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▶ EDWARD BYRNE MEMORIAL
JUSTICE ASSISTANCE GRANT PROGRAM

Criminal Justice and Community-Based Domestic Violence Services

FY 2001-2005

What have we learned after four years?

Prepared for

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Background


Introduction

During FY 2001 – 2005 (October 1, 2001 – June 30, 2005), the Criminal Justice Services Division (CJSD) of the Oregon Office of Homeland Security provided \$3,301,506 in funding for innovative criminal justice and community-based services aimed at preventing and treating domestic violence and its consequences through the Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program (Byrne grant). In collaboration with the Governor's Office and the Governor's Drug and Violent Crime Advisory Board, CJSD selected eight domestic violence programs aimed at preventing or providing services related to domestic violence. As a condition of funding, each program was required to hire an evaluator to examine program implementation issues and analyze program output and outcome data to assess program effectiveness. CJSD contracted with Program Design and Evaluation Services (PDES) to summarize evaluation results and lessons learned from all eight programs (based on each program's original individual cumulative reports) so as to make recommendations for future Byrne program selection, implementation, and evaluation.

Rationale for Funding Domestic Violence Prevention and Intervention Programs

Domestic violence is a national public health epidemic. According to the National Violence Against Women Survey, each year in the United States approximately 1.3 million women are physically assaulted by an intimate partner, approximately 1 million women are stalked (typically by an intimate partner or someone known to her), and one in six American women has been the victim of a completed or attempted sexual assault during her lifetime (often by an intimate partner or someone known to her) (Tjaden & Thoennes, 2000). The prevalence of domestic violence (including sexual assault and stalking) varies by gender, race/ethnicity, age, and socio-economic status. Women are more likely to be victims of domestic violence than men. Among the ethnic groups most at risk for intimate partner violence, sexual assault, and stalking are American Indian/Alaskan Native women, African American women, and Hispanic women. Young women and those below the poverty line are also disproportionately victims of domestic violence. However, most intimate partner violence incidents are not reported to the police (about 20 percent of intimate partner violence rapes or sexual assaults, 25 percent of physical assaults, and 50 percent of stalkings directed toward women by their partners or ex-partners are reported) so interventions must go beyond the criminal justice system response (Tjaden & Thoennes, 2000).

As documented in the Oregon Women's Health and Safety Survey, domestic violence is also a serious health problem in Oregon (Drach, 2004). Over a five-year



period, one in ten Oregon women age 20 to 55 was physically or sexually assaulted by an intimate partner – over 85,000 women. Congruent with national findings, most of the women who experienced domestic violence in Oregon did not report the incidence to the police.

Purpose of This Report

In 2001, based on national and local research as well as the specific needs of domestic violence victims and their children in Oregon, the Oregon Governor's Office, CJSD, and the Governor's Drug and Violent Crime Advisory Board prioritized and funded eight criminal justice and community-based programs in four priority areas: 1) programs for domestic violence victims who are traditionally underserved (i.e., immigrant and refugee women, women living in rural areas), 2) programs for children exposed to domestic violence and their non-abusing parents (i.e., support, counseling, and education programs for children and supervised visitation and exchange services for children and their custodial parents), 3) crisis line services, and 4) enhanced supervision for offenders. Seven of the eight programs completed a four-year funding cycle at the end of September 2005. The eighth program, the Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program in Clatsop County, completed a three-year funding cycle in August 2004 and then voluntarily terminated their Byrne funding. This is a summary report of the key outcomes of these programs, lessons learned during implementation, and recommendations for future program selection, implementation, and evaluation. For a more detailed look at any of these programs, please refer to Oregon's 2004 Edward Byrne Memorial State and Local Law Enforcement Assistance Program Annual Report (<http://www.oregon.gov/OOHS/CJSD/index.shtml>) or contact the Criminal Justice Services Division for a copy of each individual programs' 2001- 2005 Byrne Program Cumulative Report.

Methods

Programs

Eight domestic violence prevention and intervention programs were funded to reach traditionally underserved populations affected by domestic violence (e.g., immigrant and refugee women and women living in rural areas), children exposed to domestic violence and their non-abusing parents, other domestic violence victims, and domestic violence offenders. A list of programs within each priority area, the type of program, the agency that operated them, and the area within Oregon that the program served can be found in Table 1.

Table 1. Program Information				
Priority Area	Type of Program	Name of Program	Agency	Area Served
Programs for Traditionally Underserved Populations Affected by Domestic Violence	Education/case management/ advocacy for immigrant/refugee women and law enforcement training	Domestic Violence Education Program for Immigrant and Refugee Women	Immigrant and Refugee Community Organization	Multnomah County
	Legal consultation/ representation for immigrant women, community outreach and education, and attorney/interpreter training	VAWA Immigration Project	Catholic Charities Immigration Services	Statewide
	Case management and health/wellness activities for rural victims of dv	Enhance Shelter Services	Women's Safety and Resource Center	Coos County
Programs for Children Exposed to Domestic Violence and Their Non-Abusing Parent	Group/individual/family therapy	Safe Families – Support for Children Witnessing Domestic Violence	Looking Glass	Lane County
	Individual/family case planning, educational groups, individual counseling, wrap around services	Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids	Multnomah County Department of Community Justice	Multnomah County
	Supervised visitation and exchange for children and parents	Kids First Safe Alternatives Center	Options Counseling Services of Oregon	Lane County
Crisis Line Services for Domestic Violence Victims	Centralized dv information, referral, and crisis counseling line for dv victims	Centralized Domestic Violence Information, Referral, and Crisis Counseling Line	Multnomah County Department of County Human Services, Domestic Violence Coordinator's Office	Tri-County area (Multnomah/ Washington/ Clackamas Counties)
Domestic Violence Offenders	Enhanced supervision for dv offenders, treatment services, victim services	Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program	Clatsop County Community Corrections	Clatsop County



Evaluation Process

As stated earlier, CJSD subcontracted with PDES to oversee the evaluation process for the eight programs. Each program was required to spend at least 10 percent of the overall budget on evaluation including hiring or subcontracting a local program evaluator. The average annual evaluation budget for the programs was \$10,000 so programs conducted limited studies that included assessing program implementation, monitoring program outputs (e.g., program completion), and collecting post-only (or pre-post in some instances) data on key outcomes. Over the course of the four years, each program worked closely with their local evaluator to complete an evaluation plan including an in-depth program description, logic model, implementation lessons learned, basic program outputs, and key outcomes that were specific to their program. Specific information about each program's evaluation plan and findings can be found on-line or by calling CJSD. This report is meant to be a summary of individual program findings, as analyzed by local evaluators and program staff, so that general lessons can be gleaned about services for underserved domestic violence victims, children who witness domestic violence, other domestic violence victims, and domestic violence offenders in Oregon.

Findings

Overall, the domestic violence programs funded by a Byrne grant from 2001 – 2005 reported success in serving their intended populations, implementing their proposed interventions, and positively affecting domestic violence victims, children exposed to domestic violence, and offenders. This section is organized into three parts: 1) an overview of the demographic characteristics of program participants across all eight programs, 2) brief program-specific summaries including a description of each program, program participants, key outcomes, and lessons learned, and 3) an overall summary of lessons learned across the eight programs. Again, detailed program descriptions, evaluation methodology, or results can be found on-line or by contacting CJSD.

Overview of Program Participants

As illustrated in Table 2, the domestic violence programs funded by a Byrne grant from 2001 – 2005 served many Oregon residents, predominantly female victims of domestic violence and both male and female children who had been exposed to domestic violence. In addition, one programs served domestic violence offenders who were predominantly male. The programs intending to serve immigrant and refugee victims of domestic violence were more diverse in terms of race and ethnicity, while the other programs were less diverse but still reflective of the local population demographics. The H.E.R.O. for Kids program was an exception and also provided services to Hispanic (19 percent), African American (8 percent), multi-racial (11 percent) youth.

Table 2. Descriptive Characteristics of Domestic Violence Program Participants 2001 – 2005

Descriptive Characteristics of Program Participants	Domestic Violence Programs							
	Education Program for Immigrant and Refugee Women	VAWA Immigration Project	Enhance Shelter Services	Safe Families	H.E.R.O. for Kids	Kids First Safe Alternatives Center	Centralized DV Information, Referral, and Crisis Counseling Line	DV Misdemeanor Supervision and Supervision Enhancement Program
<i>Total No. Clients Served</i>	577	1,137 ^a	257 ^b	185 ^c	597 ^d	402 ^e	39,588 ^f	300
<i>Gender</i>								
Male	0	23%	0	53%	51%	50%	-	-
Female	100%	77%	100%	42%	49%	50%	-	-
Unknown	0	0	0	5%	0	0	-	-
<i>Age Range</i>								
Under 18	0	23%	0	100%	100%	0	-	-
18-24	10%	9%	24%	-	-	15%	-	-
25-34	39%	21%	28%	-	-	41%	-	-
35-44	28%	9%	28%	-	-	34%	-	-
45-54	9%	2%	16%	-	-	10%	-	-
55-64	7%	0	3%	-	-	0	-	-
65 and over	4%	0	0	-	-	0	-	-
Unknown	3%	36%	1%	-	-	0	-	-
<i>Race/Ethnicity</i>								
White	21%	14%	75%	90%	60%	79%	-	-
Black or African American	10%	1%	0	2%	8%	3%	-	-
Hispanic American	40%	79%	6%	2%	19%	6%	-	-
Indian/Alaskan Native	0	0	10%	1%	2%	2%	-	-
Asian/Pacific Islander	24%	5%	2%	1%	1%	1%	-	-
Multi-racial	4%	0	6%	0	11%	2%	-	-
Unknown	1%	1%	1%	5%	1%	7%	-	-

* Percentages may not equal 100 due to rounding.

^a All data based on clients of legal consultation service only, excluding 868 education session participants.

^b Demographic data was not collected in year one and is based on data collected in years 2 – 4 (n = 183)

^c Demographic data based on 130 child clients, excluding 55 parent clients.

^d Demographic data based on 371 child clients, excluding 226 parent clients.

^e Demographic data based on 206 parent clients, excluding 196 child clients.

^f Clients represent incoming domestic violence calls only. The crisis line served an additional 46,966 callers seeking general social services information and referrals.

Program Summaries

Within this section of the report, each program will be summarized and organized according to the four priority areas: 1) programs for traditionally underserved populations, 2) programs for children exposed to domestic violence and their non-abusing parent, 3) crisis line services for domestic violence victims, and 4) enhanced supervision for domestic violence offenders. The first priority area includes three programs for traditionally underserved populations – two for immigrant and refugee victims of domestic violence (Domestic Violence Education Program for Immigrant and Refugee Women and the VAWA Immigration Project) and one for rural victims of domestic violence (Enhance Shelter Services). The second priority area includes three programs focused on providing services to children (and their non-abusing parent) who were exposed to domestic violence – two counseling/education programs (Safe Families – Support for Children Witnessing Domestic Violence and Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids) and one supervised visitation and exchange program (Kids First Safe Alternatives Center). The third priority area includes one crisis line program for all victims of domestic violence in the tri-county Portland metro area (Centralized Domestic Violence Information, Referral, and Crisis Counseling Line). The fourth priority area includes one program that provides enhanced supervision and treatment to domestic violence offenders as well as services to victims (Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program).

Priority Area: Programs for Traditionally Underserved Populations

Priority was given to innovative programs that provided services to underserved domestic violence victim populations. “Underserved victims” refers to domestic violence victim groupings that have been overlooked in the past, yet deserve equal or special consideration and services. Two such groups are immigrant and refugee victims of domestic violence and domestic violence victims living in rural areas.

Immigrant and Refugee Victims of Domestic Violence

Little attention has been paid to immigrant women who are battered (Shetty & Kaguyutan, 2002). According to the Census, between 1990 and 2000 there was dramatic growth in immigration among specific populations including Americans of Asian origin (7.3 million in 1990 and 10.2 million in 2000) and Latinos (22.3 million in 1990 to 35 million in 2000). While no specific estimates exist on the number of immigrant women who are victims of domestic violence, the issues they face are not only those that affect battered women who are citizens, but also a number of cultural and legal barriers to seeking safety. The Violence Against Women Act of 1994 and its two reauthorizations in 2000 and 2005 have brought awareness, education, and the legislative protections necessary for immigrant battered women to achieve safety.

Domestic Violence Education Program for Immigrant and Refugee Women

Program description. The Domestic Violence Education Program for Immigrant and Refugee Women was designed to address domestic violence within the immigrant and refugee community by providing: 1) English as a second language (ESL)/domestic violence (DV) classes for women focusing on life management skills, legal issues, safety planning and community resources, 2) case management and advocacy services to domestic violence survivors, and 3) law enforcement training to enhance officers' ability to respond to domestic violence in immigrant and refugee communities.

Program participants. From 2001 to 2005, a total of 448 immigrant and refugee women, 18 years and older, attended ESL/DV classes and 129 immigrant and refugee victims of domestic violence received case management and advocacy services (see Table 2). These women represented 37 ethnic groups; Forty-percent of the women were Hispanic, one-quarter were Asian/Pacific Islanders, and one-fifth were white (mostly from Russia or Eastern European countries).

Summary of key outcomes. Over the last four years, the Byrne grant enabled IRCO to provide valuable services to a population often underserved due to legal, linguistic, and cultural barriers. The importance of this program is evident to program staff and the immigrant and refugee community members as an active link between service providers,

law enforcement agencies, and the immigrant and refugee communities they serve. Women who completed ESL/DV classes gained knowledge about the U.S. legal system as it pertains to the domestic violence. All case management clients received safety planning, and 80 – 95 percent of them achieved their short-term and long-term goals, ranging from having their immediate needs met (e.g., safe and stable housing, restraining order) to attaining self-sufficiency. Outreach and training to law enforcement agencies increased officers' knowledge and understanding of domestic violence issues in immigrant and refugee communities, which, in turn, helped enhance officers' ability to respond to domestic violence in immigrant and refugee communities.

Key lessons learned. The main lessons learned include the following: 1) It is possible and valuable to provide domestic violence education to immigrant and refugee women as supported by the evidence that women who attended and completed class reported a significant increase in knowledge; 2) Community-based outreach was essential for two of the program components to function and be successful; 3) Partnership and collaboration with government agencies and other service providers was vital to the success of the program; and 4) Program evaluation helped the program staff in program development, implementation and improvement.

VAWA Immigration Project

Program description. The VAWA Immigration Project was designed to help immigrant victims of domestic violence in Oregon based on the 2000 reauthorization of the 1994 Violence Against Women Act (VAWA) and immigration law. In order for undocumented immigrants who are married to a U.S. citizen or permanent resident to remain legally in the United States, the U.S. citizen or permanent resident spouse must file a legal petition on immigrants' behalf. However, under the VAWA, immigrant victims of domestic violence can self-petition for lawful immigration status for themselves and their undocumented children without the cooperation of the offender. The VAWA Immigration Project consisted of three main components: 1) legal consultation and representation to assist immigrant victims of domestic violence, primarily Hispanics, in the process of gaining lawful immigration status under the VAWA, 2) outreach and education to educate immigrant victims of domestic violence and victim service providers about victims' rights under immigration law, and 3) a pro bono training program in which attorneys and interpreters were trained to represent immigrant victims of domestic violence.

Program participants. From 2001 – 2005, 613 families (613 potential immigrant victims of domestic violence and 524 of their children) received legal consultation services. Most of the 1,137 clients were female (77 percent) and Hispanic (79 percent) (see Table 2). Of those, 494 families received legal representation services to apply for lawful

immigration status and 837 immigrants and victim services providers participated in 57 one and one-half hour outreach and education sessions. In addition, 31 attorneys and interpreters participated in three eight-hour training sessions.

Summary of key outcomes. The VAWA Immigration Project provided a valuable service to many immigrant victims of domestic violence. The project was able to successfully apply for immigration visas for 99 percent of applicants, a rate far exceeding the national rate of 77 percent. Clients who received legal consultation and representation services reported that as a result of receiving program services, they improved understanding of their cases and legal options, felt safer, and became more hopeful about their future legal status. In addition, the program leveraged resources by educating community-based service providers and training attorneys and interpreters to understand this issue and provide free services.

Key lessons learned. The program learned several primary lessons during implementation and evaluation that may benefit other sites considering instituting a similar program. First, immigrant victims of domestic violence experienced two major barriers to participating in the VAWA Immigration Project: 1) the long and complicated nature of the legal immigration process (which the program had no control over) and 2) the difficulty following through on gathering documents or completing other tasks for their cases

due to fear, stress, anxiety, or depression caused by the abuse. In order to best assist these clients, staff should not overwhelm them with many tasks at the first consultation and should connect them with appropriate social services including mental health and other support services. Second, staff turnover may be expected in the process of establishing and implementing this type of program due to the heavy and demanding workload. Third, a program like this must be

established as a known resource in the community in order to be successful, requiring extensive community-based outreach and education. Lastly, the VAWA Immigration Project benefited from a variety of evaluation activities conducted throughout implementation of the program including developing a detailed program description (including a logic model), a comprehensive evaluation plan, and a client database.

Rural Victims of Domestic Violence

Rural victims of domestic violence face additional challenges rarely encountered in urban areas. The geographic isolation, economic structure, social and cultural pressures, and lack of available services in rural communities significantly compound the problems faced by victims seeking to end the violence in their lives.

Enhance Shelter Services

Program description. The purpose of the Enhance Shelter Services program was to provide the residents of a domestic violence shelter (Chloe House) in rural Coos County with information, skills, support, and activities that address the importance of emotional and physical well-being. Because domestic violence affects the emotions, minds, and bodies of women, the Enhance Shelter Services program was designed to provide supportive, healing, and holistic modalities in conjunction with the provision of shelter, food, clothing, and safety. The two main components of the Enhance Shelter Services program were case management

and a variety of health and wellness activities (or enhancement activities). Case management services consisted of an assessment of needs, case planning, goal setting, safety planning, resource referrals, and advocacy. After completing an intake interview to obtain information about the client and to assess her needs, case managers developed individualized case plans to address immediate and long-term needs and goals. Case managers met daily with clients and provided appropriate referrals, education about domestic violence and community resources, and advocacy that addressed each woman's needs and goals.

Enhancement activities included a peer buddy system; Morning Circle in which shelter residents and staff shared time and information with each other for 20-40 minutes every morning; Peer Support Counseling Group that was held weekly to support clients' attempts to counsel each other and to help clients communicate more effectively during their own advocacy or therapy sessions; yoga classes that were offered twice a week to allow clients to reconnect with their bodies and to provide clients with tools for relaxation and stress reduction; Mindfulness Group that consisted of weekly one-hour sessions designed to create and sustain healthy boundaries and managing emotions and mindfulness; It's Not OK Anymore (INOKA) support group that consisted of 12 weekly psycho-educational sessions designed to empower women by increasing their knowledge about abuse, safety planning, and awareness of themselves. Participation in the shelter's enhancement activities was voluntary; however, all shelter residents received case management services.

Program participants. From October 1, 2001 through June 30, 2005, the Enhance Shelter Services program provided services to 257 adult female victims of domestic violence. Of 183 for whom demographic data is available, most were between the ages of 18 and 44. Three-quarters of the participants were White, 10 percent were American Indian/Alaskan Native and six percent each were Hispanic or multi-racial (see Table 2).

Summary of key outcomes. Enhance Shelter Services was a unique domestic

violence shelter program because it combined the most basic of shelter services (case management) that were not available before in this rural area of Oregon with innovative, holistic health and well-being activities that are usually not available in most shelters. Shelter residents participated in both case management and enhancement activities and reported increased knowledge about domestic violence and community resources, being able to rely on their safety plans, benefiting from the group enhancement activities, improved quality of life, increased self-efficacy, and lower depression.

Key lessons learned. Enhance shelter services encountered some challenges related to staffing (e.g., turnover, tardiness); participation in the groups due to physical limitations, religious beliefs, or leaving the shelter before having a chance to participate; and documentation of services provided. However, several key factors made the program a success: 1) the leadership and vision provided by the Program Director, 2) the consistent application of program theory and guiding principles to all aspect of program design, development, implementation, and evaluation, 3) open, regular communication between shelter staff and contracted group facilitators, and 4) regular evaluation feedback that allowed the program to make mid-course adjustments (e.g., once shelter staff were aware that many shelter residents stayed for less than a week, they were able to provide safety planning and resource referrals to women as early as possible in their stay).

Priority Area: Programs for Children Exposed to Domestic Violence and Their Non-Abusing Parents

Research indicates that millions of children are exposed to domestic violence each year and need services, along with their non-abusing parent, to cope with the abuse and remain safe. Oregon has recognized the importance of programs that ensure the health, well being and safety of domestic violence victims and their children.

Children who Witness Domestic Violence

Research indicates that millions of children are exposed to domestic violence each year, and that this exposure can have significant negative effects on children's emotional, social, and cognitive development. Families affected by domestic violence touch all service systems and may face multiple problems including poverty, substance abuse, and exposure to other forms of violence. Most children in these families are not currently being identified and treated. Although promising programs throughout the country are providing special services to children affected by domestic violence, few programs have been evaluated for their effectiveness in improving outcomes for these children.

Safe Families - Support for Children Witnessing Domestic Violence

Program description. The purpose of the Safe Families - Support for Children Witnessing Domestic Violence (Safe Families) program was to target child witnesses of domestic violence and their parents or caregivers and provide them with services necessary to increase their safety and improve their emotional and behavioral health. The main components of the program were: group therapy, individual therapy, and family therapy (provided in one-hour increments once a week or once every other week). Group therapy was based on eight-week, topic-focused support and education groups

that used a combination of art, games, role plays, and discussion to help children deal with issues related to domestic violence. The focus of individual therapy was on resolving children's and parents' emotional, mental, and/or behavioral problems caused by domestic violence. The focus of family therapy was on improving family communication and functioning by providing therapy for children, parents, and relevant family members together.

Program participants. From October 1, 2001 through June 30, 2005, the Safe

Family program provided services to 130 children (under age 18) and 55 of their parents. Almost three-quarters of the children (73 percent) and 67 percent of the parents completed the program. Of the children who received program services, 53 percent were male (42 percent were female and 5 percent were missing this data) and 90 percent were White (see Table 2).

Summary of key outcomes. The Safe Families program provided a valuable service to children and their parents in the local community who had been exposed to domestic violence. According to the results of the parent survey, there were improvements from the time of their program admission to completion in the following areas: children's and parents' emotional and behavioral health, children's and parents' safety, and parents' knowledge about domestic violence.

Key lessons learned. Key program staff members indicated that a successful program serving children who witnessed domestic violence would need to: 1) conduct intensive community outreach to generate sufficient client referrals as well

as educating the community about the effects of domestic violence on children and how to identify domestic violence and talk to children about it; 2) have a standardized system in place to conduct thorough initial assessments of clients (so that clients have the opportunity to tell their story outside the group setting and so that less experienced staff may conduct assessments); 3) train therapists, if needed, in working with domestic violence-related clients and; 4) make continual efforts to enroll clients into the program by helping parents overcome barriers such as reluctance to admit the adverse effects of domestic violence on their children, shame, and lack of transportation and child care. In addition, they noted that the Byrne grant funds provided Looking Glass the opportunity to pull together a curriculum and a product, and think about who they wanted to serve and what they wanted to accomplish. In addition, parents learned language and skills for dealing with their children who had been affected by domestic violence and children had the opportunity to break their isolation, learn how to keep themselves safe, and see that what was going on in their homes was not their fault.

Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids

Program description. The Hope, Education, Resources, and Opportunities (H.E.R.O.) for Kids program was designed to identify, screen, and provide services for children in Multnomah County who had witnessed domestic violence. Program services included: referral, contact, and outreach to non-offending parents (or custodians); intake assessment; individual and family case planning; educational groups; safety planning; individual counseling; wrap-around services, and; exit assessment. The core components of the program were educational groups for children and their parents. Following the intake assessment and case planning, children were assigned to an educational group that consists of 10 weekly, one and one-half hour sessions. Parents attended a parallel educational group in a different room for the first seven weeks and then attended a portion of the children's group for the last three weeks. The main focus of educational groups was on improving children's emotional and behavioral health, parents' communication with and empathy for their children, and child and family safety. Specific group activities included developing a safety plan, talking about things that can happen in families, drawing pictures of the best and worst things that happened in the home, creating cards about and understanding feelings of different family members, discussing different types of communication/touching/violence and watching and discussing a video about not blaming oneself for abusive family relationships.

Program participants From October 1, 2001 through June 30, 2005, 371 children and 226 of their parents completed intake. Of those, 208 children and 133 of their parents participated in educational groups. Sixty-seven percent of the children completed the groups and 66 percent of the parents completed the groups. Of the 371 children who were initially enrolled, almost half were female (49 percent), all were between six and 14 years of age, 60 percent were White, 19 percent were Hispanic, 11 percent were multi-racial, and eight percent were Black or African American (see Table 2).

Summary of key outcomes. The H.E.R.O. for Kids program provided a valuable service to children and parents in the local community who had been exposed to domestic violence. According to the results of several parent and child surveys, from the time of children's program intake to completion, there were improvements in children's emotional and behavioral health, parents' communication with and empathy for children, and children's safety planning and other knowledge and skills to cope with domestic violence. These improvements also seemed to be sustained three months after program completion.

Key lessons learned. The main lesson learned from implementation of the H.E.R.O. for Kids program is that there are many barriers to identifying children who have been exposed to domestic violence. While there are a large number of children who have been exposed to

domestic violence in the community, only a small percentage are identified by professionals who could refer them to services. To be successful, programs targeting child victims of domestic violence need to conduct active community outreach and education and constantly communicate about the concept of the program, specific services, and program benefits. Another barrier to serving children who have witnessed domestic violence is that many parents had difficulty fully participating or allowing

their children to participate because of other life circumstances (e.g., transportation problems, unstable housing, continuing to struggle with domestic violence). Occasionally, parents were concerned about the consequences of their answers to questions that were asked in the assessment. To encourage families' program participation and completion, staff need to clarify expectations, accommodate family schedules, and enhance program services to meet their needs.

Supervised Visitation and Exchange Services

Communities nationwide are beginning to support supervised visitation and safe exchange of children, by and between parents, in situations involving domestic violence. Studies have shown that the risk of violence is often greater for victims of domestic violence and their children after separation from an abusive situation. Even after separation, batterers often use visitation and exchange of children as an opportunity to inflict additional emotional, physical and/or psychological abuse on victims and their children.

Kids First Safe Alternatives Center (Kids First)

Program description. Kids First Safe Alternatives Center (Kids First) was a supervised visitation and exchange program that provided an opportunity for non-custodial or non-residential parents, primarily in Lane County, to maintain contact with their children in a safe and neutral setting. Kids First had two primary components: 1) supervised visitation of parenting time for families in which the children generally live with one parent and

see the other non-custodial parent only under supervision, and 2) supervised exchanges in which children are transferred from one parent to the other under supervision without the parents contacting each other. All of the families served by Kids First involved a history or allegations of domestic violence. The main purpose of the program was to ensure the safety and well-being of child and adult victims of domestic violence.

Program participants. From October 1, 2001 through June 30, 2005, Kids First provided 4,081 supervised visits to 97 families (97 custodial parents, 97 non-custodial/visiting parents, and 187 of their children) and 707 supervised exchanges to six families (six custodial parents, six non-custodial/visiting parents, and nine of their children). Of the 206 custodial and non-custodial/visiting parents who received supervised visitation or exchange services, half were female, most were White (79 percent), and 75 percent were between the ages of 25 and 44 years old.

Summary of key outcomes. The Kids First Safe Alternatives Center provided a valuable service to families who experienced domestic violence by offering an opportunity for non-custodial parents to share time with their children in a safe and neutral setting. As of June 30, 2005, 100 percent of supervised visits and exchanges had zero incidents of exposure to physical assault. As a result of receiving program services, custodial parents reported improvement in their own safety and well-being as well as the safety, well-being, and emotional/behavioral health of their children.

Key lessons learned. The main lesson learned from the operation of the Kids First Safe Alternatives Center was that

program structure, consistency, clear expectations, and effective communication are all essential factors in working with parents, especially those who are involved in domestic violence. The successful implementation of these key elements was facilitated through ongoing case coordination, staff training and support, a pool of committed volunteers, and strong collaboration with community partners. Over the four years of operation, staff learned that it was resource intensive to provide this type of service to parents and children for long periods of time. The program was able to address this issue by utilizing volunteer resources, encouraging staff to work as a team to support each other, and streamlining program policies and protocols. Additionally, for a supervised visitation and exchange program to be successful, it is essential that staff: 1) Make an effort to meet the needs of the adult and child victims of violence while maintaining a neutral or unbiased position in terms of supporting custodial and non-custodial parents; 2) Avoid collusion and interrupt tactics of minimizing, denying, blaming, or excusing violence; 3) Model program values of respect, empowerment, anti-oppression, and nonviolence; and 4) Avoid “re-victimizing” victims by offering an environment in which they are respected and empowered, and in which the dynamics of domestic violence are well understood.

Priority Area: Crisis Line for Domestic Violence Victims

Until domestic violence stops, crisis hotlines will continue to be an essential resource for all domestic violence victims and anyone calling on their behalf. Typically, crisis lines are available to callers 24 hours a day, 365 days a year. Crisis line advocates provide crisis intervention, safety planning, information and referrals. Communities do not always have the resources to create or improve this essential resource for victims and service providers in their area.

Centralized Domestic Violence Information, Referral, and Crisis Counseling Line

Program description. The purpose of the Centralized Domestic Violence Information, Referral and Crisis Counseling Line was to plan, design and implement a state-of-the-art centralized domestic violence information, referral and crisis counseling line (IRC) for the Tri-county region of Oregon (Multnomah, Clackamas and Washington Counties). The program aimed to address the growing needs of victims and service providers for an effective, centralized access point for various victim services and resources. The IRC program consists of two primary components: planning (evaluating the regions' needs and current services, gathering information to guide the redesign process, and developing a redesign and implementation plan) and development and implementation (pilot testing the new model, ongoing training and skill development of the IRC staff, expanding use of new call-handling procedures, implementing collaborative agreements, updating and distributing the Information and Referral Software System (IRIS) database, seeking additional funding sources, and fine-tuning the IRC

model as needed). The IRC program was conducted by the Multnomah County Department of County Human Services (DCHS) through the Domestic Violence Coordinator's Office (DVCO). DCHS contracted with Portland Women's Crisis Line (PWCL) to participate in all aspects of the planning and development phases and to provide information, referral and crisis line services.

Program participants. From October 1, 2001 to June 30, 2005, the PWCL received 86,554 calls including 39,588 related to domestic violence. Unfortunately, demographic information on callers was not routinely collected by PWCL staff.

Summary of key outcomes. Through Byrne funding, staff were able to identify the critical components in an IRC model in terms of technology, protocols, and staffing and develop a service model. Overall, the new centralized domestic violence IRC resulted in an increased capacity to handle domestic violence and sexual assault calls from both survivors

and domestic violence service providers. In addition, the implementation process resulted in an increased sense of collaboration among agencies that provide domestic violence interventions. However, these findings must be viewed as general indications rather than program outcomes since the program struggled with collecting demographic and satisfaction data from callers. In general, both victims and providers indicated that the new service was improved over the old service, although the process evaluation and anecdotal information from staff and victims indicated that the new call handling protocols were not always consistently implemented.

Key lessons learned. There were many successes and challenges associated with implementing a full-scale centralized crisis line and many of the facilitators of success were also initially barriers to implementation. Proposed best practices related to the structure of the IRC model include appropriate technology; paid professional staff; ongoing training; collaboration with community-based partners (e.g., domestic violence shelters, criminal justice agencies, etc.) and; improved outreach to victims. Best

practices related to call handling procedures include conducting an in-depth assessment of the caller's situation and needs, assisting callers' with prioritizing their needs, providing information about options and possible outcomes, prescreening to determine basic needs and eligibility, directly connecting caller to the appropriate referral and making sure someone is available to talk with the caller, and, when appropriate, introducing the caller's situation to the referral source before disconnecting from the call. Initial, and sometimes ongoing, barriers to implementation included limited physical space, limited technological resources (e.g., few incoming crisis lines, no call queuing, limited support), staffing issues (e.g., high staff turnover, limited staff supervision, lack of direct contact with domestic violence victims), and budgetary concerns. These challenges resulted in slow implementation of the model and concerns among some stakeholders related to the Portland Women's Crisis Lines' ability to carry out the crisis line responsibilities with fidelity to the model (e.g., the model's call handling procedures were still not consistently used by staff in the last year of the grant).

Priority Area: Enhanced Supervision Program for Domestic Violence Offenders

Domestic violence offenders are being arrested, prosecuted, and sentenced in greater numbers than ever before. However, not enough attention has yet been focused on the supervision of these offenders when they are released in the community on probation or parole. Attention to vigorous supervision of offenders is a vital part of a comprehensive approach to protecting victims and holding intimate partner domestic violence offenders accountable.

Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program

Program description. The Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program (Domestic Violence Supervision Program) was designed to increase the safety of domestic violence victims while providing specialized supervision and services to domestic violence offenders under formal supervision for a domestic violence or domestic violence-related offense. The Domestic Violence Supervision Program has three primary components: enhanced supervision, treatment services, and victim services. Offenders received enhanced supervision through increased levels of supervision, specialized training for the supervising officer, standardized domestic violence intake (SARA) monitoring of compliance with domestic violence treatment, polygraph and urinalysis testing as indicated, and imposition of sanctions for any unauthorized offender/victim contact. Offenders received a court mandate to attend domestic violence treatment when they committed domestic violence toward an intimate partner. The domestic violence probation officer in the program referred victims to Clatsop County's domestic violence victim service provider (Women's Resource Center) and shared information with the agency regarding offenders or their victims. To increase victim safety, the program maintained a close contact with domestic violence treatment providers and the Women's Resource Center. The primary goals of the program were to: 1) Increase the safety of domestic violence victims; 2)

Enhance supervision of domestic violence offenders; 3) Provide a resource to victims of domestic violence whose offenders are on supervision; and 4) Respond to violations of offender/victim contact.

Near the end of the third year of Byrne funding, the Director of Clatsop County Community Corrections (who was the Grant Program Manager) accepted a new job as Director of Jackson County Community Corrections. As a result of his leaving and because Clatsop County was able to continue the program by using county funds, Clatsop County Community Corrections did not apply for a fourth year of Byrne funding. This early and sudden termination prohibited the program from completing all of their evaluation activities.

Program participants. From October 1, 2001 through September 30, 2004 (the period of Byrne grant funding), a total of 300 offenders participated in the program. Unfortunately, cumulative demographic data is not available for these participants.

Summary of key outcomes. Full outcome data is not available due to the early termination of the program. However, the program evaluators were able to calculate offender recidivism rates (any new felony convictions with an incident date subsequent to admission to the program) and domestic violence re-offense rates (convictions for misdemeanor or felony domestic violence assaults). Of the 300 offenders who participated in the program, 12 percent

were convicted of new felony crimes (compared to the average Clatsop County recidivism rate of 25 percent) and three percent were convicted of new domestic violence assaults. Program evaluators interviewed key stakeholders (including a community service provider, a probation officer, a law enforcement officer, and a prosecuting attorney) who felt that the program was "indispensable to the county; it's had a huge beneficial impact. I can see this from my own conversations with offenders in the program and their families;" "... any time you take a particular population with similar dynamics and supervision requirements and put them with one person, you have a higher quality of supervision, and greater protection for the community. You become very familiar with the populations, with how they react, how to communicate with them, how to predict behavior, how to intervene when you see that behavior, and how to elicit better information from collaterals;" "[the program] allows for consistency and accountability, running things through one person. I know who to talk to when I'm dealing with domestic violence. [Offenders] I've dealt with seem to be held accountable. They don't like it, but that's probably a good thing."

Key lessons learned. When asked to name the factors most critical to the success of the Domestic Violence Supervision Program, many key stakeholders spoke of the Corrections staff involved with the program, especially

the personal qualities of the domestic violence probation officer. Many stakeholders also spoke highly of the treatment provided by the domestic violence treatment provider. Some believed that an important strength of the program lay in the inevitability of consequences for offender noncompliance and some spoke of the positive impact of coordination between agencies to improve offender accountability. Other strengths mentioned included the high level of supervision, having a standardized program with clear guidelines, the availability of resources for indigent funding for domestic violence treatment, having a protocol that allowed offenders and victims to be in contact while the offender was still under supervision, and the domestic violence probation officers' attendance at domestic violence group treatment sessions. One of the most common suggestions for improvement revolved around the need for additional jail space. Although stakeholders generally reported positive collaboration with the county, some asserted that a stronger partnership between all providers involved in domestic violence would be beneficial. Some believed that a greater diversity of treatment provider options was necessary and that more resources were needed for indigent offenders. Some key stakeholders reported a need to expand outpatient substance abuse treatment services, add an additional domestic violence probation officer, and increase family resources.

Overall Summary of Lessons Learned

Programs for Traditionally Underserved Populations

All three programs found that it was possible and valuable to provide domestic violence services to rural and immigrant domestic violence victims who are largely underserved. The two programs funded to serve immigrant and refugee victims of domestic violence (the Domestic Violence Education Program for Immigrant and Refugee Women and the VAWA Immigration Project) stressed the importance of outreach and training to law enforcement and other service providers, while the Enhance Shelter Services program for rural domestic violence victims stressed the value of regular communication within the organization. All of the programs learned a great deal about how to collect program and client data and appreciated that the findings helped them to make mid-term program adjustments and provide evidence of program success.

Programs for Children Exposed to Domestic Violence and Their Non-Abusing Parents

The two education/counseling programs for children who witnessed domestic violence (the H.E.R.O. for Kids program and the Safe Families program) and the supervised visitation and exchange program (Kids First Safe Alternatives Center) recognized that many children are affected by domestic violence and a variety of programs are needed to help keep them safe and attend to their needs. The two education/counseling programs experienced difficulty recruiting enough children and learned that active community outreach was essential, while the supervised visitation and exchange program learned to utilize a pool of volunteers to handle the ever increasing number of visits and exchanges. Core to both programs was the acknowledgement that children are part of a family and any program for children must also address the safety of the non-abusing parent. Offering an environment in which the dynamics of domestic violence are well understood and parents and children are respected and empowered are key factors in program success.

Crisis Line for Domestic Violence Victims

Updating a local crisis line for domestic violence victims (e.g., the Centralized Domestic Violence Information, Referral and Crisis Counseling Line) is a valuable undertaking that involves culture change, protocol revisions, and new technology. Each of these new aspects can take a long time to implement and the process may create tension within the organization hosting the crisis line as well as the local community. Key components of a centralized domestic violence crisis line include appropriate technology, paid professional staff, clear call handling procedures, ongoing training and supervision, collaboration with community-based partners, and improved outreach to victims.



Enhanced Supervision Program for Domestic Violence Offenders

While it is essential to provide services to domestic violence victims and their children, programs aimed at domestic violence offenders are also crucial. Staff and community stakeholders affiliated with the Domestic Violence Misdemeanor Supervision and Supervision Enhancement Program were satisfied that the program reduced recidivism and felt that utilizing one highly qualified and motivated domestic violence probation officer to provide a high level of supervision to misdemeanor and felony offenders (including swift consequences for noncompliance) by using standardized program guidelines was the key to success. In addition, staff and key stakeholders identified strong partnerships between the domestic violence probation officer and the treatment provider as well as between all county providers involved in domestic violence as important program components.

Recommendations

Program staff and key stakeholders overwhelmingly felt that these programs were successful and should be continued. As discussed above, they learned many lessons through the implementation, operation, and evaluation of each of the eight domestic violence programs. Common themes among programs are discussed below in terms of recommendations for future program selection, implementation, and evaluation.

- It is important to identify statewide priority areas for funding. Due to the prevalence of domestic violence across all racial, cultural, social, and economic groups and the myriad of negative consequences, many prevention and intervention programs would be of benefit to victims, children, or offenders. However, involving key stakeholders in priority setting ensures that the most pressing areas are tackled first. Over time, the state will build a portfolio of evidence-based programs that can be replicated in other areas or for different populations. Future programs may expand to serve other underserved populations using program models with some evidence that they would be beneficial for the intended population.
- Collaboration between community-based organizations that serve domestic violence victims, children or offenders (e.g., shelters, parole and probation, counseling) takes time to develop and solidify, but when the collaboration takes hold it is a powerful force in serving clients and producing positive outcomes.
- Community outreach and education about domestic violence and its consequences as well as the benefits of programs that serve victims, children, and offenders is important to build support for programs, establish programs as a known resource, develop referral protocols, and ensure sustainability.
- Program staff require training and supervision in data collection and may benefit by using a client database to store program data. If funding permits, professional program evaluators can design an evaluation that will provide the program with key information needed for quality assurance, to determine effectiveness, and to support sustainability.

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