



# **1998 Oregon Domestic Violence Needs Assessment**

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

**Second Edition**

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Oregon Health Division

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Gina McClard, Community Member

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Violence Coordinator

Ana Simantel, Community Member

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Criminal Justice Services Division  
Oregon State Police

Council Staff:  
Linda Atkin  
Carmen Merlo  
Renee Kim

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*Prepared by*

Barbara Glick, Ph.D., Sandy Johnson, M.S., and Christine Pham, M.P.H.  
Program Design and Evaluation Services  
Oregon Health Division and Multnomah County Health Department

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# 1998 Oregon Domestic Violence Needs Assessment

## Executive Summary

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

### ■ Interviews of Oregon women

#### Prevalence of Domestic Violence Toward Women in Oregon

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

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

## **Prevalence of Children Who Witness Domestic Violence in Oregon**

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

## **Characteristics of Victims of Domestic Violence**

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

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

## **Characteristics of Abusive Partners**

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

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

### **Efforts by Victims to Protect Themselves**

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

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

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

## **■ Surveys of Oregon Agencies**

### **Domestic Violence-Related Resource and Training Needs Within Oregon Agencies**

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

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

### **Domestic Violence-Related Service Needs of Counties Throughout Oregon**

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

### **■ Recommendations**

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

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

# 1998 Oregon Domestic Violence Needs Assessment

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

### ■ Introduction

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

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

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

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



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

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

### **What were the specific objectives of the needs assessment?**

The specific objectives of the needs assessment were to:

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

### What methods were used to gather the information?

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

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

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

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

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

<sup>1</sup>Straus, M.A., Hamby, S.L., Boney-McCoy, S., & Sugarman, D.B. (1996). The Revised Conflict Tactics Scales (CTS2). *Journal of Family Issues*, 17(3), 283-316.

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

## ■ Interviews of Oregon Women

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

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

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

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

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

Number of Acts	Women
1 act	26%
2 to 6 acts	34%
7 to 12 acts	12%
13 to 36 acts	19%
37 to 60 acts	2%
More than 60 acts	7%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

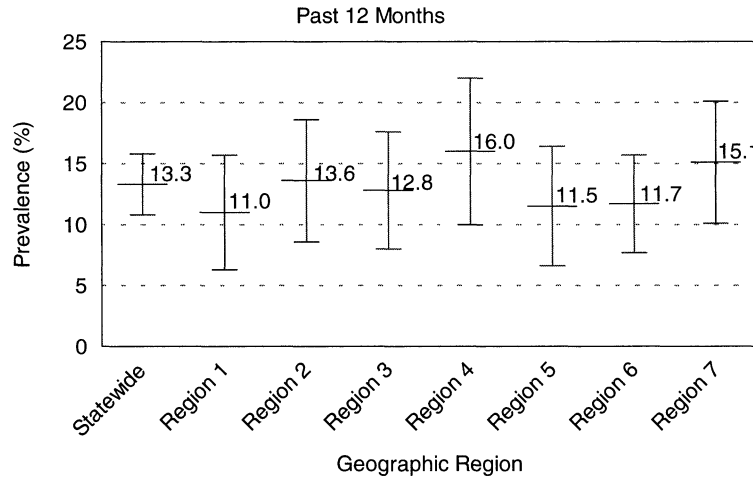
Recent national studies most similar in methodology to the 1998 Oregon Domestic Violence Needs Assessment have focused on physical assault. The prevalence estimates of physical assault in these studies range from 1 out of every 9 women to 1 out of every 12 women (5). The Oregon estimate for physical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

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

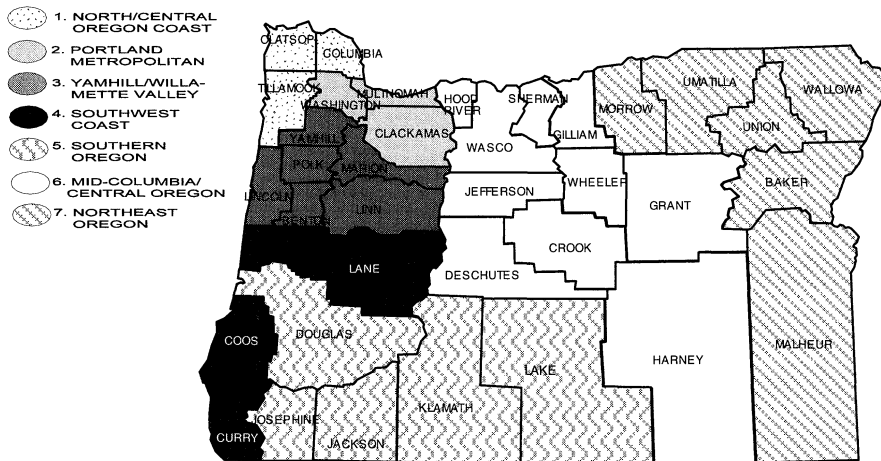
**Who are the women in Oregon who are victims of domestic violence?**

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

**Estimated Prevalence of Physical Abuse of Women by Region**



**Domestic Violence Service Regions of Oregon**



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

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

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

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

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

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

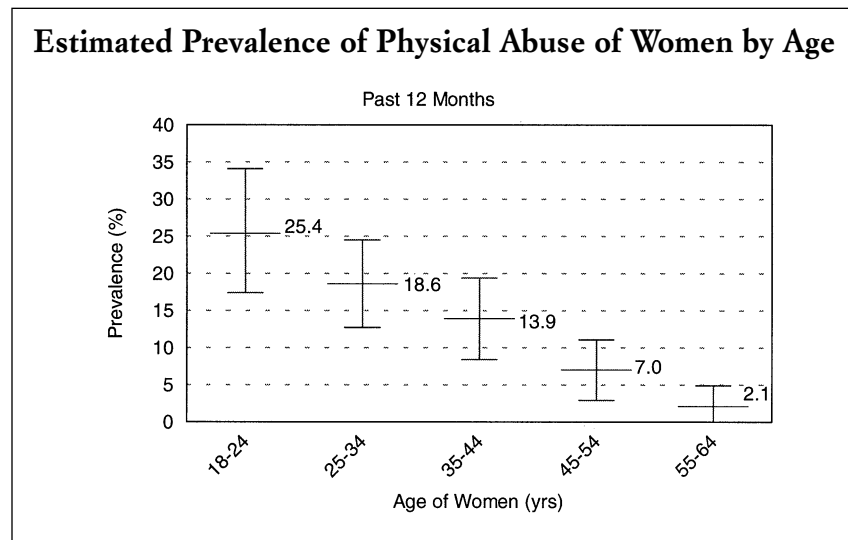
Partner physical abuse occurred among women of all social and economic groups. For example, 90% of physically abused women were white, 63% were employed, 47% had at least some college education, 43% had annual household incomes of \$35,000 or more, and 39% were married.

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

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

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

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



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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **How often does domestic violence occur during pregnancy?**

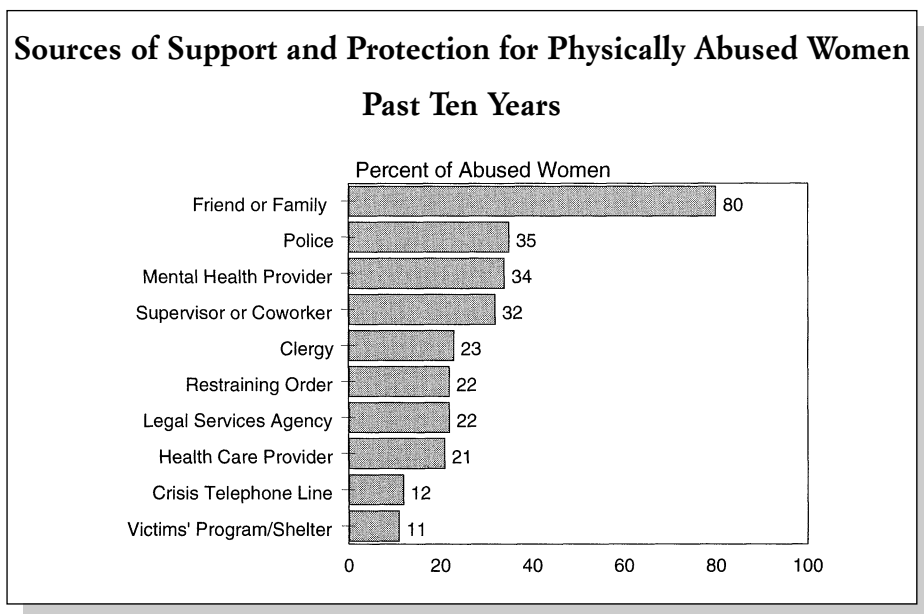
- ◆ **About one-half of women who are in physically abusive relationships when they become pregnant continue to experience abuse. Most of these women experience abuse at least once a month during pregnancy.**

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

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

**What do women do to protect themselves from domestic violence?**

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



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

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

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

Shading represents top three most favorable responses.

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

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

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

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

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

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

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

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

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

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

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

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

*I don't need help.*

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

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

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

*Did not know there was someone out there to help.*

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

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

*Couldn't afford it.*

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

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

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

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

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

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

*Whether or not I would walk away alive.*

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

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

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

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

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



### **What do we know about survivors of domestic violence?**

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

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

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

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

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

### **How safe are women who end a domestic violence relationship?**

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

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

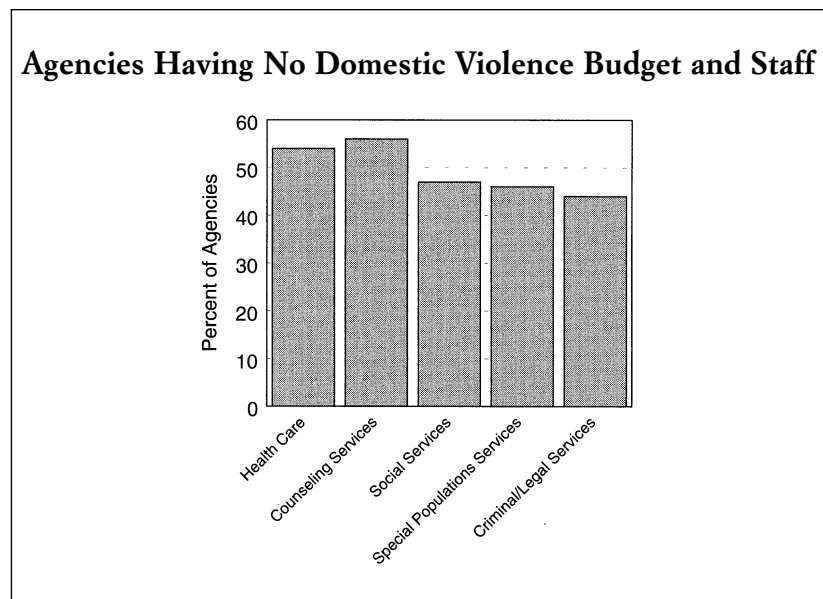
- ◆ **Restraining orders do not always ensure safety; they are often violated, and not always enforced.**

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

## ■ Surveys of Oregon Agencies

***What are the limitations that many Oregon agencies have in delivering services to clients involved in domestic violence?<sup>6</sup>***

- ◆ **Approximately one-half of all agencies have neither a designated domestic violence budget nor a designated staff member.<sup>7</sup>**



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

<sup>6</sup>Information presented on agency services in this assessment was obtained from the agencies.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Top Five Services for Perpetrators that Agencies Do Not Know About</b>	
	<b>Agencies</b>
Victims' financial assistance (through criminal/legal services)	37%
Lethality assessments	75%
Criminal justice supervision of all DV offenders	62%
Case management	61%
Criminal justice supervision of offenders who violate restraining orders	59%
Specially trained probation officers	58%

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

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

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

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

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

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

Regional groupings of counties are provided on page 7.

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

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

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

Regional groupings of counties are provided on page 7.  
The 14 services not selected by agencies are omitted here.

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

Regional groupings of counties are provided on page 7.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Regional groupings of counties are provided on page 7.  
The 4 programs not selected by agencies are omitted here.

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

## ■ Conclusions and Recommendations

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

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

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

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

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

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

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

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## ■ Appendix A - Study Methods

### Interviews of Oregon Women

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

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

#### Physical Abuse

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

#### Physical Assault

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

#### Sexual Coercion

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

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

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

## Injury

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

## Prevalence Estimates

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

## Surveys of Oregon Agencies

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

## ■ Appendix B

Estimated Prevalence of Physical Abuse of Oregon Women During the Past 12 Months			
Type of Abuse	Prevalence (%)	Range (%)	Number of Women
<b>Physical Abuse</b>			
Overall	13.3 ± 2.5	10.8 - 15.8	132,800 ± 25,000
Severe	5.4 ± 1.9	3.5 - 7.3	53,900 ± 19,000
<b>Physical Assault</b>			
Overall	9.9 ± 2.3	6.6 - 12.2	98,800 ± 23,000
Severe	4.0 ± 1.4	2.6 - 5.4	39,900 ± 14,000
<b>Sexual Coercion</b>			
Overall	7.5 ± 2.0	5.5 - 9.5	74,900 ± 20,000
Severe	1.4 ± 1.2	0.2 - 2.6	14,000 ± 12,000
<b>Injury</b>			
Overall	5.0 ± 1.7	3.3 - 6.7	49,900 ± 17,000
Severe	2.9 ± 1.5	1.4 - 4.4	28,900 ± 15,000

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

## ■ Appendix C

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

<sup>1</sup>Note multiple methods and measures used by different studies.

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