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## Domestic Violence Inventory: Executive Summary

Over the past twelve months, 40 people died in the four-county region as the result of domestic violence (DV). In response to this appalling wave of violence, United Way of the Columbia Willamette convened a series of county-level DV inventory meetings in the summer of 2010. The goal was to create a system map of existing DV prevention, intervention, and coordination programs, and to identify critical needs and gaps in the system. This report, based on information from the meetings and additional research, provides the following:

- An assessment of the current state of domestic violence intervention, prevention, policy, and practice at the county level.
- The beginning of a regional road map, identifying the key gaps and needs to effectively address domestic violence.
- A framework for leaders from the region to work together to identify the most critical needs and develop concrete strategies necessary to address and reduce domestic violence in our communities.

For the purposes of this project, domestic violence is limited in scope to cases of violence within an intimate partner relationship—that is all forms of violence that occur between intimate partners, regardless of their marital status or sexuality.

*Domestic violence is a pattern of coercive behavior perpetrated by one person against another in order to maintain control in an intimate relationship.*

### Domestic Violence Prevalence

Nationally, it is estimated that approximately 1 in 4 women and 1 in 7 men experience intimate partner violence (IPV) in their lifetime. Further, 32% of all murders of women are intimate partner homicide; every day more than three women in the US are murdered by an intimate partner.

In our four-county region, about 160,000 women and 96,000 men will experience IPV in their lifetimes. About 85,000 women in our region are *currently* experiencing intimate partner assault, injury, or sexual coercion, with 21,000 of these experiencing 12 or more assaults last year. Oregon women who experience IPV average eight physical assaults and 12 sexual assaults over a five-year period. A 2004 Oregon-based study concluded that the magnitude of IPV far exceeds many other threats to the health and quality of life of Oregon women.

### Prevalence of Domestic Violence in the Metro Region

	Multnomah	Clackamas	Washington	Clark	Region
<b>POPULATION</b>					
2009 Population Estimates	724,680	379,845	527,140	432,002	<b>2,063,667</b>
Women age 18-64	230,535	115,780	155,430	136,399	<b>638,144</b>
<b>PREVALENCE of Domestic Violence in the Metro Region</b>					
1 in 4 women experience IPV in their lifetime	57,634	28,945	38,858	34,100	<b>159,536</b>
Oregon women age 18-64 experiencing intimate partner physical assault, injury, or sexual coercion	30,661	15,399	20,672	18,141	<b>84,873</b>
Oregon women age 18-64 who experienced 12 or more incidents in past year	7,608	3,821	5,129	4,501	<b>21,059</b>

### County Inventory Summary

The domestic violence service system is very similar across our four-county region. In fact, a number of agencies provide services across several counties. Survivors often use services in adjacent counties—especially cultural or language-specific services, or when nearby services are unavailable. (County inventory summaries are available on the United Way website.)

Dealing with domestic violence requires a variety of service providers across various sectors and a variety of approaches including prevention, intervention, and crisis response. While all four counties have the basic systems in place, services are not provided at a volume sufficient to meet the level of need. For example, there are seven domestic violence shelters in the four-county region, with a total of 179 beds. However, shelters receive more than six times more requests than the number of available beds.

### 2009 Shelter Data

DATA	Multnomah	Clackamas	Washington	Clark	Region
DV survivors & children sheltered	1,371	134	185	295	1,985
Shelter nights provided	33,762	5,837	4,787	9,400	53,786
Unmet shelter requests	16,548	1,483	795	2,619	21,445

### Critical Gaps

While participants in the Domestic Violence Inventory meetings believe that the entire existing domestic violence service system is under-funded, they identified twelve critical gaps in adequate service provision.

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| 1. Shelter/housing                   | 7. Counseling                       |
| 2. Advocacy                          | 8. Financial Support                |
| 3. Legal Services                    | 9. Safety                           |
| 4. Prevention/Education & Outreach   | 10. Service for Diverse Populations |
| 5. DV Policy and System Coordination | 11. Batterer’s Services             |
| 6. Parenting Support                 | 12. Prosecution                     |

### Call to Action

Domestic violence cannot be tolerated in our community. We need to mobilize to provide additional funding, policy solutions and community awareness. Increased investment and a multi-pronged approach are essential to improve prevention as well as response and end domestic violence.

Domestic violence experts at several of the Inventory sessions stressed the fact that a balance of services across the various sectors is necessary. Shelters and long term housing, advocates and batterer’s intervention, prosecution and legal services, and police and probation all need to be delivered at an adequate (and balanced) level or costly system bottlenecks are inevitable.

Our four-county region has a strong core of existing programs and service providers. While the existing system is not currently able to meet the level of need in our community, it provides a solid base upon which capacity can be expanded. Innovative efforts and tools to realize increased financial support are crucial, especially for the three primary points of contact: Prevention, Crisis Response and Intervention. Additional regional coordination and community mobilization will help to stretch current levels of funding. Domestic violence services need to be prioritized and given more resources if we are going to meet and reduce the level of need in our community.

## I. Introduction

In fall 2009, an appalling wave of domestic violence related deaths in the region reminded us all of the tragic outcomes that can occur as a result of violence at home. At the time, many of us asked, “What could have been done to prevent this?” National research suggests that our best opportunity for change is to assess how we address domestic violence as a community and then identify how to improve our prevention and response systems.

Over the summer of 2010, United Way of the Columbia-Willamette held a series of county-level inventory meetings to create a system map of existing domestic violence (DV) prevention, intervention, and coordination programs, and to identify critical needs and gaps in this system.

On November 30, 2010, regional leaders from Clark, Clackamas, Multnomah and Washington counties will convene to examine the results of the inventory, review the gaps that exist, and develop regional strategies to strengthen our collective response to domestic violence.

### Why United Way Initiated this Effort

In the past twelve months, at least forty people have died in the four-county region as the result of domestic violence – twenty women, including two friends of a victim, three children of victims, one man, and sixteen perpetrators. Of the abusers, ten men committed suicide after killing their wife or girlfriend, two were shot by police and one man was killed by a victim’s son in self-defense.

These deaths are only the tip of the problem, the extreme cases that grab headlines and tug at our conscience. But in fact, the number of people currently experiencing intimate partner violence in their lives is very high. About 21,000 women in our region alone (3% of women ages 18 to 64) have experienced a dozen or more incidents of intimate partner-caused physical assault, injury, or sexual coercion during the past year.

The effects of repeated violence are devastating for the health and safety of everyone: the victim, children who witness violence in their family, co-workers, employers, and the community at large.

United Way is committed to seeking partners in the community who, together, will commit to help address this devastating situation.

### Desired Outcomes

Our goal for the overall process is to identify a regional and systemic approach to substantively address barriers in responding to and preventing domestic violence. This will include:

- An assessment of the current state of domestic violence intervention, prevention, policy and practice at each county level.
- A regional road map identifying needs, goals, and concrete strategies for addressing domestic violence.
- Creation of an Advisory Committee to oversee implementation of strategies.

## II. What is Domestic Violence?

### Definition of Domestic Violence

In this project, domestic violence is defined as intimate partner violence – that is, all forms of violence that occurs between intimate partners, regardless of their marital status or sexuality.

Domestic Violence is a **pattern** of coercive behavior perpetrated by one person against another in order to **maintain control** in an **intimate relationship**.

This project is limited to work related to the intimate partner definition. This report will not cover related and/or broader issues such as: child abuse, elder abuse, human trafficking, sexual assault, stalking and prostitution apart from the intimate partner setting.

Intimate partner violence occurs through a wide range of physical, sexual or psychological abuse tactics by the abuser,<sup>1</sup> including:

**Physical** – blocking, hitting, pushing, slapping, throwing objects, choking, strangling, stabbing, shooting; results may include hurting, injuring, maiming or killing the partner.

**Psychological/emotional** – these are controlling behaviors used to manipulate, undermine or confuse.

**Verbal** – yelling, silence, put-downs, threats, blaming, criticism or name calling.

**Sexual** – any unwanted sexual contact, sexual jokes, forced sex or rape.

**Financial** – controlling money, taking partner's whole paycheck, excessive spending, denying basic needs, or interfering with getting or keeping a job.

**Spiritual** – misusing scriptures to get one's way, not allowing partner to attend church, or questioning partner's theology or salvation.

**Animal** – kicking, throwing, hurting or killing a family pet.

If these tactics are employed repeatedly for the purpose of maintaining power and control in the relationship, then they are domestic violence. Tactics often escalate in intensity over time.

**Terminology:** The victim of domestic violence is often called the survivor, in recognition of the fact that she or he is surviving despite ongoing emotional and physical assaults. The abuser is often called the perpetrator or, once involved with the criminal justice system, the offender, since actions such as threats with weapons and physical abuse are considered crimes. These terms will be used interchangeably throughout this paper.

**Gender:** Since the majority of abusers are male, and the majority of victims are female, this paper will usually refer to the victim as “she” and the abuser as “he,” although in most cases the same statement would also apply to a male victim or female abuser.

**Sexuality:** Since heterosexual partners are the majority of intimate relationships, the majority of domestic violence occurs between heterosexual partners. This paper will usually refer to opposite sex partners, although in most cases the same statement would apply to same sex partners.

### III. How common is Domestic Violence?

#### National Prevalence Estimates

Intimate partner violence (IPV) is a major public health problem that occurs within all social, economic, religious, and cultural groups.<sup>2</sup>

Approximately 1 in 4 women and 1 in 7 men experience intimate partner violence in their adult lifetime,<sup>3</sup> a ratio that is fairly consistent across several studies

“It is estimated that 2 million to 4 million US women are assaulted by a domestic partner every year. Twelve million women (25% of the female population) will be abused in their lifetime. Up to 35% of women and 22% of men presenting to the emergency department have experienced domestic violence.”<sup>4</sup>

Fatalities resulting from domestic violence are also high. Every day more than three women in the US are murdered by an intimate partner. Intimate partner homicides account for 32% of all murders of women.<sup>5</sup>

#### Intimate Partner Violence in Oregon<sup>6</sup>

Women in Oregon have an overall risk of intimate partner violence three times higher than for men. Women are seven to 14 times more likely to report being beat up, choked, or threatened with a gun or knife<sup>7</sup>. The rate of intimate partner homicide is four times higher for Oregon women than for Oregon men.<sup>8</sup>

In response to this high risk for women, the Oregon Women's Health and Safety Survey was conducted in 2004, and found that intimate partner violence is pervasive in Oregon:

- One in ten Oregon women age 20-55—over 85,000 women—experienced physical and/or sexual assault by an intimate partner in the five years preceding the survey.
- Approximately 21,000 women (3%) experienced intimate partner violence in the 12 months preceding the survey.
- Women who experienced intimate partner violence averaged eight physical assaults and 12 sexual assaults over a five-year period.

The study concluded that the magnitude of this problem far exceeds many other threats to the health and quality of life of Oregon women.

## Regional Prevalence

Applying these estimates to our four-county population, we find an unacceptably high prevalence of intimate partner violence. About 160,000 women and 96,000 men who live in the four counties have experienced, or will experience, IPV in their lifetimes. About 85,000 women in our region are currently experiencing intimate partner physical assault, injury or sexual coercion in their lives.<sup>9</sup> Of these, about 21,000 have experienced 12 or more such incidents in the past year. Another way to look at this data is to make it specific: if you live on a block with 20 homes that include adult women, two or three families on your block could be suffering now because of a devastating cycle of intimate partner violence.

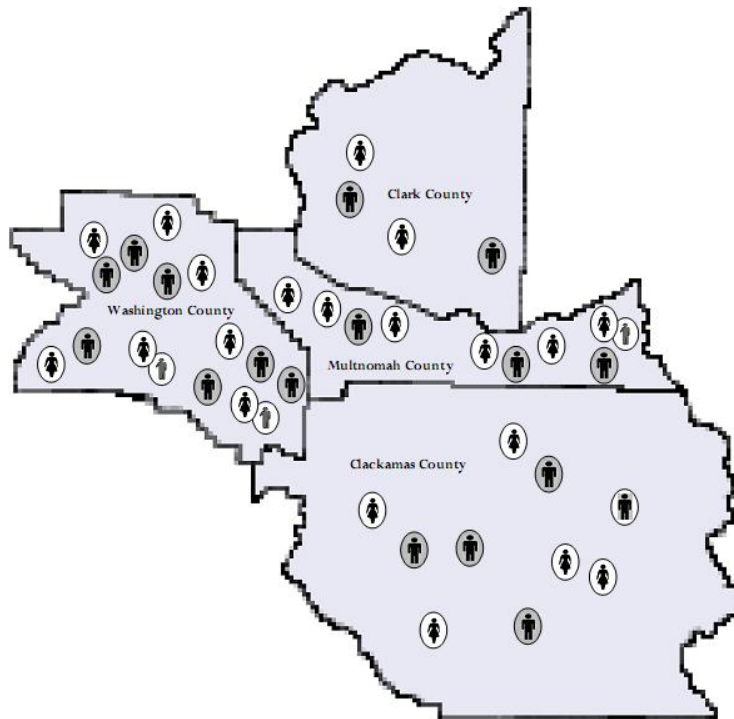
**Table 1. Prevalence of Domestic Violence in the Metro Region**

DATA	Multnomah	Clackamas	Washington	Clark <sup>10</sup>	Region
<b>POPULATION</b>					
2009 Population Estimates <sup>11</sup>	724,680	379,845	527,140	432,002	<b>2,063,667</b>
Women age 18-64 <sup>12</sup>	230,535	115,780	155,430	136,399	<b>638,144</b>
Men, age 18-64	247,851	121,456	171,481	136,388	<b>677,176</b>
Women 18-24 (highest risk group) <sup>13</sup>	31,611	17,314	23,001	19,823	<b>91,749</b>
Estimated Persons Below Poverty <sup>14</sup>	99,035	34,731	50,055	42,768	<b>226,589</b>
<b>PREVALENCE of Domestic Violence in the Metro Region</b>					
1 in 4 women experience IPV in their lifetime <sup>15</sup>	57,634	28,945	38,858	34,100	<b>159,536</b>
1 in 7 men experience IPV in their lifetime <sup>16</sup>	35,407	17,351	24,497	19,484	<b>96,739</b>
Women age 18-64 experiencing intimate partner physical assault, injury, or sexual coercion <sup>17</sup>	30,661	15,399	20,672	18,141	<b>84,873</b>
Women age 18-64 who experienced 12 or more incidents in past year <sup>18</sup>	7,608	3,821	5,129	4,501	<b>21,059</b>
Women age 20-55 who report physical violence or harm from IPV; average eight incidents over five years <sup>19</sup>	6,625	3,335	4,614	3,156	<b>17,730</b>

## Domestic Violence Fatalities

In the past 12 months at least 31 people have died due to domestic violence in our region, including 18 victims (16 women, two children) and 13 perpetrators, all men (ten from suicide, two shot by police and one shot in self-defense). Fatalities are detailed in Figure 1 and Table 2.

**Figure 1. Domestic Violence Fatalities in the Past 12 Months**



**Table 2. Domestic Violence Fatalities in the Past 12 Months, by County of Residence**

Victims	Perpetrators
<b>Clark County</b> <ul style="list-style-type: none"> <li>• Erin M. Epley, 34, shot 12/2/09</li> <li>• Bonnie L. Eakins, 50, shot 10/18/10</li> </ul>	<b>Clark County</b> <ul style="list-style-type: none"> <li>• Kyle Epley, 47, suicide 12/2/09</li> <li>• Brent M. Niedermark, 47, suicide 10/18/10</li> </ul>
<b>Multnomah County</b> <ul style="list-style-type: none"> <li>• Tameka Medina, 28, shot 11/4/09</li> <li>• Ashawn Medina-Barr, 4, shot 11/4/09</li> <li>• Faith Blackbird, 43, strangled 2/1/10</li> <li>• Virginia Malvey, 51, strangled 2/3/10</li> <li>• Lindsay Babb, 28, stabbed 6/22/10</li> <li>• Stephanie Curtis, 42, shot 9/10/10</li> <li>• Carla Pedraza, 56, strangled 7/6/10</li> </ul>	<b>Multnomah County</b> <ul style="list-style-type: none"> <li>• Scott Baker, 33, shot by stepson defend mother 8/21/10</li> <li>• Francis “Frank” Masure, 60, suicide 9/10/10</li> <li>• Ceantwaun Barr, 29, suicide 11/4/09</li> </ul>
<b>Clackamas County</b> <ul style="list-style-type: none"> <li>• Teresa Beiser, 36, shot 11/10/09</li> <li>• Charlotte Grahn, 47, shot with her friends: 2/12/10</li> <li>• Kathleen Hoffmeister, 53, shot 2/12/10</li> <li>• Victoria Schulmerich, 53, shot 2/12/10</li> <li>• Kimberly Hayes, shot 12/14/09</li> <li>• Richard Schreiner, 73, 7/23/10</li> </ul>	<b>Clackamas County</b> <ul style="list-style-type: none"> <li>• Robert Beisner, 39, suicide 11/10/09</li> <li>• Jeffrey Grahn, 46, suicide 2/12/10</li> <li>• Andrew Meade, 23, shot by police 5/19/10</li> <li>• Gary Hayes, suicide 12/14/09</li> </ul>
<b>Washington County</b> <ul style="list-style-type: none"> <li>• Sheena Mendoza, 20, shot 11/5/09</li> <li>• Varsha Suthar, 39, shot 11/11/09</li> <li>• Ronak Suthar, 9, shot 11/11/09</li> <li>• Christine Perrault, 59, stabbed 1/2/10</li> <li>• Jocelyn Pabingwit, 46, stabbed 6/17/10</li> <li>• Llona Njus, shot 8/31/10</li> <li>• Cindy England, shot 11/27/09</li> <li>• Kevin Coleman, shot 11/27/09</li> <li>• Nyla Jean Coghill, 65, shot 7/22/10</li> </ul>	<b>Washington County</b> <ul style="list-style-type: none"> <li>• Curt Wayne Wise, 40, suicide 11/5/09</li> <li>• Mukesh Suthar, 44, suicide 11/11/09</li> <li>• Diosdado Pabingwit, 51, shot by police 6/17/10</li> <li>• Jeffrey Njus, suicide 8/31/10</li> <li>• Bradley Dean Ferris, 30, suicide 9/17/10</li> <li>• Steven England, suicide 11/27/09</li> <li>• Wayne Eugene Coghill, 67, suicide 7/22/10</li> </ul>

## IV. Community Effects of Domestic Violence

### Effects of Long Term Exposure to Violence

Exposure to domestic violence is more widespread than we assume.<sup>20</sup> Approximately:

- One-third of adults witnessed domestic violence as children.
- 1 in 10 adults witnessed their mother being physically hurt or threatened with a weapon.

Exposure to violence is associated with long-term health problems, as well as increased risk of revictimization and of passing on the pattern of violence to younger generations. Both physical and non-physical violence have serious consequences.<sup>21</sup> Both men and women who experience violence in a relationship are more likely to be diagnosed with depression, substance abuse, or chronic mental illnesses. Women abused by an intimate partner are at increased risk of arthritis, migraines, stomach ulcers, and spastic colon.<sup>22</sup>

### Effects of Domestic Violence on Victims

Female victims experience serious injuries as well as health risks. Over five years in Oregon:<sup>23</sup>

- 17,500 women sustained serious injuries as the result of physical or sexual assault by intimate partners, including broken bones, internal or head injuries, and cuts or knife wounds.
- Fewer than 2 in 5 of these women received medical care.
- These women averaged eight physical assaults and 12 sexual assaults over five years.
- They were two to four times as likely to experience chronic depression, chronic anxiety, post-traumatic stress disorder, or to have considered suicide in the past year.

### Effects on Children

Children are often severely affected by repeated exposure to domestic violence.<sup>24</sup>

- In the Oregon Intimate Partner Violence study, children were found to have witnessed 33% of intimate partner physical assaults and 20% of intimate partner sexual assaults.<sup>25</sup>
- In a study of police response to 2,400 adult victims of domestic assault in five U.S. cities, more than 80% of the affected households included children, almost half under 5 years old.
- A study of Head Start families found that 17 percent of parents report their children had been exposed to domestic violence, and 3 percent had also been abused.<sup>26</sup>

Children who witness violence are at risk of developing a wide variety of physical, emotional, and behavioral problems. Violence can be acted out in their play, and they may be aggressive with their peers. Other children can become withdrawn and depressed, and may lag in developmental progress. There is also an elevated risk of these children experiencing violence in their own intimate relationships as adults. Yet some children are resilient, and it appears that effective and caring parenting may be the key factor that helps alleviate harm<sup>27</sup>

## V. What services are available in the Portland Metro area?

A Domestic Violence Summit Planning Group was formed in April 2010 to assist United Way in planning an assessment of Domestic Violence services in each county, followed by a regional summit that would make recommendations to improve the response to domestic violence and prevention in the four-county area. Members of the planning group included:

- Clackamas County: Melissa Erlbaum, Clackamas Women's Services; Diane Wehage, Clackamas County District Attorney's Office; and Christina Bondurant, Clackamas County Domestic Violence Coordinator
- Clark County: Debra Adams, YWCA of Clark County SafeChoice Domestic Violence Program
- Multnomah County: Annie Neal, Multnomah County Domestic Violence Coordinator's Office; Teri Lorenzen, Raphael House of Portland; Laura Ritchie, Multnomah County Parole and Probation, DV Unit
- Washington County: LaDonna Burgess, Domestic Violence Resource Center; Rhonda Smith, Domestic Violence Resource Center

Members worked to design the inventory collection process, hosted and identified representatives to attend the inventory meetings, proofed inventory minutes, and helped design the agenda and process for the Summit.

To assess the services that are available in our region, the planning group first looked at how to categorize these services. It quickly became clear that services related to domestic violence are very complex and arrayed across multiple dimensions.

### ***At what point is the service delivered?***

The service may be primary prevention –such as anti-bullying education for fifth-graders, or targeted prevention for high risk teens – or the service may be intervention delivered in response to an immediate crisis, or over a longer period to reduce or eliminate violence in a person's life.

### ***To whom is the service directed?***

Prevention may be for the general population. Other services may be designed for the victim/survivor, or the perpetrator/offender, occasionally for the couple or entire family, and sometimes for the child who has witnessed violence within the family.

### ***What systems are involved?***

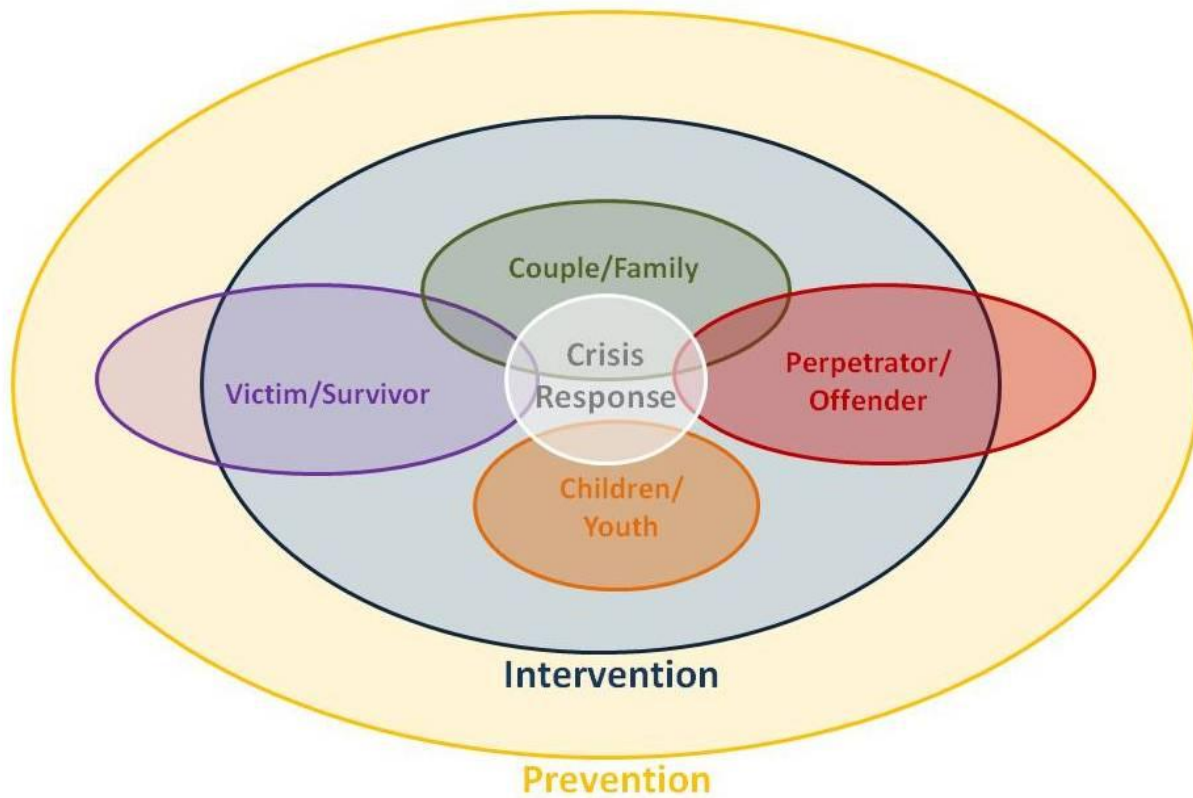
Critical services are delivered through widely separated systems, including: the public safety system (law enforcement, jails); the legal system (courts, district attorney, lawyers); the private/non-profit sector, including culturally specific organizations and the faith community (shelters, advocacy organizations, support groups and batterers intervention); the housing system (temporary, transitional and low income housing); financial support services (state grants to individual victims, employment assistance, child care); and behavioral health (alcohol and drug treatment, trauma-informed counseling).

Services from all these sectors are required to provide an effective response to domestic violence. While all four counties have the basic systems in place, services are not funded at a volume sufficient to meet the level of need.

## Inventory Model

The group agreed to use the following representation for categorizing the “shelves and bins” that we would use to inventory services available in our region.

**Figure 2. Service Categories for Domestic Violence**



We then developed specific categories of services, taken from the Alliance for Information and Referral (AIRS)<sup>28</sup> system for classifying domestic violence services (used by our local 211info to code and locate resources to match a caller’s needs), supplemented with additional categories from the State of Oregon Equity Study.

## County Inventory Summaries

We found that the categories within the service system are very similar across all four counties. In fact, a number of agencies provide services in several counties. Survivors often use services in adjacent counties, especially shelter services when nearby shelters are full, they are unsafe in their own county, or they need specialized services such as cultural or language-specific services, which may be available in only one location. Each county has a cross-sector coordinating body

to facilitate communication and improve their response systems. Each county also has shelter and advocacy services for victims, prosecution systems and batterer's intervention providers.

All the elements of a basic domestic violence response system exist within each county, with few instances of a service being completely lacking in the region. However, while all four counties have the basic systems in place, services are not available in a volume sufficient to meet the level of need. Agency representatives participating in the inventory were clear that there is a lack of funding for services in all sectors and all counties. Many providers experience an inability to serve all of the individuals needing service. As a critical example, shelters receive over six times more requests than the number of survivors they are able to shelter.

**Table 3. 2009 Shelter Capacity<sup>29</sup>**

<b>DV Survivors and children sheltered</b>	<b>1,985</b>
<b>Requests from DV Survivors but unable to shelter</b>	<b>21,445</b>

While the systems for domestic violence prevention of and response to domestic violence look similar in many ways across the region, the inventory process demonstrated that each county has individual strengths and identified specific gaps.

Clark County showed strong support from faith-based organizations. They have community-based victims' services specifically for LGBTQ and native survivors. Their Domestic Violence Prosecution Center involves police, District Attorney staff and non-profit advocates. They identified their highest needs as legal assistance and shelter/housing for survivors.

Washington County has a Victims' Services Center that allows for cross-sector collaboration and has domestic violence specific mental health counseling for survivors. Parenting support and financial support for victims' needs were the top priorities for Washington County.

Clackamas County recently hired a Domestic Violence Coordinator. They have a long history of coordinated community response, most specifically between the criminal justice system and victims' advocacy programs. Their highest needs were identified as counseling, shelter/housing and safety.

Multnomah County has a Domestic Violence Coordinator's Office with multiple staff members, and also provides multiple avenues for cross-sector collaborative response. They have multiple culturally specific victims' services programs, and recently opened a walk-in Gateway Domestic Violence Center. Shelter/housing and legal services top the list for Multnomah County needs.

The inventories include both primary and secondary service providers. A primary provider of a domestic violence service is an organization that has (or includes a specific program which has) a core mission of service to domestic violence victims, batterers, and/or their children. A list of primary provider agencies and the counties they serve is available in Appendix A of this report.

In addition to primary providers, many organizations provide DV services occasionally or as an adjunct to their core programs, or that support victims or batterers to achieve success in a new approach to their lives. Secondary agencies are listed in the individual county inventory minutes.

For more information on primary and secondary services in each county, please see appendices and additional information posted at <http://www.unitedway-pdx.org/domesticviolencesummit>.

## Shelter Services

Domestic violence emergency shelter capacity, something high on the priority list in all four counties, is a good indicator of the region’s need for additional resources. There are eight domestic violence shelters in the four-county region. While these shelters maintain a total of 179 beds, many beds are located in “family rooms,” which may mean that at any given time all rooms could be occupied, but not all beds.

In addition to shelters, two agencies provide motel vouchers for victims in the three Oregon counties. Portland Women’s Crisis Line provides vouchers for one to two nights, while Volunteers of America Home Free can support longer stays with ongoing advocacy services.

Not including motel vouchering, the region has 179 beds available (Table 4) and these beds are almost always occupied. Along with motel vouchers, regional agencies provide emergency shelter to almost two thousand victims and their children annually. Unfortunately this capacity for shelter cannot meet the need for emergency shelter services. 21,445 requests for emergency shelter were denied in the four county region in 2009 (Table 5), mostly due to lack of available space or funding for motel vouchers.

**Table 4. Shelter Bed Capacity - 179 Beds Total\***

<b>County</b>	<b>Agency/Bed Number</b>
<b>Clackamas</b>	<ul style="list-style-type: none"> <li>▪ Clackamas Women’s Services - Evergreen House – 18 beds</li> <li>▪ Los Niños Cuenten (in transition)**</li> </ul>
<b>Multnomah</b>	<ul style="list-style-type: none"> <li>▪ Bradley Angle– 18 beds</li> <li>▪ Salvation Army, West Women and Children’s Shelter – 21 beds</li> <li>▪ YWCA of Greater Portland, Yolanda House– 22 beds</li> <li>▪ Raphael House of Portland – 40 beds</li> <li>▪ Volunteers of America Home Free motel vouchers</li> <li>▪ Portland Women’s Crisis Line, motel vouchers (1-2 nights only)</li> </ul>
<b>Washington</b>	<ul style="list-style-type: none"> <li>▪ Domestic Violence Resource Center, Monika’s House – 26 beds</li> </ul>
<b>Clark</b>	<ul style="list-style-type: none"> <li>▪ YWCA Clark County, SafeChoice - 34 beds</li> </ul>

\*Motel vouchers are not included in capacity numbers.

\*\* Los Niños Cuenten for Spanish speaking survivors is in transition to a new shelter model.

**Table 5. Shelter Data for 2009**

<b>DATA<sup>30</sup></b>	<b>Multnomah</b>	<b>Clackamas</b>	<b>Washington</b>	<b>Oregon Total</b>	<b>Clark</b>	<b>Region Total</b>
<b>DV adult survivors sheltered</b>	756	64	99	3,049	159	1,078
<b>Children sheltered</b>	615	70	77	2,506	136	898
<b>Total sheltered</b>	1,371	134	185	5,555	295	1,985
<b>Total shelter nights provided</b>	33,762	5,837	4,787	NA	9,400	53,786
<b>Unable to shelter</b>	16,548	1,483	795	19,056	2,619	21,445
<b>Calls for service about DV issues</b>	34,085	2,899	6,815	95,163	10,173	53,972
<b>DV survivors receiving non-shelter services<sup>31</sup></b>	4,469	651	1,594	NA	1,235	7,949

## Coordination Networks

Coordinating networks are key groups that exchange information and coordinate among system partners, or work together to improve services. A listing of these networks is available in Appendix 2. All four counties share a few key networks that coordinate specific arenas of work: Tri-County Domestic and Sexual Violence Intervention Network, Quad-County DV Shelter Managers, Tri-County Volunteer Coordinators, Tri-County Batterer's Intervention Program meeting, and the quarterly regional meetings of the new Rose City Justice Jammers. Each county has a network that coordinates DV services within that community. Clackamas and Multnomah counties each have a Family Violence Coordinating Council. Washington County has a Domestic Violence Intervention Council. Clark County partners utilize the Domestic Violence/ Sexual Assault Task Force as their key coordination entity.

In addition, both Oregon and Washington states have statewide networks that coordinate funding and a service approach toward domestic violence victims and/or abusers.

## VI. What Gaps Hamper an Effective Local Response?

Prevention, crisis response and effective intervention require concerted efforts from multiple sectors, including law enforcement, non-profit victim and batterer's services, district attorneys, the courts, corrections, legal services, and children's services. Lack of adequate services or gaps in any one area can lessen the ability of the system as a whole to respond effectively.

Below is a summary of the most critical gaps identified in the Domestic Violence Inventory meetings held summer of 2010. While local domestic violence experts believe that the entire existing system is underfunded, these are the areas where additional services are most urgently needed. Appendix 3 shows a detailed table of the gaps brainstormed in each county, and the priority votes by county for each identified gap.

**Table 5. Critical Gaps in Domestic Violence Services**

<b>1. Shelter/Housing</b>	<ul style="list-style-type: none"> <li>▪ Intervention: Shelter/Housing</li> <li>▪ Crisis Response: Safe Shelter</li> </ul>
<b>2. Advocacy</b>	<ul style="list-style-type: none"> <li>▪ Advocacy Services, Victim/Survivors</li> <li>▪ Advocacy Services, Families</li> <li>▪ Advocacy Services, Children</li> </ul>
<b>3. Legal Services</b>	<ul style="list-style-type: none"> <li>▪ Legal Assistance, Victim/Survivor</li> <li>▪ Legal Assistance, Families</li> </ul>
<b>4. Prevention/Education &amp; Outreach</b>	<ul style="list-style-type: none"> <li>▪ General Community</li> <li>▪ Children/Youth</li> <li>▪ Targeted Groups</li> </ul>
<b>5. DV Policy &amp; System Coordination</b>	<ul style="list-style-type: none"> <li>▪ Training/ Volunteers</li> <li>▪ Coordination</li> <li>▪ Fatality Response</li> </ul>
<b>6. Parenting Support</b>	<ul style="list-style-type: none"> <li>▪ Parenting &amp; Visitation</li> </ul>
<b>7. Counseling</b>	<ul style="list-style-type: none"> <li>▪ Counseling, Victim Survivor</li> <li>▪ Counseling, Batterer/Offender</li> <li>▪ Counseling, Families</li> <li>▪ Counseling, Children</li> <li>▪ Support Groups, Children</li> </ul>
<b>8. Financial Support</b>	<ul style="list-style-type: none"> <li>▪ Financial Support, Victim/Survivor</li> <li>▪ Emergency Needs, Crisis Response</li> </ul>
<b>9. Safety</b>	<ul style="list-style-type: none"> <li>▪ Crisis Response</li> <li>▪ Safety Planning</li> <li>▪ Protective Orders</li> </ul>
<b>10. Service to Diverse Populations</b>	<ul style="list-style-type: none"> <li>▪ Specific Populations, Victim/Survivor</li> </ul>
<b>11. Batterer's Services</b>	<ul style="list-style-type: none"> <li>▪ Need for Batters' Services</li> </ul>
<b>12. Criminal Justice</b>	<ul style="list-style-type: none"> <li>▪ Prosecution and Supervision Services</li> <li>▪ Crisis Response from Law Enforcement</li> </ul>

## VII. What Community Responses are Effective?

Many believe that “nothing can be done” about domestic violence. But research has found that response can be effective in two arenas:

- Individual intervention strategies to support survivors, perpetrators and their children to live their lives free from violence, and
- Community strategies to change societal norms and outcomes for survivors, as well as for future generations.<sup>32</sup>

### Individual Intervention Strategies<sup>33</sup>

#### Health Care Outreach

Health care providers – whether in hospitals, private practice or clinics – have important opportunities to recognize and respond to domestic violence. Many survivors want to talk about their experiences in a supportive, safe and confidential environment, such as with a health care provider. In Oregon, three quarters of physical assault victims and half of sexual assault victims who obtained medical care told their health provider that their injuries were the result of IPV.<sup>34</sup>

However, many health care providers need training on assessment and on trauma-informed practices that are responsive and sensitive to the needs of survivors.<sup>35</sup> Providers also need current information on how to effectively connect survivors with services.

#### Victim/Survivor Services

Victim services are designed to support the victim/survivor, and include: shelters, advocacy, restraining order assistance, legal services, individual counseling, and support groups. Victim services may be provided through community based advocacy programs, domestic violence shelters, district attorney offices and other centers or programs for victim assistance.

*Emergency shelter for domestic violence survivors* continues to be the cornerstone of services offered in many communities. In either a fixed location or through scattered site motel vouchering, these programs usually offer crisis intervention services and immediate shelter when space is available, as well as long-term advocacy and support in obtaining community services.

In a study of 3,410 residents of 215 domestic violence shelters in eight states, respondents reported that “if the shelter did not exist the consequences for them would be dire: homelessness, serious losses including children, continued abuse or death, or actions taken in desperation.”<sup>36</sup> A vital need for survivors is to be safely away from their abuser while making key decisions. At entry, primary needs were for safety, housing, information and referral, emotional support, and help for their children. Following their stay at the shelter, respondents said that most of their needs had been met.<sup>37</sup>

**Transitional and/or long-term housing**, along with appropriate supportive services, is vital to the ability of survivors to maintain independence. Programs that offer rental subsidies for site-based or scattered-site transitional housing typically provide three months to two years of rental assistance, as well as advocacy and flexible financial assistance. Many follow a “housing first” model, offering subsidies for units that the survivor will be able to afford after the subsidy ends, thus increasing the stability of families who have been forced to move frequently.

**Advocacy** is a core component of victim services. Advocates directly help survivors navigate the system and obtain needed resources. Survivors are likely to have multiple needs such as housing, employment, education, and child care. Advocacy thus spans multiple service systems, including criminal justice, health care, social services, and religious institutions.

An in-depth study found that women who received intensive advocacy services were more successful in acquiring needed community resources than women in a control group.<sup>38</sup> Even two years after the intervention, they had a higher quality of life, greater social support, and were experiencing less violence than women who did not work with advocates. Over time, this improved quality of life led to significant protection from re-abuse.<sup>39</sup>

**Out-stationed advocacy** services help improve the response system by placing community-based advocates in locations that frequently intersect with domestic violence, such as child welfare offices, police bureaus, court houses and parole and probation offices. These advocates provide an additional access point to victims services, as well as cross-training to agency staff.

**Legal advocacy** programs can be found in non-profit legal agencies, prosecutors’ offices, law schools, or law clinics. Advocacy to assist survivors to obtain restraining orders is often offered.

**Support groups** are important for victims to take charge of their own situation. Beyond emotional support, support groups help a victim see that she is not alone. Members offer help with problem solving and strategies to implement difficult decisions.

**Safety plans** play an essential role in victim services. While a victim faces risks if she stays in a relationship, there are different risks if she leaves. For example, fatalities are most likely to occur when a victim decides to leave the relationship.

A question frequently asked about survivors is, “Why do they stay?” But this question does not reflect the real issues a victim of domestic violence must face, such as: “ ‘Should I stay and risk the violence?’ ‘If I leave will the violence be worse?’ ‘Should I leave and place myself and my children in poverty?’ ‘Should I leave and risk losing my children in a custody battle?’ ”<sup>40</sup>

A victim usually engages in constant planning for her safety, although she may have an incomplete sense of the risks, or base her plans on inaccurate assumptions and information. For some, mental health issues or drug or alcohol abuse affect their ability to do accurate risk analysis and safety planning.<sup>41</sup> Support from an advocate can help balance these challenges.

In doing safety planning with victims, advocates reinforce the message that survivors are not responsible for a batterer’s behavior, and they do not expect the victim to stop the violence. Safety planning helps identify options that enhance the safety for victims and their children.

## **Working with Perpetrators**

Batterer's Intervention Programs (BIPs) are a core strategy for working with a perpetrator of intimate partner violence to change their violent behavior. Contemporary batterer intervention programs focus on helping abusers learn non-controlling behavior through skill building, attitude change, and emotional development. Activities include classes, treatment groups, evaluation, individual counseling, or case management.<sup>42</sup>

However, batterer's intervention is a controversial strategy. Research shows only a small – but significant – positive effect of these programs. The opportunity for success is complicated by the frequent co-occurrence of problems such as substance abuse, mental health disorders, and unemployment. Even after completing intervention, there is frequently a major concern for victim safety, especially if the couple chooses to maintain or re-establish contact.

Criminal Justice partners, including District Attorney's offices, courts, and parole and probation, have the role of holding abusers accountable for their actions. Men who are most likely to re-offend are those who have the least to lose, as measured by education, marital status, home ownership, employment, and income. Twenty-five percent of men referred to a BIP account for most of the repeat violence and injury.<sup>43</sup> A proactive community response, including assertive probation, sanctions for non-compliance, victim safety monitoring, and batterer intervention programs may be able to reduce repeat violence.<sup>44</sup>

## **Faith-Based Services**

Religious counseling, support groups, education programs, study groups, and assistance programs are used by a growing number of faith-based organizations to address intimate partner violence within their congregations. Contact through churches is a way to identify and assist victims who do not feel comfortable talking to a health care provider or police officer. Increasingly, faith groups are offering services to victims and abusers, or both.

## **Culturally Specific Service**

Frequently embedded within culturally specific community based organizations, culturally specific domestic violence services – such as information, advocacy, support groups or shelters – allow a survivor to seek help within her linguistic and cultural framework. Outreach within a cultural community supports victims who may fear contact with authorities for a variety of reasons, or are unable to navigate services offered through majority-culture based organizations. Culturally specific services are equally important in delivering effective batterer's intervention.

## **Legal Responses**

Laws which make domestic violence acts a criminal offense – including physical assault, rape, sexual harassment, and psychological violence by an intimate partner – have been an important step in intervening with abusers. However, reduction of abuse in the home requires consistent application of these laws, use of penalties, and a focus on rehabilitating convicted perpetrators.

Legal responses include: legal aid services; legal advocacy; and training of police, judicial and prosecution personnel, as well as criminal, immigration, and family and juvenile court lawyers.

Restraining Orders (RO) are civil court orders signed by a judge that tell an abuser to stop the abuse or face serious legal consequences. While a RO does not assure safety for the victim, it offers civil protection by setting a legal expectation of no violence, as well as defining terms of allowed contact with the victim and any involved children. If an abuser violates the order, he can be arrested and charged with violation of a restraining order (VRO). Probation officers may impose similar No Contact Orders for offenders.

Addressing immigration status is a critical part of helping some DV survivors. Survivors who are undocumented immigrants may be able to self-petition for legal immigrant status if they are legally married to a citizen or resident, without needing their abuser to petition for them.

### **Services for Children**

Children can be severely affected by exposure to domestic violence. Remediating this effect and promoting healthy development requires health care, childcare and family service professionals, domestic violence advocates, and police, to work with a shared goal of helping families find safety and stability before repeated trauma takes its toll.<sup>45</sup>

Early intervention may prevent families and children from later encounters with more coercive systems, such as child protective services and the courts. The most effective strategies mobilize the resources of a network of community agencies, concerned neighbors, and kin, and build on the strengths, needs and informed strategies of the survivor.<sup>46</sup>

### **Community Prevention Strategies**

Addressing the individual victim's and perpetrator's issues will not change the trajectory of domestic violence in our region. As is well known in the public health community, "No epidemic has ever been resolved by paying attention to the affected individual."<sup>47</sup> It is important to focus on the environment in which domestic violence occurs, as well as on individual families.

### **Changing Norms**

Violence arises within the complex interplay of individual, social, cultural and environmental factors. Root factors like sexism, racism, homophobia, classicism, patriarchy and oppression shape societal and community factors that in turn influence individuals and relationships.<sup>48</sup>

Norms are the acceptable behaviors that tell people what is okay and not okay to do. Prevention strategies must address norms because of their power in influencing behavior. If norms change – with community wide changes in attitudes and beliefs about acceptable discrimination and violence – behavior will follow.<sup>49</sup>

## **Prevention and Education**

Primary prevention is changing the environment so that a targeted behavior doesn't occur. It addresses broad population groups, such as grade school children or the general public, and has been successful in impacting behaviors such as reducing tobacco use and car crash injuries. Secondary prevention targets high risk groups with specific messages designed to reach them. The education system has a key role in preventing intimate partner violence. School curricula, sexuality education, school health, and counseling can convey a message that violence is wrong and can be prevented. Anti-bullying education and promoting conflict resolution skills is appropriate even for young children.<sup>50</sup>

Integrating training into higher education curricula (e.g. psychology, social work, medicine, nursing and law) helps future professionals identify and address domestic violence.<sup>51</sup>

Successful prevention tactics include: home visitation by public health nurses, promotion of healthy dating for teens, and promoting work with men's group to foster more egalitarian norms and demonstrate positive alternative behaviors. Health care professionals can screen for risk factors, talk with all patients about healthy relationships, and foster a norm that relationships should not be violent.

## **Media Information and Awareness Campaigns**

The media is a key conduit for educating the public about how to recognize and address domestic violence. All forms of media –newspapers, radio, television, the music and film industries, as well as online social media– are channels for providing information to the general public about domestic violence prevention and to victims about available services.

As one example, the Centers for Disease Control and Prevention has developed a program to create a social norms media campaign for sixth, seventh, and eighth grade boys and girls. This effort to prevent teen dating violence is designed to correct the perceptions of a sub-group of young people who believe it is acceptable to physically or verbally abuse their partner.<sup>52</sup>

## **Community Mobilization**

Involving an entire community in recognizing, addressing and working to prevent domestic violence is one of the surest ways of reducing occurrences. Only such community-wide strategies have potential for transforming the social norms that are the root causes of domestic violence.<sup>53</sup>

Grounded in public health prevention models, community organizing, and strengths-based approaches, community-wide prevention may target change in both individuals and society, through: educating the community, strengthening social networks, challenging social norms that contribute to the use of violence, and advocating for community accountability.<sup>54</sup>

To be effective, community networks must integrate members from all sectors of the community, including: families, businesses, advocacy groups, police, social services, welfare, public housing, unemployment, health, education, the media, and local and state officials.

Health care professionals are especially effective when speaking up about the issue, because they witness the effects of family violence firsthand. They can use their influence and credibility to help communities agree to more systematically prevent domestic violence.

## VIII. What are the Next Steps?

There are many options for positive improvements in the system that could reduce the prevalence of domestic violence, or support survivors to transition successfully into violence-free lives. By addressing the needs to support survivors and mobilizing the community in which survivors live to promote violence free lifestyles are among the most effective strategies.

### Addressing the Needs

#### Need for Shelter/Housing

The top need cited by Domestic Violence experts in the region was for more safe spaces for survivors and children. Domestic Violence Shelters turn away about six times as many survivors as they take in. However it is not only shelter beds that are needed, but also places for a survivor and her children, or a single survivor, to live after their immediate need for a shelter is over.

In our region, survivors often remain in a shelter longer than needed because of a lack of transitional or low income housing. According to data from the Multnomah County Domestic Violence Coordinator's Office, the average shelter stay in Multnomah County has increased for singles/families from 16.3/16.6 days to 47/51 days over the past five years<sup>55</sup>.

#### Need for Services

**Advocacy** – Victims who have support from an advocate fare better than those who don't. Funding is needed for adequate numbers of advocates to support survivors who want to escape from the violence in their lives. More advocates are also needed nights and weekends, and more with the ability to provide continuing services to address long term needs. Advocate support is also needed for children and youth who have been negatively affected by domestic violence.

**Legal Services** – Legal support is critical to put systems in place to hold abusers accountable for their actions, and to help survivors achieve independence by helping with issues such as divorce, custody and immigration. Clark county specifically noted limited hours and breadth of legal services.

**Prevention/Education & Outreach** – The only way to make a long term difference in the number of people experiencing domestic violence is to change community norms and thus prevent the occurrence of intimate partner abuse. Currently many providers add prevention activities to their already busy workloads. An increase in primary prevention, targeted to general community awareness, as well as to health and human service providers, is needed. Prevention for all children and youth throughout their K to 12 education is critical to reach the next generation.

**DV Policy & System Coordination** – Multiple county and regional coordination networks are active, a testament to the fact that increased coordination of policy and practice both within and across systems can improve results. Training on domestic violence especially is needed for law enforcement officers and judges, as well as cross-training for victim advocates and batterer intervention providers.

**Parenting Support** – Abusers frequently retain access to visitation with their children, who are often in custody of the survivor. A safe, low cost place to exchange custody is needed, where the survivor will not need to have contact with her abuser. Programs to provide supervised visitation when required are also needed.

**Counseling** – Professional counseling – supplemental to advocacy, support groups or batterer’s intervention – helps both survivors and batterers adopt a new life pattern. Especially needed are trauma-informed mental health and substance abuse treatment, and trauma-informed family and children’s services. Support groups are needed for children who have witnessed family violence.

**Financial Support** – One of the chief reasons that survivors remain in abusive relationships is the difficulty of financially supporting themselves and their children. Flexible funds can help meet a victim’s urgent needs, such as for housing, utilities, child care or transportation. Financial and employment assistance can help the survivor to become financially independent.

**Safety** – Night and weekend advocates are needed to respond to law enforcement requests. A better location and system for processing restraining orders is needed in Clackamas County.

**Services for Diverse Populations** – Survivors and offenders can best be served by people who speak their primary language and who understand their culture. Specifically articulated was the need for services in multiple languages across the region, including access to culturally specific local shelters for Native American survivors and increased services for Spanish-speaking survivors.

**Batterer’s Services** – Abusers have a high likelihood of re-offense. Provision of treatment and systems, such as probation, that hold offenders accountable can reduce re-offense, either with the same victim or a new victim. Culturally specific services are especially needed.

**Prosecution** – Prosecution to hold offenders accountable is especially difficult without victim cooperation. Training for police and prosecutors on how to investigate without victim cooperation is essential. Adequate funding for prosecution and supervision is also needed.

## Community Mobilization

Systems change for domestic violence is not a simple process, due to the need to change multiple systems and dozens of agencies – from advocacy and housing to law enforcement and the courts. Nationally, Family Violence Coordinating Councils (FVCCs) have been proven to have the ability to bring these multiple partners to the table, promote best practices through training, and improve partnerships among agencies.<sup>56</sup> Councils that have paid staff positions to coordinate

their efforts are able to make the most impact. Family Violence Coordinating Councils exist in all three Oregon counties, and a similar task force in Clark County provides this function in Washington. Multnomah County and now Clackamas County have dedicated DV Council staff positions.

A study determined that the Illinois model of a state-level steering committee and a statewide structure of local councils was a worthwhile investment. The state's 22 councils had broad membership from stakeholder groups, an inclusive climate, and effective leadership. They facilitated stronger relationships, enhanced knowledge among stakeholders, generated tools to improve the local response, and initiated local policy changes. The overall success of Family Violence Coordinating Councils was found to be related to knowledge, relationships, an inclusive climate, support from the broader community, local leadership, and empowered members who pursued change in their own organizations.<sup>57</sup>

## IX. Call to Action

Domestic violence cannot be tolerated in our community. We need to mobilize to provide additional funding, policy solutions and community awareness. It is only through an influx of resources and a multi-pronged approach that improves prevention as well as response that we will end domestic violence.

Domestic Violence experts at several of the Inventory sessions stressed the fact that a balance of services across the various sectors is necessary. Shelters and long term housing, advocates and batterer's intervention, prosecution and legal services, and police and probation all need to be delivered at an adequate (and balanced) level or there will be bottlenecks in the system.

Our four-county region has a strong core of existing programs and service providers. While the existing system is not currently able to meet the level of need in our community, it provides a solid base upon which capacity can be expanded. Increased funding needs to be directed to all sectors, as well as across the major points of contact: Prevention, Crisis Response and Intervention. Additionally, more regional coordination and community mobilization will help to stretch current levels of funding. Ultimately, DV services need to be prioritized and given more funding, support, and resources if we are going to meet (and reduce) the level of need in our community.

## X. Appendices

### A. Primary Provider Agencies

A Primary Provider is an organization that has, or includes a specific program that has a core mission of service to domestic violence victims, abusers, or their children. In addition to Primary Providers, there are many organizations which provide services occasionally, or as an adjunct to their core programs, or that support these organizations or individual victims or abusers to achieve success in a new approach to their lives. The names of secondary agencies are available in the individual county inventory minutes.

#### Primary Provider Agencies in the Region

Sector	Primary Agencies Responding to Domestic Violence	Mult	Clack	Wash	Clark
Public Safety	• Police Departments, all cities	◆	◆	◆	◆
	• Portland Police Bureau, Domestic Violence Reduction Unit	◆			
	• County Sheriff's Office, all counties	◆	◆	◆	◆
	• County Community Justice/ Corrections, all counties	◆	◆	◆	◆
Legal	• Legal Aid Services of Oregon	◆	◆	◆	
	• District Attorney, all counties	◆	◆	◆	
	• Mult. District Attorney's Office, Victim Assistance Program	◆			
	• County Courts, all counties	◆	◆	◆	◆
	• Clackamas County Family Court Services		◆		
	• Domestic Violence Prosecution Center				◆
	• Domestic Violence Therapeutic Court				◆
Victim Services	• Multnomah County DV Court	◆			
	• Abuse Recovery Ministry & Services (A.R.M.S.)	◆	◆	◆	
	• Bradley Angle	◆			
	• Catholic Charities' El Program Hispano, Project UNICA*	◆			
	• Clackamas Women's Services		◆		
	• Cowlitz Indian Tribe, Pathways to Healing*				◆
	• District Attorney, Office Victim's Assistance	◆	◆	◆	
	• Domestic Violence Resource Center			◆	
	• Ecumenical Ministries of Oregon, Russian Oregon Social Services*	◆	◆	◆	
	• Gateway Center for Domestic Violence Services	◆			
	• International Refugee Community Organization (IRCO)*	◆		◆	
	• Los Niños Cuenten*		◆		
	• Native American Youth & Family Center*	◆			
	• Portland Women's Crisis Line	◆			
	• Raphael House of Portland	◆			
	• Salvation Army's West Women & Children's Shelter	◆			
	• SAWERA*			◆	
	• Self Enhancement Inc., Domestic Violence Program*	◆			
	• Volunteers of America, Home Free	◆			
	• Wash. Co. Community Correction, Center for Victim's Services			◆	
• YWCA of Greater Portland, Yolanda House	◆				
• YWCA of Clark County, SafeChoice				◆	

**(Continued) Primary Provider Agencies in the Region**

Sector	Primary Agencies Responding to Domestic Violence	Mult	Clack	Wash	Clark
Batterer's Services	• A New Life Christian Counseling				◆
	• Allies in Change	◆		◆	
	• Abuse Recovery Ministry & Services	◆	◆	◆	
	• Choices, Domestic Violence Intervention Program	◆	◆	◆	
	• ChangePoint, Batterers Intervention	◆	◆	◆	
	• Family Focus/El Enfoque de la Familia*			◆	
	• Gresham Intimate Violence Education	◆	◆	◆	
	• Living Hope Church, (A.R.M.S.)				◆
	• Manley Interventions		◆	◆	
	• Multicultural Counseling Services*				◆
	• SolVaTi*	◆			
Children's/ Family Services	• Teras Intervention		◆		
	• Kids Need Both Parents	◆	◆	◆	
	• Listen to Kids	◆			
	• State of Oregon, Department of Human Services, Child Welfare	◆	◆	◆	
Housing	• State of Washington, Children and Family Services/ Child Protective Services				◆
Financial/ Employment	• North Clackamas School District, Homeless Liaison		◆		
	• State of Oregon, Dept. of Human Services, Self Sufficiency	◆	◆	◆	
Mental Health/ A&D	• State of Washington, Dept. of Social and Health Services				◆
	• A Better Way Counseling	◆			◆
	• Allies in Change Counseling Center	◆			
	• Anchor Point Counseling				◆
	• Bashor Counseling Services				◆
	• Change Point	◆			
	• Choices Domestic Violence Intervention	◆			◆
	• Columbia Pastoral Counseling				◆
	• Domestic Violence Resource Center			◆	
	• Gresham Intimate Partner Violence Education	◆			
	• Institute for Family Development (IFD)				◆
	• Landerholm Counseling				◆
	• MEDA Counseling				◆
	• Men's Resource Center	◆	◆	◆	
• SolVaTi*	◆				
Medical	• SW Washington Hospital, Stop Domestic Violence				◆

**Key:** ◆ = located in this county  
 ◆ = also serves people in and/or from this county  
 \*culturally-specific agencies

## B. Coordination and Communication Networks

### Networks

Sector	Primary Domestic Violence Coordination Networks	Mult	Clack	Wash	Clark
Coordinating Organizations	• Clackamas County Family Violence Coordinating Council		◆		
	• Community Against Domestic Violence (East. County)	◆			
	• Clackamas County Sherriff's Office, DV unit		◆		
	• DHS Service Delivery Area 2 (Multnomah County), Domestic Violence Advisory Group	◆			
	• Domestic Violence Coordinator's Office	◆			
	• DV Court Work Group & Court Discussion group	◆			
	• Domestic Violence Enhanced Response Team (DVERT)			◆	
	• Domestic Violence Intervention Council (DVIC)	◆			
	• Domestic Violence Fatality Review Team			◆	
	• Domestic Violence Leadership Council (DVLC)		◆		
	• Domestic Violence Leadership Support Council				◆
	• Domestic Violence-Sexual Assault Task Force	◆			
	• Family Court Task Force				◆
	• Local Public Safety Coordinating Council	◆			
	• Multnomah County Family Violence Coordinating Council	◆			
	• Northwest Association of Domestic Violence Perpetration Treatment Providers				◆
	• Queer Caucus	◆	◆	◆	◆
	• Rose City Justice Jammers- Portland & Region	◆		◆	
	• TEEN Network (Youth / DV Programs)	◆			
	• Tri County Batterers Intervention Provider Network	◆		◆	◆
• Tri County Domestic & Sexual Violence Intervention Network	◆	◆			
• Quad County Shelter Managers	◆	◆	◆	◆	
• Tri County Volunteer Network (Coordinators)	◆		◆		

**Key:** ◆ = located in this county  
◆ = also serves people in and/or from this county  
\*culturally-specific agencies

#### Oregon State Funders and Advisory Groups

- Department of Human Services , Domestic Violence Fund – Advisory Committee
- Department of Justice, Oregon Domestic and Sexual Violence Services Fund (ODSVS) – Advisory Council, administered by Department of Justice Crime Victims Services Division (DOJ - CVSD)
- Violence Against Women Act (VAWA) and Victim of Crime Act (VOCA) Fund – Advisor Councils, administered by DOJ - CVSD

#### Oregon Statewide Networks

- Batterer Intervention Standards group
- Family Violence Statewide Network (Probation/Parole supervision)
- Legislative Alliance to End Violence Against Women
- Oregon Coalition Against Domestic and Sexual Violence

#### Washington Statewide Networks

- Washington State Coalition Against Domestic Violence
- Economic Justice meetings

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### **C. Domestic Violence Inventory and Detailed Results: Gaps in Service by County**

Attendees at Domestic Violence Services Inventory Meetings were asked to brainstorm the key gaps in the existing system. They were asked not to simply identify their own service as in need of funds, although at each meeting there was general agreement that the entire service system is underfunded. Several attendees commented that if resources were increased, an increase across the board should occur for victim support, batterer accountability and public services alike.

Attendees were given four dots to place on the top four gaps that, in their opinion, should receive priority for attention. The complete list of gaps appears below, including the county that generated the item and the number of votes received. (Votes vary with number of participants.)

These gaps have been placed into the framework adopted for this project. This has been referred to as the “shelves and bins” chart, as it helps sort services by the type of need addressed (crisis response, intervention, prevention, or system coordination), the specific type of service delivered, and which population the service addresses (victim/survivor, perpetrator/offender, couple/family, or children/youth.)

## Gaps in Service by Category

Key to votes: M=Multnomah Cm=Clackamas Cr=Clark W=Washington

<b>LOCAL GAPS IN CRISIS RESPONSE</b>				
<b>Examples of Services in this Category:</b>	<b>Victim/Survivor Support</b>	<b>Perpetrator/ Offender Accountability</b>	<b>Couple/Family Support</b>	<b>Support for Children/Youth</b>
<b>Crisis Response</b> <ul style="list-style-type: none"> <li>▪ Emergency response system/ 911</li> <li>▪ Police intervention</li> </ul>	<b>Crisis Response (5)</b> <ul style="list-style-type: none"> <li>▪ Police agencies form domestic violence teams to investigate and follow up (W-3)</li> <li>▪ LEA have immediate access to full range of resources, 24/7, in their car &amp; frequently updated (W-2)</li> </ul>			
<b>Crisis Lines</b> <ul style="list-style-type: none"> <li>▪ Telephone crisis Intervention</li> <li>▪ DV hotlines</li> </ul>				
<b>Safety Planning</b> <ul style="list-style-type: none"> <li>▪ Danger assessment &amp; safety planning</li> </ul>	<b>Safety Planning (4)</b> <ul style="list-style-type: none"> <li>▪ 24/7 advocates to respond to LEA requests (W-4)</li> </ul>			
<b>Safe Shelter</b> <ul style="list-style-type: none"> <li>▪ Emergency shelter</li> <li>▪ Crisis shelter</li> <li>▪ Hospital safe rooms</li> <li>▪ DV motel vouchers</li> </ul>	<b>Safe Shelter (12)</b> <ul style="list-style-type: none"> <li>▪ Additional crisis shelters / beds and services; hotel vouchering (Cm-5)</li> <li>▪ More emergency housing/ shelter (W-5)</li> <li>▪ Shelter capacity to take pets/or emergency animal shelter (M-2)</li> </ul>			<b>Safe Shelter (0)</b> <ul style="list-style-type: none"> <li>▪ Restore Children's Receiving Center (M-0)</li> </ul>
<b>Emergency Needs</b> EMERGENCY PHONES <ul style="list-style-type: none"> <li>▪ Cell phones</li> </ul> FINANCIAL <ul style="list-style-type: none"> <li>▪ Flexible funding for emergency needs</li> </ul> TRANSPORTATION	<b>Emergency Needs (2)</b> FINANCIAL <ul style="list-style-type: none"> <li>▪ Emergency and crisis services – specifically financial (Cm-2)</li> </ul>			
<b>Immediate Protection</b> <ul style="list-style-type: none"> <li>▪ Emergency protective or restraining orders</li> </ul>				

<b>LOCAL GAPS IN INTERVENTION</b>				
<b>Examples of Services in this Category</b>	<b>Victim/Survivor Support</b>	<b>Offender Accountability</b>	<b>Couple/Family Support</b>	<b>Support for Children</b>
<p><b>Shelter /Housing</b></p> <p><b>SHELTER</b></p> <ul style="list-style-type: none"> <li>▪ Domestic violence shelters</li> <li>▪ Safe houses</li> </ul> <p><b>HOUSING</b></p> <ul style="list-style-type: none"> <li>▪ Transitional housing/shelter</li> <li>▪ Bridge housing for victims of DV</li> <li>▪ Advocacy for housing</li> </ul>	<p><b>Shelter /Housing (29)</b></p> <p><b>SHELTER</b></p> <ul style="list-style-type: none"> <li>▪ More shelter beds (only 35 for the entire county) (Cr-6)</li> </ul> <p><b>TRANSITIONAL HOUSING</b></p> <ul style="list-style-type: none"> <li>▪ Affordable housing for survivors (M-10)</li> <li>▪ Affordable transitional and permanent housing (Cr-6)</li> <li>▪ Long term transitional housing for survivors, including singles (M-4)</li> <li>▪ More long term transitional housing (W-3)</li> </ul>			
<p><b>Advocacy Services</b></p> <ul style="list-style-type: none"> <li>▪ DV Intervention Programs</li> <li>▪ Danger assessment &amp; safety planning</li> <li>▪ Direct service advocacy</li> <li>▪ Individual support</li> <li>▪ Individual advocacy</li> <li>▪ Case management</li> <li>▪ Life skills education</li> </ul>	<p><b>Advocacy Services (21)</b></p> <ul style="list-style-type: none"> <li>▪ More DV Advocates (M-6)</li> <li>▪ Living wage for advocates (M-4)</li> <li>▪ Resources for male victims (Cm-4)</li> <li>▪ One-stop shopping for victim DOC, Legal Aide, wraparound services, CASA (Cr-3)</li> <li>▪ More night/weekend advocates (M-2)</li> <li>▪ Long term continuing service to address long term needs (W-2)</li> </ul>		<p><b>Advocacy Services(9)</b></p> <ul style="list-style-type: none"> <li>▪ DV Services for Child Welfare involved families, like Family Involvement Team &amp; Wraparound services (M-8)</li> <li>▪ Program to work with victim and perpetrator on DV issues, esp. minority immigrants, without fear of deportation and sensitive to cultural issues (W-1)</li> <li>▪ After care to reintegrate families (M-0)</li> </ul>	<p><b>Advocacy Services (6)</b></p> <ul style="list-style-type: none"> <li>▪ Resources for juveniles affected by domestic violence who are now offending (esp. for kids on Medicaid) (Cr-6)</li> </ul>
<p><b>Batterers' Services</b></p> <ul style="list-style-type: none"> <li>▪ Batterers' intervention</li> <li>▪ Offender accountability</li> </ul>		<p><b>Batters' Services (11)</b></p> <ul style="list-style-type: none"> <li>▪ Treatment and accountability for Offenders (Cm-4)</li> <li>▪ More culturally specific services for perpetrators (W-3)</li> <li>▪ DV Victim Panel for Spanish speaking offenders (W-2)</li> <li>▪ Hold perpetrators more accountable (Cr-0).</li> </ul>		

<b>LOCAL GAPS IN INTERVENTION (CONTINUED)</b>				
<p><b>Specific Populations</b> <i>Culturally specific services</i></p>	<p><b>Specific Populations (13)</b> CULTURAL/ETHNIC</p> <ul style="list-style-type: none"> <li>▪ Increased language access (M-4)</li> <li>▪ Native American culturally specific shelter (closest is in Bellingham) (Cr-3)</li> <li>▪ Funding for culturally specific services – esp. Spanish (Cm-3).</li> <li>▪ Culturally specific advocacy, combined with language (M-2)</li> <li>▪ More diversity of services/shelter (W-1)</li> <li>▪ Raise awareness of underserved populations(W-0)</li> </ul> <p>SPECIALIZED GROUPS</p> <ul style="list-style-type: none"> <li>▪ Services for victims/ survivors in jail (M-0)</li> <li>▪ Gay/Lesbian services, specific populations (Cm-0)</li> <li>▪ Specialized counseling for female veterans (Cm-0)</li> </ul>		<p>applies to all columns</p>	<ul style="list-style-type: none"> <li>▪</li> </ul>
<p><b>Counseling</b></p> <ul style="list-style-type: none"> <li>▪ <i>DV counseling</i></li> </ul>	<p><b>Counseling (3)</b></p> <ul style="list-style-type: none"> <li>▪ Domestic Violence specific therapy for victim (Cr-3)</li> </ul>	<p><b>Counseling (3)</b></p> <ul style="list-style-type: none"> <li>▪ Supplemental counseling for abusers (in addition to batterer intervention) (M-2)</li> <li>▪ Research on which approach works best for different needs (Cm-1)</li> </ul>	<p><b>Counseling (12)</b></p> <ul style="list-style-type: none"> <li>▪ Mental Health Counseling for Survivors, adults, children victims (Cm-6)</li> <li>▪ Increase access to trauma-informed Mental Health &amp; Alcohol/Drug treatment, including free of charge (M-6)</li> </ul>	<p><b>Counseling (2)</b></p> <ul style="list-style-type: none"> <li>▪ More complete trauma intervention &amp; family support services for children (M-2)</li> </ul>
<p><b>Support Groups</b></p> <ul style="list-style-type: none"> <li>▪ <i>DV support groups: battered women</i></li> <li>▪ <i>DV support groups: men</i></li> <li>▪ <i>DV support groups: culturally specific</i></li> <li>▪ <i>Peer support</i></li> </ul>		<p><b>Intervention (0)</b></p> <ul style="list-style-type: none"> <li>▪ Batterers Intervention Groups in jail &amp; prison (M-0)</li> </ul>	<p><b>Support Groups (0)</b></p> <ul style="list-style-type: none"> <li>▪ Support group classes for victims who want contact with perpetrator (W-0)</li> </ul>	<p><b>Support Groups (3)</b></p> <ul style="list-style-type: none"> <li>▪ Groups for children (by age) who witnessed DV (Cr-3)</li> </ul>

<b>LOCAL GAPS IN INTERVENTION (CONTINUED)</b>				
<p><b>Protective Orders</b></p> <ul style="list-style-type: none"> <li>▪ <i>Criminal temporary or emergency protective orders</i></li> <li>▪ <i>Permanent restraining orders</i></li> <li>▪ <i>Protective/restraining orders</i></li> <li>▪ <i>Self petitions for battered spouses</i></li> </ul>	<p><b>Protection (5)</b></p> <ul style="list-style-type: none"> <li>▪ Better place and process for restraining orders (Cm-5)</li> </ul>			
<p><b>Legal Assistance</b> CIVIL</p> <ul style="list-style-type: none"> <li>▪ <i>DV legal clinics</i></li> <li>▪ <i>Legal intervention and support</i></li> </ul> <p>CRIMINAL</p> <ul style="list-style-type: none"> <li>▪ <i>Defense attorneys</i></li> </ul> <p>IMMIGRATION</p>	<p><b>Legal Assistance (29)</b> CIVIL</p> <ul style="list-style-type: none"> <li>▪ Civil Legal Services – All Incomes, including free divorce/custody/etc. (M-9)</li> <li>▪ Legal assistance – “Clear Hotline” is only 3 hours a day and limited focus; also needs to cover related issues not DV specific (Cr-8)</li> <li>▪ Legal advice (Cm-1).</li> </ul> <p>IMMIGRATION</p> <ul style="list-style-type: none"> <li>▪ Civil Legal Services – immigration (M-9)</li> <li>▪ Immigration Services – victims who don’t know their rights/responsibilities; hard and costly to send to Portland or Seattle (Cr-2)</li> </ul>		<p><b>Legal Assistance (7)</b></p> <ul style="list-style-type: none"> <li>▪ Free legal services (if can’t use Legal Aid due to conflict, or due to waiting lists) immediately available for victim and/or child (W-5)</li> <li>▪ Custody evaluations in domestic violence cases (W-2)</li> <li>▪ Laws to protect victim/survivor from being taken to court by abusive ex partner (W-0)</li> </ul>	
<p><b>Prosecution</b></p> <ul style="list-style-type: none"> <li>▪ <i>Crime victim accompaniment</i></li> <li>▪ <i>Crime victim support</i></li> <li>▪ <i>Crime victim advocacy</i></li> <li>▪ <i>Notification of victim rights</i></li> <li>▪ <i>Cases reviewed for prosecution/ cases charged</i></li> <li>▪ <i>Court accompaniment/ advocacy</i></li> </ul>		<p><b>Prosecution (5)</b></p> <ul style="list-style-type: none"> <li>▪ Increase funding for prosecution and supervision (M-2)</li> <li>▪ Training to investigate cases without victim cooperation – for police / district attorney (W-2)</li> <li>▪ Laws changed to define domestic violence as a pattern of coercive behavior (W-1)</li> </ul>		
<p><b>Criminal Justice</b></p> <ul style="list-style-type: none"> <li>▪ <i>Family Justice centers</i></li> <li>▪ <i>Jail services</i></li> <li>▪ <i>Probation/supervision</i></li> </ul>				

<b>LOCAL GAPS IN INTERVENTION (CONTINUED)</b>				
<p><b>Parenting Support</b></p> <ul style="list-style-type: none"> <li>▪ Parenting groups</li> <li>▪ Supervised parenting time</li> </ul>		<p><b>Parenting (2)</b></p> <ul style="list-style-type: none"> <li>▪ Supervised parenting for DV perpetrators (Cm-2)</li> </ul>	<p><b>Parenting (22)</b></p> <p>PARENTING</p> <ul style="list-style-type: none"> <li>▪ Parenting – both parents (M-3)</li> <li>▪ Supervised parenting (W-9)</li> </ul> <p>VISITATION</p> <ul style="list-style-type: none"> <li>▪ Supervised visitation/safe exchange (low cost) (M-7)</li> <li>▪ Safe exchange (for children) and related costs (Cr-1)</li> <li>▪ Supervised visitation (Cr-2)</li> </ul>	
<p><b>Financial Support</b></p> <p>FINANCIAL</p> <ul style="list-style-type: none"> <li>▪ Financial assistance support: public benefits/TANF</li> </ul> <p>EMPLOYMENT</p> <ul style="list-style-type: none"> <li>▪ Job training</li> </ul>	<p><b>Financial Support (16)</b></p> <p>FINANCIAL</p> <ul style="list-style-type: none"> <li>▪ Flexible Financial Assistance (e.g. credit debt). (M-8)</li> <li>▪ Flexible Funds for victims' needs - housing, utilities, etc. (W-6)</li> <li>▪ Increase initial Self Sufficiency grants (M-0)</li> </ul> <p>EMPLOYMENT</p> <ul style="list-style-type: none"> <li>▪ Employment assistance (M-2)</li> </ul>			

<b>LOCAL GAPS IN PREVENTION – EDUCATION &amp; OUTREACH</b>		
<b>General Community (15)</b>	<b>Targeted Groups (1)</b>	<b>Children/Youth (11)</b>
<ul style="list-style-type: none"> <li>▪ <i>Community awareness</i></li> <li>▪ <i>Community education</i></li> <li>▪ <i>Employer education</i></li> <li>▪ <i>Health care &amp; human service providers</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Spouse/domestic partner abuse prevention</i></li> <li>▪ <i>Outreach</i></li> <li>▪ <i>Targeted high risk groups education</i></li> <li>▪ <i>Reduce risk factors</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Ask about violence in early child intervention (e.g. home based nursing)</i></li> <li>▪ <i>School based prevention (grade, middle and high schools)</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ Comprehensive primary prevention, focus also on non-physical abuse (M-7)</li> <li>▪ Safe comfortable conversation that brings issue of domestic violence to forefront of community livability – prevention/intervention and changing the cycle, “primary prevention” (W-4)</li> <li>▪ Public Awareness of Services Available (Cm-3)</li> <li>▪ More public education (M-1)</li> <li>▪ Include DV in the Public Health Agenda for children &amp; adults. (M-0)</li> <li>▪ Prevention work (Cr-0)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Targeted outreach and education to middle income survivors /persons (M-1)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Education on Domestic Violence, K to 12 (primary &amp; secondary prevention). (M-7)</li> <li>▪ Education and training in school districts – high school students, middle school, all of K – 12 (Cm-4)</li> </ul>

<b>GAPS IN DV POLICY &amp; SYSTEM COORDINATION</b>		
<b>Coordination (7)</b>	<b>Training/ Volunteers (17)</b>	<b>Fatality Response (2)</b>
<ul style="list-style-type: none"> <li>▪ <i>System coordination/ advocacy</i></li> </ul>		<ul style="list-style-type: none"> <li>▪ <i>Domestic violence issues</i></li> </ul>
<ul style="list-style-type: none"> <li>▪ More discussion/ communication between domestic violence advocates. Law enforcement, perpetrators treatment providers, and corrections; on specific issues and best practices (Cr-3)</li> <li>▪ Increased awareness of what each other’s program offers (Cr-2)</li> <li>▪ County leadership position (like in Multnomah County) to galvanize community on issues (W-2)</li> <li>▪ Better coordinated system at all levels (Cm-0)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Better training for law enforcement specifically on Domestic Violence (Cm-5)</li> <li>▪ Police training on domestic violence for all 1st responders (some from Domestic Violence Reduction Center), consistent policies across law enforcement (W-5)</li> <li>▪ Training for judges on domestic violence. (W-4)</li> <li>▪ Cross training – victim advocates, batter intervention and other providers. (M-3)</li> <li>▪ Broad volunteer recruitment (M-0)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Domestic Fatality Review Committee (Cm-2)</li> <li>▪ Coordinated media response when a fatality (Cr-0)</li> </ul>

## D. Endnotes

- <sup>1</sup> No Author. (2010). *Community Against Violence*. Retrieved from <http://www.communityagainstdv.org/index.php>.
- <sup>2</sup> No Author. (2007). *Intimate Partner Violence (IPV) Data Collection Project*. Retrieved from <http://www.oregon.gov/DHS/ph/ipv/survey.shtml>.
- <sup>3</sup> Breiding, M. J., & Lynberg, M. C. (2006). *Prevalence of intimate partner violence in the United States: Results from the Behavioral Risk Factor Surveillance System (BRFSS)- 15 U.S. state/territories, 2005*. Retrieved from [http://apha.confex.com/apha/134am/techprogram/paper\\_132616.htm](http://apha.confex.com/apha/134am/techprogram/paper_132616.htm).
- <sup>4</sup> Massey, J. (1999). *Domestic Violence in Neurologic Practice*. *Archives in Neurology*. 56(6), 59-660. Retrieved from <http://www.findcounseling.com/journal/domestic-violence/domestic-violence-references.html>.
- <sup>5</sup> Rennison, C.M. (2001). *Intimate Partner Violence and Age of Victim, 1993-99*. Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/ipva99.pdf>.
- <sup>6</sup> No Author. (2007). *Intimate Partner Violence (IPV) Data Collection Project*. Retrieved from <http://www.oregon.gov/DHS/ph/ipv/survey.shtml>.
- <sup>7</sup> Ibid
- <sup>8</sup> Ibid
- <sup>9</sup> Statistics are available only for the numbers of women experiencing severe abuse currently.
- <sup>10</sup> U.S. Census Bureau. (2010). *Clark County, Washington*. Retrieved from <http://quickfacts.census.gov/qfd/states/53/53011.html>.  
Washington Office for Financial Management. (2010). *County and City Data for Clark County*. Retrieved from <http://www.ofm.wa.gov/localdata/clar.asp>
- <sup>11</sup> PSU Population Research Center (2010) *2009 Oregon Population Report*. Retrieved from <http://www.pdx.edu/prc/annual-oregon-population-report>
- <sup>12</sup> No Author. (2006). *Equity Allocation Study*. CPS Unit- Children, Adults & Families- Department of Human Services and Crime Victims Assistance Section of the Oregon Department of Justice.
- <sup>13</sup> highest risk group per Oregon DHS/Health Division
- <sup>14</sup> (DHS data archives, April 2010)
- <sup>15</sup> Breiding, M.J. & Lynberg, M.C. (2006). *Prevalence of intimate partner violence in the United States: Results from the Behavioral Risk Factor Surveillance System (BRFSS)- 15 U.S. state/territories, 2005*. Retrieved from [http://apha.confex.com/apha/134am/techprogram/paper\\_132616.htm](http://apha.confex.com/apha/134am/techprogram/paper_132616.htm).
- <sup>16</sup> Ibid
- <sup>17</sup> Glick, B., Johnson, S., & Pham, C. (2000). *1998 Oregon Domestic Violence Needs Assessment: A Report to the Oregon Governor's Council on Domestic Violence (2<sup>nd</sup> ed.)*. Portland, OR: Oregon Health Division and Multnomah County Health Department.
- <sup>18</sup> Ibid
- <sup>19</sup> No Author. (2007). *Intimate Partner Violence (IPV) Data Collection Project*. Retrieved from <http://www.oregon.gov/DHS/ph/ipv/survey.shtml>.
- <sup>20</sup> Ibid
- <sup>21</sup> Chamberlain, L. (2006). *Assessment for Lifetime Exposure to Violence as a Pathway to Prevention*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved from [http://new.vawnet.org/category/Main\\_Doc.php?docid=301](http://new.vawnet.org/category/Main_Doc.php?docid=301).
- <sup>22</sup> Ibid
- <sup>23</sup> No Author. (2007). *Intimate Partner Violence (IPV) Data Collection Project*. Retrieved from <http://www.oregon.gov/DHS/ph/ipv/survey.shtml>
- <sup>24</sup> Ibid
- <sup>25</sup> Ibid
- <sup>26</sup> Schechter, S. (Ed.). (2004). *Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families*. University of Iowa. School of Social Work. Retrieved from <http://www.uiowa.edu/~socialwk/EC,%20DV,%20&%20Pov%20Series%20Volume.pdf>
- <sup>27</sup> Ibid
- <sup>28</sup> AIRS: Alliance of Information and Referral Services, which develops national standards and taxonomy for classifying human services information, used by our local 211info system.
- <sup>29</sup> Survivors may call multiple shelters in search of an opening, so this figure is not unduplicated.
- <sup>30</sup> Oregon data from DHS report, 2009; Clark County data from YWCA SafeChoice.

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- <sup>31</sup> (DHS report, 2009) Service numbers are not duplicated within each shelter's statistics, but may be duplicated for survivors who receive services from more than one shelter within a year.
- <sup>32</sup> Chamberlain, L. (2006). *Assessment for Lifetime Exposure to Violence as a Pathway to Prevention*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved from [http://new.vawnet.org/category/Main\\_Doc.php?docid=301](http://new.vawnet.org/category/Main_Doc.php?docid=301).
- <sup>33</sup> Pan American Health Organization. (N.D.). *Social Responses to Gender-Based Violence*. Retrieved from <http://www.paho.org/English/ad/ge/VAWSocial.pdf>.
- <sup>34</sup> No Author. (2007). *Intimate Partner Violence (IPV) Data Collection Project*. Retrieved from <http://www.oregon.gov/DHS/ph/ipv/survey.shtml>.
- <sup>35</sup> Chamberlain, L. (2006). *Assessment for Lifetime Exposure to Violence as a Pathway to Prevention*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved from [http://new.vawnet.org/category/Main\\_Doc.php?docid=301](http://new.vawnet.org/category/Main_Doc.php?docid=301).
- <sup>36</sup> Lyon, E., Lane, S., & Menard, A. (2008). *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences, Final Report*. Retrieved from <http://www.ncjrs.gov/pdffiles1/nij/grants/225025.pdf>.
- <sup>37</sup> Ibid
- <sup>38</sup> Allen, N. E., Bybee, D. I., & Sullivan, C. M. (2004). Battered Women's Multitude of Needs- Evidence Supporting the Need for Comprehensive Advocacy. *Violence Against Women, 10*(9), 1015-1035..
- <sup>39</sup> Bybee, D. I., & Sullivan, C. M. (2002). The process through which a strengths-based intervention resulted in positive change for battered women over time. *American Journal of Community Psychology, 30*, 103-132.
- <sup>40</sup> Davies, J. (1998). *Building Opportunities for Battered Women's Safety and Self-Sufficiency*. Retrieved from <http://www.mincava.umn.edu/documents/welprac1/welprac1.pdf>
- <sup>41</sup> Ibid
- <sup>42</sup> Bennett, L., & Williams, O. (2001). *Controversies and Recent Studies of Batterer Intervention Program Effectiveness*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved from [http://new.vawnet.org/category/Main\\_Doc.php?docid=373](http://new.vawnet.org/category/Main_Doc.php?docid=373)
- <sup>43</sup> Ibid
- <sup>44</sup> Ibid
- <sup>45</sup> Pan American Health Organization. (N.D.) *Social Responses to Gender-Based Violence*. Retrieved from <http://www.paho.org/English/ad/ge/VAWSocial.pdf>
- <sup>46</sup> Ibid
- <sup>47</sup> Albee, G. (1983). Psychopathology, prevention and the just society. *Journal of Primary Prevention, 4*(1), 5-40.
- <sup>48</sup> Ibid
- <sup>49</sup> Ibid
- <sup>50</sup> Cohen, L., Davis, R., & Graffunder, C. (2006). Before it occurs: Primary prevention and intimate partner violence and abuse. Salber, P. & Taliferro, E. (Eds.). *The Physicians Guide to Intimate Partner Violence and Abuse* (89-100). Volcano, CA: Volcano Press.
- <sup>51</sup> Ibid
- <sup>52</sup> Graffunder, C., Noonan, R. K., Cox, P., & Wheaton, J. (2004). Through a Public Health Lens. Preventing Violence Against Women: An Update from the US Centers for Disease Control and Prevention. *Journal on Women's Health, 13*(1), 5-14.
- <sup>53</sup> Shepard, M. (2008). *Mobilizing Communities to Prevent Domestic Violence*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved from [http://www.vawnet.org/Assoc\\_Files\\_VAWnet/AR\\_MobComm.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/AR_MobComm.pdf)
- <sup>54</sup> Ibid
- <sup>55</sup> Multnomah County Domestic Violence Coordinator's Office (2010) *Domestic Violence Victim Services System Planning* [PowerPoint slides].
- <sup>56</sup> Allen, N. E., Javdani, S., Anderson, C. J., Rana, S., Newman, D., Todd, N., ... Davis, S. (2009). *Coordinating the Criminal Justice Response to Intimate Partner Violence: The Effectiveness of Councils in Producing Systems Change*. US Department of Justice. Retrieved from <http://www.ncjrs.gov/pdffiles1/nij/grants/229248.pdf>
- <sup>57</sup> Ibid