



**Stakeholder Input on Community-Based  
Domestic Violence and Sexual Assault Services  
In the City of Seattle**

**Prepared For**

**The City of Seattle's Human Services Department  
By the King County Coalition Against Domestic Violence**

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## Table of Contents

<b><u>EXECUTIVE SUMMARY</u></b> .....	<b>4</b>
<b>BACKGROUND</b> .....	<b>4</b>
<b>COMMUNITY-BASED SERVICES FOR DOMESTIC VIOLENCE &amp; SEXUAL ASSAULT SURVIVORS</b> .....	<b>5</b>
<b>STRENGTHS OF THE COMMUNITY-BASED SERVICE SYSTEMS</b> .....	<b>5</b>
<b>NEEDS AND GAPS</b> .....	<b>6</b>
<b>TRENDS, PROMISING PRACTICES AND ISSUES FOR SERVICES PLANNING</b> .....	<b>6</b>
<b>STAKEHOLDER RECOMMENDATIONS FOR SERVICES INVESTMENT</b> .....	<b>7</b>
<b><u>1.INTRODUCTION</u></b> .....	<b>8</b>
<b>1.A. PURPOSE AND INTENT</b> .....	<b>8</b>
<b>1.B. PROCESS</b> .....	<b>8</b>
<b>1.C. LIMITATIONS</b> .....	<b>9</b>
<b><u>2. BACKGROUND</u></b> .....	<b>9</b>
<b>2.A. DOMESTIC VIOLENCE AND SEXUAL ASSAULT: PREVALENCE AND IMPACTS</b> .....	<b>9</b>
<b>2.B. THE ESTIMATED PREVALENCE OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN SEATTLE</b> .....	<b>12</b>
<b>2.C. COMMUNITY-BASED SERVICES FOR DOMESTIC VIOLENCE AND SEXUAL ASSAULT SURVIVORS IN SEATTLE/KING COUNTY</b> .....	<b>14</b>
<b>2.C.I. COMMUNITY-BASED DOMESTIC VIOLENCE PROGRAMS</b> .....	<b>15</b>
<b>2.C.II. SEXUAL ASSAULT PROGRAMS</b> .....	<b>15</b>
<b>2.C.III. RELATED HSD-FUNDED POSITIONS</b> .....	<b>17</b>
<b>2D. RESPONDING TO PERPETRATORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN SEATTLE/KING COUNTY</b> .....	<b>17</b>
<b><u>3. KEY FINDINGS: STRENGTHS AND GAPS IN THE SERVICE SYSTEMS</u></b> .....	<b>18</b>
<b>3.A. STRENGTHS OF THE SERVICE SYSTEMS</b> .....	<b>18</b>
<b>3.A.I. STRENGTHS IDENTIFIED BY PROVIDERS AND EXTERNAL STAKEHOLDERS</b> .....	<b>18</b>
<b>3.A.II. STRENGTHS LISTED BY SURVIVORS</b> .....	<b>20</b>
<b>3.A.III. SURVIVOR INPUT ON WAYS TO STRENGTHEN THE SERVICE SYSTEM</b> .....	<b>20</b>
<b>3.B. NEEDS AND GAPS</b> .....	<b>21</b>
<b>3.B.I. REDUCTION IN FUNDING FOR KEY SERVICES AND SUPPORTS</b> .....	<b>21</b>
<b>3.B.II. LACK OF LIVABLE WAGE JOBS</b> .....	<b>23</b>
<b>3.B.III. LACK OF AFFORDABLE HOUSING AND SHELTER</b> .....	<b>24</b>
<b>3.B.IV. LACK OF LEGAL REPRESENTATION IN FAMILY LAW AND IMMIGRATION MATTERS</b> .....	<b>26</b>
<b>3.B.V. UNMET SERVICE NEEDS DUE TO LACK OF CAPACITY/FUNDING</b> .....	<b>28</b>
<b>3.B.VI. BARRIERS TO PEOPLE FROM MARGINALIZED COMMUNITIES/SERVICE LIMITATIONS</b> .....	<b>28</b>
<b>3C. STAKEHOLDER INPUT: BARRIERS/GAPS IN OTHER SYSTEMS</b> .....	<b>30</b>
<b><u>4. KEY FINDINGS: PROVIDER INPUT ON THE ROLE OF THE SEATTLE HUMAN SERVICES DEPARTMENT</u></b> .....	<b>32</b>
<b>4.A. COMMUNITY ENGAGEMENT</b> .....	<b>32</b>
<b>4.B. DATA COLLECTION</b> .....	<b>32</b>
<b>4.C. CAPACITY BUILDING</b> .....	<b>33</b>
<b>4.D. INVESTMENT PROCESS</b> .....	<b>33</b>

<b><u>5. TRENDS: 2013-2018</u></b> .....	<b><u>34</u></b>
<b>5.A. NATIONAL DECLINE IN THE PREVALENCE OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT</b> .....	<b>34</b>
<b>5.B. PROMISING PRACTICES IDENTIFIED BY STAKEHOLDERS</b> .....	<b>35</b>
<b>5.C. ISSUES/CONCERNS</b> .....	<b>36</b>
<b><u>6. RECOMMENDATIONS</u></b> .....	<b><u>37</u></b>
<b>6.A. RECOMMENDATIONS FOR SERVICES INVESTMENT</b> .....	<b>38</b>
<b>6.B. RECOMMENDATIONS TO HSD</b> .....	<b>39</b>
6.B.I. COMMUNITY ENGAGEMENT.....	39
6.B.II. DATA COLLECTION .....	39
6.B.III. CAPACITY BUILDING.....	40
6.B.IV. INVESTMENT PROCESS.....	40
6.B.V. SYSTEMS INTEGRATION .....	41
<b>6.C. CONCLUSION</b> .....	<b>41</b>
<b><u>APPENDIX 1: ACKNOWLEDGEMENTS AND PARTICIPANTS</u></b> .....	<b><u>42</u></b>
<b><u>APPENDIX 2: FOCUS GROUP AND INTERVIEW QUESTIONS</u></b> .....	<b><u>45</u></b>

## Executive Summary

### Background

Domestic violence and sexual assault are major public health problems that profoundly impact Seattle residents. Based on statewide data, of Seattle's roughly 612,000 residents, an estimated 132,000 women and 86,000 men will experience some form of intimate partner violence.<sup>1</sup> Some 20,000 children and youth under 18 will experience sexual assault. As a result of the violence, victims/survivors often experience long-term physical and mental health problems, reproductive problems, unemployment, dislocation, isolation, homelessness, and poverty. Perpetrators of domestic violence and sexual violence can be extremely dangerous to their partners, children and communities. Intimate partner violence in the US costs some \$8 billion annually in medical and mental health care costs, lost productivity and criminal justice responses.<sup>2</sup>

Children may be gravely impacted by domestic and sexual violence. National research indicates that 30% to 60% of perpetrators of domestic violence also physically and/or sexually maltreat their children.<sup>3</sup> An estimated one in five children in the US are sexually assaulted.<sup>4</sup> Children who experience these forms of violence are at a higher risk for a range of emotional and behavioral problems, including anxiety, depression, aggression, poor school performance, low self-esteem, physical health problems, difficulty with interpersonal relationships, post-traumatic stress, increased risk for homelessness, alcoholism, drug addiction, and teen pregnancy.

The majority of domestic violence and sexual assault incidents are **not** reported to the police. Of respondents to the National Violence Against Women Survey, only 27% of women and 13.5% of men who were physically assaulted by an intimate partner had reported the assault to law enforcement.<sup>5</sup> Similarly, less than 20% of women, and 13% of child victims of child sexual assault report the assault to the police.<sup>6</sup> This low level of reporting to law enforcement highlights the need for comprehensive and specialized domestic violence and sexual assault services for survivors from diverse communities.

This report provides a summary of input from over 100 stakeholders about community-based domestic violence and sexual assault services and service needs in the City of Seattle. Stakeholders included providers of domestic violence, sexual assault and other community-based services, people who have experienced these

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<sup>1</sup> Seattle Census Data, estimated for 2012

<sup>2</sup> *Intimate Partner Violence: Consequences*, Centers for Disease Control, September 26, 2012

<sup>3</sup> Edleson, J.L. (1999). The Overlap Between Child Maltreatment and Woman Battering, *Violence Against Women*, 5 (2) 134-154

<sup>4</sup> Cited by National Center for Victims of Crime.

<sup>5</sup> Full Report of the Prevalence, Incidence and Consequences of Violence Against Women, P. Tjaden and Nancy Thonnes, 2000

<sup>6</sup> *Youth Victimization, Prevalence and Implications*, National Institute of Justice, April, 2003

forms of violence (“survivors”), and many others in related fields. The compiled input and associated recommendations are intended to be a resource for the development of the City’s domestic violence and sexual assault prevention investment plan, as well as for programs throughout the region. The City of Seattle’s Human Services Department (HSD) funded the report.

### **Community-Based Services for Domestic Violence & Sexual Assault Survivors**

The Seattle/King County region has several independent community-based non-profit programs dedicated to providing advocacy and support to adult and child survivors of domestic violence and sexual assault. Many of these programs receive a portion of their funding from Seattle’s Human Services Department. The department has a long history of supporting services to these programs.

These programs use a mix of evidence-based and promising practices to provide a broad spectrum of services. Services include crisis intervention, safety planning, specialized domestic violence shelter and transitional housing, specialized counseling and medical exams for sexual assault victims, assistance to survivors with finding housing and employment, and legal advocacy. They also include support groups, community education, individual advocacy, and support services for children, parents and youth. Each individual program has multiple connections to other programs both within the domestic violence and sexual assault fields, and in other related fields. Several state statutes and standards provide guidelines and protections to community-based advocacy programs and to the people they serve.

### **Strengths of the Community-Based Service Systems**

Survivors, providers, and other stakeholders identified several strengths in terms of geographic and cultural diversity of programs, collaboration and innovative programming and national leadership and training. The service system in Seattle/King County is a result of intentional regional planning efforts and responses to emergent needs.

Several local programs are national models of innovative advocacy, services and prevention programs for domestic violence and sexual assault survivors. The leadership and staff of these programs are at the forefront of their fields and provide consultation and technical assistance to programs around the US and internationally. There is a high profile for domestic violence and sexual assault issues in the community, and support for these issues from elected officials.

Survivors participating in focus groups for this report identified the following strengths: individual advocates who are responsive, caring and non-judgmental, specialized support groups and therapy related to experiences of domestic violence and sexual assault, culturally specific services, practical assistance with rental assistance, transportation, childcare, and specialized mental health services through domestic violence and sexual assault programs.

## Needs and Gaps

One of the goals of the stakeholder engagement process was to elicit information about the strengths and gaps in the community-based domestic violence and sexual assault service systems. However, the predominant theme of nearly every focus group and stakeholder interview was the shortage of resources to address survivors' basic needs and the limited capacity within domestic violence and sexual assault programs and other related service systems. Reductions in Temporary Aid to Needy Families (TANF) and other safety net programs, as well as lack of livable wage jobs, lack of available and affordable housing, lack of accessible transportation, and lack of legal representation in family law and immigration matters all create barriers to survivors who are trying to leave their abusive partners. For example, in 1983, TANF (then known as "welfare") provided a family of three in Washington State with 63% of what they needed to cover basic needs. In 2012, a TANF/WorkFirst cash grant covered only 27% of the basic needs of a family of three

Holes in the safety net directly impact both domestic violence and sexual assault survivors and the providers who serve them. Survivors who want to leave their abusive partner but are not employed or are working in minimum wage jobs cannot sustain their families through TANF and other "safety net" programs. Domestic violence programs have experienced reductions in their own budgets and associated staffing over the past several years, and sexual assault programs have not experienced any increase in their funding. Because survivors are struggling to meet their basic needs far more than they were a decade ago, providers report that they have to focus more of their efforts on identifying scarce resources for survivors, and on helping survivors navigate complex and fragmented service systems. This often reduces their ability to focus on survivors' over-all well-being and healing, and allows little time to engage in prevention and early intervention activities.

Stakeholders identified additional gaps, needs, and challenges including a lack of capacity of programs to serve all of the survivors who need services, availability and accessibility of services for people from marginalized communities, a need for prevention and intervention programs for youth, and many others.

## Trends, Promising Practices and Issues for Services Planning

Providers noted that there has been a significant decline in the national prevalence of both domestic violence and sexual assault since 1990.<sup>7</sup> While there is no single explanation for this decline, it is likely that the focused prevention and specialized intervention efforts of domestic violence and sexual assault providers have contributed to this decline. Providers further note that the decline in prevalence has been accompanied by an increase in demand for services. This increase may be a result of providers' successful efforts to increase awareness, develop programs, and decrease barriers to services.

Several promising practices were listed by stakeholders, including DV Housing First,

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<sup>7</sup> Bureau of Justice Statistics, November, 2013, <http://www.bjs.gov/content/pub/pdf/ipvav9311.pdf>

an approach to housing that helps survivors retain or access safe permanent housing quickly, and often bypasses emergency shelters; trauma-informed advocacy and counseling; engaging community members as supportive resources to survivors, especially for people from marginalized communities; providing effective services to commercially and sexually exploited youth, and responding to sexual assault between siblings.

The following ongoing issues and concerns were listed by stakeholders as important to services planning for victims of domestic violence and sexual assault: ongoing cuts to basic services, healthcare reform and its impact on advocacy services, the question of how to respond effectively to DV perpetrators and how to prevent perpetrators from obtaining or keeping existing firearms, and concerns about the loss of privacy due to various forms of technology for both survivors and the programs that serve them.

### **Stakeholder Recommendations for Services Investment**

While domestic violence and sexual assault are significant public health and safety issues in the Seattle and King County region and nationally, resources for advocacy, intervention and prevention are woefully underfunded. This lack of capacity greatly increases the danger to survivors and their children and the community. Despite a strong, specialized community-based service system in our region, many survivors and their children who are in serious danger from their abusive partner or family members literally have no resources and no place to go. And because programs are struggling to serve their constituents in the face of ongoing budget cuts, it is increasingly difficult for them to find time and staffing resources to address new external challenges or to serve survivors with unique needs.

The priority recommendation of stakeholders is that the City of Seattle stabilize and expand funding for existing specialized domestic violence and sexual assault advocacy and survivor therapy programs. Funding for these programs should be survivor-centered and provide flexible funds that allow agencies to tailor their services to individual survivors' needs rather than to rigid contract requirements. Other identified areas for expanded funding include legal representation for survivors in family law and immigration issues, early intervention, community engagement and primary prevention programs, and coalition-building, advocacy, training and technical assistance activities.

In addition, in order to facilitate both internal and external services planning, stakeholders recommend that all the City of Seattle agencies involved with domestic violence and sexual assault service provision should work together to compile comprehensive data on the city's response to these issues, and share this data between departments, and with providers in the community, where relevant.

## 1.Introduction

### 1.a. Purpose and Intent

The purpose of the report is to provide a summary of input from a broad range of stakeholders about domestic violence (DV) and sexual assault (SA) services and service needs in the City of Seattle. The City of Seattle's Human Services Department (HSD) funded the report. The compiled input and associated recommendations are intended to be a resource for the development of City's domestic violence and sexual assault prevention investment plan, as well as for programs throughout the region.

### 1.b. Process

In January 2013, HSD contracted with the King County Coalition Against Domestic Violence (KCCADV) to conduct the stakeholder engagement process and to summarize the findings. HSD requested input on the following topics:

- HSD's Logic Model
- Community Engagement
- Data Collection
- Capacity Building
- System Integration
- Trends, Gaps, Needs, and Promising Practices
- HSD's Investment Process

Meg Crager, an independent consultant hired by KCCADV, worked with Merrill Cousin, the KCCADV Executive Director, and with the staff and leadership of HSD to develop an outline for the report and a list of key stakeholders. The consultant developed questions for a) providers, b) survivors c) staff of criminal and civil legal system agencies, and d) other stakeholders. Topics included experiences of survivors and providers with services, service strengths and challenges, unmet needs, trends, and input from providers on the recommended role for HSD in technical assistance and data collection. Between March and October 2013, the consultant spoke with 15 individual stakeholders and conducted informal focus groups with over 100 individuals, including survivors of DV and SA, providers of services to survivors of domestic violence, sexual assault, and prostitution, staff of programs serving homeless people, staff of criminal and civil legal agencies, members of the Seattle Women's Commission, staff of the Washington State Coalition Against Domestic Violence, and others. For a full list of stakeholders, see the Appendix. The consultant summarized stakeholder input and identified key themes that emerged. These are discussed below.

Because the majority of the stakeholders who participated were either providers, administrators from related fields, or survivors, most of the input provided was on the service system: strengths, gaps, and needs.



### 1.c. Limitations

This report is qualitative and based on subjective information provided by stakeholders. Many stakeholders who participated in this process had significant time constraints and therefore were not available to elaborate on brief statements that were made in focus groups. Additional stakeholders were contacted and asked to participate, but were not able to do so.

The consultant was unable to identify any single, comprehensive data set that summarizes the number of survivors seeking services, or the total number of people served by programs in the City of Seattle. Funders collect data on survivors served through their own contracts. Most providers report to multiple funding sources, and each funder has different reporting requirements. There is no entity that has the role or resources to compile data on all of the survivors served by all agencies in the city or county. As discussed further below in the data section, it would be helpful to planners and providers to have a single aggregate data set that compiles all domestic violence and sexual assault related service requests and services provided in the City of Seattle.

Although this was intended to be a qualitative report, and there is very limited local quantitative data available, the issues raised by stakeholders were often consistent with local and national research. Wherever possible, some of that research is referred to below to provide support and context for the input provided by stakeholders.

Domestic violence and sexual assault are separate but closely related issues, and separate, though sometimes overlapping, service and intervention systems have been developed to respond to them. This report attempts to reflect the needs of victims/survivors of both of these types of assault.

## 2. Background

### 2.a. Domestic Violence and Sexual Assault: Prevalence and Impacts

Domestic violence and sexual assault are major public health problems in the US. They impact victims/survivors, perpetrators and their children, parents, friends, families, employers, schools and communities. It is estimated that on average in the United States, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner, based on a national survey conducted by the Centers for Disease Control in 2010. National prevalence data indicate that 36% of women and 28% of men experience physical violence, rape, and/or stalking by an intimate partner in their lifetimes.<sup>8</sup>

A large body of research documents the negative health, economic and social

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<sup>8</sup> *The National Intimate Partner and Sexual Violence Survey, 2010*, National Center for Injury Prevention and Control

impacts and costs to society of these forms of violence. As a result of the violence, victims/survivors often experience long-term physical and mental health problems, reproductive problems, unemployment, dislocation, isolation, homelessness, and poverty. Perpetrators of domestic and sexual violence are often extremely dangerous to their partners, children, and communities. A World Health Organization study summarizing data from a sample of countries around the world indicates that 40–70% of all female murder victims were killed by their husbands or boyfriends, often in the context of an ongoing abusive relationship.<sup>9</sup> Intimate partner violence in the US costs some \$8 billion annually in medical and mental health care costs, lost productivity and criminal justice responses.<sup>10</sup>

Women who are victims of rape, physical violence, or stalking by an intimate partner are more likely than male victims to experience impacts of that violence. In the CDC study cited above, 81% of women, compared to 35% of men, reported that they experienced significant impacts related to the abuse by their partner. Seventy-two percent of women and 18% of men reported being fearful. Forty-two percent of women and 14% of men reported having injuries. Sixty-three percent of women and 16% of men reported Post Traumatic Stress Disorder symptoms.

Because intimate partner violence has traditionally been viewed as an issue in heterosexual relationships, the impact on and needs of the LGBT community have often been ignored or minimized. However, the 2010 *National Intimate Partner and Sexual Violence Survey* found that lesbian, gay and bisexual people experienced domestic violence and sexual violence at the same or higher rates as heterosexual people.<sup>11</sup> Nearly 44% of lesbians and 26% of gay men report having been the victim of rape, physical violence, and/or stalking by an intimate partner in their lifetime. Rates of some form of sexual violence were higher among lesbian women, gay men, and bisexual women and men compared to heterosexual women and men.

Children may be profoundly impacted by domestic and sexual violence. Research indicates that 30% to 60% of perpetrators of domestic violence also physically and/or sexually maltreat their children.<sup>12</sup> An estimated one in five children in the US are sexually assaulted.<sup>13</sup> Children who experience these forms of violence are at a higher risk for a range of emotional and behavioral problems, including anxiety, depression, aggression, poor school performance, low self-esteem, physical health problems, difficulty with interpersonal relationships, post-traumatic stress, increased risk for homelessness, alcoholism, drug addiction, and teen pregnancy. The severity of impact on children and their ability to recover is influenced by a variety of risk and protective factors.

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<sup>9</sup> *ibid*

<sup>10</sup> *Intimate Partner Violence: Consequences*, Centers for Disease Control, September 26, 2012

<sup>11</sup> *National Intimate Partner and Sexual Violence Survey, 2010 Findings on Victimization by Sexual Orientation*, National Center for Injury Prevention and Control, January, 2013

<sup>12</sup> Edleson, J.L. (1999). The Overlap Between Child Maltreatment and Woman Battering, *Violence Against Women*, 5 (2) 134-154

<sup>13</sup> Cited by National Center for Victims of Crime.

*There are many children who are raped on a daily basis yet many have nowhere to go to get help. These children are sometimes emotionally crippled and challenged in everyday life. Some of them end up living out on the streets, crowding our jails or taking their own lives. With help, victims can achieve a healthy, productive life. It is possible to recover and experience self-confidence, build healthy relationships and gain a valid understanding of themselves. We must find a more productive way to handle rape, incest and abuse of every kind.*

*-Sexual Assault Survivor*

The causes of domestic and sexual violence are complex, and theories to explain them are continuously evolving. The following are some of the key risk factors cited by a recent, comprehensive review of international literature.<sup>14</sup>

- Traditional gender norms and social norms that are supportive of violence.
- Perpetrators' witnessing of intimate partner violence as a child, and experiencing child abuse.
- Weak community sanctions against intimate partner and sexual violence.
- Harmful use of alcohol and drugs by perpetrators.
- Anti-social personality of the perpetrator.
- Poverty and low level of education - it is not yet clear why these factors increase the risk of these forms of violence, or how much the violence and abuse contribute to or exacerbate survivors' poverty and isolation.

While domestic violence and sexual assault share common causes and impacts, there are distinctions between these two forms of violence. There are different laws defining the relevant crimes. Two different, but related service models have been developed to serve survivors of these forms of violence.

According to the legal definition in Washington State, domestic violence is a crime against a family or household member, including spouses, domestic partners, former spouses, former domestic partners, persons who have a child in common, adult persons related by blood or marriage, etc.<sup>15</sup> Community-based domestic violence advocacy programs define victims/survivors of domestic violence more narrowly as people (usually women) who are experiencing an ongoing pattern of violence and coercive control by their intimate partner. In the domestic violence field, the adult is identified as the primary victim. Many adult survivors of domestic violence and their children are fleeing their violent partners, and are at great risk. For these survivors to be safe, they often need to leave their homes and communities and secure housing, jobs, different schools for their children, and other key components of a life separate from their abusive partner. Therefore, the

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<sup>14</sup> *Preventing Intimate Partner and Sexual Violence Against Women: Taking Action and Generating Evidence*, World Health Organization and the London School of Hygiene and Tropical Medicine, 2010

<sup>15</sup> See RCW 26.50.010 <http://apps.leg.wa.gov/rcw/default.aspx?cite=26.50.010>

domestic violence advocacy programs work closely with survivors to find safe housing, employment, childcare and other essential services.

The Washington State law specifies numerous sex offenses, including sex crimes against children. The majority of sexual assault survivors served by community-based sexual assault programs are children or teens, or adults who were assaulted in the past, when they were under 21. Because many sexual assault survivors are worried about the health impacts of the assault, including injuries, infections, or pregnancy, a specialized sexual assault exam is a priority for victims seeking services at Harborview. Many survivors also want to have a forensic exam to support the prosecution of the perpetrator. In addition, many survivors are benefit from therapy, support and legal advocacy. Unlike many domestic violence survivors, they usually are not often fleeing their homes to escape the perpetrator. These and other differences have an impact on the differing service needs and preferences of domestic violence and sexual assault survivors.

In order to understand the urgent need for specialized survivor services, it is critical to understand the tactics of perpetrators. Perpetrators of domestic and sexual violence use very intentional and specific strategies to coerce, “groom,” manipulate, and control their victims. When victims attempt to report the violence and/or leave the situation, perpetrators often escalate their violence, manipulation, and control. With the exception of the small number of sex offenders (10-15%) who don’t know their victim, perpetrators of domestic and sexual violence have an intimate knowledge of their victim’s personal life, needs, strengths and vulnerabilities. They often attempt to use this knowledge to manipulate their victim, as well to try to manipulate individuals and institutions where the victim may go for help.

There are existing, evidence-based models for effective advocacy and intervention with survivors of both domestic violence and sexual assault, many of which are provided by community-based programs in the Seattle/King County region (as discussed briefly below).

## **2.b. The Estimated Prevalence of Domestic Violence and Sexual Assault in Seattle**

Domestic violence and sexual assault have a profound impact on Seattle residents. The prevalence of these forms of violence is difficult to measure for a variety of reasons, and is often underreported. Forty-three percent of women and 28% of men in Washington State reported experiencing intimate partner violence, rape, or stalking in their lifetimes<sup>16</sup>. There is no data collected on the prevalence of DV and SA in Seattle specifically. However, based on this statewide data, of Seattle’s roughly 612,000 residents, an estimated 132,000 women and 86,000 men will experience

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<sup>16</sup> *The National Intimate Partner and Sexual Violence Survey, 2010*, National Center for Injury Prevention and Control

some form of intimate partner violence, rape, or stalking in their lifetime.<sup>17</sup> Based on the estimate cited above that 1 in 5 children in the US are sexually assaulted, approximately 20,000 children and teens in Seattle's current population will experience this form of violence.

In 2012, there were 45,944<sup>18</sup> domestic violence offenses reported to law enforcement agencies in Washington State. Forty-nine percent of these resulted in significant injury to the victim. Seventy-one percent of the victims were female. In 2012, 53 people in Washington State died as a result of domestic violence, including 15 people in King County. These deaths include domestic violence victims killed by partners and ex-partners, friends, family members and children killed by abusers; and homicides and suicides of abusers.<sup>19</sup>

The majority of domestic violence and sexual assault incidents are *not* reported to the police. According to the National Violence Against Women Survey, only 27% of women and 13.5% of men who were physically assaulted by an intimate partner reported their assault to law enforcement.<sup>20</sup> Similarly, less than 20% of women, and 13% of child victims of child sexual assault report the assault to the police.<sup>21</sup>

This low level of reporting to law enforcement highlights the need for comprehensive and specialized domestic violence and sexual assault services for survivors from diverse communities. Whether or not survivors and their children choose to interact with law enforcement, they need to be able to access safety and supportive advocacy and counseling services. In 2008, the City of Seattle invested a total of \$17.8 million in domestic violence related services and interventions. Seventy-three percent of this investment went to criminal justice-related interventions, and 27% or \$4.9 million was invested in community-based services for domestic violence victims and intervention for batterers.<sup>22</sup>

In national surveys, more than half of adult female victims of rape report being raped by an intimate partner.<sup>23</sup> In the Seattle/King County region, the domestic violence and sexual assault service areas developed separately, with their own standards for practice, legislation and funding streams. There are separate legal system entities and treatment agencies that respond to domestic violence and sexual assault perpetrators. According to the National Judicial Education Program,

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<sup>17</sup> Seattle Census Data, estimated for 2012

<sup>18</sup> Crime in Washington, 2012, Washington Association of Sheriffs and Police Chiefs

<sup>19</sup> 2012 Domestic Violence Fatalities in Washington State, Washington State Coalition Against Domestic Violence, February 2013

<sup>20</sup> Full Report of the Prevalence, Incidence and Consequences of Violence Against Women, P. Tjaden and Nancy Thonnes, 2000

<sup>21</sup> *Youth Victimization, Prevalence and Implications*, National Institute of Justice, April, 2003

<sup>22</sup> *Toward Safety and Justice, Domestic Violence In Seattle, Biennial Report, 2008* Amy Heyden, Seattle Human Services Department, October 2009

<sup>23</sup> The National Intimate Partner and Sexual Violence Survey, 2010, National Center for Injury Prevention and Control

*When domestic abuse and sexual assault overlap, specialized counselors, prosecutors and other responders trained in only one or the other aspect may not provide sufficient support to victims of intimate partner sexual abuse. Few responders have been trained in the subject of intimate partner sexual abuse. Counselors, police officers and prosecutors trained in one area – sexual assault or domestic violence – may not be conversant or comfortable conducting investigations that overlap with the other area.<sup>24</sup>*

Although some victim service providers in Seattle/King County address both domestic violence and sexual assault, others address only one of these issues, or approach them separately. However, with facilitation from the KCCADV, programs serving survivors of domestic violence and of sexual assault have begun to increase their collaboration and co-advocacy. Over the past few years, there has also been an increased awareness and outreach to victims of trafficking and to sexually exploited youth. Some local domestic violence and sexual assault agencies are currently addressing these emerging issues in their work.

### **2.c. Community-Based Services for Domestic Violence and Sexual Assault Survivors in Seattle/King County**

*The advocates here are great. They do anything and everything they can in their power to help. If they don't have an answer, they look for it. They are non-judgmental. They are just there for me. They care.*

*Survivor in DV Transitional Housing Program*

The Seattle/King County region has a number of independent non-profit programs dedicated to providing advocacy and support to adult and child survivors of domestic violence and/or sexual assault. Each individual program has multiple connections to other programs both within the domestic violence and sexual assault fields, and in other related fields, including housing, employment, legal representation, mental health, and child welfare. Several state statutes and standards provide guidelines and protections to community-based advocacy programs and to the people they serve. All services are confidential, and the confidentiality of client records and communication are protected by statute. Programs use a mix of evidence-based, evidence-informed and promising practices to provide a broad spectrum of services. Many of these programs receive a portion of their funding from Seattle's Human Services Department. Because the services of domestic violence and sexual assault programs are related but quite different, they are described separately.

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<sup>24</sup> *Intimate Partner Sexual Abuse, Adjudicating the Hidden Dimension of Domestic Violence Cases, Module 6: Institutional Responses, National Judicial Education Program,*

### **2.c.i. Community-Based Domestic Violence Programs**

Community-based domestic violence programs serve victims/survivors of domestic violence and their children. A broad range of service providers serving diverse cultural communities share a common mission of “advocating for the client, with a primary focus of safety planning, empowerment and education through reinforcement of the client’s autonomy and self-determination.” Services include crisis intervention, survivor advocacy, safety planning, specialized domestic violence shelter, transitional and long-term housing, assistance to survivors with finding housing and employment and other services, legal clinics, legal advocacy, support groups, community education, individual advocacy, support and/or therapeutic services for children, parents and youth, and referrals for childcare, healthcare and longer term counseling. Some programs have on-site mental health therapists and/or specialized chemical dependency services, some have advocates co-located at DSHS financial offices, at the Seattle Police Department and City Attorney’s Office, and other locations. Most agencies also conduct professional training, community education, outreach and engagement, and other activities and programs aimed at the primary prevention of domestic violence.

Seattle is home to the King County Coalition Against Domestic Violence, a unique local domestic violence coalition of some 35 member agencies, which leads advocacy efforts with local, state and federal entities for funding, legislation and policies to support survivors of domestic violence and hold perpetrators accountable. In collaboration with leadership and staff of multiple systems, the Coalition has developed and strengthened policies, procedures, training and networking, to enable community-based domestic violence and sexual assault agencies, mental health agencies, and the criminal and civil legal systems to improve their response to survivors. The Coalition is currently planning to expand its scope to include sexual assault issues and services.

A listing of community based domestic violence and sexual assault programs serving survivors in the City of Seattle is provided below in Table 1.

### **2.c.ii. Sexual Assault Programs**

The region has two programs dedicated to serving child and adult survivors of sexual assault: Harborview Center for Sexual Assault and Traumatic Stress (HCSATS) and the King County Sexual Assault Resource Center (KCSARC). These programs offer specialized sexual assault therapy, counseling, medical exams, parent and community education and provider training, and consultation to other providers nationally and internationally. Both dedicated sexual assault programs have a long tradition of using evidence-based models of therapy and intervention. KCSARC provides a full spectrum of legal advocacy to sexual assault survivors throughout King County, including advocacy in criminal cases through a contract with the King County Prosecuting Attorneys Office.

Harborview offers the Sexual Assault Nurse Examiner (SANE) approach to medical exams for sexual assault victims. This approach is a key development in the care of

sexual assault victims and is the current standard of care nationally. SANE nurses are specially trained in sexual assault issues and are on call to come to emergency departments to serve as the primary care providers for the victim. They care deeply about victims, are knowledgeable about the psychosocial aspects of sexual assault, and have no other patients to attend to. In addition, they have highly specialized training in the collection of forensic evidence. Crime Victims Compensation pays for the cost of the exam. Currently, Harborview contracts with Swedish Hospital and Seattle Children’s Hospital to offer this service. The service is also provided by Evergreen Hospital.

Abused Deaf Women’s Advocacy Services is a state-accredited sexual assault program, and other culturally specific domestic violence programs also provide advocacy and other services to sexual assault survivors.

The King County Special Assault Network is a coordinating body for agencies responding to child sexual assault. The group operates on a coordinated community response protocol and convenes an interdisciplinary monthly meeting with victim services, law enforcement, the KC Prosecuting Attorney’s Office, CPS, and Seattle Children’s Hospital. The group has been meeting since the 1980s and is one of the longstanding coordinated community response systems to sexual assault in the entire country.

A listing of community based domestic violence and sexual assault programs serving survivors in the City of Seattle is provided below in Table 1.

**Table 1: Community Based Domestic Violence & Sexual Assault Programs Serving Seattle**

Program	DV Advocacy & Prevention Services	DV Housing	Accredited Sexual Assault Program	Sexual Assault Advocacy/Prevention	Culturally Specific Services to
Abused Deaf Women’s Advocacy Services	Yes	Yes	Yes	Yes	Deaf & deaf-blind survivors and their children
API/Chaya	Yes	Through a partnership with Interim CDA	No	Yes	Asian and Pacific Islander survivors and their children, and queer API youth
Broadview/Solid Ground	Yes	Yes	No	No	Homeless women and children
Consejo Counseling & Referral Services	Yes	Yes	No	Yes	Latina survivors and their children, and Latino youth
East Cherry YWCA	Yes	through other YWCA programs	No	No	African American survivors and their children



Harborview Center for Sexual Assault and Traumatic Stress	No	No	Yes	Yes	n/a
Jewish Family Service/ Project DVORA	Yes	No	No	No	Jewish survivors and their children
King County Sexual Assault Resource Center	No	No	Yes	Yes	n/a
New Beginnings for Battered Women & their Children	Yes	Yes	No	No	n/a
Northwest Family Life	Yes	Yes	No	No	Christian survivors and their children
Refugee Women's Alliance	Yes	No	Yes	Yes	Immigrant and refugee survivors and their children, from 11 language communities
The Northwest Network of BTLG Survivors of Abuse	Yes	No	Yes	Yes	Lesbian, gay, bisexual and transgendered survivors, children and youth
Seattle Indian Health Board	Yes	No	No	Yes	American Indian and Alaskan Native survivors

### 2.c.iii. Related HSD-Funded Positions

In addition to community-based advocacy programs, the City of Seattle funds domestic violence and sexual assault legal advocates in the police department, and domestic violence advocates in the city attorney's office and the court, and as well as a victim liaison position that links victims in criminal cases to community-based services. The City's Victim Support Team uses trained community volunteers who work with the police department to provide crisis intervention, support, and resources to victims and their children at secured crime scenes during the critical time following a reported domestic violence incident. The City also funds 2.6 FTE attorneys at the Northwest Justice Project as well as an attorney and a legal advocate at the Northwest Immigrants' Rights Project to assist survivors and their children in family law and immigration matters.

### 2d. Responding to Perpetrators of Domestic Violence and Sexual Assault in Seattle/King County

The Seattle/King County region has implemented many elements of a model "coordinated response" to domestic violence, designed to promote victim safety and hold perpetrators accountable. The City of Seattle has specialized domestic violence units in the police department, the City Attorney's Office, Municipal Court, and probation. The Human Services Department funds three batterer intervention programs (Wellspring Family Services, NAVOS Mental Health Solutions, and Asian Counseling and Referral Services) to provide subsidies for indigent offenders who

are court ordered to treatment. See discussion of batterer intervention in Section 6. The City of Seattle does not fund sex offender treatment. There are a number of sex offender treatment providers in the community.

### 3. Key Findings: Strengths and Gaps in the Service Systems

#### 3.a. Strengths of the Service Systems

Survivors, providers, and other stakeholders identified several strengths in the current service system. Many survivors who had received services expressed enthusiasm and described significant positive impacts from the services provided.

*Our support group is very special because we all communicate and express ourselves feelings on any theme. We can just show up and our advocate always makes time for us.*

*-DV Survivor*

##### 3.a.i. Strengths Identified by Providers and External Stakeholders

Stakeholders reported that the Seattle King/County region is home to a community of diverse programs that collaborate well at all levels. There is a geographically and culturally diverse service system that is the result of regional planning efforts and responses to emergent needs. Programs employ a co-advocacy model that allows advocates from different programs to work together to meet survivor needs. They also employ best practice models in service provision.

Domestic violence advocacy and shelter, as provided by Seattle-based programs, have been found to be one of the most supportive, effective resources for women with abusive partners, based on several studies. One two-year study in a different community examined the effectiveness of this model. Advocates helped women across a variety of areas: education, employment, housing, legal assistance, issues for children, transportation, and other issues. Women who worked with the advocates experienced less violence over time, reported higher quality of life and social support, and had less difficulty obtaining community resources over time. One out of four (24%) of the women who worked with advocates experienced no physical abuse, by the original assailant or by any new partners, across the two years of post-intervention follow-up. Only 1 out of 10 (11%) women in the control group remained completely free of violence during the same period.<sup>25</sup>

Sexual assault programs use evidence-based models of therapy and advocacy. For example, trauma focused cognitive behavioral therapy has been demonstrated to be highly effective with children who experience sexual assault and their families. TF-

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<sup>25</sup> The Impact of Domestic Abuse Services on Survivors' Safety and Wellbeing: Research Findings to Date, Cris M. Sullivan, PhD, Michigan State University

CBT results in a reduction of symptoms of PTSD as well as symptoms of depression and behavioral difficulties.

Several providers noted that Seattle/King County-based programs are national models of innovative advocacy for domestic violence survivors, and advocacy/counseling and medical exams for sexual assault survivors. The leadership and staff of these programs are at the forefront of their fields and provide consultation and technical assistance to programs around the US and internationally. There are many innovations within the local service systems in the areas of culturally specific services, community organizing and engagement, prevention, and outreach. Some examples: in September 2013, the NW Network received a federal grant to establish a national LGBTQ Domestic Violence Learning Center. KCSARC is the lead agency on a multi-agency federal grant for Project360, which addresses the intersection of youth homelessness and sexual violence. The Abused Deaf Women's Advocacy Services houses and staffs the National Deaf Domestic Violence Hotline, and the ADWAS model has been replicated in a number of communities across the country. The King County Coalition Against Domestic Violence has two federal grants to increase access and improve services to survivors with mental health issues and to LGBTQ survivors. Sound Mental Health is home to the Children's Domestic Violence Response Team, a collaborative project to provide intervention to children who experience domestic violence and to their supportive parent. Providers report that due to the high degree of coordination, collaboration and cross training, often facilitated by the county and state coalitions, the expertise developed by these programs influences and informs policies and practices across the field.

Additional strengths listed by stakeholders included:

- There is a high profile for domestic violence and sexual assault issues in the community, and support for these issues from elected officials.
- The King County Coalition Against Domestic Violence helps to establish and maintain a "collective voice" in the community.
- The interdisciplinary Special Assault Network effectively coordinates the efforts of several agencies that respond to sexual assault.
- The state sexual assault coalition and the state and King County domestic violence coalitions are very strong.
- There are projects to integrate trauma informed practice in both mental health and survivor advocacy services.
- Specialized medical exams, crisis response, and legal advocacy are available to sexual assault survivors.
- Legal advocates at community-based DV programs provide essential support (but not legal representation) to survivors involved in family law and immigration cases.

### 3.a.ii. Strengths Listed by Survivors

Survivors listed the following as “worked well” or “important” (not in any order of priority):

- Individual advocates who are responsive, caring and non-judgmental
- Culturally specific advocacy and support groups
- Support and knowledge of the therapists at sexual assault programs.
- Practical help with rental assistance, motel vouchers, transportation, childcare
- Emergency services/shelter
- DV advocacy and education
- Mental health and counseling services through DV and SA programs
- Opportunities to share experiences with other survivors provide support and validation
- Transitional housing programs that offer survivor centered advocacy

Several survivors expressed appreciation for advocates who were “non-judgmental,” and some described unpleasant and unproductive experiences with staff they experienced as “judgmental.” Clearly, a respectful and open approach by advocates was highly valued.

*“The (sexual assault agency) staff were the first ones there when my daughter disclosed the sexual assault. They were warm and caring, offering counseling services for her, support services for the family, and a legal advocate to assist her in knowing how to handle the legal system.... The most important part of the services was never any feeling of inadequacy or judgment. No matter how hard things have gotten, the support is always there.”*

*- Mother of sexual assault survivor*

### 3.a.iii. Survivor Input on Ways to Strengthen the Service System

In survivor focus groups and questionnaires, the consultant asked what additional services would be helpful, and what survivors would recommend to policy makers to improve the response for survivors and their families. Below is a summary of responses:

- Make safe, supportive affordable housing available to survivors.
- Offer free or affordable, accessible legal representation for all survivors who need it.
- Ensure stability of funding for sexual assault services for child and adult victims.
- Provide counseling for children who have experienced domestic and sexual violence. Help to break the cycle.
- Prevent domestic and sexual violence by offering classes in elementary, middle and high school. As one survivor said, “They teach you how to avoid

- AIDS and STDs in school, so why don't they teach you about how to avoid unhealthy relationships and how to be safe?"
- Develop peer support/education programs where youth can talk to youth about family violence.
  - It would be helpful if sexual assault were brought more out into the open, especially in schools, where it can be discussed without shame or humiliation.
  - Involve a broad range of organizations/people of in educating and responding, including schools, religious organizations, health care providers, retail stores, and as a survivor said, "Everywhere."
  - More public education and information, including community classes, survivor through pamphlets, ads in magazines, newspapers, and smart phone applications.
  - Offer education to men about domestic violence and sexual assault.
  - Ensure accountability, punishment and treatment for perpetrators.
  - Accountability and transparency for judges in these cases through court watch programs.
  - Stronger representation of the needs of victims/survivors by legislators.

### 3.b. Needs and Gaps

One of the goals of the stakeholder engagement process was to elicit information about the strengths and gaps in the community-based domestic violence and sexual assault service systems. However, the predominant theme of nearly every focus group and many stakeholder interviews was the shortage of resources to address survivors' basic needs, and the limited capacity within domestic violence and sexual assault programs and other related service systems. Survivors, providers, and other stakeholders who participated in our focus groups identified the following key barriers to survivors' safety and autonomy: reduction in the social safety net, including lack of livable wage jobs, lack of available and affordable housing, lack of representation in family law and immigration matters, and lack of culturally competent mainstream services. These systemic barriers impact both survivors and the providers who serve them.

#### 3.b.i. Reduction in Funding for Key Services and Supports

*"I'm not asking for a handout. I'm just asking for a hand. I just need help to get on my feet. Everywhere I go, people tell me: You don't qualify here. You can't get help there. There are so many entities that want to "help." They don't talk to each other, they don't work together. There are so many sanctions, rules and loopholes. We don't get anywhere. "*

*-DV Survivor and mother of three, attending a drop-in DV support group*

Over the past three decades, there have been significant cuts to programs that have traditionally comprised the safety net for families in poverty in the US, including

Temporary Aid to Needy Families (TANF or “welfare”), Work First, Working Connections Childcare (WCCC) and the Supplemental Nutrition Program (SNAP, commonly known as “food stamps”).

In 1983, a family of three in Washington State received 63% of what they needed to cover basic needs. In 2012, a TANF/WorkFirst cash grant covered only 27% of the basic needs of a family of three. In 1996, 68 per 100 poor families in the US received benefits compared to 27 per every 100 in 2011.<sup>26</sup> In 2010, the state offered \$562 per month to a family of three with no income.<sup>27</sup> In the same year, the average rent for a 2-bedroom apartment in Seattle was \$1,138 per month.<sup>28</sup> Due to federal policies and budget shortfalls, Washington and other states have continued to cut benefits for low income families. In August 2010, the state implemented \$51 million in cuts to the TANF budget, lowered the income eligibility limit for WCCC from 200% to 175% of the federal poverty level, and limited hardship extensions to WorkFirst’s 60-month time limit. Cuts to the SNAP program will result in families receiving on average less than \$1.40 per person per meal in 2014. SNAP participants include some 22 million children nationally.

These holes in the safety net directly impact domestic violence and sexual assault survivors and the providers who serve them. Survivors who want to leave their abusive partner but are not employed or are working in low wage jobs cannot sustain their families through these “safety net” programs. Domestic violence programs have experienced reductions in their own budgets and associated staffing over the past several years, and sexual assault programs have not experienced any increase in their budgets. Because survivors are struggling to meet their basic needs far more than they were a decade ago, providers report that they have to focus more of their efforts on identifying scarce resources for them and on helping survivors navigate complex and fragmented service systems. This often reduces their ability to focus on survivors’ over-all well-being and healing and allows little time to engage in prevention and early intervention activities.

*With the welfare reform act, there was a failure of the social safety net for families. Our programs have been making up for the lack of safety net. We keep acclimating to more and more cuts. Because of chronic resource shortage, we are forced to focus on meeting survivors’ basic needs. We are diverted from our efforts to advocate for social change. This puts us in a position of “Sophie’s choice.” Do we ignore peoples’ basic needs to focus on prevention? Social change work relies on an assumption that basic needs are being met.*

*-Connie Burk, Executive Director, The NW Network*

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<sup>26</sup> Center on Budget and Policy Priorities

<sup>28</sup> The Greater Seattle Datasheet, 2010 <http://www.seattle.gov/oir/datasheet/quality.htm>

### 3.b.ii. Lack of livable wage jobs

Survivors and providers identified the lack of livable wage jobs as a major barrier to survivor safety and autonomy. Several stakeholders described challenges for survivors who work minimum wage jobs, often in locations far from where they live and at odd hours. Without money for their own car or gasoline, their commute to work may involve long hours on public transportation. Without money for childcare, they must rely on friends, neighbors, or family members to care for their children. Despite the fact that Seattle has a “Sick and Safe Time” ordinance requiring otherwise, employers are often unwilling to give them time off for mandatory court dates related to their victimization. All of this is further exacerbated by the fact that abusers often interfere with survivors’ ability to find or maintain employment. Providers and survivors report that finding a livable wage job can be especially challenging for immigrant and refugee survivors, who may not have the necessary documentation to work. Even those who do may have limited English proficiency, may be unfamiliar with the job seeking process in the US, may lack the access to a computer that is required to apply for many jobs, and may face discrimination by employers who have multiple qualified applicants for every job opening.

#### ***Support for this Concern***

Women and children face increased levels of economic stress and poverty in our region.

- The Washington State Budget and Policy Center reports that the Great Recession “...had an especially severe impact on women in Washington State. Of the \$10 billion in state spending cuts already made (as of 2010) 93% have targeted education, health and human services, areas that disproportionately employ and serve women. This is taking a major toll on the economic well-being, health and safety of women and their families.”<sup>29</sup> Many women who are employed are unable to earn a livable wage. Nearly 15% of Washington women and 18% of children live below 100% of the poverty level.<sup>30</sup> Women of color, in particular, are experiencing high rates of poverty. In King County, 20% of women of color aged 18-64 live in poverty.
- Quality childcare is inaccessible to many low-income mothers. The average cost of full-day care for an infant represents about 41 percent of the median income for single mothers. Since 2011, 27,000 Washington parents have lost assistance that helped them pay for childcare so they could work.
- Current public policies may hinder the ability of low income women to advance their education. Two-fifths of Temporary Aid to Needy Families

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<sup>29</sup> Women, Work, and Washington’s Economy: *How State Budget Cuts are Hurting All Three*, the Washington State Budget and Policy Center, February, 2012

<sup>30</sup> Washington’s Working Women, 2012, Economic Opportunity Institute

(TANF) recipients nationally lack a high school diploma. But current TANF policy and practice may discourage or prohibit low-income women from pursuing education and training while they are receiving cash assistance.<sup>31</sup>

- In-depth reviews of 84 domestic violence homicides in Washington State showed that these homicide victims faced many economic barriers to safely leaving their abuser.<sup>32</sup>

### **3.b.iii. Lack of Affordable Housing and Shelter**

Stakeholders report that survivors who are seeking to leave their abusive partner or family member face a dearth of affordable housing and shelter space in the Seattle area. As of September 2013, the average rent for a one-bedroom unit in or near downtown Seattle was \$1,438, up 8.8% over the past year. On the Eastside it was \$1,262, up 9.5% from the same period in 2012.<sup>33</sup> For lack of capacity, emergency shelters turn away anywhere from 10-30 of the people they are able to serve.

The lack of available housing makes it extremely difficult for low-income survivors to become self-sufficient after they have left their abusive partner. Without housing, they are often unable maintain existing jobs or to look for work. Without employment, it is almost impossible to find permanent housing. People fleeing DV are more likely to have a problem finding housing because of their unique and often urgent circumstances, poor credit, rental and employment histories, and limited income due to inability to collect and/or enforce child support and alimony payments.<sup>34</sup> They may have poor rental and/or credit histories as a result of their partners' behavior and their own challenges. Even when a survivor has a job and can find an affordable apartment rental, her rental and credit history often creates a barrier to securing an apartment. As they wait for housing, survivors move between emergency shelters, a few nights in a motel, homes of friends and family, and sleeping in their cars (if they have cars), or on the street. Their children often move from one school to another as their address changes repeatedly. Or they may return to their abusive partner.

Stakeholders report that the majority of DV survivors and their children who seek emergency shelter from domestic violence in Seattle are unable to access it when they need it, due to a lack of shelter capacity and the absence of affordable housing options. Some survivors reported that they or someone they knew had attempted to leave their abuser, but had to return because there was no shelter space and their motel vouchers ran out.

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<sup>31</sup> Aiming Higher: Removing Barriers to Education, Training and Jobs for Low Income Women, Women's Economic Security Campaign, 2008

<sup>32</sup> Washington State Coalition Against Domestic Violence Fatality Review, November 2012

<sup>33</sup> *Local Apartment Rents Continue Climbing*, Sanjay Bhatt, The Seattle Times, September 23, 2013

<sup>34</sup> Reif, SA et al. (2000). *Subsidized Housing and the Unique Needs of Domestic Violence Victims: Clearing House Review*. Chicago, IL: National Center on Poverty Law.



DV shelters are mandated to prioritize survivors who are in urgent need of confidential shelter. Because of the high demand for confidential shelter space, program managers work to balance the need to help current residents find stability with the need to open up space for those who are currently in danger. Therefore, those families who are placed in confidential shelter usually have to leave after 30 or 90 days, depending on the program's restrictions. Because of the lack of transitional or low-cost housing, there is often no place for them to go. A family that has settled into shelter and is beginning to stabilize may have to leave shelter and start their search for housing all over again. The Program Director of the Salvation Army DV program described how some DV emergency shelter programs "swap" families, in order to bypass the 30 or 90-day limit, so that they can continue to provide confidential shelter for those families who are in danger, while allowing resident families to stay housed until longer term housing becomes available.

Lack of a safe place to sleep at night puts survivors and their children at great risk, not only for ongoing DV, but also for job instability and health challenges and a host of physical, emotional, and social challenges for children. Survivors reported that while they are homeless, they often experience ongoing threats and violence from the batterer. The combined impact of homelessness, dislocation, anxiety, concerns for their children, and the ongoing threats to their safety can increase the likelihood that they will lose custody of their children to the perpetrator.

Stakeholders brought up additional challenges for those seeking housing:

- The implementation in 2012 of Coordinated Entry to shelter and housing has reportedly resulted in increased barriers to survivors to the limited space available (see the discussion of Coordinated Entry below).
- Not enough shelter space is available for women with teen boys or large families.
- There is a lack of culturally accessible housing for LGBTQ, Native American, immigrant and refugee survivors.

Based on stakeholder statements alone, it is not possible to sort out to what extent shelter programs are failing to house people from marginalized communities and to what extent the overall lack of capacity is causing survivors from all communities to be turned away.

### **Support for this Concern:**

- The Seattle/King County Coalition on Homelessness documented an unduplicated count of homeless families turned away from shelter and transitional housing during a 24-hour period in January 2012.<sup>35</sup> During that period, there were 262 calls representing at least 747 people who could not

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<sup>35</sup> This includes both families impacted by DV and other families

be placed in shelter. Forty percent of the callers were calling from Seattle.<sup>36</sup>

- The Housing Choice (Section 8) Voucher waiting list is currently closed to new applicants. Seattle Housing Authority is currently issuing new Housing Choice (Section 8) Vouchers to households on our waiting list created in 2008.
- Waiting time for the Seattle Housing Authority's low income housing in ranges from 3-10 years.<sup>37</sup>
- Even for survivors with full-time employment, housing in the Seattle area is often not affordable. According to the 2011 Washington Self-Sufficiency Standard, an adult with one preschooler and one school-age child would need to make \$27.26 per hour (\$57,569 annually) to meet the family's basic needs.<sup>38</sup>
- In the first five months of 2013, the Salvation Army's DV shelter turned away 30 callers for every one they accepted, due to lack of space.

#### **3.b.iv. Lack of Legal Representation in Family Law and Immigration Matters**

The lack of legal representation in family law and immigration matters was a major concern raised by survivors and providers, especially for those separating from their abusers. During this time of stress and instability, many survivors must represent themselves in custody or dissolution cases in Family Court against batterers who are represented by attorneys. Batterers often use the dissolution process and establishment of a parenting plan as a way to further abuse their partner and control their children. Reductions in legal advocacy at DV programs result in survivors having to go to court hearings and legal clinics alone. Northwest Justice Project (NJP) attorneys reported that the reduction in community-based legal advocates has resulted in fewer survivors being able to follow through with the assistance they receive at free legal clinics.

Immigration is another legal area in which survivors are vulnerable to ongoing abuse of batterers. DV survivors who lack immigration status can apply for "U visas" that protect them from deportation. However, it is almost impossible to obtain a U visa without the assistance of an immigration attorney. The current waiting list for free legal assistance on immigration issues is 9-12 months. While immigrant/refugee survivors are waiting to apply for a U visa, they are ineligible for TANF and other kinds of assistance and are not able to obtain work permits. They are vulnerable to ongoing abuse by the batterer, and possible deportation.

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<sup>36</sup> Seattle/King County Coalition on Homelessness: Summary of the 2012 Family Turn Away Survey

<sup>37</sup> Seattle Housing Authority Website

<sup>38</sup> [http://www.seakingwdc.org/pdf/ssc/SelfSuffStandardReport\\_11\\_web.pdf](http://www.seakingwdc.org/pdf/ssc/SelfSuffStandardReport_11_web.pdf)

*When I got to the US, I was afraid to call the police when my ex assaulted me. I had no documentation. No immigration status. I worked in the fields with him but at the end of the work day, he locked me in the house. He told me not to go outside because he told me “immigration will get you.” He would go out drinking and make me stay in the house. He was telling me “don’t talk to anyone.”*

*-DV Survivor*

The City of Seattle funds two full-time and one half-time family law attorneys from the NW Justice Project (NJP) to serve survivors who live in Seattle, and several organizations provide free legal clinics. However, participants in nearly every stakeholder group listed lack of free or affordable legal representation for survivors as a major gap. Staff from NJP report that they prioritize families based on need. While they do not turn families away, there is often a lengthy waiting list for representation for those whose needs are relatively less urgent.

### **Support for this Concern**

The KCCADV’s 2005 issue paper on survivor’s experiences with family law system in King County found “that most survivors do not get legal representation in family law proceedings, which results in poorer outcomes for them than for survivors who do have attorneys.”<sup>39</sup> In addition,

- A national study of family court evaluations supported these perceptions finding that “key changes need to be made on the local and national level to improve outcomes in custody cases involving domestic violence, especially cases involving coercive control and resistive violence.”<sup>40</sup>
- A 2005 study by researchers at the University of Washington of King County Family Court files found a lack of identification of IPV (Intimate Partner Violence) even among cases with a documented, substantiated history, and a lack of strong protections being ordered even among cases in which a history of substantiated IPV is known to exist.
- In the 2012 Domestic Violence Counts, a 24-hour census of domestic violence shelters and services conducted by the National Network to End Domestic Violence, legal representation was one of the top three unmet needs identified, both in Washington State and nationally.

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<sup>39</sup> *I Just Wanted To Be Safe: Battered Women’s Experiences With the Family Law System*, Merrill Cousin, King County Coalition Against Domestic Violence, December, 2005

<sup>40</sup> *Mind the Gap: Accounting for Domestic Abuse in Child Custody Evaluations*, Ellen Pence et al, Battered Women’s Justice Project, June 2012

- The 2003 Washington State Civil Legal Needs Study found that low-income people face more than 85% of their legal problems without help from an attorney. Women and children have more legal problems than the general population, especially on matters relating to family law and domestic violence (74% of those surveyed had family law, and they report that 80% of all family law problems relate to domestic violence).

### **3.b.v. Unmet Service Needs Due to Lack of Capacity/Funding**

Because of budget and related staffing constraints, local domestic violence and sexual assault programs lack the capacity to meet all requests for service. The National Network to End Domestic Violence conducted a national 24-hour census of domestic violence shelters and services. The highest unmet needs were for emergency shelter, attorney/legal representation, transitional housing and legal advocacy and are consistent with the needs expressed by our stakeholders. The director of KCSARC reports that they turn away 30-40% of people who want trauma-focused therapy because of lack of capacity. Harborview has many survivors waiting for services because their counselors are booked up.

Additional unmet service needs described by stakeholders include:

- Not enough trauma-focused therapy for sexual assault survivors, especially trauma-focused therapy in different languages
- Lack of specialized sexual assault nurse exams at many medical facilities in the region, resulting in negative and sometimes harmful experiences for survivors
- Not enough services for children who experience domestic violence.
- Lack of intervention/prevention services for teens
- Lack of capacity, funding and resources to focus on prevention services without jeopardizing crisis intervention and other basic services
- Not enough support for parents whose children have been sexually abused

### **3.b.vi. Barriers to People from Marginalized Communities/Service Limitations**

Some stakeholders reported that institutionalized racism, homophobia, and xenophobia continue to create barriers to mainstream services for survivors from marginalized communities. Some survivors and providers described policies and practices that they experienced as unwelcoming or discriminatory. Several examples were provided, as listed below.

- Lack of inclusion of some marginalized communities in conversations about service planning and provision and data collection.
- Lack of cultural competency among mainstream programs within DV and other service systems to respond LGBT survivors. The message continues to be reinforced that DV is a problem for heterosexual people. Even when agencies make efforts to be inclusive, the perception that they are for heterosexual women often remains.

*“There is no emergency housing in Seattle for gay men. I was really surprised about that because I felt the city was progressive. But the shelter and support system is definitely geared toward heterosexual women. I moved here with my partner and don’t know many people. There is no place for me to go, so I’m living on the street. Do I feel comfortable going to general men’s shelter? No! There are ongoing hate crimes all around the city. I am unfortunately stuck between a rock and a really hard place.”*

- Nick, DV Survivor

- Insufficient level of culturally specific resources for immigrant and refugee survivors, including legal representation, accessible housing, employment and other services.
- Some survivors, providers, and other stakeholders reported that mainstream programs did not feel welcoming/accommodating to immigrant, refugee, Native or LGBT survivors, in a variety of ways. Examples included: isolation of limited English proficient survivors in shelter, lack of accommodation for dietary restrictions or religious practices of Muslim women and Native women.
- Insufficient recognition of the needs of or culturally specific response to Native Americans, especially urban Indians.
- Lack of response to chronically chemically dependent/mentally ill survivors, and lack of linkages between domestic violence providers and people serving chronically mentally ill/chemically dependent homeless people.
- Lack of specialized services to seniors who are survivors of domestic violence.
- Lack of understanding or resources for veterans who are survivors of domestic violence. According to one focus group participant who is a veteran of the Iraq war, “None of the DV agencies know anything about working with veterans. For the VA, in the whole county there are no beds for women, no childcare funding, and no support for veterans who are mothers.”

Providers and other stakeholders described a broad range of urgent related needs for other specific populations of survivors, including adult survivors of prostitution, trafficking, elder abuse, and commercially/sexually exploited youth as well as DV and SA survivors with chronic co-occurring mental health and substance abuse issues and other complex concerns. Some DV and SA providers report that they are currently serving survivors of prostitution and trafficking, but there is no clear way to track people with these needs. Some stakeholders from other systems/roles suggested that domestic violence and sexual assault programs should be serving all of these survivors.

Unfortunately, as discussed elsewhere in the report, many providers are struggling with ensuring adequate services for their core constituents. While there are a

number of efforts to improve cultural accessibility and responsiveness of services and the ability of providers respond more holistically to individual survivors' complex needs, clearly many problems still remain. Providers report that the overall lack of capacity is contributing to agencies tending to become more restrictive in their program requirements in an effort to effectively "ration" their services. Similarly, the pressure on staff to serve more people with more complex needs without new resources makes it difficult to creatively problem-solve, rethink policies and practices, or engage in co-advocacy and collaborative efforts across agencies and disciplines.

In focus groups and interviews, the following additional service barriers were described:

- Several survivors and providers expressed frustration with DV shelter rules that do not support survivors' efforts to work, or to connect with supportive communities, such as curfews, restrictions on getting rides to and from shelter, and limits on the number of nights allowed out of shelter.
- Some survivors and other providers reported their experience that there are lots of hoops for survivors to jump through in order to get DV advocacy services, e.g. a survivor who is in crisis being required to go to a DV 101 orientation before she can access services.
- A provider who works with women coming out of prison reported that these women don't tend to seek help at mainstream domestic violence programs, in part because of the perception that many of these programs encourage survivors to call the police. Calling the police may not be an option for survivors from marginalized communities, especially those who have been defendants themselves.
- There is no currently specialized group for survivors who have been arrested for DV-related charges, although most community-based programs will work with women who are court-mandated.

### 3c. Stakeholder Input: Barriers/Gaps in Other Systems

The focus of stakeholder interviews and focus groups was the services provided by community-based domestic violence and sexual assault programs. The consultant did not ask questions about any other systems specifically. However, stakeholders from a variety of areas brought up concerns with the following related systems, without being asked.

**Coordinated Entry:** Many providers and survivors participating in focus groups described problems and frustration with Coordinated Entry: the Family Housing Connection through 211.<sup>41</sup> The goal of this centralized intake and admission process is to ensure that homeless families are quickly connected with the housing

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<sup>41</sup> The Family Housing Connection is designed to "reduce the burden on families experiencing homelessness by providing a single access point for shelter and housing resources" by calling 211.

intervention that best meets their needs. However, despite the best intentions, domestic violence survivors and providers report experiences that this new system is inefficient for them. Survivors described calling 211 daily and not being scheduled for an intake for several weeks. A 211/Crisis Clinic staff person reported that due to a lack of available shelter and housing, at times all she has to offer callers is a list of potentially safe places to park their cars overnight. Seattle has a limited number of culturally specific transitional housing facilities, and providers report that families who have no need for this specialized service are being placed in these facilities, occupying space that is badly needed by immigrant and refugee families.

One DV program manager offered some insight into challenges. Prior to the implementation of Coordinated Entry, domestic violence agencies (and other programs) were able to admit survivors directly into their own transitional housing programs. After the survivor and her children had stayed thirty days or more in shelter, shelter staff would have thorough understanding of the survivor's needs and would be able to place her in a transitional housing or other housing facility based on those needs. With the Coordinated Entry system, Family Housing Connection staff conduct a brief intake with each family. In this brief amount of time, it is difficult to get a clear picture of each person's needs. This shortage of information can result in domestic violence survivors being placed in non-confidential shelters and homeless women and families who are not currently experiencing domestic violence being placed in DV-specific shelters.

**Lack of understanding of address confidentiality/safety among other service systems:** Three survivors reported having their confidential addresses disclosed to their batterer by DSHS or the King County Housing Authority. This disclosure is extremely dangerous, as survivors who enroll in the Address Confidentiality Program do so because they are at high risk for ongoing violence, threats and stalking by their batterer.

**Lack of responsiveness by schools to children impacted by domestic violence and sexual assault:** Survivors and providers expressed concerns that schools did not respond to children impacted by domestic violence or sexual assault. Two parents of survivors of sexual assault described the challenges their children faced because the schools are not responsive to sexual assault. A family law attorney at the Northwest Justice Project observed a lack of understanding of domestic violence and the family law system in school system. He noted that school districts don't want to talk to attorneys or advocates for the children, and there is no point person at the schools to assist a child who is experiencing domestic violence. This can endanger the children. He gave the example of a school office manager who signed a declaration in favor of the battering father in a family law case.

*“Educators need to be made more aware of how to identify the effects of sexual assault and how to help the victims. Somehow they find it easier to understand when a child has been hit by another child, while they are terribly under-*

*prepared to assist a child suffering from this type of trauma. No matter how hard we (I and her support team) try to prepare my daughter every day for what comes next, nothing can prepare her for the stress or stepping into an uneducated school environment.”*

*-Parent of child survivor participating in sexual assault counseling.*

## **4. Key Findings: Provider Input on the Role of the Seattle Human Services Department**

Providers clearly valued the long-term commitment of HSD to supporting services to domestic violence and sexual assault survivors. They also valued the opportunity to provide feedback to HSD on their role with providers. In response to the topics provided by HSD, stakeholders listed a variety of challenges and associated recommendations.

### **4.a. Community Engagement**

Providers are always working to meet the needs of survivors in danger and in crisis with limited resources. They have obligations to multiple public and private funders, as well as a commitment to system advocacy and coordination with the systems their constituents access. Providers value engagement with HSD that recognizes the full range of their commitments. This is discussed further under Recommendations.

### **4.b. Data Collection**

Providers reported many challenges with data collection. Each community-based DV and SA program is supported by a significant number of public and private funding sources. Each funding source requires the program to submit a unique narrative report and accompanying data. There is little coordination of reporting requirements between funders. This has consequences for both providers and funders. For providers, collection of data in multiple formats and completion of accompanying narrative reports is time consuming and detracts from direct service-related activities. For funders, this fragmented reporting provides each funder with only a partial picture of the number of survivors being served, what services are being provided, and the outcomes achieved by programs.

Providers observed that HSD requires reporting of a great deal of data, including the client's race/ethnicity, specific country of origin, sexual orientation, HIV status and drugs and alcohol use, veteran status, and whether a veteran was honorably discharged. If a woman comes into a DV program with several children, providers are required to collect detailed demographic data on each of her children. Providers wondered about the purpose of asking some of these questions, noting that they can create a barrier for people seeking services, who may find these questions intrusive. Collecting and reporting such detailed data can be very time consuming and can



detract from the provision of services, especially for smaller agencies, and especially for services that are limited in time and scope.

Providers noted that data collection is a complex issue: for example, if providers ask about a person's identify as LGBTQ, it can be intrusive or threatening in many ways, but if they don't ask, LGBTQ survivors don't exist in the data. Culturally-specific providers expressed concerns that when a survivor is asked, she may feel she has to prove she qualifies for services, i.e. she is really lesbian, or truly Latina, etc.

Other issues related to data collection identified by stakeholders include:

- The groupings of demographics on intake and other forms have an impact. Some funders group Latino with Caucasian clients. This makes the needs of the Latino community invisible. Other funders ask about numerous categories under Latino. This can be onerous.
- Immigrants, refugees and Native Americans are not represented in data collection systems around homelessness. If they are homeless, they are usually staying with friends and family and are not seeking services at agencies where data is collected. This results in a lack of inclusion of these communities in conversations about services and funding.

#### **4.c. Capacity Building**

Stable funding for advocacy services provides the foundation for capacity building by programs. If providers do not face consistent threats to their existing capacity, they are able to focus on strengthening and expanding their programs, and to participate in collaborative efforts and policy development. By ensuring stable funding, HSD can support providers in capacity building. Providers identified some specific areas in which they would welcome technical assistance and support from HSD. These are listed below, under Recommendations.

#### **4.d. Investment Process**

Stakeholders identified the following issues with HSD's Request for Information/Request for Qualifications (RFI/RFQ) and contract processes:

- Competitive RFI/RFQ processes don't promote collaboration and can be destructive to the network of relationships and co-advocacy that programs have in place. They are expensive and time-consuming to both funders and providers, and pit communities and service types against each other. Applications are evaluated in isolation, so there is often not a way to ensure that funded services will be accessible across geographic areas or cultural communities. They also give an advantage to agencies with the resources to hire or house strong grant writers. Small community-based agencies are at a disadvantage, especially those staffed by people for whom English is not a first language.

- Funding requirements are often rigid and restrictive and don't support providers in offering flexible, survivor-driven, culturally appropriate services or in doing community engagement.
- HSD's outcomes and contract requirements don't always fit with the community served, (e.g. providers to the deaf community shouldn't be asked to have "phone services" since they provide all face-to-face interactions)
- Program managers of culturally specific programs observed that services for limited English proficient or deaf clients require the use of interpreters, as well as intensive advocacy on specific cultural issues. This is time consuming, and the result is that an advocate in culturally specific programs may serve fewer people than a similar advocate in another program. The contract requirements for these programs should reflect the advocacy needs of the people served.
- The process for obtaining motel vouchers can take up to four days, according to providers. Some providers object to the required use of the Homeless Management Information System, both because of confidentiality and privacy concerns for their program participant, and because the additional staff and technology resources needed to enter the data are not worth the relatively small amount of funding available for this service. Several agencies serving specific cultural communities have decided to forgo that resource, even further limiting access to emergency housing for these marginalized survivors.

## 5. Trends: 2013-2018

HSD requested that this report identify promising practices and environmental trends that may be relevant to services planning.

### 5.a. National Decline in the Prevalence of Domestic Violence and Sexual Assault

Providers noted that there has been a significant decline in the national prevalence of both domestic violence and sexual assault since 1990.<sup>42</sup> While there is no single explanation for this decline, it is likely that the focused prevention and specialized intervention efforts of domestic violence and sexual assault providers have contributed to this decline. Providers further note that the decline in prevalence has been accompanied by an increase in demand for services. This increase may be a result of providers' successful efforts to increase awareness, develop programs, and decrease barriers to services.

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<sup>42</sup> Bureau of Justice Statistics, November, 2013, <http://www.bjs.gov/content/pub/pdf/ipvav9311.pdf>

## 5.b. Promising Practices Identified by Stakeholders

The following promising practices were identified by stakeholders. Each of these is being implemented and provided by some local DV and SA programs.

- **DV Housing First (DVHF):** Piloted by the WA State Coalition Against Domestic Violence, and funded by the Bill and Melinda Gates Foundation, this approach to housing focuses on helping survivors retain or access safe permanent housing quickly, and often bypasses emergency shelters. Services are tailored to the needs of individual participants. Support for housing is not limited to rental expenses, but can also include transportation subsidies, career training, job-related expenses, childcare, as well as temporary rental assistance. DVHF was modeled after the Housing First approach that has proven successful with homeless populations for over a decade, and specifically adapted to the needs of domestic violence survivors.<sup>43</sup> In addition to working directly with survivors, DVHF advocates work with landlords to facilitate housing placement for survivors, for example, dispelling their concerns about renting to survivors whom they may see as “high-risk” tenants, addressing safety issues, negotiating rent or lease provisions, or outlining the support and advocacy the tenant will receive.
- **Trauma-Informed Advocacy and Counseling:** A trauma-informed approach recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in peoples’ lives. Sexual assault programs have traditionally worked from a trauma-focused framework, using specific tools to address and ameliorate symptoms. Domestic violence advocacy programs are increasing their understanding and ability to understand and respond to the impact of trauma on the survivors they serve through staffing, training and consultation with mental health providers.
- **Community Engagement and Organizing:** Many programs, especially those serving marginalized communities, recognize that friends, family and other “natural helpers” who understand domestic violence and sexual assault are an excellent resource to survivors. The NW Network, KCSARC, API/Chaya and other programs have specific projects that reach out to, educate, and engage friends and family to respond to domestic violence and sexual assault. In addition, DV programs and coalitions are becoming more engaged in other non-DV community organizing work, especially with communities of color.
- **Financial Empowerment:** Financial empowerment initiatives recognize the critical need for survivors to have financial independence. Services include financial education, budgeting, addressing credit and debt problems, and accessing mainstream financial services and products. The City of Seattle’s new Financial Empowerment Center, funded by the Paul G. Allen Family

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<sup>43</sup> From the WSCADV website [www.wscadv.org](http://www.wscadv.org)

Foundation and operated by Neighborhood House, will provide specialized financial empowerment counseling to low income people around the city. The City has partnered with the domestic violence advocates and the Seattle-King County Asset Building Coalition to apply for funding to develop and expand financial empowerment services designed specifically for survivors of abuse.

- **Access for male and LGBTQ Survivors:** Any programs that receive federal FVPSA (HHS) or VAWA (OVW) funds are now required to provide comprehensive access to services for DV survivors of all genders as of October 1, 2013.
- **Sibling Abuse and Reunification:** In the sexual assault field, responding effectively to sexual assault by siblings is an emerging issue.
- **Commercially and Sexually Exploited Youth:** Youth involved in prostitution face extreme threats to their physical and emotional well-being. They experience both sexual and physical violence and emotional abuse. In partnership with community-based providers HSD is actively supporting efforts to respond to prostituted youth in Seattle. There is an ongoing need to respond to prostituted youth in Seattle and King County.

### 5.c. Issues/Concerns

The following ongoing issues and concerns were listed by stakeholders as important to services planning:

- **Ongoing Cuts to Basic Services:** Continued federal cuts to TANF, SNAP and other federal programs will increase the pressures on many survivors and their children, and on the programs that serve them.
- **Healthcare Reform:** There is currently discussion at the state and county level about better integrating health care and human services. Healthcare reform includes references to reimbursement for mental and physical healthcare services, but not advocacy services. There may be an increase in demand for advocacy services as more people get access to healthcare and more survivors are identified and referred to advocacy programs. However, it is not clear that there is going to be any more revenue coming in to support associated DV, SA or other related community services.
- **Responding to DV Perpetrators:** There is currently no single proven model for responding to domestic violence perpetrators. Perpetrator treatment is a controversial topic that has generated a great deal of discussion locally and nationally. Exploring models for effective prevention with youth and intervention with perpetrators is key to reducing domestic violence.

- **Responding to Survivors from Marginalized Communities:** Many stakeholders highlighted the need to continue to improve the availability, accessibility, and cultural responsiveness of services to adults, children, youth and elders from marginalized communities.
- **Firearms:** The presence of a firearm in a home where domestic violence is occurring can quickly turn into homicide. Between 1997-2012, 55% of domestic violence homicide victims in Washington State were killed by their abuser with a firearm. A firearm is the weapon most commonly used in domestic homicides. More than six times as many women in the United States are murdered by firearms used by their current or former intimate partners than are killed by male strangers' firearms, knives or other weapons combined.<sup>44</sup> While Washington State laws prohibit convicted domestic violence offenders from obtaining or possessing firearms, anecdotally, these laws are rarely enforced. A federal law also prohibits respondents in protection orders from possessing firearms, but it is not currently in the Washington State law, which makes it almost impossible to enforce. There are, of course, no limits to access to firearms for the many perpetrators that have no convictions.
- **Threats to privacy/confidentiality through technology:** While the prevalence of various forms of technology can have tremendous benefits for providers and the survivors they serve, it also provides a quick and easy way for batterers, sex offenders and stalkers to monitor and harass their victims. More than one in four stalking victims reports that some form of cyberstalking was used against them, through email (83% of all cyberstalking victims) or instant messaging (3%). Electronic monitoring of some kind is used to stalk one in 13 victims. Easy online access to legal and personal information creates concerns for advocates about the confidentiality of their work, especially through court records.

## 6. Recommendations

While domestic violence and sexual assault are significant public health and safety issues in the Seattle and King County region and nationally, resources for advocacy, intervention, and prevention are woefully underfunded. This lack of capacity greatly increases the danger to survivors and their children and the community. Despite a strong, specialized community-based service system in our region, many survivors and their children who are in serious danger from their abusive partner or

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<sup>44</sup> When Men Murder Women: An Analysis of 2010 Homicide Data: Females Murdered by Males in Single Victim/Single Offender Incidents. 2012. Violence Policy Center. <http://www.vpc.org/studies/wmmw2012.pdf> cited in Women, Children and Gun Violence, Futures Without Violence

family members literally have no resources and no place to go. And because programs are struggling to serve their constituents in the face of ongoing budget cuts, it is increasingly difficult for them to find time and staffing resources to address new external challenges or to serve survivors with unique needs.

The recommendations below were developed from meetings and conversations with domestic violence and sexual assault program directors and staff. Stakeholders expressed appreciation for the City of Seattle's longstanding commitment to domestic violence and sexual assault, including providing significant levels of funding for specialized services and interventions. Stakeholders described a significant need for increased funding and suggested ways that HSD could work with providers to improve and expand services.

### **6.a. Recommendations for Services Investment**

The priority recommendation of stakeholders is that the City of Seattle stabilize and expand funding for existing specialized domestic violence and sexual assault advocacy and survivor therapy programs.

Key considerations for funding are to:

- Balance out the City's funding of criminal justice and community-based services by prioritizing community based services for increased funding.
- Maintain funding for both culturally specific and geographically based programs.
- Fund survivor-centered advocacy with flexible funds that allow agencies to tailor their services to the individual survivor's needs.
- Expand funding for housing options for survivors of domestic violence, with an emphasis on housing first/rapid rehousing models.

Additional recommendations for funding are to:

- Expand resources for specialized civil legal advocacy and representation of domestic violence and sexual assault survivors in protection order, family law and immigration issues.
- Expand funding for early intervention, community engagement, and primary prevention programs.
- Fund coalition-building and advocacy activities that facilitate collaboration and coordination between domestic violence and sexual assault programs and that promote their participation and "voice" in government and system-based initiatives.
- Fund advocacy, training and technical assistance to
  - a) Increase the capacity of other community-based human services programs to respond to survivors of domestic violence and sexual assault.
  - b) Assist local shelter programs in ensuring that local services are providing appropriate, equitable support regardless of gender expression/identity or sexual orientation, race, religion or culture.

- c) Promote the ability of healthcare, education, childcare, elder care, homelessness, youth and other systems to identify and respond to domestic violence and sexual assault.

## **6.b. Recommendations to HSD**

### **6.b.i. Community Engagement**

Domestic violence and sexual assault service providers appreciate the opportunity to provide meaningful input to HSD about issues that affect their programs and their constituents. At the same time, they requested that HSD understand that it is one of often dozens of government entities and other funders whose policies affect them. There are also other systems coordination efforts at the city, county, state level, and federal level, and with other systems including the criminal and civil legal system, CPS, healthcare, children/youth, housing/homelessness and coordinated entry, and human services coalitions. Therefore they recommend that HSD:

- Hold regularly scheduled stakeholder meetings no more than two to four times a year.
- Call issue-specific meetings when the need arises.
- As much as possible, schedule meetings at least several weeks in advance, in locations where parking is easily accessible.
- Be transparent about how input will be used and what ability providers have to influence specific decisions.
- Coordinate with other key funders and coordinating bodies to schedule joint meetings where issues overlap.

### **6.b.ii. Data Collection**

Providers recommended that HSD should:

- Work with other funders to coordinate data requirements and outcomes.
- Only collect the data they are going to use for specific purposes, then compile the data and share it with providers. It was recommended that HSD should collect basic demographics and should not require providers to collect full demographic data on each child of an individual survivor.
- Provide an explanation to providers of what collected data is being used for.
- Share with providers a basic compilation of aggregate data for all programs as well as individual program data for their own programs.
- Provide providers with available demographic information about City of Seattle residents to inform providers' services and service planning.
- Incorporate a more dynamic process of data collection in which data elements are revised according to what questions need to be answered at specific times or for specific purposes. If HSD has a reason to collect some detailed data elements, consider whether a sampling method could be used. For example, could more detailed data be gathered by providers for one month and then the findings extrapolated for the year.
- For some questions, it has to be acceptable for providers not to ask and participants not to answer.



- Consider collecting different amounts of data for different levels of service intensity. For example, it might be more reasonable to expect providers to collect more demographic data for participants in a longer-term residential program than for a drop-in support group.
- Balance HSD's need to be accountable to the City Council and the public with support for providers' ability to focus on direct service and program participants' need for confidentiality and privacy.
- Insure that people from marginalized communities are included in conversations about data and data collection.

### **6.b.iii. Capacity Building**

Providers identified the following specific areas in which they would like technical assistance from HSD:

- Data analysis, IT consultation, grant writing, and human resources. Most providers do not have their own staffing in each of these areas. Providers suggested that HSD could coordinate a City skills bank from which providers could request consultation, technical assistance and support in these areas.
- Help with comprehensive program evaluation, as long as the evaluation doesn't become a contract requirement.
- Help with identifying funding opportunities for providers that require government participation, and support providers in their applications.

### **6.b.iv. Investment Process**

Stakeholders requested that HSD explore more flexible and responsive funding mechanisms, as described below.

- Provide greater flexibility in contract requirements so that agencies can use funds to meet individual survivors' needs.
- Decrease the compartmentalization of services so that rather than requiring a specific number of hours or units of each type of service, providers are able to offer whatever combination of advocacy services survivors request through their HSD contracts.
- Explore different methods for allocating funds, including non-competitive methods. Ensure that funding allocations support both geographically and culturally based services, and consider the value of past experience and past investment in a regional service infrastructure.
- Make intentional decisions about what kinds of services should be allocated via a competitive RFP and when constituents might be better served from a collaborative services planning approach. Examples of this are available with the distribution of domestic violence and sexual assault funds from DSHS and OCVA, as well as a variety of King County MIDD-funded projects.
- Ensure that outcomes and contract requirements fit with the communities served. Allow time and flexibility for culturally specific providers to take the time they need to effectively serve survivors who need both language interpretation and advocacy around unfamiliar systems.
- Incorporate the expertise of providers into planning and contracting



processes.

- Work with community-based programs as a flexible partner, planning services and programs with them, negotiating on an ongoing basis, deciding what mutual goals would look like, and not just determining outcomes.
- Understand that the spectrum of people who might reach out to programs is very broad. This requires a broad array of flexible services.

#### 6.b.v. Systems Integration

In order to increase the integration of domestic violence and sexual assault into other areas of human services work, stakeholders recommended that HSD should

- Identify opportunities for information sharing and cross training about domestic violence and sexual assault within and between HSD's divisions. Develop training, protocols, and resources, so that all divisions are knowledgeable about and responsive to DV and SA issues.
- Work with all relevant city departments to strengthen the domestic violence and sexual assault response of relevant systems within the City: the police, the court, prosecution, employment, the Office for Civil Rights, the Office of Immigrant and Refugee Affairs, the Office of Economic Development and other departments.
- Establish a method for compiling and sharing comprehensive domestic violence and sexual assault data within and between relevant city departments.
- Work with the Domestic Violence Prevention Council to increase members' knowledge/understanding of the role of community-based domestic violence and sexual assault services in prevention and intervention.
- Through contract language and associated technical assistance, ensure that a broad range of community-based providers is meeting the needs of survivors from marginalized communities.

#### 6.c. Conclusion

The City of Seattle has made a valuable long-term investment in a strong and diverse community-based service system for survivors of domestic violence and sexual assault. However, the need for intervention and prevention services is far greater than the current system can support. The department can work to end domestic violence and sexual assault in Seattle's communities by maintaining and expanding funding to existing community-based services, by partnering with service providers, coalitions, and community groups to identify and to address emerging needs, and by advocating with policy makers to respond to the needs of survivors and their children. The department can create opportunities to work with other City of Seattle departments and agencies to capture and track domestic violence and sexual assault data, and to explore, where relevant, opportunities for best practices in responding to these issues. Working in partnership with its diverse stakeholders and constituencies, the City of Seattle can use its resources, leadership and expertise to promote regional and national efforts to end abuse and promote safe and healthy communities.

## Appendix 1: Acknowledgements and Participants

### Acknowledgements

Information for this report was compiled by Meg Crager, an independent consultant. Lan Pham, Collette Bishop, Allison Jurkovich assisted with the project, and Lucy Berliner, Alicia Glenwell, Norma Guzman, Ciara Murphy, and Mary Ellen Stone graciously took time to review the draft report.

Many thanks to all of the people below, who provided input, recommendations, and feedback on this report.

### Focus Group Participants and Interviewees

First Name	Last Name	Agency
Chris	Abad	Interim ICDA
Hufan	Ali	Refugee Women's Alliance
Megan	Allen	King County Sexual Assault Resource Center
Kris	Amblad	Northwest Justice Project
Carole	Antoncich	Plymouth Housing
Mergitu	Argo	Seattle Women's Commission/Neighborhood House
Lupe	Artiga	Northwest Justice Project
Jessie	Beck	Consejo
Lucy	Berliner	Harborview Center for Sexual Assault and Traumatic Stress
Collette	Bishop	Organization for Prostitution Survivors
Aimee	Boyd	Seattle Indian Health Board
Leslie	Briner	Youthcare
Connie	Burk	The NW Network of BTLG Survivors of Abuse
Leticia	Camacho	Northwest Justice Project
Yifert	Clein	Compass Housing Alliance
Jennifer	Cobb	Seattle Women's Commission/And Justice For All
Merril	Cousin	King County Coalition Against DV
Brittany	Davis	Hopelink
Carol	Desalles	Crisis Clinic/211
Vanessa	Diep	Refugee Women's Alliance
Kaylee	Dimaggio	Organization for Prostitution Survivors
Minh	Dinh	Centerstone
Tonya	Dobson	Seattle Municipal Probation
Abigail	Echo Hawk	Seattle Women's Commission
Mercedes	Elizalde	Seattle Women's Commission
Sahar	Fathi	Seattle Office of Immigrant and Refugee Affairs
Becky	Foldesi	Wellspring Family Services
Thomas	Frasene	Urban Rest Stop

First Name	Last Name	Agency
Michele	Frix	Seattle Women's Commission/Seattle International Foundation
Karla	Garcia	First Place School
Emmy	Gaviola	Interim ICDA
Wendy	Gillihan	Seattle Women's Commission/Gryffin Business Solutions
Melinda	Giovengo	Youthcare
Noel	Gomez	Organization for Prostitution Survivors
Juwana	Grant	Plymouth Housing
Shelly	Griffiths	Harborview Center for Sexual Assault and Traumatic Stress
Johanna	Gusman	Seattle Women's Commission/UW Law School
Vanessa	Gutierrez	NW Immigrants Rights Project
Norma	Guzman	Consejo
Beth	Helm	Northwest Justice Project
Elizabeth	Hendren	Northwest Justice Project/IMAP
Josh	Hicks	Northwest Defenders Association
Dee	Hillis	Broadview/Solid Ground
Grace	Huang	Washington State Coalition Against DV
Julie	Huffman	Seattle City Attorney's Office
Caroline	James	Interim ICDA
Roslyn	Kagy	Seattle Women's Commission/NAVOS
Debie	King	Seattle Police Department
Kristin	Kleinsasser	Salvation Army
Linda	Lewis	Seattle City Attorney's Office
Michelle	Lifton	Jewish Family Services
Martha	Linehan	Organization for Prostitution Survivors
Sophia	Lutsky	Refugee Women's Alliance
Lindsey	McCune	Northwest Justice Project
Kimberly	McDaniel	Seattle City Attorney's Office
Laura	Merchant	Harborview Center for Sexual Assault and Traumatic Stress
Cheryl	Mezich	Seattle City Attorney's Office
Kaye	Miller	Imagine Housing
Leslie	Miller	The Sophia Way
Ashley	Mitchusson	King County Department of Adult Detention
Alison	Mondi	Seattle Women's Commission/NARAL Prochoice WA
Nancy	Murhpy	Northwest Family Life
Ciara	Murphy	Salvation Army DV Program
Tigist	Negash	Refugee Women's Alliance
Mary	Nickel Nguyen	King County Jail
Doris	O'Neal	East Cherry YWCA
Linda	Olsen	Washington State Coalition Against DV

First Name	Last Name	Agency
Judith	Panlasigui	API/Chaya
Lori	Peno	Refugee Women's Alliance
Theresa	Phillips	Seattle City Attorney's Office
Peter	Qualliotine	The Organization for Prostitution Survivors
Sara	Robbins	Solid Ground
Katey	Roe	Consejo
Safaa	Sadik	Refugee Women's Alliance
Juanita	Salinas	Childcare Resources Homeless Program
Susan	Segall	New Beginnings
Sharyne	Shiu Thornton	Interim ICDA
Pam	Smith Metz	New Beginnings
Libby	Stanley	ADWAS
Sarah	Steininger	Lifewire
Mary Ellen	Stone	King County Sexual Assault Resource Center
Trinh	Tran	TSA Hickman House
Charles	Turner	VA Puget Sound
Page	Ulrey	King County Prosecuting Attorney's Office
Kathy	Van Olst	King County Prosecuting Attorney's Office
Tracy	Whitten	Seattle Women's Commission/AFT Washington
Tiffany	Williams	ADWAS
Carrie	Williams	Northwest Justice Project
Cindy	Williams	Seattle City Attorney's Office
Terrie	Yaffe	Childcare Resources
Deann	Yamamoto	King County Sexual Assault Resource Center
Junko	Yamazaki	Asian Counseling and Referral Service
Carlin	Yoophum	Refugee Women's Alliance
Naomi	True	Organization for Prostitution Survivors
9 Survivors		Salvation Army
5 Survivors		Consejo
8 Survivors		New Beginnings
1 Survivor		Self-referred (through another survivor)
4 Survivors		KCSARC

## Appendix 2: Focus Group and Interview Questions

### Questions for Survivors

Please tell me about your experiences with domestic violence or sexual assault services.

1. What worked well for you?
2. What is or was the most important to you?
3. Are there ways that services could be improved?
4. Where else did you ask for help? Please describe.
5. Are there any additional services you would like but can't find or can't access?
6. If you could talk to your mayor or city council member, is there anything you would ask them to do to make things better for domestic violence/sexual assault victims and their families? If so, please describe.

### Questions for DV & SA Service Providers

1. What are the essential interventions/projects/services domestic violence and sexual assault programs currently provide?
2. What services are needed that are not currently available?
3. What are some of the strengths of our current community-based DV and SA service system?
4. What are some of the gaps/challenges?
5. Questions about the role of the Human Services Department
  - What do you think the role of HSD should be in DV/SA?
  - What, if any, changes would you like to see in how the city funds your services?
  - What outcomes do you think survivors need from the services you provide?
  - What data do you think should be collected?
  - What shouldn't be collected?
  - How do you think data collection and reporting could be more efficient?
  - What kind of feedback would you want from HSD about the data they collect to inform your services?

### Questions for Providers/Stakeholders in Other Fields

1. Tell me about the needs of the people you serve related to domestic violence and sexual assault.
2. Do the people you serve access community-based DV or SA services? (for example, working with community-based advocates to access legal advocacy, housing, support, children's services, specialized mental health services)?
3. Are there ways that services could be more accessible/relevant?
4. What are the essential services DV/SA programs are currently providing?
5. What services are needed that are not currently available? (either in the community accessible through the programs where you work)?
6. What are some specific ways to strengthen connections between DV and SA and providers/consumers in homelessness?
7. What else do you think could help stop DV and SA in our communities?