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**To:** [ROACH Michelle;](#)  
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# Update

## Family Violence Coordinating Council Newsletter

January 2010

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### Meeting Agenda

January 8, 2010  
Portland Building,  
1120 SW 5th Ave,  
Room 2b

12:15-12:25  
Introductions and  
Announcements,  
Appreciations

12:25-12:45  
Research Findings on  
Domestic Violence Trends

### Greetings!

Happy New Year! Welcome to the Multnomah County Family Violence Coordinating Council Newsletter published monthly. If you are having formatting difficulties allow photos to be displayed or add us to your safe senders list.

### Summary of "Men Who Murder Their Families" What The Research Tells Us"

In June 2009, the National Institute of Justice held a symposium focusing on the latest research on intimate partner violence murder-suicides. The symposium, titled Men Who Murder Their Families: What The Research Tells Us, featured three nationally-recognized experts: Dr. Jacqueline Campbell, Johns Hopkins University; David Adams, author of *Why Do They Kill? Men Who Murder Their Intimate Partners*; and Dr. Richard Gelles, Chair of Child Welfare & Family Violence at the University of Pennsylvania's School of Social Policy. The full transcript and a multimedia presentation from the symposium are available at <http://www.ojp.usdoj.gov/nij/multimedia/video-men-who-murder.htm>

Dr. Jacqueline Campbell discussed risk factors unique to intimate partner violence (IPV) homicide-suicides compared to other IPV homicides. As in other intimate partner homicides, a history of past domestic violence is by far the greatest risk factor for IPV murder-suicides. Family members or friends were aware of prior domestic violence in at least 72% of murder-suicides; however, only 25% of these perpetrators had official arrest records or other criminal justice reports for domestic violence. Guns are another major risk factor in IPV murder-suicides, with 88% of IPV murder-suicides involving a gun. Guns also significantly increase the likelihood of the perpetrator also committing suicide: the perpetrator is 10 times more likely to commit suicide following an IPV homicide in which a gun

12:45-1:30  
FVCC 2-Year Plan  
and Discussion

## Announcements

Stalking Awareness Month  
Online Resources, National  
Stalking Resource Center (SRC):

[National Stalking Awareness  
Month 2010 information](#)

Practitioner Perspective: an  
[article](#) exploring advocates  
perspective on working with  
stalking victims.

Guide for Stalking Support  
Groups: The SRC released a new  
publication, [How to Start and  
Facilitate a Support Group for  
Victims of Stalking](#), a guide for  
victim service providers,  
volunteers, and other concerned  
community members on how to  
initiate and run a stalking  
support group in their agency or  
community. To request printed  
copies of the guide, please e-  
mail [src@ncvc.org](mailto:src@ncvc.org)

Important Information for SSI  
and Social Security Recipients:  
Consumer handouts explaining  
the Social Security  
Administration's plan to repay  
more than \$500 million in  
benefits that were unlawfully  
withheld are now [available](#). The  
Social Security Administration  
has agreed to repay people  
whose benefits have been  
suspended based solely on the  
existence of an outstanding  
arrest warrant. Over 200,000  
people whose benefits have  
been suspended or denied since  
January 1, 2000 are potentially  
eligible for retroactive benefits;  
approximately 80,000 are  
potentially eligible for full  
retroactive reinstatement of  
benefits totaling over \$500  
million. It is VERY  
IMPORTANT that all potential  
beneficiaries of this settlement  
receive news of this important  
development. Please share this  
information with all of your  
networks and with your senior  
and disabled survivors of  
domestic violence.

is used compared to other IPV homicides (Banks, Crandall, Sklar & Bauer, 2008). Finally, substance abuse, particularly alcohol, poses an additional risk. Dr. Campbell recommends that substance abuse treatment programs screen for both a history of domestic violence and for other mental health issues such as depression and suicidality.

Demographics of IPV murder-suicide perpetrators are slightly different than the demographics of IPV homicide perpetrators. Men are far more likely to commit murder suicides than women, with males comprising 91% of IPV murder-suicide perpetrators. In 4% of cases, children were also killed. IPV murder-suicide perpetrators were somewhat more likely to be married, have somewhat higher educations and are somewhat more likely to be white compared to perpetrators of IPV murders. Finally, threats of suicide and a history of poor mental health were risk factors unique to murder-suicides, which indicates a need for mental health professionals to assess for domestic violence perpetration when they are also assessing for suicidality.

David Adams discussed the importance of recognizing revenge motives and possessive beliefs as well as threats, estrangement and post-separation stalking as significant risk factors. These risk factors for IPV murder-suicides are similar to those in IPV homicides. Stalking and surveillance behavior can be extreme: in some cases, perpetrators increase their stalking and surveillance of the victim to the extent that they either get fired or quit their jobs. David Adams also discussed the importance of recognizing the "reciprocal influences" of **revenge, control and despondency** in IPV murders and murder-suicides. In intimate partner violence, it can be difficult to separate revenge from despondency. Very often, when perpetrators are really intent on controlling their partners, the victims/survivors become more resistant over time, which in turn makes the perpetrator feel more despondent and more vengeful. Thus, many victims feel trapped by the perpetrator's obsession and refusal to accept the end of a relationship. To counteract this, professionals such as batterer intervention providers should help perpetrators focus on "life after the relationship."

Dr. Richard Gelles discussed the small subset of domestic violence murder-suicide perpetrators who do not have a prior history of domestic violence. In one subset, these murder-suicide perpetrators are **over-enmeshed** with their family members, either viewing them as possessions they control, or not seeing any boundaries between their own identity and that of their wife and children. These perpetrators will not be easily identified by standard domestic violence risk assessment tools or by the criminal justice system. Many of these perpetrators have been abusive, but not very often, and this abuse is usually not reported to police or criminal justice agencies. Another

Pets and Women's Shelters (PAWS)® Program: [Ahimsa House](#) maintains an updated listing of domestic and family violence shelters that allow survivors to bring their pets with them. Shelters may have restrictions on the type and number of pets allowed, so please contact them directly for more information. If you can't find a domestic violence shelter in your area that allows on-site housing of pets, contact American Humane Society Office of Public Policy at (703) 836-7387 or [email](#)

Working Together: National Center on Substance Abuse and Child Welfare (NCSACW) Website: NCSACW [website](#) has information dedicated to improving systems and practice for families with substance use disorders. The website has information covering a range of technical assistance needs.

FVCC Training Committee: The FVCC training committee is seeking new members. The committee meets monthly to plan ongoing beginning, intermediate, and advanced domestic violence trainings. Current projects include monthly domestic violence trainings held the third Tuesday of each month and the quarterly Advocate Institute. If you are interested in attending a meeting or need information about the committee contact Vanessa Timmons at 503-988-3691 ext 26266 or [email](#)

## Quick Links

[Domestic Violence Coordinator's Office](#)

Coming Soon

[DV Video Resources](#)

[FVCC](#)

subset of perpetrators are those whom Dr. Gelles believes fit into an "anomic suicide" theory, which relates to a disrupted economic environment. These perpetrators commit murder-suicide not because they lost all their money, but because what they expected would be true about their lives and their family has suddenly been disrupted and they feel like the rules of the game have changed. Dr. Gelles expects a 6 to 8 month lag from major economic disruption to seeing this effect in families.

All three panelists discussed the importance of assessing the seriousness and details of threats. **Increasing frequency of threats** to kill a partner can be used to intimidate the victim into submission or into remaining in a dangerous relationship, and can also be part of the perpetrator's "rehearsal" for an actual homicide attempt. David Adams, who interviewed IPV homicide perpetrators for his book, found that perpetrators confirmed this "rehearsal" aspect of their threats: the more they said it, the more they felt they could actually carry out their threats. Helping professionals also need to be aware of any **increasing specificity** of threats. As threats become more specific and more graphic, the risks to the victim go up. How perpetrators explain or justify these threats is another risk factor. Perpetrators develop a **"vocabulary of motive"** as they think about homicide, so once a specific threat and the perpetrator's rationale is voiced, the risks go up. Finally, access to **the instruments to carry out a threat** is important. If threats and motives are articulated and focused, access to the means or weapons becomes extremely dangerous.

Finally, all three panelists discussed the value of using structured risk assessment tools which are more reliable than clinical or professional judgment alone, and recommended that professionals in related fields such as mental health and child protection services be taught how to use these tools. However, many of the current risk assessment tools rely on criminal history and arrest information, which is not readily available outside the criminal justice and court systems. The panelists also cautioned that risk assessment tools should not be used as a shortcut or a replacement for establishing rapport with victims and exploring the risk factors unique to their situation.

Article written and submitted by Annie Neal, Domestic Violence Coordinator's Office

## January is National Stalking Awareness Month

Over 1 million women and three hundred thousand men are stalked annually in the United States. The impact of stalking on domestic violence cases is significant with links emerging between stalking and increase risks for homicide in domestic violence cases.

Stalking image

### Stalking and Intimate Partner Femicide:

- . 76% of intimate partner femicide victims had been stalked by their intimate partner.
- . 67% had been physically abused by their intimate partner.
- . 89% of femicide victims who had been physically abused had also been stalked in the 12 months before the murder.
- . 79% of abused femicide victims reported stalking during the same period that they reported abuse.
- . 54% of femicide victims reported stalking to police before they were killed by their stalkers

A resolution (H.R. 960) has been introduced to the United States House of Representatives, designating January 2010 as s National Stalking Awareness Month. [See H.R. 960](#).

You can find resources for National Stalking Awareness Month 2010 at <http://www.stalkingawarenessmonth.org>, The Stalking Resource Center (SRC )would like to here from you if you are commemorating National Stalking Awareness Month, please share information on your events and any feed back you have by submitting a feedback form by clicking [here](#). They have a limited number of National Stalking Awareness Month theme posters printed and available for agencies interested in promoting the month. To request theme posters, please e-mail [src@ncvc.org](mailto:src@ncvc.org).

*All statistics "Stalking Fact Sheet" : (McFarlane et al. (199) "Stalking and Intimate Partner Femicide" Homicide Studies)*

## Female Victims of Violence: Bureau of Justice Statistics:

The Bureau of Justice released its statistical report titled Female Victims of Violence, NCJ 228356, in September 2009; the report provides findings on nonfatal and fatal violent crimes committed against females.

Data listed is collected from the Bureau of Justice Statistics' National Crime Victimization Survey (NCVS) and the Federal Bureau of Investigation's (FBI) Uniform Crime Reporting Program's (UCR) Supplementary Homicide Reports (SHR).

Bureau of Justice

The report focuses on intimate partner violence and stalking. It includes estimates of the extent of crimes against females and the characteristics of crimes and victims. Crime trends are also presented, along with comparative estimates of crimes against males. You can download the full report at <http://bjs.ojp.usdoj.gov/index.cfm?ty=pba>

Nonfatal intimate partner violence statistics:

- . In 2008 females age 12 or older experienced about 552,000 nonfatal violence victimization by an intimate partner.
- . The rate of intimate partner victimizations for females was 4.3 victimizations per 1,000 females age 12 or older. The equivalent rate of intimate partner violence against males was 0.8 victimizations per 1,000 males age 12 or older.
- . Black females historically have experienced intimate partner violence at rates higher than white females.
- . In 2008, 72% of the intimate partner violence against males and 49% of the intimate partner violence against females was reported to police.
- . About 99% of the intimate partner violence against females in 2008 was committed by male offenders. About 83% of the intimate partner violence against males was committed by female offenders in 2008.

Fatal intimate partner violence:

- . In 2007 black females victims of intimate partner homicide were twice as likely as white female homicide victims to be killed by a spouse.
- . Black females were four times more likely than white females to be murdered by a boyfriend or girlfriend.
- . Females made up 70% of victims killed by an intimate partner in 2007, a proportion that has changed very little since 1993.
- . Females were killed by an intimate partner at twice

the rate of males.

#### Characteristics of stalking:

- During a 12-month period in 2005 and 2006, an estimated 3.4 million persons age 18 or older were victims of stalking.
- Females were at higher risk of stalking victimizations than males. During the study period, females experienced 20 stalking victimizations per 1,000 females age 18 or older.
- The rate of stalking victimizations for males was approximately 7 per 1,000 males age 18 or older.
- 3 in 4 of all victims of stalking knew their offender. Most often victims identified the stalker as a former intimate (21.5%), friend roommate, or neighbor (16.4%).
- Female victims of stalking were significantly more likely to be stalked by a male (67%) than by a female (24%) offender.

#### Characteristics of rape/sexual assault:

- One in five rape or sexual assaults against females (20%) was committed by an intimate partner.
- Black females experienced higher rates of rape or sexual assault in 2008 than white females or females of other races.
- 80% of the rapes against females were committed by males.

### **New Collaborative team address Community Corrections Response to Domestic Violence**

December 2009, representatives from member agencies of the Family Violence Coordinating

A red rectangular box containing the text "FVCC Logo" in red font.

Council (FVCC) participated in a two day training titled "Community Corrections Response to Domestic Violence: Guidelines for Practice." The training was sponsored by the Office on Violence Against Women and the American Probation and Parole Association. The training brought together professionals from Multnomah County, Washington County, Marion County, Lincoln County, Columbia County and Deschutes County and included representatives from Family Court, the District Attorneys Office, Batterer Intervention Providers, Community-based and DA Victims ' Advocates and probation/parole officers. The trainings focused on providing multidisciplinary teams from Oregon counties to spend concentrated time assessing

and planning improvements to supervision of domestic violence offenders, and to promote collaborative efforts in responding to domestic violence.

The team that was formed that day will continue to meet, with additional members to further develop and implement guidelines to more effectively supervise domestic violence offenders. The team will be expanded to include a representative of the Sheriff's Office and a community-based victim services program. The team will report back regularly to the Council as it develops its plan and recommends changes to the current practices in our county. Laura Ritchie will be the lead staff for the team.

In addition to their efforts in Multnomah County, the team will work with Washington County team, who also participated in the training to improve communication and collaboration in the Tri-County area. The two teams will be reaching out to Clackamas County and Clark County to begin quarterly meetings.

Presenters included Elizabeth Bliss; New York Coalition Against Domestic Violence, Dr Anne Crowe; former APPA DV Coordinator, James Henderson; former PO from Michigan State, Judge Maureen McKnight; Multnomah County Courts, Stuart Walker; Multnomah County Community Justice, Dr. Oliver Williams; University of Minnesota School of Social Work and Carrie Abner; Research Associate American Probation and Parole Association.

## Joslyn Baker takes on a New Challenge

Joslyn Baker, current DVERT Coordinator, has accepted a position at the Department of Community Justice as the Coordinator for the newly funded project on the Commercial Sexual Exploitation of Children (CSEC). This project focuses on coordinating the existing trafficking efforts, providing training for professionals and the community on CSEC, and providing direct services to exploited children/youth who are identified by the criminal justice system.



CSEC

As the DVERT Coordinator, Joslyn has provided leadership, common sense and support for the project. In 2005, when she began in the position, DVERT was mostly a theoretical idea, and she implemented the plans, worked with the team to further develop them to better meet the needs of the team members and of the victims, and assured that our grant requirements were met. She has been able to bring a high level of expertise to the County by sending team members to national trainings and bringing national experts

to the County to provide training for DVERT and for community members. She brought a commitment to responding to the needs of victims and of listening to what they had to say about the functioning and impact of DVERT.

She will be missed by DVERT members and by the Domestic Violence Coordinator's Office, and leaves behind an exceptional legacy of good work, solid collaboration and a well-established collaborative project.

### Trainings:

**January 9th, 2010: Northwest Conference Against Trafficking (NWCAT) "Look Beneath The Surface", Janzen Beach Red Lion.** This conference commemorates the National Human Trafficking Awareness Day. Speakers include Dallas Jessup from CNN's Just Yell Fire, and retired Special Forces Colonel Dr. Bill Hillar. Sponsors include City Club of Portland Multnomah County, Oregonians against Trafficking Humans, and Soroptimists. For more information visit the website at [www.nwcat.org](http://www.nwcat.org)

training

**January 11-13, 2010: Creating a Process of Change for Men Who Batter, Los Angeles, CA.** This is the official Duluth Model training for men's nonviolence class facilitator. Learn the framework for working with men who batter as well as how to facilitate structured, interactive nonviolence classes using the Duluth Model curriculum. For registration and travel information contact organizers at 218-722-2718 or check the website <http://www.theduluthmodel.org/trainingschedule.php#1>

**January 14th, 2010 (8:30-10:30am): Recovery Networking Breakfast For Women's Services, Multnomah County Southeast Health Clinic,** 3653 SE 34th Ave., Portland OR 97202. This month the presentation is "Employment Resources for Women". This meeting provides an opportunity for providers of and advocates of women's recovery services to meet community partners, share information, and bring problems and solutions together. If you have questions contact Susan Montgomery at (505)988-3064 ext. 24304.

**January 19th, 2010 (10:00am-12:00pm): Multnomah County Family Violence Coordinating Council, Multnomah (FVCC) County Southeast Health Clinic,** 3653 SE 34th Ave, Portland OR 97202. Advocate Forum; Join us for the advocate forum facilitated by Yolanda House Shelter Manager Patricia Martin; discussion will focus on finding real life solutions to the challenges advocates face doing the day-to-day tasks of domestic violence and sexual assault advocacy. Discussion offers advocates an opportunity to share their challenges and get suggestions

from other advocates about what works, where to find local domestic & sexual violence resources, and practical supports for advocates in the trenches. This is a free workshop and registration is not required. For more information please contact Vanessa Timmons at 503-988-9166 ext. 26266 or [vanessa.timmons@co.multnomah.or.us](mailto:vanessa.timmons@co.multnomah.or.us)

**January 22, 2010 (8:30am-11:00am): Clinical Implications of Domestic Violence & Therapy Options for Victims & Perpetrators, with Chris Huffine, Psy.D, Cedar Hills Hospital, 10300 SW Eastridge street, Beaverton OR.** Given the widespread nature of domestic violence it is vital that all clinicians have a basic understanding of domestic violence. Attendees will gain a solid grasp of the dynamics of domestic violence, including its underlying causes, learn how to screen for domestic violence among their clients and how to intervene with clients who may have experienced and/or perpetrated domestic violence. Free CEU's: Oregon, LCSW, LPC, LMFT, PhD, PsyD, Washington, LMHC, LICSW, LMFT. Register online at [www.cedarhillshospital.com](http://www.cedarhillshospital.com) or call 503-535-7204.

**February 1, 2010 (10am-12pm): Sexual Assault & the LGBTQI Community, Multnomah County Southeast Health Center, 3653 SE 34th Ave, Basement Training Room.** In this workshop you will learn how to identify barriers that LGBTQI survivors of sexual assault face, and how to effectively advocate on their behalf. This training is intended for professionals who have some experience working with LGBTQI individuals and will be interactive, utilizing case scenarios. This training is free of charge. Registration is required. To register for the training, please email your name, agency, and contact information to Kendra at [tcsatf@gmail.com](mailto:tcsatf@gmail.com)

**February 3rd and 4th: Domestic Violence Clinic, Dr. Jackson Katz, hosted by University of Oregon Alliance for Sexual Assault Prevention.** Nationally acclaimed anti-sexist activist Jackson Katz will present his lecture "A Few More Good Men" on 2/3/10 in Mac court at 8pm. He will be the Keynote speaker at the Fourth Domestic Violence Training for Clergy and Social Service Providers on 2/4/10. For more registration information contact Sido Surkis at [ssurkis@lclac.org](mailto:ssurkis@lclac.org)

The FVCC seeks to develop a coordinated community response that includes the domestic violence response system and community and social systems.

Newsletter feedback and article ideas are always welcome. Send comments to [Vanessa Timmons](mailto:Vanessa Timmons)

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