

Treatment Improvement Protocols for Domestic Violence Intervention by Multnomah County Alcohol and Drug Treatment Providers

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These *Treatment Improvement Protocols for Domestic Violence Intervention by Multnomah County Alcohol and Drug Treatment Agencies* is a collaborative project with the Alcohol and Drug Criminal Justice Working Group, the Domestic Violence Coordinator's Office and community based domestic violence services and alcohol and drug treatment providers. It is based on the SAMHSA *Substance Abuse Treatment and Domestic Violence, Treatment Improvement Protocol (TIP) Series, Number 25*.

The two fields of domestic violence and A&D treatment have worked largely in isolation from each other, despite the considerable overlap in their client populations. Few collaborative programs exist and the two fields do not have consistently implemented programs that facilitate interagency coordination and cooperation. Basic differences in philosophy and terminology have also blocked the collaborative services critical for treating substance-abusing clients who are survivors or perpetrators of violence.

This Protocol is intended to assist A&D treatment providers with information about domestic violence survivors and perpetrators, to create a more integrated knowledge base about substance abuse and domestic violence, and to outline a system of integrated care. It is our hope that the suggestions presented will help providers move toward a more integrated delivery system and provide the appropriate holistic care to their clients who suffer from both of these complex, intertwined problems.

It is also our hope that the Protocol may prove useful to domestic violence support workers whose clients suffer from substance-related problems. Each field can benefit enormously from the expertise of the other, and cooperation and sharing of knowledge will pave the way for the more coordinated system of care.

Scope of the Problem

Domestic violence has become an increasingly visible problem both nationally and in Multnomah County. A recent survey of Oregon women found that 1 in 8 Oregon women between the ages of 18-64 had been physically abused by an intimate partner in the last year (*1998 Oregon Domestic Violence Needs Assessment*). This same study found that women of all age ranges, all races

and ethnic backgrounds, all economic classes and those from rural and urban areas were abused at approximately equal rates. However, young women (ages 18-24) were almost twice as likely to have been abused in the last year compared to the general population of women 18-64.

The Oregon Domestic Violence Needs Assessment also reported that about one-half of social service and health care providers surveyed have no designated domestic violence budget or staff member. Unpublished data from the Needs Assessment indicate that less than half of social service agencies surveyed had a protocol for screening for victims of domestic violence and less than one-fifth had a protocol for screening perpetrators of domestic violence.

Researchers have found that one fourth to one half of men who commit acts of domestic violence also have substance abuse problems (Gondolf, 1995; Leonard and Jacob, 1987; Kantor and Straus, 1987; Coleman and Straus, 1983; Hamilton and Collins, 1981; Pernanen, 1976). A sizable percentage of convicted batterers were raised by parents who abused drugs or alcohol (Bureau of Justice Statistics, 1994). The Oregon Needs Assessment found that just under one-fifth of women self-reported alcohol and drug problems, and reported that about half of the abusive partners had alcohol use problems and one-quarter had drug use problems. Studies also show that women who abuse alcohol and other drugs are more likely to be victims of domestic violence (Miller et al., 1989). Victims of domestic violence frequently use alcohol or drugs as a mechanism to cope with the domestic violence.

Goal of Intervention

The goals of domestic violence intervention by alcohol and drug treatment agencies should be to increase safety for victims of domestic violence, and to increase effectiveness of the alcohol and drug treatment programs. This Protocol recognizes that both continued abuse and continued perpetration of abuse are a detriment to recovery and can trigger relapse. Successful alcohol and drug treatment of a perpetrator must include a decrease in violent behavior, and successful alcohol and drug treatment of survivors must include an increase in their safety.

Scope of the Protocol

Domestic violence is the use of verbal, psychological, or physical force by an intimate partner to control another. This Protocol focuses primarily only on men who abuse their female partners (batterer clients) and women who are battered by their male partners (survivor clients), since this represents more than 90% of all domestic violence cases. Child abuse and neglect, elder abuse, women's abuse of men, and domestic violence within same-sex

relationships are important issues that are not addressed in depth in this document. Some items in the Protocol may be applied with caution when working with these problems.

These Protocols are intended to help programs define their own policies and procedures to identify domestic violence and develop strategies to appropriately address the clinical needs of the client relating to domestic violence. These need include safety planning, assistance with appropriate resources, accurate information about domestic violence, short-term intervention.

In addition, providers need to be aware of the needs of clients from specific cultural, racial or ethnic populations, and need to implement programs in ways which are respectful of these populations and address additional barriers faced by these clients. People with disabilities, including physical and cognitive, also face additional barriers and programs should be sensitive to and responsive to the needs of people with disabilities. A&D providers should establish linkages with programs specifically for these populations.

Recommendations

There is a connection between substance abuse and domestic violence. While there is no direct cause-and-effect link, the use of alcohol and other drugs by either partner is a risk factor for domestic violence, and domestic violence is a risk factor for A&D use. The failure to address domestic violence issues among substance abusers interferes with treatment effectiveness and contributes to relapse. Therefore, this Protocol recommends that substance abuse treatment programs screen all clients for current and past domestic violence, including childhood physical and sexual abuse. Domestic violence programs should screen clients for substance abuse. (Screening instruments and techniques for identifying domestic violence appear in *Appendix A*.)

The recommendations are divided into several sections, including: Part 1: Screening, Referral, and Treatment of Survivor Clients Part 11: Screening, Referral, and Treatment of Batterer Clients Part 111: Family-Based Treatment Part IV: Legal Issues Part V: Establishing Linkages Part VI: Systemic Reform

The recommendations in Parts I and 11 follow survivors and perpetrators chronologically through services, including screening, referral, and treatment.

Part 1: Screening, Referral, and Treatment of Survivor Clients

- : If a client believes that she is in immediate danger from a batterer, the treatment provider should respond to this situation before addressing any other issues. If necessary, they should suspend the screening interview for this purpose, and assist the client in developing a safety plan (*Appendix B*). The provider should refer the client to a domestic violence program, and allow the client to use the telephone to contact identified resources, if appropriate (*Appendix C*).
- : The provider can identify and ask about several indicators of abuse. The most obvious indicators are physical injuries, especially patterns of untreated injuries to the face, neck, throat, and breasts. Other indicators may include a history of relapse or noncompliance with substance abuse treatment plans; inconsistent explanations for injuries and evasive

answers when questioned about them; complications in pregnancy (including miscarriage, premature birth, and infant illness or birth defects); stress-related illnesses and conditions (such as headache, backache, chronic pain, gastrointestinal distress, sleep disorders, eating disorders, and fatigue); anxiety-related conditions (such as heart palpitations, hyperventilation, and panic attacks); sad, depressed affect; or talk of suicide. In addition, the client may mention being afraid of the partner or his "anger" problem or controlling behaviors. Agency medical protocols may need to be reviewed in order to respond most appropriately to survivors.

: Always interview clients about domestic violence in private, and do not reveal any information about disclosure of domestic violence to other family members.

- : Ask about violence using concrete examples and hypothetical situations rather than vague, conceptual questions.

: in framing screening questions, it is extremely important to convey to the survivor that there is no justification for the battering and that substance abuse is no excuse. Questions such as, "Does he blame his violence on his alcohol or drug use?" or, "Does he use alcohol (or other drugs) as an excuse for his violence?" serve the dual purpose of determining whether the client's partner may be a substance abuser while reinforcing to her that substance abuse is not the real reason for his violence.

: Addictions counselors should be trained to screen clients for domestic violence, to assist in safety planning and to provide information about resources. The counselors should also know when domestic violence experts should be contacted. Violence assessment requires in-depth knowledge and skill and should be conducted by a domestic violence expert.

- : Providers should be aware that the overlap between child abuse and domestic violence is 60-70%, thus they should be alert to the possibility that the mother of a child who has been or is being abused by her partner is also being abused herself, and vice versa.

- : The provider should refer the client to or encourage the client to use other resources, such as medical care, if injured, police or the criminal justice system, shelters or other victim programs.

: Once the client has entered substance abuse treatment, a treatment plan that includes a safety plan (see [Appendix B](#)) should be developed. In addition, the provider should support the client in avoiding contact with the

perpetrator, if the client goal is to avoid contact. A subsequent relapse prevention plan should address domestic violence issues, including safety planning and avoiding contact with the perpetrator, if appropriate.

- : Survivors appear to benefit by participating in same-sex treatment groups that do not use confrontational techniques. Providers should keep in mind that victims of domestic violence have been systematically deprived of their self-determination as part of the abuse. Thus, program models that emphasize powerlessness as a treatment strategy should be aware that this might be counter to recovery needs related to domestic violence. When external limits are necessary, they should also take into account that she may be placing her safety above success in the treatment program.
- Staff training in the areas of crisis intervention and co-occurring mental health problems such as PTSD is important so that treatment providers can respond effectively. Referrals should also be made whenever appropriate for specialized counseling.
- : Should a client decide to relocate to another community, she should be referred to the appropriate programs within that community.
- : Residential care providers should be sensitive to the fact that many domestic violence victims come from a highly controlled and abusive social environment. Level 111 care requirements to manage the environment may be perceived to be similar in some respects to the abusive environment the victim has recently left. Programs that utilize a blackout period, should assure that the client's domestic violence support resources are still accessible during all phases of the blackout period. Rules should be enforced in ways which empower the survivor, increase her safety, and counter the abusive environment she recently left.
- : Because batterers frequently harass their partners who are in treatment. They do this by circumventing program rules and threatening them by phone or by mail, and by sending messages through other, approved visitors. The program should assist the victim in stopping the harassment by monitoring telephone and visitation privileges of identified. if she appears to be maintaining a relationship with a batterer, providers should be aware that contact maybe out of fear for herself or fear for her children's safety or well-being, or a response to specific threats by the perpetrator.

Part 11: Screening, Referral, and Treatment of Batterer Clients

- : A discussion of family relationships is an element of all substance abuse screening interviews. This component of the interview should be used to address the issue of domestic violence and controlling behaviors with male clients.
- . To initially gauge the possibility that a client is being abusive toward his family members, the interviewer can ask whether he/she thinks violence and controlling behaviors against a partner is justified in some situations, using a third person example.
- : Ask specific, concrete questions (e.g., "What happens when you lose your temper?"). Be direct and candid; avoid euphemisms such as, "Is your relationship with your partner troubled?" Instead, talk about "his violence and controlling behaviors" and keep the focus on "his behavior." Ask about specific violent and controlling behaviors (e.g., "When you hit her, was it a slap or a punch?", "Do you take her car keys away?", "Damage her property?", "Threaten to hurt or kill her?").
- In asking screening questions, substance abuse treatment providers must be careful not to enable a batterer to place the blame for the battering on the victim or the drug.
- . Become familiar with batterers' rationalizations for their behavior, and with ways to counter them. Examples are:
 - *Minimizing* "I only pushed her," "She bruises easily," "She exaggerates." To counter minimizing, say, *"Any violence is unacceptable and harmful to the victim."*
 - *Citing good intentions* "She gets hysterical so I have to slap her to calm her down. To counter a claim of good intentions, say, *"Any violence is unacceptable and harmful to the victim. You are the only person responsible for your violent behavior."*
 - *Blaming the use of alcohol and drugs* "I'm not myself when I drink." To counter a blaming use of alcohol and drugs, say, *"Any violence is unacceptable and harmful to the victim. You are the only person responsible for your violent behavior; abuse/use of alcohol and drugs does not make it okay."*

- *Claiming loss of control:* "Something snapped," "I can only take so much," "I was so angry, I didn't know what I was doing." To counter claiming loss of control, say *"Any violence is unacceptable and harmful to the victim. Being angry or 'out of control' does not make it okay."*
- *Blaming the partner* "She drove me to it," "She really knows how to get to me." To counter blaming the victim, say, *"Any violence is unacceptable and harmful to the victim. You are the only person responsible for your violent behavior; her behavior does not make your violent acts okay."*
- *Blaming someone or something else:* "I was raised that way," "My probation officer is putting a lot of pressure on me," "I've been out of work." To counter a blaming someone else, say, *"Any violence is unacceptable and harmful to the victim. You are the only person responsible for your violent behavior. Being out of work is no excuse for being violent."*

: Perpetrators' often attempt to maintain contact with their partner in order to control her time or access to support. When establishing rules, providers should be careful to assure that contact with the victim is for a legitimate reason, and does not give the perpetrator an opportunity for on-going control or violence.

- : Once there is an indication that a client has assaulted or been controlling of a partner, the provider should contact a domestic violence expert, either for consultation or referral.
- : Treatment providers should try to ensure the safety of those who have been or may become victims of the client, in particular his partner and children, during any crisis during treatment, including to be aware of the providers duty to warn.
Appendix D.
- : Treatment providers, in some cases, may require that batterers sign a "no contact contract" or a "no offensive contact contract." (*Appendix E*). that states that the client will refrain from using violence and controlling behaviors both inside and outside the program. If the provider requires signing contracts, they should have in place a way to verify whether or not the batterer has complied with the contract, and have specific consequences if they have not.
- : Domestic violence staff sometimes interviews the batterer's partner in order to obtain salient information about his dangerousness to himself, his partner, and others. This type of collateral interviewing is quite different from that practiced in the substance abuse treatment setting and should

only be performed by someone with specialized skills and expertise in domestic violence. Any information obtained in that interview should never be revealed to the perpetrator, without the explicit request by the victim. If the victim does request that information be shared with the perpetrator, the provider must address safety concerns with the victim.

The relationship between substance abuse and violent and controlling behavior should be addressed in relapse prevention planning. The following information may be useful in developing the plan:

- Exactly when in relation to substance abuse do the violence and controlling behaviors occur
- How much of the violent behavior occurs while the batterer is drinking or on other drugs.
- What substances are used before the violent act.
- What feelings and thoughts precede and accompany the use of alcohol or other drugs or precede the violence or controlling behaviors.
- Whether alcohol or other drugs are used to "recover" from the violent incident.

After identifying the chain of events that precede or trigger violent episodes, provider and client should together formulate strategies for modifying those behaviors and recognizing emotions and thoughts that contribute to violent and controlling behavior.

Providers should be alert to signs that batterer clients are misinterpreting the 1-2-Step philosophy to justify or excuse continued violence and controlling behaviors. Another danger is that they will call their victims "codependent" in order to shift blame for the battering onto the woman.

Referrals to batterers' intervention programs should be a routine part of the treatment, and referrals to family or couples counseling should only be made after the client has completed a batterers' intervention program and has remained nonviolent for a specified period of time.

If a provider is asked or subpoenaed to testify in a custody or visitation hearing on behalf of the batterer, it is standard practice for the information provided to be limited to information contained in the file, such as treatment status and progress in treatment. Providers should refrain from offering opinions relating to the client's potential future threat for violence or controlling behavior and his parental fitness.

Part III: Specific Recommendations for Family-Based Treatment

- : Family-based treatment or couples counseling is generally contraindicated in situations where one partner is violent or controlling toward the other. In part this is because asking or expecting the victim to disclose battering in front of the perpetrator may further endanger her. Such programs should only be utilized after the perpetrator has completed a batterers' intervention program and has remained nonviolent and non-controlling for a specified period of time. Providers should have defined criteria and a method to determine whether the victim safety is assured before recommending family-based treatment or couples counseling.
- : If the victim (whether the victim is the client or the spouse or mother of the perpetrator's children) has separated or is attempting to separate from the perpetrator, the provider should not attempt to facilitate or encourage reconciliation or reunification with the perpetrator. These attempts are inappropriate and are likely to endanger the victim.
- : If the victim is choosing to stay with the perpetrator, any family work must assure that the victim is safe and must protect her confidentiality. The provider must be willing to give her information that will increase her safety. This may mean getting the perpetrator (if he is the client) to sign a release of information. Until safety can be assured, it may mean working separately with the perpetrator and with the victim.
- : Treatment providers should support other family members in taking steps to be safe, including restricted visitation by children, limited contact with the victim/partner, or other steps.
- : Discussions of co-dependency in cases of battering are inappropriate, because it too easily can be used to blame the victim for the violence.
- : *See Appendix F, Domestic Abuse Project, Training and Research UPDATE, "Why Couples Counseling May be Inappropriate for Violent Relationships."*

Part IV: Legal Issues

There are many Federal, State, and local regulations that bear upon domestic violence, particularly ORS Family Abuse Prevention Act and Mandatory Arrest law, and the 1994 Violence Against Women Act (VAWA). Providers need to

be aware of such issues as restraining orders, duty to warn, the legal obligation to report threats and past crimes, and confidentiality.

- : Substance abuse treatment providers should be familiar with relevant Federal, State, and local regulations as well as with the legal resources available to victims of domestic abuse. (*Appendix C*)
- : Providers should have information available to victims ONLY about restraining orders and how to get them, mandatory arrest laws, law enforcement and district attorney services available, including child support enforcement, victim advocates and Crime Victim Compensation programs.
- : Providers should provide identified batterers with information about the criminal nature of domestic violence, and possible negative consequences to criminal justice system involvement, as part of a message that domestic violence is not acceptable behavior (as opposed to suggestions for how to "beat the system.")

Part V: Establishing Linkages

This Protocol recommends linkages between substance abuse treatment programs and domestic violence programs and among other agencies as well.

- : Treatment providers and domestic violence support workers should foster a new way of thinking about linkages on the systems level. Both fields would benefit from a coordinated system that could address the multiple supportive interventions needed by victims who are abusing substances and multiple means to stop perpetrators who are abusing substances from continuing to be violent.
- : In the absence of systemic reform, substance abuse treatment providers, domestic violence experts, and legal or other relevant professionals should plan treatment collaboratively.
- : Initial meetings between organizations trying to establish linkages should include discussion of the origins of both communities in order to help each understand the other's beliefs and attitudes.
- : Linkages should address needs for housing, child care, emotional and physical safety, health and mental health care, economic stability, legal

protection, vocational and educational services, parenting training, and support and peer counseling, among others.

- : A legal professional or legal service is the best resource for resolving problems that pertain to individual clients' involvement in the civil and criminal justice systems. Providers should be aware of the resources available and have established relationships, as appropriate.
- : Substance abuse treatment providers should assess their ability to screen for violence and create a safety plan, as well as their knowledge of legal issues related to domestic violence, and develop a plan to assure staff competency.
- : Providers should work collaboratively with domestic violence specific programs to assure adequate staff training. Cross-training for both disciplines is important, and providers should participate in training domestic violence programs on alcohol and drug treatment abuse.
- : Providers should participate, as appropriate, in a coordinated community response to domestic violence. In Multnomah County, participation in the Family Violence Intervention Steering Committee may be the most appropriate venue.

Part VI: Systemic Reform

- : Systemic reform is also needed, as well as community-based systems of coordinated care. Thus funding sources at the state and County level, as well as policy makers, should be aware of these Protocols and steps needed to improve services to survivors and to perpetrators. Funders and policy makers should facilitate and encourage many of the steps recommended in Community linkages above. In addition, those agencies and people can take steps on their own.
- : A new mechanism should be developed at the State level to coordinate planning among disparate agencies based on client needs assessments; devise financing strategies that would allow for blended funding and strive for equitable allocation of resources among agencies; and establish a vehicle for resolving any problems that emerge in the course of providing integrated services.
- : Linkages should address needs for housing, child care, emotional and physical safety, health and mental health care, economic stability, legal protection, vocational and educational services, parenting training, and support and peer counseling, among others.

The choice of treatment outcomes to measure must be made carefully: Victim safety should be one of the outcome measures, not just sobriety. The definition of success must be palatable to funders and third party payers as well as experts in the fields of alcohol and drug treatment and domestic violence.

Certification processes for substance abuse treatment providers should assess their ability to screen for violence and create a safety plan, as well as their knowledge of legal issues related to domestic violence.

The services provided should be holistic, flexible, collaborative, coordinated, and accountable. Central intake services should screen for domestic violence and refer appropriately.

Federal and State policymakers should consider a series of demonstrations designed to test the feasibility of changing the current system to institutionalize a formal administrative structure for promoting and supporting collaboration and linkages among social service programs.

Funding and policy making entities should participate in the coordinated community response to domestic violence facilitated by the Family Violence Intervention Steering Committee.

Resources

- Substance Abuse Treatment and Domestic Violence, Treatment Improvement Protocol Series #25, SAMHSA, 1997. This protocol is one of the most ambitious documents in the Treatment Improvement Protocol (TIP) series published by SAMHSA.*
- 1998 Oregon Domestic Violence Needs Assessment, A Report to the Oregon Governor's Council on Domestic Violence, 1999.*
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Supplemental Materials

The Protocol also includes resources to help providers implement the recommendations:

Appendix A is a collection of instruments to screen for domestic violence and to assess a batterer's dangerousness.

Appendix B is a sample safety plan that a provider can use with survivor clients.

Appendix C lists local and national programs and hotlines concerning domestic violence.

Appendix D describes providers "duty to warn."

Appendix E is a sample of a "no offensive contact" contract

Appendix F is an article from Domestic Abuse Project on couples counseling.

Appendix A

Abuse Assessment Screen (*English Version*)

1. WITHIN THE LAST YEAR, have you been hit, slapped, kicked, or otherwise physically hurt by someone? **YES** **NO**

If YES, by whom?

Total number of times

2. SINCE YOU'VE BEEN PREGNANT, have you been hit, slapped, kicked, or otherwise physically hurt by someone? **YES** **NO**

If YES, by whom?

Total number of times

MARK THE AREA OF INJURY ON THE BODY MAP, SCORE EACH INCIDENT ACCORDING TO THE FOLLOWING SCORE

1 - Threats of abuse including use of a weapon

2 = Slapping, pushing; no injuries and/or lasting pain

3 = Punching, kicking, bruises, cuts and/or continuing pain

4 = Beating up, severe contusions, burns, broken bones

5 = Head injury, internal injury, permanent injury

6 = Use of weapon; wound from weapon

If any of the descriptions for the higher number apply, use the higher number.

3. WITHIN THE LAST YEAR, has anyone forced you to have sexual activities? **YES** **NO**

If YES, by whom?

Danger Assessment

Several risk factors have been associated with homicides (murders) of both batterers and battered women in research conducted after the murders have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were beaten by your husband or partner. Write on that date how bad the incident was according to the following scale (if any of the descriptions for the higher number apply, use the higher number):

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

Mark YES or NO for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

1. Has the physical violence increased in frequency over the past year?
2. Has the physical violence increased in severity over the past year and/or has a weapon or threat from a weapon ever been used?
3. Does he ever try to choke you?
4. Is there a gun in the house?
5. Has he ever forced you to have sex when you did not wish to do so?
6. Does he use drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack," street drugs, or mixtures.
7. Does he threaten to kill you and/or do you believe he is capable of killing you?
8. Is he drunk every day or almost every day? (In terms of quantity of alcohol.)
9. Does he control most or all of your daily activities? For instance: Does he tell you who you can be friends with, how much money you can take with you shopping, or when you can take the car? (If he tries, but you do not let him, check here: .)
10. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: .)
11. Is he violently and constantly jealous of you? (For instance, does he say, "If I can't have you, no one can.")
12. Have you ever threatened or tried to commit suicide?
13. Has he ever threatened or tried to commit suicide?
14. Is he violent toward your children?
15. Is he violent outside of the home?

Total "Yes" Answers

Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in terms of your situation.

The Psychological Maltreatment Of Women Inventory (PMWI)

The PMWI is a 58-item test designed to measure the extent and nature of abuse toward women in a relationship. The questionnaire below is given to women survivors of abuse. The version for male

perpetrators includes identical behaviors but reverses the pronouns and direction of abuse.

Women's Scale Items

How often, if at all, did the behavior described in each item occur in the past six months (never, rarely, sometimes, frequently, or very frequently)?

1. My partner put down my physical appearance.
2. My partner insulted me or shamed me in front of others.
3. My partner treated me like I was stupid.
4. My partner was insensitive to my feelings.
5. My partner told me I couldn't manage or take care of myself without him.
6. My partner put down my care of the children.
7. My partner criticized the way I took care of the house.
8. My partner said something to spite me.
9. My partner brought up something from the past to hurt me.
10. My partner called me names.
11. My partner swore at me.
12. My partner yelled and screamed at me.
13. My partner treated me like an inferior.
14. My partner sulked or refused to talk about a problem.
15. My partner stomped out of the house or yard during a disagreement.
16. My partner gave me the silent treatment, or acted as if I wasn't there.
17. My partner withheld affection from me.
18. My partner did not let me talk about my feelings.
19. My partner was insensitive to my sexual needs and desires.
20. My partner demanded obedience to his whims.
21. My partner became upset if dinner, housework, or laundry was not done when he thought it should be.
22. My partner acted like I was his personal servant.
23. My partner did not do a fair share of household tasks.
24. My partner did not do a fair share of child care.
25. My partner ordered me around.
26. My partner monitored my time and made me account for where I was.
27. My partner was stingy in giving me money to run our home.
28. My partner acted irresponsibly with our financial resources.
29. My partner did not contribute enough to supporting our family.
30. My partner used our money or made important financial decisions without talking to me about it.

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Please share with the author the results of any research (raw or coded data) that is done with the instrument and/or an approximate number of women with whom the instrument was used, a description of their demographics, their mean score, and the setting in which data **were collected**. **Please** send this information within the next year. Also please send comments (positive and negative) and suggestions for improvement from battered women themselves, advocates, and professionals who are involved in its use.

Sources:

Campbell, J. Nursing assessment for risk of homicide in battered women. *Advances in Nursing Science* 8:36 51, 1986.

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22. My partner acted like I was his personal servant.
23. My partner did not do a fair share of household tasks.
24. My partner did not do a fair share of child care.
25. My partner ordered me around.
26. My partner monitored my time and made me account for where I was.
27. My partner was stingy in giving me money to run our home.
28. My partner acted irresponsibly with our financial resources.
29. My partner did not contribute enough to supporting our family.
30. My partner used our money or made important financial decisions without talking to me about it.

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Please share with the author the results of any research (raw or coded data) that is done with the instrument and/or an approximate number of women with whom the instrument was used, a description of their demographics, their mean score, and the setting in which data **were collected**. **Please** send this information within the next year. Also please send comments (positive and negative) and suggestions for improvement from battered women themselves, advocates, and professionals who are involved in its use.

Sources:

Campbell, J. Nursing assessment for risk of homicide in battered women. *Advances in Nursing Science* 8:36 51, 1986.

Campbell, J.C. Prediction of homicide of and by battered women. In: Campbell, J.C., ed. *Assessing Dangerousness. Violence by Sexual Offenders, Batterers, and Child Abusers*. Thousand Oaks, CA: Sage Publications, Inc., 1995.

The Revised Conflict Tactics Scale (CTS2) (for Couples)

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The Revised Conflict Tactics Scale (CTS2) is copyrighted by the test authors and may be reproduced only with their express permission. Permission will be granted on the basis of completing a one-page permission form and signing a user agreement. The agreement commits the user to either (1) carry out and publish, or make available to the test authors, psychometric analyses, including frequency distribution, mean, standard deviation, and alpha coefficient of reliability for each scale; or (2) provide the test authors with the raw data for each subject tested in a form that will enable the test authors to compute these statistics, together with as much demographic information as possible for each subject. The test authors agree to only use this information for psychometric analyses and to acknowledge the source of the data. The user providing the information retains the sole right to use the data for substantive purposes. Copies of the permission form and user agreement are available from Murray A. Straus, Family Research Laboratory, University of New Hampshire, Durham, NH 03824; e-mail: mas2@christic.unh.edu; telephone: (603) 862-2594; fax: (603) 862-1122.

Relationship Behaviors

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle how many times you did each of these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle "7."

How often did this happen?

- | | |
|---------------------------------|--|
| 1 = Once in the past year | 5 = 11-20 times in the past year |
| 2 = Twice in the past year | 6 = More than 20 times in the past year |
| 3 = 3-5 times in the past year | 7 = Not in the past year, but it did happen before |
| 4 = 6-10 times in the past year | 0 = This has never happened |

- | | | |
|---|-------------|-----|
| 1. I showed my partner I cared even though we disagreed. | 1 2 3 4 5 6 | 7 0 |
| 2. My partner showed care for me even though we disagreed. | 1 2 3 4 5 6 | 7 0 |
| 3. I explained my side of a disagreement to my partner. | 1 2 3 4 5 6 | 7 0 |
| 4. My partner explained his or her side of a disagreement to me. | 1 2 3 4 5 6 | 7 0 |
| 5. I insulted or swore at my partner. | 1 2 3 4 5 6 | 7 0 |
| 6. My partner did this to me. | 1 2 3 4 5 6 | 7 0 |
| 7. I threw something at my partner that could hurt. | 1 2 3 4 5 6 | 7 0 |
| 8. My partner did this to me. | 1 2 3 4 5 6 | 7 0 |
| 9. I twisted my partner's arm or hair. | 1 2 3 4 5 6 | 7 0 |
| 10. My partner did this to me. | 1 2 3 4 5 6 | 7 0 |
| 11. I had a sprain, bruise, or small cut because of a fight with my partner | 1 2 3 4 5 6 | 7 0 |

12. My partner had a sprain, bruise, or small cut because of a fight with me.	1 2 3 4 5 6	7 0
13. I showed respect for my partner's feelings about an issue.	1 2 3 4 5 6	7 0
14. My partner showed respect for my feelings about an issue.	1 2 3 4 5 6	7 0
15. I made my partner have sex without a condom.	1 2 3 4 5 6	7 0
16. My partner did this to me.	1 2 3 4 5 6	7 0
17. I pushed or shoved my partner.	1 2 3 4 5 6	7 0
18. My partner did this to me.	1 2 3 4 5 6	7 0
19. I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex.	1 2 3 4 5 6	7 0
20. My partner did this to me.	1 2 3 4 5 6	7 0
21. I used a knife or gun on my partner.	1 2 3 4 5 6	7 0
22. My partner did this to me.	1 2 3 4 5 6	7 0
23. I passed out from being hit on the head by my partner in a fight.	1 2 3 4 5 6	7 0
24. My partner passed out from being hit on the head in a fight with me.	1 2 3 4 5 6	7 0
25. I called my partner fat or ugly.	1 2 3 4 5 6	7 0
26. My partner called me fat or ugly.	1 2 3 4 5 6	7 0
27. I punched or hit my partner with something that could hurt.	1 2 3 4 5 6	7 0
28. My partner did this to me.	1 2 3 4 5 6	7 0
29. I destroyed something belonging to my partner.	1 2 3 4 5 6	7 0
30. My partner did this to me.	1 2 3 4 5 6	7 0
31. I went to a doctor because of a fight with my partner.	1 2 3 4 5 6	7 0
32. My partner went to a doctor because of a fight with me.	1 2 3 4 5 6	7 0
33. I choked my partner.	1 2 3 4 5 6	7 0
34. My partner did this to me.	1 2 3 4 5 6	7 0
35. I shouted or yelled at my partner.	1 2 3 4 5 6	7 0
36. My partner did this to me.	1 2 3 4 5 6	7 0
37. I slammed my partner against a wall.	1 2 3 4 5 6	7 0
38. My partner did this to me.	1 2 3 4 5 6	7 0
39. I said I was sure we could work out a problem.	1 2 3 4 5 6	7 0
40. My partner was sure we could work it out.	1 2 3 4 5 6	7 0
41. I needed to see a doctor because of a fight with my partner, but I didn't.	1 2 3 4 5 6	7 0
42. My partner needed to see a doctor because of a fight with me, but didn't.	1 2 3 4 5 6	7 0
43. I beat up my partner.	1 2 3 4 5 6	7 0
44. My partner did this to me.	1 2 3 4 5 6	7 0
45. I grabbed my partner.	1 2 3 4 5 6	7 0
46. My partner did this to me.	1 2 3 4 5 6	7 0
47. I used force (like hitting, holding down, or using a weapon) to make my partner have sex.	1 2 3 4 5 6	7 0
48. My partner did this to me.	1 2 3 4 5 6	7 0

49. I stomped out of the room or house or yard during a disagreement.	1 2 3 4 5 6	7 0
50. My partner did this to me.	1 2 3 4 5 6	7 0
51. I insisted on sex when my partner did not want to (but did not use physical force).	1 2 3 4 5 6	7 0
52. My partner did this to me.	1 2 3 4 5 6	7 0
53. I slapped my partner.	1 2 3 4 5 6	7 0
54. My partner did this to me.	1 2 3 4 5 6	7 0
55. I had a broken bone from a fight with my partner.	1 2 3 4 5 6	7 0
56. My partner had a broken bone from a fight with me.	1 2 3 4 5 6	7 0
57. I used threats to make my partner have oral or anal sex.	1 2 3 4 5 6	7 0
58. My partner did this to me.	1 2 3 4 5 6	7 0
59. I suggested a compromise to a disagreement.	1 2 3 4 5 6	7 0
60. My partner did this to me.	1 2 3 4 5 6	7 0
61. I burned or scalded my partner on purpose.	1 2 3 4 5 6	7 0
62. My partner did this to me.	1 2 3 4 5 6	7 0
63. I insisted my partner have oral or anal sex (but did not use physical force).	1 2 3 4 5 6	7 0
64. My partner did this to me.	1 2 3 4 5 6	7 0
65. I accused my partner of being a lousy lover.	1 2 3 4 5 6	7 0
66. My partner accused me of this.	1 2 3 4 5 6	7 0
67. I did something to spite my partner.	1 2 3 4 5 6	7 0
68. My partner did this to me.	1 2 3 4 5 6	7 0
69. I threatened to hit or throw something at my partner.	1 2 3 4 5 6	7 0
70. My partner did this to me.	1 2 3 4 5 6	7 0
71. I felt physical pain that still hurt the next day because of a fight with my partner.	1 2 3 4 5 6	7 0
72. My partner still felt physical pain the next day because of a fight we had.	1 2 3 4 5 6	7 0
73. I kicked my partner.	1 2 3 4 5 6	7 0
74. My partner did this to me.	1 2 3 4 5 6	7 0
75. I used threats to make my partner have sex.	1 2 3 4 5 6	7 0
76. My partner did this to me.	1 2 3 4 5 6	7 0
77. I agreed to try a solution to a disagreement my partner suggested.	1 2 3 4 5 6	7 0
78. My partner agreed to try a solution I suggested.	1 2 3 4 5 6	7 0

Scoring

The principles for scoring the CTS2 have been previously described in the CTS1 manual (Straus, 1995) and in Straus and Gelles (1990). Therefore, only the most basic aspects of scoring are presented here. The reader is referred to these other sources for further information.

The CTS2 is scored by adding the response number (i.e., the number of times something happened) midpoint for each category chosen by the participant. Categories 0, 1, and 2 do not have midpoints, and responses for these categories are scored 0, 1, and 2, respectively. For Category 3 (3-5 times), the midpoint is 4; for Category 4 (6-10 times), the midpoint is 8; and for Category 5 (11-20 times), it is 15. The assigned scores for responses to Categories 3, 4, and 5 are, respectively, 4, 8, and 15. For Category 6 responses (20 times in the past year), the authors recommend assigning a score of 25.

Responses for Category 7 ("Not in the past year, but it did happen before") may be used in two ways: (1) When scores for the previous year are desired (the usual use of the CTS2), Category 7 is assigned a score of 0; and (2) to obtain a relationship prevalence measure of physical assault (i.e., Did an assault ever occur?), respondents who answer 1-7 are assigned a score of 1 ("yes").

When the CTS2 is used for research with any type of sample except cases known to be violent (e.g., men in a batterer treatment program), the test authors recommend that two variables be created for the physical assault, sexual coercion, and physical injury scales: a prevalence variable and a chronicity variable. The prevalence variable is a 0-or-1 dichotomy, with a score of 1 assigned if one or more of the acts in the scale occurred. The chronicity variable is the number of times the act(s) in the scale occurred among those who engaged in at least one of the acts in the scale. If the CTS2 is used with a person (or group member) who is known to be violent, separate prevalence and chronicity variables are not required because prevalence is already known.

Source

Straus, M.A.; Hamby, S.L.; Boney-McCoy, S.; and Sugarman, D.B. The Revised Conflict Tactics Scale (CTS2): Development and preliminary psychometric data. *Journal of Family Issues* 17(3):283-316, 1996.

References

Straus, M.A. *Manual for the Conflict Tactics Scales*. Durham, NH: Family Research Laboratory, University of New Hampshire, 1995.

Straus, M.A., and Gelles, R.J. *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick, NJ: Transaction Publishing, 1990.

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Appendix B

Name: _____ Date: _____ Review dates: _____

Personalized Safety Plan

The following steps represent my plan for increasing my safety and preparing in advance for the possibility for further violence. Although I do not have control over my partner's violence, I do have a choice about how to respond to him/her and how to best get myself and my children to safety.

Step 1: Safety during a violent incident. Women cannot always avoid violent incidents. In order to increase safety, battered women may use a variety of strategies.

I can use some or all of the following strategies:

- A. If I decide to leave, I will _____. (Practice how to get out safely. What doors, windows, elevators, stairwells, or fire escapes would you use?)
- B. I can keep my purse and car keys ready and put them (place) _____ in order to leave quickly.
- C. I can tell _____ about the violence and request they call the police if they hear suspicious noises coming from my house.

I can also tell _____ about the violence and request they call the police if they hear suspicious noises coming from my house.
- D. I can teach my children how to use the telephone to contact the police and the fire department.
- E. I will use _____ as my code word with my children or my friends so they can call for help.
- F. If I have to leave my home, I will go _____. (Decide this even if you don't think there will be a next time.)
If I cannot go to the location above, then I can go to _____ or _____.
- G. I can also teach some of these strategies to some/all of my children.
- H. When I expect we are going to have an argument, I will try to move to a space that is lowest risk, such as _____. (Try to avoid arguments in the bathroom, garage, kitchens, near weapons or in rooms without access to an outside door.)
- I. I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

Step 2: Safety when preparing to leave. Battered women frequently leave the residence they share with the battering partner. Leaving must be done with a careful plan in order to increase safety. Batterers often strike back when they believe that a battered woman is leaving a relationship.

I can use some or all of the following safety strategies:

- A. I will leave money and an extra set of keys with _____ so I can leave quickly.
- B. I will keep copies of important documents or keys at _____.
- C. I will open a savings account by _____ (date), to increase my independence.
- D. Other things I can do to increase my independence include: _____
_____.
- E. The domestic violence program's hotline number is _____. I can seek shelter by calling this hotline.
- F. I can keep change for phone calls on me at all times. I understand that if I use my telephone credit card, the following month the telephone bill will tell my batterer those numbers that I called after I left. To keep my telephone communications confidential, I must either use coins or I might get a friend to permit me to use their telephone credit card for a limited time when I first leave.
- G. I will check with _____ and _____ to see who would be able to let me stay with them or lend me some money.
- H. I can leave extra clothes with _____.
- I. I will sit down and review my safety plan every _____ in order to plan the safest way to leave the residence. _____ (domestic violence advocate or friend) has agreed to help me review this plan.
- J. I will rehearse my escape plan and, as appropriate, practice it with my children.

Step 3: Safety in my own residence. There are many things that a woman can do to increase her safety in her own residence. It may impossible to do everything at once, but safety measures can be added step by step.

Safety measures I can use include:

- A. I can change the locks on my doors and windows as soon as possible.
- B. I can replace wooden doors with steel/metal doors.
- C. I can install security systems including additional locks, window bars, poles to wedge against doors, an electronic system, etc.
- D. I can purchase rope ladders to be used for escape from second floor windows.
- E. I can install smoke detectors and purchase fire extinguishers for each floor in my house/apartment.

- F. I can install an outside lighting system that lights up when a person is coming close to my house.
- G. I will teach my children how to use the telephone to make a collect call to me and to (friend/minister/other) in the event that my partner takes the children.
- H. I will tell people who take care of my children which people have permission to pick up my children and that my partner is not permitted to do so. The people I will inform about pick-up permission include

_____ (school),
 _____ (day care staff),
 _____ (babysitter),
 _____ (Sunday school teacher),
 _____ (teacher),
 _____ and (others).

- I. I can inform _____ (neighbor),
 _____ (pastor), and _____ (friend) that my partner no longer resides with me and they should call the police if he is observed near my residence.

Step 4: Safety with a protection order. Many batterers obey protection orders, but one can never be sure which violent partner will obey and which will violate protection orders. I recognize that I may need to ask the police and the courts to enforce my protection order.

The following are some steps that I can take to help the enforcement of my protection order:

- A. I will keep my protection order _____ (location). (Always keep it on or near your person. If you change purses, that's the first thing that should go in.)
- B. I will give my protection order to police departments in the community where I work, in those communities where I usually visit family or friends, and in the community where I live.
- C. There should be a county registry of protection orders that all police departments can call to confirm a protection order. I can check to make sure that my order is in the registry. The telephone number for the county registry of protection orders is _____.
- D. For further safety, if I often visit other counties in my state, I might file my protection order with the court in those counties. I will register my protection order in the following counties: _____, _____ and _____.
- E. I can call the local domestic violence program if I am not sure about B, C, or D above or if I have some problem with my protection order.
- F. I will inform my employer, my minister, my closest friend and _____ and _____ that I have a protection order in effect.
- G. If my partner destroys my protection order, I can get another copy from the courthouse by going to [the office] located at _____.

- H. If my partner violates the protection order, I can call the police and report a violation, contact my attorney, call my advocate, and/or advise the court of the violation.
- I. If the police do not help, I can contact my advocate or attorney and will file a complaint with the chief of the police department.
- J. I can also file a private criminal complaint with the district justice in the jurisdiction where the violation occurred or with the district attorney. I can charge my battering partner with a violation of the protection order and all the crimes that he commits in violating the order. I can call the domestic violence advocate to help me with this.

Step 5: Safety on the job and in public. Each battered woman must decide if and when she will tell others that her partner has battered her and that she may be at continued risk. Friends, family and coworkers can help to protect women. Each woman should consider carefully which people to invite to help secure her safety.

I might do any or all of the following:

- A. I can inform my boss, the security supervisor and _____ at work of my situation.
- B. I can ask _____ to help screen my telephone calls at work.
- C. When leaving work, I can _____.
- D. When driving home if problems occur, I can _____.
- E. If I use public transit, I can _____.
- F. I can use different grocery stores and shopping malls to conduct my business and shop at hours that are different than those when residing with my battering partner.
- G. I can use a different bank and take care of my banking at hours different from those I used when residing with my battering partner.
- H. I can also _____.

Step 6: Safety and drug or alcohol use. Most people in this culture use alcohol. Many use mood-altering drugs. Much of this use is legal and some is not. The legal outcomes of using illegal drugs can be very hard on a battered woman, may hurt her relationship with her children and put her at a disadvantage in other legal actions with her battering partner. Therefore, women should carefully consider the potential cost of the use of illegal drugs. But beyond this, the use of any alcohol or other drugs can reduce a woman's awareness and ability to act quickly to protect herself from her battering partner. Furthermore, the use of alcohol or other drugs by the batterer may give him/her an excuse to use violence. Therefore, in the context of drug or alcohol use, a woman needs to make specific safety plans.

If drug or alcohol use has occurred in my relationship with the battering partner, I can enhance my safety by some or all of the following

- A. If I am going to use, I can do so in a safe place and with people who understand the risk of violence and are committed to my safety.
- B. I can also _____.

- C. If my partner is using, I can _____.
- D. I might also _____.
- E. To safeguard my children, I might _____ and _____.

Step 7: **Safety and my emotional health.** The experience of being battered and verbally degraded by partners is usually exhausting and emotionally draining. The process of building a new life for myself takes much courage and incredible energy.

To conserve my emotional energy and resources and to avoid hard emotional times, I can do some of the following:

- A. If I feel down and ready to return to a potentially abusive situation, I can _____.
- B. When I have to communicate with my partner in person or by telephone, I can _____.
- C. I can try to use "I can . . ." statements with myself and to be assertive with others.
- D. I can tell myself, " _____ " whenever I feel others are trying to control or abuse me.
- E. I can read _____ to help me feel stronger.
- F. I can call _____ and _____ as other resources to be of support to me.
- G. Other things I can do to help me feel stronger are _____ and _____.
- H. I can attend workshops and support groups at the domestic violence program or _____, or _____ to gain support and strengthen my relationships with other people.

Step 8: **Items to take when leaving.** When women leave partners, it is important to take certain items with them. Beyond this, women sometimes give an extra copy of papers and an extra set of clothing to a friend just in case they have to leave quickly.

Items with asterisks on the following list are the most important to take. If there is time, the other items might be taken, or stored outside the home.

These items might best be placed in one location, so that if we have to leave in a hurry, I can grab them quickly.

When I leave. I should take:

- Identification for myself
- Children's birth certificates
- My birth certificate
- Social Security cards
- School and vaccination records
- Money
- Checkbook, ATM (Automatic Teller Machine) card
- Credit cards
- Keys—house/car/office
- Driver's license and registration- . ;
- MedicationWelfareidentification
- Work permits
- Green card
- Passports
- Divorce papers
- Medical records—for all family members
- Lease/rental agreement, house deed, mortgage payment book
- Bank books
- Insurancepapers
- Small saleable objects
- Address book
- Pictures
- Jewelry
- Children's favorite toys and/or blankets
- Items of special sentimental value

Telephone Numbers I Need to Know:

- Police department—home
- Police department—school
- Police department—work
- Battered women's program
- County registry of protection orders
- Work number
- Supervisor's home number
- Minister
- Other

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Adapted from "Personalized Safety Plan," Office of the City Attorney, City of San Diego, California, April 1990.

Appendix C

DOMESTIC VIOLENCE RESOURCES

DOMESTIC VIOLENCE EMERGENCY SHELTERS

Bradley-Angle House (503) 281-2442
 Clackamas Women's Services (503) 654-2288
 Domestic Violence Resource Center (503) 640-1171
 Raphael House (503) 222-6222
 SafeChoice/Vancouver YWCA (360) 695-0501
 Volunteers of America Family Center (503) 232-6562
 West Women's & Children's Shelter (503) 224-7718
 Yolanda House of YWCA (503) 977-7930

24-HOUR CRISIS LINES & HELPLINES

Portland Women's Crisis Line (503) 235-5333
 Or toll-free 1-888-235-5333
 National Domestic Violence Hotline 1-800-799-SAFE
 Crisis Triage Center & Mental Health Line (503) 215-7082
 Parents Anonymous HelpLine (503) 238-8818
 Child Abuse Reporting Hotline (503) 731-3100

POPULATION-SPECIFIC DOMESTIC VIOLENCE SERVICES

Bradley-Angle House (sexual minorities) (503) 281-2442
 Council for Prostitution Alternatives (503) 282-1082
 El Programa Hispano (503) 669-8350
 Programa De Mujeres (503) 232-4448
 Refugee Family Strengthening (503) 235-9396
 Russian Oregon Social Services (503) 777-3437
 SAWERA (South Asian) (503) 778-7386
 Volunteers of America Children's Group (503) 771-5503
 It's My Right (rev. disabilities) (503) 232-2289
 ext. 12 or 17
 Safe & Strong (rev. disabilities) (503) 248-3010 ext. 27806

DROP-IN SERVICES

Volunteers of America Outreach Office (503) 771-5503
 Clackamas Women's Services (503) 722-2366

SUPPORT GROUPS

Bradley-Angle House (503) 232-7805
 Clackamas Women's Services (503) 722-2366
 East Co. Support Group (Gresham Police) (503) 618-2824
 El Programa Hispano (503) 669-8350
 Portland Women's Crisis Line (503) 232-9751
 Volunteers of America Outreach Office (503) 771-5503
 YWCA (503) 294-7463

SCHOOL-BASED EDUCATION PROGRAMS

Bradley-Angle House (503) 232-7805
 Community Advocates (503) 280-1388
 El Programa Hispano (503) 669-8350
 Portland Women's Crisis Line (503) 232-5103
 East Co. Domestic Violence Roundtable (503) 618-2394

IMMIGRATION REPRESENTATION

Catholic Charities Immigration Services (503) 231-4866
 El Programa Hispano (503) 669-8350
 Immigration Counseling Services (503) 221-1689
 IRCO (503) 234-1541
 SOAR (503) 284-3002
 Lutheran Family Services (503) 233-0042

BATTERER INTERVENTION PROGRAMS

El Programa Hispano (503) 669-8350
 Men's Resource Center (503) 235-3433
 Transition Projects (503) 823-4930
 Women's Agenda Counseling (503) 235-4050

RESTRAINING ORDERS & STALKING ORDERS

Multnomah County Courts (503) 248-3943
 Clackamas County Courts (503) 650-3036
 Washington County Courts (503) 681-3830
 Clark County (Washington) (360) 397-2411
 Legal Aid's Domestic Violence Project (503) 224-4086
(Legal representation for low-income petitioners with contested restraining order hearings in Multnomah County. Call 9:00-12:00)

POLICE AGENCIES

EMERGENCIES 911

Non-emergency Police Response (503) 823-3333
 Portland Police DV Reduction Unit (503) 823-0992
 Gresham Police Domestic Violence Unit (503) 618-2581
 Multnomah County Sheriff's Office (503) 255-3600
 Sheriff's Community Safety Liaison (503) 251-2429

MULTNOMAH COUNTY DISTRICT ATTORNEY'S OFFICE

Domestic Violence Prosecutor's Office (503) 248-3873
 Victims' Assistance Office (503) 248-3222
 Outreach for Underserved Populations (503) 736-6969
 Child Support Enforcement (503) 248-3150

MULTNOMAH COUNTY CORRECTIONS

Jail and Jail Release Information (503) 248-3689
 Multnomah County Parole & Probation (503) 248-5056

CIVIL LEGAL ASSISTANCE

Child Support Hotline 1-800-383-1222
(Child support information for low-income Oregonians. Call Mon Weds-Fri, between 1:00-4:00; or Tues-Thurs, 9:00-12:00)

Domestic Violence Legal Advice Line (503) 299-6101
(Phone advice for low income domestic violence victims/survivors in Multnomah Co. In Multnomah C
 Lewis & Clark Legal Clinic (503) 222-6429
(Legal services for low-income victims/survivors.)
 Legal Aid Multnomah County Office (503) 224-4086
(Legal services for low-income residents of Multnomah County.)
 Modest Means Referral Program 1-800-452-7636
(For low to moderate income people. Referrals to lower-cost attorneys.)
 Oregon State Bar Referral Line 1-800-452-7636
(Referrals to attorneys with family law experience.)
 St. Andrews Legal Clinic (503) 281-1500

OTHER SERVICES

United Way Information & Referral (503) 222-5555
 Aging & Disability Services 24-hr HelpLine (503) 248-3646
 Alcohol & Drug Helpline (503) 244-1312
 Metro Childcare Resource & Referral (503) 253-5000
 Emergency Food & Shelter Line (503) 525-6400
 SafeNet for Women, Children & Teens 1-800-SAFE-NET
 Noncitizen State Assistance/Benefits Line 1-800-672-5908
 Oregon Health Plan 1-800-359-9517
 Adult & Family Services Offices
 Albina Branch (503) 280-6781- NE Branch (503) 280-6683
 North Branch (503) 240-5600 East Br (503) 2574200
 SE Branch (503) 731-3181 Gresham (503) 257 4449
 West Branch (503) 731-8383 Old Town (503) 731-3336
 Outer SE (503) 257-4226 Teen Svcs (503) 731-4793
 Refugee Svcs (503) 280-6963

From the Family Violence Intervention Steering Committee of Multnomah County

APPENDIX D

Duty to Warn

A. Though there is a common law duty to warn in Oregon, Oregon courts have not indicated whether the duty applies to drug and alcohol providers.

The Oregon Court of Appeals has recently declared that a common law duty to warn exists in Oregon. Brown v. Washington County, 1999 WL 815715 (Or App Oct. 13, 1999). The Brown case involved a situation in which a Washington County inmate, Charles Brown, escaped and killed his brother, Stephen Brown. The personal representative of the estate of Stephen Brown sued Washington County and alleged, among other things, that Washington County negligently failed to warn Stephen Brown of his brother's escape. The Court held that "proof of negligent failure to warn requires proof that (1) defendant knew or had reason to know of the specific danger presented; and (2) plaintiff was within the class of persons at risk for that harm." Id. Because plaintiff produced evidence on both elements, the Court affirmed the verdict for the plaintiff.

Though Brown makes clear that a duty to warn exists in Oregon, Oregon courts have not yet indicated whether the duty extends to medical, mental health, or drug and alcohol providers. The most well known case involving a common law duty to warn is a California case called Tarasoff v. Regents of the University of California, 17 Cal 3d 425 (1976). In Tarasoff, a patient told his therapist about his obsession with a University of California student and his intent to kill her. The therapist told campus security about the threat but failed to tell the student. The student was never warned and was subsequently killed. The Court in Tarasoff held that the "special relationship" between a therapist and a patient "may support affirmative duties for the benefit of third persons." Id. at 436. The Court held that the psychotherapist owed a duty of reasonable care to protect the intended victim of his client. Many states have followed Tarasoff but, to date, Oregon courts have not declared that a provider has a common law duty to warn or protect. Nonetheless, providers and their attorneys should analyze Brown carefully as they develop policies and procedures relating to warnings to third-parties.

B. The relationship between federal confidentiality laws and state common law duty to warn.

Federal law relating to alcohol and drug treatment prohibits providers from disclosing client-specific information except in a few narrow circumstances. 42 USC § 290ee-3; 42 CFR § 2.1 et seq. Federal law does not contain an exception that would permit the disclosure of threats of bodily harm to third-parties (either the potential victim or the proper authorities). Despite this apparent prohibition, providers may have a common law duty to warn appropriate third-parties of such threats. See discussion in preceding section. Thus, there is an apparent conflict between the federal regulations and the common law duty to warn. Given the uncertain and complicated nature of the law, it is highly recommended that providers seek legal counsel regarding this matter.

Among the issues that providers should discuss with their attorneys are the following:

1. Does an exception to the federal law apply that would permit the disclosure? See, e.g., 42 CFR § 2.12(c)(5) (threats against A & D staff may be reported to police) and 42 USC § 290dd-3(b)(2)(A) (medical personnel may be warned to the extent necessary to meet a medical emergency);
2. Can the warning be given in a way that protects the client's privacy? 42 CFR § 2.12(a)(1)(i), (e)(3) (disclosure may be permitted if it is made in a way that neither identifies an individual as an alcohol or drug abuser nor verifies someone else's identification as an A & D patient); and
3. Is it practical to seek a court order that would permit the disclosure? See 42 CFR § 2.61 et seq.

C. Suggested Protocols

Protocols covering the following areas are recommended:

- Developing criteria to determine when "duty to warn" might exist.
- Developing a process for bringing forward duty to warn situations, determining if a duty to warn exists and taking appropriate action.
- Establishing procedures for documenting what actions were taken and why they were taken in response to a threat by a client.
- Identifying the limits on the nature and extent of information provided to third-parties.

Appendix E—

No Offensive Contact Contract

MULTNOMAH COUNTY OREGON
DEPARTMENT OF ADULT COMMUNITY JUSTICE
DOMESTIC VIOLENCE UNIT
407 NE 12TH AVE. PORTLAND, OR 97232
(503) 248-5056
FAX (503) 306-5517

Review date: _____

Offender's name/SID # (please print): _____

THIS DOCUMENT REFERS TO: _____
(Name of victim partner/designated party) Please print

DEFINITION OF OFFENSIVE CONTACT

Domestic Violence is a pattern of behaviors in which one partner attempts to establish or maintain power and control over the other through physical, sexual, and/or psychological abuse. There are many ways you may control a person through threat and intimidation without actually using physical violence, particularly if you have used physical violence against that person in the past. As a result of your violence against your partner, you are directed to refrain from behaviors that constitute domestic violence. These behaviors are called offensive contact.

Offensive contact is defined as engaging in physical, sexual or psychological abuse of another person.

Physical abuse

Physical abuse is defined as any forceful or violent action directed at someone else.

Some examples of physical abuse are: Slapping, choking or strangling, maiming, stabbing, punching, scratching, wrestling, kicking, spanking, grabbing, pinching, biting, burning, pushing, poking, restraining, pulling hair, picking a person up, carrying them, throwing them bodily, forcing them to eat or drink something, stopping them from getting medical attention, stealing or hiding their medication, throwing things at or near a person, using any object or weapon against them, physically making a person do something against their will (i.e.: forcing them to sit down, hang up the phone, get into the car, put something down, stay at home, etc.).

These are only some examples of physical abuse. There are many other types of physical abuse that are not listed here, *but they are still/ offensive contact.*

Please initial here if you understand what is meant by physical abuse.

Sexual Abuse

Sexual abuse is defined as any non-consenting (not freely agreed to) sexual act or behavior.

Some examples of sexual abuse are: Forcing or demanding sexual activity when a person says no, when they are asleep, when they are drunk or high, when a person is afraid of being hurt (or that the children will be hurt or sexually abused) if they say no, when you have not asked first, asking for or demanding sexual activity after you have physically or psychologically abused a person (for example hitting, pushing or threatening them).

Physically attacking the sexual parts of a persons" body, pulling or ripping their clothes off, demanding or forcing a person to engage in sexual behaviors that they do not like or that embarrasses, humiliates, scares or hurts them.

These are only some examples of sexual abuse. There are many more types of sexual abuse that are not listed here, but *they are still offensive contact*.

_____ Please initial here if you understand what is meant by sexual abuse.

Psychological Abuse

Psychological abuse is defined as behaviors (words or actions) that are used to intimidate, create fear, or threaten another person, and can be determined to be a pattern of harassment.

Some examples of psychological abuse are:

*Acting like you are going to physically or sexually abuse them or the children.

*Holding your hand up like you are going to slap, hit or punch, throw things, making them think that you are going to throw or punch something, hurt the children, use a weapon or break something, etc.

*Using your physical size to intimidate a person (standing over them, backing them against a wall, blocking them from leaving a room or the house), getting in a person's face, using a commanding/intimidating tone of voice, yelling at them, the children or pets, etc.

*Using threatening behaviors like: driving recklessly with a person (and/or the children) in the car, throwing things, hurting a pet, punching walls, threatening a person with an object or weapon, slamming doors, smashing or breaking things, following a person around to watch what they are doing, pulling the phone out of the wall, etc.

*Specifically doing things you were told not to do by a person (including contacting them at work, calling them late at night, etc).

Psychological abuse – continued:

*Stalking a person by driving or walking past their residence, place of work or their friends and family members residences or places of work. Or having a person known to the victim drive or walk past the residences, places of work, etc.

*Telling him/her you are going to physically or sexually abuse him/her.

*Saying that if they do something you are going to slap, smack, shoot, stab, hit, etc. them, the children or the pet(s), making vague threats (i.e.: "You're going to get it" or "You better not piss me off" or "Now you're in trouble", etc), or referring to abuse you have subjected them or someone else to in the past like, "Do you want me to have to hit you again," or "You're acting like you did the last time I hit you," or " When you do that you remind me of my ex-partner and you know what happened to them."

*Making threats to do things to a person (and/or the children), such as saying you will take away the children (or have them taken away), that you will have them arrested, will not pay child support, have an affair, hurt a pet, commit suicide, start drinking or using drugs (especially when you have been violent to them while under the influence), etc.

*White psychological abuse may not cause immediate physical damage, it is very powerful because you have hurt a person (and/or the children) in the past. All threats and threatening behaviors are abusive because you have shown that you may back up your threats with violence.

These are only some examples of psychological abuse. There are many more types of psychological abuse that are not listed here, *but they are still offensive contact.*

_____Please initial here if you understand what is meant by psychological abuse.

If authorized to have non-offensive contact with the victim in my case(s), I agree to abide by the definition of offensive contact listed herein. I further understand that any violation of this definition may result in my arrest, and revocation of the contact directive established.

Offender's signature:_____

Parole/Probation Officer's name (please print):_____

Parole/Probation Officer's signature:_____

Original: File

Copies: Offender

Victim/partner/designated party

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