

City of Tacoma Domestic Violence Needs and Gaps Assessment

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**Completed by
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*(in collaboration with Sinan Demirel)***

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INTRODUCTION

In the summer of 2011, the City of Tacoma Human Rights and Human Services department contracted with Marc Bolan Consulting (in conjunction with Sinan Demirel) to complete an assessment of the needs, services and gaps in the provision of services to individuals affected by domestic violence in Tacoma and Pierce County. The objectives of this assessment were to gather information from local service providers and other key community stakeholders to better understand the needs of the client and victim population, to establish the range of direct and indirect services currently being provided, to identify potential shortcomings and gaps in the provision of services to the client population, and to present any opportunities for building the local capacity to serve this population. The hope is that the information presented in this assessment would assist the City in strategic planning and funding decisions in support of service provision for the affected population.

From the onset the research staff worked with the Human Services staff and the Domestic Violence Advisory Committee members in setting the framework for the study. The Domestic Violence Advisory Committee is comprised of stakeholders with extensive knowledge and expertise in DV related issues in the community and includes representation from service providers, advocacy organizations, law enforcement and the local military base. This collaborative work involved setting the objectives for the assessment, identifying a set of community stakeholders and developing tools for gathering information from the stakeholders. The specific methodology for data collection and analysis is presented later in this section.

The City of Tacoma Human Rights and Human Services department does currently fund domestic violence related programs sponsored through three provider agencies – Crystal Judson Family Justice Center, the Korean’s Women Association, and the YWCA. These resources support general operations, shelter services, legal advocacy services and other client support programs. No representatives from these entities served on the Advisory Committee, though staff from the agencies were included in the data collection efforts.

The final report uses a combination of primary and secondary data along with the insights of the advisory committee to address the following questions:

- To what extent is domestic violence a problem and/or concern in Tacoma and Pierce County?
- What is the range of current services present and available in the community for DV related clients, victims and perpetrators? Who are the key providers in the system of supports?
- Who and how many clients are being served in the community? What are some of the types of services they are receiving?
- What are some of the most prominent needs of the client population?
- What are some of the most prominent needs of the service provider population?
- What are some potential gaps in service provision (i.e., instances where the services – present or not – are not sufficiently meeting the needs of the population)?
- What are some of the areas where providers might use additional technical assistance and guidance on service provision?

In this report we have used the terms “victim” and “survivor” interchangeably. Both terms refer to those clients directly affected by a domestic violence incident and potentially seeking services. At the onset of the assessment we discussed with the Advisory Committee and some service providers, and

reviewed in some of the literature, the appropriate terminology and found that the both terms are commonly used.

METHODOLOGY

As noted, we utilized a combination of primary and secondary data methods to gather information from the service provider population and other key community stakeholders. While in the ideal scenario we would have also gathered information directly from domestic violence victims and service clients, the compressed scope of work and timeline for this assessment did not allow us to include that perspective.

The primary data collection tool was a **provider survey** developed in conjunction with insights of the advisory committee and administered through an online approach to service providers and stakeholders. We started with a list of about 35-40 different stakeholders representing direct service providers, advocacy organizations, law enforcement personnel, Pierce County legal system staff, and representatives from Joint Lewis McCord military base and the Puyallup tribe. We used several administrations of the survey through e-mails and other direct communication to solicit survey responses.

In total 22 individuals completed the survey representing 18 different agencies or entities. There is fairly strong representation from a range of different direct service providers in the community and from some of larger service entities (e.g., Crystal Judson Family Justice Center and the YWCA). However, we did not receive feedback from key sectors of the provider population (*via the survey or other methods*) including representatives from the Puyallup Tribe, the military bases, and parts of Pierce County government.

The survey was primarily comprised of closed-ended response questions, but did include some more directed open-ended response items. The content focused on descriptions of the client populations served, range of program services offered by providers, perspectives on referrals between organizations and collaborations between providers, identification of client and population needs, and assessment of local service capacity and individual technical assistance needs.

To supplement the information gleaned from the provider surveys we also conducted one-on-one **interviews** with five key community stakeholders, as well as a single **focus group** with a group of local providers participating in a Victim Services Support group that meets on a consistent basis in Pierce County. These discussions offered the opportunity to gain more insights on the system of services and supports for clients present in the community, the trajectories that clients follow in obtaining and accessing different services, and the specific needs of the client and provider populations. These data were invaluable in trying to tease out some of the key community needs and potential service gaps.

The assessment also drew on various **secondary data sources** to help establish the extent to which domestic violence is a problem in the community and the extent to which services are being provided to the target population. One source included data from a Victim/Witness Assistance survey implemented by the Tacoma Police Department in the Spring of 2011. The Criminal Investigations Department staff completed the survey providing information on victim and witness needs they observed during encounters and the set of referral services currently being used to assist crime victims. Additionally, the Tacoma Police Department has compiled data on the numbers of “Domestic” and “Domestic with Weapon” type calls to the department in the past five years with a breakdown of the characteristics of these calls.

Another important source of data comes from the Washington State Department of Social and Human Services (DSHS). Each year DSHS produces county and smaller locale level summaries of a range of different indicators to develop a risk profile for each community to use in program planning efforts. The full risk profile identifies many indicators in the areas of community, family, school and individual domains as well as several problem outcome areas. For our assessment one specific indicator is particularly important: **the annual and five-year rates of domestic violence-related offenses, per 1,000 persons** (as compiled by the Washington Association of Sheriffs and Police Chiefs). With this information it is possible to document the number of reported offenses in the county and specific locales and compare rates with other parts of the State.

Another useful data source included the Fatality Reports produced by the Washington Coalition Against Domestic Violence (WSCADV). This coalition sponsors fatality review panels in different counties and over time has produced a series of reports that document the number of DV related fatalities and provide some discussion and context for issues related to domestic violence. We are able to access the reports and look at the number of fatalities for each county for the period between 1997 and 2010.

Finally, a few of the larger providers in the service system (e.g., the Family Justice Center and the YWCA) provided us with detailed summaries of the clients served and activities offered in the past year. This information is useful for trying to quantify the number of clients served and to align with information gleaned from the survey about the size of the potential affected population.

KEY FINDINGS

We draw from the full report that follows to highlight some key findings of this assessment:

- The primary and secondary data clearly indicate there is a great concern around the problem of domestic violence in the community. The **domestic violence related offenses** rates for Pierce County and Tacoma are among the highest in the State, the rate of DV related fatalities in Pierce County far exceeds comparable counties, and we estimated that around 10,000 households in the County are affected by domestic violence in any given year.
- The local providers serve a diverse client population. We observe in **TABLE 1** high reported percentages of “individuals of color,” “undocumented individuals,” and “limited English proficiency clients” in the client population. It is likely that there are a significant number of military related families in this client population.
- Most respondents report that there is a strong and well utilized system of referrals and collaborations among service providers. Many have positive assessments of the work with DV advocates, DV shelters and housing providers and the Family Justice Center. Some concerns emerge in assessments of the referrals to mental health providers. **(see TABLES 3-5)**
- Most providers indicate that the “understanding of how to navigate the legal system” is a significant unmet need for their clients. A particular challenge is that there is currently insufficient legal representation for clients in addressing civil matters resulting from a DV situation. Additionally, there is a need to build the providers’ capacities to support clients in working through the legal process.
- There is clearly a lack of emergency, transitional and permanent housing for DV clients. The housing concern has been further complicated by the movement to a centralized intake system for homeless housing access that, in turn, has weakened some of the traditional informal

networks of connecting clients to housing that have been present in the DV provider community.

- The respondents also note the additional challenges and complexities of trying to help the growing population of clients with different cultural backgrounds and/or English language challenges. These challenges are further affected by the diminishing number of advocates and staff with the experience and skills to work with these populations.
- The provider population appears open to additional technical assistance and guidance in building their capacity to better address the client needs stated above.

Domestic Violence in Tacoma/Pierce County

The prevalence of domestic and intimate partner violence in Tacoma and Pierce County is clearly troubling and a concern for policy makers and providers. This community is diverse in terms of racial and ethnic backgrounds, and tends to have residents with lower socioeconomic status than found in similar locales. The county median household income is significantly lower than comparable large Washington counties (i.e., King and Snohomish). The County experiences higher levels of mobility and there is a large military base situated in the southern end of the County. These factors may help us understand why the City and County experience some of the higher rates of domestic violence offenses in the State.

According to the DSHS Risk Profile data, over a five year trend between 2004 and 2008, in Pierce County there were 9.31 **domestic violence related offenses per 1000 persons**. In comparison, the rate for the whole State was 5.86 per 1000 and for “counties like Pierce” it was 7.37 per 1000. It is also possible to look at some more specific locales; in Tacoma the rate was 15.21 per 1000 (highest in the State) while in Clover Park the rate was 12.25 per 1000 persons. In contrast, the five year rate for Seattle was 4.90 per 1000 persons. These high rates could indicate that domestic violence is more prevalent in these communities, but might also point to other factors such as a greater willingness among residents to report DV experiences or enhanced enforcement efforts among local authorities. Regardless, the high rates do point to the prominence of the issue in the community.

Information drawn from the WSCADV Fatality Review reports, further illustrates the prevalence of domestic violence in the community. These periodic reports document and quantify DV related fatalities across the State¹, broken down by County. The total fatalities include both homicides (*most often of women being abused*) and abuser suicides (inclusive of cases where law enforcement killed the abusers during a DV situation). Over the period from 1997-2010 there were a total of 126 fatalities (99 homicides and 27 abuser suicides) in Pierce County. To provide a sense of scale, in that same period there were 194 total fatalities in King County (about 1 ½ times more fatalities), though King County has about 2 ½ times more residents than Pierce County. Moreover, in Snohomish County, roughly the same population size as Pierce County, there were only 59 total DV related fatalities in this same period of time.

Additionally, in 2003 Tacoma experienced a highly publicized case of domestic violence murder and suicide involving the then chief of police and his wife. This event raised the prominence of the issue in the community, and, in part, prompted the impetus for the City of Tacoma and Pierce County to create the Crystal Judson Family Justice Center.

The Tacoma Police Department has also provided data to help document the problem of DV in the community. Over the past five years the department has responded to a total of 38,239 “Domestic” or “Domestic with Weapon” calls; in 2010 alone there were over 7,500 total calls. There was a drop

¹ The definition of a domestic violence fatality refers to a death that arises from an abuser’s efforts to assert power and control over an intimate partner. These include, all homicides in which the victim was a current or former intimate partner of the person responsible for the homicide, homicides of people other than the intimate partner that occur in the context of intimate partner violence (or in the midst of a perpetrator’s attempt to kill an intimate partner), homicides that are an extension of or in response to ongoing intimate partner abuse (for example, cases in which an abuser takes revenge on a victim by killing the victim’s children), and suicides of abusers that happen in the context of intimate partner violence.

between 2006 and 2007, but a fairly consistent set of calls in the subsequent years. While not all of these calls reflect a specific DV situation, it does point to the magnitude of potential domestic situations being reported.

Additionally, information from specific programs and from crisis hotlines further illustrates the problem in the community. The Crystal Judson Family Justice Center, a key starting point for many clients and victims, experienced over 3,000 client calls to their Domestic Violence hotline, and made over 5,000 follow-up calls to clients about services. Moreover, the YWCA assisted over 7,500 individuals via their crisis hotline.

Who is Being Served?

It is not feasible at this time to accurately quantify the number of individuals affected by domestic violence in Tacoma and Pierce County and the number of clients truly served by local providers and agencies. We have tried to estimate the service levels based on a combination of secondary data from some of the key agencies and from responses to the online survey. The overall number of clients and/or affected households in a single year could be as high as 10,000 given that:

- In 2010 the Family Justice Center reported 3,388 client visits and 2,215 new clients – they also experienced about 3,000 client calls to their Domestic Violence crisis line.
- In 2010 YWCA reported working with 6,620 clients in some capacity and experiencing over 7,500 hotline calls.
- The Pierce County Domestic Violence Office served approximately 5,000 clients in the past year.
- Other smaller direct service providers and shelter programs each reported working with 50-300 individuals in the past year.

We used the survey to gather more information about some of the key characteristics of the client population. Given some of the challenges with obtaining a representative sample through the survey we realize that some of the estimates may be somewhat off, but they do point to some key populations that seem to be overrepresented in the client population. We should also note that specific programs tend to work with some specific segments of the population. As an example, an organization such as the Korean Women's Association tends to work with a high proportion of Asian women, while organizations such as Centro Latino and Tacoma Community House work with large Hispanic populations.

In **TABLE 1** we present the average percentage of current clients in various segments of the population. In general, providers report that almost 60 percent of their clients come from Tacoma (*important as the respondent sample includes providers from all over the County*). We also find greater representation of clients from populations of color. In the survey the providers reported that 61 percent were "individuals of color" with some of the greatest numbers from the Hispanic and African American communities. Additionally, the YWCA reports that probably 50-70 percent of clients in any given DV related program (e.g., shelter, prevention, etc.) are non-White. As a comparison, in Pierce County about 30 percent of the population is identified as non-White (inclusive of Hispanic). Moreover, on average, 32 percent of the clients have "limited English proficiency" and 22 percent are "undocumented individuals," and for a few programs working in the Hispanic communities the majority of these clients fit such characteristics.

Furthermore, some providers report increases in different populations. A number of providers note increases over time in the number of Latina clients served, as well as individuals with language barriers.

The focus group discussion also indicated the emergence of newer ethnic populations such as East African and Middle Eastern individuals in the client population.

We should note a few other key characteristics. On average, the providers report that almost 6 percent of clients are “military families.” We speculate that this estimate is low, but are unable to confirm given the lack of data directly from the military providers and advocates. Also, the providers report that on average about 15 percent of clients are less than 18 years old and 31 percent are between 18-25 years old. These numbers suggest an overrepresentation of younger adults receiving services. We have also heard in conversations about some reductions in available services to older adults, perhaps a byproduct of gaps in the system created by loss of mainstream services for older clients.

TABLE 1: Domestic Violence Related Clients by Key Population Segments

POPULATION SEGMENT	Average Percent of Clients	Comments
Undocumented Individuals	22.4	
Limited English Proficiency Clients	32.3	
GLBTQ Clients	7.2	
Clients from Tacoma	59.5	
Male Clients	12.5	There was one respondent who works with perpetrators
Clients Under 18 Years Old	14.8	
Clients 18-25 Years Old	31.2	
Military Families	5.8	No responses from actual military providers
Clients with Disabilities	9.6	
Individuals of Color	61.4	Larger segments include African American and Hispanic clients

Based on survey responses

Domestic Violence Related Services in Tacoma/Pierce County

There are, at a minimum, fifteen different organizations in Pierce County that provide services specifically designated for survivors of domestic violence. In addition to these, survivors are sometimes referred to agencies in King County and other nearby locales and also access mainstream services in the community (*especially housing and healthcare*). Services from these DV-specific agencies include: crisis-intervention hotlines, legal assistance (with protection orders as well as other criminal and civil law issues), emergency shelter, transitional housing, case management, healthcare, mental health and substance abuse treatment and counseling, advocacy, prevention education, perpetrator services, food, transportation and other basic needs and services. See the attached matrix in **APPENDIX 1** for a summary list of which services are currently being provided by local organizations.

The information in **TABLE 2** further describes the range of program services from the perspective of the survey respondents. We find that among respondents the most prevalent services include Prevention Education (80.0 percent), Case Management (80.0 percent), and Survivor Advocacy (70.0 percent), and clearly many agencies also focus on legal issues and provision of basic needs. Fewer programs are able to offer mental health or other health services or direct treatment services. About 30 percent of respondents identify themselves as local housing and shelter providers.

It is important to understand a little about the trajectory of services that clients encounter as they seek assistance from the support community. Clients are referred to many of these programs from a variety of sources (i.e., friends, family, online searches, medical offices, mental health or substance abuse counselors, court referrals, CPS, etc.), but once referred, the most common first interface with the system is often through either the YWCA or the Crystal Judson Family Justice Center (FJC). If an individual is arriving into the system through a referral from law enforcement, it is likely that they will be directed to FJC. If, however, the individual has an open DV charge against them, the FJC would make a different referral for them (*exceptions to this can be made when it is a blatantly obvious instance of a victim-defendant*). Following initial screening and paperwork, the individual meets immediately with a trained advocate, who performs a needs assessment to ascertain which services the client needs and wants. Services are client-driven: i.e., only what the individual indicates that they are interested in.

Subsequently, a needs assessment and danger assessment are performed at two-month intervals during the time that the individual is receiving services. The most common immediate needs are (1) applying for protection orders and (2) shelter/housing. FJC has nine advocates on staff - three from the county and three each from the Korean Women's Association (KWA) and Our Sister's House. There is a staff attorney and a legal advocate available to advise clients in seeking protection order and developing parenting plans, etc. They are not, however, able to provide direct legal representation and budget reductions have limited their availability to less than the fulltime status they had in previous years.

A similar procedure occurs at the YWCA. A notable exception is that the YWCA has a dedicated staff attorney available to provide representation in civil matters. It also has a recently expanded emergency shelter, as does KWA and the Family Renewal Shelter. Space is limited and only a small fraction of the need for immediate shelter is being met. Also notable is the recent opening of a shelter on the Puyallup reservation, which offers services to all women who indicate some tribal status (regardless of the tribe).

From these (and other) initial access points (e.g., KWA), advocates assist with directing clients to supportive services in the community, both through the constellation of DV service providers and through mainstream service providers in the community – healthcare providers, mental health and

substance abuse treatment and counseling, basic immediate needs and, especially, housing. Available shelter and housing resources in the community are inadequate, so those able and willing to leave the area are sometimes referred to King County or to statewide resources through the Day One program.

A recent change which has brought new challenges to DV services is the emergence of the Access Point 4 Housing coordinated entry system for homeless services, under the management of Associated Ministries. As of January 31, 2011, Access Point now serves as a clearinghouse for all homeless housing and shelter services in Pierce County. This central referral system provides intake and eligibility screening, an assessment of client needs and strengths, access to community resources and public benefits, referrals for housing and shelter, as well as offering prevention services such as rent and utility assistance. Potential clients generally contact Access Point 4 Housing by phone, though there is some opportunity for in-person drop-in. While emergency shelter can still be obtained directly through contact with DV shelters, access to all transitional housing programs is now mediated through Access Point. It has been a challenge to adopt this system, which was created to serve the general homeless population, to the special needs of DV clients, as described in detail later in this report.

TABLE 2: DV Related Client Services

DV Related Client Service	% of Agencies	DV Related Client Service	% of Agencies
Emergency Shelter	30.0	Prevention Education	80.0
Transitional Housing	30.0	Case Management	80.0
Survivor Advocacy	70.0	Individual/Family Counseling	45.0
Policy Advocacy	35.0	Housing/Housing Referrals	50.0
Provider Training	50.0	Transportation Services	25.0
Medical/Health Care	5.0	Food and Other Basic Needs	45.0
Child Services/Programs	40.0	Mental Health TX	20.0
Crisis Intervention (e.g., hotline)	55.0	Chemical Dependency TX	10.0
Perpetrator Services	5.0	Support Groups	55.0
Criminal Issues	25.0	Bilingual Services	65.0
Family Law Issues	45.0	Translation/Interpretation	35.0
Protection Orders	60.0		

It is quite clear that the support system relies on strong referral networks between service providers and other stakeholders (e.g., law enforcement). In the survey we asked specifically about the client referral process, both in terms of provider making referrals to the respondent's program and the respondent's program making referrals back to those programs. In **TABLES 3-4** we can assess how much referral is occurring among providers and how the process is working for the providers. It is clear that the referrals between providers are abundant, with the only instances of fewer reported referrals being those involving making referrals to law enforcement or the courts. Of greater interest, though, are the providers' assessments of how well the process is working. We find:

- Strong assessment of the referral process in working with the DV shelters, DV client advocates and the Family Justice Center (FJC). As an example, over 66 percent report that getting referrals from the FJC is "working well" and over 53 percent report that making referrals to FJC is "working well."
- Some lower assessments of referrals with Law Enforcement and the Courts. As an example over 27 percent of respondents report that getting referrals from these sources is "not working well."

Additionally, fewer than 30 percent report that making referrals to these sources is “working well.”

- Some clear concerns with referral process with Mental Health providers. Most respondents report that they need to make such referrals, but only 28 percent report that the process of getting referrals from Mental Health providers is “working well,” and only 26 percent report that making referrals is “working well.” Of note, 1/3 of the respondents report that making client referrals to Mental Health providers is “not working well.”
- In **APPENDICES 2 and 3** we present some open-ended comments about specific concerns in making or receiving client referrals. Some of the common concerns are related to incomplete or no information with the referral or challenges when clients have different language barriers.

TABLE 3: Getting Referrals FROM Other Providers

Type of Provider	#/% Agencies Getting Referrals from Provider	Working Well	Working OK	Not Working Well
DV Shelters	100.0 (n=16)	43.8%	56.2%	0.0%
Police/Law Enforcement	64.7 (n=11)	18.2%	54.8%	27.3%
Courts	64.7 (n=11)	45.5%	27.3%	27.3%
Medical/Health Care	82.4 (n=14)	42.8%	42.8%	14.4%
Family Justice Center	75.0 (n=12)	66.7%	33.3%	0.0%
Mental Health	87.5 (n=14)	28.6%	57.0%	14.4%
DV Client Advocates	94.1 (n=16)	68.8%	31.2%	0.0%

TABLE 4: Making Referrals TO Other Providers

Type of Provider	#/% Agencies Making Referrals to Provider	Working Well	Working OK	Not Working Well
DV Shelters	87.5 (n=14)	57.0%	35.9%	7.1%
Police/Law Enforcement	93.3 (n=14)	21.5%	71.4%	7.1%
Courts	87.5 (n=14)	28.6%	57.0%	14.4%
Medical/Health Care	93.7 (n=15)	33.3%	60.0%	6.7%
Family Justice Center	93.7 (n=15)	53.3%	40.0%	6.7%
Mental Health	93.7 (n=15)	26.7%	40.0%	33.3%
DV Client Advocates	93.3 (n=14)	71.4%	28.6%	0.0%

We further gathered information about the levels of collaboration between different providers in the service support system. In the survey the respondents were asked to evaluate how well these collaborations (e.g., partnerships, joint projects, shared resources, advocacy efforts, etc.) were working. **TABLE 5** presents the data on the nature of collaboration between service providers. In **APPENDIX 4** we present open-ended comments about the specific types of collaborations currently in place.

- As expected most of the agencies report some kinds of collaborations with other providers, particularly with DV shelters, medical/health care providers, mental health providers, DV advocates, and the Family Justice Center.
- In general the collaborations with many of these partners are going well. As an example over 57 percent report that collaboration with DV shelters is “working well, over 69 percent report collaboration with DV advocates is “working well,” and 50 percent report that collaboration with the Family Justice Center is “working well.”

- Some moderate concerns emerge with Mental Health providers (15.4 percent report “not working well”), Medical providers (20.0 percent report “not working well”) and Courts (20.0 percent report “not working well”).
- The open-ended comments specifically reference collaborations such as the monthly victim service provider meetings, joint funding and service provision through a centralized agency such as the Family Justice Center, and work through the Statewide coalition.
- In additional conversations, some stakeholders did comment on a history of friction among some key agencies as an impediment to coordination in the system of supports and service provision.

TABLE 5: Collaborations with Other Providers

Type of Provider	#/% Agencies Collaborating with Provider	Working Well	Working OK	Not Working Well
DV Shelters	93.3 (n=14)	57.2%	42.8%	0.0%
Police/Law Enforcement	66.7 (n=10)	20.0%	70.0%	10.0%
Courts	66.7 (n=10)	40.0%	40.0%	20.0%
Medical/Health Care	93.7 (n=15)	33.3%	46.7%	20.0%
Family Justice Center	87.5 (n=14)	50.0%	42.9%	7.1%
Mental Health	86.7 (n=13)	30.8%	53.8%	15.4%
DV Client Advocates	86.7 (n=13)	69.2%	30.8%	0.0%

Most service providers must rely on a wide range of funding streams to maintain their levels of services to DV clients. In **TABLE 6** we report on the range of different funding sources that providers have drawn on for current service provision. This information is important in the face of ongoing projections of cuts in funding at all levels of government. As expected the majority of programs report accessing funding from government sources: County/City Government (81.3 percent), Federal Government (68.8 percent), and State Government (50.0 percent). Over 62 percent also access funding from Foundations with lower percentages drawing from individual or corporate donors.

In the survey we also asked about changes in levels of funding over the past five years. Over 76 percent report “some or significant” decrease in level of PUBLIC funding in the last 5 years, while over 60 percent report “some or significant” decrease in level of PRIVATE funding in the last 5 years. This is important in the context of even more substantial projections of budget reductions at the State and County levels.

TABLE 6: Funding Sources

Funding Source (n=16)	% of Agencies
Federal Government	68.8
State Government	50.0
Foundations	62.5
Individual Donors	56.3
County/City Government	81.3
Corporate Donors	37.5

Pierce County DV Client Needs and Service Gaps

The data we gathered from the survey, interviews and focus group affirms the common belief that these victims have a wide array of needs and that there are insufficient services in the community to meet all of these needs. As one respondent stated when praising the opening of the YWCA's new shelter "we could use three Y shelters." As such it is important to cull through the data to identify some prominent client needs to provide the funders and stakeholders with some avenues to pursue in planning efforts.

In the survey we asked providers to assess some of the prominent needs of the clients they currently serve in their programs. **TABLE 7** presents data on the percent of agencies who report specific client needs. As expected most are noted as prominent needs, though the areas that seem to jump out include "understanding of law enforcement and legal system (94.1 percent)," "housing issues (82.4 percent)," "basic needs (76.5 percent)" and "mental health counseling/treatment (76.5 percent)." When asked to comment on other needs (see **APPENDIX 5**), they tend to reference specific concerns about these prominent areas. Moreover, when the respondents comment on the changing needs of the population (see **APPENDIX 6**), many speak to the continued challenges of the legal and court system and trying to garner legal assistance for clients. Likewise, when commenting on the needs providers are "unable to address" (see **APPENDIX 7**), several speak of housing, legal, translation and safe access issues.

TABLE 7: Common/Prominent Client Needs

Client Needs (n=17)	% of Agencies
Housing issues/safe place to live/access to housing situations	82.4
Addressing basic needs (e.g., food, monetary support, vouchers, clothing, supplies, etc..)	76.5
Transportation	70.6
Understanding of law enforcement and legal system with respect to their personal situation	94.1
Life skills education	70.6
Mental health counseling/treatment	76.5
Substance use counseling/treatment	41.2
Medical/Health Services	58.8
Child services	70.6
Translation/interpretation services	72.9

In the survey, the respondents also had an opportunity to identify areas where they feel their agencies and programs might use additional help or consultation in addressing the needs of the DV related clients. In **TABLE 8** we can see some of the more common technical assistance areas. As anticipated, higher percentages of respondents talk about getting assistance with legal issues, inclusive of Legal Criminal Issues, Legal Family Issues and Protection Orders. This is in line with previously noted assessments of the substantial client needs in this area. Additionally, over 38 percent identify "Helping specific populations" as a possible area for assistance, and about 30 percent could use help with "Prevention Education." Fewer respondents speak of assistance in provision of other direct services and/or client advocacy.

TABLE 8: Program Technical Assistance Needs

Technical Assistance Area	% of Agencies	Technical Assistance Area	% of Agencies
Survivor Services	15.4	Legal Family Law Issues	46.2
Survivor Advocacy	15.4	Legal Protection Orders	38.5
Policy Advocacy	7.7	Data Collection and Reporting	7.7
Child Services/Programs	23.1	Fundraising	30.8
Helping specific populations	38.5	Prevention Education	30.8
Agency Infrastructure	15.4	Case Management	7.7
Survivor Counseling	15.4	Individual/Family Counseling	23.1
Perpetrator Services	7.7	Provision of Basic Needs	15.4
Legal Criminal Issues	46.2	Provision of Support Groups	15.4

We should further note that many providers and stakeholders were forthcoming about the important roles that funders such as the City of Tacoma might play in building service capacity. The respondents seem quite open to enhanced collaboration and networking within the DV service community and feel that the City might take an active role in supporting such collaboration. The hope is such collaboration might highlight the different roles providers play in the service network and help in the development of documents and materials for use in working with the client population. There was a clear sentiment that the City be more proactive in “reaching out” to the service provider community and “listen to the providers.” It would seem that while the needs assessment is a start in that direction, there is now an expectation that City representatives would be at the table during service provider meetings and conversations.

Using the data gathered from the surveys in conjunction with the qualitative data captured in the stakeholder interviews and service provider focus groups we have identified four prominent need areas: Legal Support, Housing, Language/Culture, and Mental Health:

Legal Support

As discussed earlier the majority of providers noted that “understanding of the legal system” is a prominent client need. In conversations with key stakeholders and the service providers we are able to highlight some of the key concerns that are emerging for clients when proceeding through the legal system.

1. It is clear that most clients have little sense of how to effectively navigate the legal system, either in cases where they are filing charges or when they are the “victim defender” in a domestic violence incident. While some of the agencies and key providers such as the FJC and YWCA have advocates to assist in that process, in reality there is not enough support to help all clients through the process. As such there are many individuals with no experience trying to “muddle” their way through a court system that over time has become “more time intensive and more costly.” An important by-product is that many feel that the courts themselves become frustrated having to guide uninformed victims through the process. It is possible that such sentiment might have an adverse impact on proceedings, especially in instances where victims’ adversaries typically control more economic resources and can afford stronger legal representation.

It appears the problem is even more exacerbated in situations where victims are immersed in civil proceedings with spouses and/or abusers, in part, because there are even fewer legal resources to support those situations. There are established mechanisms for supporting victims in criminal cases including the prosecutor's office, legal advocates, agency sponsored lawyers and representatives from the County defender's office, but currently providers report there is only one pro bono attorney in Pierce County willing to take on DV civil cases, and some comment that you may need to be the "perfect victim" to have access to legal representation afforded. As noted above it is more often the case that abusers have the means to afford strong legal representation, which in turn supports their efforts in parenting, custody and visitation related proceedings.

2. There are some concerns that the structure of the legal system itself is having a potentially adverse impact on DV victims during the legal process. A number of providers expressed a concern that victims who have been charged with a crime as part of DV situation (e.g., victims charged with an assault of an abuser at the time of the situation) are being "pushed" into a guilty plea as a means of moving the process forward or saving money. Victims are placed in a situation where they see a guilty plea is one way of getting past legal concerns and addressing other concurrent life issues. Yet, the worry is that a victim may not completely realize that such a decision will have adverse impacts and present barriers in dealing with some of these other concerns.
3. While there is evidence that the procedure in place for helping victims to obtain protection orders in a timely and efficient manner is working well in the County, there has been a Statewide and County level trend where Courts and prosecutors are putting increased pressure on victims to couple the protection order with a family law action and parenting plan, either concurrently or within the first few months after the protection order issued. The law allows for up to a year after the protection order to establishing family law actions and parenting plans, yet the courts may see this as an opportunity to keep the legal process moving forward for the benefit of the victims. The potential concern noted in this assessment is that the additional steps at the onset add greater complexity to the process at a period where many victims are quite vulnerable. Moreover, some victims may start a parenting plan before having the opportunity to draw on the expertise of a legal advocate, and in turn might be committed to an action that has adverse effects on them and their family.
4. It is clear the greatest gap is the lack of legal resources. There are a handful of attorneys dedicated to DV victims, a small number of legal advocates (many of whom are experiencing cutbacks in service hours), and a somewhat larger number of advocates with the desire, but perhaps not the experience, to guide victims through the legal process. In the survey roughly half the providers commented on a need for technical assistance as related to legal issues, and this sentiment was echoed in conversations with stakeholders and providers. It may also be the case that those working in the legal system (i.e., judges, prosecutors, defenders) could benefit from technical assistance, perhaps to build understanding of how the legal process can have beneficial and adverse impacts on DV victims.

Housing

Simply put, there are not enough emergency, transitional and permanent housing resources for the victims of domestic violence. There are three DV shelters in Tacoma and a new shelter program

associated with the Puyallup Tribe, but these collectively can't meet the overwhelming client need for services. The shelter and transitional housing providers experience very few openings at any given time, and most don't even keep waiting lists, in part because of the dictate that an opening at any point in time must go to a victim with the greatest need. As such they must provide stopgap resources to victims such as motel vouchers or working to get them connected with friends, and then advise them to keep calling for resources. Yet, even the stopgaps can result in more complex problems down the line (e.g., when a motel voucher runs out and victims are left in an even more vulnerable situation with still no ability to access the shelter).

Over the past year the introduction of the Access Point 4 Housing coordinated entry system for homeless services under the management of Associated Ministries has added some new challenges for victims and providers. This centralized intake approach, intended to streamline the process for accessing housing, has proven to be problematic in the realm of DV service provision for several reasons. First and foremost has been the basic issue of reaching them, as call volumes have been several times larger than anticipated and return calls do not always occur. Furthermore, receiving return calls can be problematic for DV survivors still living with their abuser. Triage and prioritizing has also been a challenge – the system does not differentiate DV calls from other general inquiries, so, even if housed in a life-threatening situation, DV callers are not prioritized over those who are not housed. Since there is a large shortage of beds in the system, DV survivors still living with their abusers have little chance of receiving housing through this mechanism.

There is some dialogue between DV providers and Access Point to remedy these issues, but progress has been slow. Some of the providers have been trying to work with clients on how best to navigate this system – for example the FJC advocates provide specific instructions on how to contact Access Point and what information they need to leave with a message. It is likely, also, that some providers are working their “informal” networks to try and circumvent the system given their frustrations with the process. However, it is also clear that the move to centralized intake has started to erode the informal network of collaboration between DV service providers and housing programs, whereby DV advocates and case workers could deal directly with the housing providers to ensure the proper housing “fit” to address the individual needs of clients.

The primary gap is the lack of housing. Beyond that other gaps might be addressed through collaborative work among providers and funders in an attempt to adapt this centralized intake system to work more effectively in the DV service community. The Access Point system may end up being a successful approach to housing service provision, but from the DV provider perspective it is evident that the system needs to take into account of some of the unique needs of clients experiencing DV that has triggered their need for housing. The question is what role an entity like the City of Tacoma might play in bridging this gap and concern.

Language/Culture

We presented in **TABLE 1** that service providers work with high percentages of individuals of color, individuals with limited English proficiency and undocumented individuals. The service providers in the focus group affirmed these data and spoke of the growing numbers of Latina clients and individuals from emerging groups including the East African community. There are clear challenges that emerge in working with clients who have difficulty speaking and understanding English, particularly in helping these individuals navigate the legal system and getting them connected to appropriate support resources. One provider even noted that non-English-speaking clients are often unaware of some the

legal decisions made in their cases and the possible implications of these decisions. While some agency advocates can help with basic translation/interpretation concerns for victims in need, many comment on the additional complexity of working with these individuals, even when they share the same language. There is also the belief among providers of the need to address these barriers even at the broader community level. As noted by one provider, “to understand the culture is one thing; to train leaders in that community is more important.”

One sentiment is that the work with non-English-speaking clients takes more time and is more intensive. The providers comment on the importance of taking the time to proceed through a series of steps with these individuals, build trust and rapport with those who have different cultural and ethnic backgrounds, and work with them to address their specific needs in a manner whereby they understand the process. It is possible that agencies working with diverse populations need to spend more time and energy per client, likely reducing their capacity to work with more victims.

Moreover, it is likely that individuals who don’t speak English, individuals from specific ethnic groups and undocumented individuals are more reluctant to seek assistance in DV situations. While the providers offer some perspective of the needs of actual clients, there are many others in these populations who remain in high risk situations. Some of the precipitating factors may include cultural traditions and expectations preventing victims from seeking help, reluctance among these victims to become involved in a legal or law enforcement system process, or lack of knowledge of the types of resources available for their population.

The most prominent gap in this area is the lack of support resources for victims of diverse backgrounds. While there are providers who do focus on specific racial and ethnic populations (*e.g., Centro Latino, Tacoma Community House, Korean Women’s Association*), those providers don’t have enough staff well versed in the language and cultural needs of the large number of victims seeking service. Of note with the growing Latina victim population one provider commented that she was aware of only four Spanish speaking advocates in the community, far too few to meet the population needs.

Beyond the simple lack of staff, there is a greater need among staff and advocates concerning *how to work* with this diverse set of individuals. The providers comment both through the survey and focus group on the desire for additional training and guidance on how to best work with culturally diverse individuals and how to advocate to overcome some of the barriers to service experienced by victims who are undocumented or can’t speak English.

Mental Health Issues

We know from the survey data that “mental health counseling/treatment” is a prominent need of the clients served by these providers, but that only a small percentage (20 percent) of the respondents report that they offer services in this arena. As such, to be able to address both individual and family mental health concerns the providers must rely on making referrals to mental health support agencies and providers. As we observed in **TABLES 3 and 4** there are referrals occurring with such providers, but there are also more concerns about how well this process is really working.

In conversation with providers it is often the case that clients face a range of mental health challenges, some of which are directly associated with the impacts of the DV situation, but others that have been present with individuals and families in the past. As few of the agencies are equipped to serve these specific client needs, but feel a need to provide support to individuals, children and families, there was

some discussion in the focus group about the importance of drawing on their informal set of connections to tackle such needs on a “case-by-case” basis. It appears that there is not a clear process in place for connecting clients to mainstream mental health providers. Advocates and service agencies are usually left to “piece together a solution.”

APPENDIX 2: Specific Concerns About Getting Referrals FROM Providers

Law Enforcement not filling out or return the proof of service back to the courts in time for hearings
My program has not marketed to courts, police/law enforcement or mental health programs.
Sometimes providers are unwilling/not able to share client information but still want us to supply material support such as bus tickets, blanket, clothing and shoes. Our agency cannot provide these items unless the client is an enrolled program participant.
Incomplete referrals. Time consuming waiting for complete referral packets.
Legal aid is the most common request from all clients, specifically in the area of family law.
Some providers send clients to the program too late in the day to be able to have an assessment & services provided. Barriers: It would be helpful to have providers contact the FJC (with permission) to advise that a client with mental issues, language needs or other high priority needs is being transported or referred that day to the FJC in order to better coordinate services.
Our staff attends DV court and offers support to victims there to testify in their criminal case. Yet, the presiding judge consistently tells clients that our advocate is from the Family Justice Center and refers clients only there, without acknowledging the advocate present. We believe offering both resources so a client has choice would be more appropriate, and also some people are unable to get services there due to limited hours of operation or due to having other criminal background issues.
Most of the people we serve are LEP and fear government/courts and Law Enforcement because they are immigrants and do not trust police.
Most of the time Law Enforcement and Courts referred client to Family Justice Center and then the Justice Center referred client to us.
Many referrals are incomplete. Necessary information is missing. We are now accepting only complete referrals.

APPENDIX 3: Specific Concerns About Making Referrals TO Providers

Language barriers present on-going issues. Many groups or individuals are not able to accommodate women with limited English proficiency.
Occasionally the court advocate does not show up to provide court support or leaves early
There is a shortage of shelters in Pierce County. The Family Justice Center criteria doesn't always fit the clients I serve.
Often times some of these providers (specifically DV shelters and mental health providers) are at capacity when a new client is in need of services.
The number one request from all clients is for assistance with family law cases either modifications or contempt motions, or to simply begin a parentage or dissolution case.....ex-parte orders, or assisting with responding to outrageous claims by perpetrators who have convinced the court that the victims are a danger to the parties children and they have succeeded in gaining temporary custody. A very scary stressful situation for victims.
Transitional housing & homeless services has difficulty getting back to clients in a timely fashion. or the FJC advocate. Lack of consistency with response from all law enforcement agencies responses regarding service of protection orders and enforcement of protection orders. Civil legal response from commissioners/pro tems can be inconsistent.
Clients have not been having good experiences with centralized intake, but when we are able to refer someone directly to a specific provider, it seems to work pretty well.
The biggest barrier is that there are not enough services in Spanish. Maybe 2 therapists, few parenting classes, only one support group in Spanish, Most of our clients are undocumented with limited access to services that most victims get. Shelter availability is limited. After they exit shelter they have no housing option until they get their immigration status adjusted. They become homeless renting a room for the whole family in someone's home.
Client has a language barrier the place that works well are able to accommodate for client or is able to schedule an interpreter when needed to provide services to client
Some victims do not wish to call law enforcement again due to the cost financially and disruption to the family.
Overall lack of resources for counseling and drug management.

APPENDIX 4: Provider Collaborations

Joint projects, shared resources, training, advocacy
Coordinated community response team with a focus on accessibility to services and serving marginalized populations.
Various projects over time have been successful as a result of monthly collaborative meetings with dv client programs. We have worked at providing services to the YWCA Battered Women's Shelter on a weekly basis for many years. Participation in the Pierce County Commission Against DV has had many collaborative projects with various providers over the years.
Support for families through FJC and YWCA.
Joint funding, interns/volunteers at the FJC, service delivery, emergency access to services for clients, planning for future services and advocacy, problem solving, policy decisions regarding services and access, joint projects, support on funding sources for other agencies, shared case management
Working on enhancing compassionate (trauma-sensitive) school sites; working on shelter network through the state coalition, working on community awareness with the Safe & clean initiative in Tacoma
We attend victim services meeting, create programs for Latinas, support group design and implementation, best practices for providers who are working with pregnant Latinas and teens in Tacoma and Pierce county. Immigration collaboration for representation of VAWA clients. trainings. support when they have LEP clients
We have onsite bi-lingual staff working 5 days a week at the Family Justice Center.
I work together with the Shelter/Victim Advocates of Puyallup Tribe on providing services for DV Victims, Education in the Tribal School, and education for professionals. I also collaborate with the Pierce County YWCA and provide an educational section of their 30 Hour Victim Services Workshop, member Pierce County Commission Against Domestic Violence (Vice Chair), and the Tacoma/Pierce County DVIC, President of the Northwest Association of Domestic Violence Treatment Professionals.

APPENDIX 5: Other DV Client Needs

LEGAL ISSUES!!!! Please help.
Cultural barriers are poorly understood by providers here, so the need to have culturally competent support is sorely missing. Threat of deportation is an issue that also prevents disclosure, so an increased commitment to victim protection regardless of immigration status
Assistance with family law actions. The court grants a protection order and then the victim has to somehow navigate through the family law process and co-parent with the perpetrator.
individual counseling
Living wage jobs and housing that is truly affordable.
Assistance with immigration relief for victims under Violence against women's Act (VAWA), Civil Legal Advocacy in Spanish. More Support groups in Spanish and different languages.
DV Perpetrator Treatment, and Men's Support Group for Victims of Violent Crimes (including DV), which we provide. We make referrals to other tribal services such as Chemical Dependency Treatment, Mental Health/Medication, Medical services, etc.
Help finding employment

APPENDIX 6: Changing Population Needs

Access to adequate legal assistance is nearly impossible for many of the women we work with. This is more and more common.
The court system has become more time intensive and more costly for victims of domestic violence to access. For example, filing fees, GAL costs, assessments, takes a long time to even get a hearing, time at the hearing. Also, there are more landlord tenant/general housing issues and less outside resources to assist the clients.
Legal help and housing needs seems to have increased over the years.
Continue to deal with safety issues regarding protection orders. Clients unwilling to serve orders to abuser.
No changes noted in the past 5 years except that we refer out due to lack of resources
Assistance with family law.....huge need!
The changes with TANF have impacted clients with more clients needing financial assistance. Advocates must provide letters for TANF eligibility and educate clients on confidentiality issues regarding open records at DSHS. Civil has consistently remained a major concern.
Lack of resources
As there are fewer resources for services in the community, we have clients with more and more issues coming to us for help, and with fewer and fewer options of what to do.
This population is underserved. Some of these cases are in the detention center (located in Tacoma) and need assistance and representation by attorneys.
Housing for client that don't have legal status have been a very big issue and just looking for agencies that would serve client with no status.
Drug/Alcohol problems, Mental Health Problems, Medication needs, Family Court Evaluations. We provide assessment for criminal court settings, and evaluation for Family Court, CPS, ICW services.
Personal and family problems are becoming more complex. Marketable job skills are decreasing. More families have ties to gangs and criminal backgrounds. More serious health issues like Chronic Fatigue and Fibromyalgia.

APPENDIX 7: Needs Providers Unable to Address

Can't help with costs/expenses, can't meet the need for counseling for children.
If a need exists that my program can't meet they are referred for the appropriate service.
Housing and youth-specific mental health care and counseling.
More support groups for them and their children. Education on dv issues. Advocates to talk to and discuss concerns with.
Housing & legal
We are unable to assist all the clients requesting legal service and our staff will have their hours drastically cut within the next four weeks due to funding loss.
Not all civil legal issues or housing issues can be addressed due to the gap between those in need and availability of services. Individual counseling.
Legal
Living wage income and long-term housing. We have 20 units of transitional housing, but beyond that affordable permanent housing is next to impossible to find. And, since our housing is a section 8 program, if someone doesn't qualify for section 8 then there is almost nowhere for them to go.
Access to safe housing, access to legal advocacy in their language, access to therapists who speak other languages, financial assistance while they wait for immigration relief, transportation assistance...
Finding housing have leaving the shelter. Life skills training for client that is unable to speak English.
We refer out to Tribal services for Chemical Dependency, Mental Health/Medication, Medical Services, etc.
Chronic mental health issues.