OREGON DEPARTMENT OF JUSTICE'S DOMESTIC VIOLENCE PROSECUTOR NEWSLETTER

'The Good Fight'

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Building Safer Futures: Co-Located Advocacy Services in Oregon

INSIDE THIS ISSUE:

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

-Maya Angelou

Intimate partner violence (IPV) is a critical problem for women and children in Oregon and a significant social determinant of a woman and her children's overall health, safety and well-being. These same women and their children are also frequent participants in Oregon's human services and healthcare systems. Advocacy services located and provided on-site in these systems offer a form of intervention that supports positive outcomes for women and their children *and* for the systems in which they are involved.

Oregon has a statewide network of non-profit domestic violence/sexual assault (DVSA) organizations whose advocates are uniquely qualified to help survivors of IPV within these systems. Advocates provide confidential services that include crisis counseling, safety planning, emotional support, parenting support, assistance in finding safe housing and navigation of complex social service and healthcare systems. Advocacy at its core is about support and empowerment for women who are survivors of IPV.

A woman's timely access to services is pivotal for advocacy to be effective. When advocates are located on-site in Child Welfare programs, Public Health departments and local healthcare clinics, women can receive advocacy services immediately. This is important considering she may have a narrow window of opportunity to receive assistance because of the perpetrator's controlling behavior. Even women who identify that their relationships are abusive and unsafe may not know of or seek services directly from a non-profit DVSA organization. Having advocacy services on-site increases the likelihood women will connect to and meet with an advocate outside the DVSA organization.

When co-located advocacy services are made available, a partnering system communicates to a woman that she has the power to make her own decisions about the safety and wellness of herself and her children. Additionally, co-located advocates consult with caseworkers and healthcare providers about ways to support a woman and her children when IPV is a complicating factor in her life. Social service settings may not have the expertise in the unique safety and confidentiality issues that occur when IPV is present. Co-located advocates provide training and education for caseworkers and providers from Child Welfare, Public Health and healthcare systems on how to best identify IPV and to appropriately respond to survivors' needs.

Between 1998 and 2005, the Oregon Department of Human Services (DHS) piloted several co-located advocacy projects using a variety of non-permanent federal funding sources, including the Children's Justice Act and Violence Against Women Act. After 2005, funding was scarce and only a handful of DHS district offices maintained their co-located advocacy services using a patchwork of federal, state and local funding. In 2009, Oregon Legislature authorized House Bill 3273 which allowed the Department of Human Services to contract with non-profit advocacy organizations to place co-located advocates in Child Welfare/Self Sufficiency programs.

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Building Safer Futures

- Article by Christine Heyen (DOJ/CVSD) and Sarah Keefe (OCADSV)

However, no funding was appropriated at that time. In 2011, the Oregon Legislature appropriated $6.2 million for implementation of the co-located advocates at DHS. State budget cuts reduced the appropriation to about $2 million. Today there are 32 FTE advocates co-located in Child Welfare/Self Sufficiency field offices across the State. In the 2015-2017 biennium, an additional 18 FTE advocates are needed at a cost of $2.4 million to meet the needs of victims within these DHS programs. Significantly, DHS sees co-located advocacy as a way to meet its goal of keeping children safe and together with the non-offending parent, and to reduce risk and harm to children. This long standing model has inspired other systems to duplicate and pilot co-located advocacy for survivors in their own settings.

The Oregon Department of Justice, Crime Victims' Services Division (DOJ) has administered the federal Pregnancy Assistance Fund since 2010. Originally titled the IPV & Pregnancy Grant Program, DOJ rebranded its program in 2013 by renaming it Safer Futures. The primary goal of Safer Futures is to improve pregnant and parenting women's safety and well-being by increasing access to advocacy services within Child Welfare and healthcare systems. Safer Futures is comprised of two project cohorts; the Child Welfare Cohort and the Healthcare Cohort. Within the two cohorts, seven projects are funded by Safer Futures, all who employ advocates who are co-located at Child Welfare branch offices, Public Health departments or local healthcare clinics in Oregon. Both cohorts focus on the specialized needs of pregnant and parenting women who are victims of IPV and who are participants in the Child Welfare or healthcare systems. The work of each cohort consists of three main strategies: 1) advocacy intervention, accompaniment, and supportive services provided by the co-located advocate; 2) case consultation, training and technical assistance; and 3) capacity building efforts designed to sustain the project beyond the grant funding. Additionally, project sites convene local leadership teams comprised of key stakeholders and collaborators who will participate in trainings and evaluation of the projects. The leadership teams are also the mechanism by which the funded sites ensure the success of the project. Each leadership team is tasked with 1) developing a sustainability plan which will include implementation strategies focused on sustaining the project to its end, 2) exploring how the project can improve and expand co-located advocacy services, especially for reaching teens and marginalized populations, 3) adapting new or existing tools used for assessing and identifying IPV, and 4) implementing the lessons learned from the project into long term practice.

Overall, co-located advocacy is one intervention that Oregon has embraced to address the staggering impact that IPV has on the lives of women and children.

Oregon statistics indicate that the state struggles with significant rates of IPV. Nearly one third (31%) of Oregon women aged 20-25 who were surveyed in 2004 reported that they had experienced one or more types of violent victimization, including threats of violence, physical assaults, sexual assaults or stalking.(1) In 2007, 16.3% of Oregon women reported that at some time during their life someone had had sex with them against their will or without their consent, and 14.1% reported having had injuries as a result of being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by an intimate partner.(2) Oregon Child Welfare statistics for 2011 show 35.2% of child protective cases with founded child abuse had domestic violence as a "family stress indicator".(3) One in three women who have experienced intimate partner violence report that a child witnessed a physical assault, and one in five witnessed a sexual assault in the previous five years.(4) Children exposed to IPV during the toddler years have been noted to experience health, intellectual, emotional and behavioral problems; and higher levels of IPV appear to result in more severe child dysfunction.(5) The U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in the country.(6)

Survivors of domestic violence are also shown to have greater healthcare costs due to the complex effects of violence and trauma on the over-all and ongoing health of a person. Women who have experienced IPV are 80 per-cent more likely to have a stroke, 70 per-cent more likely to have heart disease, 60 percent more likely to have asthma, and 70 percent more likely to drink heavily than women who have not experienced intimate partner violence (CDC and Prevention, 2008). Based on these prevalence rates, the Affordable Care Act expanded its prevention coverage for women's health and well-being to include screening of and counseling for IPV. As universal screening for IPV is implemented by Public Health and local healthcare systems, co-located advocacy becomes an essential intervention strategy for holistic care and a way to fulfill the recommendation for counseling services.

In conclusion, co-located advocacy services help women who are survivors of IPV to keep themselves and their children safe and healthy by increasing their access to life-giving resources. Two quotes by survivors (from surveys returned to Safer Futures) summarize the value of co-located advocacy; *"I was so happy (to meet my advocate) because I realized I wasn't alone; in a maze of bureaucracy I had found a person who understood me, whose position was made just to help me," and ""My advocate gave me all the support I needed to feel that I could get away from the situation safely."*

Citations listed on page 6

State v. Huddleston (Prosecuted by David Hoppe and Laura Cromwell, Jackson County)

Ethan Huddleston awoke to a loud scream at 2:00 in the morning on March 23, 2012. 10 year-old Ethan got out of bed, opened his bedroom door and saw his father, Bourne Huddleston, standing in the hallway. Bourne Huddleston directed Ethan to go back to bed. After hearing his father drive away in his truck, approximately 15 minutes later, Ethan went into his parent's bedroom to find his mother with a pillow over her face and blood everywhere. Ethan called 9-1-1, unlocked the front door so that first responders could gain access to the house, cleared his mother's mouth and performed mouth-to-mouth resuscitation on his dying mother, Kristy Huddleston. Paramedics soon arrived and Kristy Huddleston was pronounced deceased at the scene from a gunshot wound to the head. The cause of death was blood loss and suffocation. Ethan was taken to the local CAC and described the events in detail to a child abuse detective. Bourne Huddleston was quickly apprehended and claimed that Kristy Huddleston had shot herself and that he wanted to make it look like a homicide instead of a suicide. Further investigation revealed that Bourne Huddleston had approached two separate men about killing Kristy Huddleston and that he would pay them from her life insurance benefits. While he was incarcerated awaiting trial, Huddleston approached an inmate about hurting both the prosecutor and his family and killing a witness in his murder trial. The inmate agreed to wear a body-wire and a murder for hire plot was "executed" that involved Huddleston's sister from Florida. The inmate made calls to the sister and transfers of money took place. Both Genetta Huddleston-Coradetti and Bourne Huddleston were indicted for the murder for hire plot and that case was consolidated with the murder case. Just before the trial the murder for hire plot had to be severed from the murder case due to the inmate absconding. More than two years after his mother's murder, 12 year-old Ethan Huddleston bravely testified at trial and both his 9-1-1 call and CAC video were played for the jury. In addition, Kristy's friends and family testified that Kristy was not suicidal, she was in fact an ambitious, hard-working woman with plans for the future. On April 16, 2014 Bourne Huddleston was convicted of murdering his wife Kristy Huddleston after a week-long trial. In addition, Huddleston was also convicted of two counts of attempted aggravated murder for trying to hire two separate hitmen to kill his wife. The State argued for and the Judge imposed consecutive sentences for a minimum mandatory sentence of 45 years in prison under Measure 11. Huddleston later pled no contest to one count of attempted aggravated murder for trying to hire the State's agent to kill a witness in his murder trial. He was sentenced to 10 years in prison to run consecutively to the previously imposed sentence from the murder case.

Bourne Huddleston was sentenced to 55 years for murdering his wife and other crimes

As part of the sentencing agreement he waived appeal and collateral remedies and relinquished any claim to the life insurance benefits which went to Kristy's son Ethan.

Genetta Huddleston-Coradetti pled no contest on a charge of solicitation to commit murder as part of the plea agreement with Bourne Huddleston.

Ethan is now being raised by Kristy's parents and looks forward to becoming an attorney when he grows up.

FORENSIC EXPERIENTIAL TRAUMA INTERVIEW (FETI)

(Who) WHAT (Where, When, Why, and How) is THAT??

The Forensic Experiential Trauma Interview technique was developed by Chief Russell Strand. Mr. Strand is the Chief of the U.S. Army Military Police School Family Advocacy Law Enforcement Training Division. He has established and developed the U.S. Army Domestic Violence Intervention Training and Child Abuse Prevention and Investigation Techniques courses.

Trauma victims undergo a process many professionals and victims do not commonly understand. Most of us inside and outside law enforcement have been trained to believe when an individual experiences an event, to include a trauma event, the cognitive brain usually records the vast majority of the event including the who, what where, why, when and how and peripheral information. Therefore, when the criminal justice system responds to the report of a crime most professionals are trained to obtain this type information.

Sadly, collecting information about the event in this manner actually inhibits memory and the accuracy of the details provided. Trauma victims do not experience trauma in the same way most of us experience a non-traumatic event. The body and brain react to and record trauma in an entirely different way than we have been led to believe. When trauma occurs, the cognitive brain will frequently shut down leaving the brainstem to experience and record the event. Brainstems do a great job recording experiential and sensory information but don't do very well recording the information we have been trained to obtain. Most of our interview techniques have been developed to interview the cognitive brain and obtain cognitive information such as the color of shirt, description of the suspect, time frame, and other important information. Some victims are in fact capable of providing this information in a limited fashion. Most trauma victims however are not only unable to accurately provide this type of information, but when asked to do so often inadvertently provide inaccurate information and details which frequently causes the fact finder to become suspicious of the information provided.

Since the vast majority of our training and experience has caused us to focus on the cognitive brain and research clearly shows the cognitive is not generally involved in experiencing or recording the experience, we must develop and implement proven methods to properly interview the brainstem. 'FETI' is an innovative and revolutionary way to interview the brainstem in a manner that not only reduces the inaccuracy of the information provided but will greatly enhance understanding of the experience, thereby increasing the likelihood of a better understanding of the event.

The Forensic Experiential Trauma Interview has already been proven to be a game changer in the investigation and prosecution of many forms of violence including child abuse and adult sexual abuse. Use of the Forensic Experiential Trauma Interview process in domestic violence cases is also extremely promising for increasing successful interventions, investigations and prosecutions. This interview technique draws on the best practices of child forensic interviews, critical incident stress management, and motivational interview techniques combining them into a simple three pronged approach to unlock the trauma experience in a way we can better understand.

(Summary by Chief Russell Strand)

Chief Strand is coming to **Oregon**! On **August 13th**, he will be presenting a one-day training for prosecutors, advocates, and law enforcement at the Department of Justice's annual pre-ODAA Domestic Violence Training in Bend at the Riverhouse Convention Center.

For more information, email: Erin Greenawald at erin.greenawald@doj.state.or.us

NOT ALL FUN AND GAMES

Police in England were issuing personal warnings to men and women with a record of domestic violence in the runup to England's first World Cup game, acting on evidence that abuse against wives, girlfriends and partners spikes dramatically in the aftermath of matches – whether the team wins or loses.

The most detailed research into the links between the football World Cup and domestic abuse rates has revealed that in one force area in England and Wales, violent incidents increased by 38% when England lost – but also rose by 26% when they won.

The research, by Lancaster University criminologist Dr. Stuart Kirby, a former police officer, monitored police reports of domestic violence during the last three World Cups in 2002, 2006 and 2010.

While domestic violence rose after each England game, incidents also increased in frequency at each new tournament, raising fears that the forthcoming competition in Brazil – where England's first game is against Italy on Saturday 14 June – could see the highest ever World Cup-related rises in domestic violence across the UK.

Separate national research examining the 2010 World Cup echoed the Kirby findings – with domestic abuse reports up 27.7% when the England team won a game, and 31.5% when they lost. (See full article: http://www.theguardian.com/society/2014/jun/08/police-fear-rise-domestic-violence-world-cup)

Though the study focuses on England during the World Cup, the link between domestic violence and sports has also been examined in the United States. A 2011 study conducted by the National Institutes of Health examining 900 NFL games over 11 years found that domestic violence increased by 10 percent in areas in which the local team had suffered an upset -- 20 percent if the loss came at the hands of a traditional rival.

Victim-Centered Services: Removing Barriers, Improving Access

April's edition of **'The Good Fight,'** highlighted Ashland Police Department's groundbreaking approach to investigating Sexual Assault through its new, 'You Have Options Program.' The Ashland Police Department developed the 'You Have Options' campaign to increase sexual assault reports by eliminating as many barriers to reporting as possible. An integral part of this program is the victim-centered response currently being implemented by every officer at the Ashland Police Department. A victim-centered response includes providing every sexual assault survivor with options for their report. A survivor could initially report using an online form, provide information anonymously with no law enforcement contact or choose from many other options that can be tailored to fit their individual needs. There are many jurisdictions locally and across the United States using victim-centered techniques to assist victims of domestic and sexual violence. The District of Columbia is one of those jurisdictions whose partners, both community and state-based, have worked together to eliminate some of the frequent barriers survivors encounter when trying to access services or engage with the criminal justice system.

An 'app' called **ASK DC** (short for Assault. Services. Knowledge.) was launched in August 2013. The app assists victims of sexual, domestic, and dating violence to report incidences anonymously and also find resources. The app is part of a wider initiative that includes a website and training materials to help raise community awareness about sexual and domestic violence. For more information on YHOP, visit their website: http://www.reportingoptions.org/

For information on ASK DC: http://www.askdc.org/

Oregon Department of Justice

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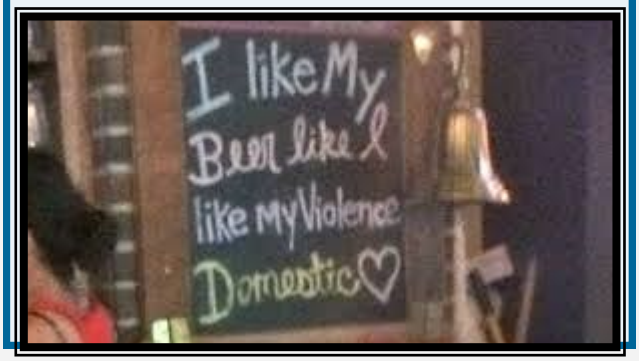
If you have ideas or suggestions for the newsletter, let me know!

THEY DID WHAT?!?!

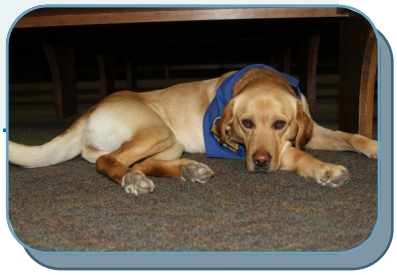
A bar in Plano, Texas, faced criticism recently over a sign that read: "I like my beer like I like my violence. Domestic." After repeated complaints, the bar eventually removed the sign and offered an apology.



Marybeth's Corner

There was such a great response to April's article about Marybeth, Oregon's first professional Courthouse dog, that we decided to give her a permanent "column" in the newsletter to share with us the work she's doing!

Marybeth: "It's been a busy couple of months since we last 'spoke!' Recently, I was brought into a meeting with a DV victim. The DDA and advocate were emotionally preparing the victim for court. They previewed for the victim recordings that were about to be played in court. The recordings were of the Defendant 's conversations in which he was speaking very disparagingly of the victim and laying out the ways in which he had, and was continuing to, manipulate her for his personal gain and to get out of trouble. The victim was very upset when she heard these conversations. She began to pace the room and wringing her hands. Between bouts of pacing, she would abruptly sit down and pet me, and then pace again . At one point, she looked at me and said to my Handler, "Now I know why you brought the dog!" Afterward, she let me walk to court with her, sit with her as the proceeding was held, and petted me throughout. She told my Handler after court that she was glad I had been there. That makes two of us!



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