



TACOMA

DOMESTIC VIOLENCE NEEDS ASSESSMENT

BERK

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Introduction

Domestic violence (DV), also referred to as Intimate Partner Violence (IPV), can be defined broadly as any behavior that demeans or controls a partner in a dating, cohabiting, or marital relationship. Narrowly defined, it refers to acts of physical assault, but the broader, more accurate definition includes sexual coercion and psychological attacks. Similar to other crimes, domestic violence is complex, caused by multiple inter-connected issues like mental health, substance abuse, and unemployment. Unlike other crimes, however, domestic violence is more likely to be hidden, due to the shame that many victims feel or social norms that implicitly tolerate it based on it being a “family matter.” Victims of domestic violence often delay or under-report the violence as a coping mechanism.

Domestic violence is widespread. The Bureau of Justice estimates that every year over one million women and almost 835,000 men are physically assaulted by an intimate partner. Twenty seven percent (27%) of women and twelve percent of men have experienced domestic violence during their lifetime and then suffered significant impacts such as post-traumatic stress disorder (PTSD) and injury as a result (Breiding, et al., 2011).

The 2016 City of Tacoma Community Needs Assessment reported the rate of domestic violence offenses in Tacoma as being four times higher in 2014 than rates reported in Fife, Renton, and Seattle. In part due to this information, the City, in conjunction with community stakeholders, recognized a need to update its 2011 Domestic Violence Needs Assessment to establish an accurate baseline of domestic violence related services and identify opportunities to direct city resources and efforts.

Approach and Methods

This updated Domestic Violence Needs Assessment focuses on three primary research areas:

1 The Prevalence of Domestic Violence

How prevalent is domestic violence in Tacoma? Who in our community is affected?

We sought to understand the extent of domestic violence, who in our community is at risk of domestic violence, and what services are needed to address and/or prevent it. To gain insight, BERK conducted a literature review and analyzed local incidents of domestic violence, as well as demographic factors like unemployment and poverty.

2 Range of Services Provided

What is the range of current services available in the community for DV related clients? Who are the key providers in the system of supports? Who and how many are being served? What are some of the most prominent needs of the client population? What are some of the most prominent needs of the service provider population?

We sought to identify the range of services available and any barriers to access services. BERK designed, administered, and analyzed an online survey of domestic violence service providers to collect primary data on this topic.

3 Opportunities

What else is needed to prevent and address domestic violence?

We sought to understand the barriers community members face and the scale and location of those barriers in the community. EnviroIssues and BERK conducted individual and group interviews with key informants to understand underserved populations, any gaps in service provision, and opportunities for improvement.

PRIMARY DATA

The primary data source for this needs assessment is a provider survey. The survey was administered online in October 2017. The sample universe included stakeholders representing direct service providers, advocacy organizations, law enforcement personnel, and representatives of the Puyallup Tribe.

A total of 17 different agencies completed the survey. Respondents included a diverse set of providers.

Specific agencies that completed the survey include:

- Advantages Plus Counseling
- Address Confidentiality Program
- A New Sunrise Counseling and Defiance Counseling
- Crystal Judson Family Justice Center
- Catherine Place
- Casteele, Williams & Associates Comprehensive Behavioral Health
- Exodus Housing
- Hope Sparks
- Korean Women's Association
- La Nueva Comunidad
- Mary Trukositz & Associates
- New Phoebe House Association
- New Connections
- Pacific Lutheran University
- Social Treatment Opportunity Programs
- Tacoma Community House
- YWCA Pierce County

Joint Base Lewis-McChord was contacted but did not respond to multiple attempts to gather input. In addition to the survey, focus groups and one-on-one interviews were conducted with key stakeholders. These discussions supplemented survey data with key insights and community context. (see Stakeholder Engagement below).

SECONDARY DATA SOURCES

This report relies on the most current data available; however, there is frequently a lag between the time the data is collected and processed and the time of the analysis for this report.

Specific sources include:

- **Crime and Domestic Violence:** Washington Association of Sheriffs and Police Chiefs, City of Tacoma
- **Legal Assistance:** 2015 Washington State Civil Legal Needs Study Update
- **State DV Data:** Washington State Coalition Against Domestic Violence (WSCADV) Fatality Review Reports
- **Coordinated Entry Program:** Pierce County

- **Unemployment:** American Community Survey

STAKEHOLDER ENGAGEMENT

To inform the content of this report, BERK and EnviroIssues conducted a series of interviews and attended meetings with City of Tacoma staff and key stakeholders. In some instances, interviews identified data sources that could be analyzed further to provide a more complete assessment of domestic violence related needs. Some providers were interviewed multiple times given the range and complexity of their programs. Providers who were interviewed multiple times include the YWCA (3 interviews), New Phoebe House (2 interviews), KWA (2 interviews), and Puyallup Tribe Community Domestic Violence Advocacy Program (2 interviews).

Specific interviewees for the report include:

- **Domestic Violence Service Providers and Shelters**
 - Adams Street Family Shelter
 - Crystal Judson Family Justice Center
 - DAWN
 - New Phoebe House
 - Korean Women’s Association
 - Puyallup Tribe of Indians Community Domestic Violence Advocacy Program (CDVAP)
 - Pacific Lutheran University
 - SafePlace
 - Tacoma Community House
 - YWCA
- **City of Tacoma**
 - City of Tacoma Police Department
- **Pierce County**
 - Pierce County Social Services Program
 - Tacoma Pierce County Volunteer Legal Services
 - Associated Ministries Coordinated Entry
- **Washington State**
 - Department of Social and Health Services (DSHS) Domestic Violence Program

Summary Findings

The rate of domestic violence offences reported to the Tacoma Police Department is higher than the rate reported statewide and to police departments of nearby cities.

Interpersonal violence, including child abuse and neglect, youth violence, intimate partner violence, sexual violence, and elder abuse, is both a criminal matter and a significant public health, social, and developmental threat. Exposure to violence creates immediate physical wounds as well as risk for long-lasting mental and physical health conditions (Summer, et al., 2015).

Domestic violence is higher in Tacoma than in Washington State.

- Since 2005, the rate of domestic violence offenses reported to the Tacoma Police Department is, on average, 2.5 times the statewide rate.
- By 2016, however, the rate of domestic violence offenses reported in Tacoma decreased from 2014 to 15.8 offenses per 1,000 residents. The 2016 rate is below that of Fife and Lakewood as well as Renton, SeaTac, and Seattle.
- Many domestic violence victims, especially those with few resources, find themselves homeless. In this year's Pierce County point-in-time count of homeless individuals, 14%, including children, reported having experienced domestic violence.

Local service providers serve a diverse population.

While an exact number of clients served by local providers and agencies is unavailable, we estimate that the overall number of clients and/or affected households last year could be in the range of 9,119-25,713. The upper range includes calls to crisis intervention hotlines while the lower number counts only in-person services.

Data reveal some characteristics of the client population. In general, providers report that the majority of their clients come from the City of Tacoma. In terms of race and ethnicity, the data show that a relatively larger number of reported domestic violence clients are non-white. For example, the YWCA reports that nearly 50 percent of clients in any given DV related program are non-white. 2016 U.S. Census Bureau estimates are that non-white residents (including Hispanics) comprise about 30 percent of the population. Providers also noted serving immigrants, tribal members, and military families.

Safe, stable housing was identified as the highest priority need of DV clients

Victims of domestic violence who want to leave an abusive home and establish a new one face many complex challenges. When they can't find an affordable place to live, victims are often forced to return to a violent home. A safe, affordable housing alternative is needed both on an immediate basis as well as on a longer-term basis. Reflecting this, the biggest need identified by providers is for safe, stable housing. Related to the topic of housing, improvements to the homelessness response system were also cited by providers as a high priority need.

Affordability and location within the City of Tacoma was cited as an essential element of housing since economic need among DV clients is often severe. Moving to housing outside the city or county was seen as a disruptive change that can potentially isolate victims. Providers cited the need for a housing model that protects and stabilizes victims of domestic violence and urged the City to consider such housing as part of its strategy to address domestic violence. WSCADV's DV Housing First model was cited by many stakeholders as a good example to support and replicate.

Other Priority Needs

Additional shelter capacity, access to legal assistance and mental health services, and cultural competence were also identified as priority needs.

Opportunities to Address Domestic Violence

The following topics were identified as opportunities to better address the issue of domestic violence:

PROVIDE CONSISTENT PROTECTION AND COMPREHENSIVE RESOURCES AT EVERY POINT OF CONTACT

- Improve the Domestic Violence Protection Order process.
- Ensure consistent, high-quality law enforcement response.
- Provide hotel vouchers.
- Create a comprehensive domestic violence resource guide.
- Offer broad information about safety planning when contacted.
- Collaborate with DSHS.
- Collaborate with mental health, suicide prevention, substance abuse and healthcare providers.

INCREASE COMMUNITY AWARENESS OF DOMESTIC VIOLENCE AND SERVICES AVAILABLE TO ADDRESS IT

- Use established, trusted channels and community partners.
- Improve City of Tacoma website.
- Provide information to at-risk populations.
- Provide information at schools and youth programs.

ENSURE ACCESS TO CULTURALLY RELEVANT SERVICES

- Develop a Language Access Plan.
- Encourage and support providers to hire culturally competent staff.
- Support existing programs.

SECTION 1

Prevalence of Domestic Violence

INTRODUCTION

RCW 26.50.010 defines domestic violence as (a) Physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury or assault, between family or household members; (b) sexual assault of one family or household member by another; or (c) stalking as defined in RCW 9A.46.110 of one family or household member by another family or household member. Physical and non-physical assaults are similar in some ways, but demand very different strategies in terms of services and prevention. Similar to other crimes, domestic violence is complex, caused by multiple inter-connected issues like mental health and substance abuse. Unlike other crimes, however, domestic violence is more likely to be hidden, due to the shame that many victims feel or social norms that implicitly tolerate it based on it being a “family matter.” Victims of domestic violence often delay or under-report the violence as a coping mechanism.

In addition, financial abuse, also known as economic abuse, is a common tactic used by abusers to gain power and control in a relationship; it may include tactics to limit the partner’s access to assets or to hide information and accessibility to family finances. Financial abuse is a powerful method of keeping a survivor trapped in an abusive relationship, and research shows that financial abuse occurs in 98 percent of abusive relationships (National Network to End Domestic Violence).

Women experience more intimate partner violence than do men. One in every four women and one in seven men have been victims of severe physical violence by an intimate partner at some point in their lives (Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R., 2011). Domestic violence is often repetitive with a pattern of violence. Risk factors for domestic violence include substance abuse and a record of violence. Chronic unemployment has also been identified as a demographic risk factor. For victims, the risk of domestic violence unfolds on a timeline, with the highest risk typically when a victim tries to leave the abuser or when a couple separates.

FINDINGS

The rate of domestic violence offences reported to the Tacoma Police Department is higher than the rate reported statewide and to police departments of nearby cities.

Since 2005, the rate of domestic violence offenses reported to the Tacoma Police Department has been an average of 200 percent higher than the average rate for the state.

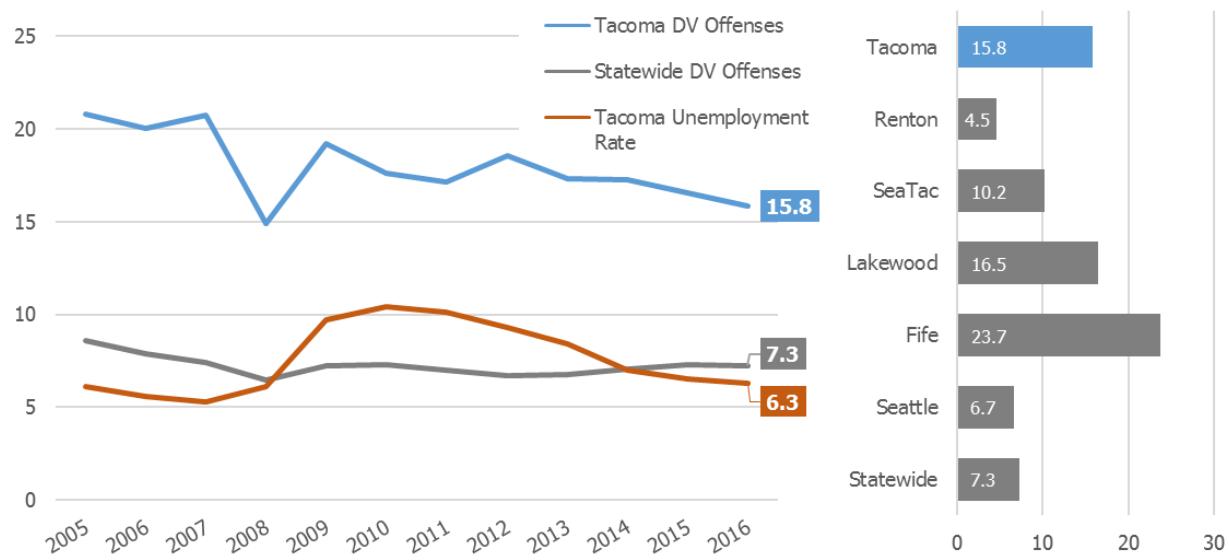
In 2014, the rate of domestic violence offenses reported in Tacoma was four times higher than that of several nearby cities: Fife, Renton, and Seattle. Lakewood reported a similar rate of domestic violence offenses to Tacoma in 2014. By 2016, however, the rate of domestic violence offenses reported in Tacoma decreased from 2014 to 15.8 offenses per 1,000 residents. The 2016 rate is below that of Fife and Lakewood as well as Renton, SeaTac, and Seattle ([Exhibit 1](#)).

“PEOPLE FIND OTHER WAYS TO GET AWAY FROM DOMESTIC VIOLENCE WHEN THEY HAVE THE ECONOMIC MEANS TO DO SO.” – PROVIDER INTERVIEW

While the recent data shows the DV rate has declined in Tacoma, these trends should be viewed with caution. Given that DV cases continue to be under-reported, and that measures such as these show some variation in the short term, the data would need to show a few more years of steady decline to conclude that the rate is truly declining. One possible cause for the short-term decline may be the strong economy and its effect on employment. Jacquelyn Campbell, an expert on domestic violence from the Johns Hopkins University School of Nursing, identifies chronic unemployment as a demographic risk factor for domestic

violence. Local providers contacted for this study also talked about the strong connection between domestic violence, economic stability, and poverty. This connection could be reflected in the data, since lower rates of domestic violence in Tacoma in the short-term seem to align with lower citywide unemployment rates as well.

Exhibit 1 Domestic Violence Offenses per 1,000 residents.



Notes: Prior to 2012, all data was calculated using the Summary UCR (SRS) reporting method. Beginning with 2012 data is calculated using the National Incident-Based Reporting System (NIBRS). Due to the significant differences in the reporting methods, SRS data cannot be compared to NIBRS data.

Sources: Washington Association of Sheriffs and Police Chiefs, 2005-2016; U.S. Bureau of Labor Statistics, 2005-2016; BERK, 2017.

SECTION 2

Services Provided

INTRODUCTION

Seventeen different organizations in Pierce County that provide services specifically designated for survivors of domestic violence completed the provider survey. In addition to local DV-related services, survivors are sometimes referred to agencies in King County. They may also access other local services such as housing and healthcare.

FINDINGS

What is the range of current services available in the community?

Services offered by domestic violence providers include: crisis-intervention hotlines, legal assistance (with protection orders as well as other criminal and civil law matters), emergency shelter, transitional housing, case management, healthcare, mental health and substance abuse treatment, counseling, advocacy, prevention education, perpetrator services, food, transportation and other basic needs and services.

Exhibit 2 shows the relative proportion of services available from providers. The most common services offered are survivor advocacy and support groups while the least common services are family law and emergency shelter.

Exhibit 2 Domestic Violence Related Services Offered

DV Related Client Service	Percent of Agencies
Survivor Advocacy	47%
Support Groups	47%
Prevention Education	41%
Direct Counseling	41%
Mental Health Treatment	41%
Other	41%
Case Management	35%
Translation/Interpretation	35%
Child Services/Programs	29%
Perpetrator Services	29%
Crisis Intervention (e.g., hotline)	24%
Transitional Housing	18%
Provider Training	18%
Medical/Health Care	18%
Transportation Services	18%
Food	18%
Chemical Dependency Treatment	18%
Emergency Shelter	12%
Family Law Issues	12%

Source: Provider Survey BERK, 2017.

The domestic violence service system relies on referral networks between service providers and other partner agencies. To understand how well this is working, the survey asked providers about the referral process. [Exhibit 3](#) and [Exhibit 4](#) show that there are many referrals that occur among service providers. Referrals to DV providers from agencies are most commonly from courts ([Exhibit 3](#)) while DV providers are most likely to refer to mental health services ([Exhibit 4](#)).

Exhibit 3 Referrals to DV Providers Come from the Following Agencies

Organization Type	Percent of Agencies
Courts	59%
DV Client Advocates	53%
DV Shelters	41%
Mental Health Service Providers	41%
Police/Law Enforcement	35%
Family Justice Center	29%
Medical/Health Care	24%

Source: Provider Survey BERK, 2017.

Exhibit 4 DV Providers Refer to the Following Agencies

Organization Type	Percent of Agencies
Mental Health Service Providers	71%
DV Client Advocates	65%
DV Shelters	59%
Courts	59%
Medical/Health Care	59%
Family Justice Center	53%
Police/Law Enforcement	47%
Other (please fill in)	29%

Source: Provider Survey BERK, 2017.

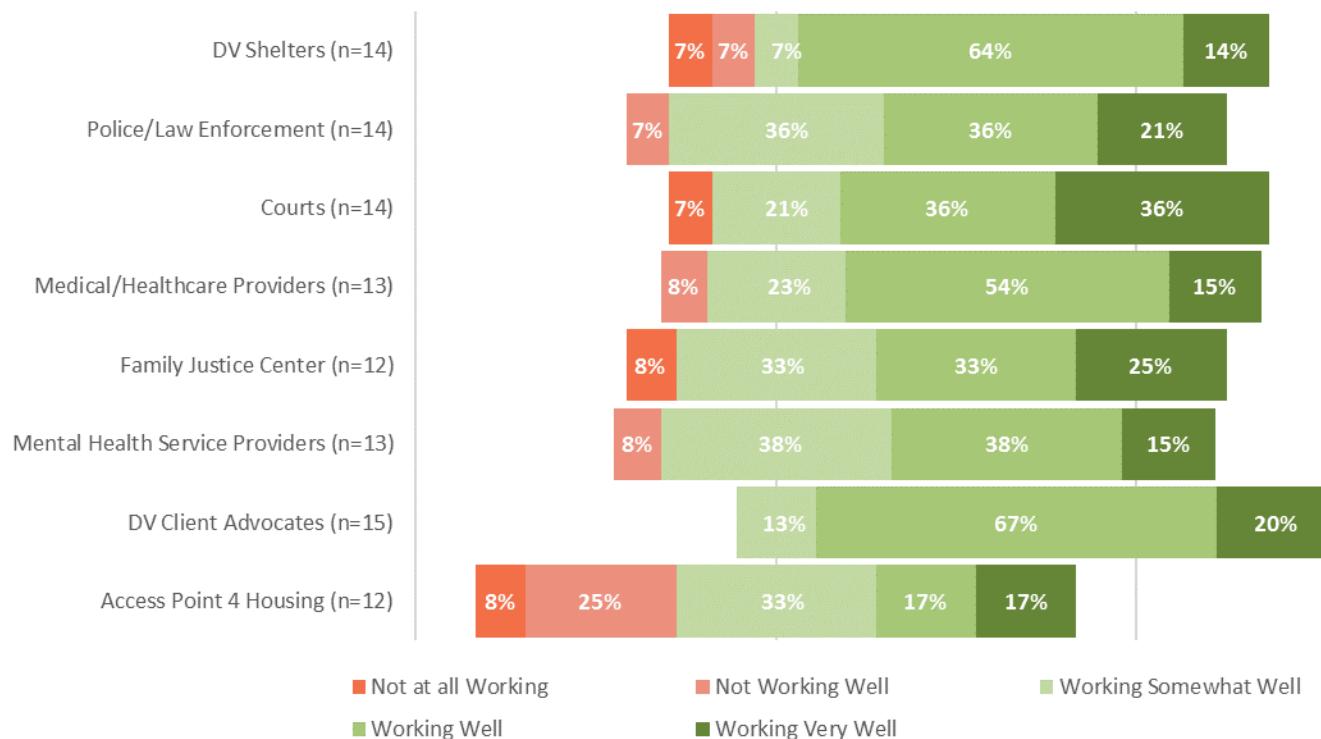
Respondents were asked to rate collaboration with other providers with respect to how well it is working. In all but one case, the majority of survey respondents said that things are working well or very well. However, with Access Point 4 Housing (now called Coordinated Entry, see page 23 for a description) while 34 percent said it was working well or very well, 33 percent said it was not at all working or not working well ([Exhibit 5](#)).

AP4H or Coordinated Entry serves households who meet the federal definition of homeless under two HUD categories: Category 1, literally homeless in a shelter or somewhere not meant for human habitation (such as a car) and Category 4, fleeing domestic violence. Clients who contact the system are screened for fit with either category, and if they qualify they are first offered a diversion or problem-solving conversation about housing options. If this conversation does not yield a viable option that can be accomplished in 30 days or less, clients receive an assessment of housing history and are placed in a priority pool. The assessment information is placed on hold for ninety days for a referral option to a housing provider.

AP4H's HUD-prescribed, narrow definition of literal homelessness was cited by many providers as a reason why collaboration is not working well. According to Associated Ministries, their ability to provide services is limited to DV victims who are either unsheltered or actively fleeing domestic violence. This has led to a situation where there is limited assistance for a common category of DV victim – someone who has left an abuser, is not being actively pursued, and is living temporarily with family or friends. From AP4H's perspective, the magnitude of the homelessness problem and the limited resources available have constrained their approach. For example, in 2017, AP4H received 13,284 calls for assistance, of which 4,032 were scheduled for appointments, to avail of a limited pool of 804 available housing units. (Source: Associated Ministries)

Another common cause for concern among providers was the lack of access to AP4H members to conduct vulnerability assessments that allow DV victims who do qualify for assistance to be entered into a priority pool. Providers cited challenges scheduling appointments with AP4H. According to Associated Ministries, changes to the process are being made to address this issue.

Exhibit 5 Collaboration with Other Providers



Source: Provider Survey BERK, 2017.

As shown below, 47 percent of survey respondents reported that DV victims were very willing to access services related to food and other basic needs, and 41 percent were very willing to access transitional housing. Close to a third of providers reported that DV victims were very willing to access housing or transportation related services. Several survey respondents noted that domestic violence victims were on average less willing to access services related to mental health or chemical dependency treatment.

Exhibit 6 Willingness of clients to engage in services (percent of providers which selected the following options)

	Very Willing	Willing	Neutral	Reluctant or Resistant	Not Applicable
Emergency Shelter	29%	24%	6%	6%	29%
Transitional Housing	41%	18%	0%	0%	35%
Survivor Advocacy	24%	29%	6%	0%	24%
Provider Training	6%	12%	12%	6%	53%
Medical/Health Care	12%	12%	12%	12%	47%
Child Services/Programs	24%	24%	0%	6%	29%
Crisis Intervention (e.g., hotline)	24%	18%	6%	0%	41%
Perpetrator Services	6%	0%	18%	12%	41%
Legal Services	29%	24%	0%	6%	35%
Prevention Education	12%	24%	24%	6%	24%
Case Management	12%	35%	24%	6%	18%
Direct Counseling	24%	41%	18%	6%	6%
Housing/Housing Referrals	35%	24%	0%	6%	29%
Transportation Services	35%	12%	0%	0%	47%
Food and Other Basic Needs	47%	12%	0%	0%	29%
Mental Health Treatment	18%	18%	24%	24%	6%
Chemical Dependency Treatment	0%	24%	12%	24%	24%
Support Groups	12%	41%	18%	12%	12%
Translation/Interpretation	29%	18%	0%	0%	41%

Source: Provider Survey BERK, 2017.

More than half of the providers referred to decreased funding in the past five years. Reductions in funding have made it difficult to retain adequate staff and exacerbated existing needs for several services, particularly case assessment. Given the increasing need for culturally competent staff, stable or diminished funding has meant that providers have had to do more with less.

Exhibit 7 How have funding levels changed in the last five years?

Percent of Agencies	
Some Increase	12%
Not Much Change	29%
Some Decrease	24%
Significant Decrease	29%
Other	6%

Source: Provider Survey BERK, 2017.

The survey asked providers about the frequency and ways in which they connect with DV victims. The most common form of contact is the provider initiating it by phone or letter (47%). Forty one percent (41%) of providers reported that the victims initiated contact by phone, letter, or in person. The high proportion of provider-initiated contact is likely reflective of providers contacting victims through referrals.

Exhibit 8 Ways / frequency of organizations connecting with victims

Type of Contact	Always	Sometimes	Never	Not Applicable
Organization initiates phone or letter contact	47%	18%	24%	12%
Domestic violence related client initiates phone, letter, or in-person contact	41%	53%	6%	0%
Other agency (e.g., law enforcement or a community agency) refers domestic violence clients	24%	65%	6%	6%
Internet contact including email	0%	76%	12%	12%

Source: Provider Survey BERK, 2017.

Who is being served?

Based on the small sample of the survey and limited data sources related to domestic violence, an exact number of clients served by local providers and agencies is unavailable. We estimate that the overall number of clients and/or affected households last year could range from 9,119-25,713. The upper range includes calls to the hotline while the lower number counts only in-person services.

- In FY 2016-17, the YWCA served 4,182 clients in-person (excluding kids) and received 10,829 hotline calls, serving a total of 15,011 clients. A total of 108 adults and 146 kids were served in the emergency shelter.
- The Crystal Judson family center served 3,183 clients in the past year and received 6,846 calls related to domestic violence. This number includes clients who were provided support and education by the Victim Witness Advocates stationed at the center, as well as clients reached through advocacy outreach provided to DV survivors/victims.
- Other smaller service providers and programs each reported working with 50-300 individuals in the past year for a total of 1,754 clients.
- In 2016, there were 8,038 domestic violence related calls for service to the City of Tacoma Police Department¹.
- Of the 8,038 calls received, there were 7,930 calls for service listing Tacoma Police Department (TPD) as the primary unit.
- There were 3,670 individuals listed on reports as a victim of an offense with DV. Close to 74 percent or 2,724 of these included females listed as victims. Close to 26 percent or 946 reports listed males as victims.²

¹The data are based on the date the call was received and on the best available information at the time of the query. The data are taken from the computer aided dispatch (CAD) system and may not necessarily mean a crime was committed or a report was generated. The Call Type was limited to Domestic Violence – Physical, with Weapon and Verbal.

²The data are based on the ‘occurred on’ date. The breakdowns are based on the best available information at the time of the query. The data is not National Incident Based Reporting System (NIBRS) or Uniform Crime Report (UCR) complaint and should not be compared to any report using either standard. The entity type was limited to victim

- Based on NIBRS compliant data, there were zero homicides in 2016 involving domestic violence.

The survey also revealed some characteristics of the client population. Some programs work with specific segments of the population which are likely to be overrepresented in the survey data. For example, the Korean Women's Association tends to work with a high proportion of Asian women, while organizations such as Tacoma Community House serve large numbers of immigrants and Hispanics.

Exhibit 9 and **Exhibit 10** show the relative proportions of clients in various segments of the population. In general, providers report that the majority of their clients come from the City of Tacoma.

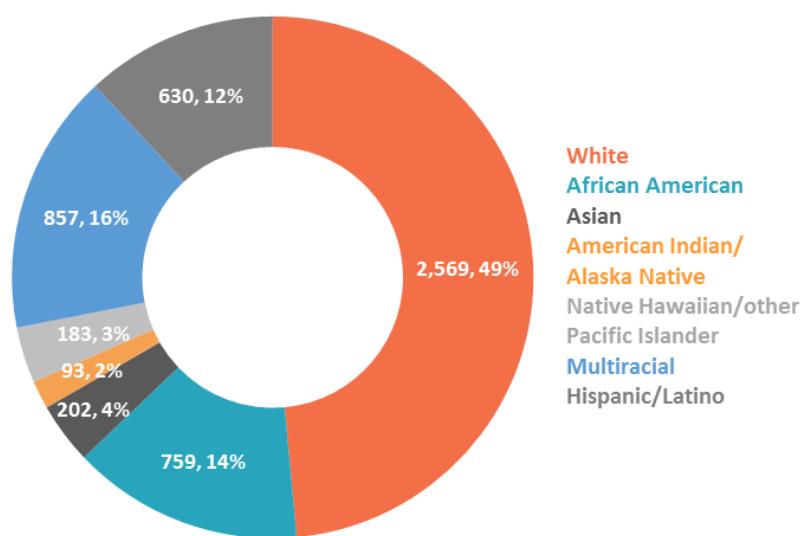
Exhibit 9 Selected Client Characteristics

Client Type	Count
Clients from Tacoma	2,124
Clients with Disabilities	530
Male Clients	301
Military Families	276
Clients with Limited English Proficiency	257
Clients who identify as LGBTQ	11

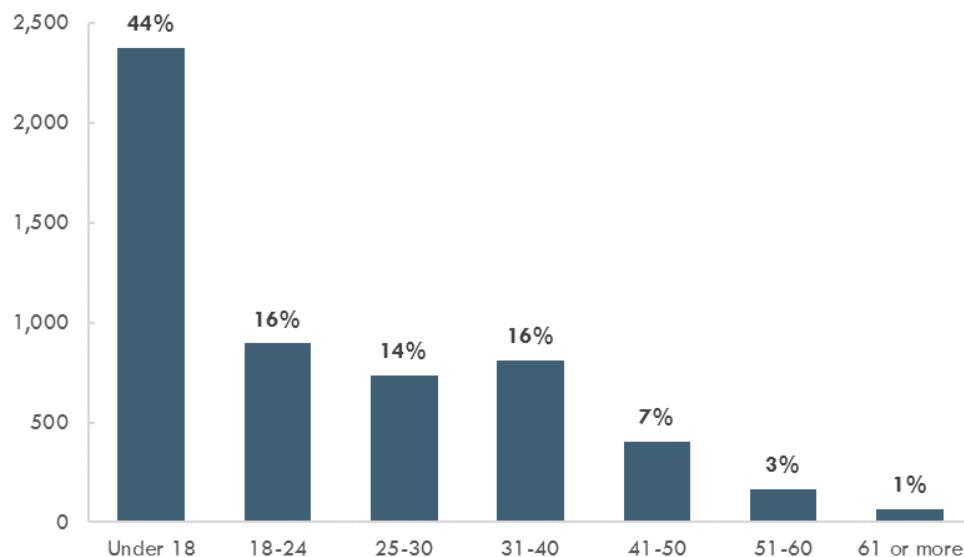
Source: Provider Survey BERK, 2017.

In terms of race and ethnicity, the survey data show that a relatively larger number of DV clients are non-white than are represented in the population overall. This trend is visible in the clients served by the YWCA as well, which reports that nearly 50 percent of clients in any given DV related program are non-white. 2016 U.S. Census Bureau estimates that non-white residents (including Hispanics) comprise only about 30 percent of the population. Differences in the prevalence of domestic violence among individuals of different racial and ethnic backgrounds may also be related to the willingness of victims to disclose this violence. Social, demographic, and environmental factors play a role in this as well. For example, some studies indicate that individuals from Asian and Native Hawaiian backgrounds are less likely to report domestic violence (Tjaden, Patricia & Thoennes, Nancy, 2000). More research is needed to understand how prevalence rates vary by race and ethnicity.

Providers cited transgender individuals, immigrants and refugees, especially undocumented immigrants, and people with Limited English Proficiency as underserved populations affected by domestic violence.

Exhibit 10 Clients Served by Race/Ethnicity

Source: Provider Survey BERK, 2017.

Exhibit 11 Clients Served by Age

Note: Providers included children among their clients which likely accounts for the large proportion <18.

Source: Provider Survey BERK, 2017.

What are the priority needs of clients?

HOUSING IS THE HIGHEST PRIORITY NEED

“TODAY CLIENTS TYPICALLY DO NOT COME DIRECTLY FROM THE ABUSE THEY ARE FLEEING. THE HOUSING CRISIS IS SO BAD, MOTHERS ARE COMING FROM LIVING IN THEIR CAR WITH THEIR KIDS OR LIVING IN THE WOODS WITH THEIR KIDS.” – PROVIDER FOCUS GROUP

Providers unanimously cited safe, stable housing as the highest priority need for domestic violence clients. Domestic violence is intimately linked to housing and homelessness, and the fear of becoming homeless is one of the primary reasons domestic violence survivors stay with their abusers. Research shows that the need for safe housing and the financial means to maintain safe housing are two of the most pressing needs among women who are leaving or who have left abusive partners (Clough, Draughon, Njie-Carr, Rollins, & Glass, 2013).

Victims of domestic violence who want to leave an abusive home and establish a new one often face a difficult set of circumstances. When they can't find an affordable place to live, victims are often forced to return to a violent home. Safe, affordable alternatives are needed both on an immediate basis as well as on a longer-term basis. The range of housing needs identified included housing that addresses issues of safety, training, and healing as well as improvements to the homelessness response. Providers also pointed out that the rapid, re-housing strategy's emphasis on the shortest possible timeline to housing is a poor fit for the needs of domestic violence victims.

AFFORDABILITY AND LOCATION ARE IMPORTANT HOUSING NEEDS

In addition to affordability, the location of the housing is important to reduce the disruptions in clients' lives when they flee domestic violence. Staying in a shelter or transitional housing may mean giving up a job and removing children from school, being unable to care for elderly parents, or missing appointments. While relocating often saves lives, clients often find it unfair that the burden of change falls on the victim, not the perpetrator. For example, the shelter run by the Puyallup Tribe is so far away (and inaccessible by transit) that they reported limited success in retaining domestic violence victims without a car of their own. These victims often decide to leave the shelter or not use it at all because the location and lack of alternative transportation options would make it impossible to maintain a job.

IMPROVEMENTS TO THE HOMELESSNESS RESPONSE

Every year in January, Pierce County surveys people experiencing homelessness. This “point-in-time count” is a one-day snapshot of the characteristics and situations of people without a home. In 2017, 14 percent (roughly 185) of total homeless individuals were victims of domestic violence. This is less than half of the previous year’s number, but still a significant number.

Need for Domestic Violence Housing First Model. Rapid re-housing for families and individuals has increasingly become an key component of the response to homelessness. Rapid re-housing moves a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program.

There are three core components of rapid re-housing: housing identification, rent and financial move-in assistance, and rapid re-housing case management and services. A core component of rapid re-housing is the “Housing First” philosophy, which offers housing without preconditions such as employment, income, lack of a criminal background, or sobriety. If issues such as these need to be addressed, the idea is that households can address them most effectively once they are housed (National Alliance to End Homelessness, 2017).

Providers we spoke with were unanimous that the rapid re-housing and the Housing First models could be effective models to address the housing needs of domestic violence survivors, but that they are not

a one-size fits all strategy. These two approaches work well for people who may be part of the working poor, with sufficient work history, or individuals with sufficient employability for whom a one-time, brief period of assistance with housing and job skills can prevent homelessness. Some survivors of domestic violence, however, struggle due to low levels of education, past financial abuse and/or evictions, substance abuse, and mental health issues and need longer-term supportive housing or other forms of assistance to prevent further stretches of homelessness. Recent work by the Washington State Coalition Against Domestic Violence has identified a Domestic Violence Housing First model that includes elements that providers said were important to domestic violence victims, such as an emphasis on safety, self-sufficiency, and healing. A pilot program with urban, rural, and Tribal domestic violence programs across Washington State has shown satisfactory results.³ This housing model could be an example of the type of housing that's needed in the city.

**"WE NEED A RESET ON HOW HOUSING FIRST IS BEING PRACTICED IN THIS COMMUNITY." –
PROVIDER FOCUS GROUP**

The following specific elements were offered to inform and improve the implementation of the Housing First approach for domestic violence survivors.

- **Access to the Right Type of Housing.** Providers talked about the need to recognize the complex housing needs of survivors of domestic violence. These individuals and families often have limited or no income, and suffer from mental health and/or substance abuse issues. Domestic violence survivors often need access to affordable housing without preconditions. Affordability is important since economic need among domestic violence clients is often severe. Almost 50 percent of the women who receive Temporary Assistance to Needy Families cite domestic violence as a factor in the need for assistance according to a study of Chicago welfare recipients conducted by Northwestern University. Providers surveyed for this report, affirmed that economic need is a major driver in the City of Tacoma as well.
- **Duration of financial assistance.** According to providers, the rapid re-housing model as implemented in Tacoma offers three months of financial assistance. This was cited as too short for domestic violence survivors and leads to clients being evicted once the assistance ends.
- **Improved Definition of Homelessness.** Providers reported that many domestic violence clients fleeing their homes stay with a friend, neighbor, or family member, or couchsurf because of economic necessity and to avoid exposing their children to living on the street. However, this can make them ineligible for Ap4H/Coordinated Entry housing options that use a narrow definition of 'literal homelessness' (based on the U.S. Department of Housing and Urban development's older definition), largely limited to people living in shelters, in transitional housing, and in public places.

MORE SHELTER BEDS

Referral to a safe shelter bed was cited by many providers as a priority need. Providers reported challenges with finding a shelter bed across the region. Several providers talked about their experience making multiple, unsuccessful calls to shelters around the region in the hope of finding a bed. Reflecting this situation, all the DV shelters interviewed for the study reported that they are at capacity every day of the month, with high turn away rates. The YWCA reported a capacity of 75 beds for which they receive

³ https://wscadv.org/wp-content/uploads/2015/05/DVHF_EvaluationFindngsFINALDESIGNED.pdf

roughly 420 calls⁴ each month. The Puyallup Tribe's Community Domestic Violence Advocacy Program (CDVAP) DV shelter reported more available capacity, but this is likely because it is open only to victims who belong to a federally recognized tribe. The table below details specific capacity at shelters that responded to the survey.

Exhibit 12 DV Emergency Shelter Capacity

Name of Shelter	Capacity	Eligibility Criteria	Turn Away Rate
YWCA Tacoma	75 beds in 22 units	DV victim, in immediate danger or immediate risk of harm receive first priority	Average calls per month 420 (calls may include duplicates)
SafePlace	28 beds	DV victim, actively fleeing from DV	Roughly 110 adults for past month (Jan 2018)
KWA Tacoma	19 beds	DV victim, in immediate danger or immediate risk of harm receive first priority	35% turned away
CDVAP Puyallup Tribe Shelter	17 beds	DV victim, has to be enrolled in a federally recognized tribe, or have a letter of descendants from their tribe, able to navigate grade changes/stairs	3 last quarter
DAWN	12 rooms with roughly 36 beds	DV victim or identify as survivor of DV, adults must identify as women	1:39 - turns away 39 for every one accommodated
Adam Street Family Shelter	100 beds	Drug free and background check	1-2 households a month

Source: DV Shelter Survey BERK, 2017.

“EVERYBODY IS UNDERSERVED GIVEN THE TURN AWAY RATE.” – PROVIDER INTERVIEW

While providers cited a need for additional shelter capacity across the board, individuals with disabilities, mental or physical health challenges, undocumented immigrants, individuals with limited ability to speak English, and individuals aged 17 and under with no guardians, were cited as underserved by the current system. Providers also revealed that large families tend to be underserved because most shelters are configured to comfortably fit a maximum of four people in a family room/unit. A mother with seven kids, for example, would be a challenge to find space for because she would need two rooms instead of the usual one.

All shelter providers require a screening process that is done over the phone when the victim first makes contact. Screening questions typically assess the danger the victims are in so that shelter is offered to those in emergency need. While one provider reported a pilot wait listing process, all the others said their current system requires victims to call the shelter program daily in the hope of finding space.

⁴ This number may include multiple calls from the same individual.

ACCESS TO LEGAL ASSISTANCE

Providers reported adequate civil legal assistance as another pressing need. This includes assistance with non-criminal protective orders, family law related to divorce and child custody, as well as assistance around eviction or other housing related issues. In some instances, action against the abuser might involve criminal investigation. The complexity of the legal system and the need to thread together civil and criminal law in a vulnerable time is challenging for many victims fleeing domestic violence situations. In contrast to domestic violence victims, some abusers can pay for strong legal representation, which in turn supports their efforts in family law and other legal proceedings.

Low-cost or pro-bono legal services are currently available at the YWCA and through the Tacoma Community House but these are inadequate and very limited. Access to legal advocates⁵ (who can provide some assistance but are unable to speak for their client in court) is more prevalent than to attorneys. For example, the YWCA has a single attorney, five legal advocates, and one paralegal. Providers reported that the amount of legal assistance available doesn't scratch the surface given the extent of the need.

Many providers rely on the Volunteer Legal Service (VLS) group from the Tacoma-Pierce County Bar Association for legal assistance. VLS is comprised of four attorneys who work across legal areas and are funded by various grant programs. Tacoma Community House has an existing partnership with VLS and has access to 5.5 legal advocates in addition to the attorneys at VLS. In addition to Tacoma Community House, several other providers such as the Puyallup Tribe's Community Domestic Violence Advocacy Program (CDVAP) and the Crystal Judson Family Justice Center, rely on the resources available at VLS, leading to long wait times and limited attorney representation. According to providers, it is common for DV victims to wait more than a week to get assistance with legal concerns. Legal literacy is also a significant problem. According to VLS, many domestic violence victims do not understand that their problems have a legal dimension, and that they can get assistance on such matters.

While protection orders, family law, and eviction assistance are common concerns for DV victims, a large unmet need is for legal assistance for immigration-related services, such as obtaining U-visas.⁶ When domestic violence clients are immigrants (legal or undocumented) a primary form of legal assistance that they seek is help with changes to visas for adjustments in immigration status. These are legal remedies that are available to victims of crimes that occur in the U.S. to protect them against deportation. These clients may need housing support for a much longer period. For example, applying for a U-visa can take up to one year, and receiving one can take up to four years on a waiting list as only 10,000 are granted a year nationwide.

State assessments of unmet need underscore the need for greater legal assistance. According to the 2015 Washington Civil Legal Needs Study Update, civil legal issues are common; seven in ten low-income households in Washington State face at least one significant civil legal problem each year. However, low-

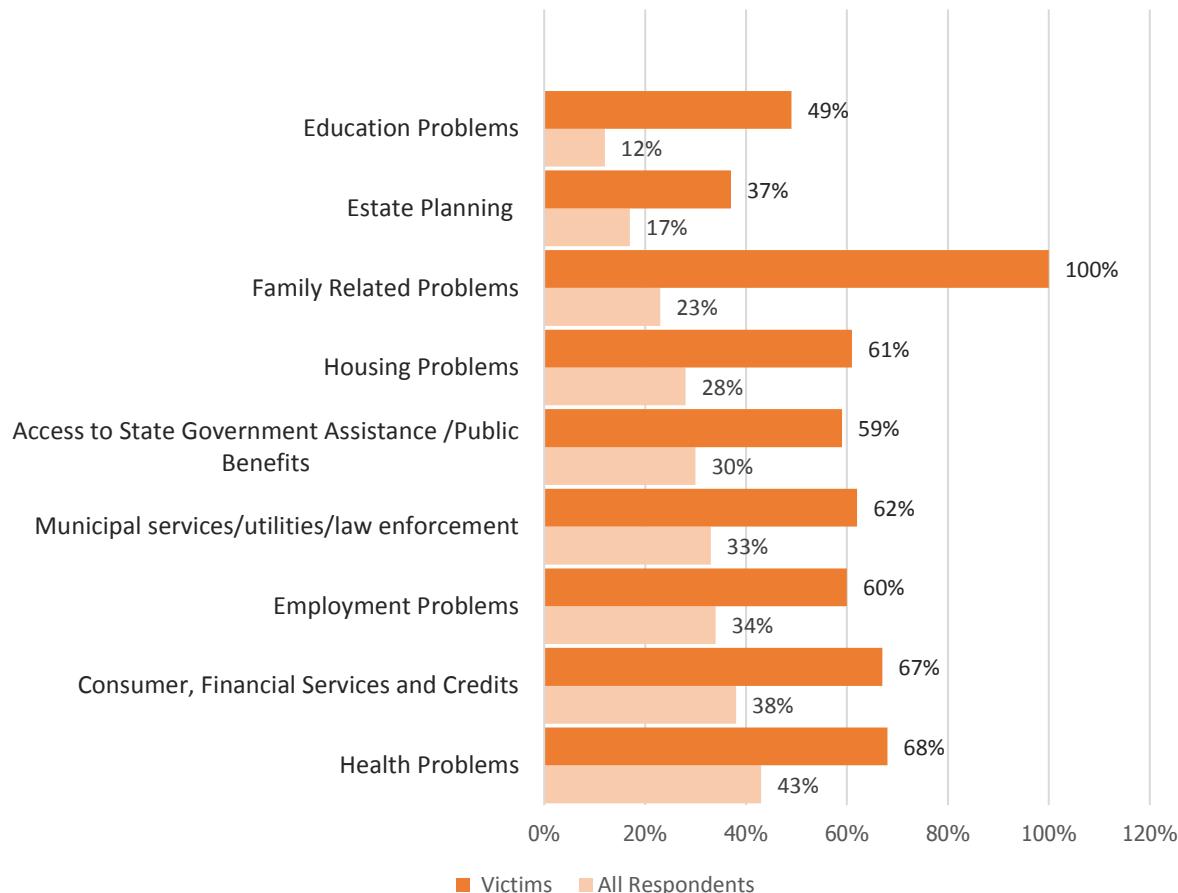
⁵ Legal advocates can accompany clients to court and provide moral support but unlike attorneys they are unable to speak for the client in court, advise the client, or even fill out paperwork on the client's behalf.

⁶ The U nonimmigrant status (U visa) is set aside for victims of certain crimes who have suffered mental or physical abuse and are helpful to law enforcement or government officials in the investigation or prosecution of criminal activity. Congress created the U nonimmigrant visa with the passage of the Victims of Trafficking and Violence Protection Act (including the Battered Immigrant Women's Protection Act) in October 2000. Source: U.S. Department of Homeland Security.

<https://www.uscis.gov/humanitarian/victims-human-trafficking-other-crimes/victims-criminal-activity-u-nonimmigrant-status/victims-criminal-activity-u-nonimmigrant-status>

income Washingtonians who have suffered domestic violence or have been a victim of sexual assault experience an average of 19.7 legal problems per household, twice the average experienced by the general low-income population. According to the study, DV victims experience legal problems at much higher rates than the general low-income population across the range of legal problem areas, including family relations, health care, consumer-finance, municipal services, rental housing, and employment.

Exhibit 13 Rates of Legal Problems Experienced by DV Victims



Source: WSU -SESRC. 2015 Washington State Civil Legal Needs Study Update

In addition, the study finds a disproportionately high impact on some sections of the population. Low-income people who have been a victim of domestic violence and/or sexual assault and who identify as African-American, Native American, Hispanic/Latino, LGBTQ, have a disability, or are young (18-39) are more than twice as likely to experience discrimination and unfair treatment than members of the overall low-income population.

MENTAL HEALTH SERVICES

Many women can recover quickly from domestic violence, especially if the violence is less severe and the abuse has not lasted very long. Many others, particularly those that experience more frequent or severe abuse, over a longer duration, may develop psychiatric symptoms and take longer to recover. Many victims have also suffered traumatic, abusive childhoods. Domestic violence survivors are at risk for developing depression, which has been found to significantly relate to the development of post-traumatic stress disorder (PTSD) (Cascardi, O'Leary, & Schlee, 1999; Stein & Kennedy, 2001). For those who were abused in childhood and/ or survived other types of trauma, the risk for developing PTSD is higher (Campbell, Greeson, Bybee, & Raja, 2008; Pimlott-Kubiak & Cortina, 2003). Cumulative trauma,

beginning in childhood, coupled with severe longstanding abuse as an adult can affect one's ability to manage painful internal states and self-regulate. Many domestic violence survivors develop coping mechanisms that cause further harm, such as substance abuse. Trusting others, particularly those in caregiving or supportive roles, may also be difficult.

Providers stressed the need for trauma-informed care and mental health services specifically for domestic violence clients. A number of factors specific to domestic violence clients (need for safety, economic dependence on the perpetrator, presence of children) can impact both access to treatment and treatment outcomes. Consequently, mental health services that incorporate the specific context of domestic violence clients are an important need.

CULTURAL COMPETENCE

Cultural competence refers to a set of policies, practices, and dedicated resources that enable organizations to work effectively across the diversity of cultural contexts among individuals, families, and communities. Linguistic competence is a part of cultural competence and refers to the capacity of an organization to communicate effectively, in a manner that is easily understood by diverse audiences including persons with limited English proficiency, those who have low literacy skills or are illiterate, and individuals with disabilities. Cultural competence can affect access to services and programs, especially when agencies operate in areas where there is growing population diversity.

LINGUISTIC COMPETENCE

According to providers of DV related services, cultural competence, especially linguistic competence, is a common need for clients. Clients, especially immigrants, often need help to navigate systems, such as the welfare and shelter systems, that may not exist in their home countries. For certain legal remedies, clients have to cooperate or collaborate with police to qualify. Clients often face issues related to their inability to speak English, such as when a dispatcher hangs up, or police officers who need to communicate through a child who speaks English or even the perpetrator to translate. For example, one provider reported that a frequent service provided for DV clients is to accompany them to the police precinct to amend the police record to correct inaccuracies resulting from imprecise interpretation.

IMMIGRATION STATUS

Providers cited the barriers faced by undocumented immigrants and the challenges that immigration status creates for domestic violence clients. According to providers, many of their clients who are immigrants or refugees face multiple challenges. As immigrants or refugees, they are often fleeing violent or dangerous conditions in their home countries. They may have a history of sexual abuse or domestic violence, which, coupled with their legal status in the U.S. and a language barrier, may give them few relationships to seek support from and limited access to resources overall. Women experiencing domestic violence that are from immigrant communities may feel additional isolation and may not feel comfortable going outside of the family or cultural community for help with a private matter (Senturia, Sullivan, & Ciske, 2000).

These conditions make immigrants and refugees vulnerable to other crimes such as identity theft, fraud, or extortion. In many cases, the perpetrators of violence coerce them into silence by threatening deportation using their legal status, their children (who may or may not have been born in the U.S.), and their isolation as factors to intimidate and control them.

TRIBAL TRADITIONS

Conversations with the Puyallup Tribe revealed a need for a system of services that is more sensitive to tribal traditions and norms. Clients often face housing options that impose rules or prohibitions against practicing traditional medicine, such as smudging or using feathers.

Another restriction that was viewed as culturally insensitive to the Tribe is the Washington State limitations on serving clients who are victims and clients who are perpetrators in the same space, including a mandatory 2-hour window in between services for the two client groups. This restriction restricts culturally-relevant programming for tribal clients from the tribe, since options to move to another city or avoid another person entirely are extremely limited, for either the victim or the perpetrator. Tribal members can only be enrolled in one place, and victims can't change their identity beyond a certain point. They can change their name and social security number, but they can't change their tribal enrollment number without choosing to forgo services/give up their tribal rights. Tribal clients, both victims and perpetrators, often continue to live in the same community, and see each other at tribal meetings or other community events. Approaches to domestic violence in this context are different, and include work with the perpetrators and victims to foster a community of healing.

Other Needs

- Providers serving immigrant domestic violence clients raised the need for transportation assistance, either through donated cars or driving lessons for their clients. Access to transportation can affect the ability to find and sustain jobs and safe, supportive housing options.
- Support for incarcerated and recently released survivors was cited as an important need by a few providers.
- Food and clothing were cited by a couple of providers as needs. Providers revealed that DV victims often come in with few personal possessions other than the clothing on their back making basic needs such as clothing important.
- Several providers cited the need for childcare, since a substantial proportion of DV victims are women with children.

What are the priority needs of service providers?

TRAINING IN ABUSE IN THE DIGITAL AGE, SERVING IMMIGRANTS AND CLIENTS WITH SUBSTANCE ABUSE DISORDERS

Through the survey and focus groups, providers spoke of the need for ongoing training to improve their ability to serve domestic violence clients ([Exhibit 14](#)). Providers expressed the most interest in learning to help domestic violence victims with cyberstalking. There is a strong association between stalking and domestic violence. Cyberstalking, a relatively easy and anonymous version of abuse, is becoming increasingly common. Providers also expressed the desire for additional training and guidance on how to best work with a diverse client base and address the needs of domestic violence who are new to the country or can't speak English. Training to better serve domestic violence clients who suffer from substance abuse issues was also cited as a high priority need.

Exhibit 14 Percent of Respondents Who Indicated the Following Trainings are Needed

Type of Training	Percent of Agencies
Stalking in the digital age	53%
Serving Immigrant domestic violence clients (e.g. cultural competency, language barriers)	53%
Computer age safety awareness for domestic violence related clients	47%
Immigration issues/law updates	47%
Substance abuse and domestic violence	47%
Assisting domestic violence victims caught by economic changes	41%
Vicarious trauma prevention/Intervention for professionals	35%
Criminal or civil protection order law updates	35%
Effective advocacy for domestic violence clients affiliated with the military	35%
Domestic violence related clients case management	12%

Source: Provider Survey BERK, 2017.

Other Needs

TRAINING IN TRAUMA-INFORMED CARE

Providers cited the need for training in trauma-informed care as a high-priority need. This training was seen to be needed across the provider network as well as for law enforcement. This training is important to build capacity among providers to deliver holistic and effective services to domestic violence clients, and to be sensitive as to how a range of experiences over a lifetime may relate to current behaviors.

BETTER COORDINATION WITH ACCESS POINT FOR HOUSING/COORDINATED ENTRY

Associated Ministries provides a centralized intake center for homeless individuals and families and those in imminent risk of becoming homeless. This program, originally known as Access Point 4 Housing (AP4H), has since been renamed to Coordinated Entry. Several providers talked about improvements that can make AP4H/Coordinated Entry more effective for domestic violence clients. A consistent theme was the need to make it easier to take the centralized assessment that is part of the intake and referral process. The need to prioritize domestic violence clients who may be housed but are living with their abuser in a potentially life-threatening situation was also cited. AP4H has begun to visit the YWCA to conduct standing intake appointments and this was seen as an effective strategy to improve access.

SECTION 3

Opportunities

RECOMMENDATIONS

What else is needed to prevent and address domestic violence?

The following topics were identified as opportunities for the community to better prevent and address domestic violence.

PROVIDE CONSISTENT PROTECTION AND COMPREHENSIVE RESOURCES AT EVERY POINT OF CONTACT

- **Improve the Domestic Violence Protection Order process.** Both providers and police officers agree that protection orders are an important mechanism for prevention. Making the process of obtaining one as easy as possible can go a long way to reduce incidents of domestic violence and assault. Currently, obtaining a protection order is a multi-step process. Steps include completing an online form and obtaining a confirmation number, then appearing at a public counter within 72 hours with the confirmation number and paying a \$98 fee to receive a copy of the petition and schedule a court appearance. Filings are not accepted after 3PM in the afternoon. A faster process for an emergency protection order was cited as an improvement that could have a high impact. In addition to a protection order, this touchpoint with a DV victim should be utilized for delivery of comprehensive information on available services. A best practice is to include a DV advocate during this process.
- **Ensure consistent, high-quality law enforcement response.** Ensure City of Tacoma police department has protocols in place to document complete offense reports for all domestic violence calls, including calls during which officers determine there is no probable cause to arrest, as required by RCW 10.99.030(6)(b).
- **Provide hotel vouchers.** Access to an emergency shelter through a hotel voucher system was cited by both providers and police officers as another way to prevent escalated violence and harm. This was seen as an effective way to separate the aggressor from the victim, since in many situations, police are unable to make an arrest as a preventive measure. Providers however, cautioned against using the hotel voucher to separate victims when a move to longer-term housing or to a shelter was not an option.
- **Create a comprehensive domestic violence resource guide.** A guide to help victims understand the cycle of violence and that points to specific domestic violence related services and organizations would be a helpful resource. This resource guide should be organized by service type and language spoken and include as many providers as possible to meet the cultural and language needs of diverse populations within the community.
- **Offer broad information about safety planning when contacted.** Every touchpoint with providers is an opportunity to offer DV victims multiple options and services for safety. When DV victims reach out to providers, for example to enquire about availability at shelters, there is an opportunity to help the victim with broader information than shelter availability. Information on safety planning and DV resources in the community can be potentially lifesaving. According to the State's fatality reviews, a common perception among victims is that the only two options available to them are emergency shelter or court orders.

- **Collaborate with DSHS.** Domestic violence victims typically lack economic stability. Victims' contacts with DSHS for public benefits is a key opportunity to provide information about community resources for domestic violence. Collaborating with DSHS to ensure they routinely offer resources on domestic violence, advocacy and safety planning to everyone who receives public benefits is an effective strategy.
- **Collaborate with mental health, suicide prevention, substance abuse and healthcare providers.** According to State data, depression and suicidal ideation has strong ties to domestic violence. Twenty-nine percent of all domestic violence homicides by abusers in Washington State were followed by the abuser's suicide. Given this, improved and routine screening for domestic violence by mental health practitioners, and substance abuse treatment or healthcare professionals, as well as referrals for both victims and abusers are needed.

"IT'S REALLY CHEAP TO DO THINGS LIKE HOTEL VOUCHERS OR AN EMERGENCY PROTECTION ORDER. IT'S A LOT CHEAPER THAN INVESTIGATIONS AND PROSECUTIONS AND JAIL TIME. AND WE COULD SAVE LIVES, BECAUSE WE WOULD BE ABLE TO PREVENT AN ASSAULT FROM HAPPENING." – PROVIDER INTERVIEW

INCREASE COMMUNITY AWARENESS OF DOMESTIC VIOLENCE AND SERVICES AVAILABLE TO ADDRESS IT

Another essential element of prevention is creating awareness of domestic violence and the services available in the community.

"OUR CLIENTS DON'T REALIZE THAT OTHER SERVICES EXIST, THEY CALL 911 FIRST, THEN LEARN OF ALL THE OTHER RESOURCES LATER. THEY REALIZE IN HINDSIGHT THAT THEY SHOULD HAVE GONE TO ALL THE OTHER RESOURCES FIRST, NOT 911. THEY JUST DIDN'T KNOW THESE SERVICES EXISTED." – PROVIDER INTERVIEW

"PEOPLE EXPECT THAT IF THEY CALL 911 ON THEIR ABUSER, THERE WILL BE CONSEQUENCES TO THEIR ABUSER, BUT THERE TYPICALLY AREN'T. THEY DO NOT GET THE INTERVENTION THEY WANTED, MOST OF THE TIME." – PROVIDER INTERVIEW

Studies show that domestic violence victims tell at least one person they know about their abuse, while only a small proportion contact law enforcement, legal services, or advocates. Educating family, friends, neighbors, coworkers, or employers about domestic violence and the resources available in the community, can be an effective prevention strategy. Providers noted the importance of providing communications and outreach in multiple languages to ensure they reach diverse cultural communities. Specific ideas for outreach are listed below.

- **Use established, trusted channels and community partners.** Provide information about domestic violence community resources through multiple channels that are already heavily used by community members.
 - For example, add domestic violence resource information to public outreach materials, and work with employers to attach information to paychecks, or post information within buildings.
 - Faith based organizations can also be a way to disseminate information on domestic violence and community resources.
- **Improve City of Tacoma website.** Several providers noted that the City website could be a better resource for people seeking information. Definitions of domestic violence, sexual assault, and stalking and a resource guide (see above) that connects people to available

services were cited as opportunities. The City's homelessness resource guide, with information on different topics such as food banks, etc., was cited as a model that could be replicated for domestic violence resources.

- **Provide information to at-risk populations.** Recent studies that show that domestic violence victims are commonly very young women who form relationships in their teens or become pregnant in their teens. These points underscore the need to offer domestic violence information resources to young women at clinics that provide birth control and abortion services, as well as settings where prenatal care, and childbirth and parenting education is available.
- **Provide information at schools and youth programs.** Educate adults who work with youth to provide consistent information that can help young people recognize or get help with domestic violence, especially dating violence.

ENSURE ACCESS TO CULTURALLY RELEVANT SERVICES

According to the State's Domestic Violence Fatality Reviews, women of color and Native women in Washington State are more than twice as likely to be murdered by intimate partners than white, non-Hispanic women. Limited access to culturally relevant services for people of color, Native Americans, immigrants and refugees, and transgender, lesbian, and gay people increases the challenges that DV victims from these historically marginalized groups face. In addition, low levels of trust of law enforcement can deter these victims from reporting abuse or seeking assistance.

Victims who speak limited English also experience distinct challenges. For example, limited interpretation during law enforcement or court proceedings can influence investigations and prosecution of the abuser, and escalate the danger for victims. DV victims with limited English ability often experience challenges getting Domestic Violence Protection Orders due to their inability to adequately describe their situation. While language is a major barrier, cultural competence goes beyond language. Culturally competent services recognize how domestic violence operates, and are familiar with the needs of the victim's community and accessible in the victim's language.

- **Develop a Language Access Plan.** Such a plan can increase access for victims with limited English proficiency during 911 calls, interactions with law enforcement, court proceedings, victim advocacy services, and in written materials.
- **Encourage and support providers to hire culturally competent staff.** Encourage providers to recruit and hire DV advocates, staff, and board members from diverse cultural backgrounds who are trusted leaders, organizers, and advocates in their own communities.
- **Support existing programs.** Support domestic violence advocacy programs for Native communities, communities of color, immigrant communities, and lesbian, gay, bisexual, and transgender communities.

NEXT STEPS

The recommendations above are based on a systems approach to addressing domestic violence. Recommendations reference all the systems potential DV victims and survivors may encounter and offers suggestions to ensure they adequately respond to DV. The City's role varies – in some areas the city leads, while in others it may support other leaders or work through partners. City decision-making around the right role for it, and the resources available at its disposal, will determine next steps over the short and long term.

References

- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Campbell, R., Greeson, M., R., Bybee, D. I., & Raja, S. (2008). The co-occurrence of childhood sexual abuse, adult sexual assault, intimate partner violence, and sexual harassment: A mediational model of posttraumatic stress disorder and physical health outcomes. *Journal of Consulting and Clinical Psychology*, 76(2), 194-207.
- Cascardi, M., O'Leary, K. D., & Schlee, K. A. (1999). Co-occurrence and correlates of posttraumatic stress disorder and major depression in physically abused women. *Journal of Family Violence*, 14(3), 227- 249.
- Cunningham M., Gillespie G., Anderson J., (2015). Rapid Re-housing What the Research Says. Urban Institute.
- National Network to End Domestic Violence. (n.d.). About Financial Abuse.
- Oliva, Ann Marie. 2015. "Strategic Use of Transitional Housing Resources." Office of Special Needs Assistance Programs, US Department of Housing and Urban Development.
- Pimlott-Kubiak, S., & Cortina, L. M. (2003). Gender, victimization, and outcomes: Reconceptualizing risk. *Journal of Consulting and Clinical Psychology*, 71(3), 528-539.
- Rapid Re-Housing: A History and Core Components. National Alliance to End Homelessness. Accessed at <https://endhomelessness.org/resource/rapid-re-housing-a-history-and-core-components/>. October 2017.
- Senturia, K., Sullivan, M., & Ciske, S. (2000). Cultural Issues Affecting Domestic Violence Service Utilization in Ethnic and Hard to Reach Populations. Public Health Seattle King County.
- Tjaden, Patricia & Thoennes, Nancy. National Institute of Justice and the Centers of Disease Control and Prevention, "Extent, Nature and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey," (2000).