



MULTNOMAH COUNTY, OREGON

BOARD OF COMMISSIONERS

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ANY QUESTIONS? CALL BOARD CLERK DEB BOGSTAD @ 248-3277

Email: deborah.l.bogstad@co.multnomah.or.us

**INDIVIDUALS WITH DISABILITIES
MAY CALL THE BOARD CLERK AT
248-3277, OR MULTNOMAH COUNTY
TDD PHONE 248-5040, FOR
INFORMATION ON AVAILABLE
SERVICES AND ACCESSIBILITY.**

MAY 4, 5 & 6, 1999

BOARD MEETINGS

FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	8:30 a.m. Tuesday Domestic Violence Budget/Policy Review Work Session
Pg 2	9:50 a.m. Tuesday District Attorney Budget/Policy Review Work Session
Pg 2	10:30 a.m. Tuesday Alcohol and Drug Treatment Facility Options Work Session
Pg 3	6:00 p.m. Tuesday Public Hearing on County Budget at Gresham Library
Pg 3	1:30 p.m. Wednesday Information and DSS Budget/Policy Review Work Session
Pg 4	9:30 a.m. Thursday JCJ RESULTS
Pg 6	9:50 a.m. Thursday Jail Resolutions

Thursday meetings of the Multnomah County Board of Commissioners are cable-cast live and taped and may be seen by Cable subscribers in Multnomah County at the following times:

Thursday, 9:30 AM, (LIVE) Channel 30
Friday, 10:00 PM, Channel 30
Sunday, 1:00 PM, Channel 30

Produced through Multnomah Community
Television

Tuesday, May 4, 1999 - 8:30 AM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

BUDGET/POLICY WORK SESSION

WS-1 Budget/Policy Review Work Session on Domestic Violence Issues:

1. Overview of Current Intervention System, with Information from Governor's Council Survey, Chiquita Rollins (15 minutes)
 2. Information from Budget Forums, Beverly Stein (5 minutes)
 3. Add Packages (20 minutes)
 - a. Department of Community & Family Services: Culturally Specific Services and Prevention Services, Mary Li
 - b. District Attorney Gresham Program, Michael Schrunk
 - c. DCJ, Lana McKay, Bev Kite
 4. Future Planning (15 minutes)
 - a. County Process, Chiquita Rollins
 - b. Safe Start Grant, Chiquita Rollins
 5. Policy Issue of Whether Domestic Violence Funding Should be Part of the Public Safety Levy (15 minutes)
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Tuesday, May 4, 1999 - 9:50 AM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

BUDGET/POLICY WORK SESSION

WS-2 Budget/Policy Review Work Session on District Attorney's Budget:

1. District Attorney's Office Citizen Budget Advisory Committee Presentation by Dick Wegner, Chair (5 minutes)
 2. District Attorney's Budget, Issues and Opportunities, Michael Schrunk, Staff (35) minutes
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Tuesday, May 4, 1999 - 10:30 AM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

BUDGET/POLICY WORK SESSION

WS-3 Board Requested Work Session to Discuss Alcohol and Drug Treatment Facility Options with Juvenile and Adult Community Justice Director Elyse Clawson, Ginger Martin, Sheriff Dan Noelle, District Attorney Mike Schrunk, Judges Jim Ellis and Julie Frantz, Jim Hennings of the Public Defenders Office, a Representative of the Portland Alcohol and Drug Managers Association, and Invited Others. 90 MINUTES REQUESTED.

Tuesday, May 4, 1999 - 6:00 PM
Gresham Library First Floor Meeting Room
385 NW Miller, Gresham

BUDGET HEARING

PH-1 Public Hearing Inviting Citizens to Speak on Multnomah County's Proposed 1999-2000 Budget. Please Contact the Budget Office at 248-3883, Extension 22137 for a Copy of the Proposed Budget or Other Information.

Wednesday, May 5, 1999 - 1:30 PM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

BUDGET/POLICY WORK SESSION

- WS-4 Budget/Policy Review Work Session on Information Services and the Department of Support Services Budget:
3. Support Services Citizen Budget Advisory Committee Presentation by Donald Dumont, Chair (10 minutes)
 4. Information Services Discussion (90 minutes)
 - a. Integrated Enterprise System
 - b. Decision Support System - Adult Justice Programs
 - c. Decision Support System - Human Services Programs
 - d. GIS
 - e. Local Public Safety Coordinating Council Budget, Suzanne Riles
 5. Department of Support Services Budget, Issues and Opportunities, Vickie Gates, Staff (45) minutes

Thursday, May 6, 1999 - 9:30 AM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

REGULAR MEETING

CONSENT CALENDAR

SHERIFF'S OFFICE

- C-1 Intergovernmental Revenue Agreement 800869 with the City of Portland, Accepting Local Law Enforcement Block Grant Funds in the Amount of \$160,000 to Fund Overtime for County Corrections Employees

DEPARTMENT OF SUPPORT SERVICES

- C-2 Budget Modification DSS 11 Reclassifying Purchasing Supervisor to Purchasing Administrator and Purchasing Specialist 2 to Purchasing Supervisor

DEPARTMENT OF HEALTH

- C-3 Budget Modification HD 19 Approving an Increase of \$57,000 and .5 FTE in the Vector Control Budget Funded with New Contract Revenue
- C-4 Renewal of Intergovernmental Revenue Agreement 0010315 with the City of Portland for the Provision of Rodent and Mosquito Control Services in the City's Wastewater and Stormwater Collection System

DEPARTMENT OF JUVENILE AND ADULT COMMUNITY JUSTICE

- C-5 Amendment 2 to Intergovernmental Revenue Agreement 700757 with Washington County to Increase Funding by 3.5% and to Extend Provision of Juvenile Detention Services through June 30, 2000
- C-6 Budget Modification DCJ 99-13 Reclassifying 26 Information Services Staff Positions as a Result of the Information Technology (IT) Classification Study and the Department's Information Services Division Computer Services Unit Reorganization
- C-7 Budget Modification DCJ 99-17 Adding \$66,935 Oregon Traffic Safety Commission Federal Revenue to the Federal/State Budget
- C-8 Budget Modification DCJ 99-30 Reclassifying a .58 FTE Juvenile Counsel to a .58 FTE Juvenile Counseling Assistant and a 1.0 FTE Program Development Specialist to a 1.0 FTE Administrative Analyst in the Counseling/Court Services Division
- C-9 Budget Modification DCJ 99-31 Adding \$12,000 City of Portland Revenue to the Juvenile Services Payback Restitution Program for Student Crew Restitution Payments

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-10 Report the Hearings Officer Decision Regarding Approval of CU 8-98 and SEC 37-98 with Conditions to Establish a New Single Family Residence in the Commercial Forest Use Zoning District with Significant Environmental Concerns on Property Located at 36014 SE LUSTED ROAD
- C-11 Amendment 1 to Intergovernmental Agreement 300758 with the City of Portland, Extending the Timeline for the Multnomah County - Portland Compliance Project for Metro's 2040 Functional Plan Compliance Work to September 30, 1999
- C-12 Budget Modification DES 99-13 Reorganizing Personnel and Redirecting Budgeted Amounts for Additional HVAC Engineers and After Hours Dispatchers within the Facilities and Property Management Division Budget
- C-13 Budget Modification DES 99-14 Changing Position Classifications within the Appraisal Administration Section of the Property Valuation Division Budget

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- C-14 Amendment 2 to Intergovernmental Revenue Agreement 9910334 with Oregon Mental Health and Developmental Disability Services Division, Funding Mental Health Services on a Capitated Basis for Children and Adults Enrolled in the Oregon Health Plan Medicaid Project
- C-15 Intergovernmental Revenue Agreement 9910394 with the Department of Human Resources, Adult and Family Services Division, Funding East County Housing Stabilization Pilot Program Services
- C-16 Intergovernmental Revenue Agreement 9910657 with the Department of Human Resources, Adult and Family Services Division, Funding Step Into Safety Project Services for Domestic Violence Survivors

PUBLIC CONTRACT REVIEW BOARD

- C-17 ORDER Exempting from the Formal Competitive RFP Process a Contract for the Purchase of the Instrument Recording and Indexing System (Index.Fee) from The Software Group

REGULAR AGENDA

PUBLIC COMMENT

- R-1 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

DEPARTMENT OF JUVENILE AND ADULT COMMUNITY JUSTICE

- R-2 Results from RESULTS: Using Best Practices in Juvenile Custody Services Presentation by Teresa Carroll and Staff

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- R-3 PUBLIC HEARING and APPROVAL of the 1999-2000 Consolidated Plan and Annual Action Plan for the Community Development Block Grant Program Allocating Funds to Eligible Projects Located within Fairview, Troutdale, Maywood Park, Wood Village and Unincorporated Multnomah County

NON-DEPARTMENTAL

- R-4 RESOLUTION Adopting Rules for Board Meetings and Repealing Prior Rules
- R-5 RESOLUTION Affirming Decision to Discontinue Efforts to Purchase Radio Towers Site and to Explore Agreement with Port of Portland to Acquire Land for a Jail in Rivergate Industrial Area
- R-6 RESOLUTION Authorizing the Sheriff to Purchase Land and Obtain All Necessary Permits to Construct a New 225-Bed Jail that Includes a Secure Treatment Facility for Mandatory Drug and Alcohol Treatment of Offenders at the Rivergate Site; Authorize the Chair to Initiate a Planning Process to Site 225 Locked Community-Based Alcohol and Drug Treatment Beds in Appropriate Facility(ies)
- R-7 RESOLUTION Authorizing the Sheriff to Purchase Land, Obtain All Necessary Permits, and Start Construction of a New Jail and a Secure Treatment Facility for Mandatory Drug and Alcohol Treatment of Offenders at a Facility at the Rivergate Site

COMMISSIONER COMMENT/LEGISLATIVE ISSUES

- R-8 Opportunity (as Time Allows) for Commissioners to Comment on Non-Agenda Items or to Discuss Legislative Issues.

MEETING DATE: May 4, 1999
AGENDA #: WS-1
ESTIMATED START TIME: 8:30 AM

(Above Space for Board Clerk's use only)

AGENDA PLACEMENT FORM

SUBJECT: Budget/Policy Review Work Session on Domestic Violence

BOARD BRIEFING: DATE REQUESTED: Tuesday, May 4, 1999
REQUESTED BY: _____
AMOUNT OF TIME NEEDED: 70 minutes

REGULAR MEETING: DATE REQUESTED: _____
AMOUNT OF TIME NEEDED: _____

DEPARTMENT: Non-Departmental DIVISION: Chair's Office
CONTACT: Bill Farver TELEPHONE #: 248-3958
BLDG/ROOM #: 106/1515

PERSON(S) MAKING PRESENTATION: See Below

ACTION REQUESTED:
☐ INFORMATIONAL ONLY ☒ POLICY DIRECTION ☐ APPROVAL ☐ OTHER

SUGGESTED AGENDA TITLE:

Budget/Policy Review Work Session on Domestic Violence Issues:

1. Overview of Current Intervention System, with Information from Governor's Council Survey, Chiquita Rollins (15 minutes)
2. Information from Budget Forums, Beverly Stein (5 minutes)
3. Add Packages (20 minutes)
 - a. Department of Community & Family Services: Culturally Specific Services and Prevention Services, Mary Li
 - b. District Attorney Gresham Program, Michael Schrunk
 - c. DCJ, Lana McKay, Bev Kite
4. Future Planning (15 minutes)
 - a. County Process, Chiquita Rollins
 - b. Safe Start Grant, Chiquita Rollins
5. Policy Issue of Whether Domestic Violence Funding Should be Part of the Public Safety Levy (15 minutes)

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

Beverly Stein

(OR)
DEPARTMENT
MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions? Call the Board Clerk @ 248-3277

CLERK OF
COUNTY COMMISSIONERS
99 APR 29 PM 5:15
CLERK OF
COUNTY COMMISSIONERS
OREGON



1999-2000 Budget Worksession
Board of County Commissioners
May 4, 1999

Domestic Violence Worksession

DEFINITION OF DOMESTIC VIOLENCE

"Domestic violence is a pattern of coercive behavior used by one person to control and subordinate another in an intimate relationship. These behaviors include physical, sexual, psychological, and economic abuse. Tactics of coercion, terrorism, degradation, exploitation, and violence are used to engender fear in the victim in order to enforce compliance." *Oregon Domestic Violence Council, 1995*

- Not all domestic violence is criminal behavior, but all are detrimental to women's and children's physical, economic and mental well-being.
- Domestic violence occurs in all populations in Multnomah County, regardless of age, race, economic status, ethnicity, sexual orientation, marital status or neighborhood.
- Men are the primary perpetrators of domestic violence; women are the primary victims. Gays and lesbians are battered by same sex partners and a few men are battered by women partners, and also need services.
- Children who witness domestic violence are adversely effected and some experience long-term problems. Keeping their mothers safe and providing her the ability to maintain a stable environment is the preferred intervention.

PREVALENCE OF DOMESTIC VIOLENCE

- 1 in 8 adult women (30,000 women in Multnomah County) are physically abused annually.
- 1 in 6 children (24,000 In Multnomah County) witness the physical abuse of their mother annually. One-half are under the age of 5.
- Over 20,000 women and children seek shelter in Multnomah County domestic violence emergency shelters annually.
- Law enforcement officers write over 8,000 reports of domestic violence annually; domestic violence reports are approximately 1/3 of all reports of violent crimes in Multnomah County.

GOALS OF INTERVENTION IN DOMESTIC VIOLENCE

Provide support and safety for victims and their children.

Immediate safety

- Arrest/removal of perpetrator from the scene by law enforcement officers, with no census release from jail for domestic violence perpetrators
- Crisis lines for access to services, safety planning
- Emergency shelters to provide safe housing for victims and children

Longer term safety and support

- Prosecution followed by jail or intensive probation supervision
- Emergency shelters for victims and children
- Transitional housing for victims and children, including HUD Horizon grant
- Out of shelter services, including case management, rent assistance/low income housing, support groups, follow-up services, victim assistants in DA's office, Community Safety Specialists (Gresham Police), victim advocates attached to Portland Police Domestic Violence Reduction Unit
- Legal representation in civil cases (dissolution, custody, visitation, contested restraining order cases)
- Child support enforcement unit of District Attorney's office
- School-based prevention programs
- Restraining orders and enforcement of violations, including court-ordered dispossession of firearms
- Programs by employers, Adult and Family Services, religious organizations, schools

Provide offenders with the message that their behavior is unacceptable and hold them accountable for that behavior.

- Arrest and prosecution for crimes and violations of restraining orders
- Intensive supervision by probation officers, including Deferred Sentencing Program
- Batterers intervention/re-education programs
- Jail or prison
- Court-ordered sanctions, gun dispossession, restraining orders, stalking orders
- School-based prevention programs
- Programs by employers, religious organizations

COORDINATION

Domestic Violence Coordinator and Staff

- Include Coordinator, Program Development Technician and half-time volunteer;
- Are jointly funded by the County (75%) and the City (25%);
- Provide leadership for and staff Family Violence Intervention Steering Committee;
- Coordinate County-wide response to domestic violence, including assessment and intervention for direct service clients of Department of Community and Family Services, Juvenile Community Justice Services, Health Department, and support for staff of the County who are battered;
- Provide technical assistance and consultation to City and County officials and staff on issues relating to domestic violence;
- Work with staff from Mayor Katz's and Commissioner Saltzman's offices on developing a City Work Plan on Domestic Violence;
- Promote domestic violence intervention by the Local Public Safety Coordinating Council, including chair of the Domestic Violence Work Group, member of the Executive Committee;
- Provide information to the residents and community organizations in Multnomah County on the issue of domestic violence through development and distribution of brochures, a website, phone and in-person consultation and education, and distribution of information about "best practices."

Multnomah County Domestic Violence Intervention Model

Agency	Programs	1993-94 Budget	1998-99 Budget
Victim Advocacy Agencies <ul style="list-style-type: none"> Bradley-Angle House <i>El Programa Hispano</i> <i>Programa De Mujeres</i> Portland Women's Crisis Line Raphael House Volunteers of America West Women's Shelter YWCA/Yolanda House (*Community Advocates and Council for Prostitution Alternatives provide services not included in 1993-94 budget)	<ul style="list-style-type: none"> Crisis Lines Information and Referral Transportation Support groups Emergency Shelter Transitional Shelter -- 18 new beds Community Education Restraining Order Advocates Advocacy <i>Non-shelter services</i> <i>Specialized services for Spanish-speaking victims of domestic violence</i> 	\$2,224,000	\$4,490,000 (*CA and CPA budgets total \$551,000)
Legal Advocacy <ul style="list-style-type: none"> Portland Women's Crisis Line Multnomah County Legal Aid Lewis & Clark Legal Clinic (Legal Access Project) (Volunteer Lawyers Project) (Domestic Violence Project) 	<ul style="list-style-type: none"> Restraining order assistance Legal representation for divorce, custody, visitation Legal representation at contested restraining order hearings Development of <i>pro se</i> forms for unrepresented parties in civil cases 	\$436,000	\$438,000
VICTIM SERVICES TOTAL		\$2,660,000	\$4,928,000 (not including CPA or CA)
Local Government Funding: County Portion		\$450,000	\$1,100,000
State/Federal Grant to Local Government:		Byrne Grant \$150,000	HUDHorizon \$600,000
Coordination <ul style="list-style-type: none"> <i>Domestic Violence Coordinator</i> <i>Program Development Technician</i> 	<ul style="list-style-type: none"> <i>Staff FVISC</i> <i>Coordinate County-Wide Response</i> <i>Provide technical assistance and consultation to City and County officials and staff</i> <i>Promote domestic violence intervention with LPSCC</i> <i>Provide information to the citizens of Multnomah County</i> 	0	\$120,000
COORDINATION TOTAL			\$120,000
County Portion			\$90,000

Agency	Programs	1993-94 Budget	1998-99 Budget
Portland Police Domestic Violence Reduction Unit	<ul style="list-style-type: none"> Follow-up domestic violence investigation Support/training for street officers Intensive law-enforcement assistance Hispanic advocate 	\$695,000	\$602,000
Gresham Police Domestic Violence Unit	<ul style="list-style-type: none"> Follow-up domestic violence investigation Victim advocates Outreach to Spanish-speaking victims 		\$340,000
District Attorney's Domestic Violence Unit	<ul style="list-style-type: none"> Domestic violence prosecution Misdemeanors and felonies Outreach to underserved populations 	\$475,000	\$607,000 VAWA Grant \$75,000
Community Corrections	<ul style="list-style-type: none"> Probation supervision for deferred sentencing offenders Probation supervision for other domestic violence offenders 	\$143,000	\$812,000
Treatment for Batterers <ul style="list-style-type: none"> ASAP Treatment Services Men's Resource Center Transition Projects' Batterers Intervention Program 	<ul style="list-style-type: none"> Education/treatment component of deferred sentencing program for indigent offenders Education/treatment program for batterers (private pay) 	County funding for indigent DSP offenders \$65,000	County funding for indigent DSP offenders \$64,000
CRIMINAL JUSTICE SYSTEM TOTAL		\$1,378,000	\$2,425,000
Local Government Funding:		\$1,314,000	\$2,375,000
County Portion			\$1,408,000
State/Federal Grant:		\$64,000	\$75,000
TOTAL FUNDING FOR DOMESTIC VIOLENCE SERVICES		\$4,038,000	\$7,473,000
County Portion			\$2,508,000

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

COUNTY CONTRACTING RESPONSIBILITIES FOR VICTIM SERVICES

In 1997, the Board of County Commissioners authorized an exchange of responsibilities between the City of Portland and Multnomah County. In this exchange, the City took responsibility for planning, funding and contracting for the homeless singles (downtown) system, and the Department of Community and Family Services took responsibility for planning, funding and contracting for the County portion funding for domestic violence victim services.

SERVICES CURRENTLY CONTRACTED

The Department of Community and Family Services (DCFS) currently contracts/funds approximately \$1.7 million in domestic violence victim services and prevention. These contracts include the following services:

- Emergency Shelter Nights
- Transitional Housing
- Children's Therapeutic Daycare
- Case Management - crisis intervention, counseling, advocacy, linkage to medical and legal advice, support, trusting relationships, review of needs/assets, helping build competency, non-directive prioritization, client assistance, helping individuals "get back on their feet"
- Prevention Education - elementary, middle and high school students
- Crisis Line contacts
- Legal Assistance - including safety plans, Restraining Orders, longer term legal services
- Client Assistance Funds
- Children's Case Management
- Support Groups

Community and Family Services

Domestic Violence: Culturally Specific Services

This funding will provide safe housing, case management, and other services to assist victims of domestic violence and their children in obtaining safety and self-sufficiency. Over 500 women and 500 children, from the designated populations, will receive services

Outcomes of these programs will include: Households obtaining safe, verifiable housing; women and children developing and implementing a safety plan that addresses their specific needs and risks; and adult survivors will, hopefully, report a reduction in violence perpetrated against them.

Currently, domestic violence victim services provide an array of services to women and children escaping domestic violence. Approximately 50% of those accessing County-funded and emergency shelter services are women of color. However, the County currently funds only two culturally-specific programs (through a 3-year HUD/McKinney grant) for Hispanic women. Culturally specific programs have been developed, but receive no County funding, for sexual minorities, Hispanic families, refugees, and women with developmental disabilities.

The domestic violence RFP Planning process in the Spring of 1998 also identified culturally specific services to victims and their children as the highest priority for new services. The populations identified included people of color (African-American, Native American, Hispanic, Asian/SE Asian), people with developmental disabilities, people fleeing the sex industry/prostitution, and sexual minorities. The ongoing domestic violence planning process is addressing how to fund these new culturally specific services without destabilizing the existing mainstream system of services, and how to prioritize populations.

Alternatives:

Alternative #1: Provide \$250,000 of on-going County funding to the domestic violence victim services budget for FY '00. Since contracting for these services would begin in October, 1999, the annualized cost of these services in future years would be \$333,000. It is expected that this level of funding will support services to 5-6 of the designated populations.

Alternative #2: Reduce funding and service level for mainstream domestic violence programs, with the savings directed towards culturally specific services.

Alternative #3: Extend existing collaborative agreements between domestic violence and culturally specific services to co-case manage, cross-train or provide adjunct services. The agreements have provided effective services to victims from the identified populations; however, the capacity cannot be increased without additional funding.

Alternative #4: Seek funding from another source. The State and Federal government provide limited funding for domestic violence programs in Multnomah County and a portion of this is in the form of grants. Grants generally are time-limited, and cause destabilization when they expire.

Chair's Recommendation:

The proposed budget includes \$250,000 of one-time-only resources, including \$90,000 of AFS funding, to provide culturally specific services, with the anticipation that stable and ongoing funding will be able to be provided in future years.

Community and Family Services

Domestic Violence: School-Based Prevention

If funding is approved, outcomes are anticipated to include:

- *Students and teachers being able to identify dating and domestic violence;*
- *Students and teachers being able to make appropriate referrals and response to dating and domestic violence.*

The proposed funding is linked to the Benchmarks of reducing children in poverty and reducing crime, reducing domestic abuse, reducing violent crime, increasing high school completion, and assuring a competent, loving adult for each child.

Current data from the Oregon Governor's Council on Domestic Violence indicates that young women are most at risk for physical abuse by an intimate partner. At least 25% of young women are abused annually, and girls as young as 11 or 12 report physical abuse or sexual coercion. Some adolescent men exhibit violent behavior toward their family members or girlfriends.

The County currently funds approximately \$25,000 for school-based prevention projects relating to dating or domestic violence. This represents less than 25% of the funding for existing programs, and there is a need to expand the number of schools and school-aged children that are reached. Currently, there are no institutionalized programs within schools that address dating and domestic violence. Consequently, existing prevention activities are provided by community organizations and are often subsidized primarily by private donations.

Alternatives:

Alternative #1: Provide \$50,000 of on-going County funding to the domestic violence victim services budget for FY '00. Since contracting for these services will begin in October, 1999, the annualized cost of these services in future years will be \$66,700. It is expected that this funding will provide 2,500 children and youth and 100 teachers or administrators with training on prevention of dating and domestic violence.

Alternative #2: Provide no additional funding for prevention programs. Community organizations would continue to provide prevention activities to a relatively few schools and students. There does not appear to be any significant on-going funding source for these existing programs.

Alternative #3: Incorporate dating and domestic violence, sexual harassment, and assault prevention elements into existing school-based violence prevention programs. This alternative would still require some degree of funding for staff to develop and/or expand existing curriculum.

Recommendation:

The proposed budget includes \$50,000 of one-time-only resources to provide school-based prevention services, with the anticipation that stable and ongoing funding will be able to be provided in future years.

Adult Community Justice (ACJ)

Offender Sanctions and Services

- ❖ Ongoing monitoring and supervision
- ❖ Interventions and sanctions
- ❖ Specialized case management and service referrals
- ❖ Ongoing collaboration with community justice and community partners

Offender Treatment Groups

- ❖ Alternatives and Decisions
 - ACJ staffed treatment group for hard to serve clients
- ❖ Men's Resource Center
 - 26 week treatment cycle
 - offender paid services subsidized by ACJ contract dollars
- ❖ ASAP Treatment Services, Inc.
 - 26 week treatment cycle for domestic violence
 - intensive substance abuse outpatient treatment
 - offender paid services (10.00 per week for domestic violence) subsidized by ACJ contract
- ❖ Transition Project, Inc.
 - 52 week treatment cycle
 - offender paid services on a sliding fee scale

Victim Services

- ❖ ACJ sends an initial Victim Notification Letter to victims that includes the following:
 - victim rights notification
 - information about the related crime
 - notification regarding the offender's supervision status with the domestic violence unit
 - the amount of restitution ordered

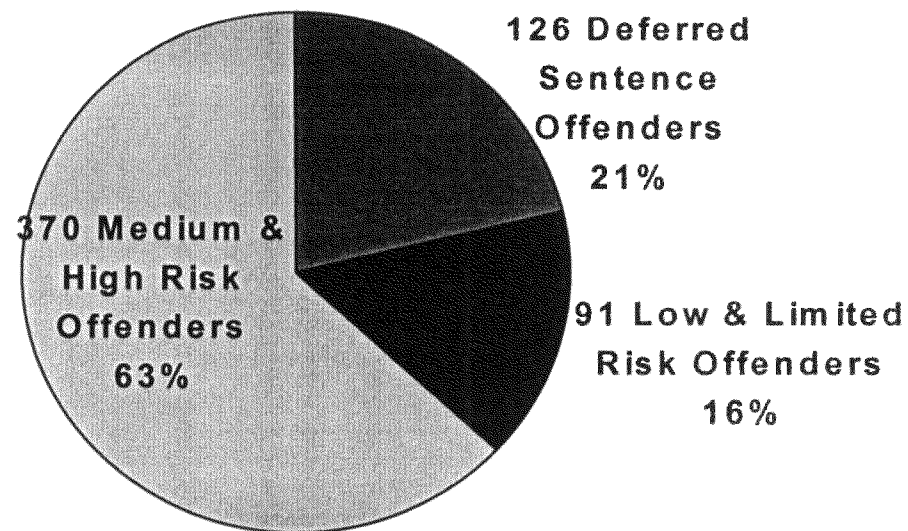
- ❖ Victims are contacted by a Domestic Violence Unit staff member regarding information on-
 - safety plans and follow-up
 - shelters and other community programs
 - educational groups offered to all victims through contracted services
 - ongoing communication to assess safety issues

- ❖ Female Offenders
 - Approximately 1,600 female offenders are on supervision
 - According to Bureau of Justice Administration statistics, more than 50% of female offenders have been physically abused.
 - Women's Services staff and gender specific Parole / Probation Officers are knowledgeable about domestic violence and provide services or refer to community resources
 - Women's Services offers a group titled *It's Not Okay Anymore* to female offenders who are also domestic violence victims

- ❖ Services to Children
 - An ACJ Family Interventionist offers individual and family services to children exposed to domestic violence and makes referrals to community resources as appropriate.
 - Referrals to the Family Interventionist come primarily from the DV Unit or Women's Services
 - Ongoing parenting classes are available
 - Staff conduct individual safety planning with women and their children

- ❖ Dependency Court Collaboration (A New Service)
 - ACJ staff help to identify potentially dangerous situations for children
 - Staff provide information regarding prior and/or current supervision status of parties involved in dependency cases, including comments regarding supervision compliance

Adult Community Justice Specialized Domestic Violence Caseload*



* 587 cases were under supervision by the specialized Domestic Violence Parole/Probation Officers (PPO's) as of March 31, 1999 for a ratio of 98 offenders per PPO.

**Department of Community Justice
Proposed Juvenile Justice Domestic Violence Program
IF funded through the Governor's High Risk Crime Prevention Plan**

This proposal would address the County's long term goal of Reducing Crime. Domestic violence impacts juvenile crime in several ways: juvenile offenders may be the perpetrators of domestic violence in their families or in their interactions and relationships with other adolescents.

CURRENT SERVICE PRACTICES:

Juvenile Domestic violence offenders are handled either through Diversion or Adjudication. Diversion is a program for first time offenders in which youth are placed on a formal contract. These cases are then sent to a Family Center where the contract conditions are monitored. Adjudication is the process in which a youth is charged with a crime, has a criminal petition filed against him / her and then goes before a judge for a formal finding. If the youth pleads or is found guilty, the youth may then be placed on formal probation.

A recent count of juvenile cases indicated that from September 1998 through November 1998, 40 cases were identified as domestic violence offenses. Twenty of those were referred to Diversion and 20 were referred to adjudication and probation supervision. If these numbers are consistent throughout the year, we can assume that approximately 160 juvenile cases involving domestic violence are presented each year for adjudication and diversion. Currently these youth are referred to anger management classes. This proposal would continue to hold juvenile offenders accountable but would also allow for the provision of batterer intervention programs that are specific to domestic violence.

PROPOSED SERVICES:

Specialized Juvenile Domestic Violence Supervision:

Two Juvenile Probation staff would carry a caseload of juvenile domestic violence offenders that have been referred for adjudication. These youth would be supervised with specific requirements that include completion of intervention services for batterers. The probation staff would also maintain up-to-date information about resources available in the community for offenders and their victims and would work closely with the domestic violence intervention community to address offenders' behaviors.

Juvenile Domestic Violence Intervention:

A juvenile domestic violence intervention group would be developed jointly by Juvenile Community Justice's Skill Development Unit and local domestic violence experts. The intervention group curriculum would consist of psycho-educational and resocialization approaches. The intervention would focus on the identification and elimination of violent, power and control behaviors; the divestiture of sex-role stereotyping and gender-based values; and the adoption of equality principles and beliefs. Separate funding for this intervention plan has been requested through the Governor's Juvenile High Risk Crime Prevention Plan.

Training for Diversion, Family Center and Juvenile Counseling Staff:

Diversion and Family Center staff would participate in training regarding the cycle of violence, the impact of domestic violence on families and how to help families seek help. All of approximately 90 juvenile probation and counseling staff would receive basic training in domestic violence. This would help them to better access resources and address domestic violence on caseloads where the domestic violence is not the primary behavior that brought the juvenile to our department, yet is a principal issue in the family and is affecting the success and well being of all family members.

**Department of Community Justice
FY 1999-00 Decision Package
Adult Community Justice - Domestic Violence Unit**

1. Topic:

Several years ago, Adult Community Justice elected to centralize the majority of it's domestic violence offenders under one work unit. This enabled the Department to address the issues and problems associated with these potentially volatile offenders in a consistent manner and to provide their victims with the services and programs necessary to protect them from further abuse. Since the unit's inception, the number of clients and victims has increased significantly, requiring us to request an increase in the number of Probation and Parole Officers serving this population.

2. Department Rank: ACJ 3**3. Introduction:**

Six Probation and Parole Officers, one Corrections Counselor and two Corrections Technicians presently supervise approximately 501 offenders who are either on diversion or have been convicted of domestic violence related offenses. The Corrections Counselor offers counseling services for the offenders while the Corrections Technicians provide assistance to the victims and / or assist Probation and Parole Officers with the supervision of about 80 clients who have been deemed low risk as indicated by the Oregon Department of Corrections case management system.

4. Background, Alternatives, and Analysis:

Approximately two years ago, Adult Community Justice underwent a massive reorganization in an effort to focus its time and resources on those individuals who were classified as being at high risk to recidivate. Consequently, general caseloads were reduced from an average of 70 offenders per Probation / Parole Officer to 50. Unfortunately, the Domestic Violence Unit has failed to benefit from this endeavor as the number of their clients has continued to increase. As indicated above, six Probation / Parole Officers supervise about 501 offenders for an average of approximately 82 clients per Probation / Parole Officer. Subtracting the 80 "low risk" offenders leaves each officer with the responsibility of supervising about 70 medium and / or high risk offenders, well above the department-wide average.

Another contributing factor to the unit's workload is the fact that a large number of cases are misdemeanors and not covered under structured sanctions, thereby requiring Domestic Violence Unit officers to testify in court more often than their generalist counterparts. Also, officers spend a significant amount of time following-up with victims, making referrals to the appropriate agencies for assistance and closely monitoring client / victim contact to help reduce the potential for further abuse.

Alternatives to adding two domestic violence Probation / Parole Officers include evaluating the workload of all officers department-wide and based on the results, possibly transferring staff into the unit. This would result in an increase in the offender to Probation / Parole Officer ratio elsewhere. Additionally, we could place a cap on the number of misdemeanor cases the unit serves and redistribute those cases over the cap to generic caseloads or to Centralized Team Supervision (Casebank). Again, the result would be a shift in workload

from one locale to another. It would also be beneficial for the Department to work with the Court to explore the possibility of broadening structured sanctions to include misdemeanors.

5. Financial Impact:

The cost of the salary and benefits for two additional Probation / Parole Officers is \$131,604.

6. Evaluation:

We will continue to track the number of successful case closures and recidivism rates as indicated in our Key Results Measures.

7. Legal Issues:

N/A

8. Controversial Issues:

The additional expense allocation for supervision of unfunded cases.

9. Link to Current County Policies and Benchmarks:

This add package directly relates to the County's benchmarks of increasing public safety and reducing crime.

10. Citizen Participation:

The Citizen Budget Advisory Committee has approved this item as one of their recommended add packages.

FAMILY VIOLENCE INTERVENTION STEERING COMMITTEE

MISSION

The mission of the Family Violence Intervention Steering Committee (Committee) is to provide an inter-agency forum for developing, implementing, and assessing a coordinated response to domestic violence in Portland and Multnomah County.

OBJECTIVES

- A. To share information about local response to domestic violence in order to decrease its incidence in this community.
- B. To plan, develop, implement and monitor an integrated services model of effective intervention in domestic violence.
- C. To focus public attention on the problem of domestic violence, and to develop community resources to deter it.
- D. To propose and support legislation, ordinances, and other public policy protocols to further the objectives of the Committee.

SUB-COMMITTEES

- A. Administrative
- B. Civil Court
- C. Public Awareness
- D. Fatality Review (soon to be re-formed)
- E. Health Care Task Force
- F. Ad hoc committees: Alcohol and Drug (joint committee with criminal justice system A&D work group), Criminal Justice System Training, Deferred Sentencing Program

FUTURE PLANNING/SYSTEM DEVELOPMENT

- County strategic plan to address domestic violence
- Recommendations for 2000 public safety levy to include domestic violence funding
- Safe Start grant to expand and coordinate services to children birth to 6, who have been exposed to violence, including child abuse and domestic violence
- Local Public Safety Coordinating Council Domestic Violence Working Group project
- Multnomah County Needs Assessment Survey

1998 Oregon Domestic Violence Needs Assessment

**A Report to the Oregon Governor's
Council on Domestic Violence**

Acknowledgments

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Beverlee Venell, Director

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Oregon Human Development

Margaret Brown, Executive Director
Oregon Coalition Against Domestic
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Domestic Violence

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This study was made possible by the Oregon women who shared their experiences, and the Oregon agencies who shared their knowledge.

1998 Oregon Domestic Violence Needs Assessment

A Report to the Oregon Governor's Council on Domestic Violence

Prepared by

Barbara Glick, Ph.D, Sandy Johnson, MS, and Christine Pham, MPH
Program Design and Evaluation Services
Oregon Health Division and Multnomah County Health Department

1998 Oregon Domestic Violence Needs Assessment

Executive Summary

The 1998 Oregon Domestic Violence Needs Assessment was conducted for the Oregon Governor's Council on Domestic Violence. The overall goals of the assessment were to learn more about the scope of the problem of domestic violence in Oregon, and to inform policies and programs aimed at reducing and preventing domestic violence. Information was gathered through telephone interviews of 1,855 women (18 to 64 years of age) and mailed surveys of 365 agencies throughout Oregon. The study was designed to be representative of Oregon women and Oregon agencies. Domestic violence was defined as physical abuse by an intimate partner, and was measured using well-established assessment scales of physical assault, sexual coercion, and injury. The findings indicate that: 1) domestic violence toward women is common in Oregon; 2) victims of domestic violence try to protect themselves, but the most frequently sought sources of support and protection are not the most helpful; 3) individuals and agencies that can help victims need more information about domestic violence and knowledge of community resources than they currently have; and 4) many domestic violence-related services are unavailable or inadequate in counties throughout Oregon. The findings in brief are as follows:

■ Interviews of Oregon Women

Prevalence of Domestic Violence Toward Women in Oregon

More than 1 of every 8 (13.3% or 132,800) Oregon women 18 to 64 years of age are estimated to have been victims of physical abuse (physical assault, sexual coercion, or injury) by an intimate partner during the past year. Three of every 4 female victims experienced multiple acts of physical abuse. More than 1 of every 10 Oregon women are estimated to have been victims of physical assault. More than 1 of every 14 Oregon women are estimated to have been victims of sexual coercion. One of every 20 Oregon women is estimated to have been injured by a partner. (Population estimates are based on 1997 census projections of 998,300 women 18 to 64 years of age living in Oregon.)

1998 Prevalence and Population Estimates of Domestic Violence in Oregon		
Type of Abuse	Prevalence Estimate	Population Estimate
Physical Abuse	13.3% (1 of every 8 women)	132,800 women
Physical Assault	9.9% (1 of every 10 women)	98,800 women
Sexual Coercion	7.5% (1 of every 14 women)	74,900 women
Injury	5.0% (1 of every 20 women)	49,900 women

Prevalence of Children Who Witness Domestic Violence in Oregon

Sixty percent of Oregon children under 18 years of age living in abusive households are estimated to have seen or heard the abuse of their mothers or caregivers during the past year. This translates into more than 1 of every 6 (15% or 123,400) Oregon children who witnessed domestic violence during the past year. Two-thirds (81,400) of these children saw or heard the abuse at least once per month. (Population estimates are based on 1997 census projections of 810,700 children under 18 years of age living in Oregon.)

Characteristics of Victims of Domestic Violence

Victims of domestic violence represent all social and economic groups in both rural and urban areas of all regions of Oregon. Ninety percent of Oregon victims are white, 63% are employed, 47% have at least some college education, 43% have annual household incomes of at least \$35,000, and 39% are married. However, physically abused women are twice as likely as women who have never been abused to be 18 to 34 years of age and single, 1.6 times more likely to have a high school or less education, and 6 times more likely to receive financial assistance. The prevalence of physical abuse is highest among women 18 to 24 years of age; about 1 of every 4 women in this age group is estimated to have been physically abused during the past year. Studies which employ targeted over-sampling of Hispanic women, women of color, women with physical disabilities, and women with same sex partners are needed to understand the risk of domestic violence for these groups.¹

Physically abused women also face other challenges. When compared to women who have never been physically abused, abused women are 3 times more likely to have histories of alcohol use problems (16% versus 5%), and 9.5 times more likely to have histories of drug use problems (19% versus 2%). Abused women report twice as many days as non-abused women of feeling depressed or anxious, and of having pain limit their activities. When compared to non-abused women, abused women see health care providers nearly twice as often, are 4 times more likely to use social services, and 3 times more likely to use criminal/legal services.

Characteristics of Abusive Partners

Ninety-seven percent of the partners of abused women are male. Abusive partners represent all social and economic groups. Eighty-six percent of abusive partners are white, 80% are employed, and 37% have at least some college education. However, abusive partners are twice as likely as non-abusive partners to be 18 to 34 years of age, 4 times more likely to be unemployed, and 3 times more likely to be people of color. Abusive partners are also 2.7 times more likely than non-abusive partners to have histories of alcohol use problems (51% versus 19%), and 7 times more likely to have histories of drug use problems (29% versus 4%).

¹ Random sampling resulted in relatively few women in these groups being interviewed, because they comprise relatively small proportions of the total women in Oregon.

Efforts by Victims to Protect Themselves

More than 90% of physically abused women seek support and protection from other individuals or agencies, but the most frequently sought sources are not the most helpful. They most often turn to family or friends (80%), followed by police (35%), mental health providers (34%), and supervisors or coworkers (32%). While only 11% of women call victims' programs or shelters, they are the most likely of all sources to be supportive and respectful, provide information on services, and offer immediate help. For most physically abused women, the health care setting represents a missed opportunity to get help. Ninety-eight percent of abused women see health care providers, but only 23% of these women talk to their providers about the abuse.

Ninety-one percent of women who were abused between 2 and 10 years ago, but not during the past 2 years (survivors), are no longer in a relationship with the abusive partner. While three-fourths of these survivors sought help through more formal channels than friends or family and supervisors or co-workers, the extent to which the use of formal supports enabled women to end the abuse is unclear. Abused women who do not seek all of the help that they need from individuals and agencies often do not recognize that they might need or can get help; many are also embarrassed, worried about their safety, and concerned about what getting help might cost. Abused women who do not believe they can end the relationship are worried about their safety, their children, and about having the resources to live on their own.

Ending an abusive relationship does not always mean an immediate end to the abuse. For women who end their relationships, the abuse becomes more frequent or stays the same 25% of the time; harassment, trespassing, or stalking occurs 60% of the time. It is unclear how long the abuse continues after the relationship ends. About 1 of every 5 abused women obtains a restraining order. However, restraining orders do not always ensure safety; they are often violated, and enforced in about 60% of cases.

■ Surveys of Oregon Agencies

Domestic Violence-Related Resource and Training Needs Within Oregon Agencies

Oregon agencies face many limitations in delivering services to clients involved in domestic violence. Approximately one-half of all health care, counseling services, social services, services to special populations, and criminal/legal services agencies report having neither a designated domestic violence budget nor a designated staff member. Many agencies lack established screening protocols for clients (victims: 36%, perpetrators: 62%, children who witness: 56%), and agencies without protocols screen very low percentages of clients for involvement in domestic violence (victims: 16%, perpetrators: 10%, and children who witness: 14%). The most common reason that agencies give for not routinely screening clients is that they "don't know how to ask." All agencies indicate a need for training on multiple topics related to domestic violence. Areas of training needed include the Oregon protocol on domestic violence, new domestic violence or stalking laws, stalking, homicide, sexual assault, victim sensitivity, cultural sensitivity, crisis intervention, crime victims' compensation, restraining orders, community resources, and safety plans. Health care

agencies report the greatest overall need for domestic violence training (averaging 63% across all topics). Moreover, a high percentage of agencies of all types throughout Oregon are unaware of the availability of many domestic violence-related services in their counties for victims, perpetrators, and children who witness domestic violence.

Domestic Violence-Related Service Needs of Counties Throughout Oregon

Agencies report that many emergency, criminal/legal, transitional, support, and health care services are either unavailable or inadequate for victims, perpetrators, and children who witness domestic violence throughout Oregon. Agencies also describe victims with special characteristics that present particular challenges (such as those with disabilities, diagnosed with mental illness, non-English speaking, cultural/ethnic minorities, and females less than 18 years of age) as not having needed or adequate services in their counties. Victims who are most difficult for agencies to help typically have multiple demographic, behavioral, and situational problems that need to be addressed (such as the need for safety, lack of job skills, isolation from family, having male children too old to stay at shelters, and partner drug use). Finally, agencies highlight public awareness campaigns and domestic violence education in K-12 schools as top priorities for community efforts to prevent or reduce domestic violence.

■ Recommendations

The findings of the 1998 Oregon Domestic Violence Needs Assessment suggest several directions for future efforts to reduce and prevent domestic violence in Oregon. Foremost among these is to employ best practices programs where possible to:

- **Increase public awareness** of domestic violence, and provide information about domestic violence resources to community members as well as to employers and employees in the workplace;
- **Provide staff training** in domestic violence for health care, counseling services, social services, services to special populations, criminal justice/legal services, and domestic violence agencies in order to improve screening, identification, response, and knowledge of community resources;
- **Enhance support services** for domestic violence victims and their children in relation to identified community needs; and
- **Educate young people** about domestic violence to address the increased risk for teens and young adults, as well as the long-term consequences of witnessing domestic violence.

1998 Oregon Domestic Violence Needs Assessment

A Report to the Oregon Governor's Council on Domestic Violence

■ Introduction

Domestic violence has become an increasingly visible problem both nationally and in communities throughout Oregon. Women who are victims of domestic violence are known to be at increased risk of health, social, and economic problems (1). Moreover, children who witness the physical abuse of their mothers or caregivers are known to be at increased risk of behavioral and developmental problems (2). In 1994, the Chief Justice of the Oregon Supreme Court and the Oregon Coalition Against Domestic and Sexual Violence convened the Oregon Council on Domestic Violence for the purposes of improving Oregon's response to domestic violence. Council workgroups were formed to establish statewide standards and protocols, and to enhance local and regional responses to domestic violence. The Data and Research Workgroup of the Oregon Council highlighted the need for systematic data on domestic violence in Oregon (3). When the Governor's Council on Domestic Violence was convened in 1996, it also determined that further efforts to improve Oregon's response to domestic violence required more information than was available. The Governor's Council recommended that an assessment be made of the magnitude and characteristics of domestic violence in Oregon.

The overall goals of the 1998 Oregon Domestic Violence Needs Assessment were to learn more about the scope of the problem of domestic violence in Oregon, and to inform policies and programs aimed at reducing and preventing domestic violence. Two groups of informants were selected from all regions of Oregon to provide the needed information: 1) women between 18 and 64 years of age, and 2) agencies in the fields of health care, social services, counseling services, services to special populations, criminal justice/legal services, and domestic violence services.

This assessment focused on women because the vast majority of victims of domestic violence are women. Women who are victims also have a high risk of injury because their perpetrators are predominantly men, and men tend to use more severe forms of physical abuse than do women. Moreover, women are overwhelmingly the victims of partner sexual coercion, and the resulting pain, injuries, and pregnancy-related problems (4). The focus on victims in this assessment does not suggest that they be held responsible for the abuse.

The Council recognizes domestic violence as a pattern of coercive behavior used by one person to control and subordinate another in an intimate relationship. These behaviors include physical, sexual, psychological, and economic abuse. However, for the purposes of this assessment, domestic violence was defined more restrictively as physical assault, sexual coercion, or injury of women by their intimate partners. The added complexity of measuring psychological and economic abuse in the context of a structured, time-limited telephone

interview was prohibitive. It should be noted that including women who were psychologically or economically abused in the absence of physical abuse would have increased the prevalence estimates provided in this study.

In recognition of the negative behavioral and developmental effects on children of witnessing domestic violence, it is now a felony in Oregon to perpetrate domestic violence in the presence of a child residing in the home when the victim is intentionally, knowingly, or recklessly injured. This assessment also sought to estimate the prevalence and frequency of childhood witnessing of the physical abuse of mothers or caregivers. However, the actual abuse of children was determined to be outside the scope of this assessment.

What were the specific objectives of the needs assessment?

The specific objectives of the needs assessment were to:

- 1) Estimate the number of Oregon women who are victims of domestic violence by their intimate partners, and the number of Oregon children who witness such victimization of their mothers or caregivers;
- 2) Identify the demographic and behavioral characteristics that may present additional challenges to women who are victims of domestic violence, and that should be considered in developing programs to prevent and reduce domestic violence;
- 3) Learn about how women try to protect themselves from domestic violence, their barriers to stopping the abuse and getting help, and their safety when they end domestic violence relationships;
- 4) Learn about the help-seeking efforts of survivors of domestic violence, and identify the demographic and behavioral characteristics of survivors that may present continued challenges;
- 5) Describe the limitations that Oregon agencies in the fields of health care, social services, counseling services, services to special populations, criminal justice/legal services, and domestic violence services have in addressing the issue of domestic violence; and
- 6) Describe the services that Oregon agencies report are needed to respond to victims of domestic violence and their children.

What methods were used to gather the information?

Information reported on women, their intimate partners, and their children was obtained through telephone interviews of 1,855 women 18 to 64 years of age. Information was gathered from women on their health, demographic characteristics, use of services, experiences with domestic violence, efforts to protect themselves and get help, substance use histories, children, and on their partners' demographic characteristics and substance use histories.

Definition of Domestic Violence for the Needs Assessment	
Physical assault Sexual coercion Injury	} <u>Physical abuse</u>

For the purposes of this assessment, the terms physical abuse and domestic violence are used interchangeably. Estimates of the prevalence of physical abuse are based on women's reports of physical assault, sexual coercion, or injury by an intimate partner. The questions were derived from a well-established domestic violence assessment scale. The findings reported here focus on 3 groups of women: 251 women who reported experiencing physical abuse during the past 12 months, 210 women who reported experiencing physical abuse between 2 and 10 years ago but not during the past 2 years (survivors),¹ and 1,002 women who reported no history of any kind of abuse.

Information on agencies was obtained from the administrators (or staff members most knowledgeable about domestic violence) of 365 agencies who responded to mailed surveys. Agencies included health care, social services, counseling services, services to special populations, criminal justice/legal services, and domestic violence programs. Information was collected from agencies on designated domestic violence resources, protocols and screening, staff training needs, service needs of individuals involved in domestic violence, and program needs of communities.

The women who were interviewed and the agencies that completed surveys were selected at random in each region of Oregon. The study was designed to be representative of Oregon women and of Oregon agencies. The findings can, therefore, be generalized to these groups. (Further details on study methods and calculation of prevalence estimates are provided in Appendix A; the 95% confidence intervals for the prevalence and population estimates are provided in Appendix B.)

¹ By chance, no women reported abuse between 1 and 2 years ago. The 10-year limit was used for best respondent recall, and to reflect the recent practices of the agencies with which women had contact.

■ Interviews of Oregon Women

What is the prevalence of domestic violence toward women in Oregon?

- ◆ More than 1 of every 8 Oregon women are estimated to have been victims of physical abuse (physical assault, sexual coercion, or injury) by an intimate partner during the past year.

1998 Prevalence and Population Estimates of Domestic Violence in Oregon		
Type of Abuse	Prevalence Estimate	Population Estimate
<u>Physical Abuse</u>	<u>13.3% (1 of every 8 women)</u>	<u>132,800 women</u>
Physical Assault	9.9% (1 of every 10 women)	98,800 women
Sexual Coercion	7.5% (1 of every 14 women)	74,900 women
Injury	5.0% (1 of every 20 women)	49,900 women

The prevalence of physical abuse of women by their partners during the past year was 13.3%. For the 998,300 women 18 to 64 years of age living in Oregon (1997 census projections), this translated into 132,800 women statewide who were physically assaulted, sexually coerced, or injured.

More than 1 of every 20 Oregon women (5.4% or 53,900) were victims of severe physical abuse by a partner during the past year. Severe physical abuse includes those acts of physical assault and sexual coercion that have a high likelihood of resulting in injury (see Appendix A).

Number of Acts of Physical Abuse Directed Toward Oregon Women During the Past Year	
Number of Acts	Women
1 act	26%
2 to 6 acts	34%
7 to 12 acts	12%
13 to 36 acts	19%
37 to 60 acts	2%
More than 60 acts	7%

The number of acts of physical abuse experienced by women during the past year ranged from 1 to 373. Three of every 4 female victims experienced multiple acts of physical abuse by a partner. More than 1 of every 4 victims experienced more than 12 acts of abuse.

- ◆ **More than 1 of every 10 Oregon women are estimated to have been victims of physical assault by a partner during the past year.**

The prevalence of physical assault of women by their partners during the past year was 9.9%. An estimated 98,800 women were physically assaulted. One of every 25 Oregon women (4.0% or 39,900) was a victim of severe physical assault by a partner during the past year.

- ◆ **More than 1 of every 14 Oregon women are estimated to have been victims of sexual coercion by a partner during the past year.**

The prevalence of sexual coercion of women by their partners during the past year was 7.5%. An estimated 74,900 women were sexually coerced by their partners. More than 1 of every 71 Oregon women (1.4% or 14,000) were victims of severe sexual coercion through threats or physical force by a partner during the past year. About 1 of every 3 physically abused women was both physically assaulted and sexually coerced by her partner.

- ◆ **One of every 20 Oregon women are estimated to have been injured by a partner during the past year.**

The prevalence of injury of women by their partners during the past year was 5.0%. An estimated 49,900 women were injured by their partners. More than 1 of every 34 Oregon women (2.9% or 28,900) were victims of severe injury by a partner during the past year. More than 1 of every 3 physically abused women were injured by their partners.

How many children of victims of domestic violence witness the abuse?

- ◆ **Three of every 5 Oregon children living in abusive households are estimated to have seen or heard the abuse during the past year.**

Oregon Children Who Witnessed Domestic Violence During the Past Year	
Children who lived in abusive Oregon households	204,200
Children who saw or heard the abuse in their homes	123,400
Children who saw or heard the abuse at least once per month	81,400
Average age of children the first time they saw or heard the abuse	7 years old

Based on the reports of women with children, an average of 2.3 children under 18 years of age were living in households where women were physically abused by a partner during the past year. For the 810,700 children under 18 years of age living in Oregon (1997 census projections), this translates into an estimated 204,200 Oregon children who were at risk of experiencing the emotional stress of living with a mother or caregiver who was abused.

Sixty percent of children living in abusive households saw or heard the abuse in their homes. This means that an estimated 1 of every 6 (15% or 123,400) Oregon children witnessed domestic violence during the past year. Moreover, nearly three-fourths of the children living in abusive households during the past year were at home when the abuse occurred, and the number of additional children who might have seen or heard the abuse without their mothers' or caregivers' knowledge is unknown.

Two-thirds (81,400) of the children who witnessed the abuse saw or heard it at least once per month. One-half of the children were under 5 years of age the first time they saw or heard the abuse. The average age of the children the first time they saw or heard the abuse was 7 years.

How does the prevalence of domestic violence in Oregon compare to the national prevalence of domestic violence?

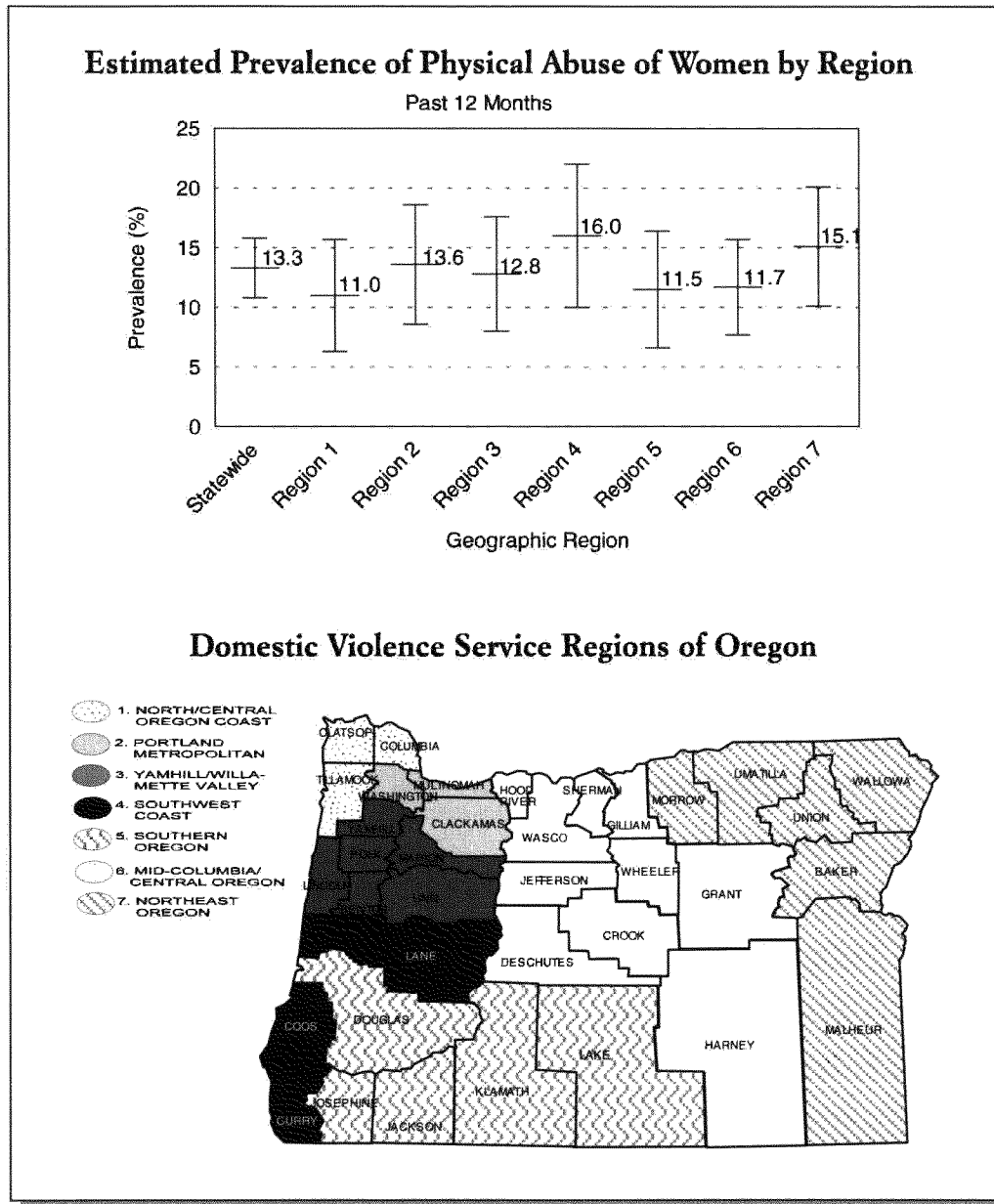
- ◆ **The prevalence of domestic violence in Oregon is comparable to the national prevalence of domestic violence as estimated in similar studies.**

Recent national studies most similar in methodology to the 1998 Oregon Domestic Violence Needs Assessment have focused on physical assault. The prevalence estimates of physical assault in these studies range from 1 out of every 9 women to 1 out of every 12 women (5). The Oregon estimate for physical assault of 1 out of every 10 women falls within the range of the national estimates. (Data from national studies are provided in Appendix C.)

Based on a 1991 report of a representative national sample of women and men (6), an estimated 10 million of the 64.2 million children under 18 years of age in the United States (1990 census data) were exposed to domestic violence during the year. This national estimate of 16% is comparable to the Oregon estimate of 15% of children exposed to domestic violence.

Who are the women in Oregon who are victims of domestic violence?

- ◆ Victims of domestic violence live in all geographic regions of Oregon, and the prevalence of domestic violence does not differ significantly across regions.



The geographic distribution of physically abused women was examined in relation to the 7 domestic violence service regions defined by the Oregon Coalition Against Domestic and Sexual Violence. The prevalence of physical abuse ranged from 11.0% to 16.0% across the 7 regions, but the extensive overlap of the margins of error for the regional estimates indicated that there were no significant regional differences.²

² Vertical bars on the graph show the margins of error (or confidence intervals) for the prevalence estimates for each region.

- ◆ Victims of domestic violence represent all social and economic groups. The majority of victims are white and employed; many have at least some college education, have annual household incomes of \$35,000 or more, and are married.

Social and Economic Characteristics of Oregon Women		
Characteristic	Physically Abused Women	Women with no History of Physical Abuse
<u>Age</u>		
18-34 years	58%	31%
35-64 years	42%	69%
<u>Marital status</u>		
Single	61%	28%
Married	39%	72%
<u>Race</u>		
Non-white	10%	6%
White	90%	94%
<u>Ethnicity</u>		
Hispanic	10%	2%
Non-Hispanic	90%	98%
<u>Education</u>		
High school or less	53%	33%
Some college education	47%	67%
<u>Employment status</u>		
Unemployed	9%	4%
Employed	63%	66%
Not seeking work	28%	30%
<u>Adult & Family Services assistance (AFS)³</u>		
Yes	21%	6%
No	79%	94%
<u>Financial assistance (not AFS)⁴</u>		
Yes	25%	4%
No	75%	96%
<u>Annual household income</u>		
< \$35,000	57%	39%
≥ \$35,000	43%	61%
<u>Children in the household</u>		
Yes	66%	47%
No	34%	53%
<u>Rural/Urban status</u>		
Rural	37%	44%
Urban	63%	56%

³ AFS is the Division of the Oregon Department of Human Resources that provides assistance such as food stamps, financial help, childcare, and employment training.

⁴ Includes free or low cost food, childcare, employment training, and financial help of any kind including rent, house payments, or utility bills from any agency other than AFS.

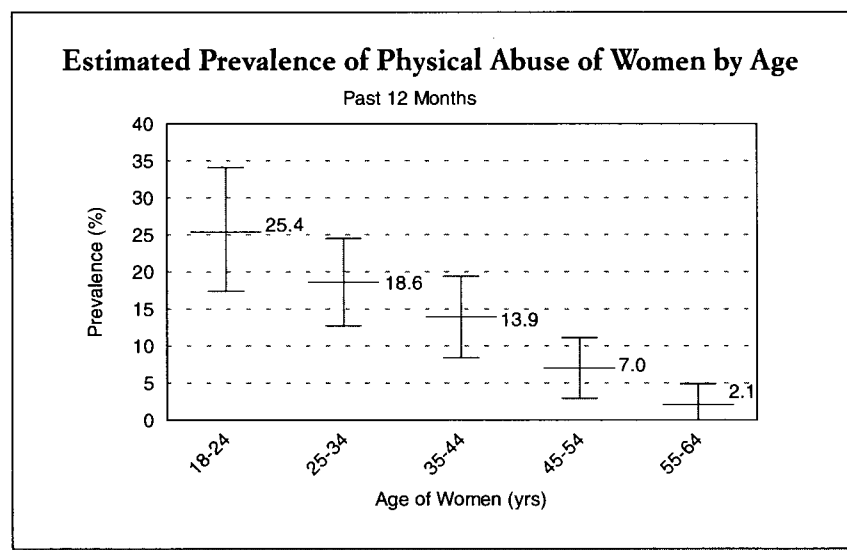
Partner physical abuse occurred among women of all social and economic groups. For example, 90% of physically abused women were white, 63% were employed, 47% had at least some college education, 43% had annual household incomes of \$35,000 or more, and 39% were married.

- ◆ **Young and single women, women with a high school or less education, as well as women in need of financial assistance are over-represented among victims of domestic violence.**

Physically abused women were about twice as likely as women who had never been abused to be 18 to 34 years of age (58% versus 31%) and single (61% versus 28%). Physically abused women were 1.6 times more likely than women who had never been abused to have a high school or less education (53% versus 33%), and 6 times more likely to have received financial assistance from sources other than Adult and Family Services (25% versus 4%).

Physically abused women were also more likely to receive assistance from Adult and Family Services, to have annual household incomes of less than \$35,000, and to have children than women who had never been abused. However, these characteristics were more closely associated with being young, single, and having a high school or less education than with being physically abused.

- ◆ **The prevalence of physical abuse is highest among women 18 to 24 years of age.**



About 1 of every 4 women 18 to 24 years of age was physically abused during the past year. The prevalence of physical abuse decreased more than twelve-fold between ages 18 to 24 years and 55 to 64 years (from 25.4% to 2.1%). Moreover, younger women experienced more physical abuse of all types than did older women, including physical assault, sexual coercion, and injury.

- ◆ **Since relatively few Hispanic women, women of color, women with physical disabilities, and women with same sex partners were interviewed, further studies are needed to understand the risk of domestic violence among these groups.**

Hispanic women appeared to be over-represented among physically abused women. While 10% of physically abused women were Hispanic, only 2% of non-abused women were Hispanic. However, conclusions regarding domestic violence and Hispanic ethnicity should be tentative. While the proportion of Hispanic women who completed the interviews was representative of the statewide Hispanic population (5%), the actual number of Hispanic women interviewed was small ($n = 92$). Moreover, physical abuse of Hispanic women may be more closely associated with other characteristics such as younger age and lower education level than with ethnicity.

The proportion of women of color (African American, Asian/Pacific Islander, and American Indian/Alaskan Native) interviewed was representative of the statewide non-white population (7%). The small numbers of individuals within these groups prevent any conclusions, and the risk of domestic violence for these groups should be assessed through targeted over-sampling.

The proportion of women with physical disabilities⁵ was somewhat higher among physically abused women than women with no history of abuse (10% versus 5%). This apparent difference is noteworthy, because relatively few of the women with disabilities were under age 35 ($n = 35$ of 136), and these women had a much higher prevalence of physical abuse than women over age 35. While this is suggestive of an increased risk of physical abuse for women with physical disabilities, the risk should be assessed in a larger sample that allows an examination of the influence of age.

Women who reported having female partners comprised less than 1% ($n = 14$) of the total interviews; 2 of these women reported abuse by a female partner during the past year, and 2 reported abuse by a previous female partner.

What are some of the other challenges faced by women who are victims of domestic violence?

- ◆ **Victims of domestic violence have relatively high rates of histories of alcohol and drug use problems; these rates are highest among victims of severe physical abuse.**

When compared to women who had never been abused, physically abused women were 3 times more likely to have self-reported histories of alcohol use problems (16% versus 5%), and 9.5 times more likely to have histories of drug use problems (19% versus 2%). The likelihood of having histories of substance use problems was even higher for women who experienced severe physical abuse; 28% of severely abused women had self-reported histories of alcohol use problems, and 26% had histories of drug use problems.

⁵ Women with physical disabilities included those who said they needed help with personal care or routine needs because of an impairment or health problem.

◆ **Victims of domestic violence have relatively high numbers of days of feeling depressed or anxious, and of having pain limit their activities.**

When asked about the past 30 days, physically abused women reported twice as many days of being sad or depressed (8 days versus 4 days), being nervous or anxious (13 days versus 6 days), and of having pain limit their daily activities (4 days versus 2 days) as women who had never been abused.

◆ **Victims of domestic violence have relatively high levels of health care, social services, and criminal/legal services utilization.**

Nearly 100% of all women used health care services during the past year, but physically abused women used health care 1.8 times more often than women who had never been abused. Physically abused women saw a health care provider an average of 16 times during the past year, while women who had never been abused saw a health care provider an average of 9 times during the same time period. Health care providers included doctors, nurses, dentists, and counselors in offices, emergency rooms, alternative health care settings, mental health care offices, and alcohol and drug treatment programs.

Physically abused women were 4 times more likely than non-abused women to use social services. While 33% of physically abused women reported using social services, only 8% of women who had never been abused reported using these services. Social services included assistance from Adult and Family Services, financial assistance from other agencies, and victims' programs or shelters.

Physically abused women were also 3 times more likely than non-abused women to use criminal/legal services. While 33% of physically abused women reported using criminal/legal services, only 11% of women who had never been abused reported using these services. Criminal/legal services included police, courts, and free or low-cost legal services.

Who are the perpetrators of domestic violence toward women in Oregon?

- ◆ **The overwhelming majority of physically abusive partners are male.**

Based on the reports of women, 97% of the partners of physically abused women were male.

- ◆ **Abusive partners represent all social and economic groups. The majority of abusive partners are white and employed; many have at least some college education.**

Social and Economic Characteristics of the Partners of Oregon Women		
Characteristic	Abusive Partners	Non-Abusive Partners
<u>Age</u>		
18-34 years	57%	29%
35-64 years	43%	71%
<u>Race</u>		
Non-white	14%	5%
White	86%	95%
<u>Ethnicity</u>		
Hispanic	12%	7%
Non-Hispanic	88%	93%
<u>Education</u>		
High school or less	63%	36%
Some college education	37%	64%
<u>Employment status</u>		
Unemployed	12%	3%
Employed	80%	83%
Not seeking work	8%	14%
<u>Adult & Family Services assistance (AFS)</u>		
Yes	14%	8%
No	86%	92%
<u>Financial assistance (not AFS)</u>		
Yes	16%	9%
No	84%	91%

Abusive partners represented all social and economic groups. For example, 86% of the partners of physically abused women were white, 80% were employed, and 37% had at least some college education.

- ◆ **Young and unemployed people, as well as people of color are over-represented among abusive partners.**

Abusive partners were twice as likely as non-abusive partners to be 18 to 34 years of age (57% versus 29%), 4 times more likely to be unemployed (12% versus 3%), and nearly 3 times more likely to be people of color (14% versus 5%).

Abusive partners were also more likely than non-abusive partners to have a high school or less education. However, education level was more closely associated with being young, unemployed, and being a person of color than with perpetrating physical abuse.

How common are alcohol and drug use problems among perpetrators of domestic violence?

- ◆ **Abusive partners have relatively high rates of alcohol and drug use problems; these rates are highest among perpetrators of severe physical abuse.**

Abusive partners were 2.7 times more likely than non-abusive partners to have histories of alcohol use problems (51% versus 19%), and 7 times more likely to have histories of drug use problems (29% versus 4%). The likelihood of having histories of substance use problems was even higher for perpetrators of severe physical abuse. About 62% of perpetrators of severe physical abuse had histories of alcohol use problems, and 48% had histories of drug use problems.

How often does domestic violence occur during pregnancy?

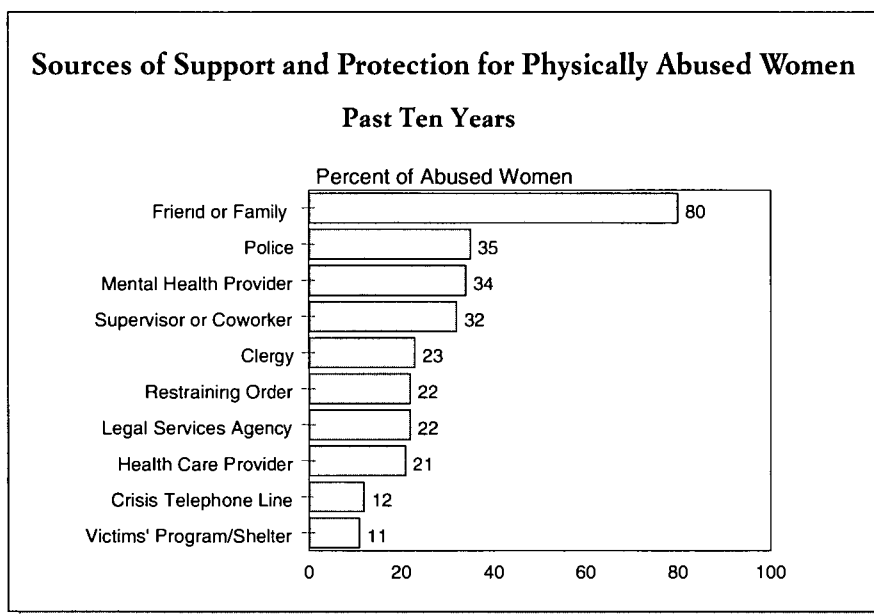
- ◆ **About one-half of women who are in physically abusive relationships when they become pregnant continue to experience abuse. Most of these women experience abuse at least once a month during pregnancy.**

Frequency of Physical Abuse During Pregnancy Among Oregon Women Abused During the Past Ten Years			
During Pregnancy		During Pregnancy Compared to Other Times	
Frequency	Abused Women	Frequency	Abused Women
1 to 7 times/week	35%	Less frequent	47%
1 to 3 times/month	28%	About the same	35%
Every other month or less	37%	More frequent	18%

Fifty-three percent of women who were physically abused during the past 10 years were also abused during their pregnancies. Sixty-three percent of these women were abused at least once a month during their pregnancies. The abuse was at least as frequent during pregnancy as at other times for 53% of these women.

What do women do to protect themselves from domestic violence?

- ◆ The overwhelming majority of physically abused women seek outside support and protection. They most often turn to friends and family, police, mental health care providers, and supervisors or co-workers.



More than 90% of women who had been physically abused during the past 10 years sought support and protection from other individuals or agencies. These women turned most often to friends and family (80%), followed by police (35%), mental health providers (34%), and supervisors or co-workers (32%). Sixty-four percent of abused women sought support and protection through more formal channels than friends or family and supervisors or co-workers.

- ◆ Victim's programs or shelters and crisis telephone lines are used relatively infrequently, but are the most likely of all sources to be supportive and respectful, provide information on services, and offer immediate help to physically abused women.

Women's Perceptions of Individual and Agency Responses During the Past Ten Years			
Sought Support and Protection from	Acted Supportive/ Respectful (%)	Provided Information on Services (%)	Offered Immediate Help (%)
Friends or Family	93	24	30
Police	63	35	26
Mental Health Provider	93	55	19
Supervisor or Co-worker	87	34	20
Clergy	89	35	23
Legal Services Agency	82	35	23
Health Care Provider	89	65	34
Crisis Telephone Line	99	90	36
Victims' Program/Shelter	92	85	76

Shading represents top three most favorable responses.

While relatively few women called victims' programs and shelters (11%) or crisis telephone lines (12%) during the past 10 years, these sources of help were perceived by women to be among the most supportive and respectful of all (92% and 99%, respectively), the most likely to provide information on services (85% and 90%, respectively), and the most likely to offer immediate help (76% and 36%, respectively).

Although physically abused women frequently turned to friends and family and to supervisors and coworkers for help, these sources were the least likely to provide information on services available for abused women (24% and 34%, respectively), and not highly likely to offer immediate help (30% and 20%, respectively).

Police were the second most frequently sought source of help for physically abused women. However, they were the least likely to be perceived as supportive and respectful (63%), one of the least likely to provide information on services (35%), and not highly likely to offer immediate help (26%).

Mental health providers were the third most frequently sought source of help. They were perceived by the majority of women to be supportive and respectful (93%), but were as likely as not to provide information on services (55%) and the least likely of all sources to offer immediate help (19%).

- ◆ For most physically abused women, the health care setting represents a missed opportunity to get help. Nearly all abused women see health care providers, but few talk to their providers about the abuse.

Ninety-eight percent of women physically abused during the past year saw health care providers, but only 23% talked to their providers about their partners' abusive behaviors. Of women abused during the past 10 years who talked to their providers about the abuse, the majority (65%) received information on services.

What barriers do women face when they seek support and protection from others or try to end a domestic violence relationship?

- ◆ Women who do not seek all of the help that they need from individuals and agencies often do not recognize that they might need or can get help; many are embarrassed, worried about their safety, and concerned about what getting help might cost.

Barriers to Seeking Outside Help During the Past Ten Years	
Barrier	Abused Women
Thought they did not need help	70%
Felt embarrassed	55%
Feared more abuse by partner	44%
Thought no one could help	41%
Cost of services	34%

Among women who did not seek all of the help that they needed.

Thinking they did not need help because they could handle it on their own (70%), embarrassment (55%), fear that their partner would become angry and abuse them again (44%), thinking no one could help (41%), and the cost of services (34%) were the most frequent reasons given by women physically abused during the past 10 years for not seeking all of the outside help that they needed.

When asked why they did not seek all of the help that they needed, women who expressed their concerns said:

I don't need help.

I was really young, and didn't know I needed help.

Didn't want anyone to know, embarrassed and scared.

He had me convinced that there was nobody that would help me, and nobody would believe me.

Did not know there was someone out there to help.

I was afraid of him finding out and being beaten again.

Basically because he kept tabs on me. It was hard to get away to do that. Very possessive, and if he found out that might push him over the edge.

Couldn't afford it.

- ◆ **Women who do not believe they can end the relationship are worried about their safety, their children, and about having the resources to live on their own.**

Barriers to Ending the Relationship During the Past Ten Years	
Barrier	Abused Women
Feared more abuse by partner	84%
Partner would take children	62%
Would not have enough money	61%
Would have no place to live	48%

Among women who did not believe they could end the relationship.

Fear that their partners would become angry and abuse them again (84%), their partners would take their children (62%), they might not have enough money (61%), and they would have no place to live (48%) were the most frequent reasons given by women physically abused during the past 10 years who felt they could not end their relationships.

When asked why they felt they couldn't end their relationships, women who expressed their concerns said:

Increasing the violence. He wouldn't accept a no, and he wouldn't go through with the fact that I was leaving.

Whether or not I would walk away alive.

I was pregnant, I thought that he would hurt the baby and my family.

Just the kids. He'll take them, that's it, really.

Where was I going to live? What was I going to do for money?

I didn't know how to drive; had never been allowed to. I had no job, income. I had lived a very isolated life. I was afraid about that.

I worry about being alone. Finances, raising the kids alone, supporting myself.

What do we know about survivors of domestic violence?

- ◆ **The vast majority of survivors of physical abuse sought support and protection from others, and ending the relationship was the most frequently used means of ending the abuse.**

Three-fourths of women who had experienced physical abuse between 2 and 10 years ago but not during the past 2 years (survivors) sought help through more formal channels than friends or family and supervisors or co-workers. The most frequently sought sources of help for survivors were police (48%), mental health providers (42%), restraining orders (36%), legal services (31%), and clergy (31%). Relatively few survivors used victims' programs or shelters (17%), and crisis telephone lines (16%).

Ninety-one percent of survivors were no longer in a relationship with the abusive partner. The extent to which use of outside support services enabled women to end the abuse is unclear. While further studies are needed to understand the effectiveness of support services, it is clear that a very high percentage of women who were no longer abused had sought help and ended their relationships.

- ◆ **Survivors of physical abuse continue to face substance use, health, and economic challenges.**

Survivors of physical abuse were nearly 4 times more likely than women who had never been abused to have self-reported histories of alcohol use problems (19% versus 5%) and 6.5 times more likely to have histories of drug use problems (13% versus 2%). When asked about the past 30 days, survivors reported 1.5 times as many days of being nervous or anxious as women who had never been abused (9 days versus 6 days). Survivors were also nearly 3 times more likely than women who had never been abused to receive assistance from Adult and Family Services (17% versus 6%), and 4 times more likely to receive financial assistance from other sources (17% versus 4%).

How safe are women who end a domestic violence relationship?

- ◆ **Ending the relationship does not always mean an immediate end to the abuse.**

For women who were physically abused during the past 10 years and who ended the relationship, the abuse became more frequent or stayed the same 25% of the time; harassment, trespassing or stalking occurred 60% of the time. Data were not available on how long these behaviors continued after the relationship ended.

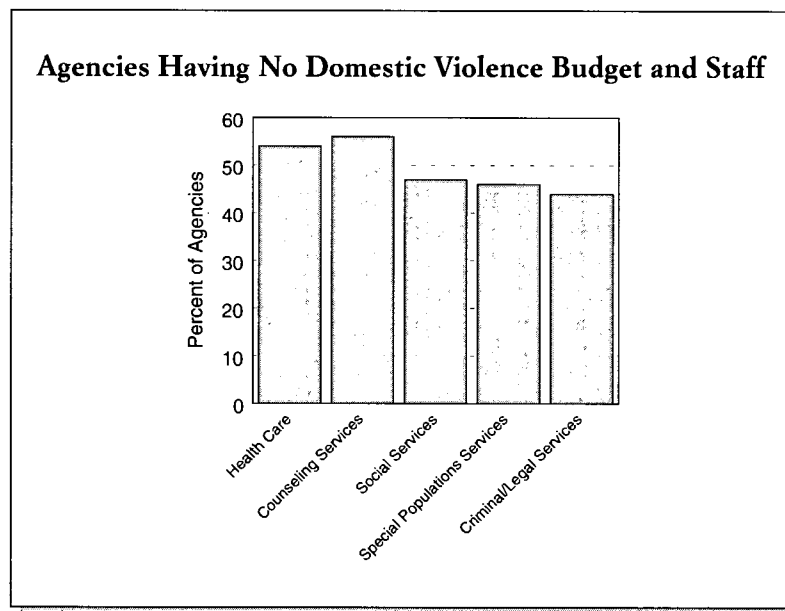
- ◆ **Restraining orders do not always ensure safety; they are often violated, and not always enforced.**

Twenty-two percent of abused women physically abused during the past 10 years obtained restraining orders against their partners. However, restraining orders were violated for 62% of these women. Three-fourths of those who reported restraining order violations reported multiple violations. The police were called at least once to enforce the violated restraining orders by 65% of women. Police confronted perpetrators or tried to enforce the restraining orders for 58% of the women who reported violations.

■ Surveys of Oregon Agencies

What are the limitations that many Oregon agencies have in delivering services to clients involved in domestic violence?⁶

- ◆ **Approximately one-half of all agencies have neither a designated domestic violence budget nor a designated staff member⁷.**



Between 44% and 56% of health care, counseling services, social services, services to special populations (children, ethnic groups, seniors, women, disabled, and gays/lesbians), and criminal/legal services across the state reported having neither a designated budget nor a designated staff member for domestic violence.

⁶ Information presented on agency services in this assessment was obtained from the agencies.

⁷ A domestic violence staff member could be one who takes on this responsibility as part of a more broadly defined position.

- ◆ The lack of established screening protocols in many agencies results in inadequate screening of clients for involvement in domestic violence.

Agencies NOT Having Established Domestic Violence Screening Protocols for Clients	
	Agencies
For asking whether they were victims	36%
For asking whether they were perpetrators	62%
For asking whether their children had witnessed	56%

Many agencies reported not having a protocol for asking clients whether they were victims (36%) or perpetrators (62%), or whether their children had witnessed domestic violence (56%).

Agency Reports of Clients NOT Asked About Involvement in Domestic Violence	
	Clients
Not asked whether they were victims	49%
Not asked whether they were perpetrators	67%
Not asked whether their children had witnessed	63%

Agencies reported that many of their clients were not asked whether they were victims (49%) or perpetrators (67%), or whether their children had witnessed domestic violence (63%).

Clients Screened for Domestic Violence in Relation to Having an Established Protocol		
	Protocol	No Protocol
Clients asked whether they were victims	71%	16%
Clients asked whether they were perpetrators	70%	10%
Clients asked whether their children had witnessed	68%	14%

The percentages of clients screened for involvement in domestic violence were highest among agencies with established screening protocols. Agencies with established protocols were more likely than agencies without established protocols to screen for victims (71% versus 16%), perpetrators (70% versus 10%), and children who had witnessed domestic violence (68% versus 14%).

◆ **Agency staff need training and support for screening clients for involvement in domestic violence.**

The top three reasons reported by agencies for not routinely asking all clients about domestic violence were that: "they didn't know how to ask," "there was not enough time to ask," and "they were afraid of offending by asking."

◆ **The staff at more than one-half of agencies providing health care, counseling services, social services, and services to special populations do not receive training in many areas of domestic violence.**

Areas of Domestic Violence Training NOT Received by Agency Staff						
	Percent of Agencies Reporting Training Not Received					
Area	Health Care	Counseling Services	Social Services	Special Populations	Criminal/Legal	Domestic Violence
Oregon protocol on DV	60	56	56	55	26	21
New DV or stalking laws	70	70	60	60	17	19
Stalking	86	78	73	74	33	35
Homicide	94	72	88	88	40	79
Sexual assault	54	55	56	70	28	11
Victim sensitivity/support	48	56	38	44	34	13
Cultural sensitivity	49	33	45	41	35	13
Crisis intervention	43	28	49	35	41	7
Crime victim's compensation	90	77	86	80	54	39
Protective/restraining orders	77	71	62	47	27	10
Community resources	37	39	25	38	31	7
Safety plans	51	55	44	52	43	3

Shading represents the top five most frequently reported areas of training not received.

Agencies of all types reported that their staff had not received training in areas related to domestic violence. On average, nearly twice as many agencies providing health care (63%), counseling (58%), social services (57%), and services to special populations (57%) reported not receiving training in domestic violence as did criminal/legal services (34%) and domestic violence programs (21%).

- ◆ Agency staff need increased knowledge about the availability of specific domestic violence-related services in their counties for victims, perpetrators, and children who witness domestic violence.

Top Five Services for Victims that Agencies Do Not Know About	
	Agencies
Victims' financial assistance (through criminal/legal services)	37%
Transitional financial assistance	35%
Transitional transportation	34%
Supervised child visitation	31%
Long-term mental health care	29%
Case management	29%

From a list of 29 services for victims of domestic violence, the top five most frequently reported by agencies as "availability unknown" in their counties were victims' financial assistance (through criminal/legal services, 37%), transitional financial assistance (35%), transitional transportation (34%), supervised child visitation (31%), long-term mental health care (29%), and case management (29%).

Top Five Services for Perpetrators that Agencies Do Not Know About	
	Agencies
Lethality assessments	75%
Criminal justice supervision of all DV offenders	62%
Case management	61%
Criminal justice supervision of offenders who violate restraining orders	59%
Specially trained probation officers	58%

From a list of 14 services perpetrators of domestic violence, the top five most frequently reported by agencies as "availability unknown" in their counties were lethality assessments (75%), supervision of domestic violence offenders (62%), case management (61%), supervision of offenders who violate restraining orders (59%), and specially trained probation officers (58%).

Top Three Services for Children Who Witness Domestic Violence That Agencies Do Not Know About	
	Agencies
Supervised child visitation	35%
Long-term mental health care	34%
Support/education groups	34%

From a list of 7 services identified for children who witness domestic violence, the top three most frequently reported by agencies as "availability unknown" in their counties were supervised child visitation (35%), long-term mental health services (34%), and support/education groups (34%).

What do Oregon agencies say is needed to respond to domestic violence?

- ◆ **Emergency services, criminal justice/legal services, transitional services, support services, and health care services that are unavailable or inadequate for victims in their counties should be implemented or increased.**

Top Five Services <i>Not Available but Needed</i> for Victims of Domestic Violence by Region of Oregon							
	Region						
Service	1	2	3	4	5	6	7
Emergency Services							
24-Hour crisis counseling		5					
Shelter/safehome	2					3	5
Transportation			5		2	4	3
Criminal Justice/Legal Services							
Law enforcement unit for DV	4		1	3	1	2	
Legal aid/advice						5	
Victims' financial assistance		3	2		4		2
Transitional Services							
Case management		4			5		
Transitional/low income hsg	5			1	3		
Financial assistance			3	2			
Transportation			4				1
Job training		1					
Support Services							
Support/education groups		5					
Family mediation	4	5		5		1	4
Parenting classes		5					
Childcare		2					
Health Care Services							
Medical	3						
Long-term mental health	1			4	2		

Regional groupings of counties are provided on page 7.

Duplicated rankings indicate ties; the 12 services not selected by agencies are omitted here.

Agencies ranked the top five (of 29) services that were not available but needed and those that were available but inadequate for victims of domestic violence in their counties. Services ranked among the top five as not available but needed in at least three regions of Oregon were shelter/safehome, emergency transportation, law enforcement unit for domestic violence, victims' financial assistance (through criminal justice services), transitional/low-income housing, family mediation, and long-term mental health care.

Top Five Services Available but Inadequate for Victims of Domestic Violence by Region of Oregon							
	Region						
Service	1	2	3	4	5	6	7
Emergency Services							
Shelter/safehome	3	1	1	2	1	3	
Transportation		5		4			
Criminal Justice/Legal Services							
Police intervention					4		
Legal aid/advice			3	5		4	3
Victims' financial assistance		4					
Transitional Services							
Transitional/low income hsg	1	2	2	1	3	1	1
Financial assistance				3			
Transportation							2
Support Services							
Support/education groups	4						
Parenting classes						2	
Childcare		4			5		
Health Care Services							
Short-term mental health	5		4				5
Long-term mental health					2		4
Alcohol and drug treatment	2	3	5			5	

Regional groupings of counties are provided on page 7.

The 14 services not selected by agencies are omitted here.

Services ranked among the top five by agencies as available but inadequate for victims in at least three regions of Oregon were shelter/safehome, legal aid/advice, transitional/low income housing, short-term mental health care, and alcohol and drug treatment. Agencies within a single region sometimes reported services being both not available and inadequate. This reflects the variation of service availability between the counties within a region.

- ◆ **Victims with special characteristics that may present particular challenges (such as disabilities) often do not have needed or adequate services in their counties. The needs of these victims should be addressed.**

Top Five Groups of Domestic Violence Victims Not Having Needed or Adequate Services by Region of Oregon							
	Region						
Group	1	2	3	4	5	6	7
Disabled (physically disabled, hearing impaired, sight impaired)	1	5		2	3	1	1
Mentally retarded			4				3
Diagnosed with mental illness	3		2	3	1	4	
Non-English speaking	2	1	3	1	2	5	2
Migrant farm workers		3	5				
Cultural/ethnic minorities		2		4			5
Lesbians/homosexuals/bisexuals					4		
Pregnant women						2	
Females age <18 years	4	4	1			3	4
Males	5			5	5		

Regional groupings of counties are provided on page 7.
The 3 groups not selected by agencies are omitted here.

Agencies ranked the top five (of 13) groups of domestic violence victims not having needed or adequate services in their counties. Groups of victims ranked among the top five as not having needed or adequate services in at least three regions of Oregon were victims who were disabled, diagnosed with mental illness, non-English speaking, cultural/ethnic minorities, females less than 18 years of age, and males.

- ◆ **Victims of domestic violence who are most difficult to help often have multiple demographic, behavioral, and situational problems. Agencies need to be able to address these multiple problems when victims seek services.**

Agencies were asked to describe the demographic, behavioral, and situational characteristics of the domestic violence victims who were most difficult to help. The descriptions often included multiple problematic characteristics of victims and abusers. For example, a domestic violence agency noted a victim's fear for her life, need for safety, male children too old to be accepted into shelters, concern over separation from her partner, cognitive disabilities, and partner drug use problems:

One of our clients is a young mother of two boys. Her husband has threatened to kill her if she ever leaves him or takes the kids. He is also on drugs. She is too afraid to leave and wants the police to arrest him on drug charges so he will be in jail away from her. She will not turn him in

for abuse because when he gets out he may kill her. She will not go into shelter because her boys are 11 and 10 and they cannot stay in shelter with her. The boys have to go somewhere else and she will not be separated from her boys. She also has disabilities as to understanding and learning.

A criminal/legal services agency described victims most difficult to help as having low education and lack of job skills, fear of being believed, fear for safety (even in the context of a restraining order), isolation from family and friends, perceptions of negative family responses, abuse that is not visible, abuser notions of control and position, and abuser not being the father of the victim's children:

This is a woman between the ages of 25 and 40 with several small children. The children may or may not be the children of her current abusive husband/ boyfriend. She has a high school education, but has never worked and has no job skills. The violence is done in such a manner that marks don't show or are easily excusable. The husband is either a member of the "good old boy" network who believes that a routine beating is the only way to keep a wife in line, or he is an outstanding member of his church and community. No one wants to believe her or her story. She feels safer with him in the house where she can keep an eye on him, rather than having him out in the community, even with restraining order in place. She has had contact with the shelter program, but feels that even their safe house wouldn't be safe enough. Extended family is not a resource because they live some distance away and the perpetrator has effectively isolated the whole family from most friends and relatives. The extended family attitude is one of "you made your bed, now you lie in it." There appears no way out. We usually get involved when a friend or neighbor calls 911.

A health care agency described problems assisting poorly educated pregnant and parenting women who are socially and geographically isolated in areas with limited law enforcement and affordable housing:

Domestic violence issues are difficult due to the barriers that currently exist: Isolation (due to rural community - no public transportation); no phones in home; low education; lack of law enforcement; lack of affordable housing. All of these become restraints when dealing with a pregnant high risk mom with three children impacted by no social/family support.

Several agencies noted victims most difficult to serve as being non-English speaking, experiencing long-term abuse, and being unable to leave because of lack of resources and illegal status:

Non-English speaking, undocumented pregnant woman, or with children, no job, no resources, no help in her community (health care agency).

Non-English speaking victims (primarily Hispanic) are often completely dependent on the abuser financially and emotionally. They may have non-legal status in this country and therefore may be ineligible for many social service programs (criminal/legal services agency).

Spanish speaking individuals who have repeatedly returned to their boyfriends/ husbands after domestic violence and have limited educational level, job skills, financial means to provide for themselves (children's services agency).

- ◆ Emergency services, criminal justice/legal services, transitional services, support services, and health care services that are unavailable or inadequate for perpetrators in their counties should be implemented or increased.

Top Five Services <i>Not Available but Needed</i> for Perpetrators of Domestic Violence by Region of Oregon							
	Region						
Service	1	2	3	4	5	6	7
Emergency Services							
24-Hour crisis counseling	3				3	5	3
Criminal Justice Services							
Specially trained probation officers					4	4	5
Specially trained police intervention unit	4	5	1	2	5	1	4
Specially trained members of DA's office			2				
Lethality assessments	5			4			1
Supervision of offenders who violate restraining orders	1	2		3	2	3	
Supervision of all DV offenders	2	1		1	1	2	2
Transitional Services							
Case management		4					
Support Services							
Parenting classes			5				
Health Care Services							
Batterer interventions			3				
Short-term mental health		3					
Long-term mental health			4	5			

Regional groupings of counties are provided on page 7.

The 2 services not selected by agencies are omitted here.

Agencies ranked the top five (of 14) services that were not available but needed and those that were available but inadequate for perpetrators of domestic violence in their counties. Services ranked among the top five as not available but needed for perpetrators in at least three regions of Oregon were 24-hour crisis counseling, specially trained probation officers, specially trained police intervention unit, lethality assessments, criminal justice supervision of domestic violence offenders who violate restraining orders, and criminal justice supervision of all domestic violence offenders.

Top Five Services Available but Inadequate for Perpetrators of Domestic Violence by Region of Oregon							
	Region						
Service	1	2	3	4	5	6	7
Emergency Services							
24-Hour crisis counseling				1			
Criminal Justice Services							
Specially trained probation officers		4					5
Supervision of offenders who violate restraining orders			1		4	4	
Supervision of all DV offenders	5		4	2			4
Transitional Services							
Case management		5			5		
Support Services							
Parenting classes	5	2	3			1	
Supervised child visitation	4						
Health Care Services							
Batterer interventions	2	1		3	2		
Short-term mental health	3		2	5	1	5	2
Long-term mental health			5	4	3	3	1
Alcohol and drug treatment	1	3				2	3

Regional groupings of counties are provided on page 7.

Duplicated rankings indicate ties; the 3 services not selected by agencies are omitted here.

Services ranked among the top five by agencies as available but inadequate for perpetrators of domestic violence in at least three regions of Oregon were criminal justice supervision of offenders who violate restraining orders, criminal justice supervision of all domestic violence offenders, parenting classes, batterer interventions, short-term mental health care, long-term mental health care, and alcohol and drug treatment.

- ◆ **Counseling, support, and protective services that are unavailable or inadequate for children who witness domestic violence in their homes should be implemented or increased.**

Top Three Services <i>Not Available but Needed</i> for Children Who Have Witnessed Domestic Violence by Region of Oregon							
	Region						
Service	1	2	3	4	5	6	7
Crisis counseling	2	1	1		3		1
Long-term mental health services	3	2	3	2	1	2	
Information/referral services							2
Support/education groups	1	3		1	2	1	
Supervised child visitation			2	3		3	3

Regional groupings of counties are provided on page 7.
The 2 services not selected by agencies are omitted here.

Agencies ranked the top three (of 7) services that were not available but needed and those that were available but inadequate for children who witnessed domestic violence. Services ranked among the top three as not available but needed for children in at least three regions of Oregon were crisis counseling, long-term mental health care, support/education groups, and supervised child visitation.

Top Three Services <i>Available but Inadequate</i> for Children Who Have Witnessed Domestic Violence by Region of Oregon							
	Region						
Service	1	2	3	4	5	6	7
Crisis counseling	2	1	2	1		2	2
Short-term mental health services	1				1	1	3
Long-term mental health services		2	3	2		3	1
Support/education groups	3				3		
Child protective services		3	1	3	2		

Regional groupings of counties are provided on page 7.
The 2 services not selected by agencies are omitted here.

Services ranked among the top three by agencies as available but inadequate for children in at least three regions of Oregon were crisis counseling, short-term mental health care, long-term mental health care, and child protective services.

- ◆ **Public awareness campaigns, domestic violence education, and domestic violence training for social services and criminal/legal services personnel should be implemented or increased.**

Top Three Programs <i>Not Available but Needed</i> For Communities by Region of Oregon							
	Region						
Program	1	2	3	4	5	6	7
Public awareness campaigns on DV			2	2	3	2	
DV education programs in schools (K-12)	1	1	1	1	1	1	2
DV training for social services providers		3					
DV training for law enforcement			3				3
DV training for judicial system personnel	2						1
DV training for clergy					2		
DV task force/committee	3	2					
Legislative lobbying on DV				3		3	

Regional groupings of counties are provided on page 7.

The 2 programs not selected by agencies are omitted here.

Agencies also ranked the top three (of 10) programs related to domestic violence that were not available but needed and that were available but inadequate for their communities. Programs ranked among the top three by agencies as not available but needed in at least three regions of Oregon were domestic violence public awareness campaigns and domestic violence education in schools.

Top Three Programs <i>Available but Inadequate</i> For Communities by Region of Oregon							
	Region						
Program	1	2	3	4	5	6	7
Public awareness campaigns on DV	2	1	1	2	1	1	2
DV education programs in schools (K-12)		3		1		3	
DV training for social services providers			2		3		1
DV training for law enforcement	1	2		3	2		
DV training for criminal justice personnel						2	
DV training for judicial system personnel	3		3				3

Regional groupings of counties are provided on page 7.

The 4 programs not selected by agencies are omitted here.

Programs ranked among the top three by agencies as available but inadequate for their communities in at least three regions of Oregon were domestic violence public awareness campaigns, domestic violence education in schools, and domestic violence training for social services, law enforcement personnel, criminal justice personnel, and judicial system personnel.

■ Conclusions and Recommendations

The goals of the 1998 Oregon Domestic Violence Needs Assessment were to learn more about the scope of the problem of domestic violence in Oregon, and to inform policies and programs aimed at reducing and preventing domestic violence. The findings of the assessment offer compelling evidence of the need to improve Oregon's response to domestic violence.

The assessment found that domestic violence is common in Oregon. More than 1 of every 8 (13.3% or 132,800) Oregon women are estimated to have experienced physical abuse by an intimate partner during the past year. More than 1 of every 6 (15% or 123,400) Oregon children under 18 years of age are estimated to have witnessed the physical abuse of their mothers or caregivers during the past year. These estimates are consistent with national prevalence estimates for women who are victims and children who witness domestic violence. Physically abused women tend to be young and have more health, social, and economic problems than women who have never been abused. These problems are paralleled by greater use of health services, social services, and criminal/legal services. Moreover, survivors of physical abuse continue to face increased health and economic challenges.

Victims of domestic violence try to protect themselves, but the most frequently sought sources of support and protection are not the most helpful. Women most often turn to friends and family, police, mental health providers, and supervisors or co-workers. However, none of these sources are highly likely to provide information on services or offer immediate help. Very few women use victims' programs or shelters, but these are the most likely of all sources to be helpful. The health care setting represents a missed opportunity for abused women to get help. Nearly all abused women see health care providers, but less than one-quarter talk with their providers about their abuse. The majority of those who do talk with their health care providers receive information on services.

Individuals and agencies that can help victims need more information about domestic violence and knowledge of community resources than they currently have. Many agencies report lacking established protocols for screening clients for involvement in domestic violence, training on multiple topics related to domestic violence, and knowledge of the full range of resources in their counties for victims, perpetrators, and children who witness domestic violence.

Many domestic violence-related emergency, criminal/legal, transitional, support, and health care services are unavailable but needed or available but inadequate in counties throughout Oregon for victims, perpetrators, and children who witness domestic violence. Victims with special challenges, such as those who are disabled, diagnosed with mental illness, non-English speaking, cultural/ethnic minorities, and females less than 18 years of age often lack needed or adequate services. Agencies also highlight public awareness campaigns and domestic violence education in K-12 schools as top priorities for community efforts to prevent or reduce domestic violence.

The findings of the 1998 Oregon Domestic Violence Needs Assessment suggest several directions for future efforts to reduce and prevent domestic violence in Oregon. Foremost among these is to employ best practices programs where possible to:

- **Increase public awareness** of domestic violence, and provide information about domestic violence resources to community members as well as to employers and employees in the workplace;
- **Provide staff training** on domestic violence for health care, counseling services, social services, services to special populations, criminal justice/legal services, and domestic violence agencies in order to improve screening, identification, response, and knowledge of community resources;
- **Enhance support services** for domestic violence victims and their children in relation to identified community needs; and
- **Educate young people** about domestic violence to address the increased risk for teens and young adults, as well as the long-term consequences of witnessing domestic violence.

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■ Appendix A – Study Methods

Interviews of Oregon Women

A stratified, random sampling design was used to reach equal numbers of women 18 to 34 years of age and 35 to 64 years of age in each of the seven regions of Oregon. Computer assisted telephone interviewing was employed. The interviews included questions from the national Behavioral Risk Factor Surveillance System (BRFSS),⁸ the Conflict Tactics Scales 2 (CTS2),⁹ as well as questions developed specifically for this assessment. The CTS2 was modified to include a broader range of possible injuries. While the CTS2 has been criticized for lack of attention to the context of violence, it is the single most widely used instrument to assess violence in families and is well-suited for developing population-based estimates of the prevalence of physical abuse of females by males.

The 1998 Oregon Domestic Violence Needs Assessment definition of physical abuse and the behaviors which comprise the CTS2 measures of physical assault, sexual coercion, and injury are listed below. Modifications made to the CTS2 for this assessment are in italics.

Physical Abuse

- **Overall Physical Abuse** includes Physical Assault, Sexual Coercion, and Injury (when not duplicative of Physical Assault or Sexual Coercion), as defined below.
- **Severe Physical Abuse** includes Severe Physical Assault, Severe Sexual Coercion, and Severe Injury as defined below.

Physical Assault

- **Minor Physical Assault:** Throwing something that could hurt, twisting an arm or hair, pushing or shoving, grabbing, and slapping.
- **Severe Physical Assault:** Using a knife or gun, punching or hitting with something that could hurt, choking, slamming against a wall, beating up, burning or scalding on purpose, and kicking.

Sexual Coercion

- **Minor Sexual Coercion:** Making her have sex without a condom (*when she did not want to*), insisting on sex when she did not want to without the use of physical force, and insisting on oral or anal sex when she did not want to without the use of physical force.
- **Severe Sexual Coercion:** Using force (like hitting, holding down, or using a weapon) to make her have sex, using force (like hitting, holding down, or using a weapon) to make her have oral or anal sex, using threats to make her have sex, and using threats to make her have oral or anal sex.

⁸ The BRFSS is a telephone health behavior survey of adults, conducted by the Oregon Health Division in conjunction with the Centers for Disease Control and Prevention (CDC).

⁹ Straus, M.A., Hamby, S.L., Boney-McCoy, S., & Sugarman, D.B. (1996). The Revised Conflict Tactics Scale (CTS2). *Journal of Family Issues*, 17(3), 283-316.

Injury

- **Minor Injury:** Having a sprain, bruise, or small cut; feeling physical pain that still hurt the next day; *deep scratches or cuts; and moderate to extreme soreness or pain.*
- **Severe Injury:** Passing out from being hit in the head; going to a doctor; needing to see a doctor, but didn't; having a broken bone; *having damage to face, eyes, ears, or teeth; needing hospitalization; needing dental care; and needing chiropractic care.*

Prevalence Estimates

Consistent with national studies, women who reported experiencing at least one act of physical abuse by their partners during the past 12 months were included in the prevalence estimates. Information was gathered on both "minor" and "severe" forms of each type of physical abuse as defined by the CTS2. Prevalence estimates are reported first as overall measures, and second as measures of severe abuse only. Including minor abuse in the overall prevalence measures is supported by findings of significantly increased social, economic, and substance use risks for women who experienced minor abuse, by findings of the high likelihood of escalation of abuse during the course of a relationship, and by the greater likelihood of injury for women than men who experience minor abuse. Data were weighted using 1997 Census projections to reflect the distribution of Oregon women by age group and region. The prevalence estimates of domestic violence were calculated using WesVar statistical package for complex sampling designs.

Surveys of Oregon Agencies

A comprehensive statewide list of 1,802 public and community-based agencies potentially having contact with domestic violence victims, perpetrators, or children who witness domestic violence was developed. A stratified, random sampling design was used to reach equal numbers of each type of agency in each of the seven regions of Oregon. Agency types included health care (hospital emergency departments, public and community-based clinics), counseling services, social services, criminal/legal services, services for special populations (children, ethnic groups, seniors, women, disabled, and gays/lesbians), and domestic violence services. With the goal of obtaining information from 350 agencies, 562 agencies were selected to receive surveys. A total of 365 agencies completed the surveys, for a response rate of 65%. Respondents included all agency types in both rural and urban areas. The data obtained were weighted to reflect the distribution of agencies by type and region of Oregon using WesVar statistical package for complex sampling designs. Based on post-stratification weights, 39% of the respondents were agency administrators, 49% were program administrators, and 36% were service providers. Nearly 10% of the agencies were health care, 23% were counseling services, 22% were social services, 28% were services for special populations, 16% were criminal/legal services, and 3% were domestic violence agencies. About 61% of the agencies identified the area that their agency serves as mostly rural, 33% as mostly urban, and 6% as both rural and urban.

■ Appendix B

Estimated Prevalence of Physical Abuse of Oregon Women During the Past 12 Months			
Type of Abuse	Prevalence (%)	Range (%)	Number of Women
Physical Abuse			
Overall	13.3 ± 2.5	10.8 - 15.5	132,800 ± 25,000
Severe	5.4 ± 1.9	3.5 - 7.3	53,900 ± 19,000
Physical Assault			
Overall	9.9 ± 2.3	6.6 - 12.2	98,800 ± 23,000
Severe	4.0 ± 1.4	2.6 - 5.4	39,900 ± 14,000
Sexual Coercion			
Overall	7.5 ± 2.0	5.5 - 9.5	74,900 ± 20,000
Severe	1.4 ± 1.2	0.2 - 2.6	14,000 ± 12,000
Injury			
Overall	5.0 ± 1.7	3.3 - 6.7	49,900 ± 17,000
Severe	2.9 ± 1.5	1.4 - 4.4	28,900 ± 15,000

Physical abuse includes physical assault, sexual coercion, and injury. Ranges provided for the prevalence estimates are based on 95% confidence intervals calculated using WesVar statistical package for complex sampling designs. Population estimates are based on the 1997 census projections.

■ Appendix C

Comparison of Prevalence Estimates From the 1998 Oregon Domestic Violence Needs Assessment With National Prevalence Estimates			
Study	Sample/Measure¹	National Prevalence Estimate	ODVNA Prevalence Estimate
1998 Oregon Domestic Violence Needs Assessment Physical Abuse Physical Assault	1,855 women ages 18 - 64/Conflict Tactics Scale 2(CTS2).		13.3 9.9
Module of National Alcohol Survey Schafer, Caetano, & Clark (1998) Physical assault	1,635 couples/Modified CTS included only one forced sex question.	9.8	9.9
Commonwealth Fund's Survey of Women's Health Plichta (1996) Physical assault	1,324 women ages 18 - 64 living with male partner/Measures similar to CTS2 physical assault.	8.4	7.8
1985 Family Violence Survey Straus and Gelles (1990) Physical Assault Severe Physical Assault	3,520 women ages 18 and over/ Measured physical assault using CTS.	11.6 3.4	9.9 4.0
1975 Family Violence Survey Straus et al (1980) Physical Assault Severe Physical Assault	2,143 women ages 18 and over/ Measured physical assault using CTS.	12.1 3.8	9.9 4.0
Delinquent Behavior Survey Elliott et al (1985) Physical abuse	1,725 women ages 18 - 24 years.	36.8	25.4

¹Note multiple methods and measures used by different studies.

Sources: Elliot, D. S. (1985). *The Dynamics of Delinquent Behavior: A National Survey Progress Report*. University of Colorado, Boulder: Institute of Behavioral Sciences; Plichta, S. B. (1996). Violence and abuse: Implications for women's health. In M. M. Falik & K. S. Collins (Eds.), *Women's Health*. Baltimore, MD: The Johns Hopkins University Press; Schafer, J., Caetano, R., & Clark, C. L. (1998). Rates of intimate partner violence in the United States. *American Journal of Public Health*, 88(11), 1702-1704; Straus, M. A. & Gelles, R. J. (Eds.) (1990). *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick, NJ: Transaction Press; Straus, M. A. & Gelles, R. J. (1980). *Behind Closed Doors: Violence in the American Family*. Garden City, NY: Anchor Press.