

Multnomah County

Domestic and Sexual Violence Coordination

Theory of Change

VIOLENCE-FREE AND THRIVING COMMUNITY

PREVENTION

INTERVENTION

So we all have a safe

place to call home

Strategic Partnerships

- Survivor Driven • Collaborative • Shared Expertise
- Continuous Improvement • Coordinated Funding and Policy

DVCO

COLLABORATE
COMMUNICATE
DEMONSTRATE

Community Capacity

- Healthy Masculinity and Relationships • Teen Dating
- Community Training • Prevention
- Awareness and Norm Change

Specialized Services

- Culturally Specific • Equitable • Sexual Assault • Healthcare
- Children and Youth • Housing • Batterer Accountability • Legal
- Economic • Crisis Response • Trauma-Informed Relationships

Foundation of Change

- Equitable • Empowering • Culturally Specific and Responsive • Trauma-Informed

PRESENT

- AWARENESS
- SINGLE HELP LINE
- GATEWAY CENTER
- LEGAL SERVICES
- HOUSING

- COORDINATED SHELTER
- CULTURALLY SPECIFIC
- FLEXIBLE CLIENT FINDS
- CO-LOCATED ADVOCATES
- DEFENDING CHILDHOOD INITIATIVE
- COMMUNITY AND PROVIDER CONNECTION



Domestic Violence Coordination Office

Mission and Vision Statements:

Mission:

To coordinate a continuum of prevention and intervention services for domestic violence survivors, domestic violence service providers, and community members in order to create a violence-free community.

Vision:

A community where everyone lives free from violence and abuse, beginning at home, and everyone has equitable access to all they need to thrive.

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Why a Strategic Plan?

The Multnomah County Domestic Violence Coordination Office's (DVCO) vision is a community where everyone lives free from violence and abuse, beginning at home, and everyone has equitable access to all that they need to thrive. To achieve this vision, we must develop and invest in strategies that prevent and respond to domestic and sexual violence. DVCO works to prevent and respond to domestic and sexual violence. This plan identifies what we can do in the next few years so that we can continue to hope and work for a violence free community.

The DVCO strategic plan is a portfolio of agile, stand-alone strategies designed to meet the goals for preventing domestic and sexual violence in Multnomah County and addressing that violence when it happens. These strategies are meant to be implemented within the next one to three years. We have embraced the idea that “emergent solutions will be more likely to succeed than predetermined ones.” (Embracing Emergence, 2.) These strategies are a point of departure as funding, collaborations, and other opportunities become available. They set a direction for our work and let us test that direction. The plan is adaptive and should be revised frequently. The strategic plan will be the cornerstone of action plans and performance measures. The plan is a benchmark against which we chart our progress or notice where we are stuck.

Multnomah County has a population of about 780,000. About 28% of the people who live here are persons of color; about 72% are white. Almost 14% were born in another country. More than 110,426 of us have survived interpersonal violence (IPV) at some time in our lives; about 15,473 experience domestic violence each year. About 171,000 of us have survived sexual assault at some point in our lives; about 14,700 experience a sexual assault each year. More than 10,000 children in our county are exposed to violence each year.

Multnomah County is experiencing a shortage of affordable housing. This housing shortage impacts service to domestic and sexual violence survivors. Many homeless people have fled abusive situations and homeless people have an increased risk of sexual assault. Likewise, other limited resources affect our ability to help survivors recover and thrive.

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Fourteen agencies provide domestic violence-specific services in Multnomah County; six provide sexual assault-specific services; nine provide culturally specific services. These agencies provide shelter-based crisis services for more than 1,000 people each year. This shelter-based support includes 76 shelter beds for survivors and their children. Agencies provide motel vouchers when shelters are full (which is typical) or shelter services are inappropriate. About 3,000 individuals receive non-shelter based services. These services include legal advocacy and culturally specific services. The Domestic Violence Enhanced Response Team works with law enforcement officers to provide support with more than two hundred high risk domestic violence cases. The county supports most of these programs, sometimes with money passed through from state and federal funders. Still, we are not yet able to provide the support to fully meet the need.

Plan Structure and Key Ideas

The strategies in this plan are divided into three themes, each of which includes its own set of goals and strategies: **1. Strategic Partnerships Strengthen Domestic and Sexual Violence**; **2. Awareness and Prevention Work Strengthens Community Capacity**; and **3. Survivors Access Specialized Domestic and Sexual Violence**. The themes, goals and strategies are color-coded by theme.

Theme 1: Strategic Partnerships Strengthen Domestic and Sexual Violence Response

Our collaborations are stronger when self-identified survivors are directly involved and able to speak from their lived experience. Their needs and definitions of success guide our work.

We work best in a culture of continuous improvement. Continuous improvement allows for constant and incremental changes to make improvements as opportunities to enhance processes, service delivery, and systems of care are identified. Over time, it can lead to breakthrough advances.

Collective impact is at the heart of the Strategic Partnership goals and strategies. By “collective impact” we mean the synergy that occurs when the power of intentionality meets with the “unpredictability of emergence” in a way that “enables

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communities to identify and capitalize on impactful new solutions.” (Embracing Emergence, 3.) DVCO staff are active participants in about 63 work groups, plus subcommittees of those groups. 34 of those work groups are within the domestic and sexual violence service system. 29 of those groups are part of the broader service system, e.g., housing, human services, gang violence, health department, school system, and the criminal justice system. (See appended list of these collaborations.) DVCO also provides lead coordination for the Family Violence Coordination Council, the Resource Coordination Team, the Shared Housing and Economic Empowerment Network, and the Peer Mentor Program Advisory Group. DVCO plays a strong role with convening system partners – both within and outside of the domestic and sexual violence system. This strategy will build on those relationships and extend their reach, especially into systems with which we might not yet collaborate.

Theme 2: Awareness and Prevention Work Strengthens Community Capacity

We need to keep domestic and sexual violence from happening. This prevention work is connected to intervention work after domestic and sexual violence occurs. Children’s exposure to violence, for example, requires effective intervention in part to ensure that adverse experience does not lead to experiencing domestic or sexual violence, as a victim or a perpetrator, when children grow up.

The Defending Childhood Initiative is the foundation for much of our ongoing work to reduce childhood exposure to violence. This Initiative works to prevent such exposure through work with school districts, the county Health Department, and other programs and systems to educate professionals, parents and caregivers about Trauma Informed Practice, Adverse Childhood Experiences, how to identify and prevent children’s exposure to violence, and how to promote resilience in children.

Prevention work also includes increased community awareness, education, and involvement, and social norm change.

Theme 3: Survivors Access Specialized Domestic and Sexual Violence Services

Domestic and sexual violence survivors’ needs, identities, goals, backgrounds, styles, families, etc. define how each of them approach resources and services and what they might need to succeed. Our approach to strategies that provide access to domestic and sexual violence services includes the following key ideas:

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1. **Full Frame** – A Full Frame Approach acknowledges that survivors experience multiple challenges and have multiple needs. The Full Frame Approach focuses on Five Domains of Wellbeing.
2. **Wellbeing** – The Five Domains of Wellbeing are social connectedness; safety; stability; mastery; and meaningful access to relevant resources. These Domains are the universal needs that must be met for someone to experience wellbeing.
3. **Success**- as defined by survivors and their children; relationship-centered – Success and the empowerment that comes from being successful enable survivors to begin to heal, to change their circumstances and ultimately to escape violence. Note, though, that for most survivors, success is not defined by escaping violence or changing the nature of their relationship with an abuser. Success is typically defined by feelings of connectedness with others and of personal accomplishments. The most effective advocacy for survivors is relationship-centered; survivors do best when they connect with the same advocates over time. This concept of relationship-centered success means that we recommend that there be no time limits for domestic and sexual violence services and survivors can return for additional support as they need to, and that they might be encouraged to return to an agency to support other survivors as their lives become stable.
4. **Flexible Client Assistance Funds** –Flex funds allow advocates to address survivors’ self-identified needs including transportation, child care, school or employment supplies and more direct help such as rental assistance. Flex funds don’t have a strict, pre-determined allocation, but can be used broadly to meet specific survivor needs.
5. **Co-Located and Mobile Advocacy** – Co-located and mobile advocates have the ability to meet survivors in locations that are convenient and accessible to them increasing opportunities to provide survivor-driven services.
6. **Trauma-Informed Practice (TIP)** infuses the goals and strategies. TIP recognizes the physical and psychological effects of repeated exposure to trauma and violence on survivors, on their children, and on the people who serve them. (distinguish from assertive engagement) TIPs include educating survivors about trauma, providing them with tools to manage the effects of trauma, and engaging with them in ways that are not re-traumatizing. TIP embraces an understanding of historical/generational trauma, i.e., that racism, sexism, classism, homophobia, etc. is, and continues to be, traumatic.
7. **Culturally Specific Services and Equitable Services for Underserved Survivors.** By culturally specific programs we generally mean services that are created for and led by members of distinct cultural communities with a focus on

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the voices and experience of survivors within that cultural community. By underserved survivors we generally mean survivors who have historically been and continue to be underserved because of racism, sexism, homophobia, gender identity, classism, ageism, ableism, and other types of oppression. Admittedly, there is a great deal (but not complete) overlap between survivors who need culturally specific services and survivors who are underserved.

8. **Reciprocal Advancement** – “A method of intentionally linking the fields of sexual assault and domestic violence, internally and externally, to leverage funding, bolster client services and coordinate advocacy efforts to increase the visibility and sustainability of both fields.” California Coalition Against Sexual Assault, “Reciprocal Advancement: Building Linkages Between Domestic Violence & Sexual Assault,” 2015.
9. **Targeted Universalism** – Targeted Universalism is a term attributed to Theta Skocpol and John Powell. Targeting within universalism means identifying a problem, particularly one suffered by people who are marginalized, proposing a solution, and then broadening the scope of the solution to affect as many people as possible. (Powell, J. et al., 2009). This plan does not specifically incorporate targeted universalism, but as an action plan is developed to implement the plan, targeted universalism may be a tool that helps make difficult decisions about how to proceed.
10. **No Wrong Door** - Ideally a survivor would be able to get all the services they need wherever they turned for help; they would find No Wrong Door. On the other hand, we know that a single point of access for people needing social services is not the answer either, at least for now, because survivors tend to access services through various agencies or other contacts, many of which are not specifically domestic and sexual violence agencies. Domestic and sexual violence survivors need specific services and until the day when people who are trained in domestic and sexual violence services can be at each door, we will need some separate domestic and sexual violence services.

Prior Work

This strategic planning work builds on the work of those who have gone before us. We reviewed the following planning documents and reports, as well as the research cited at the end of most themes or strategies.

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The 2002 “Model Community Based Victim Services System Plan,” 2002. This plan includes recommendations for increased awareness and other prevention work, continued anti-racism work, centralized information and referral, community based system planning, increased civil legal representation, and stabilized funding. This plan was adopted by the County Commissioners in December, 2002.

County Auditor, “Special Report on Domestic Violence.” 2011. This Report recommends ways for the Board of Commissioners to build county capacity and collaboration to address domestic violence in a time of fiscal restraint.

“Oregon Crime Victims Needs Assessment 2012” – Top five most commonly experienced crimes identified: Assault (non-DV), Domestic Violence, Child Sexual Abuse, Rape, Adult Sexual Assault (not rape). Victim needs identified include emergency shelter, long-term housing, basic needs, transportation, child care, mental health, medical care, SANEs in every hospital, outreach and prevention to youth, employment services, and legal advocacy.

Kay Sohl’s, “Framework for Improving Access to DV Crisis Intervention and Shelter Services” 2012. This framework outlines and recommends three efforts: 1. Improve access to non-shelter based crisis intervention and support for victims/survivors and establish system-wide data collection and analysis of crisis intervention requests and responses; 2. Strengthen interface between DV providers and homeless and affordable housing systems; and 3. Undertake system-wide reassessment of the best use of DV resources to achieve the shared mission of safety and support for victims/survivors.

Tri-County planning work in 2015. The Tri-County Domestic and Sexual Violence Providers Network did substantial planning in 2015. The data that they gathered was helpful in doing this county-specific planning.

Planning Approach

We did sustained, county-specific planning with a full-time plan manager and part-time support September 2015 through February 2016.

1. We reviewed prior planning work and literature related to the work to be done.

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2. We realized that there was more work to be done than could be accomplished in six months, so we developed three phases for the planning process. (See Phases diagram.)
3. We had many conversations with key stakeholders:
 - a. Focus groups with help of Portland State University social work professors Ericka Kimball, MSW, PhD and gita mehrotra (sic), MSW, PhD, and domestic and sexual violence service providers (The Gateway Center, Bradley Angle, and Portland Women’s Crisis Line). (See appended focus group questions.)
 - b. Culturally specific organizations – We first visited these culturally specific service agencies for conversations that informed the work of the strategic plan: Native American Youth Association, Self Enhancement Inc., Project UNICA, and Russian Oregon Social Services.
 - c. Tri-County Network Directors and Multnomah County Directors contributed to the plan at several meetings.
 - d. The Family Violence Coordinating Council contributed to the work of the plan at two meetings.
 - e. The Domestic and Sexual Violence service providers’ Supportive Housing and Economic Empowerment Network contributed to the plan.
 - f. Sexual assault service providers contributed to the plan via conversations at the Edgefield and at two meetings of a smaller community-based services group convened to help develop this plan.
 - g. Legal services providers representing victims’ legal rights, state and county victims’ legal services-related work, family law, the county courthouse, legal services, and immigration law programs convened twice to contribute to the work of this plan.
 - h. The Domestic Violence Coordination Office staff participated in multiple, in-depth conversations about the plan based on their expertise and community connections.
 - i. We had conversations with various county program leaders including representatives of SUN, Mental Health, Community Justice.
 - j. We contacted comparably-sized U.S. counties for a county to county comparison. We researched and contacted service providers in Baltimore County, MD; Dekalb County, GA; Jackson County, MO; Jefferson County, AL; Kern County, CA; Norfolk County, MA; Oklahoma County, OK.

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- k. Annie Neal played a central role with the gathering of information for this report and with managing the staff who got it done. Her work before this planning was started made it a lot easier.
4. Equity and Empowerment Work – This plan was drafted with an equity and empowerment lens analysis in mind. The plan was also vetted at a county equity workshop to help us understand where we could do a better job using that analysis.
5. Strategic planning included attendance at a Resource Coordination Team (RCT) meeting. RCT is an innovative collaboration in domestic and sexual violence services in Multnomah County. Providers use a Standard Screening Assessment tool to evaluate the needs of survivors for housing. Then representatives of each agency bring the SSA's to the RCT meeting to prioritize the need for the few beds available within the county. This way finding shelter does not depend on being lucky when calling; but is the result a thoughtful, intentional process.
6. The strategic planning team visited Portland Women's Crisis Line. We talked with the executive director and other key staff, toured their agency, and watched their helpline in action.
7. The Project Impact extended review of services provided in depth context for this planning work.
8. Darren Cools did the graphic artistry reflected in the schematics with this plan.

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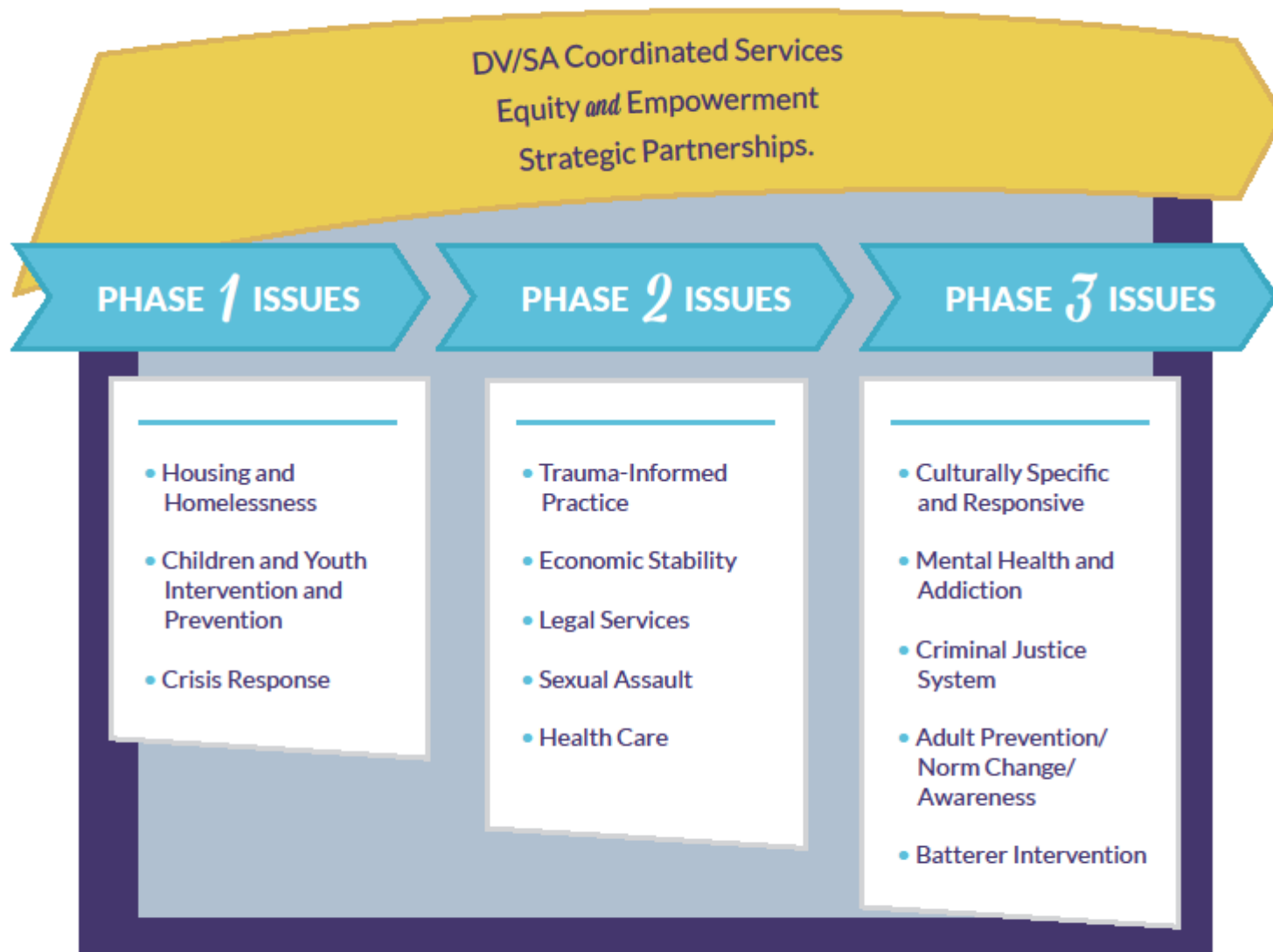
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PLANNING PHASES



STRATEGIC PLAN THEMES AND GOALS

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.1: Survivors' Needs Drive Collaboration in a Culture of Continuous Improvement
- Goal 1.2: Service Providers and Their Colleagues in Other Sectors Maximize Their Collective Impact
- Goal 1.3: Services Are Enhanced through Coordinated Funding and Policy Change Work
- Goal 1.4: Service Providers Share Their Expertise across Systems

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Goal 2.1: Childhood Exposure to Violence and Trauma Is Reduced through Upstream Prevention Work
- Goal 2.2: Domestic and Sexual Violence Is Reduced through Community Awareness and Norm Change
- Goal 2.3: Community Members Are Integral to the Work to End Domestic and Sexual Violence

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.1: Survivors Have Access to Culturally Specific and Responsive Support
- Goal 3.2: Underserved Survivors Have Access to Equitable Support
- Goal 3.3: Children and Youth Exposed to Violence and Trauma Get the Support They Need
- Goal 3.4: Survivors' Sexual Assault Intervention Needs Are Met
- Goal 3.5: Survivors Are Supported by Relationships Nurtured at Trauma-Informed Organizations
- Goal 3.6: Survivors' Crisis Response Needs Are Met
- Goal 3.7: Survivors' Housing Needs Are Met
- Goal 3.8: Survivors' Health Care Needs Are Met (Including Mental Health and Addictions Care)
- Goal 3.9: Survivors' Legal Services Needs Are Met
- Goal 3.10: Survivors Are Economically Secure
- Goal 3.11: Batterers Are Accountable

STRATEGIES LIST

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.1: Survivors' Needs Drive Collaboration in a Culture of Continuous Improvement
Strategy 1.1.1: Survivors' needs will drive our collaborative work.
Strategy 1.1.2: Collaboration will happen in a culture of continuous improvement.
- Goal 1.2: Service Providers and Their Colleagues in Other Sectors Maximize Their Collective Impact
Strategy 1.2.1: DVCO will work with colleagues who may share a common agenda.
- Goal 1.3: Services Are Enhanced through Coordinated Funding and Policy Change Work
Strategy 1.3.1: Coordinated work will increase funding for the domestic and sexual violence system.
Strategy 1.3.2: Services will be enhanced through coordinated policy work.
- Goal 1.4: Service Providers Share Their Expertise across Systems
Strategy 1.4.1: Domestic and sexual violence survivors and service providers will learn from each other's expertise.
Strategy 1.4.2: Domestic and sexual violence service providers and other social service providers will share expertise.

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Goal 2.1: Childhood Exposure to Violence and Trauma Is Reduced through Upstream Prevention Work
Strategy 2.1.1: DVCO will promote messages of healthy masculinity and relationships.
Strategy 2.1.2: DVCO will promote youth-led prevention strategies to reduce the types of violence most likely to impact youth.
Strategy 2.1.3: DVCO will promote best practice teen dating violence and sexual assault primary prevention programs and projects.
Strategy 2.1.4: DVCO will promote community and professional awareness of childhood exposure to violence and trauma and how to respond to this exposure.
- Goal 2.2: Domestic and Sexual Violence Is Reduced through Community Awareness and Norm Change
- Goal 2.3: Community Members Are Integral to the Work to End Domestic and Sexual Violence

STRATEGIES LIST

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.1: Survivors Have Access to Culturally Specific and Responsive Support
- Goal 3.2: Underserved Survivors Have Access to Equitable Support
- Goal 3.3: Children and Youth Exposed to Violence and Trauma Get the Support They Need
 - Strategy 3.3.1: DVCO will promote programs and services that directly support children and youth; that increase parents and caregivers' capacity to meet children and youth's basic needs for safety, stability, and nurturing; that promote social and emotional competency; and that help parents and caregivers understand and respond to the impact of trauma on children and youth development.
 - Strategy 3.3.2: DVCO will collaborate with community health workers to strengthen their response to childhood exposure to violence and trauma.
 - Strategy 3.3.3: DVCO will collaborate with child- and youth-serving systems and organizations to increase competence in recognizing and responding to trauma symptoms affecting individuals, families, and organizations; and increase engagement with policies and practices that are supportive and not re-traumatizing.
- Goal 3.4: Survivors' Sexual Assault Intervention Needs Are Met
- Goal 3.5: Survivors Are Supported by Relationships Nurtured at Trauma-Informed Organizations
 - Strategy 3.5.1: DVCO will participate in a trauma-informed organizational change process in order to strengthen our resiliency as we work together to support community-based violence intervention and prevention organizations.
- Goal 3.6: Survivors' Crisis Response Needs Are Met
 - Strategy 3.6.1: All people who are harmed, or may be harmed, because of domestic and sexual violence will have a broad range of choices to address that violence.

STRATEGIES LIST

Strategy 3.6.2: DVCO will support the following domestic and sexual violence crisis response services.

Strategy 3.6.3: DVCO will work with agencies outside of the domestic and sexual violence service system to enhance all of our crisis response.

Strategy 3.6.4: DVCO will support the staff serving domestic and sexual violence survivors.

Strategy 3.6.5: Other

- Goal 3.7: Survivors' Housing Needs Are Met

Strategy 3.7.1: Domestic and sexual violence survivors will be able to remain safely in their homes.

Strategy 3.7.2: Domestic and sexual violence survivors have access to shelter and shelter diversion resources.

Strategy 3.7.3: Domestic and sexual violence survivors will have housing available to meet their needs.

Strategy 3.7.4: Domestic and sexual violence service providers will strengthen their capacity to meet survivors' housing needs.

- Goal 3.8: Survivors' Health Care Needs Are Met (Including Mental Health and Addictions Care)

- Goal 3.9: Survivors' Legal Services Needs Are Met

- Goal 3.10: Survivors Are Economically Secure

- Goal 3.11: Batterers Are Accountable

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.1 Survivors' Needs Drive Collaboration in a Culture of Continuous Improvement

Strategy 1.1.1: Survivors' Needs Will Drive Our Collaborative Work

Survivors Direct Involvement

Domestic and sexual violence survivors will inform us about whether or not the social service and justice systems are achieving our intended impacts and outcomes via, e.g., focus groups, surveys, survivor and community advisory boards (that are newly formed or integrated with current approaches).

“

The Domestic Violence Coordination Office fosters a spirit of collaboration.
Service Provider, 2015 Project Impact

”

Service Provider Input

We will continue to listen to and learn from social service practitioners about whether or not we are achieving our intended outcomes.

“

Survivors' needs are at the forefront of everything we do. We can separate our personal feelings about services and funding and always do what is best for survivors. Service Provider, 2015 Project Impact

”

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.1 Survivors' Needs Drive Collaboration in a Culture of Continuous Improvement

Domestic and Sexual Violence Data Workgroup

A Domestic and Sexual Violence Data Workgroup will be convened to help develop action plans related to these strategies. All domestic and sexual violence system agencies will be invited to send someone to the workgroup. The first Data Workgroup meeting will take place no later than March 2016. The group will meet monthly through July 2016 and then will meet quarterly.

“

Thanks for giving us our life back and helping us get one step closer to a new beginning. Survivor served by VOA Home Free, 2014.

”

Outcome Mindset

DVCO and the Data Work Group will develop approaches that focus on the evidence of our success preventing and intervening with domestic and sexual violence rather than the number of people served, for example. We will integrate a Full Frame approach, a self-sufficiency matrix, or Trauma-Informed Practice scales, for example, into this work. The Resource Coordination Team's Safety and Stabilization Assessment, with its housing domains, is a tool that would provide a useful departure point for this work.

Data Informs Decisions

We will use data to help identify needs, opportunities and solutions, enable transparency, and promote accountability and equity. System-wide data will help us track and report on success.

Survivor Safety

We will always consider the safety of domestic and sexual violence survivors when we consider data sharing options.

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

● Goal 1.1 Survivors' Needs Drive Collaboration in a Culture of Continuous Improvement

Understand Current Practices and Policies

We will also consider how current practices and policies affect domestic and sexual violence survivors' success and how our services support underserved survivors, giving particular (but not exclusive) attention to culturally specific and responsive services.

Outcome Measures

We will work with our collaborative partners to create, test and implement outcome measures and related tracking and assessment tools throughout all social service and justice systems.

Consolidated Data Systems

We will consider how best to share data throughout the social service and justice systems. (See also Strategy 1.1.2.) Many funders require providers to use a discrete database. We will also work with providers to find ways to consolidate data to decrease their data burden and increase effectiveness of data collection and analysis at the community level. We will also work to change government auditing and accounting practices to allow grantees to consolidate reporting to the extent that helps them gather and share data.

“

We also recommend that further research be conducted to capture the voices of more survivors . . . including immigrant (including non/limited-English speaking) women from diverse communities; young women/teens; LGBTQ people; Native American women; women with disabilities; and survivors who have not sought out DV or sexual assault services. Survivor Focus Group Report 2016.

”

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.1 Survivors' Needs Drive Collaboration in a Culture of Continuous Improvement

Transparency

We will work with collaborative partners to ensure that all our work is transparent to each other and to the community. This work on transparency will incorporate continuous, accessible communication tools, e.g., web-based information sharing. We will create user-friendly reports that we will make widely and regularly available to community members.

“

There needs to be an increase in transparency of resources. This means advocates and service users knowing about available resources, funding, and eligibility criteria.

Survivor Focus Group Report 2016.

”

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.1 Survivors' Needs Drive Collaboration in a Culture of Continuous Improvement

Strategy 1.1.2: Collaboration Will Happen in a Culture of Continuous Improvement

Culture of Continuous Improvement

We will perpetually use data to strengthen our work with domestic and sexual violence survivors as demonstrated below. (See also "We will use data to make decisions about survivors' needs," above.)

Identify Needed Data

The Data Workgroup will identify the programmatic or service data we need to collect at the right time from a variety of broad service providers, survivors and community members. This data will include consideration of how our services support underserved survivors, giving particular (but not exclusive) attention to culturally specific and responsive services.

“

Multnomah County is known nationally for [DVCO's coordination]. I'm doing more work with partners nationally and when Multnomah County or Portland is mentioned, people always seem to know us for having a reputation for being cutting edge and collaborative. The DVCO has really helped this, particularly with pulling in non-traditional partners to the domestic violence system, like housing, civil court, parole and probation, and so on. Service Provider, 2015 Project Impact

”

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

● Goal 1.1 Survivors' Needs Drive Collaboration in a Culture of Continuous Improvement

Continuous Feedback	We will use a continuous feedback loop to identify and adopt new resources and solutions, and to inform and train each other about how to adapt our work given the new information.
Real-Time Information to Leadership	We will use this data to provide system leaders with real-time information and to suggest additional ways for communities, government, and cross-sector partners to work together.
Integrate Best and Promising Practices	We will integrate proven best and promising practices into our work as well as our ongoing data-driven assessments.
DVCO Staffing	DVCO will need to staff the following positions to fully implement this strategy: <ol style="list-style-type: none">1. Program Evaluator – currently staffed (.5 FTE)2. Database Administrator, Reports, Outcome Measures – currently staffed (1.0 FTE)3. End-User Support – new position (.5 FTE)4. Program Director – for this and other strategies – currently staffed (1.0 FTE)5. Program Supervisor – for this and other strategies – currently staffed (1.0 FTE)6. Office Assistant – for this and other strategies – currently staffed (1.0 FTE)

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

● Goal 1.2 Service Providers and Their Colleagues in Other Sectors Maximize Their Collective Impact

Strategy 1.2.1 DVCO Will Work with Colleagues Who Share a Common Agenda

Cross-Sector Partnerships

DVCO will ask county government to leverage its influence to bring to the table wildly diverse potential partners who have the authority to make decisions, provide leadership, and who are open to fresh perspectives to collaborate around common interests. This step will require DVCO to have conversations with DCHS, FVCC, public safety, health and other collaborative partners to come up with a list of the right partners to invite. We will engage domestic and sexual violence survivors and their advocates to ensure that strategies are effective.

“

We need to better address the intersection of poverty and violence and build better bridges to homeless/housing and anti-poverty delivery systems to leverage more resources. Service Provider, 2015 Tri-County Planning.

”

Specific Partnerships

These are some of the key systems we will work with to strengthen collaboration:

1. Public Safety
2. Public Health, e.g., community health, violence prevention, primary care
3. Education – early childhood through university
4. Homelessness
5. Anti-Poverty
6. SUN
7. Batterer Intervention Programs
8. Child Welfare

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.2 Service Providers and Their Colleagues in Other Sectors Maximize Their Collective Impact

- 9. Criminal Justice
- 10. Mental Health and Addictions

Socio-Ecological Model

We will use a socio-ecological framework to identify issues and opportunities at multiple levels (individual, family, community and system-wide) that can be leveraged to address violence.

Regular Meetings

Multi-system partners will meet regularly (monthly or biweekly is recommended) to build relationships, work on their common agenda, act as a sounding board, regroup after setbacks and celebrate successes. Sharing food will be encouraged! Group members will listen to each other intently as the group focuses on formulating how we might best work together to identify and build on what works and to innovate as needed to solve a problem (e.g., end domestic and sexual violence, address violence more broadly, build trauma-informed responses, etc.). The group's collective thinking will be strengthened through peer learning and sharing ideas, experiences, and resources among group members.

“

Evidence shows that efforts to address violence against women are particularly effective when they are combined and integrated across various disciplines. DePrince, et al. and Nowell, et al. cited in White House, 1 is 2 many.

”

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

● Goal 1.2 Service Providers and Their Colleagues in Other Sectors Maximize Their Collective Impact

Communication

We will develop a structure for communication with group members. Participants need time to develop a common vocabulary and to see that their interests will be treated fairly. Months of regular meetings will build enough experience with each other to foster trust and a sense of shared purpose. Most meetings should be supported by a neutral facilitator and follow a structured agenda.

“

Change happens at the speed of trust.

Stephen M. R. Covey, 2006

”

Training

Training may be needed at any point to build the group’s capacity, including training on collective impact and topics that will build understanding to move the conversation forward. We might consider how to approach the idea that conflict is a part of social change.

Group Anchor

Group partners will select an anchor (staffing and/or agency) to staff and otherwise support the work of the group. This anchor should have bridge-building, silo-busting, big-picture-thinking expertise, should be able to manage conflict, controversy and complexity, and be able to focus people’s attention and create a sense of urgency. The anchor will need to be a clear communicator and be able to build trust within the group. The anchor can be a “Backbone Support Organization” – a separate organization, consultants, etc. who will plan, manage and support the group through facilitation, technical assistance and communications, e.g., project manager, data manager, and facilitator. (Strive Together had a \$ 1.5 million annual budget for three Backbone Support Organization staff: project manager, data manager, and facilitator and other expenses.)

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

● Goal 1.2 Service Providers and Their Colleagues in Other Sectors Maximize Their Collective Impact

Not Limited to One Group

More than one collaborative group may be brought together to promote the goals of the DVCO and domestic and sexual violence response/intervention network.

“

How can we be more of a real system while each of us clings to our individual 'brands'? How can we better play to our strengths? What are we willing to give up? Where can we throw in together? Service Provider, 2015 Tri-County Planning.

”

Common Agenda

The group will achieve a common understanding of the problem they will work to solve.

Joint Goals

The group will agree to joint goals to address the problem through agreed upon actions.

Common Outcomes

The group will arrive at common, community level outcome indicators that will be used across the group.

Cross-Sector Change

The group will consider a plethora of ways to coordinate cross-sector social change keeping in mind the interconnectedness of issues, e.g., preventing violence promotes better education outcomes.

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.2 Service Providers and Their Colleagues in Other Sectors Maximize Their Collective Impact

Specific Activities	Although there will be a common agenda, each participant will agree to undertake a specific set of activities at which it excels in a way that supports and is coordinated with actions of others group members.
Shared Measurement	We will work with the group to develop shared measurement systems (see “Culture of Continuous Improvement,” Strategy 1.1.1).
Clear Communication	We will work with the group to provide clear, consistent, two-way, and transparent communication with constituency groups, especially with underserved people.
Leverage	We will work with the group to leverage and align existing resources and expertise.
Process, Not Prescription	We will work with group members understanding that typically the solutions will not be known at the outset and that the power of collective impact comes from enabling group seeing, learning, and doing, rather than following a predetermined, linear plan. By structuring how stakeholders share information and engage with each other, the group’s initiatives will enable collective insights that identify new strategies. Group participants will need to engage in continuous learning and adaptation.

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

● Goal 1.2 Service Providers and Their Colleagues in Other Sectors Maximize Their Collective Impact

Dynamic Learning and
Resource Coordination

Domestic and sexual violence service providers will continue to create opportunities for peer learning and sharing information through regularly scheduled meetings, site-visits, trainings, and intentionally connecting with each other. The Tri-County Domestic and Sexual Violence Intervention Network will continue to provide leadership in this area. Also, providers might use listservs, conference calls, and web-based meetings to share information. Work that supports this strategic plan should have priority.

“

Participating in Domestic Violence Coordination Office-coordinated training and educational opportunities has helped us expand our network of contacts with the domestic violence community and across systems.

Service Provider, 2015 Project Impact

”

Full Frame Response

We will support domestic and sexual violence service providers to leverage their relationships with allies in and outside of the domestic and sexual violence service system to continue to build their Full Frame response to survivor services. The Full Frame approach focuses on the universal needs of social connectedness, safety, stability, mastery and meaningful access to relevant resources.

Tri-County Domestic and Sexual
Violence Intervention Network

Learning, resource coordination and Full Frame response development might be most easily approached through work with the Tri-County Domestic and Sexual Violence Intervention Network.

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

● Goal 1.2 Service Providers and Their Colleagues in Other Sectors Maximize Their Collective Impact

DVCO Staffing

DVCO will need to staff the following positions to fully implement this strategy:

1. System Collaboration, Communication and Outreach Coordinator – for this and other strategies – new position (1.0 FTE).
2. Training and Program Development Coordinator – current position (1.0 FTE).

Other Funding Requirements

We will need group support, e.g., facilitator, retreat space, to implement this strategy.

The majority of the training that I access comes through the Domestic Violence Coordination Office. I wouldn't be half as good at my job without that. Service Provider, 2015 Project Impact

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.3: Services Are Enhanced through Coordinated Funding and Policy Change Work

- Strategy 1.3.1: Coordinated Work Will Increase Funding for the Domestic and Sexual Violence System

Highlight Domestic and Sexual Violence Work

Cross-Sector collaboration and domestic and sexual violence system-specific collaboration will draw upon and highlight our work to strengthen practices that support survivors' wellbeing and to get help from funders.

“

We feel so grateful to have a collaborative funder. You all are invested just like we are here; I believe that. Service Provider, 2015 Project Impact

”

Making the Case for All of Our Work

We will collectively strategize with key allies in the domestic and sexual violence system, funders and other system practitioners to effectively make the case for all of our work. (The Tri-County Domestic and Sexual Violence Intervention Network's Regional Planning/Advocacy Subcommittee already has this work on their agenda.)

Share and Market Information

Collaborative partners will share and market information that supports the work of the rest of the group, thereby strengthening our “ask.” Collaborative partners will help each other learn about and obtain resources that they otherwise might have missed. (The Tri-County Domestic and Sexual Violence Intervention Network's Regional Planning/Advocacy Subcommittee already has this work on their agenda.)

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.3: Services Are Enhanced through Coordinated Funding and Policy Change Work

- Strategy 1.3.2: Services Will Be Enhanced through Coordinated Policy Work

Involve Key Policymakers	Key policymakers will be encouraged to support strategic partnership strategies, e.g., call for effective collaboration, chair collective impact steering committees, share government data, and lend expertise and credibility by participating in meetings and work groups.
Clear about Power Dynamics	Collaboration leaders will need to be clear about who holds positions of power in the county and wider arenas and how these actors are best influenced. The group will need to think about allies as well as foes.
Powerful Coalitions of Diverse Groups	The collaborative group leadership will need to think about building a large, diverse, multi-sector coalition committed to a clear purpose and common agenda to put pressure on the status quo from multiple angles.
Climate for Change	The collaborative group will need to regularly assess the current climate for change by checking with people with access to funding to understand their current aspirations and discontent.
Tri-County Domestic and Sexual Violence Intervention Network	The Tri-County Domestic and Sexual Violence Intervention Network Regional Planning/Advocacy Subcommittee is working on their media kit, building relationships with legislators, and community outreach. We should be engaged with and support this work.
DVCO Staffing	The System Collaboration, Communication and Outreach Coordinator identified in Goal 1.2 will also support the strategies of Goal 1.3.

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.4: Service Providers Share Their Expertise Across Systems

Strategy 1.4.1: Domestic and sexual violence survivors and service providers will learn from each other's expertise.

Sharing Organizational Profiles	Domestic and sexual violence service providers will continue to distribute organizational profiles to the other service providers to increase understanding of each other's programs and the context in which everyone is working. Such information sharing will be incorporated into staff training and orientation.
Cross-Posting and Presentations	Domestic and sexual violence service providers will cross-post articles and other information on each other's websites and blogs, etc., and present at each other's organizational and community meetings.
Best and Promising Practices	Service providers will share research and evidence of best or promising practices that support survivors' wellbeing and sustainable survivor-defined outcomes.
DVCO Hub	<ol style="list-style-type: none">1. DVCO will continue to provide training, professional development, knowledge about best practices, and opportunities for collaboration.2. DVCO will continue to provide information and technical assistance expertise.

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

- Goal 1.4: Service Providers Share Their Expertise Across Systems

Strategy 1.4.2: Service providers outside of the domestic and sexual violence system and domestic and sexual violence service providers will learn from each other's expertise.

Sharing Organizational Profiles	The broad collaborative partners from social service agencies will compile and distribute organizational profiles for each provider to increase understanding of each other's programs and the context in which all partners are working. This information will be shared with the rest of the staff of member organizations.
Cross-Posting and Presentations	Partners will cross-post articles and other information on each other's websites and blogs, etc., and present at each other's organizational and community meetings.
Best and Promising Practices	Partners will share research and evidence of best or promising practices that support wellbeing to relevant and sustainable survivor-defined outcomes.
DVCO Staffing	<ol style="list-style-type: none">1. DVCO's Fatality Review Coordinator will continue to staff the Fatality and Elder Fatality Review Boards. This position will change from .5 FTE to 1.0 FTE given the addition of the Elder Fatality Review Board.2. The System Collaboration, Communication and Outreach Coordinator position identified in Goals 1.2 and 1.3 will also staff much of the work of Goal 1.4.

STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

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STRATEGIC PARTNERSHIPS STRENGTHEN DOMESTIC AND SEXUAL VIOLENCE RESPONSE

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AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Goal 2.1: Childhood Exposure to Violence and Trauma Is Reduced through Upstream Prevention Work

Strategy 2.1.1: DVCO will promote messages of healthy masculinity and relationships.

Coaching Boys into Men	We will continue to collaborate with Portland Public Schools and Raphael House to Offer Coaching Boys Into Men to male student athletes.
Black Men and Boys Healing Summit	We will collaborate with government and community-based stakeholders to host the first summit on “Community Healing through African American Men’s Healing.”
Tri-County Domestic and Sexual Violence Intervention Network	One of the Tri-County Domestic and Sexual Violence Intervention Network’s planning points is prevention and education about healthy relationships and consent. We will stay informed about the work that the Network does on this strategy so that we can collaborate on common outcomes.

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Goal 2.1: Childhood Exposure to Violence and Trauma Is Reduced through Upstream Prevention Work

Strategy 2.1.2: DVCO will promote youth-led prevention strategies to reduce the types of violence most likely to impact youth.

Youth Led Strategies

We will continue to collaborate with Multnomah Youth Commission and STRYVE Community Health Workers on youth-led strategies to prevent violence.

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Goal 2.1: Childhood Exposure to Violence and Trauma Is Reduced through Upstream Prevention Work

Strategy 2.1.3: DVCO will promote best practice teen dating violence and sexual assault primary prevention programs and projects.

Collaboration

We will continue to collaborate with members of the Family Violence Coordinating Council and Tri-County Domestic and Sexual Violence Intervention Network to promote best practice teen dating violence and sexual assault primary prevention programs and projects.

“

I [am] able to [recognize] more signs of domestic violence in families and work with them in a more sensitive manner.” Children’s Exposure to Violence Training for community health workers attendee.

”

Changing Minds

We will participate in the Changing Minds campaign.

DVCO Staffing

DVCO staff will coordinate this strategy with staffing continued from the Defending Childhood Initiative (2.5 FTE).

School-Based Advocates

DVCO will fund and support Children and Youth Exposed to Violence with school-based advocates (2 FTE).

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Goal 2.1: Childhood Exposure to Violence and Trauma Is Reduced through Upstream Prevention Work

Co-Located Advocates

DVCO will fund co-located early-childhood domestic and sexual violence advocates (2 FTE) and work with community mental health providers who fund co-located children's mental health providers (4 FTE).

Domestic and Sexual Violence
Agency Family Advocates

DVCO will fund and support family advocates at domestic and sexual violence agencies (6 FTE).

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Goal 2.1: Childhood Exposure to Violence and Trauma Is Reduced through Upstream Prevention Work

Strategy 2.1.4: DVCO will promote community and professional awareness of childhood exposure to violence and trauma and how to respond to this exposure.

Defending Childhood Website We will continue to provide tools to help with this strategy on the Defending Childhood website.

“

These trainings . . . have been some of the most useful [the school district] has offered to counselors . “Trauma Informed Practices in Schools” training attendee.

”

Defending Childhood National Campaign We will adapt the Defending Childhood Initiative’s national campaign for local use.

Media We will work with the media to promote public awareness.

DVCO Staffing DVCO staff will coordinate this strategy.

Tri-County Domestic and Sexual Violence Intervention Network Tri-County Domestic and Sexual Violence Intervention Network has identified “Investing in Prevention Efforts” as a planning priority. We will keep informed about the strategies they implement to see if we might support each other with our prevention work.

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Goal 2.2: Domestic and Sexual Violence Is Reduced through Community Awareness and Norm Change

Phase III Strategy

Over the next few years, we will develop a strategy for all community members to be aware of domestic and sexual violence, to be educated about tools and resources to prevent domestic and sexual violence, and to be active participants in preventing domestic and sexual violence from happening.

“

Participants talked about historical trauma, consent, and problematic cultural norms that they are actively challenging. Clients also expressed feelings of independence and freedom from having to follow specific gender roles. Clients were able to view domestic violence through a socio-ecological lens which in turn granted them the opportunity to see their situation in a less-isolating manner.

Project UNICA, Project Impact Report, 2016.

”

DVCO Staffing

The System Collaboration, Communication and Outreach Coordinator who coordinates Goals 1.2, 1.3 and 1.4 and the Training and TA Coordinator will also be responsible for strategies related to Goal 2.2.

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Goal 2.2: Domestic and Sexual Violence Is Reduced through Community Awareness and Norm Change

Public Awareness Campaigns We will fund various public awareness campaigns to increase community awareness and change norms about domestic and sexual violence.

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Goal 2.3: Community Members Are Integral to the Work to End Domestic and Sexual Violence

Phase III Strategy

We will listen to a broad array of community voices in order to create relevant strategies and solutions over the next few years. We will include faith communities, business leaders, neighborhood associations, etc. with this work. We will remember that there is not a single community in Multnomah County, but various neighborhoods, culturally specific communities, etc. we need to talk with; one size will not fit all.

“

Building community involvement means going beyond asking people for input that outside ‘experts’ use to make decisions or inviting them to plug into existing, pre-determined programs . . . that experts have developed. It means recognizing community members as actors in all facets of planning, implementing, assessing, and developing efforts to strengthen their community – and their own lives. Harwood, and Kretzmann, et al. in Gibson, et al.

”

DVCO Staffing

The System Collaboration, Communication and Outreach Coordinator who coordinates Goals 1.2, 1.3, 1.4 and 2.2 will also be responsible for strategies related to Goal 2.3.

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

● Goal 2.3: Community Members Are Integral to the Work to End Domestic and Sexual Violence

Listening Sessions

We will initiate facilitated community listening sessions.

Training

We will work with community members to determine how trainings might build community capacity and then make those trainings available.

Equity and Empowerment Workshop

On February 24 and 25, 2016, several DVCO staff reviewed the strategic plan as part of a county Equity and Empowerment workshop. The class used the Equity and Empowerment Lens to think about how to involve community members in the work to end domestic and sexual violence. These are ideas that were generated by that exercise:

1. Have conversations with residents of Multnomah County at various locations in the county.
2. Have conversations with residents with different first languages, from different countries and cultures, with different identities and abilities.
3. Involve trafficking survivors, youth and adults without homes, law enforcement officers, county leadership, public school and college/university students and school staff, faith communities, abuse survivors and perpetrators (in ways that are safe for survivors and families, etc.), business owners, people who are incarcerated, children and teens, immigrants—including illegal immigrants, elders, including elders who are living in care homes.
4. Use creative outreach to the community in order to invite people who are not otherwise easy to invite to community conversations.

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

● Goal 2.3: Community Members Are Integral to the Work to End Domestic and Sexual Violence

5. Give extra (but not exclusive) attention to people who are statistically more likely to experience domestic and sexual violence.
6. Balance the possible need for security at community meetings with distrust of law enforcement, et al.
7. Consider working with NxNE, CUTS, and CHECKS programs.
8. Meetings beyond the hours of 8-5 Monday - Friday will include people who would not otherwise be included.
9. "Place" for conversations may not just be physical space – might include using internet options, e.g., social media, etc.
10. Be mindful of safety, privacy, confidentiality, and non-traumatizing settings.
11. When doing community outreach, we are reaching out to survivors *and* abusers *and* other people who have been harmed by abuse in their families and communities.
12. Community meetings need to have facilitation of conversations by people who understand the dynamics and impacts, etc., of domestic and sexual violence. Think about having advocates present who will not be facilitating who will support anyone who discloses abuse or is traumatized/triggered/needs support with the conversation. Information about resources would be available where the conversations happen.
13. Space is comfortable.
14. Think about one-to-one feedback or focus groups for this input.
15. Think about how will invite people to the groups and who will host.
16. Consider peer-led conversations/recruiting facilitators.

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Goal 2.3: Community Members Are Integral to the Work to End Domestic and Sexual Violence

17. Think about historical context and nexus that DSV services have with the women's/feminist movement, both pro and con. From a "con" perspective, remember that survivors, etc., who do not identify as women may not think services are for them and are aware that services have not always been equitably designed to serve people marginalized because of their gender identity.
18. Consider accessing libraries and other community institutions with a broad reach throughout the county.
19. Look at how others have successfully engaged community members with their work.
20. Think about trusted champions in the community who might build bridges for conversations, including co-facilitation.
21. Facilitate outreach and conversations being mindful of collective and individual shame and how that shame affects community engagement and violence in communities.
22. People who experienced systemic trauma may be less likely to participate in a community conversation.

AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

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AWARENESS AND PREVENTION WORK STRENGTHENS COMMUNITY CAPACITY

- Best Practices and Other Work That Inform the Strategies

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.1: Survivors Have Access to Culturally Specific and Responsive Support

Phase III Strategies

The Domestic and Violence Coordination Office and its partners will further develop strategies to strengthen culturally specific and responsive support for survivors within the next 1 – 3 years.

“

A woman who was undocumented spoke about having limited access to resources because she did not have a social security number. Survivor Focus Group Report 2016.

”

Flexible Funding

We have already identified the need for annual flexible funding averaging \$750/household for 300 households.

Interpreter Pool

We have already identified the need for a funding pool to allow for interpretation, translation and ADA compliance services for survivors when agencies do not have enough funding to provide these services.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.1: Survivors Have Access to Culturally Specific and Responsive Support

Culturally Specific Program Staffing

We have already identified the need for 10 FTE for staffing at culturally specific programs serving domestic and sexual violence survivors to serve the approximately 300 households who need culturally specific programs. We recommend that at least some of these positions be Child and Family Advocates and that at least one of these advocates be a liaison to the addictions services system (see Goal 3.8). Examples of other roles that family advocates may serve include facilitating family-based support groups, leading a teen TREM group, and doing community outreach and education.

“

Services need to affirm the cultural and linguistic backgrounds of survivors to foster trauma healing and empowerment. Project UNICA Project Impact Report 2016.

”

Survivors of Color Forum

A 2015 Project Impact idea: Provide a forum for culturally specific organizations to increase collaboration with programs that provide services for domestic violence survivors of color.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.1: Survivors Have Access to Culturally Specific and Responsive Support

Tri-County Domestic and Sexual Violence Intervention Network

The Tri-County Domestic and Sexual Violence Intervention Network has defined the following planning priorities: immigration reform, access to language interpreters, imbed more bilingual and/or bicultural positions in all organizations, promote and create community engagement with our system, immigration options that stabilize survivors, flexible client assistance, allow for long term advocacy (1+ years), increase culturally specific empowerment services, increase understanding of intergenerational trauma histories, address displacement of communities of color by adding services where folks have been moved to. We should look for opportunities to work with the Network on mutual goals.

“

DVCO could be doing more to help DV services and practitioners understand the root causes of violence, institutional racism, and oppression.
2015 Project Impact.

”

Definitions

Some definitions that might help with strategy development include:

OCADSV Definition: “Culturally Specific”

Some service providers prefer the OCADSV definition for “culturally specific”: “Culturally specific services are created by and for specific cultural communities with an emphasis on the voices and experiences of survivors of interpersonal violence (such as sexual violence, domestic violence, stalking, dating violence, etc.).”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.1: Survivors Have Access to Culturally Specific and Responsive Support

SUN Definition: “Culturally Specific”

The SUN Service System Service Delivery Model (DRAFT, 10/2/15, page 6) states that “culturally specific services/programs are those that are informed by specific communities, where the majority of members/clients are reflective of that community, and use language, structures and settings familiar to the culture of the target population to create an environment of belonging and safety in which services are delivered. These services and programs reflect the following characteristics:

Programs are designed and continually shaped by community input to exist without structural, cultural, and linguistic barriers encountered by the community in dominant culture services or organizations AND designed to include structural, cultural and linguistic elements specific to the community’s culture which create an environment of accessibility, belonging and safety in which individuals can thrive.

Organizational leaders, decision-makers and staff have the knowledge, skills, and abilities to work with the community, including but not limited to expertise in language, core cultural constructs and institutions; impact of structural racism, individual racism and intergenerational trauma on the community and individuals; formal and informal relationships with community leaders; expertise in the culture’s explicit and implicit social mores. Organizational leaders and decision-makers are engaged in improving overall community well-being, and addressing root causes.

“

. . . immigration status can become a powerful tool of control in the hands of an abusive partner. White House, 1 is 2 Many (2014).

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.1: Survivors Have Access to Culturally Specific and Responsive Support

SUN Definition: “Culturally Responsive”

The SUN Service System Service Delivery Model (DRAFT, 10/2/15, page 10) states that “culturally responsive services are those that are respectful of, and relevant to, the beliefs, practices, culture and linguistic needs of diverse consumer/client populations and communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or a language spoken at home. Cultural responsiveness describes the capacity to respond to the issues of diverse communities. It thus requires knowledge and capacity at different levels of intervention: Systemic, organizational, professional, and individual.”

“

Providing unconditional support is essential to the healing process. . . . For immigrant populations this has greater significance due to the increased isolation, the stress of the acculturation process, and the structural barriers that affect communities of color. Project UNICA Project Impact Report 2016.

”

Multnomah County Diversity and Quality Team Definition: “Cultural Competence”

The Multnomah County Diversity and Quality Team defines cultural competence as “the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientation and other diversity factors in a manner that recognizes, affirms and values the worth of individuals, families and communities, and protects and preserves the dignity of each. Operationally defined, cultural competence is the lifelong integration and application of knowledge about individuals and groups of people into specific

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.1: Survivors Have Access to Culturally Specific and Responsive Support

behaviors, practices, standards, and policies. This integration will lead to the improvement in the quality of our internal and external relationships and enhance our ability to deliver both quality care and produce better health outcomes. (About Diversity and Quality Team (DQT) on The Multnomah Commons.)

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Best Practices and Other Work That Inform the Strategies

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

● Goal 3.2: Underserved Survivors Have Access to Equitable Support

Phase III Strategies

The DVCO and its partners will further develop strategies to strengthen equitable access to support for survivors within the next 1 – 3 years. Some ideas that have already been identified for this future work are listed below.

Racial Equity

The County's discussion of racial equity informs the work on these strategies (though consideration of equity should continue beyond just race).

What We Mean by Racial Equity:

- Fair and just distribution of resources and opportunities for individuals, culturally specific businesses and CBO's and economic and social systems that are sustainable and that sustain all people;
- Meaningful engagement of communities of color in planning, decision making and evaluation that support shifts in perception, paradigm, and demonstrated values;
- Authentically embodying racial equity and empowerment principles (including transformative and non-traumatizing practices) in planning, decision-making, implementation and evaluation; and
- Bold and creative long term commitment to unearthing racism's root causes and addressing barriers to racial equity in and between individuals, institutions and systems.

“

Studies suggest that women with disabilities are approximately 40% more likely to experience physical and sexual violence. Violence and abuse suffered by women with disabilities and Deaf women may be more severe, of longer duration, inflicted by multiple perpetrators, and occur in settings atypical for other victims. White House, 1 is 2 Many (2014) citing Brownridge, et al. and Nosek, et al.

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.2: Underserved Survivors Have Access to Equitable Support

Interpreter Pool

We have already identified the need for a funding pool to allow for interpretation, translation and ADA compliance for survivors when agencies do not have enough funding to provide these services. (See Goal 3.1.)

Title VI

Title VI and related Executive Order 13166 require federal agencies to examine the services they provide, identify any need for services to people with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them. The Tri-County Domestic and Sexual Violence Intervention Network is exploring ways to increase their Title VI-related advocacy work. They plan to do an inventory of civil rights compliance in conjunction with Title VI and explore how to hold systems accountable. They might involve the (Allies of) Women of Color Network, Inc. with this work. We should look for opportunities to collaborate with the Network on mutual goals.

“

Older victims of intimate partner violence are often overlooked. For instance, in one study, only three percent of older women indicated their healthcare provider had ever asked them about physical or sexual violence. White House, 1 is 2 Many (2014) citing Bonomi, et al.

”

Program Staffing

We have already identified the need for 4 FTE staffing for programs that serve underserved survivors.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.2: Underserved Survivors Have Access to Equitable Support

Flexible Funding

We have already identified the need for an average of \$750 in flexible client assistance funding to be available to 160 underserved households.

“

Several . . . group participants specifically mentioned the TREM group, Healing Roots program and LGBTQ services as especially helpful and supportive. Survivor Focus Group Report 2016.

”

DVCO Staffing

We have already identified, and funded through a grant, a Disability Grant Coordinator position (.8 FTE).

Review Strategic Plan and RFPQ for Equity

The 2015 Project Impact identified the need to vet the strategic plan and RFPQ for equity and provide a clear explanation about how funding decisions were made, including the rating/ranking process. We should be able to demonstrate that we used an equitable process for funding culturally specific and underserved service providers and should be available to explain determinations upon request. DVCO brought the strategic plan to a two-day February 2016 Equity and Empowerment Lens workshop for review and revision.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.2: Underserved Survivors Have Access to Equitable Support

Locally Defined Disparities

We will focus on eliminating locally defined disparities by using local data to identify inequities and to prioritize efforts to improve outcomes.

“

The standard progressive approach of the moment is to mix color-conscious moral invective with color-blind public policy. Ta-Nehisi Coates, Color-Blind Policy Color-Conscious Morality, The Atlantic, June 6, 2013.

”

Tri-County Domestic and Sexual Violence Intervention Network

The Tri-County Domestic and Sexual Violence Intervention Network Equity and Inclusion Subcommittee has collected surveys and agency self-assessments on issues related to equity and can be a resource with future information gathering. They also consider such questions as what are “equity” and “inclusion” and how can they best be integrated with domestic and sexual violence work in the county.

Equity Statement, Metrics, and Training

The Tri-County Domestic and Sexual Violence Intervention Network is thinking about creating and adopting an equity statement, developing metrics for establishing and assessing the effectiveness of equitable and

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.2: Underserved Survivors Have Access to Equitable Support

culturally specific services and the implications for training. We should look for opportunities to collaborate with the Network on mutual goals.

Only 3% of LGBT survivors sought protection orders and just 5% sought access to shelters. . . . homophobia, hostility towards transgender individuals, and lack of awareness about victimization within the community all play a role. White House, 1 is 2 Many, 2014 citing National Coalition of Anti-Violence Programs.

”

Identity-Specific Issues

The following points need to be integrated into the upcoming focused work on equity:

1. Needs of survivors who are elders.
2. Needs of LGBTQ survivors.
3. Needs of survivors with disabilities.
4. Needs of other survivors who are underserved.
5. How to best articulate, integrate, and distinguish culturally specific services and services for underserved survivors.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Best Practices and Other Work That Inform the Strategies

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.3: Children and Youth Exposed to Violence and Trauma Get the Support They Need

Strategy 3.3.1: DVCO will promote programs and services that directly support children and youth exposed to violence; that increase parents and caregivers' capacity to meet impacted children and youth's basic needs for safety, stability, and nurturing; that promote social and emotional competency; and that help parents and caregivers understand and respond to the impact of trauma on children and youth development.

Collaborative Interventions We will collaborate with community based organizations to deliver child, youth and family focused interventions including advocacy, early childhood consultation, and mental health support.

Program-Based Family Advocates, Children and Youth Specialists, Mental Health Consultants DVCO will fund and support Family Advocates, Early Childhood, and Children and Youth Advocates at domestic and sexual violence agencies, and mental health consultants with domestic and sexual violence expertise within mental health organizations. (6 FTE). (These include advocates identified in Goal 2.1.)

“

Participants noted the need for specific mental health services for children. This includes processing trauma, emotional and behavioral interventions, and tools to help parents promote parent/child bonds.
Survivor Focus Group Report 2016.

”

Co-Located Advocates DVCO will fund two domestic and sexual violence advocates (2 FTE) who will be co-located at DHS offices.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.3: Children and Youth Exposed to Violence and Trauma Get the Support They Need

Tri-County Domestic and Sexual Violence Intervention Network.

A planning priority for the Tri-County Domestic and Sexual Violence Intervention Network is promoting the parent and child bond, and teen services, especially for teens without children. We will look for opportunities to collaborate with them on shared goals.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.3: Children and Youth Exposed to Violence and Trauma Get the Support They Need

Strategy 3.3.2: DVCO will collaborate with Community Health Workers to strengthen their response to childhood exposure to violence and trauma.

County Health Department We will strengthen collaboration with the County Health Department.

Community Capacitation Center We will continue our collaboration with the Community Capacitation Center (Health Department) with childhood exposure to violence training for Community Health Workers.

“

Through engagement with survivors and families, they have deepened skills and commitment to supporting their children’s wellbeing and development. . . . [F]amily strengthening increases positive future self image [and] healthy social developments which are shown to be protective factors for families. Project UNICA, Project Impact Report, 2016.

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.3: Children and Youth Exposed to Violence and Trauma Get the Support They Need

Strategy 3.3.3: DVCO will collaborate with child- and youth-serving systems and organizations to increase: a) competence in recognizing and responding to trauma symptoms affecting individuals, families, and organizations; and b) engagement with policies and practices that are supportive and not re-traumatizing.

Training, Workforce Development, and Technical Assistance	<p>We will support training, workforce development, and technical assistance throughout the following sectors.</p> <ol style="list-style-type: none">1. K-12 Education2. Early Childhood3. Public Health/Healthcare4. The Justice System5. Social Services6. Child Welfare7. Mental Health
Tri-County Domestic and Sexual Violence Intervention Network	<p>Planning priorities for the Tri-County Domestic and Sexual Violence Intervention Network include trauma assessment for kids, services that are family-oriented, and counseling services. We will look for opportunities to collaborate with the Network on shared goals.</p>

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.4: Survivors' Sexual Assault Intervention Needs Are Met

Phase II Strategies

During 2016 – 2017, we will work with our community partners to further develop strategies meeting sexual assault (intimate-partner sexual assault and non-intimate partner sexual assault) survivors' particular intervention needs.

“

Having the opportunity to learn from other survivors and have their experiences normalized was a valuable experience for many women, particularly those who were survivors of sexual assault. Survivor Focus Group Report 2016.

”

Sexual Assault Advocates

We have already identified the need for 3 FTE for sexual assault advocates, especially in cases of non-intimate partner sexual assault. At least one of these FTE positions should provide advocacy for survivors who are homeless.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.4: Survivors' Sexual Assault Intervention Needs Are Met

Flex Funds

We have already identified the need for flexible client assistance funds for sexual assault survivors, especially for non-intimate partner sexual assault survivors who may not have access to intimate-partner sexual assault-related funding.

“

Several women from the [sexual assault] group spoke about having to wait anywhere from a few months to up to a few years before they were able to get into the support group.”
Survivor Focus Group Report 2016.

”

Reciprocal Advancement

As sexual-assault-related strategies are developed, a familiarity with “Reciprocal Advancement,” i.e., recognizing the differences between sexual assault and domestic violence, but supporting and advancing the issues in unison, should be incorporated into the strategies. The California Coalition Against Sexual Assault has a good overview of this concept: “Reciprocal Advancement: Building Linkages Between Domestic Violence & Sexual Assault,” 2015.

“

We have the capacity to stop sexual assault, support those who have survived it, and bring perpetrators to justice. President Barack Obama, January 22, 2014.

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.4: Survivors' Sexual Assault Intervention Needs Are Met

Provider Collaboration

An informal group of sexual assault service providers helped develop these strategies. This group has some strong ideas for moving forward sexual assault work in the county, including opportunities for collaboration with the county Sexual Assault Response Team (SART). Work with sexual assault service providers in nearby counties would also be appropriate for this group. DVCO will provide coordination for group meetings and will help the group build on its recent work.

“

One survivor talked about the need for campus-based services and police to be more knowledgeable about sexual assault and being responsive to the needs of survivors. Survivor Focus Group Report 2016.

”

Crime Victims Services Division

DVCO will continue to work with the Oregon Department of Justice Crime Victims' Services Division on ways to increase support for sexual assault survivors in Multnomah County.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Best Practices and Other Work That Inform the Strategies

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.5: Survivors Are Supported by Relationships Nurtured at Trauma-Informed Organizations

Strategy 3.5.1: DVCO will participate in a trauma informed organizational change process in order to strengthen our resiliency as we work together to support community-based violence intervention and prevention organizations.

Commitment to Plan

DVCO leadership will establish its commitment to planning process as soon as possible. DVCO staff will share Strategy 3.5.1 with the DCHS Trauma Informed Care work group to see how it might be part of a pilot that the DCHS group is considering.

“

Trauma-informed care means that every person who has a point of contact with a . . . client is educated and sensitive to the impact of trauma. . . . Successfully implementing trauma informed care requires that in addition to developing staff competencies, an organization also looks at policies, procedures and physical space.” Mandell 8/15/14.

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.5: Survivors Are Supported by Relationships Nurtured at Trauma-Informed Organizations

Readiness Assessment DVCO and DCHS will complete a readiness assessment (by 5/31/16) and take any steps identified in the readiness assessment as needed to get ready (by 8/31/16).

DVCO Internal Work Group We will establish an internal work group/team (by 9/30/16).

“

It was critical to [focus group participants] that the first person they spoke with was validating, supportive, and knowledgeable about resources. Survivor Focus Group Report 2016.

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

● Goal 3.5: Survivors Are Supported by Relationships Nurtured at Trauma-Informed Organizations

Trauma-Informed Practice Plan We will develop the plan to integrate trauma-informed practice (TIP) into the work of the DVCO and DCHS (by 4/30/16).

1. We will establish principles of TIP organizational structures and service delivery, etc., that will be integrated into day-to-day expectations and practice.
2. We will embed a racial, gender, poverty, et al. justice, equity and empowerment lens into our TIP organizational change.
3. We will incorporate analysis of race, gender, poverty and other types of potentially triggering discrimination and oppression in DVCO's work.
4. We will determine what the DVCO TIP-informed culture should look and feel like. We will include, for example, how we respond when domestic and sexual violence-related fatalities and other community violence occurs that can impact morale, pull triggers, and cause vicarious trauma.
5. We will develop or incorporate a training plan to get everyone on the same page, including training goals, qualifications to train, training schedule, etc.
6. We will list other resources that may support TIP plan implementation, e.g., group facilitators, etc.
7. We will examine policies, procedures and protocols and update as needed.
8. We will determine how meetings, events, processes, publications and trainings conducted by DVCO will be trauma informed.
9. We will establish a time frame for implementing all phases of the plan.
10. We will establish a process for holding each other accountable

“

Multiple participants noted that they needed immediate access to services for trauma without being re-victimized or re-traumatized. Survivor Focus Group Report 2016.

”

“

The interviews specifically spoke to the importance of feeling understood, having a support network, and how surrounding themselves with good people was essential to healing. Project UNICA Project Impact Report 2016.

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.5: Survivors Are Supported by Relationships Nurtured at Trauma-Informed Organizations

- for, checking-in on, improving, using, etc. the plan.
11. We will pay for training and facilitation expenses that are incurred implementing this process.

“

[Survivors] are not only surviving and dealing with their trauma, but they are also thriving, healing, and making solid steps into improving their overall well-being. This . . . shows that participants are making strides in their process of reintegration into their communities. Project UNICA Project Impact Report 2016.

”

Implement the Plan

We will begin implementation of this part of the plan (by 6/30/17).

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.5: Survivors Are Supported by Relationships Nurtured at Trauma-Informed Organizations

Strategy 3.5.2: DVCO will work with community-based violence prevention and intervention partners to incorporate trauma-informed practice (TIP) into their work.

Trauma Informed Practice
Planning

The TIP community-based planning work will mirror the work planned for DVCO and would start on or about July 1, 2017.

“

Several participants also indicated that they would benefit from more ongoing case-management style or even peer-to-peer advocacy that would help with coordinating services and accessing resources over time.
Survivor Focus Group Report 2016.

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.5: Survivors Are Supported by Relationships Nurtured at Trauma-Informed Organizations

Strategy 3.5.3: Agency staff will be paid a living wage, etc. (see Strategy 3.6.4) so that their trauma and turnover are reduced and survivors build more durable relationships with service providers.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Best Practices and Other Work That Inform the Strategies

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Best Practices and Other Work That Inform the Strategies

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NB. None of these models explicitly identify that racism and other types of oppression are types of trauma nor do they call for addressing racism, other oppression, and equity with trauma-informed practice. We will incorporate anti-oppression work into our trauma-informed practice because addressing racism and other types of oppression is critical in building trauma informed approaches.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.6: Survivors' Crisis Response Needs Are Met

Strategy 3.6.1: All people who are harmed, or may be harmed, because of domestic and sexual violence will have a broad range of choices to immediately address that harm.

Family Services We will continue to consider family services as part of crisis services.

Flexible Funds We will provide and encourage the use of flexible client assistance funds for survivors and their children to allow survivors to respond to domestic and sexual violence in ways that provide what they need to succeed.

Underserved Communities See Goal 3.2.

Culturally Specific Services Strategies will be developed that incorporate mobile advocacy. We will encourage and support the use of flexible funds for fees needed to get passports, birth certificates, or for other support that may not be available because of a survivor's immigration status. See Goal 3.1.

“

Finally, someone reached out and not only protected me, but gave me the time and the tools to heal and take care of myself and my family.
Survivor served by Bradley Angle, 2014.

”

Trauma Informed See Goals 3.3 and 3.5.1.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.6: Survivors' Crisis Response Needs Are Met

Strategy 3.6.2: DVCO will support the following domestic and sexual violence crisis response services.

Help Line Services

We will support a centralized help line that provides the following services.

1. A consistently strong response available at any time on any day.
2. Toll free access from anywhere.
3. Texting, phone, live chat, online, etc. options.
4. Services supported with databases and other technology. This might be best done increasing existing capacity with the 211 line.
5. Multi-lingual and culturally responsive support.
6. Counseling referral or services for trauma or crisis at any time, e.g., months or years after a survivor left a violent situation.
7. Assistance for people who may be or are experiencing domestic and/or sexual violence who have general concerns or questions about domestic and sexual violence.
8. Assistance for survivors' families, friends, neighbors, service professionals, and the general community.
9. Referrals for perpetrators looking for ways to stop being abusive.
10. Continuously current information about shelters including information about any open shelter spaces.
11. Information about available alternatives to shelter.
12. Information about counseling, legal assistance, medical assistance, children's services, transportation options, etc.
13. The ability to make a three-way link with a referral to an agency or other support/resource that best meets someone's service and geography needs.

“

I'm starting to feel like a survivor and not a victim. Survivor served by VOA Home Free, 2014.

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.6: Survivors' Crisis Response Needs Are Met

Help Line Emergency Funds DVCO will provide support for modest emergency funds, i.e., \$100/day.

Help Line Staffing DVCO will provide funding support for 1.0 FTE and modest infrastructure support.

Domestic Violence Emergency Response Team (DVERT) The Domestic Violence Emergency Response Team (DVERT) will serve more survivors more efficiently as an independent agency with these resources and staffing:

1. 24 FTE police response advocates for 24/7 domestic and sexual violence response.

2. 10 FTE day-time ongoing advocacy staff with caseloads. These advocates would provide court accompaniment and include child-welfare advocate(s).
3. DVERT will have four regional offices: East County, North Precinct, Central Precinct, and East Precinct.
4. Each regional office will have 1 FTE office manager, plus 1 FTE on-call manager/support.
5. Each regional office will have 1 FTE clerical support.
6. The DVERT agency will have 1 FTE for ongoing law enforcement, advocate and other training.

“

Specialization has proved a powerful tool in improving the criminal justice response to violence against women.
White House, Office of the Vice President, 1 is 2 Many 2014.

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.6: Survivors' Crisis Response Needs Are Met

7. Twelve maintained vehicles will be available to DVERT staff for their advocacy work. This fleet will be maintained by 1 FTE car fleet manager.
8. Two FTE attorneys will be available to support the DVERT agency.
9. DVERT will work, inter alia, to increase the capacity of 911 operators to work with people in crisis.

Current DVERT Program
Staffing

Until the expanded DVERT program is in place, DVERT will maintain current levels of staffing with 1 FTE DVERT Manager and 9.0 FTE for Day/Evening Response Advocates.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.6: Survivors' Crisis Response Needs Are Met

Strategy 3.6.3: DVCO will work with agencies outside of the domestic and sexual violence service system to enhance all of our crisis response.

Co-Located Mobile Advocates – Health Care – We will support a pilot program to initially hire 2 FTE floating/mobile domestic and sexual violence response advocates for Federally Qualified Health Clinics (FQHC) including county clinics. A third FTE will coordinate and administer the program.

“

I knew when we walked through that door that I would be able to breathe again. The feeling of being safe was something I hadn't felt in more than four years. It was a miracle to me.
Survivor served by Bradley Angle, 2014.

”

Courthouse Crisis Response Advocate – We will support hiring 1 FTE courthouse crisis response advocate each at Multnomah County Justice Center, East County Courthouse, and the Juvenile Justice Center.

Co-Located Advocates – School Based – We will support hiring 1 FTE at each high school of a certain size. (We will need to resolve any mandatory reporting issues before these hires could be made.) We will work with SUN and other colleagues to design a strong model for this response within the first three years. These staff will integrate intervention and prevention work at the schools.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.6: Survivors' Crisis Response Needs Are Met

Co-Located Advocates –
Homeless System

We will support hiring of homeless system advocates including 1 FTE with Safety on the Streets.

Informed Community

We will promote creative approaches to make sure health (including mental health) providers, survivors' friends/coworkers, clergy, school staff (including post-high school) etc. are able to help survivors get the crisis response they need by providing accurate information, etc. One FTE will be hired to engage the broader community with crisis response and other support for domestic and sexual violence survivors and to engage the media with this work.

“

... an important component of safety for survivors is being able to feel safe and having the basic needs of their families met. ...Having the knowledge of how and where to look for options helps these women gain self-empowerment and self-sufficiency.
Project UNICA, Project Impact Report, 2016.

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Mental Health

We will work to continue to educate mental health providers about the importance of affirming survivors who are receiving individual counseling and about the significance of perpetrator collusion, etc. when working with couples.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.6: Survivors' Crisis Response Needs Are Met

Mobile Advocates We will consider how to engage mobile lawyers and health care providers on behalf of survivors.

Co-Located and Mobile Advocates Staffing Supported by DVCO For the initial fiscal year, DVCO will support 6 FTE for mobile and co-located advocacy. These staff will be expected to provide emergency case management assistance to 450 households.

Childcare We will work with collaborate partners to provide additional childcare for survivors. Use of flexible funds for childcare is to be encouraged.

Fatality Review We will continue to support the multi-disciplinary Fatality Review Board, including the review of elder violence-related fatalities.

“

VAWA 2013 took additional steps . . . by requiring states to develop goals and activities to reduce domestic violence homicides and integrating homicide reduction into key VAWA grant programs. White House, 1 is 2 Many, 2014.

”

Contracts and Technical Assistance (DVCO) DVCO will continue to have a contracts and technical assistance specialist on staff (1 FTE).

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.6: Survivors' Crisis Response Needs Are Met

Strategy 3.6.4: DVCO will support the staff serving domestic and sexual violence survivors.

Living Wage for Advocates

Staff who advocate for and serve domestic and sexual violence survivors will be paid a living wage so that they and their agencies can build and continue relationships with survivors and avoid trauma and/or burnout. We also need to support a wage that adequately reflects an advocate's expertise and skill. We recommend an average wage of at least \$18/hour.

“

Allowing survivors to guide their own path to safety is reflective of the empowerment model as it invites the survivor to take control of their safety by recognizing what they see as the best options for their situation. Establishing safety does not look the same for each client and UNICA advocates present survivors with options. Project UNICA, Project Impact Report, 2015.

”

Reasonable Work Loads for Advocates

We encourage agencies to look at staff workloads to make their work as trauma-free as possible, to promote self-care, and to provide opportunities for strong peer support.

Training Stipend

We encourage agencies to provide each staff person with at least \$500/year for training.

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- Goal 3.6: Survivors' Crisis Response Needs Are Met

Strategy 3.6.5: Various Other.

Standards of Care

We encourage service providers to develop standards of care based on common goals and values – especially regarding safety. These common standards should be developed toward the goal of consistent service throughout the county so that there is “no wrong door” for survivors when they access services.

DVCO Staffing

These strategies will be supported by the following DVCO staff positions:

1. One FTE DVERT Director,
2. One FTE Response Advocate Supervisor;
3. One FTE Office Assistant; and
4. One FTE Fatality Review Coordinator, including elder fatality review.

“

Participants often talked about the logistical challenges of seeking and using services such as transportation and child-care. . . . Survivor Focus Group Report 2016.

”

Communication

We will continue to encourage agencies to use clear communication about and understanding of available resources in support of an exquisite crisis referral process, policy advocacy, support, etc.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.7: Survivors' Housing Needs Are Met

Strategy 3.7.1: Domestic and sexual violence survivors have options for remaining safely in their homes.

Rent Assistance and Flexible Funding

We will work toward a system that provides:

1. About 21 households/month with an average of \$2,250 in eviction prevention funds.

“

The lack of affordable housing and long waiting lists for assisted housing force many women and their children to choose between abuse at home and life on the streets. White House, 1 is 2 many, 2014 citing Baker, et al.

”

2. Additional administrative and advocacy FTE to enhance success with this strategy by helping administer funds, provide education and advocacy around prevent eviction. We support having eviction prevention advocate(s) at (the) courthouse(s).
3. Support community partners, especially Home Forward partners, with their knowledge about domestic and sexual violence-related housing law, identifying domestic violence, and trauma-informed practice.

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- Goal 3.7: Survivors' Housing Needs Are Met

Strategy 3.7.2: Domestic and sexual violence survivors have access to shelter and shelter diversion resources.

Shelter	We will support domestic and sexual violence intervention shelters with flexible funding for 300 households/year, funding for 15 FTE of shelter staff, an average of \$750 of flexible funds/household and a modest amount for shelter infrastructure and other costs.	
Non-Traditional Shelter	We will support non-traditional shelter, e.g., rented apartments, for about 50 households/year, funding 2 FTE staff, an average of \$750 of flexible funds/household, and a modest amount (about half of that for shelter) for housing-related and other costs associated with the non-traditional shelter.	<p>“ <i>Participants noted that homeless shelters are not good alternative to domestic violence shelter beds.</i> Survivor Focus Group Report 2016. ”</p>
Shelter Diversion	We recognize the cost-effectiveness and flexibility of shelter diversion programs, and support such homeless prevention tools as flex funds and motel vouchers.	
Flexible Funding	We will provide average flexible client assistance of \$500/household for 450 households. Flexible funding should be available for a wide array of needs, e.g., background screening, ID's, application fees, childcare, moving costs, paying off prior housing-related debt, etc.	

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- Goal 3.7: Survivors' Housing Needs Are Met

Strategy 3.7.3: Domestic and sexual violence survivors will have housing available to meet their needs.

Various Housing Options

We will financially support these housing options:

1. **Rapid Re-Housing:** Short-term (1-6 months), medium term (6-12 months), and long-term (12-24 months) permanent housing and wrap-around support. This housing includes culturally specific housing and services with a priority given to undocumented survivors or others who may not qualify for other housing.
 - a. 300 households/year will live in permanent housing through rapid re-housing.
 - b. Households will receive rapid re-housing support averaging \$5,750/household.
 - c. Singles will receive rapid re-housing support averaging \$4,500/person.
 - d. 8 FTE staff will run the rapid re-housing programs.

“

The lack of affordable housing in Portland is a major barrier to helping survivors transition from emergency shelter to housing. . . . Many families remain in abusive situations, in their car, or on the streets. Multiple callers have reported having their kids stay at their friend's house while they sleep on the street. This is a very concerning and bleak reality for families. West Women's and Children's Shelter, 2015 annual report.

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.7: Survivors' Housing Needs Are Met

2. **Transitional Housing:** Up to 24 months shared, secure, site-based housing with domestic and sexual violence services. This housing includes culturally specific housing and services with a priority given to undocumented survivors or others who may not qualify for other housing.
 - a. 50 households/year.
 - b. 4 houses with flex funds available to residents.
 - c. 2 FTE to administer and provide advocacy related to transitional housing.

“

Participants also wanted transitional housing to support them while they establish themselves. Survivor Focus Group Report 2016.

”

3. **Government Subsidies** i.e., Section 8/Housing Choice voucher and other public housing.
 - a. Service providers and advocates will work to increase the number of domestic and sexual violence-related preferences available through Home Forward. (Survivors currently have, or are expected soon to have, access to housing through preferences at: Project Unica (10), Home Forward (10), PCRI (5), and REACH (4).)
 - b. Domestic and sexual violence advocates will continue to participate in ongoing dialogues with Home Forward about ways to better meet survivors' housing needs.

“

Participants said there are not enough resources to help with skyrocketing rental costs. Survivor Focus Group Report 2016.

”

4. **Permanent Supported Housing**
 - a. Federal Housing and Urban Development Continuum of Care Permanent Supported Housing (PSH) slots will be added for survivors. West Women's Shelter currently has 15 PSH housing slots. Domestic and sexual violence service

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.7: Survivors' Housing Needs Are Met

agencies would pay the rent as long as the housing was available to survivors.

- b. Service providers and advocates will strengthen their collaboration with PSH providers.
- c. Consider how PSH may be a tool to address generational and historical trauma and poverty, especially with younger survivors.

Client Assistance Flex Funds 30 households/year will receive an average of \$1,200 in flexible client assistance funding.

Coordinated Access We will fund 2.0 FTE for domestic and sexual violence agency staff to support the Resource Coordination Team Coordinated Access process.

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- Goal 3.7: Survivors' Housing Needs Are Met

Strategy 3.7.4: Domestic and sexual violence service providers will strengthen their capacity to meet survivors' housing needs.

Language-Related

Service providers will offer materials related to housing in the languages of the survivors they serve and have an interpreter available when forms, etc. are being completed to ensure that each survivor understands what is being asked. Interpretation pool money (see Goal 3.1) may be used for this purpose.

Legal Services

We will support on-site (could be mobile) legal advocacy for housing issues, not just referrals.

Increase Understanding

We will work to enhance domestic and sexual violence service providers' capacity to provide housing by helping to increase understanding about housing options and how to access them:

1. Family Violence Coordinating Council (FVCC) and new advocate trainings will continue to cover how to access housing, understanding financial abuse, and repairing bad credit.
2. Domestic and sexual violence service providers and advocates will provide training to non-domestic and sexual violence housing and homelessness service providers. This training will cover, among other things, the impact of trauma on a survivor's ability to access housing and homelessness-related support.

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● Goal 3.7: Survivors' Housing Needs Are Met

Communication

We will communicate with domestic and sexual violence, housing and homeless service providers:

1. Service providers will continue to work to increase the availability of affordable housing with an understanding that domestic and sexual violence survivors often have specific safety requirements for the housing.
2. Conversations about survivors' housing needs will continue to be incorporated into FVCC, Supportive Housing and Economic Empowerment Network (SHEEN), Resource Coordination Team (RCT), Homeless Family and Singles Systems, Community Development Corporations, etc. collaborative groups.
3. Advocates will also continue to communicate with each other through formal and informal methods, e.g., databases and other online tools.

“

Coordinated Access [with the Resource Coordination Team] has been a huge collaboration; it's changed everything.
Service Provider, 2015 Project Impact

”

Housing Policy and Funding

We will support housing-related policy and funding work that impacts domestic and sexual violence survivors:

1. Domestic and sexual violence service providers will have leadership roles at the tables where housing-related policy and funding decisions are made.
2. Domestic and sexual violence advocates will intentionally increase their presence where decisions are made that impact domestic and sexual violence survivors' access to housing. This presence will include periodic (recommended: quarterly) information sharing about the opportunities to sit at such tables at FVCC, SHEEN, RCT, etc. meetings.

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- Goal 3.7: Survivors' Housing Needs Are Met

Adequate Staffing

We will provide adequate staffing to meet this goal.

1. Mobile advocates: 3 FTE of advocates working for domestic and sexual violence service agencies will provide outreach at general shelter and homeless/housing programs. One of these advocates will be a member of the Mobile Housing Team.
2. One FTE domestic and sexual violence housing services coordinator will work for the county.

“

An ongoing challenge continues to be lack of affordable housing, particularly once children have been removed and a mom is trying to get kids returned to her care. Many transitional housing programs will only accept families with children, so survivors are unable to qualify unless a return is imminent and can be documented as such. Impact NW 2015 annual report.

”

Housing Broker

We will strengthen relationships with property owners by funding a Mobile Domestic and Sexual Violence Housing Broker.

1. One FTE to work with property owners to make housing available to survivors.
2. Broker will work with all domestic and sexual violence-related housing providers.

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- Goal 3.7: Survivors' Housing Needs Are Met

Addressing Financial Barriers	We will help survivors address financial issues that impact housing options by offering, closely linked to housing services, ways to improve credit history, reduce debt or otherwise overcome financial barriers to long-term housing. Flex funding should be available to help survivors address these sorts of financial issues.
Childcare	We will work with our collaborative partners to increase survivors' access to childcare when they are looking for housing. Use of flexible funds for childcare is encouraged.

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.8: Survivors' Health Care Needs Are Met (Including Mental Health and Addictions Care)

Phase II Strategies

DVCO and its partners will develop strategies to meet survivors' health care needs (including mental health and addictions care) within the next 1 – 2 years. Some ideas that have already been identified for this future work are listed below.

Go Mobile

Go Mobile is a partnership between domestic and sexual violence service advocates and the health department. Survivors come to a location in the community to learn how to enroll in health care coverage, etc. The Go Mobile roll out took place on January 21, 2016 and will continue to be a resource for domestic and sexual violence survivors. We will provide ongoing support for this collaborative venture.

“

Participants discussed not being able to afford sliding scale fees or co-pays, or not having insurance coverage for mental health. They also stated that therapists need to be specifically trained in domestic violence and sexual assault. Survivor Focus Group Report 2016.

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.8: Survivors' Health Care Needs Are Met (Including Mental Health and Addictions Care)

Addictions RFPQ

We will continue the collaboration between DVCO and Addictions Services to provide the addictions and domestic and sexual violence focused Peer Mentor Recovery Project. This project was started by DVCO and is funded by Addictions Services. The project serves domestic and sexual violence survivors who are in recovery. DVCO will work with the Peer Mentor Recovery Project Advisory Group to help develop and pursue additional joint funding opportunities.

Family Advocates

We recommend that at least one of the culturally specific Family Advocate positions (see FY 2017 Program Offer 25048B) be designated as a liaison with County Addictions Services to help build collaboration between domestic and sexual violence-related services and addictions-related services. Family Advocates' training should include the impact of addictions on survivors' and their children's lives. This training is not expected to make the service providers experts in addiction treatment, but to make sure they know enough to identify possible addictions indicators and to make strong referrals with warm hand-offs.

“

[Recovery Peer Mentor] advocacy is new and extremely necessary. As far as I'm aware, there were no advocates assigned to both positions when I began to fall into addiction. If there had been, I strongly feel I would have not been so scared to seek help.
Survivor, 2016.

”

Mental Health Services

Needs to address with future planning work include providing non-billable mental health access for survivors and their children; providing longer term mental health services; and increase staffing for/availability

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- Goal 3.8: Survivors' Health Care Needs Are Met (Including Mental Health and Addictions Care)

of domestic violence- and sexual assault-related mental health services.

Tri-County Domestic and Sexual
Violence Intervention Network

A planning priority for the Tri-County Domestic and Sexual Violence Intervention Network is health care reform and strengthening addictions and mental health services. We will look for opportunities to collaborate with the Network on shared goals.

“

*I thank the county for creating this
duel position in the advocacy world –
it is more needed than I'm sure you
have even realized yet. The more the
word gets out that people like [the
Peer Mentor] exist, the more women
will come out of hiding and seek help.
Survivor, 2016.*

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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.9: Survivors' Legal Services Needs Are Met

Phase II Strategies

DVCO and its partners will focus on strategies for meeting survivors' needs within the next 1 – 3 years. Some ideas that have already been identified for this work are listed below.

“

[L]egal services may be one of the principal factors contributing to the decline in domestic violence. White House, 1 is 2 many, 2014 citing Dugan, et al, and Farmer, et al.

”

Attorneys

We will increase the number of attorneys available in Multnomah County to represent survivors of domestic and sexual violence. As we increase the number of attorneys available, we will be mindful of the need to distribute the attorneys in different agencies to reduce the possibility that a survivor will be “conflicted out” of representation. Mobile advocates, lawyers and paralegals, will help a broad range of survivors have access to legal consultation and representation.

“

Provision of legal services significantly lowers rates of domestic violence against women. Rosenberg and Grab, Supporting Survivors, 2015.

”

Legal Advocate

We will fund a 1 FTE non-attorney legal advocate position to support attorneys and their clients.

Courthouse Advocate

We will fund a 1 FTE non-attorney courthouse advocate to assist unrepresented survivors at court.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.9: Survivors' Legal Services Needs Are Met

Courtcare	We will provide financial support for Courtcare to help them support survivors by caring for their children while they are taking care of certain legal matters.
Childcare	In addition to Courtcare, we will support making childcare available for survivors when they need to consult with attorneys or otherwise address legal needs. Flexible client assistance funds will be available for this childcare.
Flexible Funding	We will provide flexible client assistance funds to support survivors with their legal needs, e.g., with filing fees, travel, visa-related costs, childcare, and attorney fees for survivors who are ineligible for legal aid services, but not able to afford other legal representation.
Training	We recommend that the 40 hour standard domestic and sexual violence advocate training include advocate privilege, standard subpoena response, and other legal issues. Domestic and sexual violence service providers should be well-trained on any pro-se forms that they help survivors complete, always being careful not to run the risk of inappropriately practicing law. We also recommend that lawyers and other legal advocates increase opportunities for training on the dynamics of domestic and sexual violence and keeping current on strong referral possibilities.

“

Another consistent challenge noted by participants was the legal system – from police to lawyers to judges – participants noted the lack of sensitivity to the unique issues facing survivors and the need for court and legal personnel to have training on domestic violence and sexual assault. Survivor Focus Group Report 2016.

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.9: Survivors' Legal Services Needs Are Met

Tri-County Domestic and Sexual Violence Intervention Network

A planning priority for the Tri-County Domestic and Sexual Violence Intervention Network is to explore ways to strengthen such legal services for survivors as financial assistance for legal fees, divorce and custody support, immigration support, and improved access to all legal services. We will look for opportunities to collaborate with the Network on shared goals.

“

One participant discussed being forced to provide the judge with a confidential address in front of her perpetrator or face going to jail. Survivor Focus Group Report 2016.

”

Legal Services Providers Group

A group of legal services providers met to help develop ideas for the strategic plan. One of the possibilities this group is beginning to explore is how to network to increase capacity to provide wrap-around legal services for crime victims/survivors. The National Crime Victim Law Institute is sharing information with the group about a national pilot project that looks at this sort of networking. The group should be supported by the county to continue looking at innovative ways to increase capacity to serve crime victims/survivors with a broad array of crime-related needs.

“

It would be helpful to all of us on the bench if there was an effective way to make sure everyone had a lawyer. It's the most lacking asset, for both sides. Because we want everyone to get a fair shake. Judge Katherine Tennyson, in One Judge's Take, 2015.

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.9: Survivors' Legal Services Needs Are Met

Communication Tools

We will support domestic and sexual violence services providers with developing legal materials, including appropriate forms, to help survivors with legal issues. These forms should be translated for broad use and interpreters should be available to help explain any issues (without offering legal advice).

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Best Practices and Other Work That Inform the Strategy

- Domestic Shelters. (December 2015). One judge's take on the challenges of family courts. Retrieved from <https://www.domesticshelters.org/domestic-violence-articles-information/one-judge-s-take-on-the-challenges-of-family-court#.VsukbPkrLct>.
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- Transforming legal services for survivors of crime: How Victims of Crime Act funding can support legal services for survivors of crime. PowerPoint presentation. (2015). *National Legal Aid and Defender Association Annual Conference*.
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SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.10: Survivors Are Economically Secure

Phase II Strategies

DVCO and its partners will develop strategies to strengthen survivors' economic security within the next 1 – 2 years. Ideas that have already been identified for this future work and resources that can inform the future strategies are listed below.

“

Having these employment services . . . will help set up financial independence to get away from my abuser. Survivor served by VOA Home Free, 2014.

”

Possible Programs

Some domestic and sexual violence service providers already have economic empowerment programs that serve survivors. Ideas to consider supporting survivors more broadly include match savings programs and economic empowerment related curricula.

“

Economic security is a top concern to survivors and affects long term outcomes.
Service Provider, Tri-County Planning 2015.

”

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.10: Survivors Are Economically Secure

Tri-County Domestic and Sexual Violence Intervention Network A planning priority for the Tri-County Domestic and Sexual Violence Intervention Network is economic security, including minimum wages and increased access to public benefits. We will look for opportunities to collaborate with them on shared goals.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Best Practices and Work That Inform the Strategies

- California Newsreel. (2010, September 24). *Race the house we live in*. Retrieved from https://www.youtube.com/watch?v=mW764dXEI_8
- The house we live in, Episode 3 in the series RACE – The power of an illusion. (2003). In *PBS: Public Broadcasting System*. Retrieved from http://www.pbs.org/race/000_About/002_04-about-03.htm
- Curry-Stevens, A., Cross-Hemmer, A., & Coalition of Communities of Color (2010). *Communities of color in Multnomah County: An unsettling profile*. Portland, OR: Portland State University.
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- Multnomah County. Department of County Human Services, Community Services Division. (2015.) *Multnomah stability initiative model overview*. Portland, OR: Multnomah County.
- ProLiteracy. (2014). Retrieved February 2, 2016 from www.proliteracy.org
- Purple Purse. (2015). Retrieved January 19, 2016 from www.purplepurse.com
- Smith, M. & Russell, C. (n.d.). Housing and economic empowerment: How to reduce barriers for survivors looking to rent. *Oregon Coalition Against Domestic & Sexual Violence Newsletter*, 3(10). Retrieved February 2, 2016 from <http://www.ocadsv.org/resources/browse/2136>

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.11: Batterers Are Accountable

Phase III Strategy

DVCO will work with the Multnomah County Department of Community Justice to develop strategies to strengthen batterer accountability within the next 1 – 3 years.

Recommended Curriculum

“Caring Dads” is a curriculum that is highly regarded by some of the batterers intervention program staff on the Family Violence Coordinating Council. (The second edition is reportedly better than the first.) One batterer intervention specialist recommends using it every other week as part of a blended curriculum. Though it is not a culturally specific curriculum per se, one practitioner has been able to use it in a culturally specific context.

“

One participant noted the need for early detection and early intervention services for perpetrators. Survivor Focus Group Report.

”

Court Order Specificity

An issue raised at the Family Violence Coordinating Council is that Multnomah County has less specificity than neighboring counties in its court orders about the type of parenting class or batterers’ intervention that would meet court requirements. Exploration of the various language and developing recommendations in collaboration with the Family Court Enhancement Project is encouraged.

SURVIVORS ACCESS SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE SERVICES

- Goal 3.11: Batterers Are Accountable

Accessibility for non-English
and Non-Spanish Speaking
Batterers

A need identified during this strategic planning process is for batterer intervention groups for non-English and non-Spanish speaking batterers. The group model can be difficult to navigate with an interpreter who is not quite skilled with interpretation in a group setting.

APPENDICES

● Survivor Focus Group Questions

Domestic Violence Group

1. Where did you *first* go for help about your domestic violence situation? How did you know to go there?
2. What challenges or barriers did you have, if any, to receive the services you needed? (Prompts: culture, language, food, accessibility, pets, etc.)
What help did you need that you couldn't find? (Prompt: larger systems, housing, money, etc)
3. Sometimes people need help from more than one place. If you ever were helped by more than one place, did the two places work together to support you? If not, do you wish they had? How might they have helped you better?
4. Was there a moment when you were working with an advocate when you felt successful? Tell us about that.
5. Anything else you would like to share with us about your experience with services that you received or improving services in Multnomah County?

Sexual Assault Group

1. Where did you *first* go for help about your sexual assault? How did you know to go there?
2. What challenges or barriers did you have, if any, to receive the services you needed? (Prompts: culture, language, food, accessibility, pets, etc.)
What help did you need that you couldn't find? (Prompt: larger systems, housing, money, etc)
3. Sometimes people need help from more than one place. If you ever were helped by more than one place, did the two places work together to support you? If not, do you wish they had? How might they have helped you better?
4. Was there a moment when you were working with an advocate when you felt successful? Tell us about that.
5. Anything else you would like to share with us about your experience with services that you received or improving services in Multnomah County?

APPENDICES

- DVCO Committee Collaborations

Domestic Violence and Sexual Assault Focused Committees

Co-located Advocacy Committee
Commercial Sexual Exploitation of Children Steering Committee
Coaching Boys Into Men meetings with PPS and Raphael House
Domestic Violence & Recovery

- Peer Mentor Advisory Team
- Peer Mentor Support

Domestic Violence Court Advisory Committee
Domestic Violence Enhanced Response Team

- DVERT Case Staffing
- DVERT Screening Meetings
- DVERT Systems Meetings

Early Learning Multnomah – Community Meeting
Family Court Enhancement Project

- Management Team
- Procedural Fairness
- Tools and Standards Subcommittee
- Training Sub-Committee

Family Violence Coordinating Council

- Civil Court Committee
- Executive Committee
- General Meeting
- Training Sub-Committee
- Primary Prevention Committee

Fatality Review Team

- Executive Committee

APPENDICES

● DVCO Committee Collaborations

Fatality Review

Futures Without Violence Changing Minds Initiative (Faculty)
Futures Without Violence Trauma Informed Schools Curriculum Initiative (Faculty)
Gateway Advisory Committee
Governor's Domestic Violence Prevention Task Force - Housing Subcommittee
Interagency Committee for Abuse Prevention (ICAP)
Intimate Partner Violence & Healthcare Work Group
Judge Herrell Award Planning Team
Legal Services Work Group
Linking Actions for Unmet Needs in Children's Health (LAUNCH) Young Child Wellness Council
Local Public Safety Coordinating Council
 Executive Committee
 Justice Reinvestment
 Youth and Gang Violence Subcommittee
Mid-County Intimate Partner Violence Screening Committee
Office of Violence Against Women Disabilities Grant Partner Meetings
Oregon Alliance to End Violence Against Women Steering Committee
Oregon Coalition Against Domestic and Sexual Violence
Oregon School Based Health Alliance - Trauma Informed Schools Legislation Development
Promising Practices/Portland Women's Crisis Line
Resource Coordination Team
Safe Families Collaborative Meeting
Safer Futures Leadership Team
Safety First Consulting Committee
Sexual Assault Response Team
Sexual Assault Work Group
Shared Housing & Economic Empowerment Network (SHEEN)

APPENDICES

● DVCO Committee Collaborations

Trauma Informed Oregon Advisory Board
Trauma Informed SUN Learning Community
Tri-County Domestic & Sexual Violence Intervention Network
 Director's Meeting
 Equity and Inclusion Subcommittee
 General Membership Meetings
 Multnomah County Service Provider Meetings
 Regional Planning/Advocacy Committee

Non-Domestic Violence and Sexual Assault Focused Committees

A Home for Everyone
 Advisory Committees/Workgroups
 Board
 Data In
 Data Outcome and Evaluation
Access and Functional Needs Task Force
Aging, Disability and Veterans Services Division Multidisciplinary Team
The Avengers
CareOregon goMobile Healthcare Navigation and Enrollment Assistance
Communities Supporting Youth Collaborative
Community Empowerment Through African American Men's Healing Summit
 Advisory Committee
 Steering Committee
Community Peace Collaborative
Continuation of Operations Planning (COOP)
East County Caring Community

APPENDICES

- DVCO Committee Collaborations

Department of County Human Services

- Developmental Disability/Mental Health Multidisciplinary Team
- Domestic Violence Training
- Diversity & Equity Committee
- Leadership Team
- Multi-Systems Staffing Team Core Team
- Multi-Systems Staffing Team
- New Employee Orientation
- Security Team

Department Managers & Stewards

- Health Department Trauma and Healing Workgroup - Advisor
- Healthy Kids Learn Better Coalition
- Homeless Family System of Care Leadership Meeting
- Homeless Management Information Systems, Multnomah County Comparable Site
- Implementation Team Meeting
- Interdepartmental Behavioral Health Action Team
 - Trauma Informed Care Subcommittee
- Justice Jammers
- LifeWorks NW/Children's Relief Nursery SAMHSA Advisory Board
- Maternal Model of Care Committee - Health Share
- Memorandum of Understanding Operations Team
- Memorandum of Understanding Group
- Multnomah County Threat Advisory Meeting
- Multnomah County Trauma Informed Schools Advisory Group
- NW Social Service Connections Implementation Oversight
- Oregon Pediatric Society START Module on TIP for Pediatricians
- Regional Multijurisdictional Criminal Justice Meeting

APPENDICES

- DVCO Committee Collaborations

State funders; state coalition

Striving to Reduce Youth Violence Everywhere (STRYVE) Coalition

Transgender Policy Advisory Committee

Veterans Administration Intimate Partner Violence Screening Project Implementation

Visibility Initiative

DRAFT