



Partnership Press

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Project Update

This 14th edition of the Partnership Press coincides with the conclusion of the fourth round of federal funding for the out-stationed advocacy project. The money was awarded as yet another continuation grant from the Violence Against Women Act through its Rural Domestic Violence and Child Victimization program. Additional funding was also secured through DHS from the Office of Child Abuse and Neglect for the four sites that previously received Children's Justice Act funding.

The VAWA funds go to four sites; Coos Bay, La Grande, Ontario and Roseburg and fund full-time domestic violence advocate positions. These advocates split their time between DHS and their domestic violence program. Lisa Overton, from Women's Safety and Resource Center, began as the advocate working at Coos child welfare/DHS, the "new site". Lisa recently moved out of the county and Liz Tarrant, a long-time WSRC advocate, took her place. Two of the continuing sites have also had staff changes. Marisha Johnson is the new advocate at Battered Person's Advocacy in Roseburg and Lisa Geigle began last fall as the new advocate at Shelter From the Storm in LaGrande. Finally, Mari Jimenez is continuing as the advocate at Project Dove in Ontario.

The OCAN funding was reduced by half for the July 04 through June 05 year. Currently a half-time funded position is split between Klamath and Lake counties and quarter-time positions are funded in both Wasco and Lane counties. Unfortunately, that funding will end in June 05 and will not be renewed. Until then, Mary Donovan serves as the advocate at Lake County Crisis Center and Barbara Blouin is at Haven in The Dalles. Maria Schaad at Womenspace reduced her hours in Lane county and Else Macgrigeanis has been taking over the CW role. Klamath Crisis Center also experienced changes in the advocate.

We have applied for another 2 year grant, but will not know if we will be funded until July, 2005. If funding is renewed the four sites will continue as will the state-wide work group. In lieu of the Partnership Press newsletter, PSU will develop a web site for the project that will include an array of information related to child welfare and domestic violence including updates on policies and practice, links to research articles and other resources.



DHS Quality Assurance Standards for Domestic Violence Prevention and Intervention

The Department of Human Services convened a Domestic Violence Council in June, 2002. The Council is comprised of fifteen members--ten members from different areas within DHS and five community partners. The Council advises the Director and leadership of DHS on the department's response to domestic violence. The Council is committed to enhancing safety for victims/survivors of domestic violence through the delivery of services and to developing systems that ensure a coordinated community response to preventing violence.

The Council recently developed draft quality assurance standards for DHS and our partners to prevent and reduce domestic violence and to increase the effectiveness of the DHS response to domestic violence.

As DHS examines its policies, practices and training, these standards will serve as a self-assessment tool for domestic violence practice at every juncture of policy development and service delivery. Collaboration between DHS, contractors and community partners who work with domestic violence victims is reflected throughout the standards.

The draft standards were reviewed by DHS staff and partners in February. The Council is incorporating comments and suggestions and will present the final draft to Gary Weeks and the DHS Cabinet within the next few months. The following is a list of the six components of the standards and the objectives under each component.

Component One: Safety Centered Practices

Safe and healthy environments are fundamental to the support system for violence prevention and intervention. Services and supports are designed to create safe and self-sustaining environments for victims/survivors and their children. DHS staff and service providers maintain a continuous understanding and awareness of power and control dynamics that form the basis for domestic violence.

- Objective 1.1 Safe and healthy environments are reflected in the system for prevention and intervention of violence.
- Objective 1.2 DHS staff and partners work with individuals experiencing domestic violence to identify and implement a plan of action to meet individual needs.
- Objective 1.3 Individuals who are or who have experienced domestic violence participate in knowledge and skill development opportunities to create safe and healthy environments.
- Objective 1.4 DHS staff and partners promote non-violent practices.

Component Two: Comprehensive and Responsive Services

The domestic violence prevention and intervention system includes a broad range of informal and formal social supports, care and education, health and social services to meet the needs and circumstances of individuals and children. Services and supports affirm and build upon existing strengths. The comprehensive services and supports focus on the entire continuum of victim/survivor needs.

- Objective 2.1 DHS policies and procedures support a coordinated and collaborative domestic violence prevention and intervention system of services and supports.
- Objective 2.2 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.
- Objective 2.3 Services and supports build upon existing strengths. The system of supports promotes connecting individuals and families to comprehensive services to address domestic violence.
- Objective 2.4 Batterer accountability is reflected in practice and planning.

Component Three: Respect for Diversity

DHS domestic violence intervention strategies and supports will honor and respect cultures of families including linguistic, geographic, religious, economic, ethnic, racial diversity and disabilities. Services and supports respect family realities, values and beliefs with a consistent promotion of non-violent practices. DHS staff and service providers understand, acknowledge, and respect the uniqueness of individuals and families. Special needs and developmental levels are recognized and supported.

- Objective 3.1 DHS clients/consumers receive culturally appropriate domestic violence services.
- Objective 3.2 DHS staff and partners 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.

Component Four: Qualified Staff

Based on their education and/or experience, DHS staff and service providers have a “best or emerging” practices framework for handling the variety of experiences they may encounter. DHS staff and service providers participate in training opportunities and receive ongoing supervision to develop realistic and effective plans with victims/survivors. Volunteer and informal networks supporting victims/survivors are strengthened through access to training and other supports.

- Objective 4.1 Competent staff are hired and retained who meet DHS job criteria and demonstrate a willingness to meet DHS domestic violence prevention and intervention standards.
- Objective 4.2 Staff receives basic and ongoing training and opportunities for professional development.
- Objective 4.3 Supervision and support are provided to maintain consistent quality service.

Component Five: Effective Partnerships

Through a coordinated community response, private and public sector partners join to ensure that victims/survivors can access the comprehensive system of domestic violence prevention and intervention services and supports necessary for safety and well-being. All partners share leadership, maintain open communication, and respect confidentiality.

- Objective 5.1 DHS works with partners to develop a shared vision, common goals, and attainable outcomes for all aspects of domestic violence intervention and prevention.
- Objective 5.2 Partners share information and resources.
- Objective 5.3 DHS and partners share leadership, decision-making and collaborative relationships.
- Objective 5.4 Communications are open, frequent, inclusive and respectful.

Component Six: Monitoring and evaluation

The foundation of accountability is the use of proven-practices. Systematic monitoring and evaluation help determine if an effective system of domestic violence intervention and prevention is in place. Victims/survivors are identified and supported, services are implemented effectively, and the intended results are achieved. Information gathered should be used in state and local decision-making and in the development of appropriate policies, programs, and practices.

- Objective 6.1 DHS staff and partners assess needs, resources, and assets to prevent and respond to domestic violence.
- Objective 6.2 Data and results are reviewed and used to refine and improve the domestic violence prevention and intervention system.

Lane County “Greenbook” Project: Findings from a Case File Review

Project Overview

The Family Violence Response Initiative (FVRI) in Lane County is 1 of 6 demonstration sites receiving funding from the US Departments of Justice and Health and Human Services as part of the national Greenbook Initiative. Historically, families affected by co-occurring child abuse and intimate partner violence (IPV) have been involved in 2 or more separate service systems that worked with them in isolated and fragmented ways. The purpose of Greenbook is to implement a set of principles and recommendations for change across the court, child welfare, and domestic violence systems.

The purpose for the case file review was to arrive at an estimate of the number of substantiated child abuse cases in which alleged co-occurring child abuse and intimate partner violence (IPV) occurred, learn more about the characteristics of the families in which the co-occurring abuse existed, and describe child welfare practice in co-occurrence cases.

Methods

The original sample included the 830 substantiated child abuse cases that occurred in Lane County in 2001. After randomly selecting 40% of the cases from each month a total of 287 cases were used for the study. During the review, all sections of the hardcopy DHS Child Welfare file, including intake and narrative information, were examined in order to complete a protocol developed by the Greenbook sites.

Results

Prevalence of “Co-occurrence”

- IPV occurred in 172 (60%) of the cases sampled for the study.
- “Co-occurring” child abuse and IPV (within one year of the child abuse) were found in 117 (68%) of the cases in which both were present; and in 41% of the entire sample of cases.
- In 95 of the 117 cases (81%) there was evidence that the child abuse victim had witnessed the IPV.
- Threat of harm was by far the largest category of child abuse for co-occurring cases; 82% threat of harm, 14% physical abuse, 3% sexual abuse, 8% neglect and 9% other.
- Threat of harm was substantiated based on child exposure to IPV in 79% of the co-occurring cases, and on alcohol and other drug use in 15% of the co-occurring cases.

Family Characteristics

- Threat of harm was substantiated based on child exposure to IPV in 79% of the co-occurring cases, and on alcohol and other drug use in 15% of the co-occurring cases.

Family Risk Factors (risk factors were not always noted by caseworkers, therefore these statistics reflect only 94 of the 117 co-occurrence cases)

- 70% had substance abuse issues
 - 24% had mental health issues
 - 18% were unemployed
 - 12% were homeless
 - 6% had criminal or legal involvement
 - 3% had financial stress
 - 29% had other risk factors
- DHS Child Welfare had received no previous referrals for 22% of the co-occurrence cases. However, the agency had received:
 - 1 or 2 referrals for 24% of cases
 - 3 to 5 referrals for 21% of cases
 - 6 to 10 referrals for 19% of cases
 - The child abuse perpetrator was a biological parent in 64% of all cases.
 - Both biological parents were child abuse perpetrators in 10% of all cases.
 - The child abuse perpetrator was the biological parent's spouse or girl/boyfriend in 9% of all cases.
 - In the co-occurrence cases, 92% of the IPV victims were female and 87% were the biological parent of the child who had been abused.
 - The IPV perpetrator was the IPV victim's current spouse or boy/girlfriend in 80% of the cases and the ex-spouse or former boy/girlfriend in 19% of the co-occurrence cases.
 - The IPV perpetrator was the biological parent of the abused child in 66% of the co-occurrence cases and the spouse or boy/girlfriend in 28% of the co-occurrence cases.

Child Welfare Practice

Case workers' assessments in cases with IPV varied somewhat:

- In most cases workers assessed IPV in separate meetings
- In 9 cases, however, the two were interviewed together.
- In 2 cases the perpetrator was nearby.

In 14 cases, child abuse was founded against both adults based on the IPV.

When an IPV victim took out a restraining order, left the perpetrator, or stated that the relationship was over, the response by workers varied considerably:

- Some provided the victim with referrals to IPV services.
- Some followed up with the victim at a later date or alerted service providers to report concerns.
- Others provided no referrals or follow up with the victim.

Worker responses were inconsistent when IPV occurred in the course of exchanging children for visitation or in the home of a non-custodial parent.

- Some recommended or required supervised exchanges or visitation.
- Some arranged to supervise the exchange or visitation themselves.
- Others did not address the issue.

Workers generally did not appear to re-screen for IPV in subsequent referrals, even though it had been present in previous referrals. (It should be noted that is possible that workers did re-screen but did not record notes pertaining to whether IPV was present in the subsequent referral.)

Conclusions

Through this case file review, it was determined that DHS Child Welfare staff had responded appropriately to cases in which child maltreatment and IPV had co-occurred.

Recommendations

Although DHS was responding appropriately to these cases, some suggestions for improvements include:

- Eliminating joint interviews with IPV victims and perpetrators
- Minimizing the number of instances where both adults are considered the child abuse perpetrators
- Provide IPV victims with referrals to community-based referrals and follow up with victims, if possible.
- Attempt to arrange safe and appropriate child exchange and visitation.
- Screen for IPV in all subsequent referrals.

For further information:

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Domestic Violence Work Groups Across DHS (as of March 2005)

DHS has four on-going groups related specifically to domestic violence. There may be other ad hoc or temporary work groups. Sometimes it gets confusing sorting out which one is which. Here is a table that will help!

Work Group	CPS/DV	DV Intervention Partnership Team	CAF Domestic & Sexual Violence Fund Advisory Group	DHS DV Council
Facilitator	Bonnie Braeutigam	Carol Krager	Bonnie Braeutigam	Co-chair: Carol Krager Co-chair: Jayne Downing, Mid-Valley Women's Crisis Sponsor: Barry Kast
Frequency	Quarterly	Quarterly	4-6 times a year	Monthly
Membership	*Project site CW and DV advocates *DV advocates and CPS staff *SS DV Program Analyst *PSU Grant evaluation staff	*SDA DV Point People any discipline *Central office points from SS, CW, SPD, HS *Partner Points including LASO; DV service providers	In By-laws: *DV Service Providers *DHS field/central office *community members	*10 DHS members any discipline *5 community members includes DV Service Providers
Function	Workgroup oversees grant funded out-stationed advocate projects in CW branches and provides input on CPS policies and practices related to domestic violence	*Operational workgroup that address domestic violence practices in the field *supports local domestic violence intervention efforts *provides information to facilitate reporting to legislature on DV intervention efforts of DHS	Advisory group to support pass through of funding to domestic violence and sexual assault service providers from state and federal sources	Advisory group to Director and Cabinet on domestic violence intervention efforts across DHS. Multi-discipline responses to domestic violence.
Authorization	Required by Grant	SDA Managers in support of legislative statute and community partnerships	Required by OAR	authorized by DHS Director as requested by advocates



Announcements

⇒ CHILD ADVOCACY CENTER'S DV WITNESS TEAM GETS PRESS!

“Child Witness, Star Witness,” by Tina Morgan and Susan Sowards, is a recently published article by and about the Lane County Child Advocacy Center's DV Witness team. It appears in Policy and Practice, December 2004. The link to the article is: <http://www.aphsa.org/Publications/Doc/PP/122901571222.pdf>

⇒ CHILD WELFARE PRACTICE GUIDE AVAILABLE

An updated Child Welfare Practice guide has been printed to include final versions of DHS policies. Copies can be ordered from the DHS Forms and Publications Center. Contact Monte Beam at (503) 373-1024 ex. 342 and ask for PAM9200. There is no charge for these booklets and you can order multiple copies.

⇒ A FABULOUS NEW WEBSITE

A website has been developed to help domestic violence advocates partner more successfully with DHS child welfare and ensure more effective support for survivors of domestic violence and their children.

<http://www.co.multnomah.or.us/dchs/dv/childwelfare>

Amber Cough, an Intern with the Multnomah County Domestic Violence Coordinator's Office, developed the website as a resource for advocates. It contains a “map” of the Child Welfare system in Multnomah County as well as basic information about the DHS Child Welfare and Juvenile Court process. The website also includes advocacy tips and information specific to Child Welfare cases involving domestic violence and encourages participation and collaboration in the process.

“Crossing Over” within DHS: Observations from an Advocate

by Mary Teninty

Mary Teninty is a Womenspace advocate, who has worked as a co-located domestic violence specialist for 7 years within the local Department of Human Services branch offices. Nearly all of that time, Mary worked in The Self-Sufficiency Program (formerly, Adult & Family Services). In Fall of last year, she piloted this "cross-over position", attempting to work within both SSP and the Child Welfare Program. This article summarizes her experiences and observations of the challenges of co-locating non-governmental grassroots advocacy within these two systems.



I recently had the opportunity to "cross over" from the Self-Sufficiency Program (SSP) to work as a domestic violence specialist within the Child Welfare Program (CWP). This transition has led me to contemplate the question, "Can an advocate work in both systems simultaneously?" There are unique differences in the systems that would make this task challenging, and so I began to note the differences and the difficulties in navigating two such related and yet separate systems.

First of all, the benefits of working as a team allow the advocates to build relationships with workers of the other disciplines. This can be helpful if the CWP advocate needs to advocate within the SSP discipline and visa-versa. It is also helpful to know the policies of both disciplines, so the advocate is aware of resources available for her client and the consequences for not following through with activities.

One of the most obvious differences between SSP and CWP that I have observed is the scheduling of clients. With SSP, the advocates' schedule is set up in each of the branches. She is there on a specific day and at specific times. Whether the advocate has an appointment with a client or not, she will still be available at the branch for that particular day. The case managers have access to her schedule and have the ability to schedule the appointment themselves. The CWP advocate sets up her own appointments.

The self-sufficiency system uses a different time frame for



clients. Client progress is evaluated every month and if the client is failing SSP expectations, the ramifications may not surface until the following month. Child welfare, on the other hand, works within a shorter period of time. After an incident is reported to CWP, they may become involved with the family within 24 hours or up to 5 business days. Consequently this advocate may have to change her schedule daily to make it to emergency meetings scheduled at a moments notice, or within 24 hours.

There is also a difference between clients. Clients working with SSP can lose their benefits for not cooperating with mandatory activities. CWP clients can lose their children for not cooperating with the system. SSP clients have to be informed within a timely manner (10 days) if they are going to lose benefits. CWP clients do not always know "if and when" their children will be removed from the home. It has been my experience that women losing their children are faced with more of an emotional impact than women losing cash benefits. Clients within the CWP system tend to be "needier" and require a more accessible advocate than those within SSP. A SSP client can be "put off" until their scheduled appointment time, whereas a CWP client may need assistance immediately.

Given these 2 major differences, scheduling and client needs, I am not sure one advocate can do both jobs, simultaneously. How can a CWP advocate be available on an immediate basis if she is scheduled to be in a branch for a specific period of time? This question shows the challenge of trying to work with two very different philosophies around schedules and timelines.

Currently both CWP and SSP co-located advocates meet every other week as a team to work with both SSP and CWP case workers. Together they interact with both disciplines to establish relationships. Both advocates can answer questions about domestic violence. If a referral is made by a CWP worker or a SSP case manager, the advocate that takes the lead will depend on the needs of the referred family. Some clients, by working with SSP can stabilize their lives so CWP does not become involved with the family. Clients working with CWP may have issues that are far and beyond the assistance of SSP. Additionally, if the children have been removed from the home, clients are not eligible for certain SSP programs. It would be up to the workers (CWP and SSP) and the advocates (CWP and SSP) to decide what priorities the family needs to focus on to become stable.

The problem I have run into is that some mandatory meetings for CWP are scheduled in the mornings. Additionally as an advocate, I have always scheduled appointments at the client's convenience. Some clients are not always available in the afternoons (i.e. conflict in their work schedule, children home from school, etc.)

Crossing Over with DHS continued

Also, if I am to be available in the afternoons for TDM's, I prefer to adjust my Womenspace planned hours, as opposed to canceling and rescheduling clients' appointments. I believe by treating clients this way can send a message that "they are not important." I am trying to combat this dilemma by keeping track of the hours I spend on each activity for each agency. As I continue to do the work at DHS and work with

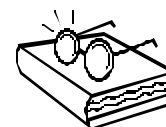
the client referrals, I am trying to anticipate how much time a particular client may need from me. Some require 1 to 3 hours per week, while others may need 3 to 5 hours per week. It's a delicate balance that is quite challenging.

In working through this transition, I realize I need to schedule time to learn about CWP and what they expect from me. I've gotten referrals from case workers and it is not clear what they want me to do. For instance, I recently was referred a client that had her children removed in April and was given physical custody back in December. The client has attended a "DV class" and is currently in therapy. She has a support network in place and appears to be moving forward in her life. Was this an appropriate referral? I will be checking with the caseworker to find out what kind of services he was hoping I could provide to this client. It could be that he wanted me to provide additional emotional support to this woman. I am not sure how practical this referral or those like it will be, if I am only working 20 hours a week. Maybe a referral to other Womenspace services would be more appropriate, so I am available to CWP clients that are at risk of losing their children. In cases such as this, CWP case-workers and I need to work together to prioritize my time.

No matter what position the advocate takes on as a challenge, either SSP or CWP, one thing is clear... the clients that apply for these services (or are mandated) need advocates to help them understand the system. They perceive the workers as the enemy and will close down their communication process. We need advocates to be available to give support and information, so clients can focus on their issues and find solutions. Otherwise the client will perceive the DHS workers as someone who is controlling and "abusive" just like their partners and will resist any type of problem solving environment. As advocates, we are in a unique position to help address such situations.



Tips from Training



“Enhancing Safety for Battered Women and Their Children Through a Coordinated Community Response”

In January, Bonnie Braeutigam attended a Praxis training in Las Vegas on “Enhancing Safety for Battered Women and Their Children Through a Coordinated Community Response.” The training included general sessions on developing coordinated community responses and specific tracks; she attended the track focused on children.

The workshop used a short play “Will You Hold My Child” to illustrate the issues around intervening in domestic violence. Key concepts were to focus on the woman’s and child’s resistance to the battering and resiliency.

The play highlighted the different ways women resist the violence. They use strategies of compliance, reasoning, working around, leaving, challenging and intervention at different times and in different situations in the relationship. Identifying these strategies as resistance and finding ways to build on them in our intervention can support victims.

Resiliency can minimize the impact of the abuse. It depends on the severity of the abuse; a victim’s past experience of abuse; her age, history, personality and culture; her support network; and her social position. Identifying these and building on them helps support victims. In working with batterers, the group looked at ways to intervene that minimize the batterer’s opportunity and inclination to abuse.

A primary message of the training is the need for system change. Individual workers do their jobs well and care about victims, but are limited in their response. Our systems, including child welfare, were not designed to deal specifically with battering. Through Oregon’s trainings, guidelines and projects, we are adapting our system to better respond. There is clearly more we can do together.

Responding to Domestic Violence in Latino Communities/What Does it Mean to Be an Advocate?/Advanced Domestic Violence and Sexual Assault Trainings

Mari Jimenez went to a number of Praxis-sponsored trainings over the past few months. She says of the trainings:

Responding to Domestic Violence in Latino Communities was a good training. It was nice to see all the different kinds of Latino Cultures coming together to end Domestic Violence, and learn how it was working in other states for Latino women. The trainers described a number of great programs for the women, like Amigas Unidas which provides outreach for women who are farm workers who otherwise wouldn't get the information on domestic violence due to it's not being available or inaccessible. They also have a theater that is used to bring awareness on topics related to domestic violence and sexual assault,

Tips from Training Continued

as well as harassment in the workplace.

I also attended a workshop where Ellen Pence spoke on “What does it mean to be an Advocate?” which was very good. It brought you back to the basics of advocacy- what i think, along the way, we sometimes forget to do. This helped me a lot, it reminded me of the importance of the ability to listen, really listen, to her life, to understand, and respond to women. It also made me think about questions such as “am i able to give them what they want,” “is the program designed to give them what they want?” I was reminded not to judge, rather to understand, connect to her. To ask, “what are her legal options?” and even if you aren't legal advocate, be a good resource to her. Finally, do not reduce the women we work with to “a battered woman.” Overall the training was very interesting and helpful.

I also went to the workshop in Las Vegas, “Advanced Domestic Violence & Sexual Assault Training that was interesting. They covered a lot of what parents don't see or choose to see when it comes to sexual abuse. The training also covered the “other side” of the DV, the batterer's side, which went against all we know the victim goes through- and this part of the training ruffled some feathers. The training also talked about how society accepts abuse. I would not recommend this training to anyone that hasn't had the Domestic Training 101 first as I am concerned that they would think that is the way it is.

“I was reminded not to judge, rather to understand.”

