



Oregon

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Introduction

Domestic violence affects many Oregon Department of Human Services (DHS) customers. The success of the customer, to a large extent, depends on the department's effectiveness in helping victims address abuse.

- Approximately one in four women and nearly one in seven men in the United States have experienced severe physical violence by an intimate partner in their lifetime¹. Studies have shown that over 50 percent of women receiving public assistance have experienced physical violence by an intimate partner within their lifetime.²
- Oregon Child Welfare statistics for 2013 show 31.8 percent of child protective service cases with founded abuse had domestic violence as a “family stress indicator”³.
- In 2013, 46 percent of abuse cases among seniors and people with disabilities (not living in facilities) listed the perpetrator as a parent, spouse or intimate partner⁴.

¹ Breiding, M. J., Chen, J., & Black, M. C. (2014). *Intimate partner violence in the United States – 2010*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

² http://vawnet.org/advanced-search/print-document.php?doc_id=317&find_type=web_desc_NRCDV

³ <http://www.oregon.gov/dhs/abuse/docs/2013%20Data%20Book.pdf>- 2013 Child Welfare Data Book

⁴ <http://www.oregon.gov/dhs/spwpd/adult-abuse/Documents/2013%20OAAPI%20Annual%20Report%20093014.pdf> – 2014 Office of Adult Abuse Prevention and Investigations

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 Personal Responsibility and Work Opportunity Act. The amendment to the federal legislation, known as the "Family Violence Option," was added to recognize that certain changes in the welfare reform law may negatively affect victims of domestic violence.

The Family Violence Option allows states to certify standards and procedures to screen for, identify and serve individuals impacted by domestic violence. It also allows states to waive Temporary Assistance for Needy family (TANF) program requirements, such as work participation, child support cooperation, and time limits when appropriate.

ORS 411.117 codified the DHS requirements and enhanced service delivery in field offices for victims of domestic violence applying for or receiving TANF. The legislation requires:

- 1) Screening for domestic violence;
- 2) Ensuring community staffing and individualized family plans to address domestic violence issues;
- 3) Referring individuals with domestic violence situations to appropriate counseling and support services; and
- 4) Waiving TANF rules that would put the victim or children at greater or further risk of violence, or prevent them from escaping domestic violence.

ORS 411.154 also requires DHS to report to the Oregon Legislature on the following three items:

- 1) The domestic violence identification process
- 2) Emergency assistance utilization; and
- 3) Domestic violence training for department staff, information sharing and evaluation.

DHS staff and partners jointly planned and implemented the provisions in ORS 411.117, providing services to victims and survivors of domestic violence, and certifying compliance with the TANF federal Family Violence Option.

DHS and the Oregon Health Authority (OHA) became two entities through the 2013 legislative session. While this report mainly addresses DHS efforts, it also includes information about OHA efforts that are relevant and appropriate for domestic violence interventions.

Intervention Overview

Programs available or supported by DHS and the OHA help provide life-saving services and supports to victims of domestic violence and their children. Domestic violence intervention is critical to the work done by DHS and OHA. Both agency missions address the health of Oregonians. Domestic violence is a public health issue that is addressed by OHA as well as a safety issue for many DHS customers. Domestic violence, too frequently, leads customers to require services from DHS and OHA. For example, domestic violence:

- Impacts health care costs;
- Is often a reason customers apply for cash assistance;
- May be a factor in the need for Child Welfare intervention;
- Is frequently seen in elder abuse investigations; and
- Often occurs along with abuse of alcohol or drugs.

Intervention in domestic violence is critical to the health and safety of Oregonians. Within DHS, planning groups made up of staff and partners meet to establish and streamline methods to identify survivors of domestic violence, help develop processes and written materials related to responding to domestic violence, and work to solve problems related to consistent services across DHS that arise.

Coordinated Approach to Domestic Violence Intervention

Domestic Violence Council: The Domestic Violence Council is an advisory council to the DHS Director on domestic violence policies, practices and training needs. The Council consists of 15 representatives: 10 DHS and OHA staff members and five community partners.

Quality Assurance Standards developed by the Council for Domestic Violence Prevention and Intervention within DHS and OHA were adopted in June 2015. The standards were updated in February 2010⁵.

The standards include the following components for domestic violence intervention and prevention:

- Safety centered practices
- Comprehensive and responsive services
- Respect for diversity

⁵ See Appendix for overview of the standards. Full standards are available at <http://www.oregon.gov/DHS/abuse/domestic/dvcouncil/index.shtml>.

- Qualified staff
- Effective partnerships
- Monitoring and evaluation

DHS Domestic Violence Point People: Each DHS district and many central office units have identified a domestic violence point person. The district point person coordinates local domestic violence training and awareness activities, provides feedback to central office on domestic violence related practices in the field, and is a central figure in the local response to domestic violence.

Central and field domestic violence points include representatives from multiple DHS programs including Child Welfare, Self-Sufficiency, Adult Protective Services (APS), and Aging and People with Disabilities (APD).

In addition to the DHS district and central office point people, DHS has identified point people from local domestic violence service providers to participate in the planning and implementation of the DHS domestic violence intervention response.

DHS and OHA Cross-Discipline Collaborations: The OHA Addictions and Mental Health (AMH) Division has policy and training on Trauma-Informed and Trauma-Specific Services. While AMH is now part of OHA, the implementation of trauma sensitive practices includes the DHS field structure.

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

Employee Support for Victims of Abuse: In 2007, the Governor issued Executive Order EO 7-17 that required the Department of Administrative Services (DAS) to develop a policy for state agencies on the *Workplace Effects of Domestic Violence, Sexual Assault and Stalking*. The executive order also requires training on these issues for all state managers, supervisors and human resource staff. All employees must be offered training and new employees must be informed of the policy.

Although DHS has had workplace policies related to domestic violence since 2004, DHS adopted the DAS version in 2008. The Domestic Violence Council continues to work with department managers to ensure that managers, supervisors and human resources staff have taken the required training.

Since January 2014, both DHS and OHA follow the Department of Administrative Services State Human Resources Policy #60.000.12 titled, “Statutorily Required Leaves With and Without Pay.” This policy allows eligible employees up to 160 hours of paid leave per calendar year for reasons related to interpersonal violence, including domestic violence, sexual assault, harassment, and stalking.

Domestic Violence Identification Process Implementation Required in ORS 411.117 (Report Section 1)

In order to better identify and work with victims of domestic violence, DHS has developed and implemented methods to screen for and refer participants to domestic violence services. Opportunities are afforded at every contact, for applicants and recipients already enrolled in the program, to disclose domestic violence issues. Intensive training processes have been implemented to educate staff to identify and address domestic violence issues. Collaboration efforts have been expanded and existing partnerships strengthened.

In August 2013, the Oregon Department of Justice (DOJ) was awarded a Pregnancy Assistance Fund Grant from the Federal Health and Human Services Office of Adolescent Health. This four year grant supports advocacy interventions on-site in Child Welfare offices, Public Health departments, and local health care clinics for pregnant and newly parenting women who are victims of intimate partner violence (IPV). In addition to funding staff for co-located advocates, the grant supports training for Child Welfare staff as well as improvements on how the Child Welfare system understands and responds to IPV. This grant provides the opportunity to improve in all domestic violence identification requirements within ORS 411.117.

DHS has implemented and expanded upon the required actions in the following areas:

- ▶ **Screen for Domestic Violence:** Processes to identify victims are in place statewide.

Application packets for Self-Sufficiency Programs have questions pertaining to abuse that were, developed in coordination with domestic violence service providers. Questions from the application as well as the Safety Packet include information on safe ways to pursue child support or apply “good cause

criteria” when it is not safe to pursue child support.

Many Self-Sufficiency offices invite local domestic violence service providers to conduct presentations on domestic violence during the initial DHS orientation or as part of the Job Opportunities and Basic Skills (JOBS) program services. Program customers often disclose abuse during or after these presentations.

Safety assessment forms are used to help assess the potential threat of domestic violence and to determine eligibility for financial assistance.

Posters, brochures and safety plans are displayed in each DHS field office affirming the department’s concern about domestic violence and affording the opportunity to self-disclose in search of supports.

Child Welfare guidelines include questions that can be used in working with the adult victim, the child, and with the abuser.

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

Vulnerable adults (older adults and those with intellectual, psychiatric, physical and developmental disabilities) are helped by the program areas which serve those adults. The Developmental Disabilities (DD) system responds to adults (18 and older) receiving services for DD or those who were previously deemed eligible for DD services. Mental health programs respond to abuse of adults currently receiving treatment from a community mental health provider or licensed residential mental health provider. Adult Protective Services (APS) responds to anyone who is 65 or older, anyone who self identifies as having a physical disability, or anyone residing in a nursing home. Each program has abuse prevention and intervention guidelines written specifically for the population they serve.

- ▶ **Ensure Community Staffing and Individualized Family Case Plans:** When domestic violence is identified as an issue for DHS customers, individualized case plans are developed.

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

- DHS Self-Sufficiency workers develop individual plans with TANF participants that address immediate safety needs, regain family stability, and include long-term plans supporting obtaining and maintaining safety

and self-sufficiency. Self-Sufficiency case plans can include referrals to domestic violence/sexual assault providers, shelters, support groups, individualized counseling for victims or their children, victim's assistance programs, legal services, and services for locating housing or relocating to another area.

- DHS Child Welfare staff strives to meet the safety needs of the children and the non-offending parent, while holding the offending parent accountable. Staff develops case plans that outline supportive services for adult victims, as well as their children, and refer abusers to batterer intervention programs when appropriate.
- Vocational Rehabilitation staff provides support to victims of domestic violence through vocational counseling and community referrals.
- DHS field staff from all programs work in partnership with local domestic violence service providers and other community partners to meet immediate and long-term needs of victims of abuse and their dependent children.
- Co-located customer advocates were the result of funding approved originally by the 2011 Oregon Legislature. DHS contracts with local non-profits to provide domestic violence/sexual assault advocates in Self-Sufficiency and Child Welfare offices. This effort resulted in a network of 22 advocates state-wide beginning in 2011. The Legislature has approved support to expand the number of co-located advocates in subsequent biennia. In the 2015-17 biennium funding support a total of 32 full-time advocate positions. These co-located advocates provide culturally competent services and supports to customers experiencing domestic violence, and they help increase the victims' safety. These supports are designed to assist customers in overcoming domestic violence-related barriers to self-sufficiency, increasing the number of children remaining in the home of the non-offending parent, and increasing the knowledge and skills of DHS staff with respect to working with survivors of domestic violence and sexual assault. Co-located advocates also ensure:
 - An enhanced focus on victim/survivor safety;
 - Increased confidential advocacy services;
 - Survivors receive assistance in negotiating services that address barriers; and,
 - Institutionalization of the need for partnership.

► **Refer Individuals to Appropriate Counseling and Support Services:**

DHS field staff from all programs work in partnership with local domestic violence service providers and other community partners to meet immediate and long-term needs of victims of abuse and their dependent children.

The following processes help staff assist individuals and ensure safety:

- *Child abuse mandatory reporting in cases of domestic violence.* Threat-of-harm guidelines, which outline when state child protective workers may intervene, help inform mandatory reporters when to report domestic violence.
- *Child Welfare Practices for Cases with Domestic Violence.* Practices are used by Child Welfare staff working with customers affected by domestic violence. This updated guide also aligns with the child safety model adopted in Child Welfare.
- *Services are available in the 16 DHS districts.* Districts have coordinated with their local domestic violence service providers to best support the needs of individuals affected by domestic violence.
- *Consistent communication by DHS and OHA.* Both agencies ensure domestic violence intervention services are known to contracted partners, such as substance abuse and mental health treatment providers, and county health departments.
- *Collaboration by Child Welfare and Self-Sufficiency through the TANF-funded Family Support & Connections (FS&C) program.* FS&C increases collaboration and coordination between the Child Welfare and Self-Sufficiency offices on cases served by both disciplines. The primary goal of FS&C is to decrease the number of TANF participants whose children are placed in the foster care system.
- *A DHS domestic violence information phone line exists in Multnomah County.* The domestic violence information phone line is available to DHS customers, the community, and DHS staff.

► **Waive TANF Rules to Support Victims and to Prevent Further Violence:**

Oregon Administrative Rules and procedures are in place to both consider and allow the waiving of TANF program requirements related to the TANF and emergency assistance grants. Program requirements are waived if they

would either place the family at greater risk of violence or prevent the family from escaping domestic violence situations. For example, a rule that can be waived is the exclusion of income controlled by the abuser or used to help flee the abuser.

Emergency Assistance Utilization (Report Section 2)

From July 2013 through June 2015, a total of \$8,248,256 in Temporary Assistance for Domestic Violence (TA-DVS) program funds were spent to help survivors of domestic violence and their children flee or stay free from domestic violence.

In the 2013-2015 biennium, an average of 447 families received payments through TA-DVS each month. The number of families served declined by an average of 56 compared to the 2013 report. The payments issued on behalf of eligible families covered needs such as the cost of housing, utilities, emergency medical, as well as relocation and moving expenses. The total budget for TA-DVS for the 2013-15 biennium was \$8,451,014.

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, DHS also provides support victims of domestic violence through other Self-Sufficiency programs as needed, including Temporary Assistance for Needy Families (TANF), the Job Opportunity and Basic Skills (JOBS) program, Supplemental Nutrition Assistance Program (SNAP), and the Employment Related Day Care (ERDC) program.

Financial services are also offered to victims of domestic violence who are working with Child Welfare through family-based services. Family-based services covers various needs and even if a Child Welfare case indicates domestic violence as a stress indicator, family-based services funds may be used for services not related to domestic violence. The funds provided for domestic violence related services are not specifically tracked.

Aging and People with Disabilities (APD), through special needs payments, can help victims of domestic violence with up to \$500 in a 12-month period for customers who need to move because of domestic violence. Funds that support domestic violence victims are not specifically tracked.

Domestic Violence Training for Department Staff, Information-sharing and Evaluation (Report Section 3)

- ▶ **Training for Department Staff:** A comprehensive plan to address the training needs of staff on domestic violence issues was developed 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 Domestic Violence Council developed a recommended curriculum outline for DV 101 (the basic dynamics of domestic violence) to better standardize the training that DHS staff receives. The Council will continue to advise the DHS director on training issues.

Training records show that in State Fiscal Year 2014 there were 2,532 participants, including DHS staff and partners, who attended training events on domestic violence. These counts are duplicated because often staff attend more than one event.

Training on domestic violence, sexual assault and stalking in the workplace is available to all DHS and OHA managers, human resources staff and supervisors. In State Fiscal Year 2014, there were 256 individuals who completed this required, online course. Training refreshers are required every five years.

DHS also offers these additional training opportunities or resources:

- Domestic violence educational materials and additional training from local DV service providers statewide. In addition, Center for Hope and Safety in Salem provides DV 101 for DHS staff from across the state every other month.
- For the past seven years a session on domestic violence or domestic violence related topics has been held at the yearly Diversity Conference. The goal is to integrate domestic violence awareness across DHS and OHA programs.
- Policy in the Self-Sufficiency Family Services Manual is consistently reviewed and updated to provide guidance to staff in determining eligibility and providing support to victims of domestic violence.
- The guidelines titled “Child Welfare Practices for Cases with Domestic

Violence” are available to staff online.

- Child Welfare core casework practice training includes three hours of training dedicated to domestic violence. This training is provided by a domestic violence service provider.
- TANF policy and practice training includes three hours focused on the basics of domestic violence and how it may impact participants’ engagement in employment, training, or other self-sufficiency activities.
- Self-Sufficiency staff whose responsibility includes screening for domestic violence or conducting safety case planning with customers are required to participate in policy and case planning training specific to domestic violence.
- DHS staff have opportunities to attend domestic violence conferences across the state, take short trainings or refreshers during staff meetings, view domestic violence video presentations, take computer-based training, attend community planning sessions, and participate in training within Domestic Violence Council meetings.
- Domestic violence point people meet quarterly, as needed. These meetings include elements of training that can usually be taken back to the local offices as mini-trainings or information-sharing opportunities.
- 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 resource rooms with domestic violence information and publications.
- Co-located advocates provide training for DHS Child Welfare and Self-Sufficiency staff. Training is customized to the need of the local branch or district.
- The Department of Justice Intimate Partner Violence (IPV) and Pregnancy Grant approved in 2013 brought the national domestic violence and child safety expert, David Mandel, to provide training to Child Welfare and Self-Sufficiency staff, and advocates who were part of the IPV and Pregnancy project.
- A staff web page is available that includes many resources related to domestic violence and links to on-line domestic violence trainings available from a variety of sources.

- **Information Sharing and Public Awareness:** Domestic violence is a community issue that contributes to other problems, including juvenile crime, child abuse, teen pregnancy, elder abuse and homelessness. DHS participation in a coordinated community response to end domestic violence is critical in addressing the health and safety of Oregonians. The department has coordinated with many partners in planning and providing services that support the safety of victims served by DHS.
- The DHS domestic violence web page is designed to bring the department's six domestic violence web pages together under the heading of "senior services," "assistance services" and "children's services." 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 calendar year 2014, there was an average of 4,874 monthly contacts made through the domestic violence web pages every month.
 - Brochures and posters have been developed to better inform DHS customers and partners about domestic violence services.
 - DHS field staff has a longstanding practice of participating in domestic violence awareness activities statewide, including educational and fund-raising activities that benefit their local domestic violence service providers.
 - In 2013, Clackamas County opened a Domestic Violence One-Stop Center named *A Safe Place*. There is a DHS Self-Sufficiency staff member out-stationed in the center to provide direct services to victims. Police, domestic violence service providers, housing, Adults and People with Disabilities and other resource staff are also available to provide needed supports to victims.
 - The department will continue to partner with community programs that address domestic violence and expand the network of services that are available to customers. Current core partners include:
 - Local domestic violence service providers from across the state
 - The Oregon Coalition Against Domestic and Sexual Violence
 - The Attorney General's Sexual Assault Task Force
 - The Department of Justice, Crime Victims Services Division

Summary

The key to identifying domestic violence is to have educated staff readily available to screen and immediately provide support and resources. DHS remains committed to identifying and assisting domestic violence survivors and their children to address safety concerns and stabilize their living situations.

Appendix

Overview of the DHS Quality Assurance Standards for Domestic Violence Prevention and Intervention

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.