safe and Healthy Families and piloted in CJsCs, we also support the utilization of paraprofessionals, including victim advocates, to provide support not requiring advanced education or licensing (eg, screening, client engagement, and advocacy). This “task sharing” strategy is endorsed by national CAC/CJC experts and considered particularly helpful in rural areas with a limited number of licensed professionals.
- Support and Expand Resiliency Resources and Mental Health Care for Service Providers – The impact of work-related trauma exposure is not limited to law enforcement, EMTs, and firefighters. On a daily basis victim advocates, forensic interviewers, child protective service employees, and others are exposed to trauma through the experiences of the victims they work with. They hear the stories, they see the injuries, and yet they are often overlooked in discussions about resources for first responders. In passing and funding First Responder Mental Health Services Amendments, the Legislature has already acknowledged that for first responders to be able to take care of victims, their own wellbeing must also be a priority. The next step is to ensure that eligibility and funding be extended to all who need the support.
- Explore Strategies to Support Child Abuse Prevention Education and Improve Mandatory Reporting - Child abuse is a significantly underreported crime. Estimates above for CJsCs

do not include potential children who could be served, but are not currently being served. To help ensure that children that need help receive it, CJs recommend more support for community-based prevention education efforts and mandatory reporting training. Future estimates should consider the number of children who are not being served in cost projections.

Restoring Ancestral Winds (RAW)

- Data collection that is accurate and contributes to informing Utah policymakers is critical. Collecting and analyzing local, tribal, and state health care data for information on American Indian health can ensure unique issues are not lost in aggregate numbers. American Indians are viewed homogeneously by researchers despite cultural, geographical, and environmental diversity among American Indian populations (Wahab, Olson, 2004).
- Research and practice should consider exploring Intimate Partner Violence (IPV) and sexual abuse contextually across eight Tribal Nations and urban tribal populations, particularly because gender, class, race, and power relations differ across tribes.
- Research must address the role of religion, rural versus urban contexts, and changing cultural practices with regard to gender and family.
- Variable and substantive issues in research, we recommend that researchers evaluate current, existing programs.
- Research and service efforts may also explore variables such as cultural differences and similarities in language, values, and traditions, across tribes; the different contexts in which services are provided (on Tribal Nation, urban); jurisdiction; socioeconomic class; and the intersections of different forms of oppression experiences by Native Americans in the United States.
- We estimate it will cost \$5.0 million to implement these recommendations.

Data

- The Commission on Criminal and Juvenile Justice (CCJJ) to be the centralized location for data storage and reports.
- Develop a data committee to meet quarterly to review, analyze and develop a yearly legislative report.
- Change the date of the annual report to the legislative oversight committee to November 1 to allow for more comprehensive data collection. The Commission should use this report to evaluate needs and make recommendations.
- The data committee should consider how to have more aligned data, create a statewide approach to data collection, develop MOUs and make data more accessible, and how to address confidentiality concerns.
- We estimate the cost to collect data annually to be \$670,000. The funding is suggested for a data program manager, a data researcher, a tribal data liaison, funding for yearly victimization research, a victim database system and one support staff.

Overall Considerations/ Recommendations:

- The committee supports the recommendation to create a new commission to allow all stakeholders a voice in the development and implementation of the strategic statewide plan for services. This commission may develop a statewide strategic plan, coordinate services, review and recommend funding strategies, and ensure all voices are at the table to make the decisions necessary to improve outcomes. The commission will not intercede into the administrative aspects of the agencies.
 - The Commission may:
 - Establish program outcomes In collaboration/coordination with the service providers and administrative agencies
 - Engage in an ongoing analysis of funding requirements in order to provide recommendations that streamlines administration of funding for both state agencies and victim service providers
 - Outline a state strategy for addressing statewide sexual assault
 - Outline a state strategy for addressing statewide domestic violence
 - Outline a data collection plan
- Responsibility and oversight of domestic violence shelters remain under DHHS .
- UOVC oversee the responsibility and oversight of sexual assault services and funding, with the exception of funding and services that are already being administered by other state agencies for this purpose (eg, the Attorney General’s Office/CJC Program). The Legislature may consider strengthening the statute surrounding these responsibilities as well as identify the agency to address this. We recommend the commission prioritize where these services are best served in the future.
- Standards of care listed in this report are integrated into contracts with state partners to ensure these standards are upheld.
- Emphasize the importance of CJs in working with children (anyone under 18) who experience sexual assault and recommend further coordination between other sexual assault service providers and CJs to ensure those children are connected with CJs to access all of the services they provide. The Commission may further study how these services can be best coordinated.
- Additional funding provided for these services allow funds to be used for administrative costs to administer funds, monitor contracts and grants, provide technical assistance, research best practices, evaluate service provision to ensure client’s needs are being met, collect data on outcome-based performance, and carry out needs assessments.
- Any State General Funds dedicated to victim services are non-competitive and issued by a funding formula based on needs, standards of care, and local economic factors given the finite amount of funds available to meet all victim services needs. These funding formulas should be developed by the administering state agency with feedback from victim service providers and the commission.
- Feedback from victim service providers and the commission.

- Establish a clear distinction between sexual assault services and domestic violence programs creating a separate and distinct response and resources for sexual assault survivors for the development of a statewide network of meaningful sexual assault services.
- Provide stabilization by funding administrative costs with General Fund dollars. Consider a modest amount of administrative funds to be allocated to UOVC. All current grant management staff are grant funded and restricted to grant management activities related exclusively to the grant from which they are funded. This prohibits them from working on any projects that do not fall within their specific grant.
- Maintain a statewide 24-hour hotline for sexual assault.
- Hire a full-time tribal liaison to work specifically with community-based tribal organizations to improve intergovernmental coordination, establish best practices for state, Tribal and federal law enforcement and bolster resources for survivors and victim's families.
- The statute for a statewide volunteer network to be removed from Utah Code due to the fact that UOVC and community service providers fulfill this need. [78B-7-112](#)
- UOVC retain the responsibility and oversight of any victim services which are not currently delegated to another state agency.
- Funding 1 FTE training expert and 1 FTE coordination expert within UOVC. These recommendations support the business cases the agency has submitted to the Governor's Office for budget consideration and have been explained to the Lieutenant Governor.

Appendix B: Scenarios Illustrating Services

Sexual Assault Victim Scenario

Sally, age 24, was raped two days ago by her friend, Brian, while he was visiting from out of town. She is anxious about getting her friend in trouble and going to court if she reports it. She is concerned that she could be pregnant or have a STI. She has called in sick to work for the past two days because she can't even focus or get out of bed. Also, she doesn't want anyone to see the bruises on her wrists and arms. She is nervous she will lose her job if she misses any more work. She is also worried that no one will believe her because her family loves Brian and he is well-known in the community.

No Services Available:

There are no local sexual assault services and Sally doesn't know where to go for help. She doesn't

tell anyone about the assault because she is ashamed. She doesn't receive any assistance. Sally loses her job because she can't focus and misses too many days of work. She seeks unemployment assistance but is denied. She becomes depressed and isolates herself from others. Due to the loss of income and inability to keep a job she is now unable to pay her rent. Her financial stress increases her depression and after attempting suicide, she is brought into the emergency room and finds out she has an STI. She is at an increased risk for infertility from the untreated STI and now has mounting medical bills with no insurance.

Minimum Services:

Sally calls the rape crisis hotline and speaks to a volunteer who gives her some basic information and encourages her to report the rape and get an exam. She decides to get a CODE-R exam and goes to the hospital. She has to wait several hours for the nurse and the advocate to arrive as they were already out on another call. The criminal justice advocate gives her some basic information on how to file a report and then leaves. Sally is worried about how she will have to pay for the hospital bill and the exam. She is also concerned that the hospital bill will go to her parents since she is on their insurance.

Sally decides to report the assault to law enforcement and is interviewed while still at the hospital. The detective seems to be in a hurry and asks several blaming questions. Sally calls the detective several times to check on the case and only gets a call back once. He tells her that Brian denied all of the allegations. The CODE-R kit doesn't get sent to the crime lab and stays in evidence instead. The detective sends the case to the prosecutors to be screened for charges. The prosecutors decline to file charges on the case, due to lack of evidence.

Sally loses her job from missing too many days. She is unemployed for a month and gets behind on several of her bills. She finds a new job but it is only part-time and pays significantly less than her previous job. She gets connected to therapy but is put on a waitlist. She is finally able to get into therapy three months after the assault. Sally has worked with advocates at the Rape Crisis Center but usually talks to a different advocate everytime due to the high turnover of staff. She has been referred to other programs for services but finds it difficult to navigate their application process while trying to cope with her trauma. Sally feels overwhelmed by the process of accessing additional resources. Sally survives with what she has but every day is a struggle.

Ideal Services:

Sally calls the rape crisis line and speaks to a confidential and trauma-informed advocate who gives her options. These options include seeking services at the local rape crisis center, receiving a CODE-R exam and medical treatment to address her concerns, filing a police report, financial assistance for medical treatment, and assistance with her employer. She decides to receive an exam by a certified SANE (Sexual Assault Nurse Examiner). A mobile advocate from the Rape Crisis Center stays with her during the exam. While at the hospital she meets with the Criminal

Justice Advocate. The advocate explains the reporting process and her options of speaking to law enforcement. Sally decides to report the crime to law enforcement. The advocate helps her fill out an application for crime victim reparations to assist with medical expenses and other financial resources.

Sally is interviewed by a trauma informed specialized detective two days after the report. The criminal justice advocate is in the interview as a support as well. Sally stays engaged in the criminal justice process with the support of the law enforcement advocate and the prosecutors advocate. Her CODE-R kit is tested. Brian's DNA is identified and matched to another unsolved rape case. The case is prosecuted by a trauma informed specialized prosecutor and continually asks for her input. Brian pleads guilty and Sally makes a victim impact statement at sentencing. Brian is sentenced to 15 years to life in prison.

Throughout this process, Sally goes to the local rape crisis center and is connected with an advocate who helps her to process her trauma, refer her to local resources, and intervene with her employer. As time goes on, Sally participates in support groups as well as individual counseling offered at the center. She was able to work with her employer to stay at her job, and telework as needed.

Sally's life will never be the same after her victimization. However, she is able to seek justice and healing through the services offered. She is able to go on and live a full life.

Child Sexual Abuse Scenario

Eleven-year-old Sarah was at a sleepover at her best friend's house. Sarah stated that she was worried she might be pregnant. She revealed that her stepfather, John has been sexually abusing her since she was seven. Sarah knows she needs help but is very worried about destroying her family. Sarah eventually agrees to share this information with her best friend's mother who reports the abuse to the DCFS hotline and helps Sarah tell her mother, Jane what has happened.

Ideal Response:

A CJC victim advocate calls Sarah to schedule a forensic interview. Both Sarah and Jane are very apprehensive about participating in an investigation. The CJC victim advocate explains more, answers questions, and shares a link providing a virtual tour of the CJC to help alleviate anxiety of the unexpected.

The next day, Sarah and Jane arrive at the CJC and are warmly greeted by CJC staff (and the CJC service dog). The staff provides a physical tour of the house, answers questions, and helps Sarah and her mother feel comfortable. Meanwhile, the forensic interview specialist meets with the assigned detective and caseworker to discuss the case history and strategy for the forensic interview. Sarah has already voiced her reluctance; the team knows to proceed gently. To give

Sarah more time to acclimate and to provide mom an opportunity to discuss her concerns, the forensic interview specialist, detective, and caseworker meet with mom privately prior to her child's interview. The forensic interview team listens to mom and responds to her concerns. They also outline what the interview process will be like for her daughter.

Now it's Sarah's turn. The forensic interview specialist invites Sarah to choose among several interview rooms while the detective and caseworker settle into a separate observation room. Sarah has chosen to have Skip, the CJC service dog present in the interview to provide additional comfort. While a trauma-informed, developmentally appropriate, and legally defensible interview is conducted and video recorded, the CJC victim advocate meets with Jane. The advocate checks in with mom about how mom and Sarah are feeling to validate and normalize those feelings. The advocate also conducts a needs assessment with mom. Since stepfather is the breadwinner, mom is mostly concerned about her lack of financial resources when stepfather finds out about this investigation. She has a young child together with her husband and is worried about five-year-old Leo losing his father. The advocate reassures mom that the CJC will provide support and assistance. The advocate goes on to explain the legal jargon, what to expect during the investigation, how the criminal justice process works and the roles of each professional involved. The advocate also helps mom complete an application for crime victim reparation funds.

During the forensic interview, with the skilled support of the forensic interview specialist, Sarah discloses severe sexual abuse that has been ongoing for years. The team meets with mom to share her child's disclosure and review the next steps in the investigative process. Simultaneously, the CJC mental health coordinator administers the care process model (CPM) to Sarah to screen for suicide and trauma symptoms. Unfortunately, as is typical of one in ten CJC clients in her age group, Sarah scores high risk for suicide with severe trauma symptoms. The CJC mental health coordinator relays these findings to Sarah and her mom and provides the following interventions: completes a safety plan, schedules an appointment for an evidence-based therapist the next day, shares apps that can be used at home to decrease Sarah's anxiety and help her sleep, and with mom's consent emails a letter informing Sarah's pediatrician of her CJC visit and CPM scores.

The CJC victim advocate explains why a specialized medical exam is necessary and coordinates one at the CJC for Sarah. The exam is conducted at the CJC by expert providers who are trained and supervised by Primary Children's Hospital Center for Safe and Healthy Families. Fortunately, Sarah's pregnancy test is negative, but Sarah has contracted an STI that requires ongoing treatment. This treatment is delivered sensitively and free of charge.

Based upon Sarah's disclosure and dynamics of the case, the CJC victim advocate assists mom with the application for a child protective order to keep Sarah safe during the investigation. At the very end of the CJC visit, the CJC victim advocate administers the outcome measurement system (OMS) client satisfaction survey separately to mom and to Sarah. This is their opportunity to provide anonymous feedback about their experience at the CJC. CJC staff upload the forensic

interview to the CJC cloud-based storage system that allows digital sharing of interviews to authorized professionals. It features closed-captioning and automated transcriptions, digital chain of custody, and 13 layers of military-grade security.

As the investigation continues, the CJC victim advocate checks in with Jane. She reports that Sarah is stabilizing with therapy and she and Leo are participating as well. Sarah has re-entered the workforce since John has moved and is no longer providing income to support the family. There was a small savings account and extended family and friends have helped emotionally and financially but Sarah's paycheck will not come in time to cover the next mortgage payment. The CJC victim advocate accesses emergency financial assistance to cover this payment.

The multidisciplinary team (MDT) convenes for case review. Sarah's case is discussed thoroughly by all partners including evidence gathered during the investigation, resources needed, and how Sarah and her family are currently managing. The prosecutor files criminal charges. John is arrested.

During the next year and a half, Sarah successfully completes therapy and the CJC continues to be a resource and support to her family. The CJC mental health coordinator administers a follow up CPM. Sarah's trauma symptoms have reduced to mild, and her suicide risk has been eliminated. Jane, Sarah, and Leo have settled into their new normal. Now it is time to go to trial. As expected, Sarah's anxiety increases. The CJC mental health coordinator coordinates a few follow up visits with Sarah and her therapist to prepare for her testimony. The CJC victim advocate helps orient Sarah and Jane to the court process and accompanies them to the courthouse and waits with them. After their testimony, the CJC victim advocate continues to provide support while they wait for a verdict. The jury returns a guilty verdict. This is not cause for celebration but rather safety and peace for Sarah, Jane, and Leo. They also know that if something surfaces for them in the future, the CJC will continue to be an invaluable resource.

Response with Systemic Breakdowns: Children may miss out on critical services at any point in the process if protocols are not followed, but particularly at the front end.

- Law enforcement and CPS do not bring the child to the CJC. An incomplete audio interview is conducted with Sarah at her school. This is disruptive, not private, and does not provide the physical and psychological comfort necessary to enhance Sarah's memory retrieval and accuracy. Without the CJC intervention, Sarah and Jane miss out on all the support and resources that the CJC provided in this case. Because Sarah is never brought to a CJC, she does not receive a forensic medical exam. The STI she has goes undiagnosed and untreated.

Response with Understaffed CJC: Even if protocols are followed, a CJC may lack the staff capacity to provide the full array of services to children and families.

- The CJC doesn't have an FI Specialist. CPS and LE have received minimal training in interviewing but because it's not their primary responsibility, they aren't as skilled as a professional who does it as their main job. Sarah is unable to provide any detail in her interview.
- The CJC can't afford to employ an inhouse therapist or retain a therapist on contract. The CJC gives Jane a referral to a clinician in the community but there is a significant wait list.
- The CJC doesn't have enough staff to keep up with the evolving needs of children and families. Someone is able to meet with them the day of the CJC visit, but with a large caseload, it is difficult for the victim advocate to find time to follow up with Jane to see how Sarah and the family are doing. With the mortgage payment due, Jane has no means of accessing emergency financial assistance.
- The CJC doesn't have a dedicated MDT facilitator. There are struggles with getting all of the team members to actively engage with the CJC, participate in case review, share information to monitor case progress, and provide ongoing support to Sarah and her family.

Domestic Violence Victim Scenario

Esther calls a domestic violence hotline and connects the advocate on call with her friend, Lillian. Lillian reached out to Esther after having a panic attack. She learned yesterday that her husband Cam emptied the joint bank accounts, probably because of the huge argument they had the other day, which escalated to Cam pushing Lillian into the wall and threatening worse violence against her and himself. They got married in early 2020 and have one child, James, who just turned 6 months old. Lillian's recently been thinking about pursuing a divorce because Cam's been increasingly emotionally and physically abusive since they learned they were expecting a baby (looking back, she realizes he's always been jealous and controlling and that he used pandemic lockdowns to keep Lillian even more isolated). She even called the police a few months ago when Cam threatened her with his hunting rifle, and she couldn't get him to calm down.

Lillian owns the house the family lives in, having purchased it before she met Cam. But she recently got laid off from her job, has no family nearby, and she doesn't know if Cam's spent the money from their bank accounts or just hidden it. Without that money, Lillian doesn't know how she's going to get food and diapers, let alone pay the mortgage bill that's due in a few days. She's also worried that Cam has run-up credit cards that affect her credit and ability to get a loan or other financial help. After the panic attack, Lillian called her friend Esther, crying. She explained what happened and that she was also worried about what Cam would do if she asked him about the bank accounts when he came from work. Esther, not knowing what else to do, persuaded Lillian to do a 3-way call with a hotline advocate.

Ideal Response:

When Lillian called law enforcement a few months ago, ideally, a LAP assessment would be conducted. The law enforcement officer on-scene calls the community-based domestic violence program/shelter and hands the phone to Lillian to learn more about the services and support they

can offer. The officer's immediate recognition of the seriousness of Cam's threats, involvement of a firearm, and his history of controlling behavior escalating into violence and directly connecting Lillian to free, confidential community-based services is the key to LAP being a tool that helps keep Lillian safe. The officer would also put a plan in place to retrieve Cam's firearms if the case progresses. A victim advocate housed within the law enforcement agencies would follow up with Lillian afterward to discuss the next steps with her case, make sure Lillian is connected with the community-based service providers, and check in on her safety plan. If there is no advocate at this law enforcement agency, this is a role that the community-based organization will take on to ensure that Lillian has information, support, and accompaniment to law enforcement interviews, meetings with the prosecutor if necessary, court hearings, and anything else she needs as her case progresses through the criminal justice system.

Once Lillian is connected to the community-based domestic violence organization, the trained advocate begins with a trauma-informed response to help Lillian feel more grounded, identify her needs, validate Lillian's emotions and strengths, and empower her to determine next steps. This initial conversation may include the advocate explaining to Lillian what the LAP conducted by law enforcement meant if she didn't already understand the risks she may be facing, an additional risk assessment, and an emergency safety plan to help Lillian think about her options if she is worried about her and her child's physical safety when Cam comes home from work. Ideally, these options include a room in the organization's shelter that Lillian and James can check into right away if that's the option she chooses. Lillian may also choose to stay with the friend who is on the call and the advocate would then include the friend in this first safety plan to make sure everyone feels comfortable with the arrangements and knows what to do if they feel unsafe once Cam comes home and discovers that Lillian has chosen to leave the home. The advocate will also talk with Lillian and her friend about important documents and belongings she should gather to bring with her when she leaves.

Whether or not Lillian chooses to check in to the shelter, the advocate will set up an initial meeting with a case manager at the organization. During this meeting, the case manager will talk with Lillian about her concerns about the financial situation, discuss options for emergency financial assistance to ensure that Lillian can pay her next mortgage bill, and make a plan for assessing what Cam has done with their shared money so it can be retrieved and protected. This may entail connecting Lillian with a legal advocate or attorney who can assist her with these challenges. In the meantime, the shelter ensures that Lillian and James have a safe place to stay, food to eat, and other basic necessities for day-to-day life.

The case manager will also work with Lillian to complete a protective order application (which may also include connecting with an external legal organization that assists domestic violence victims). Ideally, Lillian will have an opportunity to participate in a crisis therapy session within the first few days of working with the domestic violence organization, and James will be assigned a child advocate to begin to assess any trauma impacts on him, make a plan for ongoing treatment for both of them, and support Lillian in her parenting through this crisis situation.

Ideally, through advocacy from the community-based service providers (both domestic violence shelter and legal services), Lillian is able to obtain a protective order that is also enforced by law enforcement, regain access to bank accounts, and safely return home while Cam stays elsewhere.

The service providers have enough capacity to support Lillian throughout her divorce, including child custody and support issues, and both she and James are able to take advantage of ongoing free therapy through the domestic violence organization. For Lillian, this support also includes participation in various group activities hosted by the domestic violence organization so that she can connect with other survivors, feel less isolated, learn about domestic violence and cycles of abuse, and learn skills to help her move forward in her own healing and to create a life free of fear and abuse for both her and her son.

If Lillian cannot return to her home, the domestic violence organization supports her with a housing case manager who begins to create a plan for her to find new permanent housing while the legal services organization assists Lillian with protecting her home-related assets through the divorce process. Lillian and James would then transition out of the shelter setting within one month and have access to a small, one-bedroom apartment that serves as transitional housing so the domestic violence organization can continue to provide case management, therapy, and housing assistance without Lillian having to worry about paying rent. Lillian may be required to pay partial rent as her stay continues and as she achieves more financial stability. Her case manager works with her to obtain a new job throughout this time and she and the housing case manager are able to locate and retain housing that Lillian can afford on her own. Within a year of her first call with the hotline advocate, Lillian and James live on their own again, she is employed and financially stable, she is learning to manage any PTSD symptoms, James is thriving, and she feels satisfied with the outcome of her case in the criminal justice system and that her now ex-husband Cam has been held appropriately accountable, can safely see James and provide adequate child support to Lillian, and no longer poses a threat to anyone in the family.

Common Barriers to an Ideal Response

The current system of domestic violence services is not funded to provide the ideal response, as described above, to a survivor in Lillian's situation. Lillian may not live in a jurisdiction where the law enforcement agency who responds to her initial call participates in the Lethality Assessment Program. While she may receive emergency services to increase her safety in the moment, an assessment is not conducted that helps both her and law enforcement understand the actual risk she may be exposed to from Cam, and she is therefore not connected to community-based domestic violence services. Some law enforcement agencies also do not have a victim advocate, or enough victim advocates, to provide the kind of follow-up outreach and support Lillian needs throughout her criminal justice case. The process for firearms retrieval or relinquishment is also unclear and agencies lack capacity to follow up on all of these cases.

In terms of the domestic violence shelter-based services, Lillian may not have the choice to stay in shelter in her community, or in any community nearby, if all rooms are full. While the organization will still provide advocacy services, safety planning, and case management for Lillian and her son, it is unlikely that crisis therapy is available and ongoing therapy often entails a waiting list and limited number of sessions. Case management may be minimal, child advocacy services may be available only during the crisis phase, and Lillian may be on her own to manage the various community resources she needs to access to rebuild her life.

Depending on the organization in her community, Lillian may have access to transitional housing and a housing case manager, but even with this support, all Utah communities face an affordable

housing crisis making it difficult for survivors to live on their own within even two years of reaching out for help. Legal services organizations may be able to provide some initial information and assistance for Lillian as she applies for a protective order and begins divorce and child custody proceedings. But again, capacity varies statewide due to lack of funding, screening criteria must be instituted to be able to serve victims in the highest need, and Lillian is more likely to have to find and pay for her own attorney.

All community-based domestic violence service providers offer the most comprehensive support they can with the funding and staff resources they're able to pull together. When core, stable funding is unavailable, they are forced to focus on providing only emergency safety services, meeting survivors' most basic needs, and ending services for survivors who are further along in their healing process in order to make room for those in immediate crisis after violence has occurred.

Note - other services that a domestic violence victim may access in the ideal services system, but which may not have been relevant in this situation, include medical advocacy to support a survivor with injuries or other DV-related healthcare needs, assistance with transportation costs, legal support for immigration issues, legal assistance with outstanding debt/criminal record challenges/other more complex legal issues, support and services related to substance use disorder and/or mental health challenges, support to access social services or other public assistance in a more ongoing way, low- or no-cost childcare, and/or more in-depth therapeutic interventions for older children who have experienced longer exposure to abuse in the home. A survivor may also need services in addition to, or unrelated to, a shelter, that they are most comfortable receiving from a culturally-specific or other community-based organization that specifically supports domestic violence victims as part of the many services they provide. These organizations provide a range of services and support for people who face increased barriers to safety and justice, including people with disabilities, Indigenous survivors, members of the Latinx community, LGBTQ+ survivors, and others.