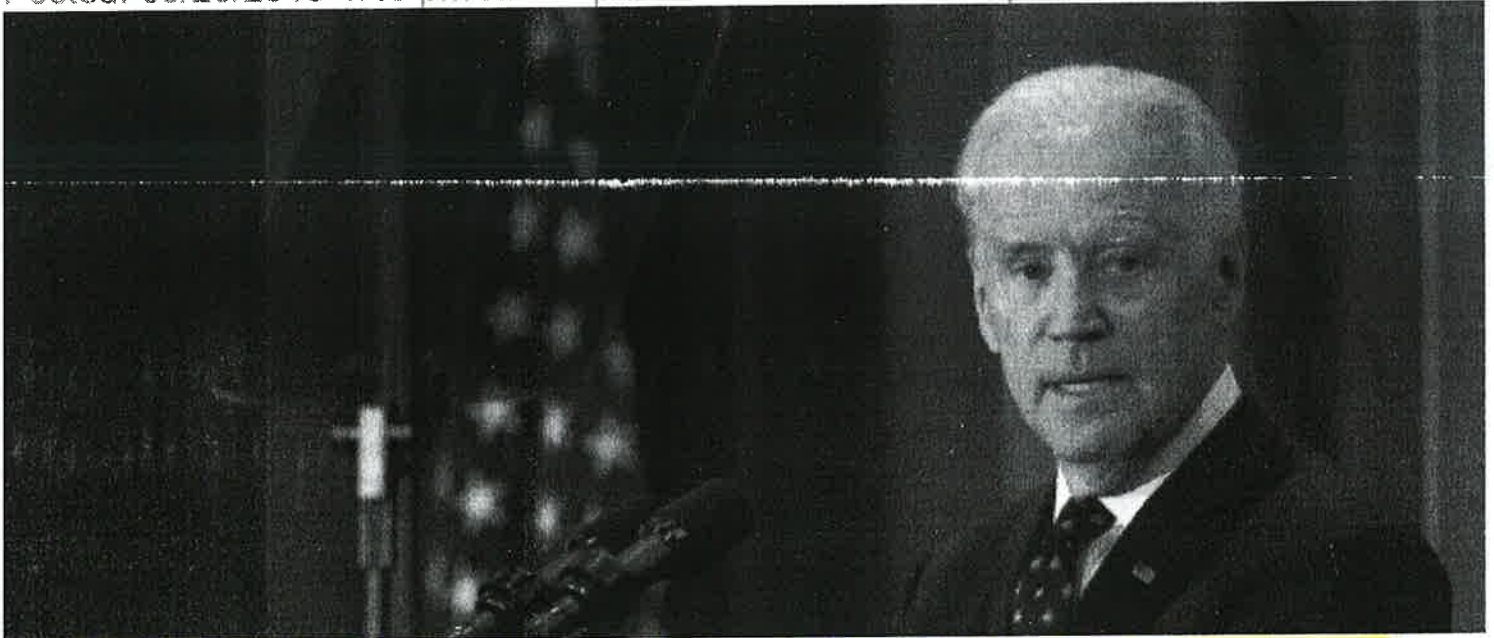


Joe Biden: Domestic Violence Is A 'Public Health Epidemic'

Posted: 03/20/2015 4:45 pm EDT Updated: 03/20/2015 8:59 pm EDT



WASHINGTON -- Vice President Joe Biden called domestic violence a "public health epidemic" that requires urgent attention in an address Friday to an audience of the country's preeminent medical, public health and domestic violence experts. "All of you in this room who are doctors, nurses, researchers, social workers from all across the country, the fact that we are talking today about domestic violence as a public health epidemic is because of you," he said. "We have come such a long way in our fight against this epidemic, but we have to keep making the case even stronger for prevention and intervention."

The Centers for Disease Control and Prevention estimates that nearly one-third of U.S. women will experience domestic violence in their lifetime. Domestic violence is associated with an array of health problems. In the short-term, physical violence can result in serious injuries or even death. At least one-third of all female homicide victims in the U.S. are killed by male intimate partners. But studies have found that domestic violence has long-term health consequences as well.

"According to the CDC and other research, the chronic stress from domestic violence is toxic to the body," Biden said, calling the science "compelling." "It's associated with long-term health problems like asthma, diabetes, anxiety, depression, alcohol and drug abuse."

Domestic violence has been a signature issue for Biden for decades. In 1990, he introduced the landmark Violence Against Women Act, which was signed into law in 1994. Biden said when he first took on domestic violence, he was told he was going to

break up families. "We knew that we had to bring this dirty little secret out into the public," he said.

Throughout his speech Friday, the vice president emphasized that domestic violence survivors should not feel responsible for the violence they've suffered.

"It is never, never, never, never, never the victim's fault," he said to rousing applause.

Biden made his comments at the National Conference on Health and Domestic Violence, where over 1,100 health care professionals met to discuss the relationship between domestic violence and health, and to learn about the latest research. The conference, organized by nonprofit Futures Without Violence, is held biennially. Earlier in the program, Marylouise Kelley, PhD, Family Violence Prevention and Services Program Director at the Administration for Children and Families, U.S. Department of Health and Human Services, said health care professionals are in a unique position to prevent, screen and treat survivors.

"We know that many domestic violence survivors will not go to a shelter," she said, "but they may be more likely to talk to a friend or family member or to a medical provider."

In his speech, Biden applauded progress made by the Affordable Care Act, which requires health plans to cover domestic violence screenings at no cost. Biden said those screenings, in which a health professional asks a patient questions about their exposure to intimate partner violence, have a real tangible impact. "The mere fact you asked the question lets them know that they're not alone," he said.

Yolanda Haywood, a practicing emergency physician and associate dean at George Washington School for Medicine and Health Sciences, shared her own harrowing story of being treated for a domestic violence-related injury over 30 years ago.

She said she made a late-night emergency room visit after her husband punched her in the mouth. While she encountered many medical professionals in the course of her visit, no one asked her what happened or if she was safe.

Finally, she said, after her doctor sutured her lip, he asked her who caused her injury.

"I became hopeful," she told the audience. "I answered, 'My husband.'"

His reply: "'You need to learn how to duck.'"

Haywood said she spent the next several years learning to duck instead of finding support to leave. She said providers should be trained to educate patients about domestic violence so that they can make wise decisions.

"What was lost that night in the ER was the opportunity to offer hope and compassion to a young woman who needed help," Haywood said. "Hope and compassion are great medicine, not just nice words that pacify."

Centers for Disease Control (CDC)

National Center for Injury Prevention and Control

Division of Violence Prevention

The National Intimate Partner and Sexual Violence Survey 2010 Summary Report

Excerpts from Pages 67-69

7: Sexual Violence, Stalking, and Intimate Partner

Violence by State

The National Intimate Partner and Sexual Violence Survey is designed to provide data for states as well as the nation. Although some individual states have collected data at various points during the past decade, most states do not have state prevalence data on sexual violence, stalking, and intimate partner violence. State-level data on these forms of violence help to define the nature and burden of the problem within a state and can be used to inform prevention planning and response. They can also help guide and evaluate progress toward reducing the substantial health, social, and economic costs associated with sexual violence, stalking, and intimate partner violence.

Lifetime estimates of the prevalence of sexual violence, stalking, and intimate partner violence are presented by state in this section. These estimates reflect the proportion of people in a given state population with a history of sexual violence, stalking, and intimate partner violence. The lifetime victimization experiences reported by individuals in a given state may include violence that occurred elsewhere. These estimates, however, provide important information about the proportion of women and men with victimization histories currently residing in a state. Given the potential long-term health consequences of victimization and the likelihood of ongoing health and service needs, these estimates can help states better understand the burden of violence in their populations. This information can also be used to inform prevention planning, resource allocation, and advocacy efforts. Separate tables are provided for women and men. When reportable, prevalence estimates are presented for rape, sexual violence other than rape, and stalking by any perpetrator. State-level prevalence estimates of rape, physical violence, and/or stalking by an intimate partner are also provided along with the prevalence of lifetime intimate partner violence victimization with IPV-related impact. State-level 12 month estimates of sexual violence, stalking, and intimate partner violence are not included in this first report due to small numbers. In order to be able to provide reliable state-level annual estimates, many of the 12 month prevalence rates will be released in subsequent reports as moving averages over multiple years.

The findings in the detailed state tables show a range in lifetime victimization experiences of rape, sexual violence other than rape, and intimate partner violence across states. Lifetime estimates for women ranged from 11.4% to 29.2% for rape; 28.9% to 58% for sexual violence other than rape; and 25.3% to 49.1% for rape, physical violence, and/or stalking by an intimate partner. For men, lifetime estimates ranged from 10.8% to 33.7% for sexual violence other than rape; and 17.4% to 41.2% for rape, physical violence, and/or stalking by an intimate partner. Confidence intervals for these estimates are available at www.cdc.gov/violenceprevention/nisvs. For women, the percentage reporting rape, physical violence, and/or stalking by an intimate partner and

experiencing at least one measured impact from these or other forms of violence in the relationship ranged from 19.3% to 39.5%. Data on IPV-related impact for men are not reported due to small numbers resulting in unreliable estimates.

When reviewing state level data it is important to recognize that although there are variations between states, the purpose in presenting these data is not to compare states but rather to help states understand the burden of the problem in their populations. The states, themselves, vary in a number of ways, including in their demographic characteristics (e.g., age distribution), social, economic and cultural characteristics, as well as external stressors (e.g., economic downturn, job loss, poverty), and other factors.

For information on how sexual violence and stalking were measured in NISVS, refer to Sections 2 and 3, respectively. For more information regarding how intimate partner violence was measured, refer to Section 4. For information regarding how IPV-related impact was measured, refer to Section 5. The prevalence estimates reported in Table 7.6 for women represent the percentage of women who experienced rape, physical violence, and/or stalking and reported experiencing at least one of the impacts measured as a result of these or other forms of intimate partner violence in a specific relationship. To provide a point of reference, the U.S. total is provided in the first row in each table.

Sexual Violence Victimization among Women

Table 7.1 Lifetime Prevalence of Sexual Violence by Any Perpetrator by State of Residence — U.S. Women, NISVS 2010

Rape Sexual Violence Other Than Rape

State	Weighted %	Estimated Number of Victims ¹	Weighted %	Estimated Number of Victims ¹
United States Total	18.3	21,840,000	44.6	53,174,000
Alabama	17.1	321,000	39.3	737,000
Alaska	29.2	72,000	58.0	143,000
Arizona	18.0	441,000	43.6	1,064,000
Arkansas	20.4	230,000	42.2	475,000
California	14.6	2,024,000	40.7	5,634,000
Colorado	23.8	451,000	47.4	897,000
Connecticut	22.1	310,000	48.6	683,000
Delaware	14.2	50,000	34.9	123,000
District of Columbia	*	*	43.0	112,000
Florida	17.0	1,266,000	41.8	3,111,000
Georgia	17.6	655,000	46.4	1,731,000
Hawaii	*	*	41.9	210,000
Idaho	18.6	105,000	46.9	265,000
Illinois	18.6	930,000	50.6	2,526,000
Indiana	20.4	505,000	43.9	1,091,000

Iowa	16.9	198,000	33.1	389,000
Kansas	15.6	168,000	39.4	424,000
Kentucky	20.3	345,000	47.7	812,000
Louisiana	15.9	280,000	28.9	509,000
Maine	17.3	94,000	42.5	231,000
Maryland	20.5	466,000	54.9	1,248,000
Massachusetts	15.1	406,000	41.1	1,105,000
Michigan	25.6	1,005,000	45.2	1,773,000
Minnesota	22.2	452,000	48.4	982,000
Mississippi	*	*	33.8	387,000
Missouri	17.5	413,000	39.8	939,000
Montana	18.5	70,000	40.2	153,000
Nebraska	18.8	129,000	47.5	325,000
Nevada	26.1	252,000	48.0	463,000
New Hampshire	23.5	125,000	51.2	272,000
New Jersey	*	*	46.7	1,606,000
New Mexico	19.5	149,000	49.0	374,000
New York	17.7	1,398,000	48.2	3,798,000
North Carolina	21.6	794,000	51.0	1,875,000
North Dakota	19.3	48,000	30.6	77,000
Ohio	16.2	743,000	41.2	1,886,000
Oklahoma	24.9	353,000	48.0	680,000
Oregon	27.2	409,000	55.7	837,000
Pennsylvania	18.8	960,000	45.3	2,313,000
Rhode Island	14.8	64,000	34.9	151,000
South Carolina	15.0	273,000	45.9	831,000
South Dakota	*	*	38.7	120,000
Tennessee	13.6	340,000	44.4	1,108,000
Texas	21.7	1,963,000	46.5	4,201,000
Utah	18.1	174,000	47.8	459,000
Vermont	15.4	39,000	43.3	110,000
Virginia	11.4	354,000	42.0	1,302,000
Washington	23.7	608,000	53.2	1,367,000
West Virginia	18.9	139,000	35.9	265,000
Wisconsin	17.7	390,000	41.3	912,000
Wyoming	22.2	45,000	43.8	89,000

Oregon has the second highest prevalence rate in the United States for Sexual Violence Victimization among Women

Excerpts from Page 89-91

9: Implications for Prevention

Implement Prevention Approaches

The goal of public health is to prevent violence from occurring in the first place. The following primary prevention strategies are scientifically credible, can potentially impact multiple forms of sexual violence, stalking and intimate partner violence, and represent areas where states and communities can make reasonable investments.

Promote Healthy, Respectful Relationships Among Youth

- *Relationships with Parents*

Building healthy parent-child relationships can address a range of risk factors for sexual violence, stalking, and intimate partner violence. These relationships can benefit from efforts to build positive, effective parenting skills; include and support fathers; increase positive family relationships and interactions; and develop emotionally supportive familial environments, which facilitate respectful interactions and open communication. Further, parents who model healthy, respectful intimate relationships free from violence or aggression foster these relationship patterns in their children. It is also important to give adults, particularly parents, the skills and resources to prevent child sexual abuse.

- *Relationships with Peers and Dating Partners*

Characteristics of respectful relationships include: a belief in nonviolent conflict resolution; effective communication and conflict resolution skills; the ability to negotiate and adjust to stress and safely manage emotions such as anger and jealousy; and a belief in a partner's right to autonomy, shared decision-making, and trust. From preschool through the teen years, young people are refining the skills they need to form positive relationships with others. It is important to promote healthy relationships among young people and prevent patterns of dating violence that can last into adulthood. It is also important to reinforce respectful relationships among peers to prevent sexual harassment and bullying.

Prevention strategies that engage parents and youth in skill-building activities and encourage or reward respectful, healthy peer interactions and dating relationships can be implemented in the home, community, or school to ensure more youth experience and practice healthy relationships during this key developmental phase.

Address Beliefs, Attitudes, and Messages that Condone, Encourage, or Facilitate Sexual Violence, Stalking, or Intimate Partner Violence

The promotion of respectful, nonviolent relationships is not just the responsibility of individuals and partners,

but also of the communities and society in which they live. It is important to continue addressing the beliefs, attitudes and messages that are deeply embedded in our social structures and that create a social climate that condones sexual violence, stalking, and intimate partner violence. One way is through norms change. Societal and community norms, policies, and structures create environments that can support or undermine respectful, nonviolent relationships. Such beliefs and social norms are reinforced by media messages that portray sexual violence, stalking, or intimate partner violence as normative and acceptable, that reinforce negative stereotypes about masculinity, or that objectify and degrade women.

Further, failure to enforce existing policies and laws against these

forms of violence may perpetuate beliefs that these behaviors are acceptable. It is important for all sectors of society to work together as part of any effort to end sexual violence, stalking, and intimate partner violence, both to change norms, attitudes, and beliefs, as well as support women and men in rejecting violence.

Another strategy involves engaging bystanders to change social norms and intervene before violence occurs. In many situations, there are a variety of opportunities and numerous people who can choose to step forward and demonstrate that violence will not be tolerated within the community. For instance, bystanders may speak out against beliefs, attitudes, and behaviors that support or condone sexual violence, stalking, and intimate partner violence – such as media portrayals that glamorize violence – and change the perceptions of these social norms in their peer groups, schools, and communities.

Ensure Appropriate Response

An emphasis on primary prevention is essential for reducing the violence-related health burden in the long term. However, secondary and tertiary prevention programs and services are also necessary for mitigating the more immediate consequences of violence. These programs and services are valuable for treating and reducing the sequelae and severity of violence and for intervening in the cycle of violence. Sexual violence, stalking, and intimate partner violence are often repetitive and can over long time periods. Several strategic foci for the secondary and tertiary prevention of violence have emerged from the existing knowledge base.

Hold Perpetrators Accountable

Incidents of sexual violence, stalking, and intimate partner violence are underreported as crimes in the United States. Survivors may be reluctant to disclose their victimization—whether to law enforcement or to family and friends—for a variety of reasons including shame, embarrassment, fear of retribution from perpetrators, or a belief that they may not receive support from law enforcement. Laws may also not be enforced adequately or consistently, and perpetrators may become more dangerous after their victims report these crimes.

Understanding that there are many reasons why victims delay or avoid reporting is a prerequisite for developing better forms of engagement and support for victims and thus holding perpetrators more accountable for their crimes. Although survivors may understandably decide not to report immediately, if at all, they should receive information from advocates, health care personnel, law enforcement, and others so they can make the decision that is best for them.

Some communities have developed highly trained, coordinated teams with expertise related to sexual violence victimization, stalking, and intimate partner violence and can provide compassionate, informed responses. These and other efforts aimed at enhancing training within the criminal justice system can facilitate reporting, provide survivors with the support they need, and ensure that perpetrators are held accountable for their crimes.

Identify Ways to Prevent First-Time Perpetration of Sexual Violence, Stalking, and Intimate Partner Violence

Additional research is needed to develop and evaluate strategies to effectively prevent the first-time perpetration

of sexual violence, stalking, and intimate partner violence. This includes research that addresses the social and economic conditions such as poverty, sexism, and other forms of discrimination and social exclusion, that increase risk for perpetration and victimization. Such research will complement efforts focused on preventing initial victimization and the recurrence of victimization.

Research examining risk and protective factors, including inequities in the distribution of and access to resources and opportunities, and their interactions at all levels of the social ecology is key to understanding how perpetration of violence develops and to determine the optimal times, settings, and strategies for preventing sexual violence, stalking, and intimate partner violence.

Documenting program costs and cost-effectiveness, when appropriate, will help practitioners and policymakers understand how to best use resources to implement effective programs. It is equally important to monitor strategies being used by the field, to identify and rigorously evaluate these approaches and document the value of efforts underway. As effective strategies are identified, research examining how to best disseminate, implement, and adapt evidence-based prevention strategies, will become increasingly important.

Conclusion

Much progress has been made in violence prevention. There is strong reason to believe that the application of effective strategies combined with the capacity to implement them will make a difference. The lessons already learned during public health's short experience with violence prevention are consistent with those from public health's much longer experience with the prevention of infectious and chronic diseases. Sexual violence, stalking and intimate partner violence can be prevented with data driven, collaborative action.

A Domestic Violence Shield Law for Oregon

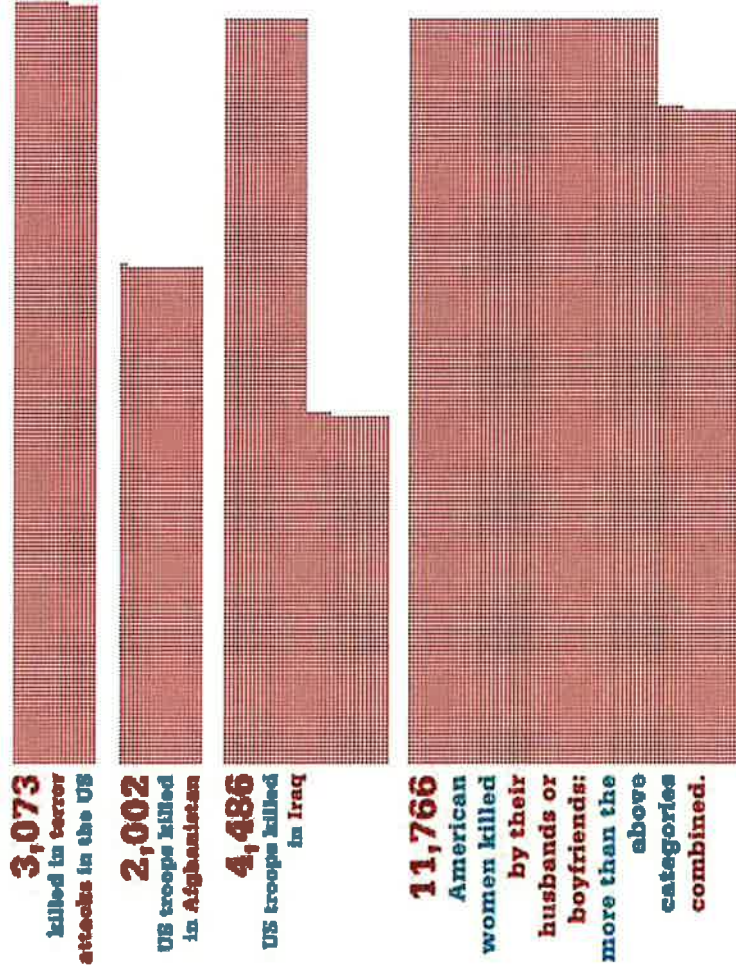
Equity for victims of domestic abuse

Domestic Violence in Oregon

- Abuse statistics
- Predictors of lethality in domestic abuse
- Effects of violence
- The law and enforcement
- Strategies
- What YOU can do
- Contact information

FBI Statistics

What War on Women?



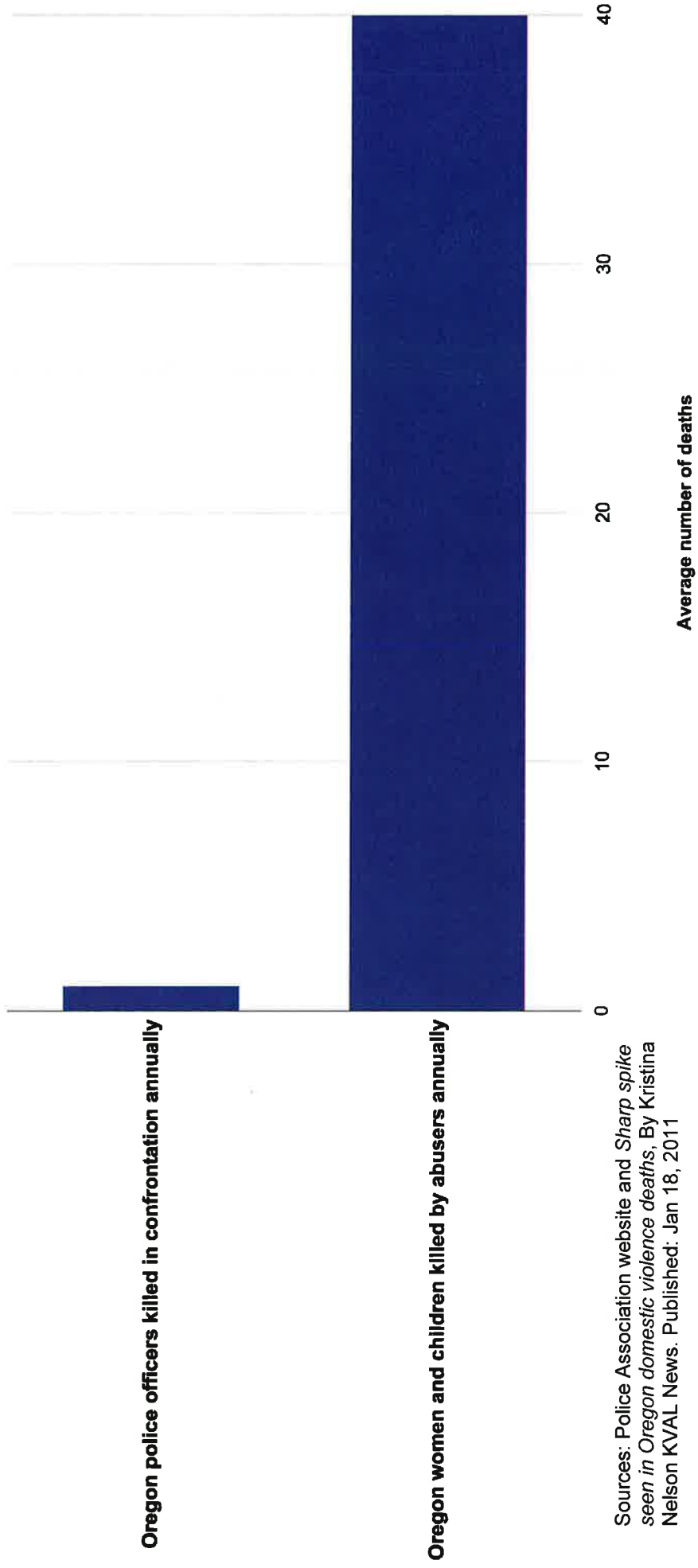
Figures from 9/10/2001 to 8/3/2012. Each dot equals one death. Domestic violence stats via Federal Bureau of Investigation. If a loved one is hurting you call 1 (800) 799-SAFE.

The Facts

Oregon has the second worst record in the nation for sexual violence victimization among women—Centers for Disease Control (CDC)

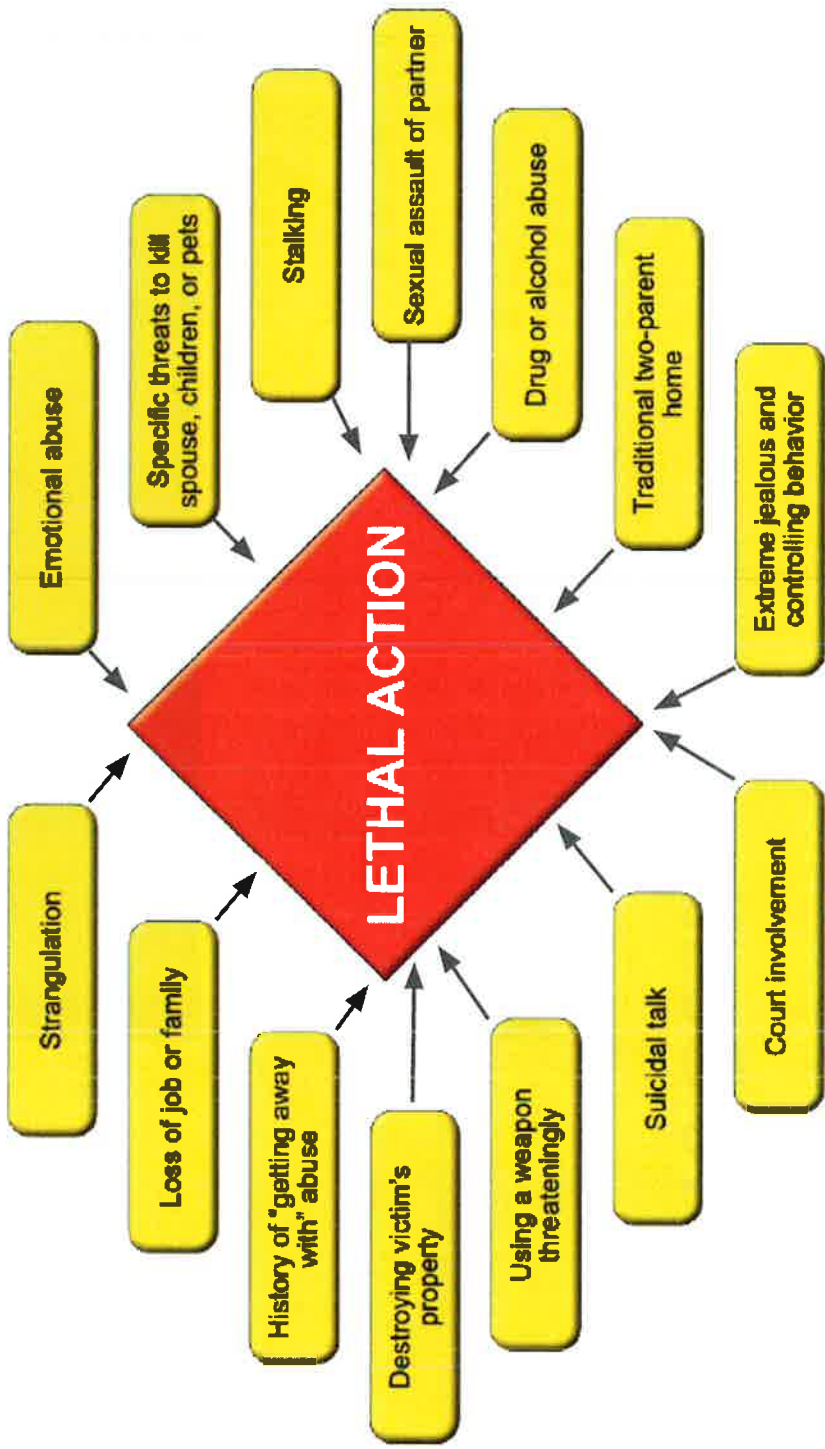
- **1 of 3 Oregon women has experienced abuse**—Portland State University
Victim of Crime Study
- **1 of 7 Oregon boys has experienced abuse**—Portland State University
Victim of Crime Study
- **A woman or child is killed roughly every 10 days in Oregon by a batterer**—Oregon Coalition Against Domestic and Sexual Violence
- **20,000 domestic abuse calls for help went unanswered in Oregon in 2012**—Oregon Department of Human Services

Comparative Deaths

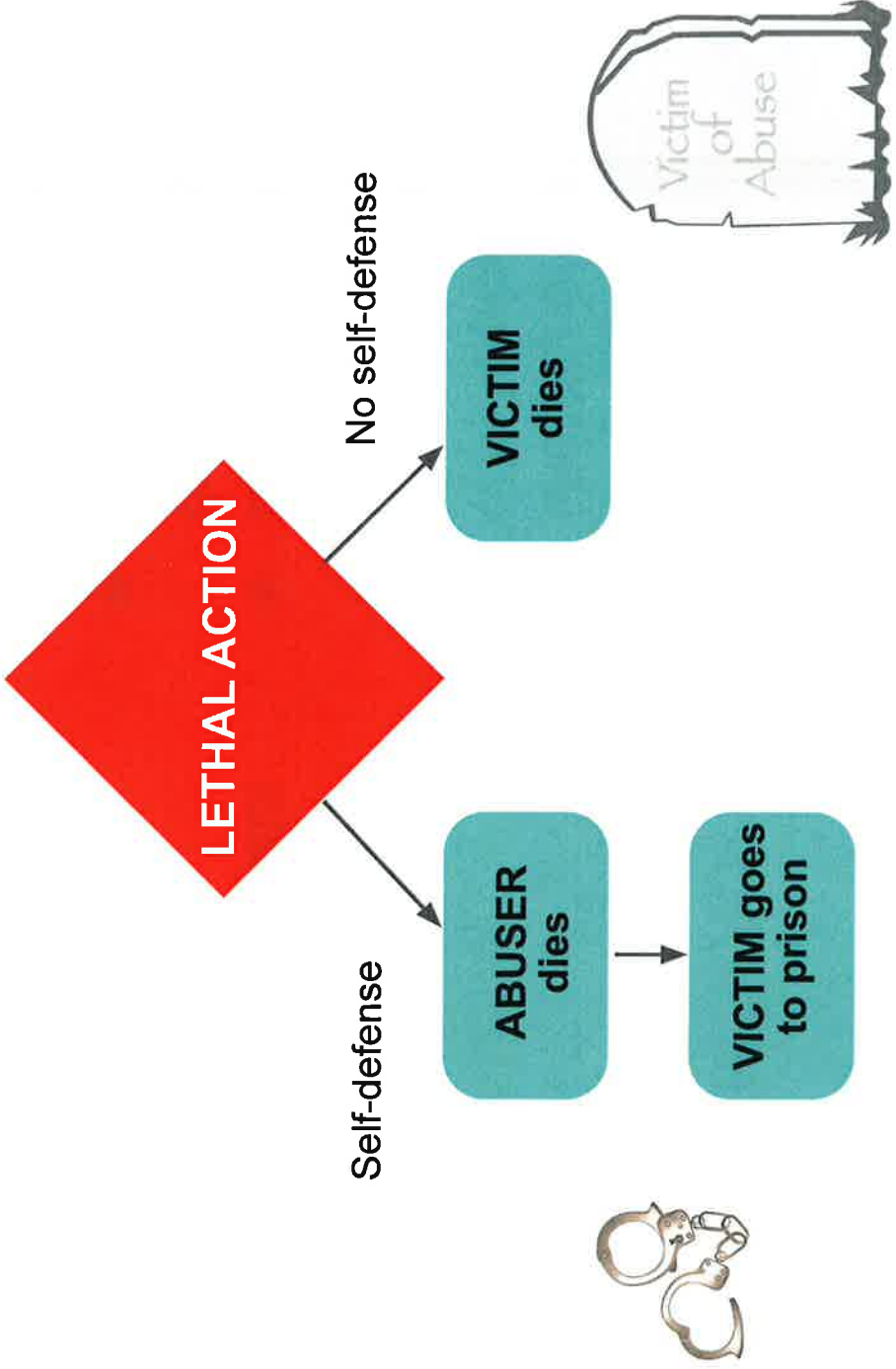


Sources: Police Association website and *Sharp spike seen in Oregon domestic violence deaths*, By Kristina Nelson KVAL News. Published: Jan 18, 2011

Predictors of Lethality in Domestic Violence



Consequences for Victim

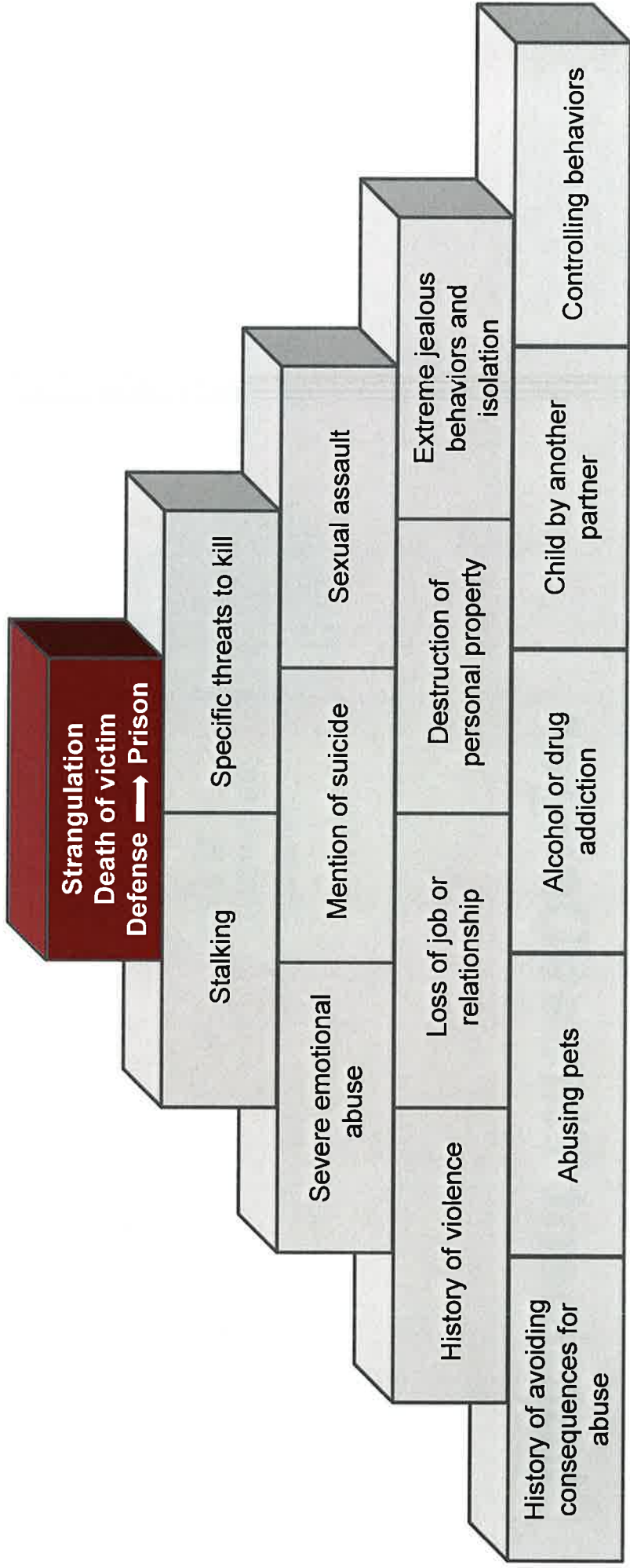


Lethality Predictors

- Strangulation
- Loss of job or family
- Emotional abuse
- Specific threats to kill spouse, children, or pets
- Stalking
- Extreme jealous and controlling behavior
- Sexual assault of partner
- Drug or alcohol abuse
- History of “getting away with” abuse
- Destroying victim’s property
- Using a weapon threateningly
- Suicidal talk
- Court involvement
- Traditional two-parent home

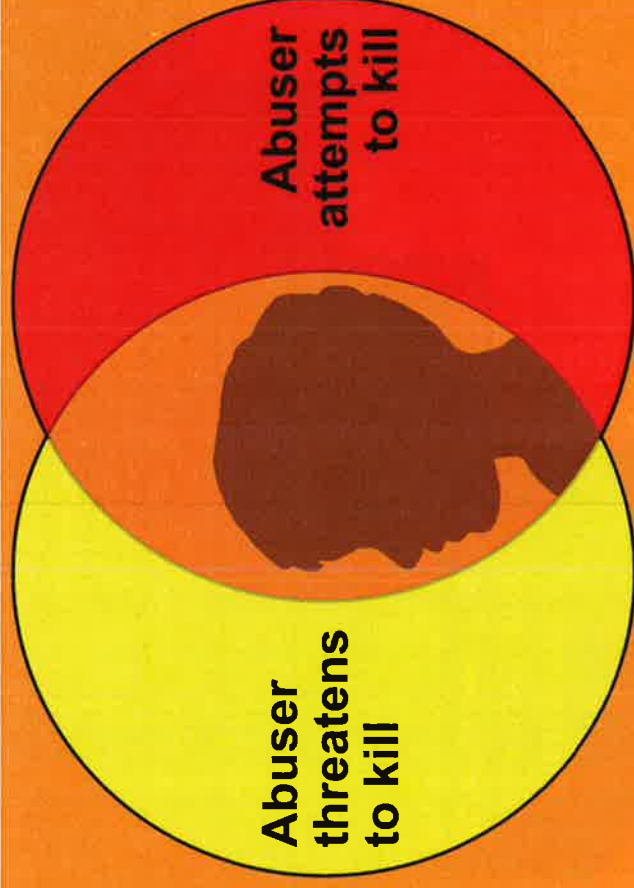


Building Blocks of Domestic Violence



Imminent Threat/Danger

"Imminent Threat" is a constant condition when the predominant aggressor has strangled or seriously assaulted and threatened or attempted to kill the victim.

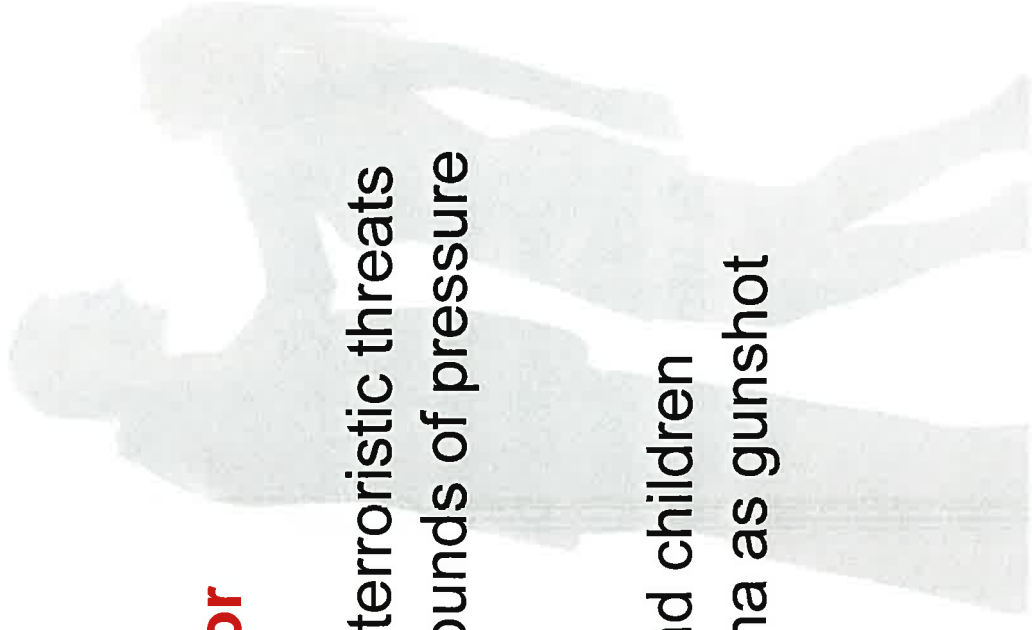


Victim lives in constant fear of "Imminent Threat" and death

Strangulation...

Facts

- Strangulation is the **most serious predictor** of future homicide
- All strangulations are attempted murder or terroristic threats
- A victim can lose consciousness with 11 pounds of pressure
- Death can occur after 20 seconds
- Brain damage can occur
- 99% of strangulation victims are women and children
- Strangulation victims suffer the same trauma as gunshot victims



Strangulation... is a **MISDEMEANOR** in Oregon

When, for example:

- Your teenage daughter's boyfriend strangles her until she passes out
- An enraged husband strangles his pregnant wife
- A mother of two children is strangled while her kids are next door
- A middle aged woman is strangled by the ex-husband who stalks her
- An 11-year-old stepson is strangled
- A 12-year-old daughter is strangled

A misdemeanor means that someone who commits this crime may not spend even one night in jail.

Strangulation...

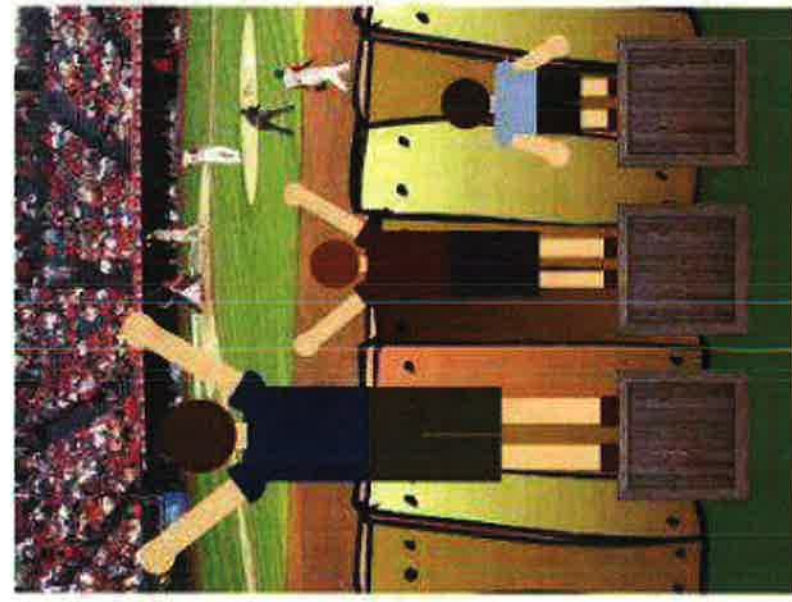
is the least serious class of **FELONY** in Oregon

Only when:

- A victim's children watch the strangulation
- A victim is
 - under 10 years of age
 - a disabled person
 - an elderly person
- It is the fourth assault



Equality doesn't mean Equity



Equality



Equity

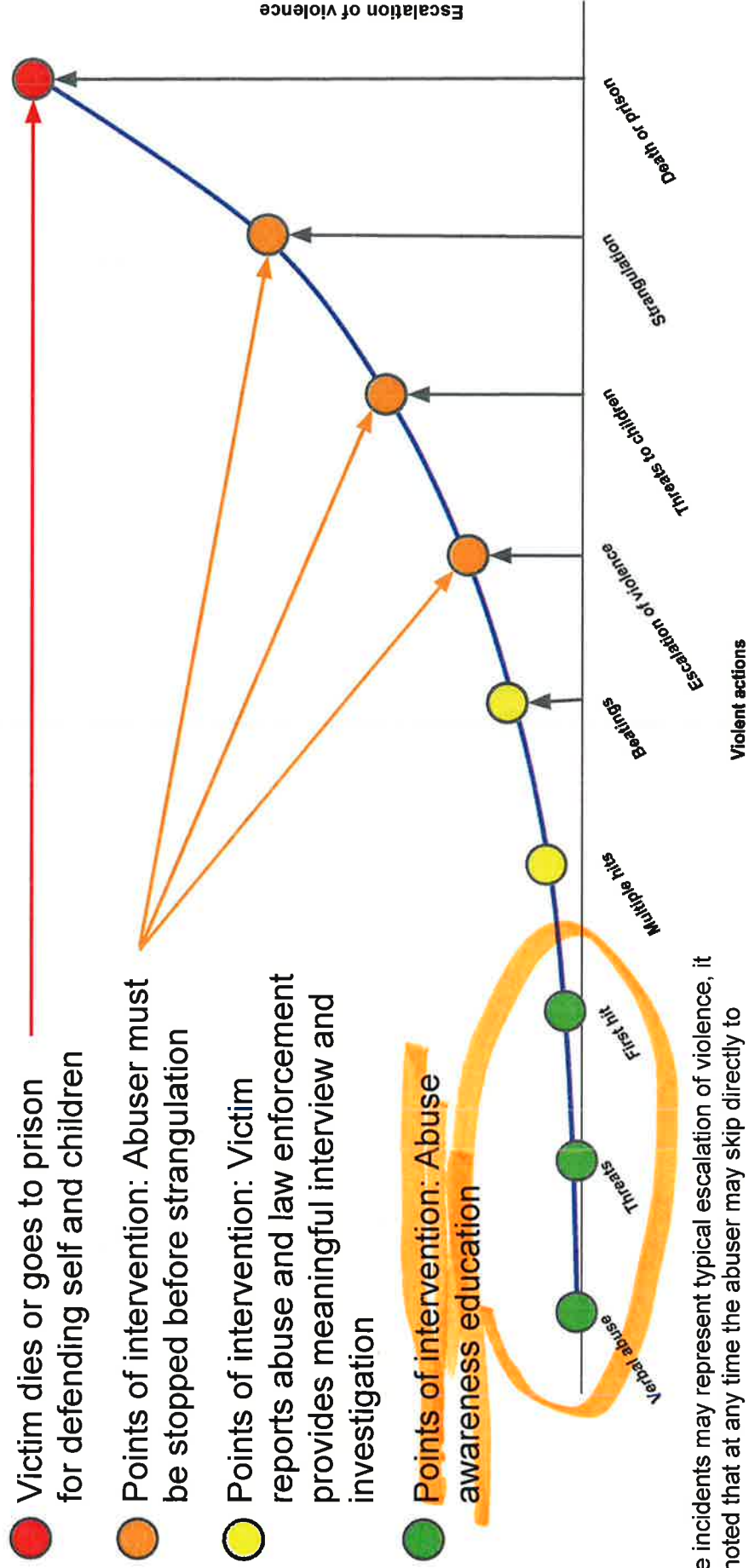
It is not equitable to punish victims of abuse, who defend themselves, in the same way you would punish those who have different motives. One size does not fit all.

Why doesn't she just leave?

- **Leaving triggers fatality**—70% of homicides occur **AFTER** victim has left or acquired protective order
- **Mother stays to protect children**—60% of batterers start abusing children after divorce
- **Economic hardship and homelessness**—50% of homeless women and 80% of homeless children are fleeing abuse
- **Loss of community and support**—Victim is **NOT** the criminal, yet stands to lose everything
- **Victim blame**—Friends and family can turn against victim
- **Love**—Victim hopes to stop abuse and keep the family intact

Source: Oregon Coalition Against Domestic and Sexual Violence

Progression of Violent Events and Opportunities for Intervention



While these incidents may represent typical escalation of violence, it should be noted that at any time the abuser may skip directly to strangulation.

When Police Intervention Fails

- Nearly 100% of women and teens imprisoned for defending themselves had called the police previously for help—Dobash, Bowker, and Leonard “*Convicted Survivors-an Overview*,” Vanguard University
- 80% of protection orders are not enforced—Multnomah County
- In role-play training, police arrested the victim rather than the aggressor 98% of the time—Summer Conference Oregon Coalition 2014
- Police in Oregon perform predominant aggressor and lethality studies in less than 10% of cases—

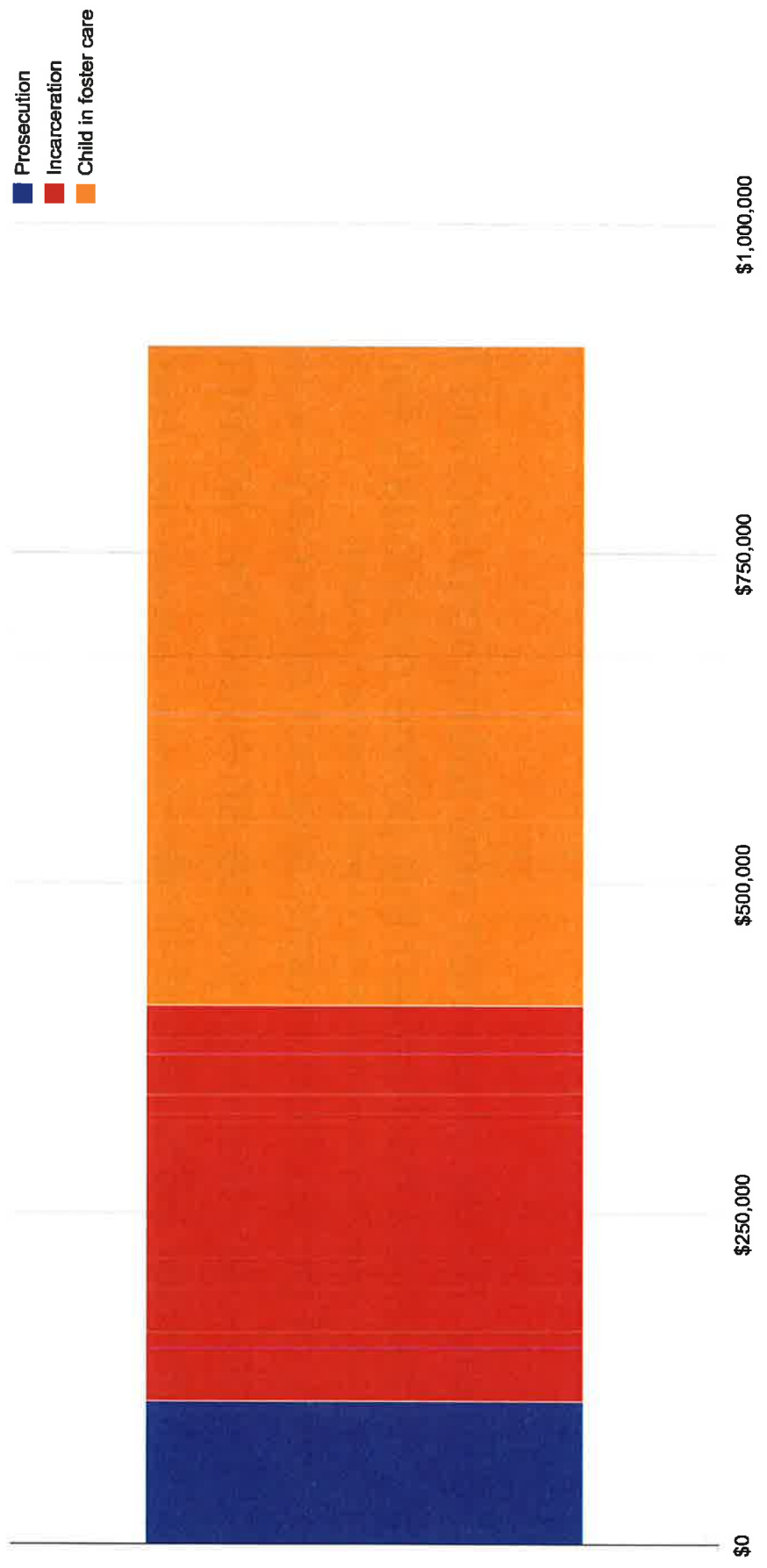
Practical implications of DV research, Dr Andrew Klein DOJ Study

Maryland experienced a 34% reduction in domestic violence homicides after implementing lethality assessments in Police response, and sharing these assessments with family court judges, child services, etc.



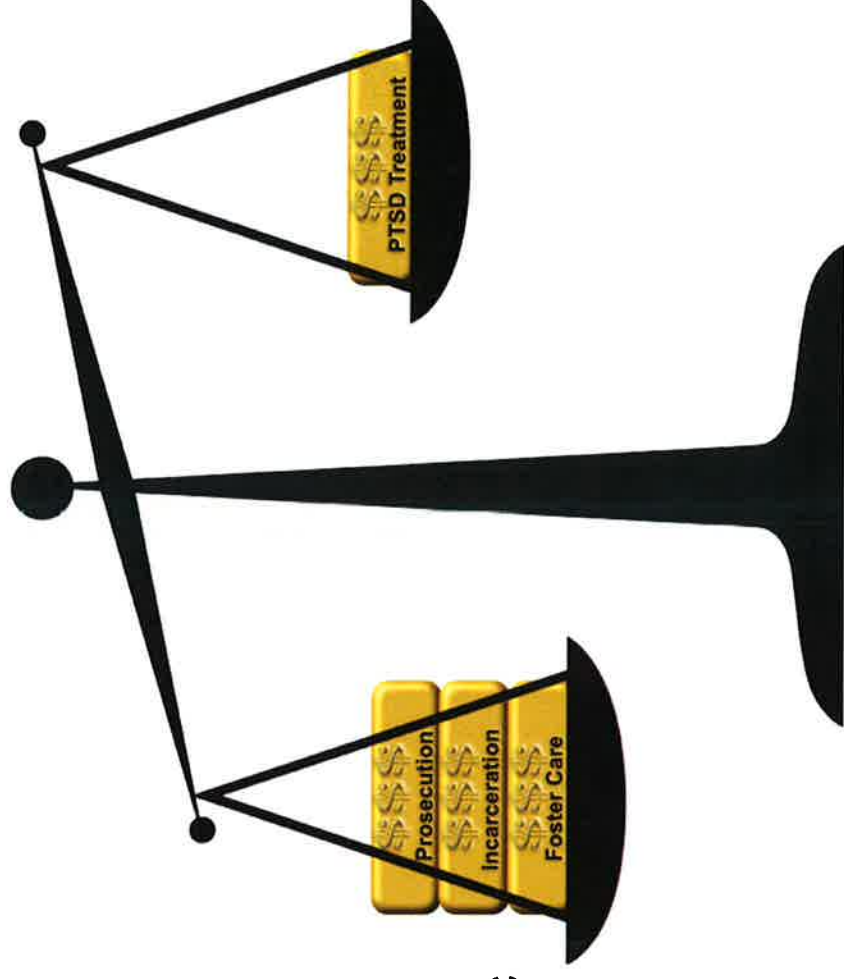
Cost to Incarcerate a victim

Average 10 year cost to incarcerate victim



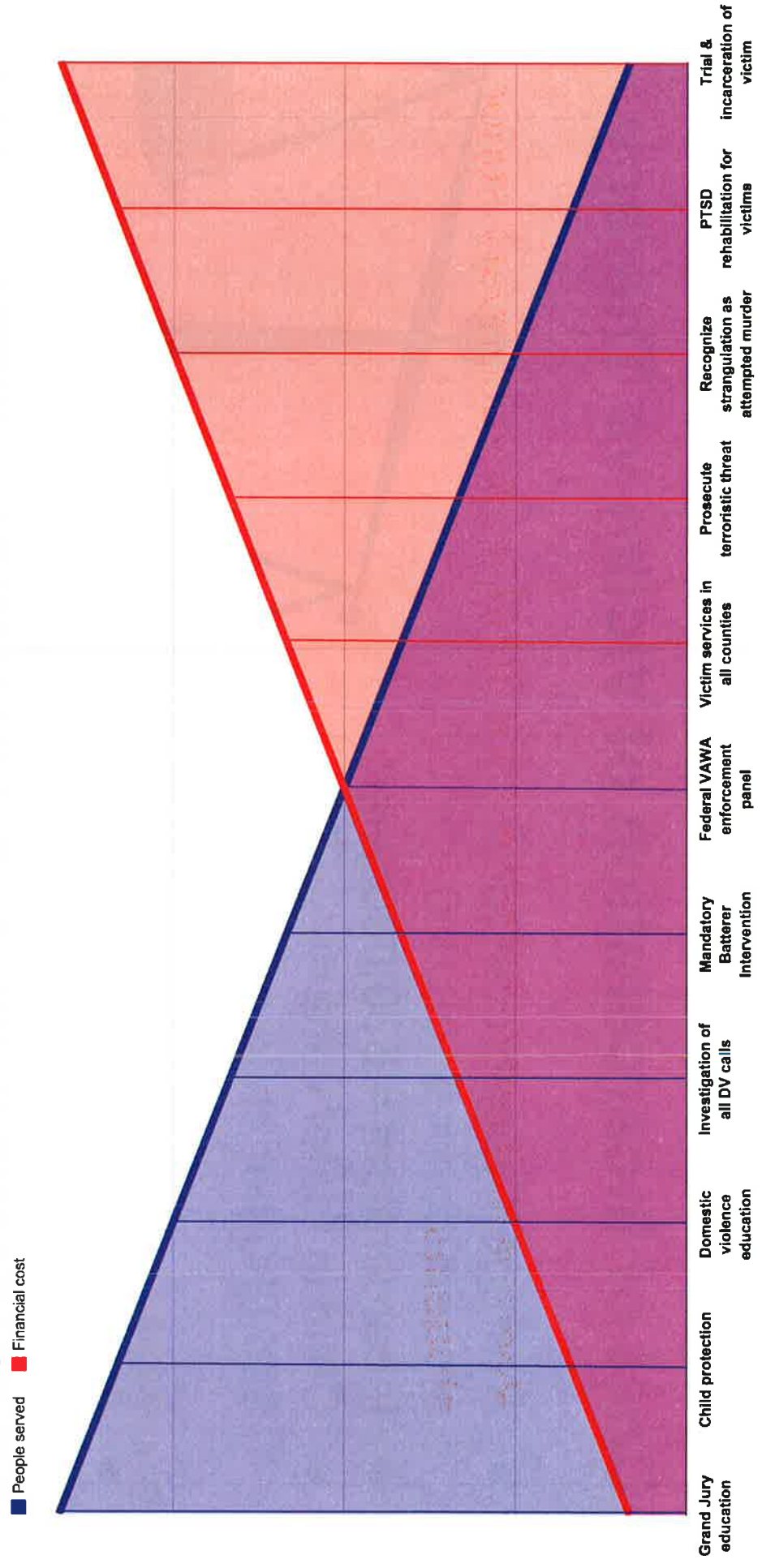
Cost of Incarceration of Victim vs Therapy

- Average Oregon cost for prosecution = \$108,000
 - Incarceration = \$30,000/year
 - Child in foster care = \$25,000 per child each year
- VS
- Average cost of post traumatic stress treatment = \$70,000



Sources: Oregon Department of Justice 2010 financial report, Oregon Department of Corrections, and Oregon Department of Human Services

Cost Effectiveness of Early Prevention and Early Intervention



Domestic Violence Shield Law

1. Require domestic violence education of all secondary school students, teachers, mandatory reporters, and state workers, including specialized training for law enforcement, judges, district attorneys, guardian ad-litem
2. Prosecute terroristic threats
3. Classify "imminent danger" as always existing if predominant aggressor has strangled or seriously assaulted the victim in the past and has made threats to kill in the future
4. Recognize that abuse victims may need to use a weapon to fend off a larger attacker

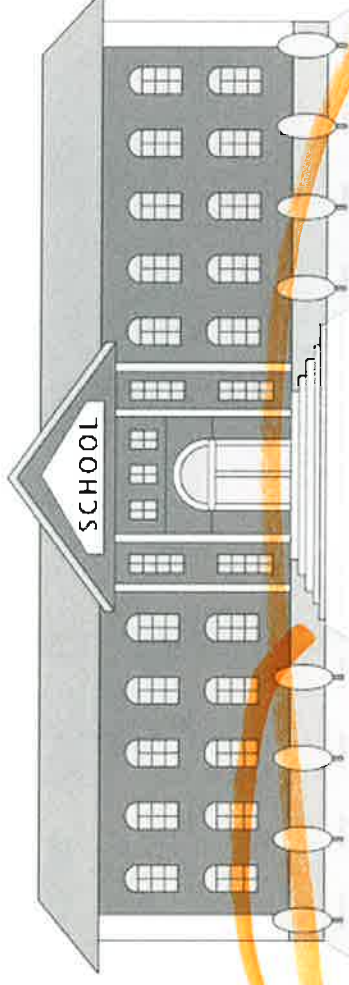


(Continued)

Domestic Violence Shield Law (continued)

5. Require mandatory and significant batterer interventions, similar to DULL interventions
6. Classify strangulation as attempted murder or a terroristic threat
7. Require Grand Juries to be domestic violence informed prior to any indictment
8. Mandate post traumatic stress disorder treatment, rather than prison, for abuse victims who fight back
9. Create a Violence Against Women Act (VAWA) enforcement panel
10. Offer wrap-around victim services in all counties





**Domestic violence education
in schools can
prevent future abuse.**

**Statewide education and intervention
can help prevent dangerous
escalation of domestic violence.**

Adverse Childhood Experiences Influence Adult Health Status

An individual's health and welfare can be greatly affected by exposure to violence as a child. Witnessing a mother being abused can shorten a child's lifespan through early onset of disease.

Source: The Adverse Childhood Experiences (ACE) Study. CDC & Kaiser Permanente, USA.





...domestic violence
affects more than just
the individual victim;
it is a public safety issue
that affects all of society.

Donna Willa, "Forum: Mandatory
Prosecution in Domestic Violence
Cases: Domestic Violence: The Case
For Aggressive Prosecution," *U.C.L.
A. Women's L. J.*, Spring/Summer
1997

What YOU can do

- Require police to perform lethality and predominant aggressor assessments
- Prosecute strangulation as either attempted murder or a terroristic threat
- Require domestic violence training of family court judges and guardian ad-litem to protect children and avoid punishment of protective victims

- STOP arresting victims for defending themselves
- Educate youth and other Oregon citizens on the dynamics of abuse
- Enforce protective orders and Violence Against Women Act
- Hold batterers accountable with early intervention



Contact Voices Set Free

End violence against women, children, and under-represented populations.

Voices Set Free

254 N 1st Avenue

Hillsboro, OR 97124

Cell: 503-997-8041

Fax: 503-846-0709

Email: louise@voicessetfree.org

Web: www.voicessetfree.org

Voices Set Free
254 N 1st Avenue
Hillsboro, OR 97124
503-997-8041



A Domestic Violence Shield Law for Oregon

Updated Legislation for Victims of Abuse

Objectives and Goals

Facts

Solutions—Considerations for Law

Training

Background information

Facts

- In violent, potentially lethal domestic abuse (e.g., strangulation) self-defense including use of lethal force is a response, not an attack. Victims must often use a weapon against a larger assailant or attack a predominant aggressor to prevent threatened violence after a strangulation episode.
- Current law in Oregon tends to punish victims who defend themselves and/or their children—not the abuser who is threatening.
- Women are typically the victims of domestic violence and abuse, but not always.
- When a woman uses deadly force to defend herself from repeated violence and strangulation she is prosecuted and incarcerated.
 - Murder: 25 years to life
 - Manslaughter: 10 to 20 years
 - Assault with a deadly weapon: 70 months to 10 years
- The average cost to incarcerate a woman is more than \$800,000, including trial, incarceration for 10 years, foster care of children, and other associated costs.
- Oregon has seen an 85 percent increase of incarcerated women in the last 15 years, many of whom are there for defending themselves. The abusers are then free to repeat their offenses, creating more victims. Victims are sometimes sent to batterer programs for defending themselves, which is a form of re-victimization.
- In Oregon, the recidivism rate for incarcerated female victims of domestic violence and abuse is zero.
- Ineffective law enforcement response to 911 calls for help is a significant factor. There sometimes is no response from law enforcement at all. The victim's options then become to defend with force—or to be killed.
- Strangulation/choking is not a felony in Oregon, as it is in many other states—abusers frequently get little or no jail time.
- “Imminent Danger” increases as abuse continues, escalates, and becomes more threatening.
- Domestic violence in Oregon affects, at some point in their lives, one in three women (33%) and one in four men (25%).

Solutions—Considerations for Law

- Create an Oregon law that deals effectively with the perpetrator—not the victim.
- Expand self-defense definition to include the battered woman/victim perspective.
- Codify “Imminent Threat,” “Terroristic Threats,” “Menacing,” and “Strangulation” as operative legal terms so that legal interpretation is standardized. “Imminent Threat” is especially important because it is ongoing if there is a pattern of continued abuse and violence, and it is the basis for lethal response.
- Require the Grand Jury to be informed of any history of domestic violence (including, repeated abuse, lethal threats, and other predictors of lethality).
- Expand the definition of “Self Defense” to include “Self Defense for Domestic Violence Abuse Victims.” See ORS 161.209, ORS161.215, and ORS161.219.
- Prosecute “Terroristic Threats,” “Menacing,” and “Strangulation” as felony offenses. These are actions of escalating violence and predictors of lethality.
- Require completion of mandatory domestic violence intervention and prevention programs in all cases of domestic violence and battery arrests. The “EMERGE” program (<http://www.emergedv.com>) is a model.
- Consider child safety a primary issue.
 - Legislate immunity from kidnapping prosecution for victims who flee with children.
 - Legislate immunity from “failure to protect” children when an abuse victim is seeking protective orders.
 - Forbid unsupervised child visitation with abusers.
- Consider retroactive application of this new law in cases where wrongful incarceration has taken place. Oregon is paying many millions of dollars for potentially wrongful incarceration.
- Redirect abuse victims with post-traumatic stress disorder (PTSD) or battered person syndrome to psychological rehabilitation, as in the Veteran’s Diversion Program.
- Create a statewide database for records and statistics of domestic violence in Oregon.
- Train specialized law enforcement authorities in response to and investigation of domestic violence, using a standardized investigation format like the Ontario Domestic Assault Risk Assessment (ODARA) or Spouse Abuse Risk Assessment (SARA).

- Require all law enforcement personnel to complete bi-annual domestic violence training to be created by this law and designed by a task force of Oregon subject-matter experts.

Training

Online domestic violence training course (offered through state iLearn system) will minimally include:

- Definitions of abuse—emotional, physical, sexual, verbal, economic
- Current state and federal laws, statistics, VAWA
- ODARA/SARA lethality assessments and predictors
- Myths that hurt victims (e.g. “Why doesn’t she just leave?” “Once parents divorce the kids are safe.” “She can just go to a women’s shelter.” etc.)
- Identification of primary aggressor
- Effect of domestic violence on children
- Manipulations by abusers/batterers—abuse recognition
- Rigid stereotypes
- Cycle of abuse/power, intermittent reward/entitlement
- Effective responses for dealing with risky situation
- “Victim perspective” training, using videos with real-life scenarios

ODARA and SARA

ODARA – Ontario Domestic Assault Risk Assessment

<http://odara.waypointcentre.ca/>

The **ODARA** is the result of a collaboration between the Ontario Provincial Police Behavioural Sciences and Analysis Section and the Research Department at Waypoint. It was created from research on nearly 600 cases from OPP and municipal police records. The ODARA is easy to score, either from documents alone, or from documents plus an interview with a female client who is the victim of the offender's most recent domestic assault. A police record check is always advised. The ODARA can be scored reliably, and has been validated in several jurisdictions. It is the first empirically tested and validated domestic violence risk assessment tool to assess the risk of future domestic assault, as well as the frequency and severity of future assaults. For all of these reasons, the ODARA is an important part of efforts to promote a coordinated, cross-sector response to violence against women.

ODARA 101: The Electronic Training Program is an interactive e-learning program for assessors to learn to use the ODARA any day of the year and at any time that fits their schedule. The program consists of five chapters: Introduction, Learning Modules, Practice Cases, Certification, Special Features. The learning modules cover the research background and validations of the ODARA, as well as the detailed scoring instructions for each item. Practice cases are provided in video and written formats, with the correct scoring explained. The program takes 4-6 hours to complete, depending on individual learning styles and preferences. This project has been made possible by a grant from the Ontario Ministry of Community Safety and Correctional Services.

Please contact us **contact us** for more information. To register, fill out the **license request** form.



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SARA™

Spousal Assault Risk Assessment Guide

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<http://www.mhs.com/product.aspx?gr=saf&id=overview&prod=sara>

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The Spousal Assault Risk Assessment Guide (SARA) helps criminal justice professionals predict the likelihood of domestic violence. The tool is a quality-control checklist that determines the extent to which a professional has assessed risk factors of crucial predictive importance according to clinical and empirical literature.

With 20 items, the SARA assessment screens for risk factors in individuals suspected of or being treated for spousal or family-related assault. The SARA can help determine the degree to which an individual poses a threat to his spouse, children, family members, or other people involved.

The instrument can be used by members of various boards or tribunals (e.g., parole and review boards, professional ethics committees, etc.), lawyers, victims' rights advocates, and prisoners' rights advocates.

Scales & Forms

SARA Checklist of Information Sources

The SARA Checklist of Information Sources is a checklist designed to ensure that all possible information resources have been tapped.

SARA QuikScore™ Form

The clinician-completed QuikScore™ form is a self-scoring form designed to screen for risk factors of spousal or family-related assault.

SCALES

- Spousal Assault History
- Criminal History
- Alleged/Most Recent Offense
- Psychosocial Adjustment