Meaningful Access: Providing Comprehensive Domestic Violence & Sexual Assault Services to Linn & Benton Counties

PREPARED FOR

Center Against Rape and Domestic Violence

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1.0 Executive Summary

One out of every four women in the United States experiences intimate partner violence (IPV) (domestic violence) in her lifetime. Interim Director of the Center Against Rape and Domestic Violence (CARDV), Letetia Wilson challenged the students of the 2013 Sociology 519 Applied Research Methods course to determine how well CARDV and its programs are known in Linn and Benton Counties and to document how well CARDV’s services are reaching all vulnerable populations. Sociology professor, Dr. Dwaine Plaza facilitated the evaluation. A geographic information system (GIS) approach using local census and geographical data was used to analyze and describe the service area. More traditional surveys, interviews, focus groups, and content analysis methods were used to identify CARDV’s strengths and determine shortcomings and gaps in its outreach and service.

IPV is violence that occurs within a relationship and consists of coercive and assaultive behaviors intended to establish varying levels of behavioral control over the other partner against his or her will. These behaviors include physical and sexual violence, threats of physical and sexual violence, and verbal and emotional abuse. Aside from being female, the characteristics of those at greatest risk of nonfatal IPV include being between the ages 20 to 24, low income, and living in a rural area. White women are more commonly studied and brought to the forefront as victims when discussing IPV. Men, ethnic minorities, and many sub-groups within the larger population are understudied but are likely to have equal or greater risks of being victims of IPV. The demographics of Linn and Benton Counties indicate they are primarily rural outside of the cities of Corvallis and Albany. There are two institutions of higher education in the area which increase the risk of some forms of dating violence. The Latino racial/ethnic group is also prevalent.

Evaluation results indicate CARDV is a valuable and needed resource in Linn and Benton Counties. Its advocates provide confidential, nonjudgmental counseling and the tools the victims of IPV need to succeed on their own. Only a continuous marketing of CARDV’s name and what it does will increase awareness and enable those needing assistance to find them. That CARDV offers services to victims of IPV is known, especially in Corvallis and the Oregon State University communities. However there like elsewhere, the breadth of the services available is not nearly as well known. Albany was identified as a locale where all the risk factors for IPV come together and where CARDV’s visibility and presence need to be increased. Participating in community events as well as maintaining ties and nurturing relationships with community governments, law enforcement, religions groups, and other agencies offering support services will make it possible to better reach the greater community. An easy to find and navigate website was identified as an important vehicle to disseminate CARDV’s information. The internet along with the use of radio will best bring CARDV’s message to rural areas. Minority populations such as Latino, LGBT, and homeless communities need greater reassurance that they can contact CARDV and that doing so is confidential.

It is the hope of the research team that the information obtained by this analysis will assist CARDV in strategic planning for the future. By strengthening its community partnerships and making its presence better marketed throughout the area, CARDV will better be able to meet their goal to serve all vulnerable populations and to promote healthy relationship norms.
2.0 Introduction

2.1 BACKGROUND

Domestic violence is a significant issue with widespread ramifications. One out of every four women in the United States experiences domestic violence in her lifetime, with women accounting for 85% of the victims of intimate partner violence. Studies have also shown that women of all race/ethnicities and income levels are affected by domestic violence, and that low-income women are more likely to report an incident of domestic violence. These statistics suggest that domestic violence can impact the lives of anyone in our country, whether they experience this violence as a victim, friend/family member of a victim, or as a perpetrator.

Advocates, service providers, community members and policy makers have attempted to stem the effects of domestic violence by providing victim services and educational programs, which have proved important tools in alleviating and combating our culture of violence. For example, studies show that access to shelter services leads to a 60 to 70% reduction in incidence and severity of re-assault during the 3-12 month follow-up period compared to women who did not access shelter. Among the programs that are considered essential for survivors of sexual assault and DV are: 24-hour crisis lines, counseling, support groups, court/legal advocacy, shelter housing, and medical/emergency room advocacy. Unfortunately, many victims experience significant physical, psychological and emotional barriers to accessing domestic violence services.

In Linn and Benton Counties in Oregon, the Center Against Rape and Domestic Violence (CARDV) has been serving and advocating for survivors of domestic violence since 1981. CARDV provides life-saving services such as a 24-hour hotline, emergency shelter, legal assistance, crisis response, and support groups. Last year alone CARDV received over 5,000 calls to the hotline, representing a 45% increase in hotline calls over the previous fiscal year (CARDV presentation to OSU SOC 519 class, 4/3/2013). At the same time, CARDV has experienced a puzzling decrease or maintenance in participation levels from certain community groups such as Oregon State University students, Linn County residents, rural Benton County residents and Latinos/Latinas. Given that domestic violence affects all groups equally, the lack of participation from certain segments of Linn and Benton Counties suggests that some groups are not receiving equal or meaningful access to CARDV’s domestic violence services.

In order to understand how DV affects its victims in seeking intervention services, first one has to be aware of the barriers they face – not only physical, demographic, but cultural and emotional: stigmatization, lack of access to intervention resources, fear of violent repercussions from a partner, monetary consequences, taboo nature of intimate partner violence, difficulty

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5 Campbell, JC, PhD, RN, FAAN. Anna D. Wolf, Johns Hopkins University School of Nursing, Protective Action and Re-assault: Findings from the RAVE study
recognizing events as a pattern of intimate partner violence, low self-esteem, fear of loss, and the desire to protect the perpetrator (Overstreet & Quinn, 2013; Peterson, 2005). In addition to this, the way each population is affected by DV is different (Barney and Shelley), therefore, the form in which each group and minorities are affected by DV is particular and must be addressed by specific programs and policies. To be fully effective, any interventions addressing domestic violence must be “linguistically and culturally congruent with the population being served” (Barney and Shelley 54), or else risk being unheard or disregarded.

2.2 PROBLEM STATEMENT

In procuring this study, the client (CARDV) seeks to answer two questions: how is CARDV perceived within specific segments of their available client base and where are the gaps in their services? The first question stems from the fact that despite the increase in call volume to their hotline, CARDV has noted a lack of usage of their services among the Latino and OSU communities, as well as rural Benton County and all of Linn County. Answering this question may help direct future outreach efforts aimed at closing the gap between the need for CARDV’s services and their current client base. This issue is particularly important considering a portion of their funding as well as their official designation as a certified domestic violence service provider is contingent on providing meaningful access to their services. Therefore, missing important portions of their target population may impact their ability to provide domestic violence services to any portion of the population.

The second question is related to the first in the sense that adding services to their existing offerings may help CARDV reach a more representative portion of Linn and Benton Counties. For example, it may be that the Latino community has specific needs that CARDV is not catering to, and by reaching out to this community they can identify these gaps and close them. Or, it may be that OSU students would benefit from having an advocate on campus at Student Health Services. CARDV’s goal is to become an effective service for all victims of domestic violence in Linn and Benton Counties, thus it is important to identify opportunities for outreach to those in need of domestic violence support that are not served currently by CARDV.

2.3 METHODS

To provide a comprehensive picture with respect to awareness and perceptions of CARDV in the community, a mixed-method approach was adopted. This approach emphasizes five core methodological approaches:

- Geographic Information Systems (GIS) analysis
- In-person and online surveys
- Focus groups
- Interviews with stakeholders
- Web content analysis

Each of these methods is explained and discussed in detail in the remaining sections of this report. In addition, a literature review was conducted to inform CARDV regarding best practices in the field.
3.0 Literature Review

The purpose of this literature review is to explore various culturally-appropriate interventions currently being explored or utilized for three of the at-risk demographics: Latinos, rural residents, and youth, ages 16-24. To achieve this, we will discuss the unique challenges of reaching Latino and rural populations, along with potential practices; following this, we move into technology—first as a way to reach our aforementioned populations, then as a way to connect with youth. Because in the review of the literature other groups also emerged as underserved populations, further sections were added, aiming specifically at the LGBQ community, pregnant women, and homeless people.

3.1 DV IN RURAL AREAS

In order to understand the prevalence of rural DV on a more national scale, Breiding et al. utilized data collected as part of the 2005 Behavioral Risk Factor Surveillance System (BRFSS) survey, a large-scale population-based public health study, that measured the prevalence of DV in 16 U.S. states, including Oregon. Of particular importance is the finding that women in rural Oregon evidenced statistically significant higher lifetime DV prevalence (37.7 percent) than women in Oregon who did not live in a rural community (27.9 percent). In corroboration with these results, Peel-Asa et. al (2011) found that rural women tend to be as or more likely to experience DV and more likely to suffer frequent and severe abuse than their urban counterparts. This vulnerable population, however, was found to have less access to DV services and greater travel distances to reach existing services. Isolation was thus determined a complex barrier to seeking help among rural victims of DV. The authors cited an increased focus on access to preventative services, as well as DV resources, are critically needed in rural areas.

Rural areas are difficult to access by many traditional venues. Geographic isolation, lack of traditional help resources (such as hospitals or community centers), lack of media, distrust of outsiders, and other factors can make it difficult for organizations to effectively reach these communities (Safe Havens, 2012). Among the biggest challenges rural practitioners face to provide domestic violence services for women are: social and geographic isolation and lack of services (Rhodes, 2012). Peek-Asa et. al’s (2001) study found for example that the mean distance to the nearest service provider was three times greater for rural women than for urban women, and rural facilities had fewer on-site services. According to the study: “over 25% of women in small rural and isolated areas lived >40 miles from the closest program, compared with <1% of women living in urban areas”. The researchers, therefore, also concluded that more resources and interventions programs for rural women are needed (Peek-Asa et. al., 2011).

Riddell et. al. (2011) found that participant’s responses to intimate partner violence were highly context dependent and influenced not only by physical/geographic isolation, but also by social and cultural barriers. Eastman et al. (2007), in their study with service providers in rural areas, found that the participants believe the general public is still uninformed and tending to blame the victims for domestic violence occurrences. Service providers also reported that victims seem to be more affected by religious beliefs in rural communities, that they are less supported by their families, and that they tend to fear social rejection more. They conclude that in rural areas it is essential to expand community awareness about the dynamics of domestic violence, creating
ways of keeping confidentiality for the victim, and the creation of coordinated community responses.

Wendt & Honorsty (2010) also discuss how cultural and social factors of rural communities shape women’s experience of family violence. They defend that the environment is a vital aspect that influences health seeking behavior and, on the other hand, the health problem of individual women can affect the social context and the rural communities. Although rural women usually have health issues (physical and mental) that are similar to urban women, they are immersed in a rural social experience that plays an important role in how these women experience violence. Due to this, according to Riddell (2009), when compared to their urban counterparts, rural survivors were found to more likely use private strategies (e.g. placating and resistance) than public strategies (e.g. seeking formal and informal help) despite the fact private strategies are the least helpful in stopping or preventing DV.

The differences between rural and urban women when it comes to the experience of violence are different mainly because: 1- the impact on rural women’s health has ramifications for social capital in rural communities; 2- rural women’s perception of the importance of the family farm, concern with children’s inheritance, family’s name, and time and energy spent in the farm as well as close social networks and the lack of anonymity make it difficult for women to leave the abusive relationship (Wendt & Honorsty, 2010). Finally, they conclude that “rural women often place their needs second to that of their partners, children, families, and wider community, and so run the risk of potentially exacerbating or downplaying their own health concerns, particularly when family violence is involved” (Wendt & Honorsty, 2010, p. 60-61).

This characteristic of rural communities represents challenges, but also offers possibilities for action. Due to the closer ties of rural residents, rural communities offer the potential for creating a “community ethos” that discourages domestic violence. Because rural communities often underutilize law enforcement, social services, agencies, and health care clinics, it is important to use the strengths of rural community bonds, along with public health officials to improve prevention and intervention services, as well as build community awareness of rural domestic violence. These findings suggest the importance of community partnerships in shaping the conversation about domestic violence in rural areas (Van Hightower & Gorton, 2001).

Outreach and training of church leaders for example, was suggested as a good way to intervene in these communities. Faith communities already in place often play a vital role in the lives of small rural American communities, as well as in the lives of individuals, and offer a unique opportunity for service providers to reach these areas (as well as many other vulnerable demographics where the church is central, such as the aging, refugees, or certain minorities). However, faith leaders still are often under-equipped to deal with sexual and domestic violence, due to a lack of training, experience, or knowledge of local resources (Safe Havens, 2012).

In terms of the population that is at higher risk of suffering domestic violence, Shuman et al. (2008), on their case-control study in rural Georgia, found that three subsets of risk factors when combined together are most predictive of an abusive relationship: (1) respondent characteristics, most predictive of which are older age and low self-esteem; (2) partner characteristics, most predictive of which are use of illegal drugs and carrying a weapon; and (3) relationship
characteristics, most predictive of which is often fighting about money. One of the most notable findings of study was that it was older women who showed a higher likelihood of reporting severe DV, which reflects a notable difference from studies conducted with urban samples that has found DV is most common among women ages 18-30. This finding may reflect a true difference in the impact of age on severe DV risk between rural and urban women, or it may reflect that older women are more likely to seek shelter or services after experiencing DV in rural areas. Either way, the study shows the importance of addressing the specific needs of late-in-life DV survivors in rural areas.

Another study that addresses the same vulnerable population is the one done by Roberto et. al (2003), which was performed in rural Virginia. Important findings that emerged from the research were that participants had limited awareness that DV affected women late in life; they had not given much thought to it as a problem in their communities; and they shared inaccurate, preconceived notions about DV that were based on the stereotype that victims are young. It also emphasized the importance and need for discreet information to be made readily available in public venues along with improved professional sensitivity to victims and more long-term shelter and housing options for older women.

Another perspective on elderly rural women is represented in an article by Teaster et al. (2006) which evaluated the experience of elderly women in Rural Kentucky surrounding issues of intimate partner violence and community response to violence. The authors found that victims who are aging women share many of the issues that younger women face, but that the experience of elderly women victims is compounded by age. Poor physical and emotional health contributes significantly to the barriers of leaving an abusive relationship. Also notable among interviewees was a lack of knowledge about available intimate partner violence services as well as reluctance to leave their rural community to access services concentrated in urban centers (Teaster et. al., 2006).

The lack of services, the dispersion of the population, and the challenges of established DV services in rural areas led researchers and advocates to look for innovative ways to reach remote and isolated areas through technology and improved training of and partnerships with local law enforcement agencies, social service organizations, and health and mental care providers are important in improving access to and utilization of services.

As a potential innovative practice to access rural women needs is the use of videoconferencing technology as a means to providing psychological service to rural survivors of domestic violence and sexual assault. In a study of the efficiency of videoconferencing-based psychological services delivered at the domestic violence/rape crisis centers, it was found that participants evidenced large treatment gains comparable to gains accrued during traditional in-person services. Participants also reported a high degree of satisfaction with videoconferencing-administered services (Hassija & Gray, 2011).

Analysis of the above literature makes clear that the biggest problems in providing services to rural areas are geographic barriers and understandings of social norms and gender roles, which in turn influence how people view domestic violence and sexual assault. Each of the studies
provided here conclude that improved community outreach which considers gender norms and family ideals prominent in rural areas is key to improving awareness and perceptions of services.

3.2 DV & LATINO COMMUNITIES

There is a wide belief, especially among criminologists, that DV cases were more prevalent among immigrants than native-born Americans. A study by Wright & Benson, challenges this belief. The findings of this study are consistent with the findings some of the previous studies which explored the same topic. Even though immigrants live in conditions of economic deprivation and cultural alienation which could foster these crimes, paradoxically, there is a low prevalence of such crimes related to DV in the neighborhoods which has a high immigrant population.

Sociologists argue that there could two possible explanations why they observe such a phenomenon. First, they posit that the immigrants bring with them their cultural perspective regarding the acceptability of using violence towards women and their belief system is quite different from that which is observed in American culture. Second reason they give is that the immigrant communities usually have strong social networks and this aspect leads to greater social cohesion and social control. Due to the strong social network, the immigrants usually live in clusters or ethnic enclaves. This reduces their probability of getting acculturated and therefore we witness lesser domestic violence in which there is a majority of immigrants (Wright & Benson, 2010).

The results of this study are not unanimous: Glass et. al (2009), for example, found that Latina women in Oregon suffer from forced sexual abuse at higher rates than non-Latinas; Bonomi et. al (2009) also found that in the Pacific Northwest, Latina victims have higher rates of depression, increased health risks, and decreased mental vitality and that DV was more prevalent among Latinas.

An explanation that is not explored in the Wright & Benson (2010) study is the legality of the immigrants and the fear of deportation, the inability to express themselves in English or the suspicious attitudes towards American authorities. Randall, Bledsoe, Shroff and Pierce (2012), in their qualitative research, found that Spanish-speaking women, especially the ones with kids, expressed fear about what might happen when help was sought – they felt that disclosure of DV would result in deportation with the perpetrator remaining in the U.S. with her children. Only when these women knew they had accurate and reassuring information about the response to their disclosure were they motivated to seek help. Women who relied on their partner to translate for them felt hindered in their ability to disclose abuse.

It is interesting though that Wright & Benson (2010) use the cultural acceptability of DV to explain the low report rates. Edelson et. al. (2007) corroborated with this perspective and explained that, because Latinas are raised to be good mothers and wives, they face increased stressors when deciding to leave an abusive relationship. They are not solely recovering from domestic violence, but they are reconciling their cultural beliefs with their decision to leave their partner. These conflicting realities lead to increased depression and traumatization in the aftermath. Latinas may also underreport domestic violence and stay in the relationship longer.
due to these cultural values and beliefs that place the family hierarchy with the men at the top, the children in the middle, and the mothers at the bottom.

The rapidly-increasing Hispanic population has prompted service providers to consider new culturally-appropriate interventions to reach this demographic. Barney and Shelley (2013) note the shortcomings of many existing interventions and, via a qualitative exploratory study, identify four Hispanic-specific barriers to access for DV services and encourage organizations to adopt interventions that specifically address these barriers. The barriers included 1) dependence on the Spanish language; 2) Hispanic-specific cultural values (such as the male ideal of machismo or family preservation); 3) immigration status; and 4) other stressors unique to the Hispanic community (discrimination; acculturation). The authors exhort service providers to consider each of these elements when crafting interventions, as well as to recruit Spanish speaking and culturally Hispanic employees. They also express the need to develop alliances with cultural organizations and collaborate on interventions. In short, they suggest a holistic approach that must be “linguistically and culturally congruent with the population being served” (Barney and Shelley, 2013, p. 54).

Vidales (2010) also examines structural, cultural and institutional barriers presented to Latina women in Southern California. Examples of these barriers include language, religious convictions, poverty, educational attainment and immigrant status. The author, corroborating with Barney and Shelley (2013), also advises against the use of conventional, one-size-fits-all services with Latina women, and encourages the use of culturally competent services to assist Latina women in overcoming barriers to access (Vidales, 2010).

Behnke, Ames, and Hancock (2012) recommend that service providers appeal to and respect existing cultural values, such as family sanctity, while also providing highly-needed information on how best to keep women and children safe as the main priority. A good way to approach this community and its values, according to them, is through faith organizations’ leaders. Especially in rural areas with a large Latino population, church leaders often find themselves becoming “all things to all people”—financial advisor, social worker, counselor, etc. However, limited training and resources hampers these pastors’ ability to effectively address domestic violence issues—and church leaders are often anxious or hesitant where they feel ill-prepared to confront these issues (Behnke et. al, 2012).

Another possible strategy to reach Latinas would be social media. Social media can be used to increase awareness, raise funds, and recruit volunteers and supporters—even potentially from specific demographics. Ready (2011) shares statistics on the receptivity of males, females, and different ethnic groups to supporting causes via social media, and found that women were more likely than men, and blacks and Hispanics more likely than whites, to believe in the power of social media to spread the word about good causes, as well as believing that it made it significantly easier to support a cause (Ready, 2011).

### 3.3 DV & YOUTH

College campuses have recently started shifting their focus to utilizing primary preventions—preventions aimed at altering underlying attitudes and behaviors that contribute to the prevalence
of rape, as well as promoting positive behaviors challenging rape culture. McMahon, Postmus, and Koenick (2011), in light of this shift in focus, examine the promising strategy of bystander intervention—a communal approach in which all individuals have a responsibility to respond before, during, and/or after a sexually violent act. They surveyed 1,000 incoming undergraduates to assess their willingness to engage in primary prevention bystander practices. Scales were developed to assess the continuum of willingness to intervene at different levels of sexual violence—from the most severe (criminally violent acts, such as rape) to the most accepted (sexist language, etc.). While most colleges are primarily focused on rape prevention and other criminal acts, with students’ expressed attitudes and behaviors reflecting this prioritization, the authors acknowledge the need to address the entire spectrum of potential activity in order to truly change the underlying culture, and the engaged bystander approach assumes intervention along the entire continuum (McMahon et al., 2011).

McMahon and Banyard (2012) also studied the bystander intervention opportunities in the specific context of sexual assault on college campuses. Three problems are found: (a) sexual assault and dating violence are often blended, without noting important distinctions; (b) there is a lack of comprehensive attention to the different levels of prevention (primary prevention/before the assault, secondary prevention/during the assault, and tertiary prevention/after the assault) and the potential implications for bystander intervention; and (c) discussions of bystander behavior often cover a wide range of situations that vary in the potential risk posed to the victim. They conclude that different intervention programs should be developed for the bystanders to help the crisis event or emergency situation (Mcmahon and Banyard, 2012).

Although the numbers of education programs in universities and schools that access gender equality or spirituality have increased, it is concerning that the barriers to access services are not being necessarily overcome. Sable et. al (2006) evaluate the impact of sexual assault education by comparing perceived barriers to reporting rape and sexual assault among college students to barriers identified in the 1970’s. They conducted a survey of male and female, undergraduate college students and asked them to rate the level of importance of 27 different barriers to reporting. The results indicate that the barriers that existed 30 years ago are still prevalent among college students, with the most significant barriers being shame/guilt, concerns about confidentiality and fear of not being believed. The authors use these findings to highlight the significant influence of culture on rape and rape reporting, and suggest that colleges increase efforts to educate students about the prevalence of rape as well as sensitivity and compassion towards rape victims (Sable et. al., 2006).

The way that these intervention programs are set must be related to the beliefs and attitudes of youth. Berkel et. al. (2004) examines the influence of religion, spirituality and gender beliefs on domestic violence attitudes among white college students at a rural university in the United States. They used a demographic questionnaire to collect data indicating beliefs about sex role egalitarianism, spirituality and religion among 319 undergraduate students. The study found that gender role egalitarianism was the best predictor of attitudes supporting the use of violence against women, with participants who espoused traditional gender roles being most open to the use of violence against women. Spiritual beliefs were found to decrease support for the use of violence against women, while religion was found to have no significant effect. These findings
suggest that themes of gender equality and spirituality on campus may influence students’ perception of domestic violence (Berkel et. al., 2004)

To engage youth in a positive bystander behavior, it is necessary interventions to raise awareness and to stimulate proactive behavior (Mcmahon et. al, 2011). As Ready (2011) states, social media is a powerful tool to reach determined segments of society, including youth. Among the 33 million “digital natives” (those born in 1990+, who grew up with these technologies) in the U.S., 90% have access to a computer at home, and the average teen will spend nearly 25 hours per month on the Internet (Liang et. al, 2010). Liang, Commins, and Duffy (2010) suggest that we can inspire these youth to leverage this technology for more than YouTube or gossip, and create social change by youth, for youth.

“The keystone to leveraging social media to inspire youth toward a greater purpose lies in understanding and capitalizing on the informal, networked, and collaborative learning styles of contemporary youth…even if that means embracing and even joining their online communities, and empowering unstructured networks of youth to teach and mentor each other.” (Liang, 2010, p.13)

Using GenerationPulse, a post-Katrina social networking site for teenagers, as a case study—the authors discuss the potential for such projects to “provide youth with a way to engage in social justice and service learning on their own time and in their own way” (Liang, 2010, p.15). The opportunity to leverage the same relational impulses that made Facebook a phenomenon into a social justice perspective founded on mutual engagement and learning has great potential. In the DV world, this could contribute to building communities of concerned youth who provide peer support, share education, and negate the “bystander effect” as they take action in their own unique, relational, technology-driven way. Recommendations from the authors to allow such projects to reach their full potential include involving youth directly in the design and implementation of the message, seeking ongoing feedback from youth to maintain relevance, and making it both interactive and personal, in keeping with this generation’s values as expressed via social media (Liang et al. 2010).

The use of social media and technology may be also beneficial for minority youth. Vyas et al. for example, explore the idea of using social media and text messages to reach Latino youth. Fifty five percent of Latino teenagers use texting as their main method of communication, and social media is nearly universal; even those without mobile phones often have computer access at home or school. The use of texting is appealing for reaching populations with low contact with health services and for addressing “socially sensitive” behaviors in a confidential manner. Thus, the authors recommend exploring these venues as a way to disseminate public health information and interventions Via surveys with young teenagers and qualitative interviews with the staff and participants in an after-school program, they found that teens were very open to utilizing these forms of communication, even for sensitive topics, and would be likely to proactively interact (Vyas et. al, 2012).

These studies help to add to the literature on interventions targeting both Latinos and youth and aids service providers in understanding this highly technological world, as well as exploring the opportunities available to reach this generation with very sensitive, personal information in
entirely new ways—something certainly relevant to the DV community. While this study was in regards to reducing sexual risk-taking, such interventions could include dating violence prevention and other relationship and sexual health topics relevant to service providers in this field (Vyas, 2012).

### 3.4 DV & THE LGBTQ COMMUNITY

Same-sex relationships have similar rates of abuse and victims fear their abuser (Evans, 2013). Signs of IPV include suffering frequent injuries, agreeing with everything a partner states, being threatened by a partner, being isolated by a partner, facing threats of being “outed” by a partner, and being blamed by a partner for their mistakes (Evans, 2013). Clearly the threat of being “outed” adds an additional layer to issues LGBT victims face.

As Ard and Makadon point out, “many groups within this population experience IPV at least as frequently as heterosexual women… and that has many as 21.5% of men and 35.4% of women who cohabitated with a same-sex partner had experienced physical abuse in their lifetimes” (2011). Many aspects of IPV are similar in the LGBT community to the heterosexual community, but due to under-reporting, lack of knowledge about services, and discrimination that there is less of a focus on this community in terms of IPV, sexual assault, and dating violence services (Ard & Makadon, 2011).

Numerous studies that contradict these findings regarding prevalence of DV among LGBTQ community, explain it with: “underreporting of abuse, difficulty distinguishing between perpetrators and victims, a lack of a clear definition of partner abuse, difficulty obtaining representative samples of gay men and lesbians, and not considering sex differences” (Lewis, et. al, 2011).

It is most important to consider internalized sexual minority stressors (internalized homophobia, stigma consciousness, and identity concealment) when interacting with a survivor from the LGBT community as their situation may be different in comparison to a heterosexual person (Lewis, et. al, 2011). In a study of relationships “of internalized sexual minority stressors and IPV in same-sex relationships” it was found that 138 participants had been victims, 51 had been perpetrators, and 45 reported they had been both victims and perpetrators (Lewis, et. al, 2011).

Hassouneh and Glass further contribute to the corpus of literature, as they conducted an important qualitative survey with 52 participants. They look specifically at the issue of Female Same-Sex IPV and report conservative findings of 11.4% of women who have been abused in FSSIPV relationships, and that “the majority of existing risk models, risk assessment instruments, and prevention and intervention strategies were primarily developed with heterosexual samples and then applied to FSSIPV” (Hassouneh & Glass, 2008). Recently, minority stress has been added as a risk factor for the LGBT community. Women in the study tended not to believe they were in an abusive relationship and that they believed their experiences were common among same-sex female relationships; some of the women were told that women are not violent, this encompasses the idea of the “lesbian utopia”, and that men are the perpetrators of domestic violence because “two women cannot really hurt one another” (Hassouneh & Glass, 2008). This led women who were in same-sex relationships to hide their
sexual orientation. The authors also note that police and advocates should be aware of the perpetrator “playing the victim”. This phenomenon makes it difficult to discern who is the perpetrator and who is the victim, but it is possible for the perpetrator to pretend to be the victim. In the conclusion the authors mention there is a “significant lack of awareness of FSSIPV and denial the problem exists...education and training programs are needed in the community...to combat stereotypes and increase awareness” in the community (Hassouneh & Glass, 2008).

There is an issue with the relationship between IPV and HIV/STD risk among the LGBT community as well as these individual’s inability to negotiate safer sex with their partners. 58 clients from a community-based organization completed the survey that found astounding figures; 42 were men who have sex with other men. 41% of the people reported being forced to have sex with their partners, 28% feared asking their partner to use safer sex methods, 19% experienced sexual abuse, 21% experienced physical abuse, and 32% experienced verbal abuse as a result of asking for safer sex methods. 98% of individuals experienced verbal abuse, 71% experienced physical violence, and 26% experienced partner assault with a weapon (Heintz & Melendez, 2006). As in heterosexual relationships there are many reasons for LGBT individuals to have trouble “in successfully negotiating safer sex... that include a decreased perception of control over sex, fear of violence, and unequal power distributions” (Heintz & Melendez, 2006). Men who were forced to have sex are 50 to 60 percent more likely to be HIV positive relative to men who have sex with other men who have not been abused. “individuals who had been forced to have sex with their partner were 10.3 times more likely than those who had to report not using protection because they feared their partner’s response to safer sex” (Heintz & Melendez, 2006). Because of this dynamic, screening needs to be more comprehensive and organizations that work with survivors of IPV must “develop safer sex safety plans with their clients” and those in the LGBT community who are facing IPV should have services available to them for HIV screening and information on safer sex (Heintz & Melendez, 2006).

Due to the shame and silence that often surrounds violent relationships, same-sex IPV has been referred to as the “double closet” (Murray et. al, 2007). Physical, sexual, and emotional violence can occur within these relations, but there has been a tendency to focus primarily on lesbians, often to the exclusion of gay men and bisexual men and women; a focus on child abuse and hate crimes to the exclusion of IPV; a failure to examine violence across different stages of life; and the use of unrepresentative samples (Murray et. al, 2007).

Research suggests that for lesbians, barriers to seeking help may include commitment to the abusive partner, homophobia on the part of police and domestic violence service providers, concerns about confidentiality, and a perception that DV services are only for heterosexual women. Respondents often did not access mainstream domestic violence services due concerns about homophobia and tranophobia, and placed great importance on friendship and community networks. Again, the stress should be placed on provision of culturally appropriate and accessible services for LGBTQ survivors, particularly community-based solutions for addressing and preventing domestic violence (Bornstein, et. al, 2006). One example of how services offered to LGBTQ community are not culturally appropriate is that 60% of the LGBTQ members interviewed by Merrill and Wolfe (2000) indicated that battered women’s shelters were either not helpful at all or made things worse, despite similarities in the patterns of IPV-related behavior between these two populations because of the generally heteronormative nature of these...
services, misconceptions about LGBTQ IPV, and other common practices that are not culturally-sensitive to this group (Merrill & Wolfe, 2000).

Due to the multiple barriers set against the LGBT community, five suggestions for clinicians (and other people as well) have been identified as best practices when working with the community. The first is help “recognize the problem, offer empathic support, and help ensure safety”. This is a crucial step because the LGBT community may not disclose their sexual orientation without an assurance of non-judgmental treatment from clinicians. Secondly, clinicians should provide information to the LGBT community about abuse to “correct the myth that battering does not occur in LGBT partnerships”. Thirdly, providers should be made aware of the co-morbidity of risky drug use that may occur concurrently with IPV. Fourthly, clinicians should make themselves aware of the support services in the area in which they work so that this information can be disseminated to the LGBT community. Lastly, the materials that are provided to the LGBT community about IPV should include information about the LGBT community so that those affected by IPV know where they can go to receive help (Ard & Makadon, 2011). Other suggestions are: promotion of awareness training, inclusive language in agency paperwork, surveillance and advertising of organizations that are sensitive to LGBTQ needs, and finally, recognition that agencies and staff are often not as LGBTQ friendly as they may believe (Todahl, et. al, 2009).

3.5 DV & HOMELESS WOMEN

It is additionally important to consider homeless women’s experiences of violence and their implications for homelessness policy. Violence and abuse are connected to social context, status and identities, as well as access to resources. Domestic violence is not only a cause of homelessness, but also can continue to occur during homelessness. Some women are still threatened by domestic violence abusers while they are on the run and stay homeless, and for other women, domestic violence did not lead to homelessness, but was a part of being homeless (Murray, 2011).

Between 800,000 and 2 million youth population are found homeless each year, resulting from family conflict, dysfunction, and abuse in social, home, or school. Sixty-four homeless youth were recruited to participate in Keeshin and Campbell’s study (2011) study from a local daytime center that provides basic resources to homeless youth and young adults in Salt Lake City, Utah. Eighty-four percent screened positive for childhood physical and/or sexual abuse occurring before the age of 18; 42% screened positive for both physical and sexual abuse; 72% reported still being affected by their abuse. Among all abuse victims, 44% were interested in treatment for their abuse history and 62% of homeless youth who reported still being affected by their abuse were interested in treatment. Individuals were more likely to be interested in treatment if they were female, had not completed high school or had been previously asked about family dysfunction. Interest in treatment was similar to interest in treatment for other behaviors such as smoking and substance abuse.

Women who should have been eligible to enter services that catered for women escaping domestic violence often do not get there, due to the lack of knowledge of the agencies which they contacted, or the lack of available accommodation or other resources available at the time of
contact. When crisis accommodation is not available, private rooming houses are used as sites of emergency (and longer-term) housing, but the poor security within private rooming houses raises the risk of sexual and physical violence against women (Murray, 2011).

Effective early intervention responses to prevent violence and homelessness, including more effective policing and safe, secure and affordable long-term housing, are needed. The longer the women stay homeless, the greater the risk of their exposure to violence, intimidation, and harassment. A second social policy implication relates to the limited availability of crisis accommodation. Due to the lack of crisis accommodation, safety issues are heightened. A third social policy implication relates to the need for intensive resourcing of support that caters to specific needs. The final implication is that access to long-term safe, secure, and supported housing removes women from a significant source of violence. Providing long-term housing rather than transitory housing sooner could make a considerable difference. Regarding youth, additional screening and case finding should be made available for homeless youth who are still being impacted by their past abuse including childhood abuse; also, youth should be connected to specific multiple mental health treatment services inside their community.

### 3.6 DV & PREGNANT WOMEN

Pregnant women who experience DV require special attention because their situation affects not only their well-being, but that of their child. While there is not a definite number indicating the rate of DV among pregnant women, both Jeanjot (2008) and McMahon and Armstrong (2012) predict the rate to be between 3% and 17%. Another study in California by Miller et al. (2010) however, projected the rate of DV among pregnant women to be 53% in their survey of 1,278 women. While the rates of DV in pregnant women vary greatly there is a general consensus that DV “places women at a higher risk of negative health behaviors that are linked to poor pregnancy outcomes” (Bailey and Daugherty, 2007). Poor pregnancy outcomes include “low birth weight and preterm birth” (Bailey, 2010). Examples of negative health behaviors are being “less likely to receive prenatal care” (Smith, E., 2008), participating in substance abuse (Shah, 2010) and “smoking during pregnancy” (Aizer, 2011).

Another area in which authors of IPV during pregnancy studies agree is that there needs to be increased screening by health care providers in addition to making certain “that social workers are aware of community resources available to victims of IPV” (McMahon and Armstrong, 2012). Jeanjot found “that healthcare providers do not systematically screen for domestic violence during pregnancy due to language barriers and the lack of an ability to manage situations involving domestic violence during pregnancy.” Although the study by Fanslow et al. focused on pregnant women in New Zealand they too concluded that DV during pregnancy led to increase health risks for both mother and child thus advocating for “active intervention and support[which] is necessary to mitigate potential consequences” (2008). Furthermore, Shah’s meta-analysis of the literature pertaining to DV conferred Fanslow’s study by stating “effective programs to identify violence and intervene during pregnancy are essential” (2010).

These studies demonstrate the need for screening tools and assistance to pregnant victims of DV. Their unique situation coupled with other stress indicators of DV call for community partnerships in order to reach out to these women.
4.0 Geographic Information Systems

4.1 INTRODUCTION

A Geographic Information System (GIS) is a system used to analyze spatial data over a given geographic region. While limited by data availability, GIS is an increasingly used tool in the social scientist’s toolbox. As part of our analysis, we utilized spatial data from CARDV’s coverage area, i.e. Linn and Benton counties. The purpose of this analysis was to visualize risk factors for domestic violence throughout Linn and Benton counties to provide CARDV a visual indication of where domestic violence is predicted to be occurring, which can then be compared to the distribution of clients that CARDV currently receives. In other words, the analysis attempted to identify geographic gaps in CARDV’s services: areas at high risk for domestic violence that are underrepresented in CARDV’s existing clientele.

The challenge in describing the potential clientele distribution for CARDV is in identifying those who need domestic violence services but don’t use them (due to barriers to access or otherwise). Ideally a representative survey of the target population would be conducted. In this case, such a survey is not possible due to funding restrictions and reporting problems that come with asking people to self-identify as domestic violence victims. That said, an approximation of the same result can be achieved by identifying risk factors for domestic violence and using statistical information to generalize these factors over the target population.

4.2 RISK INDEX

For this research project, risk factors for intimate partner violence were sourced from the U.S. Bureau of Justice Statistics’ report “Intimate Partner Violence, 1993-2010” (Catalano, 2012). A risk index was constructed based on four important risk factors for domestic violence that were identified in the report:

- Gender (percent of the population that is female)
- Age (median)
- Household composition (e.g. percent of households with one female adult)
- Unemployment (percentage)

Two factors identified in the literature were not included in the risk index: race/ethnicity and marital status. Race and ethnicity was not used due to limited variation in domestic violence prevalence by race as well as limited racial diversity in Linn and Benton counties. Marital status was not used due to lack of data for Linn and Benton counties.

Ranking the importance of domestic violence risk factors is somewhat arbitrary. However, based on estimates of instances of intimate partner violence per 1,000 persons age 12 or older as found in the Bureau of Justice Statistics’ report, each U.S. Census tract within Linn and Benton counties was scored as a 0, 1, or 2 for each of the four variables included in the risk index. By analyzing U.S. Census data for each of these variables, each tract was given an overall score.
from 0 to 7, with 7 representing the maximum risk for domestic violence. The scoring mechanism is presented in Table 4.2.1.

Table 4.2.1 – Scoring mechanism for domestic violence risk index

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Low risk (0)</th>
<th>Medium risk (1)</th>
<th>High risk (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Percent female below 52%</td>
<td>Percent female 52% or above</td>
<td>-</td>
</tr>
<tr>
<td>Age</td>
<td>Median female age above 34</td>
<td>-</td>
<td>Median female age 34 or below</td>
</tr>
<tr>
<td>Household composition</td>
<td>All remaining</td>
<td>Percent of households with one female adult one standard deviation above the mean</td>
<td>Percent of households with one female adult with children one standard deviation above the mean</td>
</tr>
<tr>
<td>Unemployment</td>
<td>&lt; 8%</td>
<td>8% to 15%</td>
<td>&gt; 15%</td>
</tr>
</tbody>
</table>

4.3 RESULTS

Four maps were produced for this analysis. Figure 4.3.1 is a base map of Linn in Benton counties divided by U.S. Census tract and overlaid with major towns and roads. CARDV’s office is marked by the yellow star. Figure 4.3.2 shows the Hispanic population of each census tract. While not a component of the risk index, the Latino communities in Linn and Benton counties are thought to be underserved by CARDV. Figure 4.3.3 shows the distribution of unemployment rate by census tract. Finally, Figure 4.3.4 shows each census tract’s risk index score.
Figure 4.3.1 – Spatial analysis of IPV base map
Figure 4.3.2 – Linn & Benton county Hispanic population distribution
Figure 4.3.3 – Linn & Benton county unemployment rate distribution
Figure 4.3.4 – Risk index score by census tract
4.4 DISCUSSION

The results of the GIS analysis show several spatial important characteristics of Linn and Benton counties related to domestic violence. Perhaps most striking is the “perfect storm” of risk factors for domestic violence that occur in Albany. To be clear, Figure 4.3.4 does not depict actual instances of domestic violence. Rather, it depicts the distribution of risk factors for domestic violence as identified in the literature. It is helpful to compare the results of this analysis with CARDV’s 2011-12 distribution of clients by city/town. Table 4.4.1 lists the number of clients CARDV received from within Linn and Benton counties as well as from other counties.

<table>
<thead>
<tr>
<th>County</th>
<th>City/Town</th>
<th>Number of clients</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benton</td>
<td>Corvallis</td>
<td>35</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Philomath</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Linn</td>
<td>Albany</td>
<td>25</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Sweet Home</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Lebanon</td>
<td>18</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>10</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>43</td>
<td>30%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>142</td>
<td>100%</td>
</tr>
</tbody>
</table>

* If a resident stays in shelter multiple months, they will be counted each month. Thus the count is considered duplicated. For 2011-2012, CARDV had a duplicated shelter resident count of 142 and an unduplicated shelter resident count of 96.

While Albany is certainly represented in CARDV’s current clients (18% of shelter residents from 2011-12) based on the results of the GIS analysis shown in Figure 4.3.4, there is evidence to suggest that Albany is at greater risk for domestic violence than other areas within Linn and Benton counties. It may be the case that Albany is currently underserved by CARDV’s services. This coincides with results from interviews in which CARDV stakeholders identified Albany as an important place to expand in terms of outreach and maintaining a physical presence.
5.0 Surveys

We created and administered a survey to elicit responses from community members regarding their awareness and perceptions of CARDV and the organization’s services and mission. A survey is a useful tool in collecting data on phenomena that cannot be directly observed, such as people’s opinions, which is why we think this method was especially purposeful for this study. We administered the survey to community members of both Linn and Benton counties. The survey was cross-sectional, meaning it was used to gather information on community members’ awareness of and attitudes toward CARDV at a single point in time, as of April/May of 2013. In striving to obtain a representative population sample, we conducted surveys at various public spaces throughout the counties that are freely accessible to the entire community. Survey administration was conducted on varying days and times in an attempt to reach diverse demographics of survey respondents.

5.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS

*Figure 5.1.1 – Survey response rates as a percentage of the total responses*
Data for this study was collected using two methods: on-site and online surveys. Total survey responses obtained via both methods were combined and narrowed down from 325 to 303 responses consisting of individuals living within Linn County and Benton County. Figure 5.1.1 shows the number of survey responses from each zip code of Linn and Benton Counties as a percentage of the total responses utilized. Figure 5.1.2 shows the survey response rates after accounting for the population size of each region, as a proxy for regional representation.

Participants of the self-administered survey were asked to fill out a two-page (fifteen-question) survey at over eight locations throughout Linn and Benton Counties that varied by demographic characteristics (see Appendix 11.1). Approximately two-thirds of the total responses were gathered from in-person surveys. Figure 5.1.3 shows that the largest proportion of in-person respondents were surveyed on the OSU campus (34%), with the remaining 66% surveyed at various locations in Monroe, Brownsville, Philomath, Sweet Home, Scio, Adair Village, and Lebanon.
Respondents were asked to indicate their zip code, which was then used to identify whether the respondents were from a rural or urban area. The zip codes were designated using classifications based on standards determining rural/non-metro and urban/metro areas from the United States Department of Agriculture. The breakdown is as follow: rural areas: 97456, 97386, 97374, 97370, 97355, and 97327; urban areas: 97339, 97333, 97331, 97330, 97322, and 97321. Of the entire two counties, those living within Corvallis and Albany zip codes were classified as urban. Of all survey responses where zip code was given, 61% were from urban areas and the remaining 39% were from rural areas.

The respondents were also asked about their race. Figure 5.1.4 shows that 74% of our respondents were white and 16% were Asian. The remaining respondents, comprising 6% of the total, were Hispanic/Latino, Black, Native Hawaiian/Pacific Islander, American Indian/Native or other.
The age-range of the respondent was also collected. Nearly half (45%) of our respondents were aged 24 or under, followed by 15% ranging from 25 to 34 years, 13% aged from 35 to 44 years, and the remaining respondents over 45 years old (27%). See Figure 5.

![Figure 5.1.5 – Respondent age groups](image)

The following analysis and results are presented in two major sections of interest to CARDV: (a) awareness and perceptions of domestic violence resources; (b) perceptions towards CARDV. To highlight important findings and community tendencies, respondents in most of the questions were recoded into four main groups for the purposes of this report: (1) “Rural vs. Urban”, (2) “Male vs. Female”, (3) “White vs. Non-white” and (4) “Respondents from OSU campus”.

### 5.2 AWARENESS AND PERCEPTIONS OF DOMESTIC VIOLENCE RESOURCES

Respondents were asked if they knew someone was affected by domestic violence, where would they suggest their acquaintance look for resources. Selecting all that apply, Figure 5.2.1 shows that the four most common answers for rural respondents were law enforcement (20%), friends (16%), community/non-profit agency (14%), and church or religious organization (14%). The five most common answers for urban respondents were law enforcement (20%), counselor (15%), community/non-profit agency (15%), hospital/medical service provider (14%) and friends (14%). Thus both rural and urban respondents report that law enforcement is a primary resource for issues of domestic violence, which gives us insights into their perceptions of the types of domestic violence that occur and the appropriate response to them.
Figure 5.2.1 – Where respondents would look for resources if their acquaintance was affected by domestic violence: Rural vs. Urban

In Figure 5.2.2, the four most common answers for female respondents were law enforcement (16%), community/non-profit agency (15%), counselor (14%) and friends (14%). The three most common answers for male respondents were law enforcement (25%), friends (14%), and counselor (13%). The responses gathered from women signifies that other than law enforcement or when it may not be appropriate, the tendency of these women is to turn to community resources and friends. The males’ response preference for law enforcement perhaps indicates that males more than females believe that domestic violence is a matter of physical danger.

Figure 5.2.2 – Where respondents would look for resources if their acquaintance was affected by domestic violence: Male vs. Female
In Figure 5.2.3 non-whites were more likely than whites only in referring to hospitals/medical services, which may implicate their comfort level with this type of agency or their perception of domestic violence being predominately physically abusive. This data gives us valuable information about the impressions of appropriate responses to domestic violence and thus the impressions of its occurrence across races. For both white and non-white respondents, the most common fill-in response for the “other” category was “CARDV”.

![Figure 5.2.3 – Where would respondents look for resources if their acquaintance was affected by domestic violence: White vs. Non-white](image)

Respondents were asked about what services regarding domestic violence they thought were needed in the community. Of those who provided zip codes, there were 94 rural and 147 urban responses. The six most common answers from rural respondents were prevention (14%), law enforcement (13%), awareness (12%), housing/shelter (9.5%) do not know (8.5%), and CARDV (8%). The five most common answers from urban respondents were education/outreach (11%), counseling (10%), do not know (10%), housing/shelter (7%) and awareness (6%). It is important to note that 5% of urban respondents answered that CARDV already does a great job providing services that are needed in the community. The most referenced rural response, prevention, indicates the desire of rural residents to combat domestic violence by having services that help thwart the problem before it occurs. Furthermore, the fact that “do not know” was one of the most stated responses for both urban and rural residents signifies that respondents were largely unaware of the current services available and thus could not comment on services that are needed. This lack of knowledge of services available indicates a need to educate urban and rural respondents on what services are available in their communities.

In the male and female group, the six most common answers from male respondents were law enforcement (18%), education/outreach (17%), do not know (14%), awareness (7%), housing (7%) and counseling (7%). The five most common answers from female respondents were housing/shelter (15%), do not know (10%), awareness (10%), counseling (10%), and education/outreach (9%). The need for housing/shelter was cited as the most needed service
among women, whereas men indicated a greater presence of law enforcement was needed. This difference among female and male responses regarding perceived needed services may speak to how differently females and males view domestic violence and the appropriate response after it occurs.

5.3 PERCEPTIONS TOWARDS CARDV

Respondents were first asked if they were aware of the Center Against Rape and Domestic Violence (CARDV). In the rural and urban group, there were 241 responses. 68% of rural respondents answered they were aware of CARDV and 32% were not. 65% of urban respondents indicated they were and 35% were not (Figure 5.3.1). Of the urban respondents, 69 surveys were gathered on OSU campus. Results show that only 33% of OSU campus respondents were aware of CARDV. The responses gained through our survey indicate that there is little difference between rural and urban respondents regarding their awareness of CARDV.

![Figure 5.3.1 – Awareness of CARDV: Rural vs. Urban](image)

For male respondents, nearly half knew about CARDV (52%), while 48% were not. When compared to male respondents, CARDV was well known among female respondents: 74% of female respondents answered they were aware of CARDV and just 26% were not (Figure 5.3.2). The disparity between males’ awareness of CARDV when compared to that of females, signifies the need to do more outreach to the male population specifically in order to garner greater awareness.
Respondents who answered they were not aware of CARDV in the previous question, were asked to skip to the socio-demographic part of the survey. The respondents who answered they were aware of CARDV were then asked how they heard about CARDV. In the rural and urban group, rural and urban respondents all indicated that they knew about CARDV mostly through friends or family members, informational flyer or posters and website (Figure 5.3.3).

As for responses gathered on OSU campus, 32% of the respondents answered they heard about CARDV via other means (e.g. Greek life, school orientation and class). See Figure 5.3.4. In addition to the “other” responses, 24% indicated they heard about CARDV from friends and family members and 14% saw an informational flyer or poster. The remaining respondents said they heard of CARDV from a website, health service provider, have seen CARDV’s office, newspaper or radio.
Figure 5.3.4 – How respondents heard about CARDV: Oregon State University Campus responses

In the male and female group, the three most common answers for male respondents were friends or family members (23%), newspaper advertisement or article (12%), and informational flyer or poster (12%). The three most common answers for female respondents were friends or family members (22%), informational flyer or poster (20%), and health or service provider (11%).

Figure 5.3.5 – How respondents heard about CARDV: Male vs. Female

In the white and non-white group, the three most common answers for white respondents were friends or family members (27%), informational flyer or poster (23%), and health or service provider (14%). The three most common answers for non-white respondents were radio (29%), informational flyer or poster (23%), and health or service provider (14%). The most common
answer for “other” category for white respondents was “friends,” and the most common answer for “other” category for non-white respondents was “OSU campus”.

Respondents were also asked about who they thought was eligible to receive CARDV’s services. Most respondents believed anyone is potentially eligible for CARDV’s services regardless of living area (rural vs. urban), gender (male vs. female) and race (white vs. non-white).

In order to assess potential improvements to CARDV’s services, respondents were asked about the barriers to choosing and/or accessing CARDV’s services. In the urban vs. rural group, there were 51 rural respondents and 108 urban respondents. Both urban respondents (38%) and rural respondents (45%) felt that lack of awareness was one of the main barriers to choosing and/or accessing CARDV’s services. 53% of rural respondents and 43% of urban respondents said fear also prevented people from choosing and/or accessing CARDV’s services. Other barriers mentioned by respondents included pride, fame, and guilt.
Figure 5.3.7 – Barriers to choosing and/or accessing CARDV’s services: Urban vs. Rural

Females indicated fear of consequences (39%) as the primary barrier to choosing and/or accessing CARDV’s services, while males listed lack of awareness (34%) and accessibility (28%), potentially indicating that males are not aware that they can access services.

Figure 5.3.8 – Barriers to choosing and/or accessing CARDV’s services: Female vs. Male

White respondents indicated fear of consequences (32%) as the biggest barrier to choosing and/or accessing CARDV’s services. Non-white respondents, on the other hand, said lack of awareness of services (33%) prevented people from choosing and/or accessing services.
The survey also asked respondents where they would look if they wanted to know more about accessing CARDV’s services. Regardless of living area (urban vs. rural), gender (female vs. male), race (white vs. non-white), all the respondents seemed to overwhelmingly agree that the internet was the best way to look for more information when they wanted to know more about CARDV. Resultantly, CARDV’s website is a very important way to display information. Other ways such as phone book or directory, health center, go to CARDV office or call CARDV were also mentioned in the responses.

Respondents were asked about which of CARDV’s services they were aware. In the rural and urban group, about half of rural respondents (47%) knew about the 24-hour hotline and 34% knew about CARDV’s website, two remote resources. Fewer urban respondents were aware of those same services, with 37% knowing of the 24-hour hotline and 30% of CARDV’s website.
Conversely, urban respondents were more aware of the local services, peer counseling (19%) and transportation (14%), than their rural counterparts (10% and 9%, respectively).

![Figure 5.3.11 – CARDV’s services that respondents were aware of: Rural vs. Urban](image)

When asked about whether respondents knew about the locations of CARDV offices, an overwhelming percent of respondents (over 80%) said they did not know, and only a small proportion (less than 20%) knew where CARDV’s offices were located in the rural and urban group (Figure 5.3.12). The implication of this question is that CARDV could make its offices more visible through community outreach efforts, particularly to rural populations.

![Figure 5.3.12 – Whether respondents were aware of the locations of CARDV’s offices: Rural vs. Urban](image)
The survey also asked respondents where they would look to find CARDV’s hotline number. The only salient difference between demographic categories was found between rural and urban respondents, as rural residents were more likely than their urban counterparts to look for the hotline number in print-media sources – newspaper/flyer or the phone book.

![Chart showing where respondents look to find CARDV’s hotline number: Urban vs. Rural]

**Figure 5.3.13 – Where would respondents look to find CARDV’s hotline number: Urban vs. Rural**

### 5.4 DISCUSSION

The following is a discussion of the overall themes garnered from our survey analysis that are most salient to the organization’s specific charge of gathering information about awareness, perceptions, and gaps in CARDV’s services.

#### OSU Campus Responses

In reviewing our raw data, we were able to gather a general trend from individuals studying at or associated with Oregon State University in that those who were aware of CARDV learned of the organization through outreach/education, flyers, and other on-campus or co-curricular interventions such as in Greek Life. This suggests that CARDV’s outreach efforts are highly effective in garnering awareness of their existence and services on OSU campus. This is confirmed by selective comments made by more rural respondents who expressed a lack of CARDV presence in their communities.

#### Rural vs. Urban

Survey results show that both urban and rural respondents felt that lack of awareness was one of the main barriers to choosing and/or accessing CARDV’s services followed by fear. Rural residents were more likely than their urban counterparts to look for the hotline number in print-media sources – newspaper/flyer or the phone book. If CARDV wants to continue to increase
their presence with rural residents, such resources should be utilized as mediums for that promotion.

Additionally, both rural and urban respondents reported law enforcement as a primary resource for issues of domestic violence, which gives us insights into their perceptions of the types of domestic violence that occur and the appropriate responses to them. This may imply that a barrier to accessing CARDV’s services is the belief that domestic violence is defined by narrow and extreme characteristics. Rural respondents also stressed the need for prevention in their communities, but were more generally unaware of what services were appropriately needed. This lack of knowledge of services available indicates a need to educate urban and rural respondents on what services are available in their communities. Little significant difference was seen in our data between rural and urban respondents regarding their awareness of CARDV.

**Male vs. Female**

Females tended to have more awareness about CARDV, which intuitively seems appropriate. However, this also indicates that males may be unaware that the organization’s services are available to them. Males were also more likely to look toward law enforcement for domestic violence resources, perhaps implying that their perception of domestic violence is one of physical violence and harm, as opposed to emotional abuse and dating violence.

**White vs. Non-white**

Most of the non-white respondents heard about CARDV via radio or a health or service provider, which means radio can be an inexpensive but very effective way for CARDV to reach non-white populations. These results also indicate that CARDV should establish sound relationships with health and service providers in order to expand their outreach to non-white populations. Furthermore, non-white respondents tended to think lack of awareness was what prevented people from accessing CARDV’s services, indicating that respondents might not be familiar with CARDV’s existing resources. More outreach and educational programs specifically targeted at non-white populations is needed to increase their awareness to services offered.
6.0 Church Surveys

A sub-survey was administered specifically to faith communities in Linn and Benton counties as well, recognizing their importance as a place of refuge and counsel for those experiencing distress. This is often especially true in rural communities (Safe Havens 2012, Behnke et al. 2012); thus, we also sought their responses not only for their unique community leadership perspective, but also as a proxy for the difficult-to-reach rural population, with the idea that community leader knowledge often informs general knowledge. The same main questions from the original survey were used, with some changes to the demographic questions to reflect the symbolic nature of this participation (respondents’ knowledge as representing institutional knowledge).

6.1 SAMPLE

Self-identified churches (generally connected with Christian-affiliated congregations) were identified via a Google Maps search, with supplementary Google searches for non-Christian congregations (Muslim, Jewish, Hindu, Baha’i, and Buddhist). 223 religious communities were identified in Linn and Benton counties in total. Of these, our initial sample consisted of all communities that had a functioning website, with a final sample of all those with either a listed email address or online contact form. Several were dropped upon sending the initial email, when addresses were found to be non-functional.

Concerns that using online status as a sampling frame would bias the sample against rural communities seemed unfounded upon considering the final sample: of the 127 churches identified in this manner, 43 were in Corvallis, 26 were in Albany, and 58 were in rural communities—a definite plurality. Our final sampling frame thus represented 56.9% of the total number of religious communities in the two counties, and included Baha’i, Catholic, Protestant, Mormon, Jehovah’s Witness, Muslim, Jewish, and Unitarian/Universalist congregations.

6.2 COLLECTION OF DATA

Personalized emails (107) or contact form messages (20) were sent specifically to the lead officiant at every community where possible, to try to maximize response and allay concerns over "spam;" where no name was available for the leader, the personalized greeting was omitted by necessity. The invitation emphasized the importance of obtaining the faith community's perspective on this issue, as well as their role as local leaders in their community, and invited them to take part in a three- to five-minute online survey. Every community received only one message, with the exception of one (where two lead pastors were identified, and making a decision would entail certain gendered assumptions, as it was a husband/wife team). One pastor contacted us for permission to share the survey with his colleagues, which was granted. A

6 The one exception to this were the Mormon churches—each had lds.org as their main website, and preliminary searches for a number of them failed to yield unique sites. To avoid systematic exclusion of an entire religious group, a colleague in contact with one of the local Mormon churches was able to obtain contact information for five of the churches in the Corvallis area, to ensure some representation.
reminder email was sent one week later, to prompt additional responses.

These surveys were also administered via Qualtrics. In analyzing our data, we looked for differences in rural versus urban responses, with considerations for other demographic factors (i.e., the gender of the officiant). As mentioned earlier, responses were considered to be symbolic, with the hope that this would aid CARDV in identifying new ways in which to engage these specific communities to further reach the community at large, particularly in rural areas.

### 6.3 RESPONSE

We received 49 responses—a 38.6% response rate—well above the average for an online survey. Of these, 34 identified as Christian Protestant (a diverse range including Quakers, Lutherans, evangelicals, Mennonites, Episcopalians, and many others), 3 as Mormon, 1 as Orthodox, 3 as Christian-other, 1 as Jewish, 1 as Unitarian/Universalist, and 3 as “other.” Additional qualitative feedback was overwhelmingly positive, with multiple messages sent back to the colleague who sent the original messages, thanking them for the opportunity to participate and for tackling this important topic—a strong indicator that many leaders in the faith community, regardless of their knowledge of CARDV, recognize a need for its service. One pastor even volunteered to be an interview subject, which was included in our final results. This, combined with the high response rate, indicates a potentially strong interest in the faith community in these issues—promising for future partnerships.

### 6.4 RESULTS

24.5% of respondents were in Albany or the surrounding area, 41% were in Corvallis or the surrounding area, 16.5% were in rural Linn County, 8% were in rural Benton County, and 10% declined to provide their zip code. Thus, rural churches were less likely to respond, given our initial sampling structure (although part of this effect is mitigated by the fact that survey responses were sorted by zip code, not city, unlike the original sampling frame; Corvallis and Albany primary zip codes do absorb some surrounding rural areas—this is important to remember when evaluating all of the results). However, nearly 25% of respondents were from solely rural zip codes, offering a significant voice in the results.

While our final N was high, relative to the population (38.6% of the sampled population and 21.9% of the entire population), it should be remembered that the number (49) in absolute terms is low; it is difficult to generalize results too far beyond the sample itself, especially when breaking down into subpopulations. However, it serves as a good “temperature taking” of this population, getting a better concept of what knowledge and perceptions this community may or may not share.
Overall, 78% of religious leaders surveyed knew of CARDV—higher than the general population, at 66%. By origin, respondents from Corvallis had the most knowledge of CARDV, at 85%, with Albany at the lowest, with 66.5%. The rural areas were equal, at 75%. Combining the Corvallis and Albany responses, we found a 78% “urban” knowledge, compared to 75% rural. (The GIS results indicated that Albany is an area of particularly high risk—this, combined with lower collective knowledge in that community, as far as faith leaders are concerned, should be noted as a potential target area for outreach.)

100% of female respondents knew of CARDV. In fact, women comprised 21.75% of the respondents; considering their severe underrepresentation in religious leadership, this may speak to a higher personal interest in the issue, and indicate ready-made allies. 68.5% of male respondents knew of CARDV.

Respondents were asked to indicate which CARDV services they were aware of. Following is the breakdown of responses by general region:

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7 “Other” refers to those who reside within the target area, but declined to provide a zip code.
8 Urban is relative—we use it here to refer to the two major cities, Albany and Corvallis, but most would not consider these towns urban.
While our N is not large enough to generalize too broadly, it is of note that those dwelling in Corvallis and Albany have much higher knowledge of individual services than those in rural areas. Considering that a collective 75% of rural faith leaders and 78% of urban faith leaders knew of CARDV’s existence (nearly even), this may show that rural leaders are far less aware of individual services on average, and are only hearing CARDV “name-dropped”—not in any substantial context regarding what it may offer, beyond the most popular “traditional” crisis services (shelter and hotline). This may reflect a need for CARDV not to increase its overall name-recognition outreach, per se (“we’re here to help; give us a call”), but increase its targeted offering of detailed information for service providers and leaders that can then be disseminated to their communities.

For both groups, knowledge of peer counseling, transportation, community outreach/education, 24-hour medical response, and 24-hour law enforcement response were all fairly low, at under 25% of respondents indicating knowledge. Emergency shelter was the highest for both groups, followed by the 24-hour hotline and support groups—very traditional services for a crisis center.

Word-of-mouth seems to be a widely used resource for information exchange regarding CARDV in this population. “Friends and family” were listed as the primary sources of information about CARDV, indicating that CARDV’s proactive outreach and presence is needed throughout Linn-Benton counties. Flyers in public places and booths at community events, as well as increased promotion of the website, are needed to maintain visibility. Articles in newspapers could also be a part of getting information about CARDV to the general public. Stories about CARDV events and the organization itself would increase awareness. CARDV offers services that are difficult to
publicize, as it is not only a program that needs to make itself known, but also needs to be cognizant of the need for confidentiality and safety for those who access its services.

![Figure 6.4.3 – How did they know about CARDV?](image)

*Results are expressed in total number of marked responses; respondents were allowed to check multiple boxes.*

When asked where they would look for information on CARDV, the respondents to the faith-based survey identified the Internet as a primary resource. The phone book was also listed as a point of information on location and accessing IPV services. A website that is easily accessed and easy to navigate is an essential to victims of IPV searching for local services that available, and for those seeking to help them, such as their local faith leaders, and should be prepared to meet the information needs of victims, their faith leaders, and other community stakeholders in an easy-to-navigate, accessible manner.

![Figure 6.4.4 – Where they seek information](image)

*Results are expressed in total number of open-ended responses, coded into specific themes that emerged.*

Faith leaders were asked to assess what barriers to accessing services they have observed for victims of intimate partner violence (IPV). There were two areas of barriers that were made evident as a result of these responses. The first involved the internalized responses of the victims
themselves. The victims are ashamed to acknowledge they are victims of IPV, denying it themselves as well as being afraid of the evaluations or perceived evaluations of others. There is also fear of retribution by the perpetrator of the IPV. Both these play into the second barrier identified, which was a lack of awareness of CARDV, of services available, and of how to access them. Increased awareness of CARDV would help in ameliorating the shame and fear inherent in IPV by knowing there are safe, confidential services available to them, and we recommend that CARDV find ways to partner with local faith congregations to better reach their communities with this vital information.

![Figure 6.4.5 – Barriers](image)
*Results are expressed in total number of open-ended responses, coded into specific themes that emerged.*

In an open-ended question, we asked faith leaders to provide what services they believe their community needs for victims of IPV. First and foremost was a community-wide awareness of IPV and the services available to assist victims of IPV. In order to meet this void, respondents indicated that discussions of IPV should be a part of in-school programs, as well as parenting classes. The actual services necessary for victims were safe, confidential places, services to enable independent living, and counseling—each already a part of CARDV’s services, but emphasized as being very important in the minds of these faith leaders; a unique perspective that should be given special consideration, considering their frequent role as advisor, counselor, and service-referrer in their communities, privy to people’s individual stories and histories.⁹

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⁹ One respondent indicated a need for a group like CAFA (Christians as Family Advocates; headquartered in Eugene), indicating a desire for the faith community to be more directly involved in providing services.
6.5 DISCUSSION

In summary, as described earlier, the faith community often serves as a vital link between the community at large and highly necessary social services, standing in as the first point of contact for those in distress. Faith itself often serves as a comfort to those experiencing difficult times as well, and local congregations can be turned to for both advice and comfort. CARDV itself currently offers a religious education component to their community outreach, acknowledging this important dimension. However, community education and outreach were the least well-known of all of CARDV’s services—only a handful or urban, and no rural, communities were aware of this partnership opportunity. Via this survey, we attempted to 1) use the faith communities’ knowledge of CARDV and perceptions of the multiple facets of domestic violence as a proxy for greater community knowledge, especially rural knowledge, recognizing their role in disseminating information and offering pastoral advice and referrals to members, and 2) gather faith-specific input into CARDV’s services and the issue of IPV, to better inform CARDV’s religious outreach in the future and promote opportunities for future engagement.

Our results are promising. Faith leaders’ responses were very similar to the general survey population, with a few exceptions (such as the understandable exception of being more likely to refer victims to church services), and their open-ended responses offered valuable insight into community needs, given from a unique vantage point. Leaders tended to have a higher knowledge of CARDV than the general population as well, which is a promising start for future engagement opportunities, utilizing this population to reach the greater community. This, combined with the positive personal responses received via email and the high survey response rate, indicates that the faith community may have a strong interest in addressing these issues, and are both a vast potential resource for CARDV, with their social networks and positions of authority, and a great opportunity for partnership.
7.0 Focus Groups

7.1 INTRODUCTION

We conducted three focus groups with different subgroup populations located within Linn and Benton counties. Focus groups allowed us to obtain subjective perspectives of community members regarding CARDV and the organization’s services and mission. Conducting focus groups with various populations allowed us to gauge community awareness and perceptions of CARDV and its services, as well as understand how CARDV can better interact with and reach the various groups within the community.

7.2 SAMPLE

Our sampling frame for the focus group sessions included Latina women, OSU undergraduate students and homeless women. We recruited a non-representative sample of Latina women through Casa Latina, an organization that provides services to Latinos in Corvallis, OR. These focus groups helped us gain insight into Latino cultural norms and perspectives surrounding domestic violence and sexual assault, as well as awareness of CARDV’s services among the Latino community. This focus group included a total of 7 female participants. Five of the women received services from Casa Latina and were all of born in Mexico. One of the women was a professional staff member from OSU who was also from Mexico The director of Casa Latina also participated and is also of Mexican ancestry but was born in the United States.

Participants for the OSU undergraduate student focus group were recruited through flyers as well as through intercept recruiting outside of the housing buildings and the network of contacts we already had in the community. The OSU focus group consisted of three men and three women. Through these focus groups, we were able to gain insight into the awareness of CARDV’s services within the OSU student community.

The final focus group was centered on the homeless population of Corvallis. Working with our contacts at Community Outreach, 7 women participated in the focus group that helped to identify the gaps in services to the homeless population and how to better serve them by assessing their unique needs and situations.

7.3 COLLECTION OF DATA

The focus group sessions were facilitated by two graduate students from the focus group team responsible for guiding the group based on a predetermined set of themes and questions and creating an environment that encourages participants to share their perceptions and points of view. Before the start of each focus group, one of the student researchers explained the purpose and format of the focus group. Prior to the start of the interview, written consent to participate in the focus group and to record the focus group proceedings was obtained from each participant (consent must be unanimous in order to record proceedings). If participants felt uncomfortable, they could leave the focus group at any time. The focus group interviews lasted between an hour and an hour and a half so as to allow ample time for discussion. The Community Outreach ad
OSU student focus groups were conducted in English, while the Casa Latina focus group was conducted in Spanish.

7.4 ANALYSIS OF DATA

The written notes and audio recordings from each focus group session was transcribed and coded to identify common themes. The coding for the focus group data was based on existing literature on domestic violence and sexual assault. Using these codes, we were able to identify three dominant themes pertaining to the content of each focus group: (1) Awareness of CARDV, (2) Barriers to Access, and (3) Underserved Populations. We conclude this section with a discussion of the focus groups and specific recommendation that resulted from this portion of the study.

Awareness

All three focus groups expressed a general lack of familiarity with CARDV services. While the OSU student focus group member were aware of CARDV and the services it provides, all of the members mentioned a lack of knowledge about the organization and its services as one of the main reasons that a student would fail to seek assistance from CARDV in an instance of domestic violence. The women who participated in the Community Outreach focus group expressed concern for the lack of awareness within the homeless community surrounding domestic violence resources. Those participants who were aware of CARDV shared that they first learned about the organization after being referred there by another service provider. Some first learned of CARDV through family and friends or through information material in public bathrooms. Members of the Latina focus group had no knowledge of CARDV’s mission or services prior to the focus group, and were only familiar with the name because they live near the CARDV advocacy center in South Corvallis. No focus group member was aware of CARDV services beyond advocacy, shelter and the 24-hour crisis line.

Barriers to Access

All focus groups emphasized the barriers that survivors experience when seeking domestic violence services, with each group providing insight into the unique challenges faced by members of their communities. The Latina focus group participants shared that many immigrant women travel to the U.S. with their primary partner and are isolated from the social networks that they would normally turn to for support in their home country. This isolation is exacerbated by the fear of deportation and fear of being separated from their children in the event of reporting domestic violence to the police. The general lack of awareness with victim’s rights, the legal process surrounding domestic violence and where to turn for assistance represent significant barriers for Latina women who experience domestic violence and sexual assault. Language also poses a barrier for Latina women seeking assistance with domestic violence. Much of the local materials on domestic violence and CARDV services are advertised in English, and the focus group participants wondered as to the availability of Spanish-speaking staff at CARDV.

Members of the Community Outreach focus group cited fear as the most influential reason why women in their community would not seek assistance with domestic violence and sexual assault. This fear is generated by larger cultural norms such as the stigma associated with leaving a
partner or reporting sexual assault/domestic violence, but also with material concerns of losing financial security, shelter and resources. Women from Community Outreach also pointed to fear of retaliation of physical threat by the perpetrator of domestic violence. Even if they are referred to domestic violence services by other service providers, homeless women face vulnerabilities that may impede them from utilizing such services. Similar to the Community Outreach focus group, members of the OSU student focus group pointed to the social stigma attached to victims of domestic violence and sexual assault and safety concerns as a reason why college students would not access CARDV services. The students also speculated that a general lack of knowledge about what constitutes domestic violence and where to get help may keep students from accessing services. Notably, this group did not express concern for material security as a reason why college students may not access domestic violence services.

**Underserved Populations**

While the literature indicates that participants from our focus groups themselves constitute underserved populations, each group identified further subgroups that are underserved in terms of domestic violence services. The OSU students indicated that male students are relatively ignorant of domestic violence services offered through OSU and the larger Corvallis community, and are also relatively uninformed on less publicized forms of domestic violence such as stalking and emotional abuse. New students, particularly freshmen women are also largely unaware of services for domestic violence and sexual assault. The students felt that educational events on campus and in Corvallis were not reaching the target populations and that such events tend to attract people who are already aware of issues surrounding intimate partner violence and may be attending the event to lend their support. It is also notable that none of the students indicated that they would refer a friend to CARDV if that friend had experienced domestic violence or sexual assault.

Participants from the Community Outreach focus group emphasized the stigma that women with male children experience in accessing domestic violence shelter services, with one participant mentioning that she felt that her son was viewed by fellow shelter guests and by staff as a “future perpetrator” as opposed to a victim of domestic violence. The teenage sons of homeless families who experience domestic violence are also underserved in that they are often excluded from shelter services via age/gender restrictive policies or via social norms that discourage older male children from staying in domestic violence shelters.

The Latina focus group indicated that the undocumented populations is particularly underserved by domestic violence services due to a general lack of knowledge of the legal implications of seeking domestic violence services, fear of deportation, and ignorance of available community resources.

**7.5 RECOMMENDATIONS**

The three focus groups conducted for this study provide a window into the experience of these communities in accessing domestic violence services in Linn and Benton Counties. While far from representative, the participants from our focus group provided our study a depth of analysis that explores the perceptions held by individuals and their reasons for accessing and/or not
accessing domestic violence services. The experiences communicated by the focus group participants allow us to formulate a set of recommendations for strengthening CARDV’s relationship with members of the OSU student, Latino and homeless communities in Linn and Benton Counties.

All three focus groups expressed a general lack of familiarity with CARDV’s services and concern for the stigma associated with receiving domestic violence services. Based on the lack of awareness of services and concern for confidentiality, we recommend that CARDV enhance its current outreach and marketing efforts to increase awareness of intimate partner violence and available community resources.

**Outreach**

The OSU students suggested that CARDV establish a visible and permanent presence on OSU campus, and actively participate in relevant campus events. The students also recommended that CARDV assume an active role in OSU freshmen orientation and first year classes on health and sexuality in order to establish themselves as a resource for these students. Similarly, the Latina focus group participants recommended that CARDV host informational sessions at community gathering places such as Casa Latina, churches, etc. in order to increase their visibility in the Latino community. CARDV could also enlist schools and churches to share information with Latinos about CARDV services, and Latino families may seek assistance from CARDV if they were able to learn about their services in an informal setting without the fear of intervention by police or other authority figures. Outreach by Spanish-speaking staff or volunteers would prove most effective in these cases.

**Marketing**

The OSU student participants cited CARDV’s name as a possible deterrent for students seeking services for intimate partner violence. The name “Center Against Rape and Domestic Violence” struck participants as the name of a political advocacy center and did not bring to mind an organization that provided direct services for domestic violence and sexual assault. Further, the students felt that this name indicates that the organization only deals with rape and domestic violence, and does not provide services for other issues such as stalking and dating violence. The name also does not lend itself to discretion and may deter people who do not want to assume the labels of “rape” or “domestic violence” for their experience. The resulting acronym, “CARDV,” albeit discrete, is difficult to interpret and pronounce, and “CARDV” becomes part of a coded language where only those who are familiar with the organization know how to pronounce its acronym and can identify when another person is referring to CARDV. Finally, many participants from all of the focus groups suggested that CARDV be marketed in terms of the services it provides and not solely as a “name brand.” Potential clients may be more likely to turn to CARDV if they are made aware of the services that the organization provides at the same time that they learn about the organization’s name.

All three focus groups emphasized the importance or discrete marketing materials in advertising services to people who may be experiencing domestic violence. Many of the homeless women who participated in our focus group had learned about CARDV via flyers, stickers and posters.
displayed in bathrooms or other public places. The Latina and OSU student focus groups shared that small, palm size cards in both Spanish and English would be the most effective in disseminating information about CARDV services because they are easy to conceal and would allow people to consume the information with a relative degree of privacy. The Latina focus group also recommended that radio spots on Spanish language channels would be an effective marketing tool for reaching Latinos in Linn and Benton Counties.
8.0 Interviews

8.1 INTRODUCTION

We conducted interviews with key stakeholders within the community to determine 1) the awareness and perceptions of CARDV among community stakeholders, 2) what potential strategies or solutions stakeholders see as avenues to improve outreach and services provided by CARDV, and 3) what stakeholders consider as the best practices in intervention and prevention strategies for victims of sexual assault and domestic violence.

8.2 SAMPLE

One-on-one interviews with 23 individual stakeholders were conducted from the list provided by Ms. Wilson. Additional community members were added to the interview list where appropriate and as they were identified during the course of the project. The community members included individuals from Lebanon, Albany, Philomath, and Corvallis.

8.3 COLLECTION OF DATA

The interviews were semi-structured to gather qualitative data on perceptions of CARDV’s services and ideas for improvement of services within the community. The questions were open-ended and each person interviewed was asked the same set of questions (see Appendix 11.2). Each interview lasted approximately 45 minutes to one hour and took place at the office of the stakeholder being interviewed or in a public space, depending on interviewee preference. Prior to the interview, the student interviewer explained the interview process and purpose. When agreeable to the interviewee, the interviewer obtained verbal consent to conduct the interview and to record the interview. If at any time during the interview the interviewee did not wish to continue, the interview was stopped immediately.

8.4 RESULTS

In analyzing the interview data, the interviews were transcribed and coded to identify common themes. A review of the existing literature on intimate partner violence, sexual assault, and dating violence provided the interview team with seven identifiable themes: role of CARDV in the community, awareness of CARDV in the community, barriers to providing or accessing CARDV’s services, strengths of CARDV, recommendations to improve CARDV’s outreach as well as recommendations to improve CARDV’s services and the organization, and finally the identification of underserved populations. This coding scheme was employed with each interview transcript; each theme was counted and discussed to identify the overarching undercurrents in each thematic area in terms of stakeholders’ perceptions of CARDV services and suggestions for improvement.

All seven thematic areas informed the interview team on the perceptions of CARDV and suggestions for improvement from community stakeholders. The first category the interview team identified was the role of CARDV in the community. 19 community stakeholders identified
CARDV as vital, phenomenal, and necessary. One interviewee stated, “I think CARDV is a vital part of the community. I think they do a great job of educating, advocating, working with DV victims, and I know our partnership with them is strong.” Further, as one interviewee noted, there would be “disastrous consequences” in the community if CARDV did not exist.

Alternatively, two stakeholders from a rural area noted the role of CARDV in their community is “minimal” due to the distance between CARDV and Lebanon, not due to unwillingness by the organization. A review of the literature suggests rurality may be an issue for organizations that are located in an urban setting but aim to serve rural residents.

Proximity to Corvallis resonated with awareness of CARDV as an organization. Approximately half of the interviewees felt there was a general lack of awareness of CARDV outside of Corvallis and in the following specific populations: people who live in rural areas, who are Latino or Latina, LGBTQ, male, or college students. One interviewee commented, “In Benton County they are really well known, but I think the further east you go the less known they are. In addition, they serve all the way up to Sweet Home. So the further you go up the top of the pass, the less well known they are. And I would imagine that also affects their services too in that women in Sweet Home are probably less likely to know who CARDV is compared to here in Corvallis.” Additionally, another theme became clear. A majority of the interviewees did not know what services were currently provided by CARDV. Many of the interviewees commented, “I’m not familiar with all of the services they provide, so I can’t comment on how they can improve.” This indicates a general lack of awareness among community stakeholders who are professionally involved with intimate partner violence, sexual assault, or dating violence on a semi-frequent basis. However, the individuals who were aware of CARDV’s services indicated that in Corvallis, CARDV is seen as an organization that delivers effective community services. As noted by several of the interviewees, “CARDV is fulfilling the needs of the community of Corvallis.”

In the community stakeholders’ general opinions, CARDV’s effectiveness as an organization rests on always being “survivor focused”. Overwhelmingly, the community felt that CARDV’s strengths are their confidentiality standards, successful fundraising, ability to effectively relate their stories, and centralization and range of services. The greatest of these is the range of services CARDV offers, but followed closely by superb confidentiality, effective fundraising, amazing advocacy, great intervention skills, excellent training, clear passion, admirable training standards, punctual appearance on scene, and the ability to provide each survivor with their own key contact in the organization. Additionally, there were a few people who indicated that the creation of the Lethality Worksheet helped CARDV target the people who need and want their services. Finally, community stakeholders felt CARDV has a good reputation, initiates collaboration, and provides a much-needed and well-rounded set of services; a minority of community stakeholders felt there is always room for improvement in the organization.

Every organization must work within a set of funding boundaries that have the potential to create barriers to access. The interviewees established five definitive categories of barriers to accessing CARDV’s services, but smaller categories were identified as well. The five categories were transportation, fear, deportation, embarrassment, and language, but a perception that the shelter may not be open to men, lack of knowledge about CARDV’s transportation services, lack of trust in personnel who make first contact with the victim, and the lack of a full-time mental
health professional at CARDV may also be considered barriers to accessing CARDV’s services. Additionally, interviewees identified the lack of childcare options, CARDV’s funding, potential lack of cultural diversity amongst CARDV’s staff, and gaps in understanding about intimate partner violence as barriers to accessing CARDV’s services. A majority of the barriers can be attributed to a potential lack of organizational funding. As one interview understood the issue, “CARDV needs solid funding, not grants”.

Even though many of the community stakeholders felt that CARDV epitomizes a strong and necessary organization, a majority of the interviewees had recommendations to improve CARDV’s organization, outreach, and services. The interviewees were of the opinion that CARDV could potentially improve its outreach, services, and organization through a new marketing approach. They felt the approach could include more talks that are educational with community service providers who encounter intimate partner violence, regular attendance at Chamber of Commerce meetings and involvement in the Sexual Assault Response Team, and in general, more collaboration and communication with other organizations in the community. One interview stated, “They need to be more involved, whether it’s in the Chamber of Commerce or other social organizations where you see other nonprofits. When you go to a Chamber of Commerce function you see probably 10 to 15 other nonprofits, CARDV is never there. They do not have that visibility, where CASA does. CASA has really made massive amounts of improvement, they have done a great job being out in the community and their funding has improved as a result”. The EMS department in Philomath specifically asked if CARDV would be interested in presenting current information on intimate partner violence to their organization.

The community partners indicated that face-to-face interaction, additional crisis lines, staff consistency, and more visibility in the community would also help CARDV become a premier organization in the community. A campus employee noted an additional improvement, “Put a CARDV staff member on campus as a paid position – could be a 50/50 salary share between CARDV and OSU. In the near future, OSU will require first-year students to live on campus. CARDV can use this as an opportunity to teach students living in dorms about domestic violence and sexual assault and CARDV’s role in the community.” A limited number of people concluded that a physical presence in Linn County would ensure CARDV’s visibility, would improve its outreach into the community of Albany, and potentially improve its outreach into rural Linn County. Additionally, a small set of interviewees felt that additional housing, more counseling services, staff consistency, and a reworked acronym might benefit CARDV. Overwhelmingly, the community stakeholders indicated that continued and improved community collaboration is necessary to build organizational relationships within the community. As one interviewee stated, “Focus on building the CARDV team. Once the new executive director comes on board, [she] needs to be making connections. They should use board members to help with this, have them bring people into the CARDV support circle. Donors give to organizations because of their mission, but first they give to other people. CARDV needs to make sure that their connections with people stay strong and continue to grow over time. Maintain ties and nurture relationships.”

The community stakeholders pinpointed eight distinct groups of people who might be underserved in Benton and Linn Counties: LGBTQ, seniors, males, rural residents, Spanish speakers, immigrants, international students and their families, people with disabilities, and children. One person who works with the elderly noted, “I have seen remarkable number of
people 60+ who don’t know about CARDV and are not seeking help there.” Many community members felt children need more services. As one person stated, “Kids need help more than the adults because of the long term damage to witnessing that behavior.” The community stakeholders commented that there is also a perception that CARDV is unfriendly towards men. As one stakeholder explicitly commented, “I know that there is a perception in our community that they are unfriendly towards men. I think that there are men out there who would love to be a part of CARDV’s cause, but are reluctant to join because of the way they are treated once they are there.” The interviewees indicated that CARDV is doing an excellent job working with women who have been involved in intimate partner violence.

The Center Against Rape and Domestic Violence, in the interviewees’ opinions, is doing admirable work with people who have been sexually assaulted or been involved in intimate partner violence, especially after considering the financial resources CARDV currently has available. The most important task for CARDV’s Board of Directors and Letetia Wilson is to decide what direction CARDV will take. In the opinions of the community stakeholders interviewed, the organization could flourish with a new marketing approach, intensified collaboration, strong organizational relationships through networking and reliable funding; these approaches have the potential to improve CARDV’s organization and its services.
9.0 Volunteer Survey

9.1 INTRODUCTION

Besides our general survey in which we aimed at finding out whether people knew about CARDV and their perception about CARDV, we designed a qualitative survey and administered it specifically to volunteers and staff members of CARDV. The reason for doing this survey is twofold. First, it would help us to assess the effectiveness of CARDV’s internal administration, support, and outreach services. Using this information we could make a set of recommendations for CARDV to improve its internal administration. Second, this survey would help us understand if public perception of CARDV’s services coincides with the perception of the volunteers and staff members. This could help CARDV improve upon its institutional knowledge. The questions used in this survey went through a series of iterations following the classroom discussions. To maintain complete anonymity no demographic information was obtained from the respondents.

9.2 SAMPLE

The survey was administered to the volunteers and staffs in CARDV online via Qualtrics. We received 17 responses in total. Most of the participants have worked for CARDV for more than one year. No sample was dropped from the final data set. Given the fact that there are very few staff members working for CARDV, we contend that our sample is representative of the population.

9.3 COLLECTON OF DATA

The online survey was sent out by the volunteer coordinator of CARDV and the survey emphasized the importance of obtaining the internal perspective on the how to improve CARDV. Volunteers and staffs in CARDV were encouraged to take part in this short and qualitative online survey. The data was collected within a time frame of two weeks. A reminder email was sent after the first week to prompt additional responses.

9.4 RESULTS

The survey response was treated like any other qualitative data. We coded the data and identified the general themes from the responses. This section is divided into two segments: positive feedback about CARDV and areas for improvement.

Positive feedback about CARDV

Among the positive feedback we received from the volunteers and staff members, an overwhelming majority of them said that CARDV puts client’s interest above everything else at all times. They point out that this attitude has enabled CARDV to be a client-focused, fair, confidential, and non-judgmental service organization. CARDV have been effectively providing client services such as advocacy, public awareness, liaison with law enforcement, support group and immediate/direct/hotline responses.
More general positive feedback which we received was that CARDV is an employee-friendly organization. The respondents say that CARDV’s management has been very respectful, compassionate, supportive, and cooperative even though they work in a stressful environment. CARDV provides a motivated working environment, and the volunteers have learned from on-the-job training. In addition, CARDV make the best use of its financially limited resources, trying to get more grant for continuing its services, and trying to build strong partnership with related social service organizations.

Areas for Improvement

Since CARDV has few advocates, we find that most of them argue that it should not focus on too many new projects but focus on the current ones. CARDV should focus more on finding funds for providing services to schools and underserved communities, recruiting diverse staff and volunteers with a second language in order to work more productively with minority groups. More awareness should be created in rural communities since many people are still unaware of CARDV and its services. Hotline services should be made more accessible (more lines) and practically helpful. CARDV should also provide more rooms for the volunteers to learn and apply knowledge to the work. CARDV should make more partnership and have a voice on multiple committees, etc. to represent DV/SA/Stalking/Sex Trafficking survivors in a variety of venues.

Assuming CARDV had adequate funds the area for improvement which was recommended by the staff was that to arrange for advocacy training and workshop for all staff members. Some recommended that a special position to be created for an “event’s coordinator” to primarily focus on fund development/ fund raising by organizing external events and coordinate the volunteers, who largely support these events. Another common theme we find that CARDV should focus more on prevention programs and extend community outreach especially to underserved populations. Some point out that there is a need for CARDV to establish stabilized relationship with partner organizations. In addition to that they also suggested more diverse board members are needed (they should be pulled from more diverse representation of socio-economic population, race and ethnicity, and more variation in occupational areas).

9.5 DISCUSSION

We find that overall most respondents acknowledged that CARDV does great work within the community. We understand that given the limitations under which CARDV is working under the management is trying their level best to create a positive work environment so that the clients feel welcomed and comforted. We find that they have limited staff members working on advocacy related tasks. This is cited as a drawback by some of them. They have made a case for better coordination and to streamline their administrative work. An interesting fact which we noticed was other sections of our analysis we find that “awareness” is a key issue that needs to be addressed but among the members of the organization many did not recognize the need to create more awareness. This is an important take-away in terms of enhancing the institutional knowledge of CARDV. The volunteers and staff-members need to be sensitized about the need for creating more awareness about the organization among the community.
10.0 Web Content Analysis

10.1 INTRODUCTION

The rapid development in the field of information technology over the years has completely transformed the way organizations interact with clients. Virtually every organization imaginable now has a website, with many also taking advantage of social media, smartphone apps, and other digital outreach tools. There are few more effective means of reaching a wider audience than to put together an effective, navigable website. However, due to limited resources, many nonprofits do not as utilize the web nearly as well as their corporate counterparts, and are still relying on traditional modes of communication (Greenberg & MacAulay 2009). Yet 56% of our survey respondents said they would turn to the Internet first to find out more about what CARDV had to offer—emphasizing the importance of a well-rounded, professional web presence. Alternatively, the web is one of the few chances CARDV has to comprehensively share its mission, its services, and its message in their entirety. They will never be able to come into contact with every resident in their service area individually. But what they can do is ensure that the one place everyone can access, from wherever they’re at, is ready to share all that is has to offer. This section will explore the areas in which CARDV can improve its website and its overall web presence, in order to increase the effectiveness of their communication.

10.2 WEBSITE REVIEW

This first section deals with the website itself. For our analysis, we focused on content, information architecture (with a special focus on how pages and content are organized and arranged), usability, navigation, design, and general impressions and tone. Our team of four conducted an in-depth content analysis, as well as hosted a class-wide focus group, guiding them through the site and garnering feedback. Questions asked included:

- Where do your eyes go first on this page? What’s your initial gut reaction? What kind of message or tone does this communicate?
- If you were a victim, donor, or potential volunteer...Where would you click? What information do you find? Is there anything you want that’s hard to find?
- What’s your overall impression? What would you think about CARDV if you had known nothing about them, walking away from the site?

CARDV is a very professional organization with a great deal of information and expertise to offer. We witnessed this at their offices and our in-person meetings, and the website also reflects that—CARDV has a very in-depth understanding of its target issue and audience, is survivor-focused, and has a wealth of knowledge to share. However, some of this is obscured from the average visitor, due to presentation, organizational flow, and design considerations. Thus, we believe that the website does not fully reflect their capacity and strengths. What we have sought to do is provide feedback on elements of the site where improvement could be considered, and offer concrete, easy-to-implement solutions with potentially very large returns, particularly in relationship to the gaps in knowledge that were expressed throughout our other data collection results (surveys, interviews, et al.).
Accessibility and ease of use

Before discussing the website, there are a few accessibility issues to address. First, we noticed that CARDV does not own the domain names cardv.org, cardv.com, or other likely URLs. A quick search at GoDaddy revealed that cardv.org is available for only $11.99 per year (cardv.com, as of May 23, is backordered and thus up for auction for a very hefty price). We also noticed that CARDV does not have a mobile-specific site—with smartphones quickly replacing computers for many, this would be highly useful. Also, many domestic violence sites offer a Spanish version or translation option; we recommend the same for CARDV, particularly in recognition of its desire to reach Latino/Latina populations. Finally, we noticed that the site has no search engine box (a tool readily available from Google to install) and doesn’t utilize “breadcrumbs” (navigation visible on each page; for example, Home -> About Us -> Blog -> May 5, 2013), which can be a helpful tool for users to navigate back and forth when within the “deeper pages” of the site without multiple uses of the back button.

Initial impressions

Initial reactions to the site were gathered from our focus group. Individuals found it to feel cluttered and unfocused—to “busy” with information while detracting from warmth and professionalism. The darkness of the colors (particularly the background outside the mainframe) and the non-human stock photos also contributed to a feeling of coldness (while acknowledging that client photos will never be used, illustrations or local landmarks, such as the CARDV office photo, could be utilized instead)). The general impression was that, while CARDV is a professional organization, its website does not fully reflect that, and many pages, via cluttered information and design choices, are overwhelming to the eye. The need to break up text-heavy blocks with photos or illustrations was expressed multiple times.

Branding and design

Design is largely about ensuring usability while maintaining a certain element of elegance; looking crisp and professional while giving users the information they want as quickly as possible. Branding involves ensuring common, memorable elements are present on each page in order to build user confidence in the professionalism of the organization and the authority of the information being presented. One important aspect of both is maintaining a common style on all subpages within the website. Currently the CARDV site utilizes “frames” on some pages, but not on others, which contributes to a somewhat disorganized feel. Fonts could also use significant standardization across the site. Some fonts are too large, others too small, and a few were seen as being too ‘cartoony.’ The cursive-style quotation on the homepage is an example of where font standardization could be valuable. The generally large fonts at the top of the first page were seen as distracting by users; likewise, having very small text in places was problematic.

Colors and the logo are two other areas of design/branding that could use another look. Many users felt that the color scheme was too dark, and/or overtly feminine. While these are not in and of themselves a problem, the reactions this incurred in some users indicates that CARDV would be wise to have their webmaster consider the ideal color scheme for the intended purpose of the website. No solution will please all people at all times, but ensuring that the audience you most
wish to reach is not turned off by design choices is important. Which leads to the logo: although it may not be feasible to change the CARDV web page logo, a consensus formed in the focus group was that the logo had a cartoonish look, and didn’t match up well with their perceptions of the impression CARDV wishes to give to website visitors. While redesigning a logo should not be done on a whim, it might be wise to develop a web-only logo that is more distinctive and more obviously professional in design.

**Homepage**

Upon reaching the site, the first problem we identified is the hidden hotline number; it appears near the bottom of the page, in small type. We recommend making this more prominent and accessible by placing it near the top on each page, in larger type. The “escape site” button is excellent, but, due to size, color, and stationary placement, was hidden from view for many—in fact, several people accessed the site multiple times before realizing its existence. “Donate now” is very prominent—which is certainly a best practice in fundraising (you always want that to be clear), but in this case, it unintentionally dwarfs the resources for victims, your main audience. (To some members of our focus group, it gave the impression that CARDV was more an advocacy organization than a service organization.) The “Get Help” option felt buried and was difficult to quickly find; we recommend adding links to the homepage like “how to know if you’re being abused” and other markers for victims to quickly access necessary information. Finally, the homepage should have a brief purpose or mission statement—considering the brevity of the text on the mission page, we recommend this be moved to the homepage. (As shall be discussed, having legible (non-imaged) text on every page is very important for SEO as well.)

**Navigating the site**

As part of our focus group, we assigned individuals “identities” to search for and navigate the site: victim, donor, and volunteer. The most salient responses came from the group designated as victims. Users felt bombarded with information when reaching the services page. While some liked seeing all the options at once, it was also overwhelming; users felt that they were being asked to quickly assess and choose which service they needed most from a “menu” (going against what we heard from the client in our initial meeting, where the desired first step is for clients to call CARDV and get connected with an advocate who can help them navigate the resources). Reducing the amount of information on one page to the basics, with a “call to action” (call us), may assist with this. Those who did want more information tried to click on each service, to no avail. We thus recommend making a page for each individual service as well with additional information, so that victims can have both a reduced “at a glance” view for quick access and knowledge, as well as further information for those who aren’t comfortable calling in yet or who may not be able to do so for safety reasons. Community education and other non-victim services also seemed better-suited to other areas of the website, reflecting its appeal to a different audience. Also, while CARDV’s shelter location is kept secret, we would like to suggest that the address of a “safe place” be given as well, in case of immediate need to flee—even if it is the local police station, hospital, or another non-CARDV resource.

The “volunteers” group appreciated the volunteer booklet and found the information and layout to be good, although some of the information was overlapping or outdated; usability was also
good, except for having to scroll down more than preferred. Donors found their information quickly and easily and found it very easy to navigate, with comprehensive information available.

Content and organization

One of the website’s strengths is its thorough information, validating CARDV’s credibility and providing solid resources. There are some areas where information is missing or difficult to access, however. For example, we found very few references to the fact that men can also be served by CARDV, and none within victim services. Some information was out-of-date; for example, the wrong executive director being listed in some of the volunteer materials. More information is needed on the religious education page and for community stakeholders. (A recurring theme in our stakeholder interviews was a lack of full awareness of all the services CARDV offered and the ways in which they could partner.) While each of the service areas mentioned in the survey appear on the CARDV site, some appear with greater prominence than others; for example, while the majority of respondents knew about the shelter and the hotline, only 22% knew about transportation assistance (hidden beneath shelter on the website), and only 23% and 21% knew about law enforcement and medical response services—items that appear under crisis response, but that could be more emphasized (especially in light of the information gaps identified via stakeholder interviews; this is information particularly relevant to them).

Two areas in need of improvement are 1) the amount of text placed on single pages, and 2) combining material meant for different audiences into single pages. Websites need to be both comprehensive and brief; a delicate balancing act. Many in our focus group found the length and density of the text to be overwhelming, especially when considering it from the perspective of someone who may be in emotional distress. A page's text shouldn't go too far beyond the “fold” (what can be seen without scrolling), should avoid crowding other elements on the page, and should be large enough and spaced out enough (without gaudiness) for easy reading. Pictures, bullet points, and small paragraph breaks can aid in this (the posters from the CARDV contest could be utilized in this way).

A useful way to think of the organization of content is to identify the audiences that will be visiting your website. In CARDV’s case, these are 1) victims, 2) friends/family of victims, 3) community partners/stakeholders, 4) supporters (donors, volunteers), and 5) general information-seekers. Content needs to organized and tailored to the different needs of these groups, with easy accessibility. The “Get Info” tab illustrates this need. There, three pages share information about domestic violence, sexual assault, and sex trafficking. The content within these pages is sub-organized into different topics, such as “facts about sexual assault” or “how to help a survivor of sex trafficking.” However, these subtopics are geared toward different audiences. The length of the text detracts from the likelihood of its being read, and the location of some of the information may hide it from its intended audiences (for example, victims are more likely to go to the “get help” tab first). Most people will not browse the entire site; they rely upon the navigation buttons to find what they want quickly. We recommend that these pages, and others like them (such as the resources and links page), be broken down by audience, with new pages created on appropriate parts of the site (for a recommended organizational schema, see our sample information architecture insert). As an example, see Figure 10.2.1.
We divided the types of information into three categories: general information, information intended for victims, and information intended for friends and family. A victim might not necessarily need or care about statistics; someone trying to help a friend may not need an operational definition of gender violence. However, all this information is valuable, when considered from the viewpoint of different audiences. Every page should be given this same kind of consideration—*who is going to be reading this? How will they get here? What do they need to know?*—and organized accordingly.
Figure 10.2.2: Proposed CARDV website structure

- **About**
  - History
  - Our principles (formerly principles of unity)
  - Documents & Publications
  - Latest news (formerly blog/events/news)
  - Events calendar

- **Get Help**
  - Services (the same page as it is, with every individual service)
    - 24-hour hotline
    - Restraining orders
    - 24-hour emergency shelter
    - Crisis response
    - Support groups (each as its own page)
  - How can I be sure it's domestic violence?
    (includes victim-specific elements from old get info -> about d.v. page)
  - Resources for sexual assault survivors
    (includes victim-specific elements from old get info -> about s. a. page)
  - Resources for sex trafficking survivors
    (includes victim-specific elements from old get info -> about s. t. page)
  - Additional resources (only those from old page specific to victims)

- **Get Info**
  - Help a friend
    - Domestic violence
    - Sexual assault
    - Sex trafficking
  - Get more info
    - About domestic violence
    - About sexual assault
    - About sex trafficking
  - Community education (formerly educating to end violence)
  - Religious outreach
  - Additional resources (those specific to general info or friends/relatives of victims)

- **Get Involved**
  - Donate to CARDV
  - Volunteer for CARDV
  - Partner with CARDV (resources for stakeholders - law enforcement, med professionals, etc.)
  - Wish list
  - Events calendar
  - CARDV merchandise
  - Jobs at CARDV

- **Contact**
General tips\textsuperscript{10}:

- Update content on a regular basis. This shows your website visitors that you are invested in your work and aids with SEO. Also, don't be afraid to edit or eliminate old content that no longer serves its purpose. It's not just about adding new content; it's about managing it, and making sure everything you have is serving a specific goal.
- Think of audience when crafting new content, and keep content intended for different audiences in consistent locations on the website. (You can always place links to other pages on each page for quick navigation, which also aid with SEO.) Avoid jargon; show your visitors you know who they are and what they're going through. Look at your site through their eyes: under what circumstances does a victim visit the website? What are they looking for? Where would they expect to find it? How long do they have to do so?
- Use internal links, as described above. Help “guide” your visitor through the site and make sure resources are obvious and accessible. Everything should be easy to find and easy to use to someone who’s never been to your site before.
- Assign ownership. Find people within the organization who are good at writing and know you well, and make it part of their regular duties, rather than a dreaded “add on” assigned to no one (meaning that no one will find the time). Check in with them on a regular basis, and make having compelling online content an important organizational goal.
- Keep track of results. Sign up with Google Analytics or another site analysis tool that will help you see what people are doing on your site and where they spend the most time, to help continually improve the site.

10.3 SEARCH ENGINE OPTIMIZATION

Search Engine Optimization (SEO) is a technique for driving user traffic to websites from search engine result pages. With the rise of handheld phones capable of providing almost continuous access to the Internet, the first stop for many people when seeking information is a search engine like Google\textsuperscript{11}. SEO best practices are important in maximizing the visibility of any organization to potential clients. 90% to 97% of web users will never look past the first page of search results, and so to reach them one must take SEO into account.

Search engines utilize complex algorithms in order to rank webpages and present relevant ones to searchers. Search engines employ ‘spiders’—scripts that access a webpage and index its contents, particularly text—to crawl the web and, and websites are indexed and re-indexed by these on a regular, often daily basis. When a user types a search term, the search engine's algorithm then uses certain factors to rank each given webpage, with an emphasis on pushing the most relevant, highest quality results to the front. The search engine then presents to the user a ranked order list of webpages that are judged to best match the search, with the top 7-10 results on the first page. Optimizing a website to mesh well with Google's requirements is part art, part

\textsuperscript{10} There are many excellent online resources that can help guide organizations through the process. One of the most notable (from whom several of these tips were taken, is Brain Traffic, who essentially made online content strategy a field of its own (http://blog.braintraffic.com).

\textsuperscript{11} Google sets the standards followed by almost all the other search engines, and as a result, SEO practices are geared towards meeting Google's requirements.
science. The artistic side of SEO is in producing a website of high quality that radiates authority and is well-respected by other websites. The science is in employing certain best practices to ensure that individual webpages conform to the intent of the users entering searches and the requirements of the ranking algorithms.

Because of the sensitive nature of domestic violence and sexual assault, it is reasonable to believe that many individuals afflicted by these crimes will seek out information online even before confiding in friends, relatives, or officials. This may be especially true for those who are geographically isolated or whose travel is monitored by their abuser, or those who are young or just coming to understand that their experiences are not normal and that there is help available.

**Assessment**

To assess CARDV's presence in search engine results, we ran a session where fifteen researchers typed relevant search phrases into Google and recorded whether or not CARDV appeared in the first page of results—effectively the only page most people will ever look at. Of 55 search terms collectively generated as a group, CARDV had a top 10 search result presence in only 25/55 of cases, and 5 out of that 25 were not in the top 5, and therefore not 'above the fold' in terms of immediate visibility. Following are some pertinent examples of search results pages where CARDV did not appear above the fold:

- “I was raped”
- “restraining order help”
- “boyfriend hit me what should I do”
- “looking for help leaving abusive relationship corvallis”
- “emergency shelter in albany”
- “albany oregon restraining order”
- “emergency shelter corvallis”
- “emotional abuse where to go”
- “restraining order help”

**Best practices for SEO**

Although search engine algorithms are not published, public guidelines and trial-and-error experimentation have yielded a set of best practices that any organization can follow in order to boost its search visibility:

- Post fresh content often (preferably daily or even more frequently).
- Ensure content is of high quality—well-written, edited, and topical.
- Incorporate targeted search phrases into the content in a natural, non-forced manner.
- Link to and receive links from other websites with similar authority and missions.

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12 Note that Google is also sensitive to your location, which it can sense via IP address, so the omission of “in Corvallis” or other identifiers does not necessarily taint the results as much as one would think.
• **Posting fresh content regularly is essential.** Search engines index content on a regular basis, but the algorithms used to sort and rank results also typically favor newer content over older. For an organization the size of CARDV, content should be posted on its blog and/or news sections at least daily—even if it is just an article reflecting on the status quo in society with respect to violence against women. That is sufficient opportunity to improve search engine results.

• **Content must be professional in appearance.** Blog posts should be viewed as an outreach opportunity, building the organization's authority on the web. Hiring a professional copywriter is not necessary, but can be a wise investment for training employees or volunteers who have responsibility for managing the blog. Ensuring that content is on-topic to its title and the keywords buried within the text is also important—relevance is a major factor in search result rankings, and human employees are used by Google to train the algorithm to have a perpetually improving conception of what is relevant content.

• **Keywords and key-phrases are the essential element of Search Engine Optimization,** and within individual pieces of content the writer should choose relevant search phrases and build content around them. The keywords need to be used exactly as a user is expected to type them, punctuation excluded. (For example, "my boyfriend hit me" and "my boyfriend hits me" count as two separate key-phrases.) Stick to 2-4 keywords or key-phrases (for content shorter than roughly 700 words, only use any key-phrase two to three times at most, including in the title). It is often best to have only one primary key phrase at the core of the article, but then sprinkle alternate phrasings of the same idea throughout the same piece. (If possible, have someone with HTML, content management or other web development skills also include the keyword in the metadata description of the content as well.) Keywords need to be incorporated seamlessly into content, with overall relevance to the probable intent of the searcher. A website full of articles that stuff keywords too frequently into a piece of content or that has content only vaguely related to the keywords will be penalized by search engines, which are becoming better all the time at sniffing out attempts to game the system.

• **Links are an essential part of the Internet.** Search engines look both at the number and quality of inbound links to a website, and, in situations where two websites appear equally authoritative and relevant, will typically rank the more reputable—more heavily referenced—website's results higher. Earning links from quality websites is a matter of cultivating relationships and reciprocating friendly behavior. This is best begun by putting links within any piece of content that references content elsewhere. Inviting established bloggers to write guest posts on one's own website is another viable strategy, as they often come with a network of people who trust their judgment. Ultimately, links will follow good content. But it is worth some time and effort to build digital bridges with other similar organizations, just as reaching out to potential partners in the real world can be a fruitful means of helping both partners achieve mutual objectives.
The advancement of modern technologies tries its best to accommodate people’s needs, especially the younger generation (Liu 2010). This advancement led to the development of Facebook, Twitter, blogging, LinkedIn, YouTube, and Wiki—“Social Media”—which have since evolved, expanded, and grown in ways that now link people of every race, background, and origin in ways unimaginable even ten years ago (Barczyk and Duncan, 2012). These technological marvels enable people to make connections, develop new friends, and upload personal information. Social networking has evolved into a new realm of person-to-person communications, and social media sites are growing at unprecedented speeds as they become more and more indispensable to users (Roberts and Roach 2009; Elefant 2011).

In August 2010, Facebook surpassed Google for the first time as the number one site where Internet users spend the majority of their online time. In 2012, Facebook was the most popular social media site, with 67%, followed by Twitter (16%), Pinterest (15%), Instagram (13%), and Tumblr (6%) (Duggan and Brenner 2013), making Facebook, Twitter, and blogging among the most popular social media in America. Facebook has thus become synonymous not only with social media, but with web use more generally, as Americans spend more time on Facebook than on any other site, with 1.11 billion monthly active users and 655 million daily active users. Social networks and blogs reach nearly 80 percent of active American Internet users, whether on their computers, phones, Wiis, or iPads, and represent the majority of Americans’ time online.

### Social media used by CARDV

In addition to CARDV’s website, its social media channels—Facebook, Twitter, and Blogger—are playing important roles in sending its information and services to the public.

- **Facebook.** As of June 1, 2013, CARDV’s Facebook has event information updated on June 1, 3 people talking about CARDV, and 727 likes. The most popular age group following the page is from 18 to 34 years old; the most popular week for feedback was April 22, 2012. ‘Basic Info’ and ‘About’ show CARDV’s founding date, PO Box, contact number, email, website, mission, and history. CARDV’s services are listed in notes, which may not be able to find on the first few attempts. There is a video button, but there is no video currently available for viewers. Links are provided to the website, Twitter, and Causes.

- **Twitter.** Currently, there are 60 tweets, 12 following, and 66 followers. Twitter has less information than Facebook, and its last update was on February 13, 2013.

- **Blogger.** The latest post was on May 20, 2013; the last entry before that was April 26, 2013.
Areas of improvement

There are many ways for organizations to engage in and benefit from social media; following are six key points, borrowed from Kaplan and Haenlein (2010), to guide social media use, along with recommendations for CARDV:

1. “Be active. If you want to develop a relationship with someone, it is always advisable to take the lead and to be active. Social media is all about sharing and interaction, so ensure that your content is always fresh and that you engage in discussions with your customers.” CARDV should spend more time updating as much information as possible, especially making sure that information is consistent across all its social media.

2. “Be interesting. The first step is to listen to your customers. Find out what they would like to hear; what they would like to talk about.” Be thinking of things that will get people talking—topics that inspire, create room for thoughtful discussion, or create very clear calls to action.

3. “Be unprofessional. Don’t hire a professional writer to manage your corporate blog. Instead, try to blend in with other users and don’t be afraid to make mistakes!” While CARDV is a very professional organization and needs to convey that, in conversation, people respond to a more informal, human tone—in social media, not everything has to be perfect.

4. “Ensure activity alignment.” Information is not currently equally updated across all three platforms. For example, people may find information on Facebook, but not on Twitter. Additionally, CARDV should standardize the appearance of its three platforms’ layout, visibility, and design as much as possible. CARDV’s Facebook is more attractive than its Twitter and blog, but all could improve in this area. For example, the cover picture on Facebook seems to be irrelevant to the nature of the organization. (it seems more appropriate to an agricultural or landscape management organization). CARDV should find photos that visually represent who they are in interesting and memorable ways (perhaps the posters from their contest). However, CARDV needs to be extra careful, branding-wise, because there is also another CARDV (Coalition Against Rape and Domestic Violence).

5. “Media plan integration. What is true for different types of social media also holds for the relationship between social media and traditional media: Integration is key!” CARDV needs to make sure that its social media, its website, its printed materials, and other media are consistent in tone and message.

6. “Access for all.” While attention should be given to keeping messaging consistent, CARDV should allow more people (employees and volunteers) to access their social media and ask them to be active in posting pictures, sharing information and events, and providing comments—increasing “ownership” within the organization. (Of course, make sure that anyone you entrust with this access is a trustworthy individual.)
10.5 NEW TECHNOLOGY

Technology is always evolving, and for organizations to successfully implement their services and remain connected to their constituents, they must keep up with these new developments. There are a variety of technologies, both present and upcoming, that may be of use to CARDV in expanding or strengthening their services and outreach that we explore here.

Videoconferencing

While concerns have been raised about the quality of counseling removed from face-to-face interactions, studies such as Hassija and Gray’s (2011; see literature review) have shown videoconferencing to be a promising and viable method to connect with difficult-to-reach communities—such as the kind of rural areas included in CARDV’s service area. Thus, we examined the potential for CARDV to incorporate Skype into their services. (There are many different videoconferencing technologies available, but we chose Skype because of its size and its availability; the issues we discuss are often generalizable to other free web-based options as well.) Google searches revealed a number of mental health and domestic violence counselors utilizing Skype to reach their clients. While online practitioners tout Skype’s encryption technology as a mark of its safety, confidentiality concerns have been expressed by other groups in the past, and an examination of Skype’s privacy policy raised a few concerns, primarily related to subpoenaing. For example, Skype retains user information, including numbers called and the content of your conversations, for 30 to 90 days, or even longer if permitted by law, which can be subpoenaed. If you delete your account, it can take two weeks for your information to disappear from the public network. Cookies are also utilized, and while they can be turned off, it may affect functionality. It will also text or email a user to let them know if someone wants to reach them; thus, were CARDV to use Skype, the victim should always be the first to call.

We were able to speak with two counselors who advertise Skype services online. Neither expressed concerns with Skype’s privacy. One referred me to further details on their encryption; Skype support states that no eavesdropping can occur on Skype-to-Skype conversations. There are also instructions for how to ensure that no conversation history is stored on one’s computer, which would be essential to teach clients. Neither counselor had any major concerns about Skype privacy, although one admitted that he had not given it much thought yet, as it is a new practice for him; the other had been using it for four years, with no issues.

In essence, Skype is free, easy to set up and use, and accessible to anyone with Internet. Skype is also however proprietary software (meaning Skype holds all legal rights and is only allowing you to use their software); whenever you utilize a third-party software, you run certain risks—there is

simply no control over how information is used and disseminated, and tech companies are under completely different legal requirements than organizations like CARDV. If subpoenaing is of concern to CARDV, Skype should be avoided (although the likelihood of this occurring could be examined on a case-to-case basis). If CARDV is willing to walk its clients through how to ensure their computer stores no history of calls and contacts, the odds of an abuser discovering contact may be minimal (unless the presence of Skype itself on the computer prompted questions). We recommend that, should CARDV wish to pursue this route, they read the directions carefully and practice it themselves before walking a client through it. Where an abuser is not present in the home, and subpoenaed records are of no concern, there is no reason to avoid using Skype—it may prove to be a great tool for follow-up conversations and support.

There are alternatives. We spoke with Dr. Matt Gray of the University of Wyoming (the Gray of Hassija and Gray). They use their own specialized encrypted videoconferencing units. These cost $3–4,000 each, however, and each user must have one. (In their program, they partner with rural organizations to set up a teleconferencing room for victims, who can then speak to therapists at the main clinic—which also removes many of the safety concerns we have discussed.) Dr. Gray noted that cheaper webcam-style units are available, however, and recommended discussing security and affordability concerns directly with Polycom if this was of interest, particularly given the population this is meant to serve; grants are also a possibility. This may be an area for CARDV to consider in the future. The software could be thus controlled by CARDV and under their burden of confidentiality, and it may also open up unique partnership opportunities with rural organizations, such as churches, community centers, local clinics, and other gathering places. However, this would also be resource-intensive, and the fact remains that it requires victims to leave their homes and travel to another site, albeit a closer one.

**Online chats**

For younger victims and for those not ready to pick up the phone, the anonymity of the Internet can be a comfort. Online chats are being utilized by domestic violence and sexual assault organizations to meet this need. One of the most popular is RAINN’s (Rape, Abuse & Incest National Network) National Sexual Assault hotline (https://ohl.rainn.org/online)—a free online chat for victims and their friends and family. Trained volunteers with RAINN and crisis centers nationwide are available 24/7, and can offer referrals to local services. While safety can never be 100% guaranteed they have a very robust privacy system. While CARDV volunteers could offer to assist with RAINN’s system, this is not software CARDV can directly utilize. However, they could promote it on their own site for those that simply want someone to talk to, but are uncomfortable on the phone. Alternatively, this is a medium we recommend CARDV consider for itself in future years—this may prove helpful in reaching youth and rural populations directly, rather than routing them through a third party first if they wish to chat instead of call.

**Texting**

Vyas et al 2011 (see literature review) found that using texting and social media were effective ways to reach Latino youth with public health messages and interventions. Recognizing the

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15 Polycom: http://www.polycom.com
ubiquity of texting for many adolescents and young adults, this may prove to be a particularly effective approach. While texting (like calls) leaves permanent records, which compromises confidentiality to some degree, using this medium to reach individuals before violence occurs, in collaboration with local schools, youth centers, etc. could be quite efficacious. While we recognize that CARDV has had to shelve its prevention efforts for the time being, this is an approach to keep in mind. Additionally, allowing crisis texts to be sent to a special manned hotline number would provide another emergency outlet to individuals; in the moment, a silent text message may be safer than a verbal conversation when help is needed immediately.

Smartphone apps

According to comScore, 129.4 million Americans owned smartphones by January 2013. While smartphones have many useful everyday features, their social possibilities are now recognized as well. Here, we highlight two of the most popular free apps that are targeting domestic violence, sexual assault, harassment, and other related issues in new and innovative ways.

www.circleof6app.com
Circle of 6 allows users to choose six friends to whom they can send instant messages and location coordinates when in need. By simply tapping an icon on their phone, they can send a “come and get me” message with their exact location, or a request for a phone call (“I need an interruption”). There are also instant-touch icons for national hotlines and local crisis centers. This promises to be an excellent tool for anyone, especially young adults.

www.ihollaback.org
Hollaback! allows users to share the location and details of street harassment. The driving idea is utilizing the power of story and community to end this degrading practice. Hollaback! writes:

Each time you hollaback, you are given a king-sized platform to tell your story...Some will walk away understanding what it feels like to be in your shoes, others will feel like they are not alone for the first time or that it’s not their fault. Your story will redefine safety in your community—it will inspire legislators, the police, and other authorities to take this issue seriously.

The app also promotes bystander intervention techniques (see McMahon et al. 2011, literature review), and is rapidly spreading nationwide. This app speaks to the power of technology for use in not only interventions, but also in allowing victims to create community and share their story.

www.appsagainstabuse.challenge.gov
The White House and HHS partnered to encourage new technological approaches to ending sexual violence in their Apps Against Abuse Challenge (circle of 6 was one winner); this site shares all submitted entries, many of which are fully functional and ready to use. Developing apps of this caliber can be resource-intensive; however, there are many publicly-available apps CARDV can share with their audience. Ending violence is a worldwide endeavor, and successful safety tools and interventions should be shared as widely as possible.
10.6 CONCLUSION

CARDV’s website reflects CARDV as a professional organization with a great deal of information and expertise to offer and a deep understanding of the world of domestic violence. We did find that some areas are in need of improvement, however, and have thus sought to provide concrete feedback for improvement, relative to the overall results of this community study and expressed gaps in knowledge and misperceptions. Content, design, and navigation should always be created with the user’s specific needs and impressions in mind, with simplicity and visual appeal as the goals—expressing a warm and professional presence with enough information for people to access what they need, but not so much that they are overwhelmed. Information should be streamlined, consistent in location for different audiences, and easy to access.

Our class focus group used Google to search for the type of services CARDV offers. We noticed that CARDV has a higher probability of appearing on the first page for Corvallis searches, but less so if the search is in Albany (highlighted by the GIS group as being the riskiest area) or other outlying communities. CARDV’s Facebook is attractive and friendly, and it has a presence on three of the most common social media platforms; however, they should be updated far more frequently and finding ways to encourage more engagement and interaction from followers. Consistency, in branding and content, should also be a goal.

Finally, as we look to the future, there are several new technologies for CARDV’s consideration, either to appropriate themselves or which they can partner with or advertise to their clients. While confidentiality may be a concern in some cases, these concerns are often quite similar to any Internet or computer usage whatsoever—even just visiting CARDV’s website. Several of the domestic violence websites we visited in our comparative study reminded visitors that absolute, 100% computer privacy is impossible, and this should be taken into account as CARDV plots its course into the technological future—however, smart measures can be taken to reasonably enhance safety, and, as with any intervention, relative risks and benefits must be weighed. These technologies do offer a promising new horizon for CARDV to extend its reach further out into the community, in particular its targeted youth and rural demographics.

A final resource

As part of our study, we also found websites from organizations comparable to CARDV that we felt did exceptionally well in terms of design, usability, navigation, information, or other concerns, in order to help us discern best practices in this field. Themes from this comparative exercise emphasized the need for a clean, professional site with little clutter and easy-to-access, well-organized information, and a few more technical concerns, such as emphasizing the hotline number and escape options. We have included several of the highlights as sources of inspiration for what can be done in this field in regard to utilizing the web.

www.snehamumbai.org
The color scheme is friendly and inviting, while still crisp and professional. The homepage may have too much information, but it is very orderly and snapped into a grid, with little congestion. A favorite feature was that donors could specify what service or purpose he/she wanted his
donation to go to while checking out, giving donors an additional sense of investment. The site also has a “meet the team” page, adding a sense of transparency to the organization.

www.lacasa.org
This is a very clean, professional, modern (without being overly-trendy), and usable website. Strengths: the hotline is very visible; the escape option follows you on the page; the information architecture is very clear and easy to navigate; the design is very clean and pleasing to the eye, without much “clutter.”

www.fisafoundation.org
This website has a clear and attractive background and layout, allowing more space to “breathe.” The site also has a search box, where the visitor can search for needed information quickly.

www.cafv.org
Very professional and clean, with easy navigability and strong, well-organized information. Strengths: the homepage features all services offered for a quick ‘at a glance,’ with each service linked to additional detailed information; the escape button follows the user as they scroll down the page; Facebook and event updates are easily visible on the homepage; each service page has specific contact information and additional local resources available; each page has a “share this” link for social media, email, etc.; information on each subpage is generally brief, well-organized, and to the point (although some pages, including the homepage, may try to do too much).

www.ocadsy.com
Well-developed, pleasing to look at, and professional in appearance. We particularly liked that the website has a warning that a person visiting the site may find difficulty in erasing the fact that they have visited the site. Strengths: the escape button is very visible; the homepage is well-designed, with very accessible navigation.
11.0 Final Recommendations

Each method employed in this research project provides a unique view into perceptions of CARDV in Linn and Benton counties as well as the obstacles experienced by underserved populations. However, specific themes were echoed throughout the findings that lend themselves to a set of clear recommendations for improving access to CARDV’s services. Below is a summary of recommendations based on our findings in this research project:

Focus on Linn County and explore permanent physical presence in Albany
Both residents and services providers in Linn County expressed that CARDV’s services are under-utilized in this county. Albany in particular represents a “perfect storm” of demographic indicators for domestic violence and sexual assault. CARDV can address this by increasing outreach and marketing efforts in Linn County and considering the long-term goal of establishing a permanent physical presence in Albany.

1. **Increase outreach and marketing efforts to advertise the array of services available through CARDV.**

   While our respondents shared a general awareness of CARDV’s existence, this did not translate into awareness of the comprehensive services offered through CARDV. CARDV may consider revamping their marketing and outreach campaigns to explicitly communicate the services offered through their organization.

2. **Utilize schools, churches, and community events to maximize interaction with underserved populations.**

   Both Latinos and rural residents of Benton and Linn Counties experience multiple barriers to accessing domestic violence services. Schools, churches and community organizations that currently serve these populations can act as natural partners to increase CARDV’s exposure and improve outreach efforts.

3. **Increase availability of literature and trainings for Community stakeholders and partners.**

   Partners and stakeholders would benefit from receiving a larger quantity of promotional and educational literature from CARDV so that they may share these with clients and potential donors. CARDV may also consider increasing the number of trainings currently offered to stakeholders in order to improve coordination among service agencies.

4. **Streamline website, update often, and improve user-friendliness.**

   National best-practices confirm that information available on the internet is one of the most effective tools in reaching distant and underserved populations, particularly for sensitive issues such as domestic violence and sexual assault. CARDV can capitalize on the accessibility of the internet by streamlining its website to be more user-friendly, updated and comprehensive. Social Media can also serve as an important connection to clients, volunteers, partners and donors and should be effectively managed and updated.
12.0 References


13.0 Appendices

13.1 SURVEY INSTRUMENT

Community Resources Awareness Survey
Thank you for your help! This survey is being conducted by Oregon State University graduate students to assess awareness of community resources and organizations. All survey responses are anonymous and confidential. Please answer honestly – your answers will help a local organization deliver better services to you, the public!

In this section we are asking questions about services related to domestic violence and sexual assault.

Domestic violence, or intimate partner violence, is one person’s systematic use of emotional, physical, or sexual abuse in order to have power and control over someone else. Sexual assault is any non-consensual sexual act. It can take the form of unwanted verbal, visual, or physical contact.

1. If you knew someone was affected by domestic violence, where would you suggest they look for resources? (Check all that apply)
   - Law enforcement
   - Hospital/medical service provider
   - Community/Non-profit agency
   - Counselor
   - Internet
   - Friends
   - Family members
   - Church or religious organization
   - Would not refer
   - Other (Please specify: ________________________________)

2. What services regarding domestic violence do you think are needed in your community?

3. Are you aware of the Center Against Rape and Domestic Violence (CARDV)?
   - Yes  □ No □  ►If you answered No, please skip to Part 2 on other side of survey.

4. How did you hear about CARDV? (Check all that apply)
   - Website
   - Newspaper advertisement or article
   - Radio
   - Friend or family member
   - Have seen one of their offices
   - Informational flyer or poster
   - Health or service provider
   - Other (Please specify: ________________________________)

5. Who do you think is eligible to receive CARDV services? (Check all that apply)
   - Women □ Benton County residents □ Anyone is potentially eligible
   - Men □ Linn County residents □ Do not know
   - Non-U.S. citizens □ Children/Minors

6. What do you think prevents people from choosing to or being able to access CARDV’s services?

7. If you wanted to know more about accessing CARDV’s services, where would you look?

(Continue to other side)
Community Resources Awareness Survey (Side 2)

8. Which of the following CARDV services are you aware of?
- Website
- Peer Counseling
- Transportation
- 24-hr hotline
- Support groups
- Community Outreach/Education
- 24-hr Medical Response
- Emergency Confidential Shelter
- Legal Advocacy
- 24-hr Law Enforcement response
- Other (Please specify:____________________)
- None of the above

9. Do you know where CARDV offices are located?
- Yes  
- No

10. Where would you look to find CARDV’s hotline number?

____________________________________________________________________

Part 2

11. What is your gender?
- Male
- Female
- Transgender
- Other

12. What is your race? (Check all that apply)
- White
- Hispanic/Latino
- Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Native
- Other (Please specify:____________________)

13. What is your sexual orientation?
- Heterosexual
- Gay/Lesbian
- Bisexual
- Other
- Prefer not to answer

14. What is your age?
- 18 - 20
- 21 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75+
- Prefer not to answer

15. What is your zip code? ________________

Thank you for completing our survey!
13.2 INTERVIEW QUESTIONS

Introductory statement

- Introduce yourself by name
- Our Applied Research Methods course, facilitated by Dr. Dwaine Plaza, is collaborating with CARDV to help them understand how the community perceives them, how much knowledge community members possess, what barriers to access may exist, and what populations are underserved by its services. I appreciate your time in speaking with me. In the interest of full disclosure, your answers will be aggregated with other respondents and made available to CARDV as part of a comprehensive research design to help us identify trends and areas in which CARDV can improve.

Questions

1. How would you describe your position? What does a normal day look like in your profession?
2. How regularly do you come into contact with domestic violence in your job? How regularly do you come into contact with sexual assault in your position?
3. In a situation that involves domestic violence what would your professional response be?
4. In your opinion, what role do you think CARDV plays in your community?
5. How do you interact with CARDV in your job?
6. In terms of services what are CARDV’s strengths?
7. What are some ways in which CARDV could improve its services?
8. How could CARDV improve its outreach into the community?
9. Are there any populations which you feel are underserved by CARDV?
10. Overall, what domestic violence services do you think should be made available to the people that you work with?
11. Do you have any recommendations for CARDV?
12. Is there anything that you would like to add on this topic that we have not covered in this interview?