



# Oregon

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April 6, 2007

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Attached is the Department of Human Services Domestic Violence Intervention 2007 Annual Report. The Oregon Department of Human Services prepares this report pursuant to ORS 411.118.

If you have any questions, please contact me at (503) 945-5633

Sincerely,

Vic Todd, Administrator  
Office of Self-Sufficiency Programs  
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Department of Human Services

cc: Ramona Foley  
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*"Assisting People to Become Independent, Healthy and Safe"*  
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## **2007 – Report to the Legislature on ORS 411.118**

### **Introduction**

National data related to receipt of welfare indicates that more than 50 percent of the women receiving welfare have experienced physical violence by an intimate partner within their lifetime. These studies show up to 30 percent of women receiving welfare are currently in domestic violence situations.

Oregon child welfare statistics for 2005 show that 24.5 percent of child protective cases with founded abuse had domestic violence as a “family stress indicator.” That is down from 25.7 percent in 2003.

The Oregon Department of Human Services (DHS) statistics from January 2005 to December 2005 for investigations abuse and neglect towards seniors and people with disabilities, who are not living in facilities, show that in 45 percent of the cases of abuse, the reported perpetrator was a family member: spouse, adult child, grandchild, parent, sibling or in-law.

Clearly, domestic violence affects many DHS clients and the effectiveness with which the department can deal with the issues of abuse has a significant bearing on the success of the department’s work.

### **A Brief History**

In 1997, the Oregon State Legislature passed HB 3112, now ORS 411.117, as Oregon’s response to the Wellstone/Murray Family Violence Amendment of the 1996 federal welfare reform law. The “Family Violence Option”

provides an opportunity for states to certify standards and procedures to screen for and identify domestic violence.

The former Adult and Family Services Division of DHS worked with advocates to craft ORS 411.117. These efforts codified the former division's efforts in field offices and enhanced service delivery to families. The legislation called for four action steps:

- ▶ Screening for domestic violence;
- ▶ Community staffings and individualized family plans for families with domestic violence issues;
- ▶ Waiving Temporary Assistance for Needy Families (TANF) rules that would put the victim or children at greater or further risk of violence;
- ▶ Reporting of three items: 1) DHS staff training and information sharing; 2) domestic violence expenditures; and 3) identification processes used by the TANF program.

Even before the passage of ORS 411.117, DHS staff and partners sat down to plan how to implement the statute and effectively provide services to victims and survivors of domestic violence. DHS has since implemented all of the provisions in ORS 411.117 and has also certified compliance with the federal "Family Violence Option."

In 2002, DHS began its internal integration efforts. The existing divisions were dissolved, policy and administration of programs is now handled by five divisions: Children, Adults and Families, Addictions and Mental Health, Seniors and People with Disabilities, Medical Assistance Programs, and Public Health.

The consolidation of client services highlighted the need to look at domestic violence issues across the department. ORS 411.117 has now been modified to be inclusive of the whole department. This is the fifth report to the Legislature related to ORS 411.117.

## **Intervention Overview**

Domestic violence intervention is critical to the work done by DHS. The department's mission is to help people become independent, healthy and safe. Domestic violence, too frequently, leads clients to apply for services from DHS. Intervention in domestic violence is critical in addressing the mission of the department and the health and safety of Oregonians and is one of the department's high-level performance indicators.

Planning groups of DHS staff and partners have met and continue to meet to establish and streamline methods of identification, help develop processes and written materials and work to solve problems that arise. The key focus of DHS domestic violence intervention is the safety of victims and their children.

## **Components of the DHS Approach**

**Individualized Case Plans:** When domestic violence issues are identified, individualized case plans are developed.

DHS field staff from all disciplines work in partnership with local domestic violence service providers and other community partners to meet immediate and long-term needs of the victim and the children.

Several DHS districts have contracted with local domestic violence service providers to outstation advocates in DHS offices. This has greatly improved the staff's understanding of domestic violence and its impact on clients.

Examples of case planning for domestic violence in the different service disciplines:

- ▶ DHS self-sufficiency staff waive TANF program requirements that would put the family at greater risk of violence. Along with individualized case management, emergency financial help is available to victims who are fleeing or trying to stay free from domestic violence.

- ▶ DHS child welfare workers strive to meet the safety needs of the children and the non-offending parent, while holding the offending parent accountable. They develop case plans that outline supportive services for the adult victim, as well as the child, and refer abusers to batterer's intervention when appropriate.
- ▶ Through their adult protective services programs, and in collaboration with local domestic violence service providers, staff working with Seniors and People with Disabilities offer support for clients who have been victimized by domestic violence.
- ▶ Through vocational counseling and community referrals, vocational rehabilitation staff provide support to victims of domestic violence.

**Domestic Violence Point People:** Each district and many central office units have identified a domestic violence point person.

Central office domestic violence point people include representatives from child welfare, self-sufficiency, family health, and adult protective services.

Field representatives have expanded from including primarily self-sufficiency staff to including staff that work in child welfare and with seniors and people with disabilities. The field point person coordinates local training activities, provides feedback to central office on domestic violence related activities and is a central figure in the local response to domestic violence.

In addition to the district point people, DHS has identified point people from several of its community partners such as the Oregon Coalition Against Domestic and Sexual Violence, local domestic violence service providers and Legal Aid Services of Oregon. These partners participate in the planning and implementation of the DHS domestic violence intervention response.

**DHS Domestic Violence Council:** In 2002, the DHS Domestic Violence Council was formed. This council, with 10 representatives from DHS and

five community representatives, advises the director on policies, practices and training needed by DHS staff related to domestic violence. The DHS DV Council works in coordination with the Governor's Council on Domestic Violence. In June 2005, the DHS Cabinet adopted "DHS Quality Assurance Standards for Domestic Violence Prevention and Intervention"<sup>1</sup> which were developed by the DHS DV Council. The standards are made up of the following components as they relate to domestic violence intervention and prevention:

- Safety Centered Practices
- Comprehensive and Responsive Services
- Respect for Diversity
- Qualified Staff
- Effective Partnerships
- Monitoring and Evaluation

**Cross Discipline Collaborations:** In February 2006, the DHS Addiction and Mental Health Division developed a "Trauma Policy." This policy is now being carried forward in an effort to develop trauma-informed and trauma sensitive services that address the needs of survivors of psychological trauma.

The "Oregon Violence Against Women (VAW) Prevention Plan" was released by Public Health in May 2006. Key goals include:

- Identifying and acting to change societal factors that condone, perpetuate, or mediate VAW.
- Increasing institutional/sector capacity to prevent VAW.
- Increasing community capacity to prevent VAW.

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<sup>1</sup> See Appendix 1 for more detail on the standards. Full standards are available at <http://www.oregon.gov/DHS/abuse/domestic/dvcouncil/index.shtml>.

- Promoting healthy non-violent relationships.
- Increasing the individual safety of girls and women in relationships and social environments.
- Promoting public health surveillance and epidemiology, program evaluation and research.

**Support for employees who are victims of abuse:** The department adopted policies in 2004 related to employees who have been victims of domestic violence and offers help in developing workplace safety plans.

### **Methods of Implementing ORS 411.117**

In order to better identify and work with victims, DHS has devised and implemented new methods to screen and refer clients. Intensive training processes have been implemented for staff to address domestic violence issues. Collaboration efforts have been expanded and existing partnerships strengthened.

Since the passage of Oregon's family violence law, DHS has implemented and expanded upon actions in the following areas:

- ▶ **Identification of victims:** Processes to identify victims are in place statewide. For example, application packets for self-sufficiency programs have questions, developed in coordination with domestic-violence service providers, pertaining to abuse.

Child welfare guidelines recommend questions that can be used in work with the adult victim and child, and with the abuser.

Vocational rehabilitation addresses domestic violence in one-on-one client interviews.

- ▶ **Child abuse mandatory reporting in cases of domestic violence:** Threat-of-harm guidelines, which outline when state child protective workers may intervene, are in place to better inform mandatory reporters when to report domestic violence.
- ▶ **“Child Welfare Practices For Cases With Domestic Violence”:** The DHS Child Protective Services-Domestic Violence workgroup has worked in collaboration with domestic violence service providers to update this recently published guide, used by child welfare staff who work with clients affected by domestic violence.
- ▶ **Collaborative Training:** Domestic violence education is available to DHS staff from local DV service providers. In addition, Mid-Valley Women’s Crisis Service in Salem provides DV 101 (the basic dynamics of domestic violence) for DHS staff from across the state every month.
- ▶ **Coordination of Services:** District's coordinate with their local domestic violence service providers to outstation advocates in DHS branches. In other districts, self-sufficiency staff meet with victims at domestic violence service provider sites to enhance victim’s safety and expedite services.

In all district’s, DHS staff consult with domestic violence service providers on domestic violence cases when appropriate and refer clients to local services.

DHS also has taken the message of domestic violence intervention to contracted partners, such as substance-abuse and mental-health treatment providers and county health departments.

With the implementation of the “Family Support and Connections” (FSC) program there is increased collaboration and coordination between child welfare and self-sufficiency offices on joint cases. One goal of FSC is to decrease the number of TANF



clients whose children are placed in the foster care system.

- ▶ **Public Awareness:** The DHS Web page is designed to bring the Department's six domestic violence Web pages together under the heading of "Abuse and Neglect." Along with other domestic violence related information, a map of Oregon's domestic violence service providers is available and provides information on services for staff, partners and the public across the state. In 2006, there was an average of 526 contacts to that Web page every month.

Since October 1997, DHS field staff have participated in domestic violence awareness activities statewide, including educational and fund-raising activities that benefit their local domestic violence service provider.

In addition, brochures and posters have been developed to better inform our clients and partners about domestic violence services.

- ▶ **Policy Development:** Policy in the Self-Sufficiency Family Services Manual is consistently reviewed and updated to support victims of domestic violence. TANF program requirements that may put the client at greater risk of domestic violence can be waived or modified.

Guidelines titled "Child Welfare Practices for Cases with Domestic Violence" are available online.

The DHS Domestic Violence Council has developed domestic violence prevention and intervention standards for the Department.

- ▶ **Partnerships:** The Department has coordinated with many partners in planning and providing services to victims of domestic violence. The core partners include:

- ▶ Local domestic violence service providers from across the state
- ▶ The Oregon Coalition Against Domestic and Sexual Violence (OCADSV)
- ▶ The Governor's Council on Domestic Violence
- ▶ The Oregon Department of Justice's local Child Abuse Multi-disciplinary Teams

### **The Future**

Domestic violence is a community issue that contributes to other problems, including juvenile crime, child abuse, teen pregnancy, elder abuse and homelessness. The Department's participation in a coordinated community response to end domestic violence is critical in addressing the health and safety of Oregonians.

DHS action steps for the future include:

- ▶ **Developing and expanding partnerships:** DHS is expanding its partnerships on a continuing basis. The Department will continue to partner with community programs that address the issues of domestic violence and expand the network of services available to clients. DHS also will work with programs that provide batterer's intervention and that hold abusers accountable for their choices.
- ▶ **Developing the skills of DHS staff to address domestic violence:** DHS will continue to partner with advocates to expand training efforts on appropriate responses to domestic violence. The DHS Domestic Violence Council will be looking at current training and making recommendations to the DHS director and cabinet.
- ▶ **Expansion of public awareness efforts:** The department will also continue partnering locally and expanding awareness of DHS

domestic violence related services that support the safety of victims who come to DHS.

- ▶ **Holding abusers accountable:** As part of a coordinated community response to domestic violence, DHS will hold batterers accountable wherever possible. DHS staff participate on the Attorney General’s advisory committee for “Batterer Intervention Program Standards.” DHS field staff will continue to recommend to the courts that batterers be referred to intervention and re-education programs.

## **Section 2: Specific Reporting Requirements**

### **Item 1: Staff Training and Information Sharing**

A comprehensive plan to address the training needs of staff on domestic-violence issues was originally developed in 1997, in partnership with members of the domestic violence service provider community. This training plan was designed to meet the varied needs and learning styles of DHS staff and partners. The plan has been modified over the years to address changes within the department. The DHS DV Council developed a recommended curriculum outline for DV 101 in 2002, to better standardize the training that DHS staff receive. In 2005, a survey was sent to staff to identify additional training needs related to domestic violence.

Training initiatives during the 2005-07 biennium include:

- ▶ Basic domestic violence training continues to be conducted by local domestic-violence service providers statewide on an as-needed basis.
- ▶ Domestic violence information has been incorporated into other agency training modules. For example:

- ▶ Adult protective services training includes a half-day on domestic violence.
  - ▶ Child welfare case work practice includes three hours of training on domestic violence, provided by a domestic-violence service provider.
  - ▶ TANF policy and practice training includes three hours on the basics of domestic violence and domestic violence policy, presented collaboratively by a DHS program analyst and a domestic violence service provider.
  - ▶ Two domestic violence policy NetLinks (desktop computer-delivered training) continue to be presented to DHS staff. Two additional NetLinks are under development.
  - ▶ “Domestic Violence in the Work Place” was presented to Human Resource staff and managers.
- ▶ The DHS DV Council provided free “train-the-trainer” sessions for domestic violence service providers who will in turn provide training to local DHS field staff.

Sessions included:

- “Working with Victims of Domestic and Sexual Violence”
  - “Effects of DV on Children and Youth”
  - “Disability Awareness and Domestic Violence”
  - “Abuser Characteristics”
- ▶ Staff have participated in other domestic violence training opportunities that have included domestic violence conferences

across the state, trainings during staff meetings, domestic violence video presentations, community planning sessions and Domestic Violence Council meetings.

- ▶ Domestic violence videos and books are available and may be checked out from central office for field staff and partner use. Some districts have also developed local resources rooms with domestic violence information and publications.

Training records show more than 3,718 participants, including DHS staff and partners, attended these varied events. This count is duplicated because staff often attend more than one event.

## **Item 2: Domestic-Violence Expenditures**

Emergency Assistance Domestic Violence Expenditures: From July 2005 through November 2006, \$5,844,509 was spent through the Temporary Assistance for Domestic Violence (TA-DVS) program to help survivors of domestic violence and their children.

In 2005-2006, an average of 550 families received services each month. The numbers are down slightly from the previous biennium. Payments covered the cost of housing, utilities, emergency medical, relocation and moving expenses. DHS expenditures for this biennium (July 2005 through November 2006) were \$5,844,509. The total projected budget for TA-DVS for the 2005-07 biennium is \$8,236,214 (as of the 12/2006 rebalance).

The Department continues to maintain TA-DVS eligibility and payment limits at the same level in effect on January 1, 1997, as required by ORS 411.117.

In addition to TA-DVS, the department continues to support victims of domestic violence with other self-sufficiency programs, including Temporary Assistance for Needy Families (TANF), Food Stamps, Oregon Health Plan and Employment Related Day Care.

### **Item 3: Identification Processes**

Victims of domestic violence are identified in many ways across the Department. Opportunities for applicants and clients to disclose domestic violence issues are afforded at every office contact.

Since the best resource to identify domestic violence is an educated staff, DHS employee training, as described previously in this report, is expanding.

Currently, abuse is identified through:

- ▶ **Self-disclosure:** The client discloses that he or she is, or has been, a victim of abuse. Posters and safety plans displayed in each DHS field office affirm the Department's concern about domestic violence and afford the victim the opportunity to disclose. Information brochures describing domestic violence related services have been made available to clients and partner staff.

- ▶ **Referrals from community partners:** Clients are referred by community partners from various agencies, including domestic violence service providers, victim's assistance programs, legal services and other state agencies.

Clients may also disclose abuse to JOBS contractors or other partners. These partners will then communicate with the DHS case manager to address any potential safety issues.

- ▶ **Referrals from protective-service staff:** Staff who work in child welfare and with seniors and people with disabilities are often made aware of domestic violence concerns from people who call to report abuse, or from law enforcement cross-reporting.

- ▶ **Information on applications:** Applications for self-sufficiency programs include questions about abuse. These questions were designed with input from domestic violence service providers.

Self-sufficiency application packets also contain information on

“good cause” relating to child support. This provides another opportunity to discuss safety issues.

A “Safety Packet,” developed in collaboration with community partners, describes ways to pursue child support while offering safeguards to clients, including the use of an address other than the client’s resident address and protecting other identifying information in the court processes related to child support.

- ▶ Assessment forms: Various client assessment forms are used across the department to help identify and serve victims of abuse.

For self-sufficiency programs, staff use a safety assessment form and screening process to help assess the potential threat of domestic violence and to determine eligibility for financial assistance.

Child welfare programs include assessment questions in their practice guidelines. In some districts, local assessment forms have been developed, in partnership with local domestic violence service providers.

- ▶ Client interviews: Staff are trained to use specific domestic violence related questions when interviewing clients.

Several offices have domestic violence service providers who visit or are out-stationed in the branch office. If staff suspect abuse, they may “walk” the client over to the service provider to help identify safety issues.

- ▶ Domestic violence presentations to clients: Many districts invite the local domestic violence service provider to conduct a presentation on domestic violence during the initial DHS orientation or as part of JOBS program services. Clients often disclose abuse during or after these presentations.

After identification: Safety is the primary concern when working with victims of domestic violence. Once domestic violence concerns are identified, DHS staff help the victim develop an individualized plan for safety and support.

Self-sufficiency case plans can include referral to domestic violence shelters or support groups, individualized counseling for clients or their children, locating housing or relocation to another area.

Once safety is established, plans may include training or job search, depending on the individual needs of the victim and the children. In the TANF program, any requirements that may make it more difficult for victims to escape or place them at risk of further domestic violence can be, and are, waived.

In other self-sufficiency programs such as food stamps and medical coverage, a different set of eligibility standards can often be used in cases involving domestic abuse.



Appendix 1:

## **DHS Domestic Violence Prevention and Intervention Standards**

### **1. *Safety Centered Practices***

- Safe and healthy environments are reflected in the system for prevention and intervention of violence.
- DHS staff and contractors work with individuals who are victims of domestic violence to identify and implement a plan of action to meet individual needs.
- Individuals who are or who have been victims of domestic violence have the opportunity to participate in knowledge and skill development that helps them to create safe and healthy environments.
- DHS staff and contractors promote non-violent practices in the workplace.

### **2. *Comprehensive and Responsive Services***

- DHS policies and procedures support a coordinated and collaborative domestic violence prevention and intervention system of services and supports.
- There is a broad range of formal and informal social supports, care and education, health and social services for individuals and children related to domestic violence intervention and prevention.
- Services and supports build upon existing strengths. The system of supports promotes connecting individuals and families to comprehensive services to address domestic violence.
- Batterer accountability is reflected in practice and planning.

### **3. *Respect for Diversity***

- DHS clients/consumers receive culturally appropriate domestic violence services.
- DHS staff and contractors develop participatory, collaborative partnerships with communities (including tribes) and utilize a variety of formal and informal mechanisms to facilitate community and client/consumer involvement in designing, implementing, and planning a culturally competent service delivery system responsive to domestic violence.

### **4. *Qualified Staff***

- Competent DHS staff and contractors are hired and retained based on job criteria and a demonstrated willingness to meet DHS domestic violence prevention and intervention standards.
- DHS staff and contractor staff receives basic and ongoing training and opportunities for professional development.
- Supervision and support are provided to maintain consistent quality service.

### **5. *Effective Partnerships***

- DHS works in coordination with community partners to develop a shared vision, common goals, and attainable outcomes for all aspects of domestic violence intervention and prevention.
- DHS staff, contractors and community partners share information and resources.
- DHS, contractors and community partners share leadership, decision-making and collaborative relationships.
- DHS and contractors communicate openly, frequently, inclusively and respectfully with partners and clients.

## **6. *Monitoring and Evaluation***

- DHS staff and contractors assess needs, resources, and assets to prevent and respond to domestic violence.
- DHS staff and contractors will use data and review results to refine and improve the domestic violence prevention and intervention system.