



October 1, 2024

*Crime Victim Services Work Group Report
to the Washington State Legislature*

ESSB 5187, Sec. 918

October 1, 2024

To the Washington State Legislature:

It is the honor of the Crime Victim Services Work Group to present the requested report and recommendations concerning resources, services, and support to assist those who have experienced gender-based violence.

This report is the culmination of approximately one year of collaborative discussion, surveys, research, and writing. We wish to acknowledge the fine work and commitment of this stakeholder group. We also thank the service providers and survivors from around the state who provided feedback via survey, interviews, and focus groups.

The work was supported by staff from the Administrative Office of the Courts (AOC) and the Supreme Court's Gender & Justice Commission.

A handwritten signature in black ink, reading "J High-Edward", written over a horizontal line.

JUDGE JACQUELYN HIGH-EDWARD, Chair, Crime Victim Services Work Group
Spokane County Superior Court

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I. Executive Summary

“[S]urvivors of gender-based violence should be empowered in our state to choose how they want to respond to their situation from choosing to engage in the criminal system, the civil system, or to engage in community lead [sic] services. As a state, we are responsible for ensuring that regardless of the choice made by the survivor, we have the resources, services, and support needed to assist them in their journey to safety and self empowerment which involves multiple legal systems.”

Washington State Legislature
ESSB 5187, Sec. 918

Surveying the Need

Pursuant to Legislative directive, the Crime Victim Services Work Group **surveyed the needs** of survivors of gender-based violence in the legal and community-based systems. The workgroup began by mapping current available services by county. As a result of this work, a comprehensive, searchable map is available to identify current legal and community-based services available to victims by county. Mapping of available services highlighted the need for in-person, culturally sensitive services in rural communities.

The workgroup also reviewed available data such as general prevalence data, court data, service provider data, data from funders, and research literature. This data demonstrates that gender-based violence is a substantial and pervasive social and public health problem. Forms of victimization are deeply connected, but it is also important to understand the differences in violence type across different social identities.

Next, the workgroup surveyed providers and lived experts. While our lived expert sample size was small and does not reflect all experiences, it highlighted the

needs in the initial crisis phase as well as ongoing needs. Lived experts reported the need for **emotional support, mental health services or therapy, and safety planning** as the most urgent needs in the initial crisis period. The same services were identified by lived experts as ongoing needs but they also identified **childcare, food, legal and financial help, and disability and language access** as ongoing needs. The provider surveys also identified **mental health care as the highest need followed by legal, financial, and housing services**. Both groups identified the need for additional training for judges, law enforcement, and court staff on gender-based violence. The research literature and court data also highlight the need for services in tribal communities.¹

Plan to Standardize and Expand Access to Services

The work group developed recommendations to standardize and expand access to services, based on the needs identified above.

Civil Legal Services

Issue #1: There are not enough attorneys or other civil legal services for unrepresented litigants available to meet the need.

Recommendations to the Legislature:

- Increase dedicated funding to civil legal aid that does not have income caps and allows for broad legal services to survivors.
- Allocate additional state funding to expand self-help centers, protection order advocacy, and other programs for unrepresented litigants.

Issue #2: Legal system professionals (court staff, judicial officers, law enforcement, experts on which courts rely) may not understand gender-based violence or employ a trauma-informed approach in their response.

¹ Marta Chmielowska & Daniela C. Fuhr, *Intimate partner violence and mental ill health among global populations of Indigenous women: A systematic review*, 52 Social Psychiatry and Psychiatric Epidemiology 689-704 (2017), <https://doi.org/10.1007/s00127-017-1375-z>.

Recommendations to the Legislature:

- Allocate additional funding to courts for operations and training on gender-based violence, trauma, and procedural justice.
- Explore the use of reimbursement programs, such as AOC's Protection Order Reimbursement & Training (PORT) Project, and court monitoring programs to incentivize training and increase accountability.

Issue #3: Lack of access to childcare is a barrier to survivors participating in court proceedings, taking time to fill out legal paperwork, and attend meetings.

Recommendation to the Legislature:

- Allocate additional state funding to courts to provide free, on-site childcare.

Community-Based Services

Issue 1: Gender-based violence and housing instability are strongly correlated. Survivors do not leave abusive partners because they cannot afford their own housing and homelessness may increase the likelihood of experiencing victimization.

Recommendations to the Legislature:

- Prioritize solutions to create long-term affordable housing, such as the Domestic Violence Housing First model.
- Develop housing policies that enhance protections for survivors, including legislation preventing landlords from using past financial history and criminal history related to abuse, and expand enforcement of existing laws to prevent housing discrimination and sexual harassment by landlords.

Issues 2 & 3: Survivors need emotional support every step of the way – from receiving mental health care, to navigating systems, to simply having someone to talk to.

Safety planning and crisis response services were ranked at high levels of need for survivors, but current funding does not cover staffing of 24/7 crisis lines, language interpretation services, or culturally-responsive services.

Recommendations to the Legislature:

- Allocate additional, unrestricted funding to culturally-specific providers and sustainable funding to 24/7 hotlines.
- Establish an interdisciplinary group to look at ways to strengthen coordination across systems and service types to provide survivors better access to a wide range of services that meet their needs.
- Prevention strategies and outreach should be geared toward the general public, which will also equip family and friends of survivors to provide emotional support.

Issue 4: Flat funding or temporary grant funding for victim services does not support the capacity needed for the work, and creates a culture with no job security.

Recommendation to the Legislature:

- Allocate additional state funding to stabilize funding and allow community-based providers to hire and retain quality, trained staff.

Tribal Services

Issue 1: Many tribes and tribal programs, including culture specific community-based tribal programs, may be eligible for funding opportunities but may lack resources and capacity to apply for, implement, and report on that funding.

Recommendation to the Legislature:

- Allocate additional, unrestricted state funding to tribes/tribal programs, to include culture specific organizations, to increase availability of effective, culturally-appropriate tribal services.
- Support capacity building so tribes may apply for existing funding opportunities.
- Allocate additional state funding to support tribal civil legal assistance programs and emergency funds for tribal crime victims.

Issue 2: Coordination between state and tribal courts on issues of gender-based violence is essential to ensure that survivors have access to justice in whichever system they are engaged. There are currently insufficient resources to support this work.

Recommendation to the Legislature:

- Allocate state funding to the Tribal State Court Consortium to provide technical assistance, resources, and support to tribal and state courts to improve coordination and information sharing.

Financial Accounts for Victim Services

Federal funds for victim services are allocated to Washington State by federal agencies, including the Office for Victims of Crime, Office on Violence Against Women, and Office of Family Violence Prevention and Services. These funds, which include formula grants and discretionary funds, are then distributed to local providers by state agencies, including the Washington State Department of Commerce Office of Crime Victims Advocacy (OCVA), Washington State Department of Social and Health Services (DSHS), and the Washington State Department of Labor & Industries (L&I). Federal funds have been steadily declining, and the Federal Fiscal Year 2024 allocations will be the lowest awarded in 10 years.

The Washington State Legislature has allocated supplemental funds in the state budget for the past four years to stabilize the federal funding, but this approach does not provide predictable, sustained support for crime victim services programs. These state funds include ongoing and one-time funding, and are administered by OCVA, DSHS, L&I, and the Office of Civil Legal Aid (OCLA).

Sustainable Funding Formula

The work group was directed to develop a sustainable funding formula and criteria for future state funding. However, there are currently multiple state agencies engaged in the development or implementation of funding formulas and funding criteria, including OCVA, DSHS, and OCLA. Given that much of the work related to funding is ongoing and will be completed after this report is due, we declined to make recommendations about a funding formula out of concern that our recommendations would be premature and potentially harmful to these ongoing efforts.

II. Introduction

The Washington State Legislature established the Crime Victim Services Work Group pursuant to the 2023 budget bill (ESSB 5187, Sec. 918). The multidisciplinary work group, convened by the Gender and Justice Commission (hereinafter, the “Commission”), was directed to complete the following by October 1, 2024:

- **Survey the need** in the legal and community-based systems including the need for evidence-based training for all participants (Sec. 918(3)(a));
- **Develop a plan to standardize and expand access** to legal and community-based assistance while utilizing and leveraging both public and private funding sources (Sec. 918(3)(b)).²
- **Assess the different financial accounts** which can be utilized for victim services including but not limited to those that exist in the United States Department of Treasury; the Department of Commerce; the Department of Children, Youth, and Families; the Department of Labor and Industries; and the Department of Social and Health Services (Sec. 918(3)(b));³
- **Develop a sustainable funding formula and criteria** for future state funding (Sec. 918(3)(c)); and

The Washington State Supreme Court Gender and Justice Commission

The Commission was established following the publication of *Gender and Justice in the Courts* in 1989, and its mission is to:

² ESSB 5187, Sec. 918(3) has two section (b)s. This reference is to the first section (b).

³ ESSB 5187, Sec. 918(3) has two section (b)s. This reference is to the second section (b).

- Identify concerns and make recommendations regarding the equal treatment of all parties, attorneys, and court employees in the state courts, and
- Promote gender equality through researching, recommending, and supporting the implementation of best practices; providing educational programs that enhance equal treatment of all parties; and serving as a liaison between the courts and other organizations in working toward communities free of bias.

The Commission recently published *2021: How Gender and Race Affect Justice Now*,⁴ a study on how gender and race impact justice, and the intersection of gender and other identities and experiences.

The Commission was honored to be selected to chair the Crime Victim Services Work Group. Judge Jacquelyn High-Edward from Spokane County Superior Court led the project on behalf of the Commission, with support from Commission staff. Recommendations made in this report are those of the Crime Victim Services Work Group and do not reflect the official position of the Commission or its chairs and members, except insofar as individual members may also have participated in the Work Group.

Stakeholders and Project Structure

We are extremely grateful to our stakeholders -- who included judicial officers; victim advocates from community-based, system-based, and tribal organizations; attorneys; researchers; and representatives from government agencies from across the

⁴ Administrative Office of the Courts Gender and Justice Commission, 2021: How Gender and Race Affect Justice Now (2021), <https://www.courts.wa.gov/?fa=home.sub&org=gjc&page=exploreStudy&layout=2&parent=study> (hereinafter, the “Gender and Justice Study”).

state⁵ -- for contributing their time and expertise to this project. Please refer to Appendix A for a complete list of all stakeholders who participated on the Crime Victim Services Work Group. Stakeholders met regularly via Zoom from October 2023 through September 2024.⁶ The work group also collaborated by sharing resources and editing drafts via listserv and a document-sharing application.

III. Acronym Glossary

| | |
|--------------|---|
| AOC | Administrative Office of the Courts |
| BIPOC | Black, Indigenous, (and) People of Color |
| CACWA | Children’s Advocacy Center of Washington |
| CPS | Child Protective Services |
| CVC | Crime Victims Compensation |
| DCYF | Department of Children, Youth, and Families |
| DSHS | Department of Social and Health Services |
| DV | Domestic Violence |
| DVHRT | Domestic Violence High Risk Team |
| FFY | Federal Fiscal Year |
| FVPSA | Family Violence Prevention & Services Act |
| IPV | Intimate Partner Violence ⁷ |

⁵ In addition to statewide organizations, there were stakeholders from the following counties who participated on the work group: Chelan, Cowlitz, Grant, King, Pierce, Snohomish, Spokane, Walla Walla, and Yakima.

⁶ The work group met on October 11, November 8, and December 13, 2023, and January 10, March 13, May 8, July 10, August 14, and September 11, 2024. Please refer to Appendix B for meeting minutes.

⁷ Intimate Partner Violence is a narrower subset of domestic violence that is perpetrated by one intimate partner against another intimate partner. An “intimate partner” is defined in [RCW 7.105.010\(20\)](#) as “(a) Spouses or domestic partners; (b) former spouses or former domestic partners; (c) persons who have a child in common regardless of whether they have been married or have lived together at any time, unless the child is conceived through sexual assault; or (d) persons who have or have had a dating relationship where both persons are at least 13 years of age or older.”

| | |
|-----------------|--|
| L&I | Department of Labor and Industries |
| LGBTQIA+ | Lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual. The + signifies gender identities and sexual orientations not specifically listed. |
| LFW | Legal Foundation of Washington |
| LSC | Legal Services Corporation |
| NJP | Northwest Justice Project |
| OCLA | Office of Civil Legal Aid |
| OCVA | Department of Commerce's Office of Crime Victims Advocacy |
| OFVPS | Office of Family Violence & Prevention Services |
| SA | Sexual Assault |
| SASP | Sexual Assault Services Program |
| SFY | State Fiscal Year |
| STOP | Services, Training, Officers, and Prosecutors |
| TSCC | Tribal State Court Consortium |
| VAWA | Violence Against Women Act |
| VOCA | Victims of Crime Act |
| WSC | Washington State Native American Coalition Against Domestic Violence and Sexual Assault – WomenSpirit Coalition |
| WSCADV | Washington State Coalition Against Domestic Violence |

IV. Key Definitions

The definitions cited below were developed by the Crime Victim Services Work Group in response to its directives:

Community-based services are holistic and voluntary. Communications between service providers and survivors are privileged. The best practice is for these services to be low-barrier, trauma-informed, survivor-led, and culturally responsive. Community-based services may include prevention, crisis intervention, general/medical/legal advocacy, healthcare services, emotional support, safety planning, and wraparound services, including housing, employment, and education, and may be in collaboration with other systems.

Emotional support is a broad term that encompasses various levels of support to survivors. It includes professional mental health services, providers who offer support groups, or informal support such as advocates, family members, community members, or friends.

Gender-based violence is an umbrella term to highlight the imbalance of power and disproportionate impact of violence against individuals or groups based on their actual or perceived sex, gender, sexual orientation, and/or gender identity.

Legal services include:

- Direct representation and unbundled services⁸ from an attorney.
- Services for unrepresented litigants, including courthouse facilitators, self-help centers, victim witness coordinators, navigators, mediators, system-based advocates, online self-help portals, and law libraries.
- Legal services encompass a scope of proceedings comprised of:

⁸ Unbundled services mean attorneys limit the scope of their representation to specific aspects or stages of a client's case.

- Civil legal, including protection orders, family law, dependency, unlawful detainer (eviction), consumer debt, immigration, Title IX, and appeals.
- Criminal, including privacy of survivors' information, victim rights, and remedies for violations of those rights.
- Juvenile cases.
- Administrative, including DCYF, public benefits, and child support.

"I don't often use the word survivor. Now. Or Victim.... So what have I survived? If I'm stuck with it, you know."

- Interview Participant

Throughout this report, the terms **victim** and **survivor** will be used interchangeably, depending on context. We understand the limitations of each of these terms.

V. Surveying the Need in the Legal and Community-Based Systems

Pursuant to ESSB 5187, Sec. 918(3)(a), the work group was directed to "survey the need in the legal (protection orders, family law, abusive litigation) and community-based systems including the need for evidence-based training for all participants." The work group's efforts regarding this directive were two-pronged. First, the work group mapped all available services, by county, in Washington State. Next, the work group supplemented its understanding of the need by reviewing available data (general prevalence data, court data, service provider data, data from funders, and research literature); surveying both service providers and survivors; and following up with lived experts by hosting focus groups and interviews.

Understanding Gender-Based Violence

Anyone can experience the forms of violence and victimization covered in this report, including intimate partner violence (IPV) or domestic violence, sexual assault, human trafficking or commercial sexual exploitation, stalking, and childhood abuse (emotional, physical, sexual) – which we refer to collectively as gender-based violence. Yet, social and economic marginalization place some individuals and groups at greater risk, resulting in a disproportionate burden of these forms of victimization.

These complexities make it difficult to identify what those who have experienced gender-based violence need because there is not one single group of individuals. Diverse and intersecting identities and experiences create unique needs among these individuals. At the same time, limited resources and the need to provide services to as many Washingtonians experiencing gender-based violence as possible, requires some level of aggregating and summarizing needs across these individuals.

We first review and summarize what we know about the incidence of gender-based violence nationally and in Washington by type of violence, and the distribution of these forms of violence across different groups, as well as the populations that are underrepresented or unrepresented in the data, and areas where additional research is recommended. To inform our understanding of gender-based violence we consulted statewide population and survey data, information from community-based service providers and national and state coalitions, research literature, and received direct input from providers and individuals with lived experience via surveys, interviews, and focus groups. This section outlines what we learned from these various sources and what this information means for Washington's response to gender-based violence victims.

Prevalence of Gender-Based Violence

Gender-based violence is a substantial and pervasive social and public health problem.⁹ It is important to note that there is not one source or perspective that captures the full picture of needs and experiences of survivors. Each survivor is unique and we did our best to contextualize this data so it can be interpreted correctly and applied in the appropriate context. Because of the uniqueness of each victim and their experience, there is no definite measure of gender-based violence rates covered in this report.

Evidence shows that the forms of victimization, including IPV, sexual assault, and stalking are deeply interconnected.¹⁰ However, it is important to also understand the differences in victimization type, and across different social identities, as some experiences of violence are more common, and experienced disproportionately by different groups.¹¹ Differences in vulnerability to violence, experiences of violence, and social and systems' responses to such violence create unique needs requiring specific solutions.

Available national and statewide data allowed us to identify differences across factors such as race, gender, and sexual orientation. However, racial and ethnic categories, and categories of gender identity and sexual orientation, are often collapsed

⁹ Kathleen C. Basile et al., *Characteristics and Impacts of Sexual Violence and Stalking Victimization by the Same Perpetrator Using a Nationally Representative Sample*, *Journal of Aggression*, 32(9) Maltreatment & Trauma 1271–1284, Oct. 14, 2022, <https://doi.org/10.1080/10926771.2022.2133660>; see also, Kathleen C. Basile et al., *Violent Victimization During Childhood in the United States: Associations With Revictimization and Health*, 38(3) *Violence and Victims* 375–395, June 2023, <https://doi.org/10.1891/VV-2022-0165>; and Sharon G. Smith et al., *The National Intimate Partner and Sexual Violence Survey: 2016/2017 State Report*, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2023), <https://www.cdc.gov/nisvs/documentation/NISVS-2016-2017-State-Report-508.pdf>.

¹⁰ Basile (2023), *supra* note 9.

¹¹ Judy Chen & Cris M. Sullivan, *Domestic Violence Housing First Demonstration Evaluation Final Report*, Sep. 2022, <https://aspe.hhs.gov/sites/default/files/documents/589c1822f665706ce5a710a5359cef76/dvhf-24-month-technical-report.pdf>; See also, Smith, *supra* note 9.

into overarching identifiers such as “Asian” or “LGBTQIA+,”¹² and other important factors such as nationality and immigration status are not considered. State level data is particularly limited, and there is less and less information when we attempt to understand the prevalence according to specific points of intersection – for example, while we have data on sexual assault by race and by sexual orientation, we do not have data on sexual assault of Black LGBTQIA+ individuals. This is one reason that including qualitative accounts is key to understanding what might be lost in larger data sets.

Intimate Partner Violence, Sexual Violence, and Stalking

Washingtonians experience higher rates of IPV, sexual violence, and stalking than the national average.¹³ Washington ranks 9th in the United States for prevalence of violence against women.¹⁴

- More than 61.2% of women and 34.4% of men in Washington have experienced contact¹⁵ sexual violence,
- 33.9% of women and 12.6% of men in Washington have experienced stalking,
- 1.3 million (47.7%) Washington women and 39.9% of Washington men have experienced at least one form of violence perpetrated by a current or

¹² Lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual. The + signifies gender identities and sexual orientations not specifically listed.

¹³ In the United States, half of women and nearly one-third of men have experienced contact sexual violence (a combined measure that includes rape, being made to penetrate someone else [males only], sexual coercion, and/or unwanted sexual contact), 31.2% of women and 16.1% of men have experienced stalking, 47.3% of women, and 44.2% of men have experienced IPV, nearly half of women and 45.1% of men have experienced some form of intimate partner psychological aggression.

¹⁴ See <https://worldpopulationreview.com/state-rankings/domestic-violence-by-state>.

¹⁵ As defined in note 12.

former intimate partner, including physical violence, sexual violence, and/or stalking, and

- More than half of women and 47.6% of men in Washington have experienced some form of intimate partner psychological aggression in their lifetime.¹⁶

Many respondents report negative impacts directly resulting from the abuse.¹⁷

While some survivors experience only one form of violence, most experience multiple forms of violence.¹⁸ There is some evidence that certain types of victimization are particularly detrimental. For example, intimate partner sexual violence and stalking were associated with the greatest number of health conditions among women, and stalking, severe physical violence, and sexual violence by an intimate partner were associated with the greatest number of health conditions for men.¹⁹ However, because of the limitations in data, we cannot say for certain whether these experiences may differ according to specific identity factors such as race, and LGBTQIA+ status.

Commercial Sexual Exploitation and Human Trafficking

Statistics on human trafficking and commercial sexual exploitation are extremely limited due to the clandestine nature of these forms of victimization. The information we

¹⁶ Smith, *supra* note 9.

¹⁷ *Id.* (Negative impacts include any of the following: being fearful, concern for safety, post-traumatic stress disorder symptoms, injury, need for medical care, help needed from law enforcement, missing at least one day of work, missing at least one day of school, need for housing services, need for victim advocate services, need for legal services, and contacting a crisis hotline).

¹⁸ Basile (2022), *supra* note 9.

¹⁹ Leah K. Gilbert et al., *Intimate Partner Violence and Health Conditions Among U.S. Adults—National Intimate Partner Violence Survey, 2010–2012*. 38(1-2) *Journal of Interpersonal Violence*, 237–261, Mar. 25, 2022, <https://doi.org/10.1177/08862605221080147>.

do have indicates that between 2012 and 2016, 593 cases of human trafficking in Washington were reported. The 593 cases involved 1,110 potentially trafficked persons.²⁰

In 2023, 582 reports of trafficking from Washington were made, with 160 of these reports coming from victims/survivors themselves.²¹ Of the 582 cases reported in 2023, 202 were identified, with 367 potential victims; 77% were adults, and 81.6% were female (compared to male).²² Human trafficking cases included both sex and labor trafficking, with the vast majority of cases involving sex trafficking.²³

LGBTQIA+ youth, cisgender and transgender women, and youth of color are overrepresented in the sex trade.²⁴ The economic and social marginalization of these communities drives individuals within them into the commercial sex industry and increases their vulnerability to exploitation, perpetuating their economic and social

²⁰ U.S. Department of Health and Human Services, Office on Women's Health, Administration for Children and Families Office on Trafficking in Persons, *Washington: Efforts to combat human trafficking*, Jun. 30, 2017, https://www.acf.hhs.gov/sites/default/files/documents/otip/washington_profile_efforts_to_combat_human_trafficking.pdf.

²¹ See <https://humantraffickinghotline.org/en/statistics/washington>.

²² *Id.*

²³ *Id.*

²⁴ M Cain et al., *Needs assessment of LGBTQ+ youth in the sex trade: Creatively envisioning a future where LGBTQ+ youth experiencing the sex trade are supported to be healthy, safe, and well*, The Center for Children and Youth Justice (2019) (The sex trade refers to all transactions in which sex is traded for money, or other goods or services. Individuals can be exploited or forced against their will into the sex trade for others' financial gain. Many also engage in "survival sex" and/or engage in sex work because there are few other options for them. It is important to note, there are individuals for whom sex work is completely consensual and can be experienced as empowering. Even those whose vulnerabilities may have contributed to their entering the sex trade emphasize the need to recognize their autonomy in making choices about their continued engagement. However, many, especially those with prior histories of gender-based violence victimization, are at greater risk for exploitation and once engaged in the sex trade face higher risk of continued victimization). See also, Sandy E. James et al., *The Report of the 2015 U.S. Transgender Survey*, National Center for Transgender Equality (2016), <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>; Lara Gerassi, *From exploitation to industry: Definitions, risks, and consequences of domestic sexual exploitation and sex work among women and girls*, 25(6) *Journal of Human Behavior in the Social Environment* 591-605 (2015), <https://doi.org/10.1080%2F10911359.2014.991055>.

marginalization.²⁵ Commercial sexual exploitation and the sex trade are inextricably linked to other forms of gender-based violence across the life course, and importantly, “[i]n Washington, human trafficking is deeply and historically connected to missing and murdered Indigenous women and people.”²⁶

Violence Prior to Age 18

Importantly, individuals experience much of this violence for the first time in childhood or adolescence.²⁷ Among Washingtonians who have experienced sexual violence, 53.2% of women, and 45.9% of men first experienced it prior to age 18.²⁸ Additional data from Washington suggests between 4.7% and 7.6% of students in grades 8, 10, and 12 reported threats and coercion in a dating relationship; between 3.2% and 4.9% reported being physically hurt on purpose by a dating partner; and between 10.8% and 18.6% reported being coerced into unwanted kissing, sexual touch, or sex.²⁹ National data from high schoolers found that females, lesbian, gay, bisexual, and those unsure of their sexual identity reported the highest prevalence across all

²⁵ *Id.*

²⁶ *Id.*

²⁷ Basile (2023), *supra* note 9; *see also*, Smith, *supra* note 9.

²⁸ Smith, *supra* note 9; *See also*, Washington State Coalition Against Domestic Violence, *Washington State Domestic Violence Fatality Review: Teen Victims of Domestic Violence Homicide in Washington State*, Mar. 2012, <https://wscadv.org/wp-content/uploads/2016/12/teen-victims-dvfr-issue-brief-3-2012.pdf> (Thirty-one percent of victims in reviewed fatality cases were under 21 when they first became involved with their abusive partners. Several met in high school or middle school. Education about healthy relationships and dating violence in schools was not sufficient and often started too late. In reviewed cases, 73% of victims who began dating abusive partners before age 21 had been pregnant or had a child in common with the abuser. Recent studies show that domestic violence is associated with birth control sabotage, coercion to get pregnant, and unintended pregnancy. Prevention is key. As violence and control escalate, victims’ choices narrow. By the time a homicide occurs, options for effective intervention are slim. Fatality Review panels in every county have called for focused efforts to prevent abuse before it starts).

²⁹ Basile (2023), *supra* note 9 (Measured violence types included: any sexual violence [rape and made to penetrate] or stalking, as well as physical, sexual, and psychological violence, and/or stalking by an intimate partner).

victimization types, including sexual violence by anyone, and sexual and physical violence in a dating relationship.³⁰

Disproportionate Burden of Victimization

Marginalized and historically excluded or targeted groups often face disproportionate rates of victimization across all types of gender-based violence, due to increased vulnerability resulting from discrimination and social and economic marginalization.³¹ Experiences of violence, experiences with systems, and needs also vary significantly among these groups. We have compiled information across identities, and recognize the limitations of this data.

LGBTQIA+

In national prevalence data, rates of IPV and sexual violence among people who identify as gay, lesbian, or bisexual are consistently at or above those for heterosexual individuals. Nationally, bisexual women, and gay and bisexual men experienced higher levels of sexual violence and stalking compared to heterosexual individuals and other LGBTQIA+ groups.³²

³⁰ Kathleen C. Basile et al., *Interpersonal violence victimization among high school students—youth risk behavior survey, United States, 2019*, 69(1) Morbidity and Mortality Weekly Report Supplements 28-37, Aug. 21, 2020, <https://www.cdc.gov/mmwr/volumes/69/su/su6901a4.htm>.

³¹ While anyone, holding any identity, can experience the forms of violence victimization addressed in this report those with greater power – according to their social position and identities – have greater ability to victimize, especially those with vulnerabilities to exploit. Access to power plays a large role in social, economic, and other forms of marginalization which increase vulnerability to violence.

³² Jieru Chen et al., *The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Victimization by Sexual Identity*, Oct. 2023, <https://www.cdc.gov/nisvs/documentation/nisvsReportonSexualIdentity.pdf> (Four in 5 bisexual women, and more than half of heterosexual and lesbian women reported experiencing some form of contact sexual violence, and 1 in 2 bisexual and one-third of heterosexual and lesbian women reported being stalked, in their lifetimes. Intimate partner sexual violence, physical violence, and/or stalking were experienced by 69.4% of bisexual, and 56.4% of lesbian women, compared to 46% of heterosexual women. More than half of gay and bisexual men, and approximately 3 in 10 heterosexual men experienced some form of contact sexual violence, and 1 in 4 gay and bisexual men, and 1 in 6 heterosexual men experienced stalking).

National data on transgender Americans suggests that 47% of individuals surveyed experienced sexual assault, and more than 54% had experienced some form of IPV.³³ Among those who had been sexually assaulted, those who had ever done sex work, experienced homelessness, people with disabilities, and American Indian, multiracial, Middle Eastern, and Black individuals were most likely to have been victimized. Trans men (51%) and non-binary individuals with female on their birth certificate (58%) (especially people of color) were most likely to have experienced some form of IPV, as were American Indian, multiracial, Middle Eastern, disabled, and undocumented individuals.³⁴

In a meta-analysis of studies on IPV in transgender communities,³⁵ compared with cisgender individuals, transgender individuals were 1.7 times more likely to experience IPV.³⁶ In a study of trans poly victimization (multiple victimization types), 55.2% of respondents experienced at least one form of IPV, and trans women and those who were “more out” and less visually gender conforming had increased chances of experiencing most of the violence types assessed and a greater number of violence types.³⁷ Queer and pansexual individuals (compared to heterosexual individuals) had a

³³ James, *supra* note 23.

³⁴ *Id*; Chen (2023), *supra* note 31 (46% reported being verbally harassed because of being transgender, and nearly 1 in 10 (9%) had been physically attacked. Transgender women of color, especially multiracial and American Indian, were most likely to be verbally harassed, and American Indian, Middle Eastern, multiracial, Asian, and undocumented respondents were most likely to be physically attacked because of being transgender).

³⁵ An evaluation of the evidence across studies on a particular topic.

³⁶ Sarah M. Peitzmeier et al., *Intimate Partner Violence in Transgender Populations: Systematic Review and Meta-analysis of Prevalence and Correlates*, 110(9) American Journal of Public Health e1–e14 (2020), <https://doi.org/10.2105/AJPH.2020.305774> (There were no significant differences in risk between those with different trans identities [e.g. transmen vs transwomen, binary vs. non-binary trans individuals]).

³⁷ Adam M. Messinger et al., *Transgender polyvictimization in the US Transgender Survey*, 37(19-20) Journal of Interpersonal Violence (2020), <https://doi.org/10.1177/08862605211039250>.

higher likelihood of experiencing IPV and sexual violence and a greater number of violence types.³⁸

Black, Indigenous, and People of Color

Gender-based violence has a disproportionate impact on BIPOC individuals. 45.1% of Black women report an experience of sexual violence, physical aggression, or stalking from an intimate partner.³⁹ Not only do Black women experience more violence, but they experience more severe violence, injurious violence, and fatal violence.⁴⁰ Multiracial women, American Indian/Alaska Native women and Black women report higher rates of lifetime IPV than their white, Hispanic, and Asian, Native Hawaiian, and other Pacific Islander peers.⁴¹

National data suggests that 84.3% of Native women have experienced some form of violence.⁴² Among these, 56% of women and 85% of lesbian, bisexual, and Two Spirit Native individuals have experienced sexual violence, almost always by an interracial perpetrator.⁴³

Our understanding of BIPOC experiences of gender-based violence is hindered by limited and inaccurate data collection. For example, BIPOC victims of intimate partner and sexual violence, especially Black women, may be less likely to report to police, fearing inadequate response, mistreatment, or alternatively, an overly punitive

³⁸ *Id.*

³⁹ Carolyn M. West, *Widening the Lens: Expanding the Research on Intimate Partner Violence in Black Communities*, 30 J. Aggression Maltreatment & Trauma 1 (2021), <https://drccarolynwest.com/wp-content/uploads/2022/06/2021-Widening-the-lens.pdf>.

⁴⁰ Lorin C. Kelly et al., *Is separate the new equal? A meta-analytic review of correlates of intimate partner violence victimization for black and white women in the united states*, 61(4) Family Process 1473-1488 (2022), <https://doi.org/10.1111/famp.12754>.

⁴¹ Patricia Mahoney et al., *Violence Against Women by Intimate Relationship Partners*, Sourcebook on Violence Against Women 143-178 (See NCJ-201429) (Claire M. Renzetti et al. ed., Sage Publications 2001).

⁴² Gender and Justice Study, Chapter 8.

⁴³ *Id.*

legal system response.⁴⁴ Racial (mis)categorization in police data may underestimate victimization among BIPOC individuals, which is one factor contributing to the substantial discrepancies between the number of missing and murdered Indigenous women and girls reported by Tribal and Federal databases (5,712 vs. 116 cases, respectively), resulting in vast undercounting of incidences of gender-based violence against Native people.⁴⁵

Immigrant Populations

Immigrant women experience higher rates of IPV and sexual violence compared to US-born women, and women who have recently immigrated to the US may be particularly vulnerable, as the process of immigration may exacerbate abuse.⁴⁶ Legal, financial, and language barriers also play a role in immigrant vulnerability.⁴⁷ While there

⁴⁴ Lynn Langton et al., *Victimizations Not Reported to the Police, 2006-2010*, US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Special Report, Aug. 2012, <https://bjs.ojp.gov/content/pub/pdf/vnvp0610.pdf> (IPV and sexual assault are vastly underreported forms of victimization. Qualitative accounts suggest significant reluctance and barriers to reporting for Black women. However, some data show that Black women are more likely than white women to report – a fact likely reflecting their greater likelihood of experiencing violence that is severe or results in injury, rather than their trust and reliance on police and systems’ responses to their experiences of violence). See also Charvonne N. Holliday et al., *Racial/ethnic disparities in police reporting for partner violence in the National Crime Victimization Survey and survivor-led interpretation*, 7 *Journal of Racial and Ethnic Health Disparities* 468-480 (2020), <https://doi.org/10.1007%2Fs40615-019-00675-9>; and Michelle R. Decker et al., “You Do Not Think of Me as a Human Being”: Race and Gender Inequities Intersect to Discourage Police Reporting of Violence against Women, 96 *Journal of Urban Health* 772–783 (2019), <https://doi.org/10.1007%2Fs11524-019-00359-z>.

⁴⁵ Ayobami Laniyonu & Samuel T. Donahue, *Effect of racial misclassification in police data on estimates of racial disparities*, 61(2) *Criminology* 295-315 (2023), <https://doi.org/10.1111/1745-9125.12329>; See also, Abigail Echo-Hawk, *Missing and Murdered Indigenous Women & Girls*, Urban Indian Health Institute, Nov. 14, 2018, <https://www.uihi.org/wp-content/uploads/2018/11/Missing-and-Murdered-Indigenous-Women-and-Girls-Report.pdf>.

⁴⁶ SART Toolkit Section 6.12, National Sexual Violence Resource Center, <https://www.nsvrc.org/sarts/toolkit/6-12>; see also Bushra Sabri et al., *Intimate Partner Homicides in the United States, 2003-2013: A Comparison of Immigrants and Nonimmigrant Victims*, 36 *Journal of Interpersonal Violence* 4735, 4735 (2018) (According to a review of 147,902 intimate partner homicides from 2003 to 2013 across 19 U.S. states, foreign-born victims were more likely than U.S.-born victims to be associated with intimate partner violence-related deaths. In addition, foreign-born women killed by their intimate partners were more likely than U.S.-born women to be married, young, and killed by a young partner who strangled, suffocated, or stabbed them).

⁴⁷ *Id.*

is evidence that immigrants are generally fearful of interactions with systems, including reporting abuse, undocumented immigrants may be particularly fearful to report abuse.⁴⁸

Barriers to seeking help are exacerbated for survivors who do not speak English because there are limited interpreters who can accurately understand and convey survivors' needs. In a study done by the University of Washington Center on Intimate Partner Violence Research, Policy and Practice, one participant shared:

“For survivors who are immigrants, calling law enforcement is not often their first thought. Calling a shelter or crisis line is a safer option. When survivors call the helpline for the first time and ask for help with immediate safety, it is unfortunate if language access comes in the way of providing that help. So, when advocates do not have the means to help the callers to get them to safety, it feels hopeless and helpless.”⁴⁹

Court-related information and procedures are overwhelming to begin with and are further disempowering for immigrant survivors. Providers in the study cited several instances of legal processes getting finalized without survivors' knowledge, or Child Protective Services offering documentation to non-English speaking survivors in English and expecting them to sign the paperwork.⁵⁰

Supplementing our Understanding

Recognizing the unique experiences of victimization, we considered the available services in Washington State, as well as survey and interview data from Washington

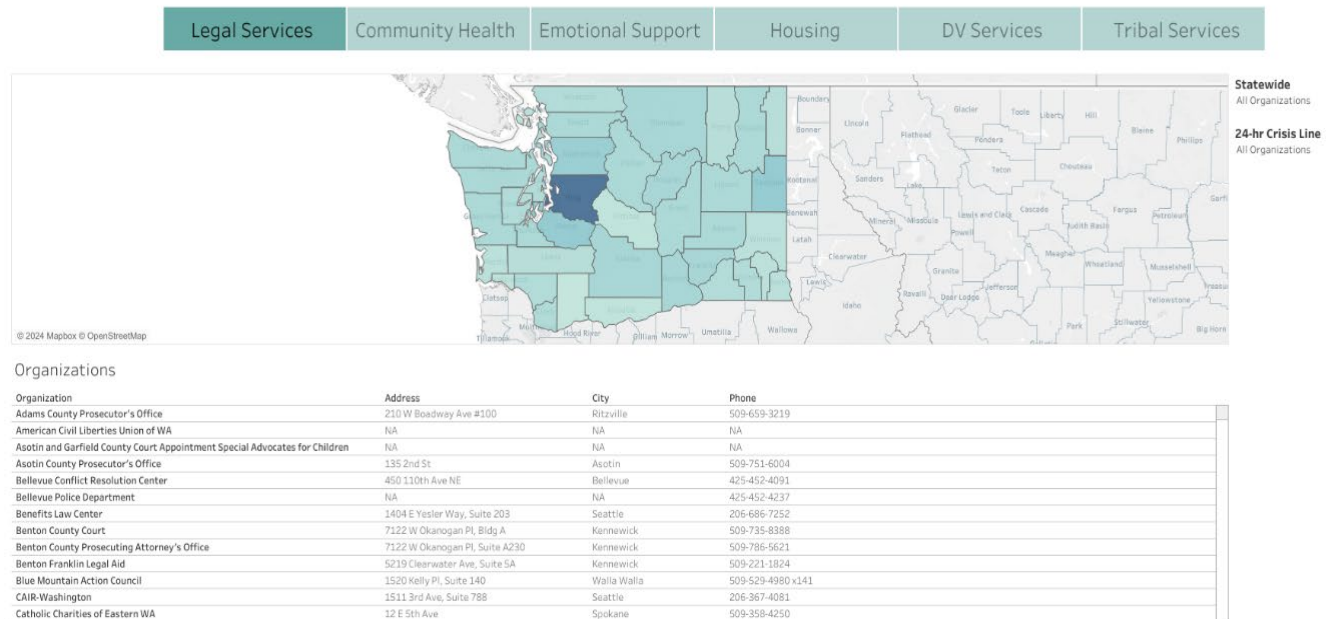
⁴⁸ *Id.*; see also Michelle R. Decker et al., *Sexual Violence Against Adolescent Girls: Influences of Immigration and Acculturation*, 13 *Violence Against Women* 498 (2007); Leslye E. Orloff & Janice V. Kaguyutan, *Offering a Helping Hand: Legal Projections for Battered Immigrant Women: A History of Legislative Responses*, 10 *American University Journal of Gender, Social Policy & the Law* 95 (2002).

⁴⁹ Mary A. Kernic, *Planning Report to the Washington State Legislature*, University of Washington Center on Intimate Partner Violence Research, Policy and Practice, Jan. 15, 2024.

⁵⁰ *Id.*

providers and survivors, to supplement our understanding of the needs and barriers of those who have experienced gender-based violence.

Mapping Available Services



To identify gaps in services, the work group compiled a list of the available legal and community-based services, as well as tribal services in Washington State. The complete list of identified services, which is searchable by county and tribal nation, can be found on an interactive dashboard [HERE](#).⁵¹

The following categories of court-based and legal service providers were included in our service map:

- Courthouse Facilitators;
- Law Libraries;
- Legal Advocates (system-based);
- Navigators;
- Online Self-Help Portals;
- Self-Help Centers; and

⁵¹ The dashboard was created by the work group with assistance from the Washington State Center for Court Research. Following this project, the dashboard will be maintained by staff to the Gender and Justice Commission's Domestic & Sexual Violence Committee, as time and funding allow.

- Legal Aid Attorneys;
- Mediators;
- Victim-Witness Coordinators.

The work group included community-based providers who offer the following services:

- Advocacy (general, legal, medical);
- Crisis Intervention;
- Education;
- Employment;
- Housing;
- Mental Health/Emotional Support;
- Prevention;
- Safety Planning; and
- Tribal Services.

The list of available services was obtained from multiple sources,⁵² divided into counties and tribal communities, and reviewed by stakeholders familiar with each county or area to check for accuracy and identify additional resources.

The data shows that there are 18 statewide legal service providers, including the CLEAR Hotline,⁵³ an online self-help portal,⁵⁴ legal clinics, and direct service providers, and 15 statewide community-based providers, including statewide crisis hotlines, advocacy centers, and coalitions with referral services, including a tribal coalition. Many legal service providers offer services in multiple counties, including counties where they

⁵² Sources include programs funded by the Department of Health and Human Services and the Department of Commerce's Office of Crime Victim Advocacy; programs that coordinate with the Washington State Coalition Against Domestic Violence, Children's Advocacy Centers of Washington, and WomenSpirit Coalition; pamphlets and resource sheets collected by work group stakeholders (including the Behavioral Health Agencies Directory from the Washington State Department of Health, Member Health Centers from the Washington Association for Community Health, Washington Community Sexual Assault Programs By County from the Sexual Violence Bench Guide for Judicial Officers, and the PEARR Tool from HEAL Trafficking and Pacific Survivor Center and Common Spirit); and internet research and phone calls to providers about available services.

⁵³ CLEAR (Coordinated Legal Education, Advice and Referral) is a toll-free legal hotline for people with low incomes.

⁵⁴ <https://www.washingtonlawhelp.org/>.

do not have a physical office. This means that while most rural counties have access to remote services, there is limited access to a physical location where survivors can go for help. For example, Adams County is served by 27 legal service providers; however, the only provider physically located in Adams County is the Adams County Prosecutor's Office, which provides victim witness coordination in criminal cases.

Washington State has a growing number of "legal deserts," where there is lawyer scarcity and limited access to any legal services.⁵⁵ In rural areas, access to attorneys, especially for low-income clients, is limited.⁵⁶ As of 2019, Washington had 3.5 attorneys per 1,000 residents.⁵⁷ King County has the most attorneys by far, at 16,552. Pierce County has 2,264 attorneys, Spokane has 1,925 attorneys, and Snohomish and Thurston each have approximately 1,500 attorneys. Rural counties, however, have much lower numbers—Adams, Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Skamania, and Wahkiakum Counties have fewer than 20 attorneys each.⁵⁸ Furthermore, not all of these attorneys provide services to victims or low-income families.⁵⁹ Court data on the average number of domestic and adoption/parentage civil case filings in Washington between 2020 and 2023 shows that individuals in rural counties were much more likely to reside in a high or very high scarcity area with limited access to attorneys.⁶⁰

⁵⁵ Emma Epperly, *State bar looks for solutions as legal deserts worsen in rural Washington*, The Spokesman-Review, June 19, 2024.

⁵⁶ Bernice Yeung, *Female Workers Face Rape, Harassment in U.S. Agriculture Industry*, Frontline, June 25, 2013.

⁵⁷ American Bar Association, *Legal Deserts*, 2020 ABA Profile on the Legal Profession 1, 3, <https://www.americanbar.org/content/dam/aba/administrative/news/2020/07/potlp2020.pdf>.

⁵⁸ *Id.* at 5 (these numbers are the total number of attorneys in any practice area).

⁵⁹ *Id.* at 3.

⁶⁰ 100% of residents in rural counties and "rural frontiers," like Adams, Wahkiakum, Lincoln, Lewis, and Grays Harbor reside in high or very high scarcity areas, while non-rural residents are less likely to live in high or very high scarcity areas (68% in Benton, 46% in Clark, and 46% in Spokane).

In Washington, there are attorneys that provide some level of direct legal representation in every county, whether remote or via a local office, and each county has a Victim Witness Coordinator through its Prosecuting Attorney's Office. Courthouse facilitators are also available in most counties, with the exception of Adams, Asotin, Columbia, Garfield, and Kittitas.⁶¹

Rural areas also have limited access to community-based services, particularly culturally responsive and gender-inclusive victim services.⁶² Looking again at Adams County, although there are 15 statewide community-based providers, Adams County residents have access to only one provider that offers advocacy, crisis intervention, support groups, and other domestic violence and sexual assault resources, which is offered by a dual-county provider in a neighboring county. Comparatively, King County has nearly 50 local community-based providers, including providers who serve specific populations (such as queer and trans survivors, refugee and immigrant women, communities of color, and American Indian and Alaska Natives) and victim types (e.g. services tailored specifically to individuals in the sex trade) – specialized services that are not available in many other counties.

While healthcare centers and mental health services are located in every county, it is difficult to determine which of these providers offer free or low-cost services and what insurance plans providers accept. It is also difficult to find culturally sensitive mental health services.⁶³

⁶¹ Ferry County shares facilitators with Stevens County, and Pacific County shares facilitators with Wahkiakum County.

⁶² Emily Wright & Bree Boppre, *Enhancing and Professionalizing Victim Services Field Should Be a National Priority*, Urban Institute, Mar. 2024, at 2.

⁶³ Kernic, *supra* note 48.

Surveys, Interviews, and Focus Groups

The work group sent out two surveys: one to providers and one to survivors.⁶⁴ The provider survey was sent to more than 700 legal and community-based providers by email. The survivor survey was distributed by electronic flyer posted on social media, printed flyers with a QR code in provider offices and by a direct link sent out by email. The flyers and surveys were available in English, Chinese, Korean, Russian, Spanish, and Vietnamese.⁶⁵

We received survey responses from 315 individual systems- and community-based service providers, and 154 individuals with lived experience of gender-based violence across Washington State. The full report of both surveys can be found in Appendix E, and we have included the most relevant data below. Additionally, 21 of the 154 victims surveyed, and two survivors who did not complete the survey, spoke with a researcher in one-on-one interviews (n=13) or small focus groups (n=4; total of 10 participants). We are grateful for these individuals' willingness to share such personal and difficult experiences with us and provide us with crucial information for improving responses to gender-based violence in Washington. Out of respect for these experiences and to honor and elevate voices of those with lived expertise, we devote much of this report to this qualitative data. While the work group was limited by time, funds, and access to victims in crisis, the survivor responses overlay and deepen our

⁶⁴ The Provider Survey is included in Appendix C. The Survivor Survey is included in Appendix D. Work group stakeholders shared with their networks and partner organizations. The survey was open from June 6, 2024 - August 1, 2024.

⁶⁵ Even though the survey was available in 6 languages, we only received responses to the English-language survey. Of those who took this survey, only 4 individuals indicated they spoke another primary language. Two of these participants spoke Spanish, for which there was a translated survey. The other two spoke languages which the survey was not translated into. Importantly, only half of all respondents answered the question about primary language.

understanding of the larger-scale data from the surveys and studies discussed in this report.

As existing data reveals, sexual violence and intimate partner violence (IPV) are the most common types of gender-based violence experienced nationally and in Washington, and much of the sexual violence and stalking those victims experience occurs within intimate relationships.⁶⁶ Unsurprisingly, IPV and sexual violence were the two most common victimization types experienced by survivors who completed our survey (n = 154). Survivors were asked to identify the types of gender-based violence victimization they experienced (domestic violence, sexual violence, stalking, parent of a child victim, human trafficking, and commercial sexual exploitation). Most respondents reported a history of domestic violence (67%, n = 103) and sexual violence (60%, n = 92). IPV and sexual violence were also the victimization types served by the highest proportion of providers. Of those who identified a specific service population, 80% reported providing services to victims of IPV/domestic violence (n = 170), and 75% to victims of sexual violence (n = 160). As such, we had the most information across sources related to the needs of these survivors.

Only 8% and 6% of survivors indicated they experienced human trafficking and commercial sexual exploitation, respectively, and the fewest number of providers indicated they provide services to victims of commercial sexual exploitation (46%, n = 113). This is likely because of the lower overall prevalence, and reflective of the difficulty reaching those who have been trafficked or faced commercial sexual

⁶⁶ Basile (2022), *supra* note 9.; see also Cora Peterson et al., *Lifetime Number of Perpetrators and Victim-Offender Relationship Status Per U.S. Victim of Intimate Partner, Sexual Violence, or Stalking*, 36(13-14) *Journal of Interpersonal Violence*, Jan. 24, 2019.

exploitation. Across sources, including prevalence data, research, and survey responses, we have the least information about victims of commercial sexual exploitation, and therefore limited ability to say confidently what their most urgent needs are, or provide specific recommendations. Furthermore, because certain groups (e.g., adults and children who are Indigenous, people of color, and/or LGBTQIA+) face disproportionate vulnerability to this type of victimization,⁶⁷ it is important that recommendations are informed by their experiences, which was not possible with available data sources.

Demographics of Survey Respondents⁶⁸

Survivors⁶⁹

Race: 36% of survivors identified as white; 6% Latino/a/x or Hispanic; 3% American Indian and/or Alaska Native; 3% Asian or from the Indian subcontinent; 3% another race; 2% Black /African American, African Diasporic, and/or Afro-Caribbean; and 48% did not respond.

Gender: 44% of survivors identified as women; 6% non-binary, third-gender, gender-fluid, or Two-spirit; 2% transgender; and 2% as men, while 46% did not answer.

Age: 24% of respondents were between the ages of 31 and 44, 19% 45 or older, 7% between 25 and 30, 2% between 18 and 24, and 48% did not answer.

Geography: Survivors were from 18 different counties in Washington. The highest response rates were 41% from King, 12% from Pierce, and 10% from Thurston.

⁶⁷ Cain, *supra* note 23; *see also*, Gender and Justice Study, Chapter 10.

⁶⁸ Demographic counts across categories may not add up to 100%, as some individuals chose not to answer certain questions, and many categories were not mutually exclusive. For example, individuals could choose all genders that applied such as trans, and non-binary.

⁶⁹ We recognize that our survey did not reach many of the disproportionately burdened populations discussed above.

Education: 36% reported a college degree and 14% no or some college as their highest level of education, while half (50%) did not answer.

Disability: Survivors identified as having a disability (18%), or not (29%), and 53% did not answer.

Providers

Race: 46% of providers identified their race as white; 10% Asian or from the Indian subcontinent; 9% Latino/a/x or Hispanic; 8% American Indian and/or Alaska Native; 6% Black/African American, African Diasporic, and/or Afro-Caribbean; 5% described themselves another way; 7% stated they did not want to answer; and 52% did not answer.

Gender: 76% of providers identified as women; 14% as men; 5% non-binary, third-gender, gender-fluid, or Two-spirit; 3% transgender; 4% stated they did not want to answer; and 54% did not answer.

Age: 44% of providers were aged 45 or older, 35% between 31 and 44, 10% between 25 and 30, 6% between 18 and 24 years old, 4% did not want to answer, and 54% did not answer.

Geography: Providers were from, or covered a service area including, every Washington county: 18% of responses were from King and Pierce counties, 14% from Kitsap, 13% from Spokane, 7% each from Thurston and Whatcom counties, and 8% were statewide organizations. Each of the remaining counties made up 5% or less of provider responses, and 33% did not answer.

Demographics of Interview and Focus Group Participants

Across the 11 one-on-one interviews and four focus groups, we spoke with 23 survivors. The majority identified as white (n = 13), heterosexual (n = 13), women (n = 20). Individuals also identified their race as Black (n = 4), Asian/Pacific Islander (n = 2), Latina (1), and Native American/Alaska Native (n = 1). Two men and three trans/non-binary individuals participated. There were six individuals who identified as bisexual/lesbian/queer, and one as asexual. Eight individuals identified as having a disability. Across participants, every form of gender-based violence we included in our definition⁷⁰ was represented. Many also discussed forms we did not specify such as gender-based harassment, physical assault from a non-partner, and their own experiences of child abuse.

Findings

While there were areas of need where services simply did not exist, much of the focus among both provider and survivor survey respondents was on the ways that existing services or responses did not meet the needs of survivors and their families. When asked about the level of knowledge that judges, law enforcement officers, mental health providers, and others had about gender-based violence, respondents rated it low. Respondents also described encountering the following issues when seeking help: sympathy for the perpetrator, inadequate resources, needing help navigating multiple legal systems, as well as mistrust of police, racism, and police violence.

Survivors faced systemic barriers to getting the help they needed to stay safe, achieve some measure of justice, and begin to heal. Many survivors from groups facing

⁷⁰ Intimate partner violence, sexual violence, stalking, human trafficking, commercial sexual exploitation, and parent of a child victim.

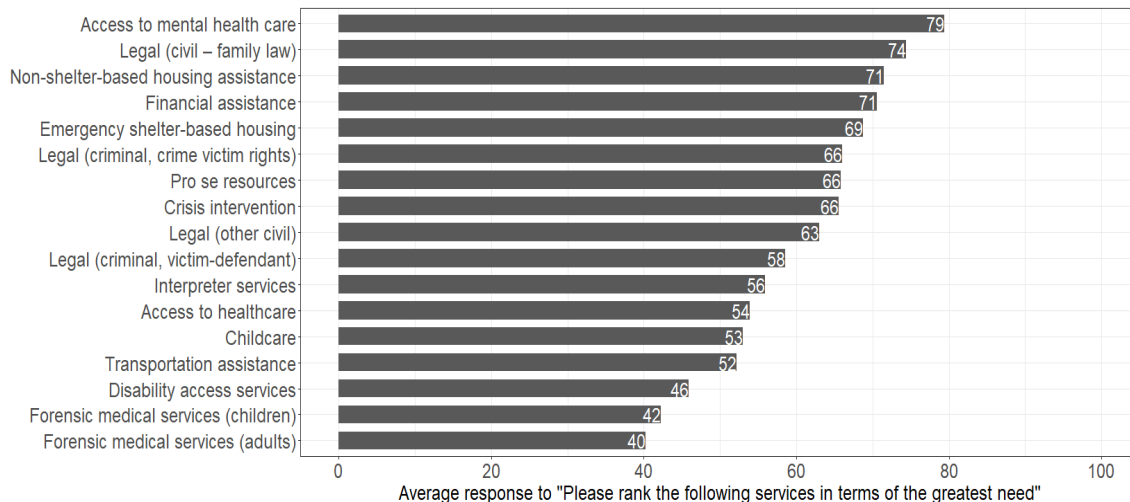
disproportionate levels of gender-based violence such as transgender and non-binary individuals, Black, and other women of color, noted a lack of awareness and understanding of gender-based violence experiences that “don’t fit” within current violence and victimization frameworks, and mainstream stereotypes about what a survivor looks like. This lack of awareness is further damaging due to systemic and structural contributors to violence victimization, the disproportionate vulnerability to violence across many social identities, and the interconnectedness of different forms of violence. It results in survivors not being helped, being harmed, and/or being responsible for meeting systems’ demands to prove their survivorship despite being the one seeking help.

Providers’ and Survivors’ Assessment of Need

Based on survey results, providers (n=315) identified access to mental health care as the greatest service need for victims of gender-based violence, with legal, financial, and housing services⁷¹ also identified as top needs.⁷²

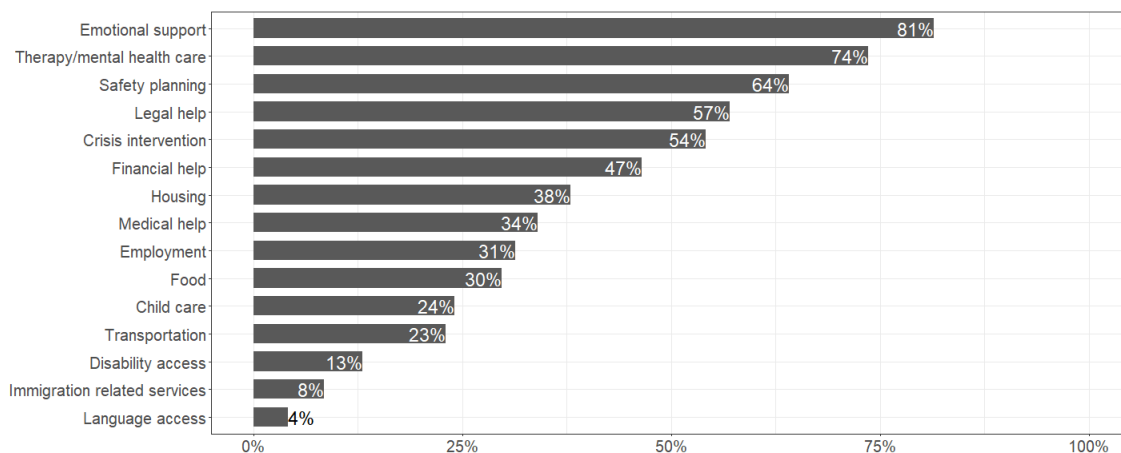
⁷¹ Non-shelter-based housing was not defined in the survey. Therefore, it was left open and may include any homeless/family shelter, not necessarily a domestic violence shelter.

⁷² Providers’ ranking of needs was generally consistent across organization types, indicating a strong correlation in rank-ordering between community-based, system-based and tribal organizations); however, compared to those in system-based organizations, respondents in community-based and tribal organizations tended to score needs 14 points and 9 points higher, respectively. Participants in direct service, management and leadership roles tended to have similar rank orderings of needs. Those in an administrative support role, however, tended to score needs higher than other groups, in general, but especially with regard to access to healthcare, mental health care, and financial assistance.

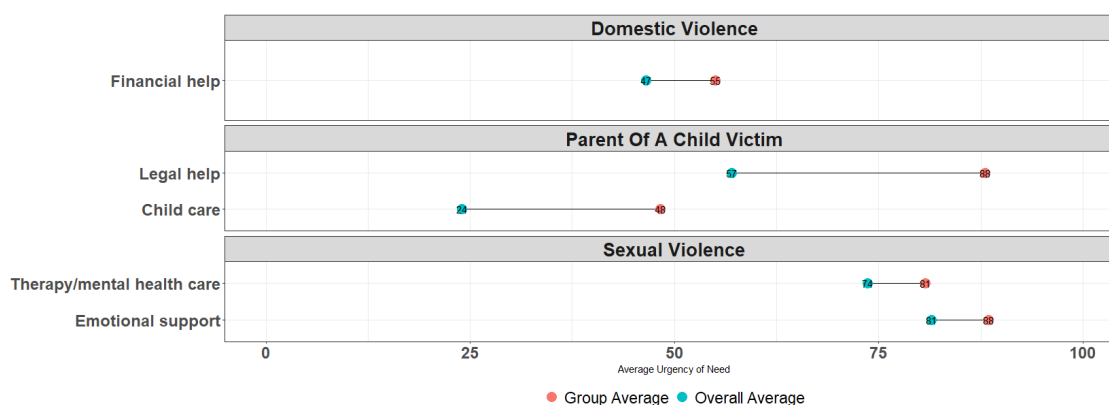


Providers' estimation of the level of need for services depended on whether or not their organization served victims of domestic violence, sexual assault, or child victims. Respondents in organizations serving victims of domestic violence, for instance, tended to prioritize housing and financial assistance, while forensic medical services tended to be a greater priority for organizations serving sexual assault and child victims.

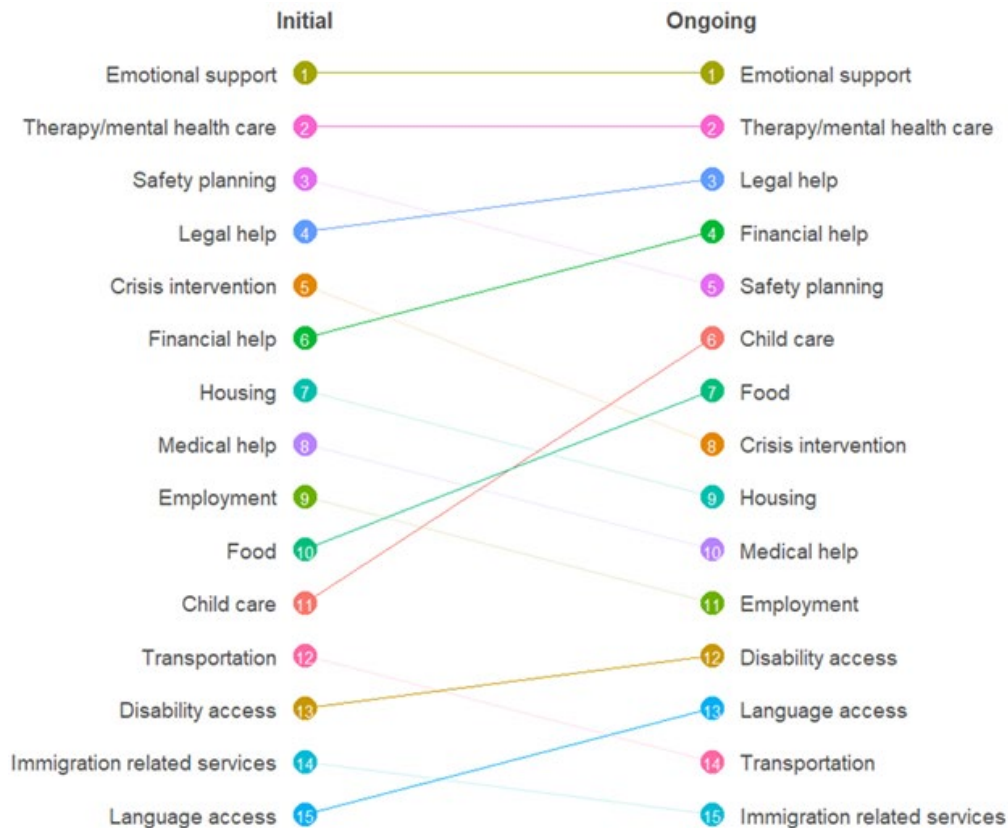
Survivors surveyed (n=154) identified emotional support, therapy or mental health care, and safety planning as the most urgent needs in the initial crisis period after victimization.



While ranking of needs was generally consistent across survivor respondents, regardless of the type of violence they experienced, average scores for some needs depended on the type of violence experienced. For example, financial help tended to receive a higher score from victims of domestic violence compared to other respondents; and parents of child victims were more likely to identify legal help and childcare as more urgent needs than others. While therapy/mental health care and emotional support ranked high across all survivors, those who experienced sexual violence ranked these higher still, compared to those who had not experienced sexual violence.



Recognizing that the aftermath of gender-based violence often involves an ongoing process during which needs may change, we asked survivors about their urgent needs in the initial crisis period, as well as ongoing needs resulting from the victimization. A comparison of initial and continuing needs is shown below. Although ranking of needs was generally consistent, childcare, food, legal and financial help, and disability and language access were areas of greater ongoing need compared to the initial crisis period.



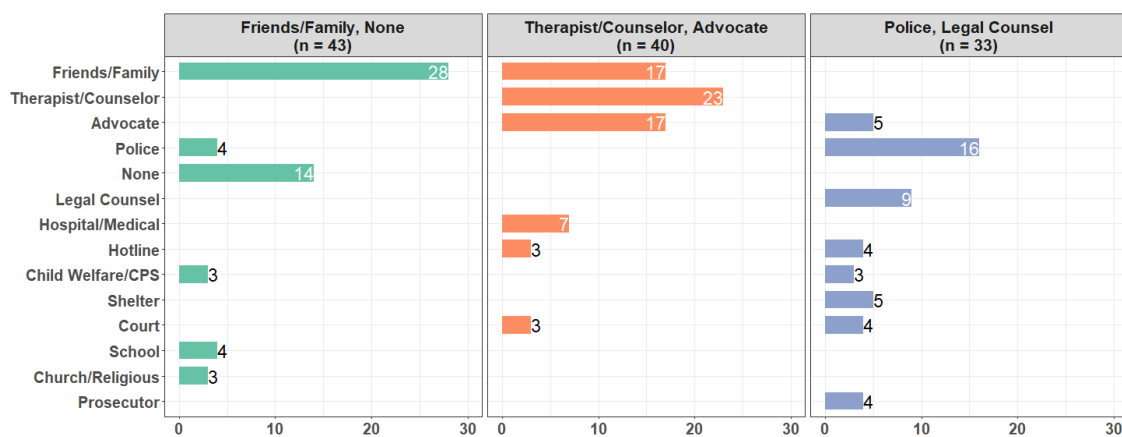
Seeking Help

When experiencing gender-based violence, individuals may disclose or seek out help from both formal (e.g., police, victim services), and informal (e.g., friends, church) sources.⁷³ When victims encounter formal systems, such as courts or child protective services, it may or may not be voluntary. Therefore, we asked survivors two questions related to interaction with systems, and formal and informal supports: “If you sought help, where did you first seek help,” and “Which of the following people or systems intervened because of your or your child’s experience of gender-based violence, even if you did not want this?”

⁷³ Hyunkag Cho et al., *Patterns of Intimate Partner Violence Victimization and Survivors’ Help-Seeking*, 35(21-22) Journal of Interpersonal Violence 4558-4582 (2020), <https://doi.org/10.1177/0886260517715027>.

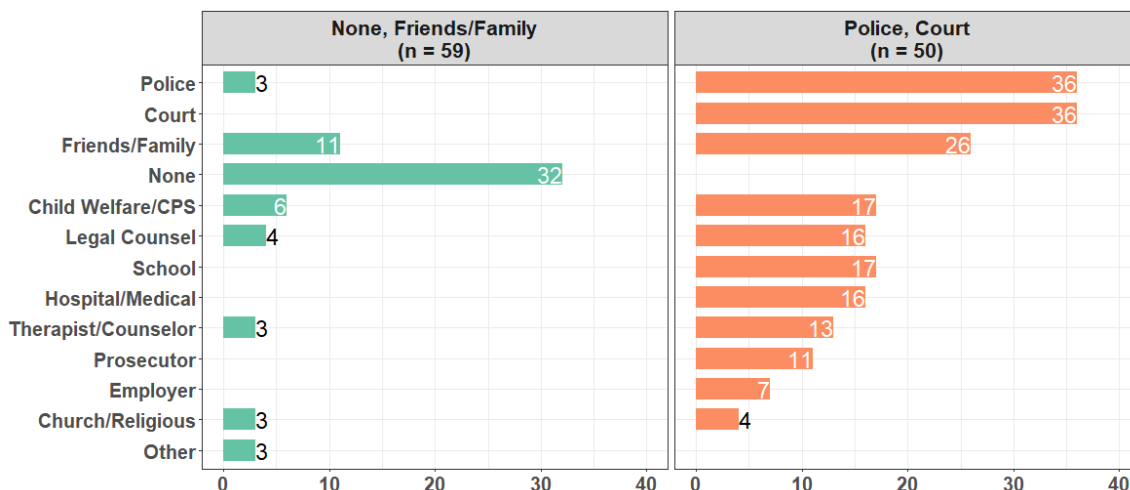
Respondents who indicated that they sought help showed three different response patterns: 1) sought out friends and family, or did not seek help (n = 43); 2) sought help from therapists/counselors, and advocates (n = 40); and 3) sought help from police, and legal counsel (n = 33). The qualitative data from survivors revealed that many initially sought help from friends, family, churches, or other organized communities they were part of, and were met with responses ranging from outright disbelief or lack of concern to ineffective attempts to support the survivor due to a lack of understanding and experience dealing with issues of abuse. For a few survivors, friends provided validation and support in processing their experience.

Many survivors described reluctance to engage with police and courts, doing so only when they felt they had no other options. Additionally, the trans/nonbinary individuals and cisgender man we spoke with described lacking access to formal help, including mental health support, victim services, and legal recourse. Among these victims with little to no access to formal supports, those with strong social networks described their communities as the only help they received, and survivors who lacked such networks expressed feeling there was no support and nowhere to go for help.



Therapy/mental health care was ranked as the second highest need, after emotional support, for those who sought help from “Friends/Family, None” or “Therapist/Counselor, Advocate.” Legal help was ranked second, after emotional support, for those who sought help from “Police, Legal Counsel.”

Intervention



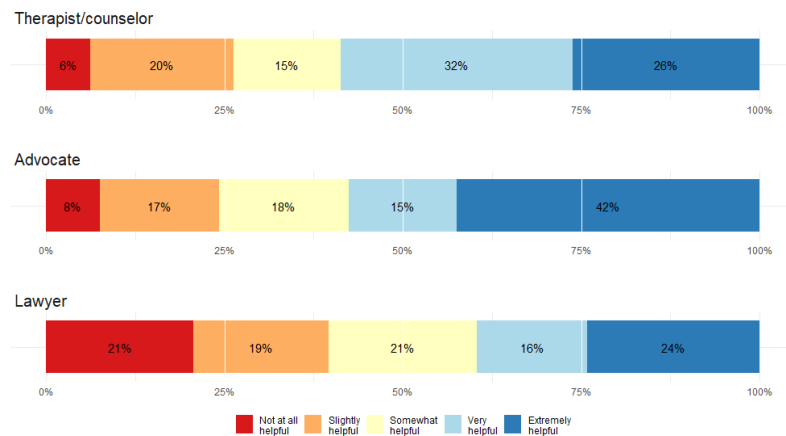
Parents of victims were more likely to report intervention from law enforcement and the courts. This group also tended to report more interactions with various systems overall. Evidence of involvement with multiple systems is consistent with the qualitative accounts from survivors who engaged with the courts. They described navigating multiple courts, Child Protective Services (CPS), school, and mental health systems, which is also reported in research with survivors navigating the family courts.⁷⁴

Helpfulness of Professional Engagement

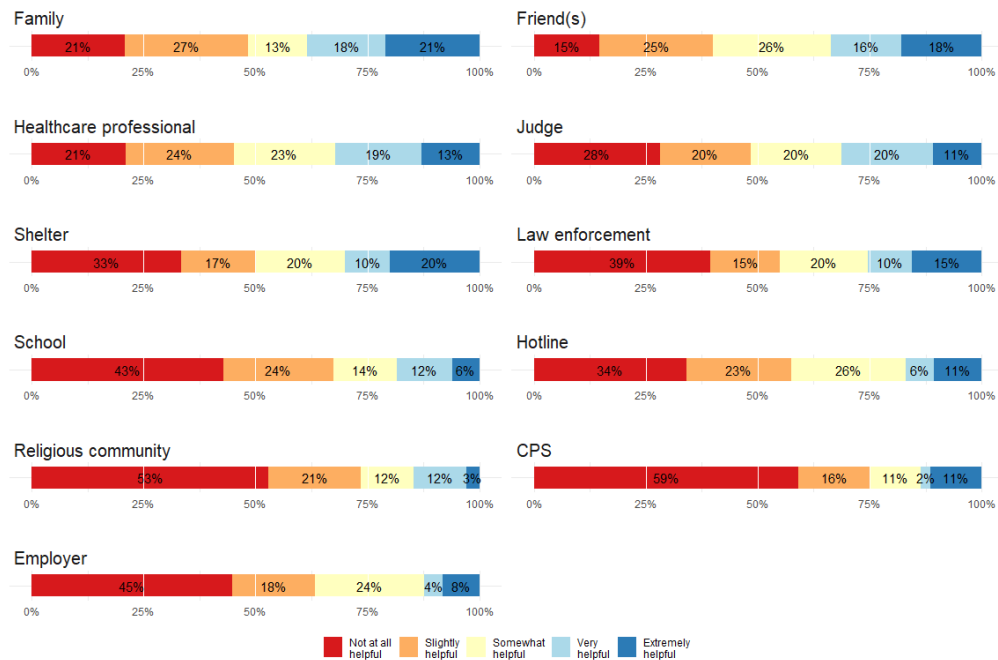
Participants were asked to rate the helpfulness of different people or systems they interacted with on a scale ranging from “Not at all helpful” to “Extremely helpful.”

⁷⁴ Lyndal Khaw et al., “The System Had Choked Me Too”: Abused Mothers’ Perceptions of the Custody Determination Process that Resulted in Negative Custody Outcomes, 36(9) Journal of Interpersonal Violence 4310–4334 (2021).

Overall, three groups – therapists/counselors, advocates, and lawyers – had at least as many “Very helpful” or “Extremely helpful” responses as “Slightly helpful” or “Not at all helpful” responses.



When grouped by violence type, participants reporting a history of commercial sexual exploitation or human trafficking were generally more likely than others to describe resources as not at all helpful or only slightly helpful, with the exception of advocates, who they were more likely to describe as helpful, compared to other groups of survivors. There were no differences in responses based on whether participants sought resources or systems intervened.



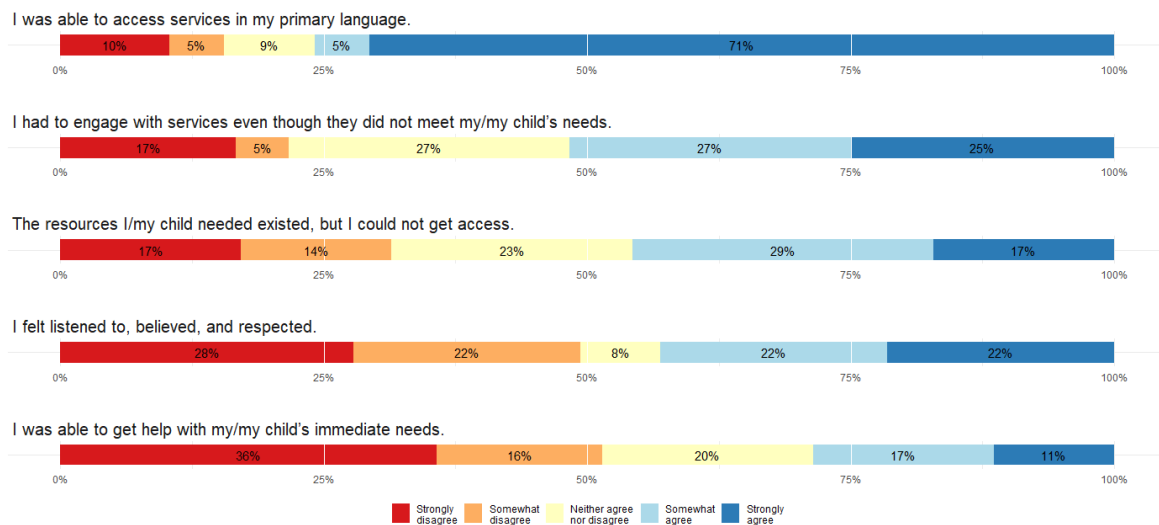
Engagement with Service Providers

Participants were asked to rate their level of agreement with five items related to their engagement with service providers from “Strongly Disagree” to “Strongly Agree,” including:

- “I was able to access services in my primary language.”
- “I had to engage with services even though they did not meet my/my child’s needs.”
- “The resources I/my child needed existed, but I could not get access.”
- “I felt listened to, believed, and respected.”
- “I was able to get help with my/my child’s immediate needs.”

Overall, more than half of respondents agreed with the statement “I was able to access services in my primary language,” although it is important to note that of those

who took the survey, only four individuals⁷⁵ indicated they spoke a primary language other than English.⁷⁶ These results would likely be much lower if the sample included more immigrant and limited English proficient (LEP) respondents. More than half of respondents agreed with the statement “I had to engage with services even though they did not meet my/my child’s needs.” At least half of respondents disagreed with the statements “I felt listened to, believed, and respected,” and “I was able to get help with my/my child’s immediate needs.”⁷⁷



Compared to participants who described initially seeking help from “Friends/Family” or “None,” those who initially sought help from a “Therapist/Counselor”

⁷⁵ Nearly half (49%) of respondents did not answer this question.

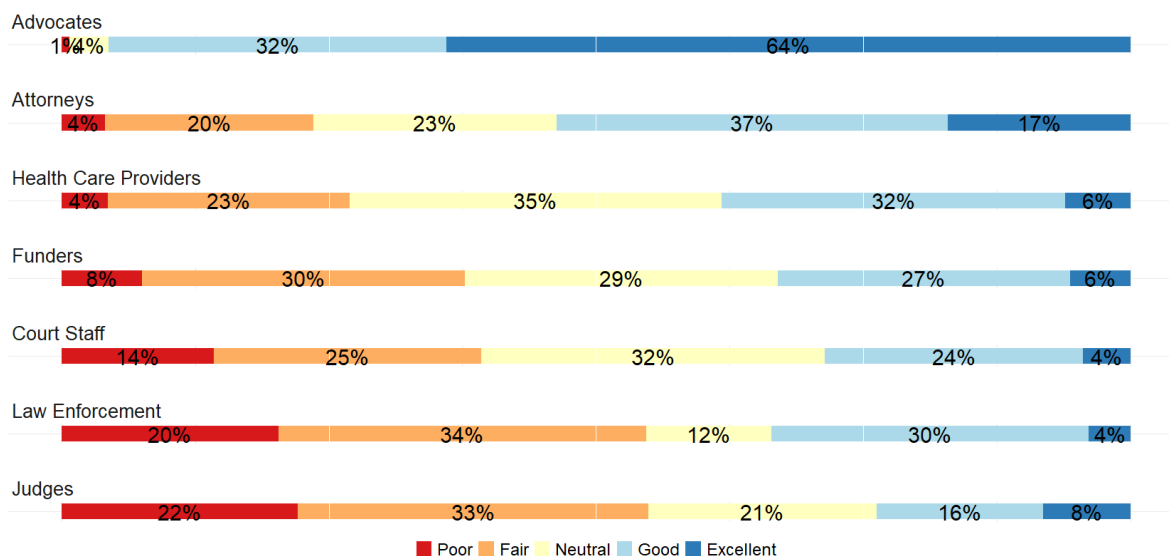
⁷⁶ Even though the survey was available in 6 languages, we only received responses to the English-language survey. Of those who took this survey, only 4 individuals indicated they spoke another primary language. Two of these participants spoke Spanish, for which there was a translated survey. The other two spoke languages which the survey was not translated into. Importantly, only half of all respondents answered the question about primary language.

⁷⁷ See also *18th Annual Domestic Violence Counts Report Washington Summary*, National Network to End Domestic Violence (2024), <https://nnedv.org/wp-content/uploads/2024/03/18th-Annual-DV-Counts-Report-WA-Summary.pdf> (In 2023, Victims made 470 requests for services that programs could not provide because they lacked sufficient resources [compared to 2,318 victims who did receive services]. Approximately 52% of these unmet requests were for emergency shelter, hotels, motels, transitional housing, and other housing).

or “Advocate,” or “Police” or “Legal Counsel” were more likely to disagree with the statement “I was able to get help with my/my child’s immediate needs” (61% and 68% disagreement, respectively, compared to 23%). Respondents initially seeking help from “Police” or “Legal Counsel” were more likely to disagree with the statement “I felt listened to, believed, and respected” (71% disagreed, compared to 35% agreed).

Knowledge of Gender-Based Violence

Service providers were asked to evaluate various professional groups’ overall knowledge of gender-based violence on a scale ranging from ‘Poor’ to ‘Excellent.’ Advocates’ knowledge of gender-based violence was generally regarded as good or excellent. Law enforcement and judges, on the other hand, were regarded as having poor or fair knowledge of the subject.



Nearly all survivors had stories about various people they encountered who “didn’t get it,” often with devastating consequences. Many voiced explicitly that systems professionals, mental health, health care and other providers they encountered, especially law enforcement and judges, lack knowledge on issues of gender-based

violence to adequately respond. Systems continue to harm survivors and inhibit their healing, including maintaining perceptions of an “ideal survivor” that result in survivors not receiving adequate support if they do not match up to these perceptions.⁷⁸ There was also evidence that, while some attorneys were more knowledgeable, others, especially private attorneys, often engaged in harmful victim-blaming tactics. Research on beliefs among professionals suggests judges and private attorneys may underestimate how common IPV is and overestimate the rate of false allegations.⁷⁹ One survivor, who also works in victim services, emphasized that professionals in the courts have difficulty comprehending the dynamics: “...like they just can't wrap their head around it.”

Survivors are asking community- and systems-based providers to be aware of gender-based violence and recognize that it could be a factor for those seeking services. Screening for gender-based violence was noted as important or possibly helpful. Health and mental health care providers should be aware of, and screening for, gender-based violence, including providers working with children and adolescents.

Unfortunately, there was consensus among those who discussed child abuse that a lack of knowledge regarding age-specific child development contributed to providers not believing children or seeing them as credible. Moreover, child sexual abuse disclosures are often not recognized or understood, dismissed, downplayed, or

⁷⁸ Kernic, *supra* note 48.

⁷⁹ Daniel G. Saunders, *Beliefs and recommendations regarding child custody and visitation in cases involving domestic violence: A comparison of professionals in different roles*, 22(6) *Violence Against Women* 722–744; see also Nico Trocmé, *False allegations of abuse and neglect when parents separate*, 29(12) *Child Abuse & Neglect* 1333–1345, Dec. 2005, <https://doi.org/10.1016/j.chiabu.2004.06.016>.

ignored.⁸⁰ Survivors we spoke with shared experiences that included failure of providers to notice signs such as behavior/personality changes, mislabeling victims as “problem” children, and professionals such as social workers failing to assess for sexual abuse. Being noticed, asked, and heard was a theme across sexual abuse victims in one study, and someone noticing and asking if they were struggling was often the reason children disclosed their sexual abuse.⁸¹ Those who reported positive experiences of disclosure included the child being believed, protective action taken, and emotional support provided. Sensitively responding to abuse allegations includes recognizing that parents can be the ones perpetrating or facilitating the abuse.⁸² Similar to our survey respondent feedback, research with victims of child sexual abuse found children wanted: 1) someone to notice that something was wrong, 2) to be asked direct questions, 3) professionals to investigate sensitively but thoroughly, and 4) they wanted to be kept informed about what was happening.⁸³

Survivors’ descriptions of the violence they experienced illustrate the complexities of the dynamics, and the things that systems professionals and providers often do not understand. Their experiences are more nuanced than a catch-all definition can describe, or a single gender-based violence training can explain, as highlighted in the following quotes:

- “I have never been physically assaulted by my son's father, but psychologically, financially, emotionally, it never ends.”

⁸⁰ Debra Allnock & Pam Miller, *No one noticed, no one heard: a study of disclosures of childhood abuse*, NSPCC (2013).

⁸¹ *Id.*

⁸² *Id.*

⁸³ *Id.*

- “You know, like, financially, emotionally, psychologically, like the gaslighting, right? Trying to control, you know, trying to make it really hard for me to leave the house -- like he would agree to watch the kids, but then at the last minute would change his mind.”
- “This was basically a friendship. But...very similar to like a domestic violence situation... it still had elements of sometimes like physical violence. There's still elements of like sexual violence.”

Many trans/non-binary individuals shared about the burden of explaining and educating service providers that their gender identity is interconnected with the violence they encountered.⁸⁴ Another survivor made connections between trauma responses from past victimization to their ongoing vulnerability to gender-based violence and struggle to find support.⁸⁵

Individuals who experienced child sexual abuse, and/or commercial sexual exploitation found it exceptionally difficult to feel understood or to access resources to help them deal with the trauma. These survivors described how difficult it was for them to talk about their experiences, simply because people, including professionals that victims encountered, did not want to hear about it. As one individual described: “[victims are] like hiding it. It's just, it feels like you're making like a taboo, or like you should be

⁸⁴ One individual stated this connection quite clearly: “You know, it's not intimate partner violence, and it and it wouldn't be classified as domestic violence. But you know, I think trans men experience this type of violence pretty consistently...the reason that he was being violent with me in in that moment, is my transness and my status as a survivor. And you know, the reason that he was able to build that power over me is because I'm a trans masculine person. It's very difficult to access community as a trans masculine person broadly in society.”

⁸⁵ The survivor shared, “...when someone says that they're experiencing that [sexual assault], but that they have no memories, because they're in a dissociative state or blackout state... They're not believed. They're not believed even though there's physical evidence to say otherwise.”

ashamed. And don't bring [it] up. So I'm like, why can't we normalize it so [those who] need help, they can talk about it?"

Lack of Inclusive and Culturally Relevant Supports

In addition to the lack of understanding, responses to gender-based violence fall short because of a lack of focus on the needs of specific communities, and recognition that there are differences in needs across groups of survivors. Survivors we spoke with emphasized the lack of inclusive supports including those for individuals with developmental disabilities, LGBTQIA+ individuals, culturally relevant supports, and those accessible to low-resourced and rural communities. Survivors require responses within and across systems that understand trauma and take it into account when engaging with survivors.

Across studies, evidence suggests individuals with disabilities are at heightened risk for both IPV and sexual violence.⁸⁶ Children with disabilities are also at least three times more likely to experience abuse, including that which causes serious harm or injury,⁸⁷ yet there is not adequate support for survivors with developmental disabilities. The mother of a sexual assault victim reported, "they wouldn't bring in anybody else [for a forensic interview] because she was an adult, not a child, even though developmentally, that would have been appropriate to have." One survivor commented on the lack of consideration for her child's autism when making decisions about a parenting plan, while another spoke about her dismay learning that no process existed

⁸⁶ See Monica Miriam García-Cuéllar et al., *The prevalence of intimate partner violence against women with disabilities: a systematic review of the literature*, 45(1) Disability and Rehabilitation 1-8 (2023), <https://doi.org/10.1080/09638288.2022.2025927>; and Amylee Mailhot Amborski et al., *Sexual Violence Against Persons With Disabilities: A Meta-Analysis*, 23(4) Trauma, Violence, & Abuse 1330-1343 (2022), <https://doi.org/10.1177/1524838021995975>.

⁸⁷ *Id.*

(in her area) for child abuse victims who were nonverbal. The mother of a woman with developmental disabilities, who had to interpret because her daughter's verbal communication can be difficult to understand, described being questioned about whether she was communicating what her daughter was saying or somehow had her own agenda.

Trans and non-binary survivors described reluctance to seek out help in spaces where they "don't belong" given the type of violence they experienced, or the fact that many resources are specifically for women. One participant stated: "...even if they say that they're like queer friendly, you know, they kind of treat nonbinary as like an alternative version of being a woman when that's not my connection to it at all." A trans man discussed attending women's sexual assault groups saying, "just my presence alone puts everyone on guard, which isn't fair to...anyone."

Survivors described seeking services, especially mental health services, from providers that did not understand how culture played a role in the survivor's experiences, or alternatively, that took approaches counter to the survivor's cultural values. One mother stated, "I started going to this parenting group called...something which is kind of weird...It was like setting limits with your kid, so that you don't go under...and in my culture, I'm Pacific Islander, and we don't do that with our kids. That's a very white thing." In discussing her experiences with domestic violence services, one survivor reflected that, "it didn't center my own cultural nuances and beliefs about how to navigate within my own community."

Survivors discussed a range of ways that services were inaccessible to low-resourced individuals and communities, including rural communities. "A lot of us are

immigrants and don't have access to other types of funding. And so that's usually one of the big obstacles that we end up facing,” stated one survivor. One survivor noted that many of the modalities helpful for trauma such as EMDR⁸⁸ and DBT,⁸⁹ are difficult to find and may be particularly inaccessible to those with state insurance. In one example, a survivor said, “I visited community mental health type of clinics, and have had experiences where I would meet with a therapist, and then we would talk for like, I don't know, maybe 30, 45 min, and I wouldn't get an appointment with them for another month or so, and so there often would be a lag in services.”

One survivor explained that they do not have anyone in their county trained to complete forensic interviews, leaving the task to law enforcement, who individuals found to be particularly ill equipped. “I've come to learn, there's like domestic violence support, or child advocacy centers in other parts of the state,” said one mother, who stated there were limited services in her rural county. She noted that the support would have been helpful to her and her child, especially given “that interview [with the child] is so critical to the outcome of the [criminal] case.”

Lack of Structural and Systemic Lens

While survivors spoke of their individual experiences and needs when facing gender-based violence, many took care to highlight the structural and systemic factors that play a role in how others responded. They cautioned against a deficit-based, and individual-level focus, pointing to the pervasive anti-Blackness of our culture that is embedded in our systems; the racism against Indigenous, Latinx, Pacific Islander, and

⁸⁸ Eye movement desensitization and reprocessing: a psychotherapy treatment that is designed to alleviate the distress associated with traumatic memories.

⁸⁹ Dialectical behavior therapy: a type of psychotherapy that helps people learn to manage intense emotions.

other communities of color; the misogyny; and anti-trans, anti-LGBTQIA+ sentiment that underlies gender-based violence and extends to the systems of response. Many called for recognition of these structural factors, and the ways that even well-intentioned policy and practice changes can have negative, unintended – even if foreseen – burdens on those who are most marginalized and vulnerable in our communities.

Individuals discussed immigrants fearing any encounters with government, CPS failing to respond or overreacting to reports, law enforcement not serving orders, reluctance to call police among trans survivors, and Black survivors' fear that calling the police for help would result in violence towards them. One individual described survivors being “forced into these systems because of structural racism, and where they're forced to live, they got neighbors, you know, that are on paper thin walls. And they're getting [police] called.”

For Black survivors, forced interaction with law enforcement and systems such as courts may result in further trauma including lack of empathy for Black survivors, and blame and criminalization of their actions to protect themselves.⁹⁰ One survivor described it this way:

“I would say, the way I define violence, and gender-based violence, it would be systemic violence. Of kind of like ostracizing if you go through something. So there's partner violence, I guess, is what you wanna call it. And but there's systemic, the systemic violence of police, to the courts, to resources for help. And to me that violence plays out, and it's anti-Black in nature, of already the devaluing judgment of Black women. An expectation that we're supposed to just accept or take [it], or we don't feel pain or, or feel harm, and supposed to just smile and act like everything's okay, or make every right decision. That's how I've experienced it.”

⁹⁰ Decker, *supra* note 44.

Acknowledging historical, systemic, and structural contributors to violence and how forms of violence are interconnected is important to informing effective solutions and to reaching communities that share a disproportionate burden of violence victimization. For example, poverty and its interconnection with marginalized racial, ethnic, gender and sexual minority, immigrant statuses, and disability are drivers of inequity, systems involvement, and negative effects on child and family wellbeing.⁹¹ It also increases vulnerability to violence for children and adults and is a barrier to escaping violence. Therefore, policies and solutions aimed at addressing poverty and supporting individuals and families should be included in our solutions to gender-based violence.

Additionally, acknowledging historical trauma and the role it plays in vulnerability to, and experiences of gender-based violence among communities and individuals is essential to understanding the needs of Black, Native, Pacific Islander, and other survivors. Failing to do so perpetuates the ongoing mistrust many have for systems such as the courts, law enforcement, and health and mental health care services.

The Need for a More Holistic and Integrated Understanding and Approach

It was also important for many survivors to emphasize how forms of violence are interconnected. Many described histories of victimization that began in childhood and unfolded across many different time periods, relationships, and contexts. This sometimes made it difficult to access the right kind of help, finding that help for one issue failed to acknowledge how past experiences may have played a role, or specialized providers lacking expertise across different forms of violence.

⁹¹ Partners for Our Children, *The Impact of Poverty on Children and Families*, Feb. 2023, <https://partnersforourchildren.org/wp-content/uploads/2023/04/Povert-brief.pdf>.

A common interconnection described was between IPV and child abuse. Despite this, the overwhelming sentiment was that systems, especially courts, failed to understand how common these forms of violence are and, for the most part, did not see them as connected.

We heard from parents who had active custody cases about their failed attempts to report and seek protection for their children who were being abused. They often reported that CPS and the courts and professionals they relied on (e.g., GALs and parent evaluators) dismissed and disbelieved them and their children, leaving them in abusive situations. Research supports these experiences and finds that the failure of courts and custody evaluators to consider abuse claims results in harmful rulings and parenting plans.⁹² Child Advocacy Centers, of which there are 19 accredited in Washington State,⁹³ use a multidisciplinary team (MDT) approach that aims to reduce child trauma, increase resource access, and ensure efficiency and communication. MDTs are involved through investigation,⁹⁴ treatment, and prosecution of child abuse cases. Yet, there are still areas of the state that are unserved or underserved by Child Advocacy Center resources, something also reported by our survey participants.⁹⁵ Furthermore, Child Advocacy Centers are not integrated into the family court process, despite their expertise with child physical and sexual abuse allegations in contested custody cases.⁹⁶

⁹² See e.g. Joan S. Meier et al., *Child Custody Outcomes in Cases Involving Parental Alienation & Abuse Allegations*, GWU L. SCH., Public Law Research Paper No. 2019-56 (2019), <https://ssrn.com/abstract=3448062>.

⁹³ Children's Advocacy Centers of Washington, *Washington Statewide Community Assessment Report* (forthcoming 2024).

⁹⁴ MDTs provide a coordinated investigative response to allegations of child sexual and physical abuse, severe neglect, or when children witness a crime.

⁹⁵ *Id.*

⁹⁶ *Id.*

Courts

Victims navigating the family courts have the burden to prove what happened to them and justify restricting the other parents' access. Research on custody decisions in cases involving IPV supports this. One study examined child custody outcomes in cases involving allegations of parental alienation or abuse, based on a review of over 2,000 published court opinions over 15 years.⁹⁷ The authors concluded that:

“...courts are skeptical of mothers' claims of abuse by fathers; this skepticism is greatest when mothers claim child abuse. The findings also confirm that fathers' cross-claims of parental alienation increase (virtually doubling) courts' rejection of these claims, and mothers' loss of custody to the father accused of abuse. In comparing court responses when fathers accuse mothers of abuse, a significant gender difference is identified. Finally, the findings indicate that where Guardians Ad Litem or custody evaluators are appointed, outcomes show an intensification of courts' skepticism toward mothers' (but not fathers') claims, and custody removals from mothers (but not fathers)...”

Having a shared child presents opportunities for ongoing abuse and control, even post-separation. One survivor we spoke with highlighted the role reproductive coercion can play in abuse dynamics: “One of the things that he wanted was for me to get pregnant, so I would never leave.” Escaping abuse only to be met by courts inclined to disbelieve survivors is harmful enough, yet research, including a study from King County, suggests that even in cases where the courts acknowledged claims of abuse by the father, the mother still lost custody.⁹⁸

Survivors can also be victimized when the system is used against them. This post separation victimization is common, and often involves coercive control of ex-

⁹⁷ Meier, *supra* note 90.

⁹⁸ *Id*; See also, Lindsay B. Gezinski & Kwynn M. Gonzalez-Pons, *Legal Barriers and Re-Victimization for Survivors of Intimate Partner Violence Navigating Courts in Utah, United States*, 32(5) *Women & Criminal Justice* 454–466 (2022), <https://doi.org/10.1080/08974454.2021.1900991>; and Kernic, *supra* note 48.

partners, stalking/harassing, financial abuse, and discrediting the survivor with authorities, often via court processes.⁹⁹

In the survivor survey, participants were asked to rate their level of agreement, from “Strongly Disagree” to “Strongly Agree,” with five items related to their engagement with the courts, including:

- “My abuser was able to use the court process against me.”
- “I felt harmed by the court process”
- “Overall, I feel like the court was helpful.”
- “I felt listened to, believed, and respected”

Overall, more than two-thirds of respondents agreed with the statements “My abuser was able to use the court process against me,” and “I felt harmed by the court process.” Nearly half of respondents (46%) disagreed with the statements “Overall, I feel like the court was helpful,” and “I felt listened to, believed, and respected.” Victims we spoke to noted the involvement of so many different systems sometimes resulted in what they experienced as “passing the buck,” ultimately leaving survivors without help or recourse after spending considerable time, energy, and money cycling through several different court processes. Importantly, most survivors navigate these circumstances with limited legal assistance and often without legal representation. These systems and procedures embolden abusers and revictimize survivors in terms of how they are structured and what they expect from survivors. Research with survivors suggests these experiences often exacerbate and mirror IPV dynamics and result in

⁹⁹ Leslie M. Tutty et al., “He tells people that I am going to kill my children”: Post-separation coercive control in men who perpetrate IPV, 30(11) Violence Against Women (2023), <https://doi.org/10.1177/10778012231166408>.

survivors experiencing secondary victimization in the courts¹⁰⁰ and during mediation.¹⁰¹ This calls for policy changes that make the process easier to navigate and less harmful for survivors and their children.¹⁰²

One survivor explained: “... the amount of emotional pain that people go through going through these court battles, these [domestic violence] charges going through you know, getting, oh, God! All sorts of stuff like criminal charges, civil court, like it's just too much and then to also expect people that have gone through abuse to also still somehow pay for it afterwards, when they have already been paying for it. Is really wrong.”

VI. Plan to Standardize and Expand Access to Legal and Community-Based Assistance

Pursuant to ESSB 5187, Sec. 918(3)(c), the work group was directed to “develop a plan to standardize and expand access to legal and community-based assistance while utilizing and leveraging both public and private funding sources.” This plan builds on the available services identified in our map, existing data, and feedback from service providers and survivors summarized in Section V of this report. The plan highlights services needed in the areas of civil legal services; training and education for system-based providers; childcare; non-shelter-based housing;¹⁰³ mental health care and

¹⁰⁰ Lesley Laing, *Secondary victimization: Domestic violence survivors navigating the family law system*, 23(11) Violence Against Women 1314–1335, Aug. 23, 2016, <https://doi.org/10.1177/1077801216659942>.

¹⁰¹ Echo A. Rivera et al., *Secondary victimization of abused mothers by family court mediators*, 7(3) Feminist Criminology 234–252, Jan. 9, 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4287987/>; see also Vivienne Elizabeth, *Custody stalking: A mechanism of coercively controlling mothers following separation*, 25 Feminist Legal Studies, Jul. 11, 2017.

¹⁰² Khaw, *supra* note 73.

¹⁰³ The term “non-shelter-based housing” is used to refer to permanent housing, and not emergency temporary shelter. It may also be referred to in this report as “housing stability.”

emotional support services; safety planning and crisis response; workforce development; and tribal services.

Legal Services

Civil Legal Aid Attorneys

Civil legal services were ranked as the second highest level of need by provider survey respondents. It ranked as the fourth highest level of need during the initial crisis period and the third highest ongoing need in our survivor survey, with parents ranking legal service needs higher than other groups. National and state-level data reflect a high need for civil legal supports for low-income individuals experiencing gender-based violence. National data indicates that survivors of IPV did not receive any/enough help for 88% of substantial problems.¹⁰⁴ As noted on page 28, many Washington residents live in legal deserts, with limited access to legal services in general.

The Washington-based *2015 Civil Legal Needs Study Update*¹⁰⁵ found that 100% of IPV and sexual assault victims surveyed experience at least one legal problem each year and an average of 19.7 legal problems per year – twice the average of the overall low-income population. They faced significantly higher rates of all types of legal problems and more than quadruple the rate of family law problems.¹⁰⁶ The survivors we spoke with had often been engaged in multiple cases related to the same experience of gender-based violence (i.e., criminal, civil, family), and cases that span state, military,

¹⁰⁴ Legal Services Corporation, *The Justice Gap: The Unmet Civil Legal Needs of Low-income Americans* (2022), <https://justicegap.lsc.gov/the-report/>.

¹⁰⁵ Washington State Supreme Court Civil Legal Needs Study Update Committee, *2015 Washington State Civil Legal Needs Study Update*, Oct. 2015, https://ocla.wa.gov/wp-content/uploads/2015/10/CivilLegalNeedsStudy_October2015_V21_Final10_14_15.pdf (hereinafter, “Civil Legal Needs Study”).

¹⁰⁶ *Id.* at p. 13.

tribal, and/or federal, and even international jurisdictions. These cases and overlapping systems are difficult and time-consuming for survivors to navigate.

These matters are also prohibitively expensive, even for those who can afford to hire an attorney. This is something many survivors we spoke with discussed, and is also reflected in research calling for expanded public assistance and access to affordable legal representation for survivors.¹⁰⁷ There are not enough family law or legal aid attorneys to meet the need, especially for those who lack resources to pay. Even if someone does have access to finances, they can wait over a month for a consult because there is such a high demand for services.¹⁰⁸ As noted above, obtaining an attorney does not guarantee that the attorney will understand the complexities in a case involving gender-based violence.

The complex nature of family law cases increases financial, time, and knowledge burdens of navigating the courts for survivors. One survivor explained their frustration: “I know that, that there are like places that you get like signposted to for legal help, but for the most part it doesn't seem like the State of Washington actually takes responsibility for ensuring that that there are safe outcomes to these situations.”

Other Civil Legal Services for Unrepresented Litigants

Services for unrepresented litigants can also help survivors navigate the civil legal process. For example, Washington has two self-help centers to help bridge the

¹⁰⁷ Gezinski, *supra* note 96; see also Ellen Gutowski & Lisa A. Goodman, “Like I’m Invisible”: IPV Survivor-Mothers’ Perceptions of Seeking Child Custody Through the Family Court System, 35 *Journal of Family Violence* 441-457 (2019).

¹⁰⁸ Innovation for Justice, *The Potential of Unauthorized Practice of Law Reform to Advance Domestic Violence Advocacy*, Project Brief, Feb. 2024, at 6.

civil justice gap: the Grays Harbor Self-Help Center¹⁰⁹ provides assistance with court forms and instructions and the Carl Maxey Center's Sandy Williams Justice Center¹¹⁰ in Spokane offers regular legal clinics.¹¹¹ King County has a Protection Order Advocacy Program that provides free assistance to protection order petitioners,¹¹² and Survivors FIRST, a program focused on underserved communities and survivors of color, connects survivor defendants to intervention services.¹¹³ Nationally, pilot programs have been successful staffing community-based organizations with providers who are trained to give limited-scope legal advice.¹¹⁴ However, while self-help resources are important for unrepresented parties, these alone are not adequate to protect survivors from the power and control dynamics and abusive litigation tactics that occur when the abusive partner is able to retain counsel and the survivor is not.

System Supports and Training

Available data and the responses to our survey indicate a need for additional training for system-based providers, including law enforcement and judicial officers. While training on gender-based violence and trauma-informed processes is made

¹⁰⁹ The Grays Harbor Self Help Center has one full-time facilitator and one contract attorney who offer court forms and instructions at no charge in case types including parenting plans, dissolutions, and protection orders. They serve approximately 150 clients per month over the phone, via walk-in services, and by appointment.

¹¹⁰ The Carl Maxey Center's Sandy Williams Justice Center is staffed with a contract attorney and legal volunteers, offering regular legal clinics and services at community events for cases including family law, landlord/tenant, and domestic violence/harassment. The serve approximately 50 individuals a month.

¹¹¹ Also located in Spokane are the Spokane Fatherhood initiative, which operates a Family-Law Self-Help Center, staffed with two limited license legal technicians and a paralegal that served 372 individuals between March 2023 and May 2024; and Latinos en Spokane, which hosts legal clinics and on-site staff that assist navigating WashingtonLawHelp and print out forms for free.

¹¹² See <https://www.dvprotectionorder.org/protection-order-advocacy-program.html>.

¹¹³ <https://www.ywcaworks.org/programs/survivors-first>.

¹¹⁴ <https://www.innovation4justice.org/education/community>.

available to judges, prosecutors, and law enforcement, there is no mandatory continuing education requirement specific to domestic or sexual violence.¹¹⁵

In our conversations with survivors, they expounded on the types of problems they experience when seeking help from law enforcement, highlighting the need for additional training. For example, one survivor shared about law enforcement wanting to protect the abuser: “And then [law enforcement officer] he's like, ‘Well, you're messing with the man's freedom here.’ Like, wow! I was kind of speechless. It's like, wow! What about her freedom to be unmolested?” One mother stated that a law enforcement officer downplayed her child’s abuse as a difference in parenting strategies because the abuse wasn’t so severe that the child had broken bones.

Another statement demonstrates the complexity of a survivor’s relationship with law enforcement:

“If something were to happen to me now, I think I probably would call the police... But I don't know. I'd have to see. You know, I actually don't know, because it's just so, you know, there are some officers that do such an amazing, lovely job. And then there's some that you know, for lack of training, or you know...we expect, I think we expect so much from them. Like to go in and try and figure out the power and control dynamics. And in a really stressful situation, I mean, I could see why the wrong people get arrested, and then, particularly if they don't have access to interpreters. I think that is incredibly challenging.”

A survey conducted by the National Domestic Violence Hotline revealed that, of respondents who had never called the police, 92% said they were very or somewhat

¹¹⁵ In addition to required domestic violence training at Judicial College for all newly appointed or elected judicial officers, training is made available at court-level conferences, the annual fall judicial conference, and many one-time virtual or in-person trainings put on by court associations and other groups. Domestic and Sexual Violence are also taught as part of the mandatory Basic Law Enforcement Academy, and the Washington State Criminal Justice Training Commission offers free training resources on gender-based violence topics to law enforcement, corrections, and other public safety personnel. See Gender and Justice Study, Chapter 8; see also <https://www.courts.wa.gov/?fa=home.sub&org=gjc&page=Education&layout=2&parent=work> and <https://www.cjtc.wa.gov/training-education/additional-training-resources-0>.

afraid or concerned about how the police would react. Of those who had called the police, 36% said that they would not call the police in the future.¹¹⁶

Data from our survey of providers showed that training needs vary across disciplines, including the type of information needed and the degree of professionals' gaps in knowledge.¹¹⁷ The National Council of Juvenile and Family Court Judges and the Association of Family and Conciliation Courts recommended that judges, custody evaluators, mediators, and lawyers who oversee cases involving intimate partner violence (IPV) would benefit from specialized training, including training on family violence patterns and coercive controlling behaviors.¹¹⁸ Studies with victims who had navigated the courts shared these recommendations.¹¹⁹ One such study emphasized this training should result in professionals "[being able] to identify when IPV is present, know how to respond sensitively to survivors' disclosures of abuse, and recognize when coercion and control are being re-enacted in the legal process."¹²⁰ Court systems and attorneys also need to be trained in trauma-informed practices, to prevent re-traumatizing survivors.¹²¹ It also cannot be overlooked that courts are often under

¹¹⁶ See https://www.thehotline.org/wp-content/uploads/media/2022/09/2209-Hotline-LES_FINAL.pdf.

¹¹⁷ See also, Saunders, *supra* note 78 (Judges and private attorneys had the lowest estimations of the prevalence of IPV [28.6% and 31.8%, respectively], and held misperceptions about the degree of false reports. These same professional groups scored highest on their agreement with the statement "domestic violence is not important to consider in custody decisions." The study found beliefs about custody and IPV to be the strongest predictors of custody decisions, and noted that these beliefs may be amenable to change through training and education that provides "accurate information on: the actual rate and nature of false allegations and parental alienation; the reasons that survivors are reluctant to co-parent; the mental health consequences of IPV; and the importance of understanding coercive-controlling behavior.").

¹¹⁸ Association of Family and Conciliation Courts. (2022). *Guidelines for parenting plan evaluations in family law cases*. Retrieved [May 9, 2023] from <https://www.afccnet.org/Portals/0/PDF/2022%20Guidelines%20for%20Parenting%20Plan%20Evaluations%20in%20Family%20Law%20Cases1.pdf?ver=9csxRqr-hUjoZMxbDHKaUA%3D%3D>

¹¹⁹ Gezinski, *supra* note 96; Gutowski, *supra* note 105; and Khaw, *supra* note 73.

¹²⁰ Gutowski, *supra* note 105.

¹²¹ Innovation for Justice, *supra* note 106.

resourced in both judicial officers and staff. An under resourced court will struggle with implementing strategies learned in trainings due to massive caseloads.

“Judges need to display patience, understanding, and compassion towards all who appear before them.... There are two aspects to ensuring judges display these behaviors. The first is easy: training. The second is more difficult and requires a change in how people view a judge’s duties. It takes time and conversation with the individual.”

- District Court Judge

Additional funding for low-barrier programs that incentivize judges, court staff, and law enforcement to attend optional gender-based violence training may lead to better outcomes for survivors. Examples include the Administrative Office of the Courts’ new Protection Order Reimbursement and Training (PORT) Project, which reimburses participating courts for expenditures related to training pro tems on civil protection orders,

and using adequately trained pro tems to cover civil protection order dockets. It is important to note, while training was a common recommendation for improving knowledge and reducing harm, survivors wanted more substantial changes.

Access to Childcare

The ability of a survivor to financially support themselves and their children is one of the greatest barriers that prevents them from leaving an abusive partner.¹²² Survivors who responded to the survey identified financial help as a significant need. Although the need for childcare was ranked lower during the initial crisis period, the level of need for childcare was ranked higher as an ongoing need. It was also a significantly greater

¹²² Futures Without Violence, *Policy Brief: Child Care as a Domestic Violence Issue*, Apr. 2022, <https://www.futureswithoutviolence.org/wp-content/uploads/Child-Care-as-a-Domestic-Violence-Issue-Policy-Brief-2.pdf>.

need among parents of victims compared to other groups, which may reflect the lower proportion of parents relative to non-parents in the sample.

Lack of access to reliable childcare may also limit a survivor's ability to engage with community-based and legal services. Lack of childcare in the court process makes it hard for survivors to show up to court, and having children in the courtroom during a legal process can cause trauma to the children. A pilot study conducted as part of the 2021 Gender Justice Study¹²³ looked at the availability of free childcare located onsite at courthouses in Kent, Washington,¹²⁴ and Spokane, Washington, and surveyed court users about the impact of on-site childcare on their ability to conduct court business.¹²⁵ Over 90% of survey respondents agreed that on-site childcare improved their ability to conduct court business.¹²⁶ Notably, “almost half of the survey responders who used on-site childcare reported that they were at court to meet with a domestic violence advocate or attend to a custody-related matter, which suggests that the on-site childcare programs are meeting a critical need for survivors of domestic violence.”¹²⁷

Recommendations to Standardize and Expand Access to Legal Services

As noted above, additional funding for civil legal aid attorneys is imperative. The work group has included additional recommendations that may improve access for survivors, in addition to and secondary to legal representation.

¹²³ Gender and Justice Study, *Evaluation Report: Onsite Childcare Programs in County Courthouses & Their Effect on Access to the Justice System*,

https://www.courts.wa.gov/subsite/gjc/documents/48_GJS_OnsiteChildcarePrograms.pdf.

¹²⁴ The childcare center at the Regional Justice Center in Kent, WA is no longer in operation.

¹²⁵ *Id.*

¹²⁶ *Id.*

¹²⁷ *Id.*

- Increase dedicated funding to civil legal aid that does not have income caps and allows for broad legal services to survivors.
- Allocate additional state funding to expand self-help centers, protection order advocacy, and other programs for unrepresented litigants.
- Allocate additional funding to courts for operations and training on gender-based violence, trauma, and procedural justice.
- Explore the use of reimbursement programs, such as AOC's Protection Order Reimbursement & Training (PORT) Project and court monitoring programs to incentivize training and increase accountability.
- Allocate additional state funding to courts to provide free, on-site childcare.

Community-Based Services

Non-Shelter-Based Housing

There is a strong nexus between gender-based violence and housing instability. Homelessness is both a risk factor for gender-based violence, particularly among youth, women, and girls,¹²⁸ and a result of a person's experience of gender-based violence. Studies show that 57% of homeless women report domestic violence as their immediate cause of homelessness. More than 90% of homeless women have experienced severe

¹²⁸ Ali Bani-Fatemi et al., *Supporting Female Survivors of Gender-Based Violence Experiencing Homelessness: Outcomes of a Health Promotion Psychoeducation Group Intervention*, Front Psychiatry (2020), <https://doi.org/10.3389/fpsy.2020.601540>.

physical or sexual abuse at some point, and 63% have been victims of domestic or sexual violence.¹²⁹

Without more affordable long-term housing options, survivors may be forced to make the impossible choice between staying with an abuser or facing the challenges of homelessness.¹³⁰ In data compiled from other states, 46% of homeless women reported staying in abusive relationships because they had nowhere to turn, and 44% of homeless women reported remaining in an abusive relationship at some point in the past two years because they had no other housing options.¹³¹

The existing services structure focuses on emergency shelter, even though there is often nowhere to go afterwards.¹³² Providers who responded to the survey identified non-shelter-based housing assistance as one of the top three needs, particularly by survey responders working at organizations that serve domestic violence victims. Financial needs were prioritized significantly higher among domestic violence survivors compared with those who had not experienced domestic violence in the survey. Those financial needs may include funds to obtain housing or maintain housing after losing economic support from an abusive partner, something reported by one survivor we spoke with. Notably, the lack of housing urgency among the overall sample may reflect

¹²⁹ See <https://www.thehotline.org/resources/emergency-housing-for-domestic-violence-victims/>; see also A Brown & SS Bassuk, *Intimate violence in the lives of homeless and poor housed women: prevalence and patterns in an ethnically diverse sample*, American Journal of Orthopsychiatry (2017), <https://doi.org/10.1037/h0080230> (Unhoused women, including the “hidden homeless” experience very high rates of sexual assault. For example, 92% of a large, racially diverse sample of homeless mothers had experienced severe physical and/or sexual violence at some point in their lives).

¹³⁰ Alexa R. Yakubovich et al., *Housing interventions for women experiencing intimate partner violence: a systematic review*, 7(1) The Lancet Public Health (2022).

¹³¹ www.thehotline.org, *supra* note 129.

¹³² Gezinski *supra* note 96; see also Charlene K. Baker et al., *Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors*, 15(6) Aggression and Violent Behavior 430–439, Nov.-Dec. 2010.

the demographics of the survivors we were able to reach. Victims we surveyed were more educated, and less racially and ethnically diverse than we would expect based on prevalence data and provider client demographics.

One strategy that was cited in the U.S. National Plan to End Gender-Based Violence that would “support and fund local housing models and practices that increase access to safe and affordable housing for survivors” was to create and promote safe, affordable, long-term housing options for all survivors, using different models proven effective, including the Domestic Violence Housing First Model.¹³³ This model includes mobile housing-advocacy; flexible financial assistance; and community engagement to help survivors secure housing.¹³⁴ In a longitudinal program evaluation that was conducted in Washington State on the Domestic Violence Housing First Model over a 24-month period, evidence suggests that this model is more effective than “services as usual” in helping domestic violence survivors achieve stable housing over time.¹³⁵ Additional benefits included greater decreases in depression, anxiety, and PTSD from those participating in the Domestic Violence Housing First Model as opposed to services as usual.¹³⁶

Mental Health Care and Emotional Support

Access to mental health care was identified as the area of greatest need by provider survey respondents. Emotional support and therapy/mental health care were

¹³³ The White House, *U.S. National Plan to End Gender-Based Violence: Strategies for Action* (2023), at p. 49, <https://www.whitehouse.gov/wp-content/uploads/2023/05/National-Plan-to-End-GBV.pdf>.

¹³⁴ Chen (2022), *supra* note 11.

¹³⁵ *Id.*

¹³⁶ *Id.*

ranked as the highest and second-highest level of need, respectively, by survivor survey respondents, both during the initial crisis period and ongoing need.

Emotional support is a broad term that encompasses various levels of support to survivors. It includes professional mental health services and providers who offer support groups, but sometimes means simply having someone to talk to. With the toll their experience has taken, plus the toll of trying to navigate services, survivors need support every step of the way.

It is critical that survivors are able to find appropriate resources to address their trauma and abuse. Many survivors emphasized, not only the overall lack of access to mental health professionals, but the lack of those knowledgeable about and equipped to help survivors deal with trauma. Survivors described interactions with providers that were unhelpful and harmful. For example, a survivor described: “I’ve had other times where, like the therapist cries. You know, like that’s not helpful to me like. You know, I’m not gonna switch gears and take care of you now, and I’m probably never gonna bring this up again.” Another concern is having mental health professionals who are trained to work with survivors. As one survivor stated, “A lot of times therapists will turn me down because they don’t feel educated and experienced enough to be able to talk to me about that. And that’s a problem. Because there’s a lot of us out there that need help.”

There is also a need to have services providers with the ability to recognize and address child sexual abuse disclosures. One mother, whose child had been trafficked and had interacted with the courts, doctors, and mental health providers stated, “My daughter’s teachers didn’t recognize, you know, it’s just like so many times there was a chance for someone to recognize her or just ask the question. And...they absolutely

didn't." For others, their explicit disclosures of abuse were met with disbelief, discomfort, or providers who were reluctant to work with them due to not being an "expert."

Individuals highlighted the need, not just for providers who are trained to respond and help those who have experienced trauma – especially child sexual abuse, but also who understand the nuances of each person's experience. One woman described the need for a gender-specific therapy space because of her history of gender-based violence. Another individual spoke about the need for training and competency regarding trauma and diversity among providers noting, "I think you know, [if] we can see ourselves in the provider that we're speaking to, or we can identify at least some things. There is a bit more of a bridge of trust within that."

The topic of emotional support and mental health care are too broad to be covered adequately in this report. Along with additional funding for community-based services, the work group recommends further exploration of this topic by establishing a separate interdisciplinary group to look at ways to improve cross-system coordination to meet the diverse needs of survivors.

Safety Planning and Crisis Response

In survey responses from survivors, safety planning and crisis intervention were ranked as the third highest and fifth highest need in the initial crisis period. Best practice is for providers to do safety planning with every survivor as part of their crisis response. However, safety planning is often wrapped up with other services not needed in the initial crisis phase (i.e. legal and housing services). In addition, although State funding for crisis response requires providers to staff a 24/7 crisis hotline where safety planning

could be done quickly, programs do not receive adequate funding to staff these hotlines on a 24/7 basis.

Crisis response services should also recognize that many survivors lack clarity about their situation, making it difficult to communicate their needs. Ultimately, providers should be prepared to respond to survivors seeking a number of different resources – mental health, housing, legal support – when they are “in crisis.” Professionals and providers should also expect to encounter survivors at different stages of their victimization, trauma, and healing processes and know how to respond accordingly.

Workforce Development

Flat and temporary grant funding for victim services do not support the capacity needed for community-based work and creates a culture with no job security for providers. Victim of Crime Act (VOCA) funds are the primary source of funding for these services, and as will be discussed in Section VII of this report, those funds have been steadily declining at the federal level.

In order to provide adequate, trauma-informed care to survivors, providers need funding to hire and retain quality, trained staff. Nationally, victim advocates earn an average of \$47,008 per year, compared with \$83,048 for police officers, \$56,463 for courtroom clerks, and \$73,148 for correctional officers.¹³⁷ A 2024 study found that 22% of nonprofit workers in the US lived in households with income below the minimum cost of household necessities.¹³⁸ Victim service providers are at increased risk of

¹³⁷ Wright, *supra* note 61.

¹³⁸ Independent Sector and United for ALICE, *ALICE in the Nonprofit Workforce: A Study of Financial Hardship*, Sep. 2024.

experiencing stress, secondary trauma, and burnout, which, coupled with relatively low pay, can lead to high rates of turnover and transitions away from the field.¹³⁹

Limited resources and a lack of trained workforce result in survivors experiencing delays in responses from community-based advocates.¹⁴⁰ Resource limitations and large caseloads contribute to a lack of communication between providers and survivors.¹⁴¹ Survivors report not receiving communication across disciplines about next steps after reporting, including delays in receiving a call back or not receiving a follow-up after crisis calls, delays when walking in for services during business hours, and not receiving information about the community-based services available.¹⁴²

The overall shortage of behavioral health providers in Washington, and solutions to address the problem are outside the scope of this report. However, the feedback from providers and survivors about the significant need for mental health services and emotional support, discussed further below, suggests efforts related to ensuring a behavioral health workforce that can meet the need in Washington should include attention to the specific training and education needs related to gender-based violence, trauma, child abuse, and child development we found lacking.

Recommendations to Standardize and Expand Access to Community-Based Services

Additional funding to support community-based providers will lead to better outcomes for survivors. The work group has included additional recommendations that

¹³⁹ Wright, *supra* note 61; see also January Contreras, *Human Services Workforce Recruitment and Retention Implications*, Aug. 11, 2023.

¹⁴⁰ Whatcom County Sexual Assault Nat'l Demonstration Audit Team et al., *Sexual Assault Nat'l Demonstration Audit (2019)*, at 35.

¹⁴¹ *Id.* at 43.

¹⁴² *Id.* at 44.

may improve access to services, including areas where additional research is necessary.

- Prioritize solutions to create affordable housing, such as the Domestic Violence Housing First model.
- Develop housing policies that enhance protections for survivors, including legislation preventing landlords from using past financial history and criminal history related to abuse, and expand enforcement of existing laws to prevent housing discrimination and sexual harassment by landlords.
- Allocate additional, unrestricted funding to culturally-specific providers, and sustainable funding to 24/7 hotlines.
- Establish an interdisciplinary group to look at ways to strengthen coordination across systems and service types to provide survivors better access to a wide range of services that meet their needs.
- Prevention strategies and outreach should be geared toward the general public, which will also equip family and friends of survivors to provide emotional support.
- Allocate additional state funding to stabilize current funding and allow community-based providers to hire and retain quality, trained staff.

*Tribal Services*¹⁴³

In addition to the increased vulnerabilities of Native women and girls outlined above, as individual sovereign nations, there is variability among tribal communities in the resources available and the structure of their response to gender-based violence.

¹⁴³ This section developed in consultation with WomenSpirit and the Tribal State Court Consortium.

Tribal response to gender-based violence is also complicated by the frequent cross-jurisdiction involvement of state and tribal courts in legal issues related to gender-based violence, and the lack of clarity regarding jurisdictional authority.

There are 29 federally recognized tribes in Washington State.¹⁴⁴ Each tribe is self-governing and incorporates law and justice in their own unique, traditional way. Often times, tribal leadership will identify the issues in their community and do their best to provide culturally relevant resources to those tribal members who are being affected. However, resources may be limited for that tribes' particular need.

Many tribes and tribal programs, including culturally-specific, community-based tribal programs, may be eligible for funding opportunities, but they often do not have the resources or capacity available to apply for, implement, and report on that funding within their tribal organization. In some cases, this is due to a lack of adequate staffing in financial, grants and contracts departments, or increasingly complex reporting requirements. There are also insufficient resources to support coordination between state and tribal courts on issues of gender-based violence. This coordination is essential to ensure that survivors have access to justice in each system they are engaged in.

Recommendations to Standardize and Expand Tribal Services

In addition to increased funding for currently available services, additional funds are necessary expand capacity and coordination.

¹⁴⁴ See <https://goia.wa.gov/tribal-directory/federally-recognized-indian-tribes-washington-state> (List of 32 tribes includes three tribes that are federally recognized in Oregon and share overlapping fishing and hunting boundaries with federally recognized tribes in Washington State).

- Allocate additional unrestricted state funding to tribes/tribal programs, to include culture specific organizations, to increase availability of effective, culturally-appropriate tribal services.
- Support capacity building so tribes may apply for existing funding opportunities.
- Allocate additional state funding to support tribal civil legal assistance programs and emergency funds for tribal crime victims.
- Allocate state funding to the Tribal State Court Consortium to provide technical assistance, resources, and support to tribal and state courts to improve coordination and information sharing.

VII. Financial Accounts for Victim Services

Pursuant to ESSB 5187, Sec. 918(3)(b),¹⁴⁵ the work group was directed to “assess the different financial accounts which can be utilized for victim services.” This includes financial accounts that exist in:

- The United States department of treasury;
- The department of commerce;
- The department of children, youth, and families;
- The department of labor and industries; and
- The department of social and health services.

Funds for victim services are generally classified by the types of harm to be addressed with the funds and the types of services funded, as depicted below.

¹⁴⁵ ESSB 5187, Sec. 918(3) has two section (b)s. This reference is to the second section (b).

| Types of Harm | Types of Service | |
|---|--|---|
| Child abuse Dating violence Domestic violence Human Trafficking Sexual assault Stalking All crime | Children & Youth Services | Shelters |
| | Community-based advocacy ¹⁴⁶ | Study & research |
| | Culturally & linguistically specific services ¹⁴⁷ | Supportive services |
| | Direct legal services | System-based advocacy ¹⁴⁸ |
| | Legal education | Teams & task forces |
| | Medical forensic exams | Training & development |
| | Mental health & emotional support | Transitional services & rental assistance |
| | Primary prevention | |

United States Department of Treasury (Federal) Funds

Federal funds for victim services are allocated to Washington State by federal agencies and then distributed to service providers throughout the state via a variety of state agencies. The amounts of these federal funds vary from year to year, and are dependent on the federal budget and appropriations process. They are formula awards, for which Washington State receives a set amount and does not have to compete with other states for the funds.

¹⁴⁶ Community-based advocates are typically employed by a non-profit or other social service agency and provide services to victims regardless of whether they choose to participate in the criminal justice process or engage with the civil legal system. These services may include social service referrals, legal support, temporary housing, safety planning, support groups, etc. Communications between a victim and a community-based advocate are privileged. See [RCW 5.60.060\(7\),\(8\)](#).

¹⁴⁷ Culturally specific services are created by and for specific cultural communities. “Advocates report that survivors are more inclined to seek services from organizations that are familiar with their culture, language, and background and that there is no “one size fits all” approach to adequately address these critical needs.” <https://www.justice.gov/ovw/culturally-specific-services-program>.

¹⁴⁸ System-based advocates are typically employed by a criminal justice agency, and serve as the primary contact for victims with that particular agency and facilitate the victim’s participation in the justice process. Communications between a victim and their system-based advocate are not privileged.

| Administering State Agency | Federal Funding Source | Administering Federal Agency |
|---|--|---|
| Department of Commerce, Office of Crime Victims Advocacy (OCVA) | Victim of Crime Act (VOCA) victim assistance formula grants | Office for Victims of Crime |
| | Sexual Assault Services Program (SASP) | Office on Violence Against Women |
| | Services, Training, Officers, and Prosecutors (STOP) Program | Office on Violence Against Women |
| Department of Social and Health Services (DSHS) | Family Violence Prevention & Services Act (FVPSA) | Office of Family Violence Prevention and Services |
| Labor & Industries (L&I) | VOCA victim compensation formula grants | Office for Victims of Crime |
| N/A | Legal Services Corporation (LSC) | N/A |

As shown above, many of the federal grant funds are administered by the Office of Crime Victim Advocacy (OCVA). OCVA is housed within the Washington State Department of Commerce, and serves as a voice within government for the needs of crime victims in Washington state. Established in 1990, OCVA serves the state by:

- Advocating on behalf of victims obtaining needed services and resources.
- Administering grant funds for community programs working with crime victims.
- Assisting communities in planning and implementing services for crime victims.
- Advising local and state government agencies of practices, policies, and priorities that impact crime victims.¹⁴⁹

¹⁴⁹ [RCW 43.280.080](#).

It is the mission of OCVA to identify the opportunities and resources needed for prevention and intervention, and to facilitate the availability of those opportunities and resources in communities statewide. OCVA currently has approximately 500 grants and agreements with nonprofits, Tribal Governments, local governments, and state agencies totaling over \$90 Million in pass-through funding. The office is divided into “sections” and each section manages a variety of grant programs. These include the following:

- By and For Victim Services¹⁵⁰
- Children’s Advocacy Centers’ Child Centered Services
- Civil Legal Aid
- Crime Victim Services Centers
- Domestic Violence High Risk Teams
- Rape Prevention and Education
- Services, Training, Officers, and Prosecution
- Sexual Assault Medical Forensic Exam
- Sexual Assault Services for DOC Prison and Re-entry Facilities
- State Provisos
- Domestic Violence Legal Advocacy
- Enhancement and Expansion of Services
- Family Violence Prevention and Services Act
- Human Trafficking
- Sexual Assault Services Funding Formula
- Tribal Government Initiative
- Unmet Victim Service Needs
- Victim Witness Assistance
- Victims of Child Abuse and Neglect

¹⁵⁰ By and For Organizations are operated by and for the community they serve. Their primary mission and history is serving a specific community and they are culturally based, directed, and substantially controlled by individuals from the population they serve. At the core of their programs, the organizations embody the community’s central cultural values. These communities may include ethnic and racial minority groups; immigrants and refugees; people who identify as LGBTQIA+; people with disabilities or who are deaf; and Native Americans.

Victims of Crime Act (VOCA) Funds

The Victims of Crime Act (VOCA) was initially passed and signed into law in 1984, establishing the Crime Victims Fund.¹⁵¹ This is non-taxpayer money; each year, money is deposited into the fund from federal criminal fines, penalties, forfeited bail bonds, and special assessments collected by the federal government and paid by people or organizations convicted of federal crimes. Because of dramatic fluctuations in deposits, in 2021, the Victims of Crime Act Fix to Sustain the Crime Victims Fund Act (referred to as the VOCA Fix) was passed to sustain the Crime Victims Fund. It redirected criminal settlements from non-prosecution and deferred prosecution agreements into the Crime Victims Fund.¹⁵²

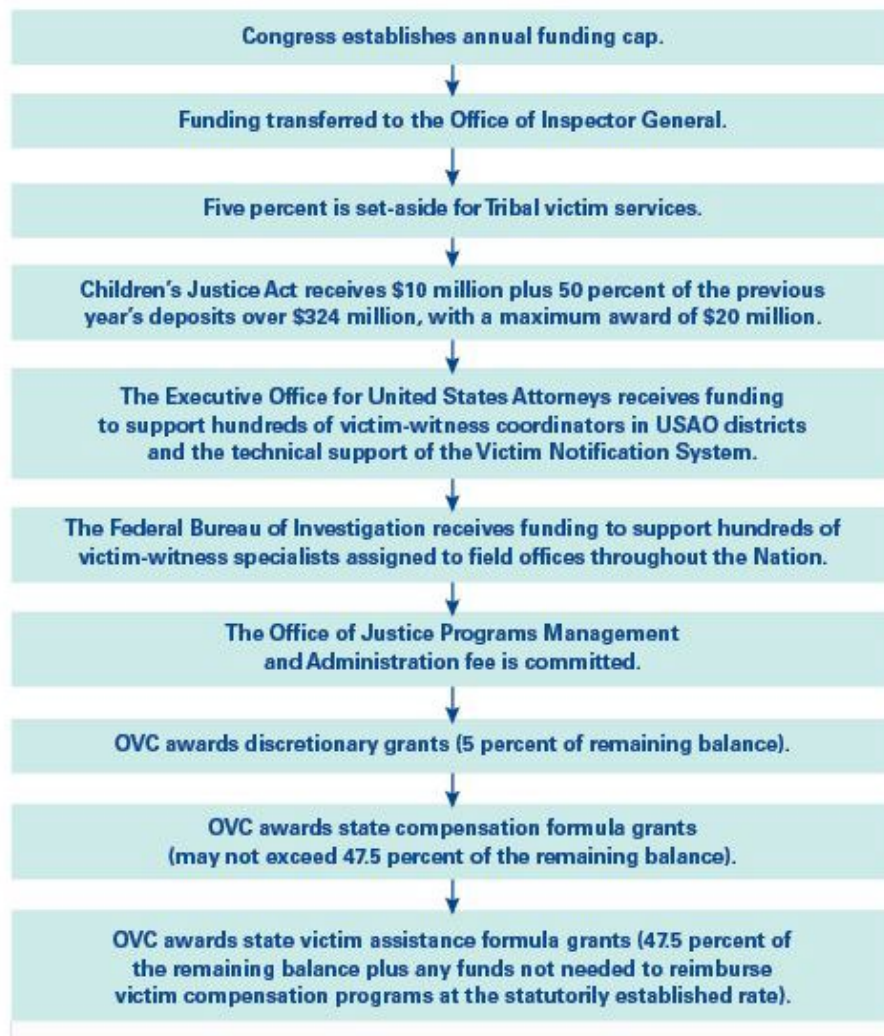
Congress establishes a funding cap on an annual basis – the cap was \$2.015 billion in Federal Fiscal Year (FFY) 2021 and \$2.6 billion and \$1.9 billion in FFY 2022 and FFY 2023, respectively – and the funds are allocated as follows:¹⁵³

¹⁵¹ 34 U.S.C., Chapter 201.

¹⁵² *Id.*

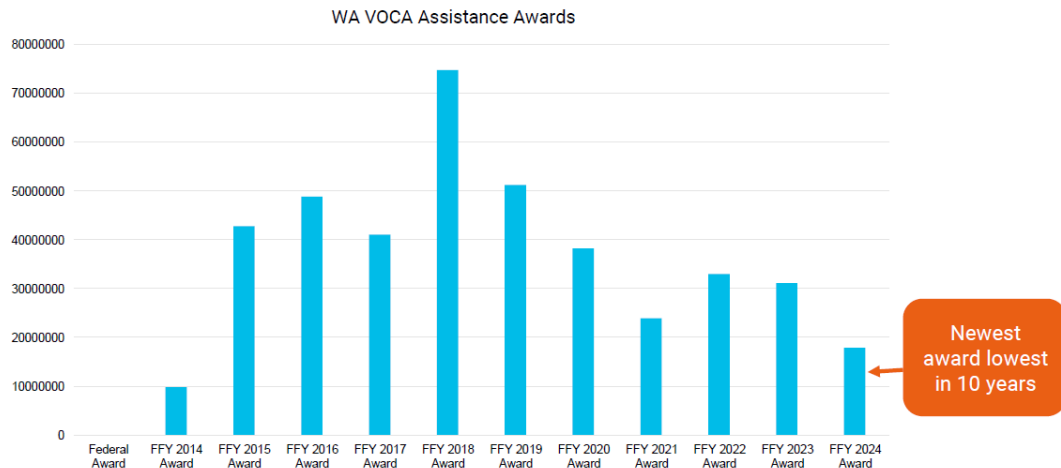
¹⁵³ See <https://ovc.ojp.gov/about/crime-victims-fund/allocation-process>.

Crime Victims Fund Allocation Process



Victim assistance formula grant funds allocated to Washington State are administered by OCVA. VOCA Funds are allocated via the VOCA State Plan, discussed in more detail below. As shown in the following graph, VOCA funds have been steadily declining, and the FFY 2024 allocation will be the lowest award in 10 years. The amount of VOCA assistance funds awarded to Washington State in FFY 2023 was \$31,079,099. The FFY 2024 allocation will be \$17,860,091 (a 42% reduction).

Federal Funds Declining



Sexual Assault Services Program Funds

Sexual Assault Services Program (SASP) Funds are administered by the United States Department of Justice Office on Violence Against Women (OVW) and governed by 34 U.S.C. § 12511 (referred to as the SASP statute). There are four SASP funding categories:

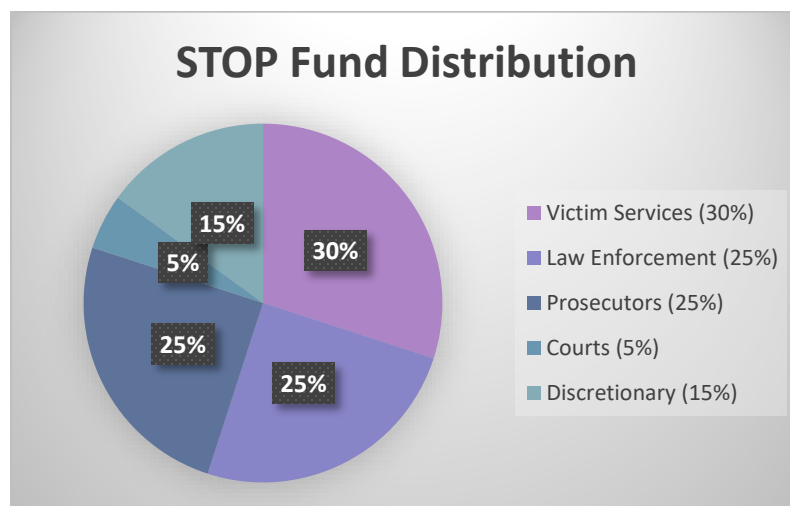
- Grants to states and territories (formula funding);
- Grants to state, territorial, and tribal sexual assault coalitions (formula funding);
- Grants for culturally specific programs addressing sexual assault (discretionary funding); and
- Grants to tribes and tribal organizations (discretionary funding).

OCVA administers SASP formula grant funds that are allocated to Washington State. The amount of formula grant funds awarded to Washington State in FFY 2023 was \$1,012,274. The amount of formula grant funding that Washington State will receive for FFY 2024 is \$1,004,965.

Formula funding to state, territorial and tribal sexual assault coalitions¹⁵⁴ is administered directly from the OVW to the coalitions, which do not provide direct services to survivors. OCVA may apply for discretionary funds and then direct service providers can apply for those funds. If the provider's application is successful, they create a direct contracting relationship with the OVW.

Service, Training, Officers, and Prosecutors Program Funds

OCVA also administers federal funds from the Office on Violence Against Women (OVW) allocated via the Services, Training, Officers, and Prosecutors (STOP) Program. The purpose of these funds is to enhance the capacity of local communities to develop and strengthen effective law enforcement and prosecution strategies to combat violent crimes against women and to develop and strengthen victim services in cases involving violent crimes against women.¹⁵⁵ The funds are distributed according to the following formula:



¹⁵⁴ "Sexual assault coalitions provide direct support to member rape and crisis centers through funding, training and technical assistance, public awareness activities, and public policy advocacy."

<https://www.justice.gov/ovw/state-and-territorial-sexual-assault-and-domestic-violence-coalitions-program>.

¹⁵⁵ See <https://www.justice.gov/ovw/stop-violence-against-women-formula-grant-program>.

The 15% discretionary funds are at the discretion of OCVA to award. Allocation of discretionary funds is determined by an Implementation Plan that is approved by OCVA's advisory committee. The total amount of STOP funds awarded to Washington State in FFY 2023 was \$3,784,202, and the amount awarded in FFY 2024 was \$3,725,610.

While outside the scope of this report, which focuses on funding for direct civil legal services, OCVA also administers federal funds from the Bureau of Justice Assistance through the Edward Byrne Memorial Justice Assistance Grant (JAG) Program.¹⁵⁶ The JAG Program provides states, tribes, and local governments with funding to support a range of criminal legal system improvement programs, a portion of which supports Prison Rape Elimination Act compliance efforts in Washington.

Family Violence Prevention and Services Act Funds

The Office of Family Violence Prevention and Services (OFVPS) within the United States Department of Health and Human Services administers the Family Violence Prevention and Services Act (FVPSA),¹⁵⁷ initially passed in 1984, to support emergency shelter and related assistance for victims of domestic violence and their children. The FVPSA authorizes this distribution of annual formula grants to states, territories, Tribes, designated state domestic violence coalitions, and provides funding for the national domestic violence hotline, culturally specific service providers and other discretionary projects.

The Washington State Department of Health and Human Services (DSHS) distributes 95% of the annual FVPSA formula award to Washington State through a

¹⁵⁶ See <https://bja.ojp.gov/doc/jag-program-fact-sheet.pdf>.

¹⁵⁷ 42 U.S.C. § 110.

funding formula to community nonprofits, local governments and tribes that provide emergency domestic violence shelter and supportive services for survivors of domestic violence and their dependents and meet criteria and standards outlined in WAC 388-61A. The FFY 2023 award amount to DSHS was \$3,030,051. Separately, between 5-10 tribes in Washington typically receive FVPSA funds directly from OFVPS and the Washington State Coalition Against Domestic Violence receives an annual formula grant from OFVPS.

VOCA Victim Compensation

State compensation formula funds¹⁵⁸ granted to Washington State are managed by the Washington State Department of Labor and Industries (L&I). Through its Washington State Crime Victim Compensation Program, victims of violent crime can apply for direct reimbursement to or on behalf of a crime victim for such crime-related expenses as medical, dental, or mental health counseling costs; partial payment of lost wages; partial payment of funeral costs; limited pension payment if the crime prevents a victim from returning to work permanently; limited pension payment to the spouse or child of a deceased victim; and counseling for family members of sexual assault victims and homicide victims.¹⁵⁹ In addition, the Crime Victims Compensation Program Covers forensic examinations for sexual assault victims, domestic violence strangulation victims and child physical abuse victims. These exams are covered by the program without

¹⁵⁸ Compensation differs from restitution. Whereas compensation is provided by the Crime Victim Compensation Program in each state, restitution is a court action that requires perpetrators to make financial payments to their victims. The Mandatory Restitution Act of 1996 established procedures for determining the amount of restitution to which a victim may be entitled.

¹⁵⁹ See <https://www.justice.gov/usao-wdwa/washington-state-crime-victim-compensation-program>.

other cost to the victim including use of insurance and without regard to any other eligibility criteria being met.

Requirements of the Crime Victim Compensation Program include:

- Notification to law enforcement of the crime within one year or within one year of when a report could have reasonably been made;
- The application must be received by the Crime Victim Compensation Program within three years of reporting the crime to law enforcement, within three years of an applicant's 18th birthday if they were a minor at the time of the crime, or within five years from reporting the crime to law enforcement with good cause;
- Benefits from all other public and private insurance sources must be utilized first; and
- The Crime Victim Compensation Program may request to be reimbursed if a recipient of compensation receives an insurance settlement or proceeds from a lawsuit based on the crime.

There is an online portal for applications available at <https://lni.wa.gov/claims/crime-victim-claims/apply-for-crime-victim-benefits>, or applicants may apply with the assistance of victim witness advocates or healthcare providers. In FFY 2023, L&I received \$11.2 million in state funding, and in FFY 2024, L&I received 12.8 million in state funding from the Crime Victim Compensation Program.

Legal Services Corporation (LSC) Funds for Civil Legal Aid

The Legal Services Corporation (LSC) “is the single largest funder of civil legal aid for low-income Americans in the nation.”¹⁶⁰ The LSC is a publicly funded non-profit corporation established by Congress and it administers federal funds to legal services providers throughout the country. In FFY 2024, Congress appropriated \$560 million to LSC. The funds distributed to Washington State are allocated exclusively to Northwest Justice Project (NJP), which provides “free legal assistance to address fundamental human needs such as housing, family safety, income security, health care, education, and more.”¹⁶¹ In 2023, NJP received \$9,324,138 from LSC. LSC funds have restrictions that prohibit the recipient from performing certain activities and from representing specific categories of clients including incarcerated individuals and undocumented individuals.¹⁶²

State Funds

State agencies are responsible for developing budget estimates and submitting budget proposals to the governor. Once the budget is enacted by the legislature and approved by the governor, state agencies implement approved policies and programs within the budgetary limits imposed by legislation.¹⁶³ The current funding infrastructure, for which so many services rely, is facing a severe funding reduction. The Washington State Legislature has provided supplemental funds in the state budget for the past four years to stabilize the funding for the VOCA Plan, but this approach does not provide

¹⁶⁰ See <https://www.lsc.gov/who-we-are>.

¹⁶¹ See <https://nwjustice.org/home>.

¹⁶² See <https://www.lsc.gov/about-lsc/laws-regulations-and-guidance/lsc-restrictions-and-other-funding-sources>.

¹⁶³ State of Washington Office of Financial Management, *A Guide to the Washington State Budget Process*, Aug. 2023, <https://ofm.wa.gov/sites/default/files/public/publications/WaStateBudgetProcessGuide.pdf>.

predictable, sustained support for crime victim services programs. Without further state funding, critical crime victim service programs will face massive reductions beginning July 1, 2025.

Department of Commerce's Office of Crime Victim's Advocacy (OCVA)

OCVA administers funds from the State General Fund for multiple programs.

These funds are distributed to providers across the state who provide support and assistance directly to individuals. The amounts of these state funds can vary from year to year, and are dependent on the state budget and appropriations process. A snapshot for the current 23 – 25 biennium budget is set forth below.

| Amount | Type of Program | Type of Provider |
|--|--|--|
| \$1.17 million/year | DV High Risk Teams | Law enforcement, victim services |
| \$2.85 million/year | Healing, support, and transition services for sex trafficking survivors | Nonprofit organizations |
| \$200,000 (one-time funding) | Study and research regarding sex trafficking | Researchers |
| \$20.66 million in SFY 2024 \$20.65 million in SFY 2025 | Direct services for victims of crime | Tribal governments, local government, nonprofits, state agencies |
| \$950,000/year | Direct victim services for crimes other than DV and sexual assault (including trafficking and child abuse) | Tribal governments, local government, nonprofits |
| \$1.35 million/year | Legal advocacy for DV | Tribal governments, local government, nonprofits |
| \$1.5 million in SFY 2024 | Rental assistance for human trafficking survivors | Tribal governments, local government, nonprofits |

| | | |
|---------------------------|---|--|
| \$2.5 million in SFY 2025 | | |
| \$1.16 million/year | Direct victim services for human trafficking survivors | Tribal governments, local government, nonprofits |
| \$13,000/year | Direct victim services for sex trafficking survivors | Tribal governments, local government, nonprofits |
| \$7.23 million/year | Direct victim services, prevention, and coordination for SA survivors | Tribal governments, local government, nonprofits |
| \$164,000/year | Immigrant victim services | State providers |
| \$54,000/year | Trafficking task force | State providers |
| \$49,000/year | Trafficking task force training | State providers |
| \$1.37 million/year | Victim witness services | Local governments |
| \$260,000/year | Sexual assault advocacy services | Community sexual assault programs |

Approximately \$1.17 million per year is administered to law enforcement and victim services providers to establish Domestic Violence High Risk Teams (DVHRT) pursuant to [E2SHB 1715](#). DVHRTs are created to reduce intimate partner homicide by monitoring specific high-risk cases and closing gaps in the domestic violence response system. Approximately \$2.85 million per year is administered to nonprofits for healing, support, and transition services for sex trafficking survivors pursuant to [SSB 5114](#). OCVA also administered one-time funding through State Fiscal Year (SFY) 2025 of \$200,000 to nonprofits for study and research related to sex trafficking pursuant to [ESSB 5187](#), Sec. 129(66), with a legislative report due in December of 2024.

OCVA administers VOCA supplemental funds to tribal government, local government, nonprofits, and state agencies for direct victim services pursuant to [ESSB](#)

[5187](#), Sec.129(67). Funds in the amount of \$20.66 million were administered in SFY 2024 and \$20.65 million has been approved for SFY 2025. This is one-time funding used to specifically address federal VOCA reductions. The funding must be distributed in alignment with the VOCA State Plan,¹⁶⁴ and of this total funding, \$2 million each SFY must be provided to by and for programs¹⁶⁵ and \$2 million each SFY must be provided for services to tribal members. The VOCA State Plan supports a wide range of victim services through a comprehensive network of providers and is one of the most significant resources for crime victims in our state, accounting for about 70% of OCVA's total victim services pass through dollars.

OCVA administers funds to tribal governments, local government, and nonprofits in the amount of \$950,000 per year for direct victim services to address harms other than domestic violence and sexual assault (including trafficking and child abuse), \$1.35 million per year for legal advocacy to address domestic violence, \$1.5 million in SFY 24 and \$2.5 million in SFY 25 for rental assistance to human trafficking survivors, \$1.6 million per year for direct victim services and awareness campaigns for indigenous survivors of human trafficking pursuant to SHB 1571 (2022), and \$7.23 million per year for direct victim services, prevention and coordination for survivors of sexual assault. Additionally, OCVA receives approximately \$13,000 per year for direct victim services for survivors of sex trafficking pursuant to [RCW 43.631A.740](#). These funds are distributed through a competitive application process once the total amount available is sufficiently built up.

¹⁶⁴ See Appendix F.

¹⁶⁵ As defined in note 148.

OCVA administers funds in the amount of \$164,000 per year to promote consistent and equal treatment and to offer protections to immigrant victims statewide, \$54,000 per year to support a trafficking task force, and an additional \$49,000 per year for a trafficking task force training pursuant to SSB 5933 (2015). OCVA administers \$1.37 million per year to local governments for victim witness services.

Finally, OCVA administers \$260,000 per year to fund select accredited Community Sexual Assault Programs to continue the provision of sexual assault advocacy services to individuals in Washington State Department of Corrections prison facilities and re-entry sites. OCVA receives these funds through an interagency agreement with the Department of Corrections.

In each state fiscal year there may be other funds available for one-time projects or purpose areas. For example, in the current biennium there were direct allocations in the amount of \$2,000,000 for legal services,¹⁶⁶ \$1,000,000 for domestic violence emergency housing, and approximately for \$490,000 for prevention activities and culturally specific services.

Department of Labor and Industries (L&I)

L&I receives funding for its Crime Victims Compensation Program from the federal government, as set forth above, as well as the state legislature. Funds from the

¹⁶⁶ State allocations for fiscal year 2025 are provided solely for a grant to a nonprofit draft organization located in the city of Seattle that provides legal assistance and representation to survivors of sexual and gender-based violence to expand their current services including, but not limited to, legal assistance and representation; technical assistance for advocates, providers, and attorneys; community education and trainings; and other legal support services, and (2) a grant to a nonprofit organization serving King and Snohomish counties for a program conducted in partnership with King County, which serves individuals who are involved in the criminal justice system and have experienced domestic, sexual, or gender-based violence, of which the grant recipient may use for costs including, but not limited to, legal advocacy, outreach, connecting clients to housing and other resources, data analytics, and staffing.

State General Fund and 01-F Fund (a dedicated fund from inmate phone fees) are used to support the Program. Federal grant funds reimburse 75% of net payments from state funds three years earlier. Crime victims claim benefits are paid from all three funds (State General Fund, 01-F, and Federal).¹⁶⁷ As of September 2024, total expenditures were \$16,658,927 in SFY 2023 and \$18,276,977 in SFY 2024.¹⁶⁸

Department of Social and Health Services (DSHS)

DSHS contracts with community-based agencies, local government agencies, and tribes for services to victims, and administers state funds from the State General Fund and the Domestic Violence Prevention Account. Services provided through these contracts include survivor-centered advocacy that is individually tailored, based on a survivor's self-defined goals, and includes, but is not limited to:

- Safety planning
- Crisis intervention
- Emergency shelter
- Assistance with finding and retaining safe housing
- Assistance to address legal, immigration, financial, medical and behavioral health needs
- Support and accompaniment navigating other social and government service systems
- Transportation and other emergency financial assistance
- Child care assistance while adult parents are participating in services

¹⁶⁷ <https://lni.wa.gov/claims/crime-victim-claims/lawsuits-settlements-and-insurance/how-we-re-funded>.

¹⁶⁸ There is no cut off time to submit bills for services, so L&I may still receive bills for SFY 2023 and SFY 2024. Total expenditures may change, but the numbers provided are current as of September 4, 2024.

- Age-appropriate, supportive services and resources for children and youth
- Community outreach and education
- Primary prevention efforts

Agencies conduct education, outreach, and primary prevention activities with community groups and people interested in learning about and preventing domestic violence. Statewide, 25 percent of survivors who sought services from a community-based domestic violence program received shelter-based services. The majority of services provided are non-residential, such as advocacy, assistance with protection orders and other legal issues, housing stability assistance, and supportive services that help survivors address safety risks and improve their family's well-being. Domestic violence programs consistently report that DSHS funding is critical to help keep their doors open and provide essential services to members of their communities.

The amounts of these state funds can vary from year to year, and are dependent on the state budget and appropriations process. In SFY 24, State General Funds in the amount of \$9,754,428 were awarded by DSHS to address domestic violence and fund community-based advocacy, shelter, and supportive services for survivors of domestic violence and their dependents. Funds directed by [RCW 70.123.150](#) in the amount of \$2,400,000 per biennium are administered by DSHS to address domestic violence and may be used to fund primary prevention, culturally and linguistically specific services, and developmentally appropriate services for children and youth. The state funds administered by DSHS are distributed to providers who qualify as community-based domestic violence programs, as defined in [RCW 70.123.020](#) and are distributed through

multiple methods, including a funding formula, direct allocations, and open competitive application processes.

DSHS also contracts with local agencies to provide onsite advocacy and supportive services at DSHS Community Services Offices for TANF¹⁶⁹/WorkFirst¹⁷⁰ families experiencing family violence, and partners with statewide organizations to support improved service delivery in this service area for TANF/WorkFirst families across the state. Approximately \$630,000 was distributed in SFY 24 for this purpose.

Office of Civil Legal Aid (OCLA)

OCLA is the independent judicial branch agency that is responsible for administration and oversight of state funds that are appropriated by the legislature to provide civil legal aid services to low income people in Washington State.¹⁷¹ OCLA funds a wide range of civil legal aid programs and projects focused on ensuring equity of access to the civil justice system for low-income people in Washington State. These include:

- A general statewide civil legal aid program,
- A program providing appointed counsel for children and youth in the child welfare system,
- A program to provide appointed counsel for indigent tenants in unlawful detainer proceedings,
- A program to provide pre-filing legal aid to tenants threatened with eviction,

¹⁶⁹ Temporary Assistance for Needy Families

¹⁷⁰ See <https://workfirst.wa.gov/>.

¹⁷¹ See <https://ocla.wa.gov/about-us/>.

- A program providing civil legal assistance to individuals facing foreclosure, and
- A number of smaller niche programs including programs to provide civil legal assistance to individuals reentering civil society following incarceration and those eligible for civil relief as a result of the Washington Supreme Court's decision in *State v. Blake*.¹⁷²

While many of these broad services are accessed by low-income crime victims for legal needs that they experience, OCLA administers two additional legal aid programs that are specifically dedicated for individuals who identify as having experienced crime/violence: Crime Victim Legal Aid Program and Legal Aid for Survivors of Domestic Violence. OCLA administers the Crime Victim Legal Aid Program with funding from OCVA pursuant to an interagency agreement.¹⁷³ Consistent with the OCVA VOCA state plan allocations, OCLA receives 8.7% of the total amount annually. In SFY 2024, OCLA received \$4,906,268.85. Of those funds, \$4,672,637.00 was authorized for subcontracting.

OCLA distributes these funds authorized for subcontracting to organizational legal aid providers based on an Integrated Civil Legal Aid to Crime Victims Plan. This Plan originated from findings in the 2015 Civil Legal Needs Study¹⁷⁴ and related data analysis showing the range of civil (non-criminal) legal problems experienced by low-income people in Washington State who identified as victims of domestic violence and sexual assault, along with feedback from the statewide legal aid community. This Plan

¹⁷² 197 Wn.2d 170, 481 P.3d 521 (2021).

¹⁷³ Originally, this funding was solely federal VOCA funds, and has since been funded with state general funds appropriated to supplement declining federal awards.

¹⁷⁴ Civil Legal Needs Study, *supra* note 103.

outlines regional service plans, scope and substantive areas of law, and collaborative efforts to be undertaken by contracting programs, with the objective of contracting with providers to deploy legal aid attorneys in a manner that addresses the critical civil legal problems experienced by crime victims in Washington State. In SFY 2024, funds were distributed to five providers: Northwest Justice Project (NJP), Northwest Immigrant Rights Project (NWIRP), Sexual Violence Law Center (SVLC), Tacoma Probono Community Lawyers, and the King County Bar Association.

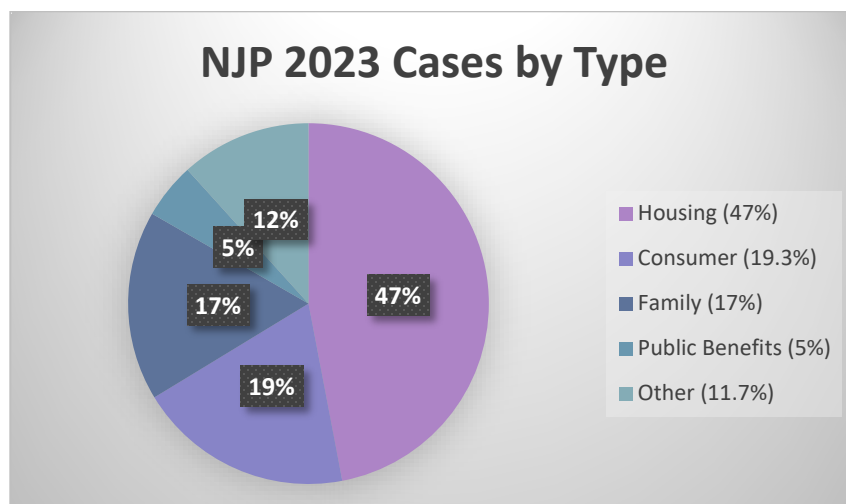
OCLA also receives appropriated State General Funds to support direct legal services for survivors of domestic violence. Beginning in SFY 2023, the legislature appropriated \$2,000,000 in funding annually “to expand civil legal aid services for survivors of domestic violence, including legal services for protection order proceedings, family cases, immigration assistance, and other civil legal issues arising from or related to the domestic violence they experience.”¹⁷⁵ OCLA implemented this funding through its Civil Legal Aid for Survivors of Domestic Violence Program, contracting with seven providers statewide to provide these services. OCLA also created a 20% “set aside” for culturally relevant, specialized legal assistance to survivors of domestic violence living on/near rural Indian reservations in Washington State. Contracting organizations through SFY 2025 are: Northwest Immigrant Rights Project (NWIRP), Sound Legal Aid (formerly Thurston County Volunteer Legal Services), Tacoma Probono Community Lawyers, Sexual Violence Law Center (SVLC), YWCA Spokane, the Washington State Native American Coalition Against Domestic Violence and Sexual Assault (WomenSpirit Coalition), and Lummi Victims of Crime.

¹⁷⁵ [Sec. 116\(12\), ch. 297, laws of 2022.](#)

OCLA's single largest and longest running contract for legal aid is with NJP. [RCW 2.53.045](#) directs OCLA to provide funding appropriated under the statute to a statewide provider absent a proviso to the contrary, which historically and in practice has been administered exclusively to NJP. This funding provides operational support to allow NJP to operate 21 offices statewide, run the Coordinated Legal Education and Referral hotline (CLEAR), provide self-help resources through WashingtonLawHelp, as well as provide direct legal services through staff attorneys. The budget in the SFY 2024-2025 biennium was \$52 million.

This funding supports a variety of eligible services statewide,¹⁷⁶ including legal needs experienced disproportionately by survivors, such as civil protection orders and family law, but is open to any low-income individual and not reserved exclusively for survivors.

In calendar year 2023, closed cases supported in part or in full by this funding were as follows:



¹⁷⁶ While OCLA's DV and VOCA programs have no income limits, funding appropriated under RCW 2.53 is limited to indigent clients and therefore excludes survivors over 200 percent of the federal poverty level.

The OCLA/NJP contract has an OCLA-approved subcontract with the Legal Foundation of Washington (LFW) to enhance the ability of the local volunteer attorney and specialty legal aid providers to provide effective, equitable civil legal services to eligible low-income people in Washington State on matters authorized by [RCW 2.53.030](#). The amount subcontracted in the SFY 2024-2025 biennium is \$7,886,000.00.

Legal Foundation of Washington (LFW)

The LFW is a nonprofit organization created in 1984 at the direction of the Washington Supreme Court to distribute Interest on Lawyers' Trust Accounts (IOLTA) funds to legal aid organizations across the state. LFW administers private grant funds from IOLTA and Legal Endowment, as well as funds acquired through fundraising. Combining funds from these sources with the state funds authorized by OCLA, LFW contracts with legal aid providers and community organizations providing direct legal services and legal advocacy.

LFW's grant funds are distributed at the discretion of the organization and available amounts naturally fluctuate over time. The funding is broad and intended to support general operating expenses for recipient programs. Recipient programs have discretion over the type and scope of services provided, and some programs provide limited legal aid services for survivors as part of their service portfolio.

VIII. Sustainable Funding Formula & Criteria for Future State Funding

Pursuant to ESSB 5187, Sec. 918(3)(c), the work group was directed to "develop a sustainable funding formula and criteria for future state funding." There are currently multiple state agencies engaged in the development or implementation of funding formulas and funding criteria. That ongoing work is summarized below:

| Lead Agency | Scope of Work | Timeline |
|-------------|--|---|
| OCVA | Victims of Crime Act (VOCA) State Plan review, completed every 4 years by OCVA. Please refer to Appendix F to see the VOCA Plan. | Finalized 12/31/23 (Effective 3/1/24) |
| OCVA | Develop a plan, in coordination with victim service agencies, for how to address declining federal funds and strategies to stabilize resource gaps. | Anticipated budget request for 2025-27 biennium |
| OCLA | Develop budget requests for the next biennium for funding dedicated to domestic violence legal representation as well as other civil legal needs experienced by low-income survivors, including: <ul style="list-style-type: none"> • Vendor rate adjustment for DV program (to request a small amount to offset rising costs to preserve capacity at the original levels) • Vendor rate adjustment for the general contract with the Northwest Justice Project and the pass through to the Legal Foundation of Washington | Decision packages to be finalized and submitted to AOC by October 2024 |
| OCLA | Update “Integrated Civil Legal Aid to Crime Victims State Plan.” | Commencing December 2024 |
| DSHS | Domestic Violence Program Formula Review: Convened a work group pursuant to SSB 5398 (2023) to review and update the funding formula used to allocate funding for domestic violence victim services agencies. | The work group’s recommendations to DSHS will be reported to the legislature by 12/1/24 |
| OCVA | Sexual Assault Program Formula Review: OCVA has hired a contractor to provide meeting facilitation and stakeholder engagement around revisioning and updating the funding formula, and to write a final report. | Finalize by 6/30/25 |

Given that much of the work related to funding is ongoing and will be completed after this report is due, our recommendations would be premature and potentially harmful to these ongoing efforts. Staff members from OCVA, OCLA, and DSHS have been an integral part of this workgroup, and these agencies are in a better position to recommend funding formulas and criteria for future state funding. Therefore, this report does not propose a funding formula. We submitted a letter to that effect and a summary of the ongoing work to the Legislature on August 13, 2024, a copy of which is included in Appendix G.

IX. Conclusion and Next Steps

Our stakeholder group has provided actionable recommendations for the Legislature to consider regarding crime victim services:

Legal Services Recommendations

- Increase dedicated funding to civil legal aid that does not have income caps and allows for broad legal services to survivors.
- Allocate additional state funding to expand self-help centers, protection order advocacy, and other programs for unrepresented litigants.
- Allocate additional funding to courts for operations and training on gender-based violence, trauma, and procedural justice.
- Explore the use of reimbursement programs, such as AOC's Protection Order Reimbursement & Training (PORT) Project and court monitoring programs to incentivize training and increase accountability.
- Allocate additional state funding to courts to provide free, on-site childcare.

Community-Based Services Recommendations

- Prioritize solutions to create affordable housing, such as the Domestic Violence Housing First model.
- Develop housing policies that enhance protections for survivors, including legislation preventing landlords from using past financial history and criminal history related to abuse, and expand enforcement of existing laws to prevent housing discrimination and sexual harassment by landlords.
- Allocate additional, unrestricted funding to culturally-specific providers, and sustainable funding to 24/7 hotlines.
- Establish an interdisciplinary group to look at ways to strengthen coordination across systems and service types to provide survivors better access to a wide range of services that meet their needs.
- Prevention strategies and outreach should be geared toward the general public, which will also equip family and friends of survivors to provide emotional support.
- Allocate additional state funding to stabilize current funding and allow community-based providers to hire and retain quality, trained staff.

Tribal Services Recommendations

- Allocate additional unrestricted state funding to tribes/tribal programs, to include culture specific organizations, to increase the availability of effective, culturally-appropriate tribal services.
- Support capacity building so tribes may apply for existing funding opportunities.

- Allocate additional state funding to support tribal civil legal assistance programs and emergency funds for tribal crime victims.
- Allocate state funding to the Tribal State Court Consortium to provide technical assistance, resources, and support to tribal and state courts to improve coordination and information sharing.

We appreciate this opportunity to consider and provide recommendations related to Crime Victim Services in Washington State.

X. Appendices

Appendix A. Crime Victim Services Work Group Stakeholders

Appendix B. Work Group Meeting Minutes

Appendix C. Provider Survey

Appendix D. Survivor Survey

Appendix E. Survey Summary Report

Appendix F. Victims of Crime Act (VOCA) State Plan

Appendix G. Letter and Memo to the Legislature

Appendix A

Crime Victim Services Work Group Stakeholders



| Name | Organization |
|-----------------------------|--|
| Bethany Al-Haidari | SAGE/NCW Child & Family Advocacy Center |
| Megan Allen | King County Sexual Assault Resource Center |
| Judge Johanna Bender | Minority & Justice Commission |
| Anna Borris | Washington State Treasurer |
| Maty Brimmer | Labor & Industries - Crime Victim Compensation |
| Citalli Briseño | Mujeres in Action (MiA) |
| Judy Chen | Washington State Coalition Against Domestic Violence |
| Cheryl Coan | WomenSpirit |
| Carolyn Cole | Administrative Office of the Courts (AOC) - Equity & Access Program |
| Mette Earlywine | Department of Social & Health Services |
| Brynn Felix | Access to Justice Board |
| Giannina Ferrara | Center for Children & Youth Justice |
| Suzi Fode | New Hope & Kids Hope |
| JoDee Garretson | Support Advocacy Resource Center |
| Elizabeth Hendren | Sexual Violence Law Center |
| Judge Jacquelyn High-Edward | Gender & Justice Commission |
| Mishani Jack-Gonzalez | Tribal State Court Consortium |
| Larry Jefferson | Office of Public Defense |
| Jessica Johnson | Children's Advocacy Center of Washington |
| Dee Koester | WomenSpirit |
| Marcos Martinez | TeamChild |
| Annalise Martucci | Office of Civil Legal Aid |
| Chris McBride | DV Services of Snohomish County |
| Meg McCann | Real Escape from the Sex Trade |
| Tonia McClanahan | Commission on Children in Foster Care Protection Order Advocacy Program |
| Colleen McInalls | Protection Order Advocacy Program |
| Kristen Mendez | Children's Justice & Advocacy Center |

Appendix A

| | |
|--------------------------|--|
| Riddhi Mukhopadhyay | Sexual Violence Law Center |
| Ciara Murphy | Salvation Army |
| Hao Nguyen | API Chaya |
| Cameron Norton | Department of Children, Youth & Families |
| Kelly Olson | Civil Survival |
| Carlyn Sampson | Rebuilding Hope! |
| Judge Cindy K. Smith | Tribal State Court Consortium |
| Trisha Smith | Department of Commerce |
| Rachel Sottile | Center for Children & Youth Justice |
| Em Stone | Washington State Coalition Against Domestic Violence |
| Evangeline Stratton | Family Violence Appellate Project |
| Judge Elisabeth Tutsch | Superior Court Judges' Association |
| Lori Vanderburg | Dawson Place |
| Mary Welch | Northwest Justice Project |
| Sally Winn | YWCA Spokane |
| Amanda Workman | Pathways to Healing, Cowlitz Indian Tribe |
| Judge Jenny Zappone | District & Municipal Court Judges' Association |
| Anne-Marie Zell Schwerin | YWCA Walla Walla |

Staff to the Work Group

| Name | Affiliation |
|----------------------------|---|
| Kelley Amburgey-Richardson | Manager, Supreme Court Commissions, AOC |
| Crissy Anderson | Senior Court Program Analyst, Gender and Justice Commission |
| Jessica Janét | Court Program Specialist, Crime Victim Services Work Group, Gender and Justice Commission |
| Karl Jones | Equity Senior Research Associate, Washington State Center for Court Research, AOC |
| Laura Jones | Senior Court Program Analyst, Gender and Justice Commission |
| Ashley Rousson | Contract Research Consultant |

| | | |
|---|---|---|
|  | <p align="center">Crime Victim Services Work Group Meeting #1 October 11, 2023 12:00 pm – 1:30 pm Zoom Videoconference</p> |  |
|---|---|---|

Designees & Liaisons Present:

Megan Allen (KCSARC)
Sierra A. (SAGE)
Cheryl Neskahi Coan (WomenSpirit Coalition)
Carolyn Cole (AOC – Equity & Access Program)
Mette Earlywine (DSHS)
Brynn Felix (ATJ)
Suzi Fode (New Hope Kids Hope)
Jackie High-Edward (GJC)
Mishani Jack-Gonzalez (TSCC)
Marcos Martinez (Teamchild)
Annalise Martucci (OCLA)
Chris McBride (DV Snohomish County)
Colleen McIngalls (KCPAO)
Kristen Mendez (CJAC)
Riddhi Mukhopadhyay (SVLC)
Ciara Murphy (Salvation Army)
Cameron Norton (DCYF)
Kelly Olson (Civil Survival)
Carlyn Sampson (Rebuilding Hope!)
Trisha Smith (OCVA)
Evangeline Stratton (FVAP)

Emily Stochel (CCFC)
Elisabeth Tutsch (SCJA)
Mary Welch (NJP)
Sally Winn (YWCA Spokane)
Lei Young (OPD)
Anne-Marie Zell Schwerin (YWCA Walla Walla)
Matt Zuvich (Treasurer)

Guests:

Representative Lauren Davis
Senator Manka Dhingra
Judge Rebecca Glasgow
Justice Sheryl Gordon McCloud

AOC Staff :



Kelley Amburgey-Richardson
Crissy Anderson
Laura Jones
Avery Miller

WELCOME

- Justice Sheryl Gordon McCloud: Thanked the Legislature for the opportunity to engage in this work. Highlighted connections to the Gender Justice Study findings and recommendations.
- Representative Lauren Davis: Shared background for the legislation and personal story highlighting the importance of victim services.
- Senator Manka Dhingra: Emphasized funding as a critical need.

PROJECT OVERVIEW

“The legislature finds that survivors of gender based violence should be empowered in our state to choose how they want to respond to their situation from choosing to engage in the criminal system, the civil system, or to engage in community lead services ... we are responsible for ensuring that regardless of the choice made by the survivor, we have the resources, services, and support needed to assist them in their journey to safety and self empowerment which involves multiple legal systems. Providers and advocates engaged in providing direct services, along with survivors should be the priority for leading this effort.”

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|  | <p align="center">Crime Victim Services Work Group Meeting #1 October 11, 2023 12:00 pm – 1:30 pm Zoom Videoconference</p> |  |
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Work Group Objectives (SB 5187, Sec. 918):

1. Survey the need in the legal and community based systems including the need for evidence-based training for all participants.
2. Develop a plan to standardize and expand access to legal and community-based assistance while utilizing and leveraging public & private funding.
3. Assess different financial accounts which can be utilized for victim services.
4. Develop a sustainable funding formula and criteria for future state funding

Work Plan & Timeline:

Phase I: Establishing common ground (October 2023 - November 2023)

Phase II: Understanding landscape (December 2023 - March 2024)

Phase III: Developing Solutions (April 2024 - July 2024)

Phase IV: Drafting & finalizing recommendations (August 2024 - September 2024)

**** Findings & recommendations due to the Legislature by October 1, 2024****

Meeting Schedule:

Second Wednesday of each month from 12:15 pm - 1:15 pm (Zoom)

Work Format:

- Regular monthly meetings with cohort breakouts
- List serv questions/discussion
- Box Share Drive
- Informational interviews, listening sessions
- Additional stakeholder consultations

STAKEHOLDER INTRODUCTIONS

Stakeholders shared their name, pronouns, organization they are representing on the work group, issues they are most interested in working on, and how they can lend expertise to the project.



BOX TUTORIAL

This work group will utilize Box for file sharing and collaboration. Avery Miller gave an overview on how to use and let stakeholders know they would be receiving an email to sign up for Box access following the meeting.

BREAKOUT DISCUSSIONS

Prompts:

What does legal and community-based assistance for survivors look like?

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- What are the existing services?
- What are the greatest needs?
- What would it look like in a “perfect” world? What are we working toward?

What systems are survivors involved with?

- What are the existing systems?
- Where are the cracks/failures?
- What are the successes?

Cohort 1 Discussion:

What do we mean by “gender based violence?”

Request the group has a shared definition. Variance in understanding if this includes child abuse/neglect, familial violence (not IPV), labor trafficking, elder abuse, community violence, etc.

This cohort saw it as:

- Sexual violence / exploitation (across continuum, across lifespan)
- Intimate partner violence

What does legal and **community based assistance** for survivors look like?

Lacked clarity on what we mean by community-based assistance – is this all the community based support, healing and assistance type of services that are available – or - specific to community based legal assistance? Would appreciate more guidance on scope of the group/legislation.



- Agencies across state struggling to meet needs
- Legal Advocacy, Legal Aid available - recognize urban areas have a higher demand than what they can support and rural areas lack staff
- Current community based services include wide array of supports (advocacy [including general, legal, medical], therapy, support groups, emergency shelter, emergency financial assistance, culturally and community specific supports, traditional healing, forensic nurse exams, courthouse dogs, multi-disciplinary teams, civil legal assistance, primary prevention)

Greatest needs:

- Meeting basic needs
 - Housing (both longer term and emergency)
 - Safety and Protection
 - Child care

What does it look like in a perfect world?

- Environment where we can pilot community based advocacy that is integrated within systems, more mobile and responsive

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- System partners that don't just focus on cases that can effectively move through the system; but there is a more holistic look and response to all those seeking support and that are many connection points within systems and community
 - Warm hand offs and referrals
- Strong partnerships with schools (other areas of integration)
- More resources for prevention, community healing, and thriving
- Community and System Advocacy would be a feasible career path; not a passion. Need to address the sustainability of these positions. Turnover negatively affects our ability to be responsive to survivors, grow this response system, etc.
 - Compensation
 - Adequate secondary trauma supports
- Better connection to different communities and access to culturally and community specific services

Cohort 2 Discussion:

In a perfect world:



- An attorney for everyone who needs one
- Justice by Geography would not be an issue
- A unified court system

In reality:

- Fewer resources means turning down lots of cases, have to prioritize taking cases that are the most urgent:
 - High lethality
 - Children involved
 - Combined DVPO and family law matters
- Perpetrators file DVPOs to gain an advantage in an eventual family law case
- Concern that local government funding for community based legal advocacy services puts some advocates in a tough situation when pushing judges for fear of losing their funding
- Every county has a community-based program, ready to respond to help with DVPOs, in theory
- Networks are there
- Capacity varies widely, leading to different experiences for survivors, county by county
- Steep learning curve among community based DV legal advocates and high turnover
- Access to legal services for immigrant survivors and those for whom English is not the first language is extremely limited
- Legal assistance for cases involving DVPO and Family Law is limited and even more limited if immigration issues are present
 - Only one attorney who has served such clients (Walla Walla) – and she is really good – at pro or low-bono, and she is retiring

Needs:

- Huge need for judicial training around DV and SA issues

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- Huge need for similar training for Prosecutors and other attorneys, court commissioners
- Entrenched judges, entrenched prosecutors – little turnover
- Need for role clarity for
 - System advocates
 - Victim witness “advocates” at Prosecutor’s office – need training and role clarity
- Need appropriate voices to make the value case for the benefit of community-based services, ongoing

Cohort 3 Discussion:

1. Scarcity mindset – not enough. Looks different depending where you are in the state what options are available and where you are in privilege perspective. Not everyone trusts services that are out there. People might see social services as another arm of the police; another enforcement mechanism. Hard to make initial contact to refer folks to legal aid that may be discouraging. A lot of admin burdens and criteria that narrow the scope to which someone may qualify and it may not take into account lethality or risk factors that might create more barriers and ability to access services. As a survivor and if you were a perpetrator in some way, external and internal bias that you may not be believed because you have a record. Narrow window making referrals – legal aid agencies say they are only open for limited hours, hard to reach someone, or they are not taking referrals at all. Orgs are at capacity and they will close intakes or doors. When you think about equity – it doesn’t seem equitable. It almost feels like a lottery when it comes to who gets representation or not. Civil protection orders and family law cases expectation that folks can navigate it pro se but we may be overly litigated in the application of law in our state. Statutes might be more complicated and judicial officers and may be evolving in their interpretation and might be more risky for survivor to go unrepresented. Inefficient counsel may be present and someone who shouldn't be practicing and don't have the expertise. Routinely seen in King County and across the state. They are taking a lot of money and giving poor representation and clients don't know. Continuation of trauma. No wonder folks are frustrated with the justice system and from survivor's viewpoint it may seem that they are not going to be safer. We must take trauma-informed approach from bench, advocacy, representation, all the way down and build trust in both criminal and civil justice systems.

2. Services vary by region and county. It's very scattershot.

3. Need someone to walk you through and everything to be humane and trauma informed along the way. Misperceptions around what is a criminal case and what is a civil case and what role the survivor has in either system. Civil cases petitioner is more in the driving seat and criminal cases they are treated more as a witness that don't necessarily have the level of due process/constitutional protection rights that a defendant has in criminal cases. Large misperception, alienating for survivors after they've made a report they lose some control about what happens after the report to police. Other systems involved - need mental health system better resourced, physical health systems (hospital responses) and how often crime victims go to hospitals and maybe they are not connected to resources still. Victim survivors aren't aware of resources to cover health related issues. Wondering about parenting plans and how this might complicate things and ensuring they have family law attorneys they have access to. Often folks

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will go get an emergency protection order for safety but if the process doesn't go well and they are not represented it could have damaging impacts on a future family law matter if there is a finding that they are not the victim. High increase in cross petitions in King County - both parties claiming to be the victim. Victims of exploitation e.g., charges they can pick up from older "boyfriends." Criminal defense as a victim defendant and if they end up with a felony charge - they need support. Law enforcement has a large role to play in how to respond to these situations as well. Thinking about changing legislation - it changes so fast. Whose responsibility is it to get all of the training out there to those it impacts? Knowledge gap in multiple systems - turnover, leg changes, in particular with policing.

Cohort 4 Discussion:

- What tribal services exist? NJP tribal unit; funding specific; many tribes have their own victim advocates
- Perfect world? Coordination of services; even while dreaming big, we need to be realistic given our resources; holistic thinking about survivors needs
- Gaps - lot of state/federal funding prohibit funding for certain positions (ie lawyers and research)
- Ethical issues around advocacy programs having a
- Are there other systems we could look to?
- Free lawyers - and "gets it"
- Are there schools that could help with training folks to "get it"?
- Advocates not being lawyers when in court
- Natl Indian College; training for advocates on legal issues; they have to know so much about so many different systems
- Other states piloting using non-attorneys
- I4J survey [Innovation for Justice](#) is working on a nationwide research project examining the potential of unauthorized practice of law reform to advance domestic violence advocacy. This research project addresses five identified research questions, [available in this project description](#). To conduct this research, i4J is distributing surveys and conducting qualitative interviews with domestic violence legal advocates and domestic violence service organization leadership. In addition to these surveys and interviews, i4J is conducting interviews with subject-matter experts in domestic violence legal services. These subject matter experts might be attorneys, academics, or policymakers.

ADJOURNMENT

- Our next meeting will be on Wednesday, November 8th @ 12:15 pm
- Homework: Set up Box account and review/comment on Project Plan

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|  | <p align="center">Crime Victim Services Work Group Meeting #2 November 8, 2023 12:15 pm – 1:15 pm Zoom Videoconference</p> |  |
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Designees & Liaisons Present:

Bethany Alhaidari (SAGE)
Megan Allen (KCSARC)
Johanna Bender (MJC)
Anna Borris (Treasurer)
Carolyn Cole (AOC – Equity & Access Program)
Mette Earlywine (DSHS)
Suzi Fode (New Hope Kids Hope)
JoDee Garretson (SARC)
Jackie High-Edward (GJC)
Jessica Johnson (CACWA)
Chris McBride (DV Snohomish County)
Colleen McIngalls (KCPAO)
Hao Nguyen (API Chaya)
Cameron Norton (DCYF)
Kelly Olson (Civil Survival)

Carlyn Sampson (Rebuilding Hope!)
Trisha Smith (OCVA)
Evangeline Stratton (FVAP)
Mary Welch (NJP)
Lei Young (OPD)
Anne-Marie Zell Schwerin (YWCA Walla Walla)
Jenny Zappone (DMCJA)

AOC Staff :



Kelley Amburgey-Richardson
Crissy Anderson
Laura Jones

WELCOME



- Jackie High-Edward welcomed everyone back. Reminded participants to use first names, encouraged people to add pronouns to Zoom name to make this an inclusive space.
- Recap from last meeting: Minutes are saved on Box and were sent out by email. Emerging themes from cohort discussions: comments about funding limitations, need for more services to serve victims, and the need to explore what/how to maximize efficiently use existing resources. Need common language, goals, understanding of the goals of the workgroup.
- Today's meeting focus will be brainstorming as a group to define key terms

GENDER-BASED VIOLENCE SURVIVOR

- Discussion including Zoom whiteboard and chat features about how the work group defines *gender-based violence survivor*:
 - Intimate partner violence survivor
 - Physical, sexual, mental, emotional harm, or threats, coercion and on gender or gender identity
 - Anyone who has escaped violence
 - Violence should be broader to also include actions that inflict mental, emotional, fear/threatening, coercion, as well as physical, economic violence as well.
 - GBV should also consider the social constructs such as misogyny structures that oppress women
 - Anyone who has experienced (or witnessed?) domestic violence, assault, human trafficking or stalking

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- A survivor of abuse, domestic violence, interpersonal violence, sexual assault, trafficking or any type of violence or abuse that is rooted in societal myths and norms about patriarchy, gender-roles, and stereotypes about marginalized communities.
- Discussed whether to include those who witness, may need to include those folks to make sure services are provided. Vulnerability, inability to access services on their own, or seek resources, and seeing/witnessing = primary victim. Does DV encompass coercion (as that is included in the statute) or does it need to be more clearly spelled out? Comment: definition of DV encompasses it now under 7.105. Normalizes the conversation if assume it is encompassed in the statutory definition.
- Do we think 7.105 covers all the types of violence that we’re trying to incorporate into our project? Anything missing? EG vulnerable adults. Mary – with vulnerable adults the abuse may be happening by someone they don’t live with or isn’t an intimate partner.
- Answered the who: someone who exposed, survived, witnessed
- What: Anyone who has experienced (or witnessed?) domestic violence, sexual assault, human trafficking or stalking.
- The statute says dv, etc. not gender-based violence.
- Want to be sure to NOT leave children out of the work we are doing because under section 9b talks about one household/family member by household/family member. Doesn’t address the exposure issue, but caselaw does. Don’t know how closely we need to track with the statute, but should be clear if we are wanting to include those who witness.
- Do we limit to intimate partner or include larger household members? Or family members? Because this is a cycle of family violence, think we would want to include family/household members. Members agree.
- Non-intimate partner will increase scope at least twofold. This is a huge number.
- Human trafficking and exploitation: just looking at familial trafficking/exploitation. Relating to the DV definition.
- No limit on SA and trafficking as far as those populations, because fall outside of the definition of DV
- GBV as an umbrella term to highlight the imbalance of power, and disproportionate impact of violence against individuals or groups of individuals based on their factual or perceived sex, gender, sexual orientation or gender identity. I think DV definition is more legal description for purposes of this group but we shouldn’t lose the structural forces that led to DV in the first place.
- Working definition: Gender-based violence is an umbrella term to highlight the imbalance of power and disproportionate impact of violence against individuals or groups based on their actual or perceived sex, gender, sexual orientation, and/or gender identity. For the purposes of this work group, we consider a *gender-based violence survivor* to be anyone who has experienced or been exposed to domestic violence, sexual assault, human trafficking, sexual exploitation, or stalking.

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COMMUNITY-LED SERVICES

- Discussion including Zoom whiteboard and chat features about how the work group defines *community-led services*:
 - Trauma informed, low barrier, NGOs, separate from courts, housing, therapy, hotlines, culturally appropriate, holistic, survivor led, developed for the community by the community, in alignment with their own values and culture and shared/agreed to by the survivors.
 - Needs driven, low barrier to services, culturally specific, trauma informed, collaborative, confidential
 - Services based in the community with local support and advocacy, culturally appropriate services
 - Confidential
 - Outside the legal system, confidential, include some of what those might include, survivor selected services.
 - Empowerment based, self-determination are valuable features of community based advocacy
 - Services for the entire course of survivor's life following trauma, highest standard of confidentiality, client/survivor driven
 - Respond to intersectional identities/culturally responsive
 - Faith based organizations can discriminate on who they can serve theoretically.
 - Open to anyone and low barrier is better in terms of what services to look at. So would be receiving public funding, and delivering services in non-discriminatory, trauma-informed way. May be less complex for us to look

Working Definition (to be revisited at next meeting): Community-led services are holistic, voluntary, and provided outside of government and medical systems. Communications between service providers and survivors are privileged. Best practice is for these services to be low-barrier, trauma-informed, survivor-led, and culturally responsive. Community-led services may include crisis intervention, general/medical/legal advocacy, emotional support, safety planning, and wraparound services including housing, employment, and education.

SCOPE OF LEGAL SERVICES/PROCEEDINGS



- Discussion including Zoom whiteboard and chat features about the scope of legal services/proceedings we should consider
 - Rep Davis talked about the scope being civil. What does this group think the scope is and what types of proceedings?
 - Civil, community based legal advocacy, protection orders, family law, criminal and civil proceedings, dependency

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- Someone gets out of a dv relationship and have all these other issues eg. consumer issues, can we consider that when we look at services, etc. to try to clean the slate as much as possible for survivors
- Unlawful detainers
- Immigration, education/special services/IEP proceedings
- 19 legal problems per survivor per civil legal needs
- Child support, administrative proceedings, cps investigations
- Title IX, juvenile, public benefits
- Filling gaps in policy and legislation, survivors should be leading on policy, but are burdened by so many other things they don't have the bandwidth
- If impacted, giving information to survivors to show them how to weigh in on what laws impacted them and how to achieve changes to the system.
- Working scope (to be revisited at next meeting):
 - Protection orders
 - Family law
 - Dependency
 - Criminal
 - Unlawful detainer
 - Consumer debt
 - Child support
 - CPS investigations
 - Public benefits
 - Juvenile
 - Immigration
 - Title IX

ADJOURNMENT

- Our next meeting will be on Wednesday, December 13 @ 12:15 pm

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|  | <p align="center">Crime Victim Services Work Group Meeting #3 December 13, 2023 12:15 pm – 1:15 pm Zoom Videoconference</p> |  |
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Designees & Liaisons Present:

Megan Allen (KCSARC)
Johanna Bender (MJC)
Anna Borris (Treasurer)
Maty Brimmer (CVC)
Citlalli Briseño (MiA)
Carolyn Cole (AOC – Equity & Access Program)
Mette Earlywine (DSHS)
Brynn Felix (ATJ Board)
Giannina Ferrara (CCYJ)
JoDee Garretson (SARC)
Jackie High-Edward (GJC)
Mishani Jack-Gonzalez (TSCC)
Jessica Johnson (CACWA)
Hao Nguyen (API Chaya)
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Tonia McClanahan (CCFC)
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Carlyn Sampson (Rebuilding Hope!)
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Sally Winn (YWCA Spokane)
Lei Young (OPD)
Jenny Zappone (DMCJA)
Anne-Marie Zell Schwerin (YWCA Walla Walla)

AOC Staff :

Kelley Amburgey-Richardson
Crissy Anderson
Laura Jones

WELCOME



- Jackie High-Edward welcomed everyone back. Reminded participants to use first names, encouraged people to add pronouns to Zoom name to make this an inclusive space.
- Recap from last meeting: Minutes are saved on Box and were sent out by email. We worked to develop shared definitions of key terms related to the purpose of the work group.
- For the first half of today's meeting we will continue to develop those shared definitions and then will break out into cohorts. Cohort #1 will look at first two work group objectives re: surveying the need and standardizing/expanding access to services. Cohort #2 will look at financial accounts and funding.

GENDER-BASED VIOLENCE SURVIVOR

- Human trafficking includes labor and sex trafficking
- Use sexual violence vs. sexual assault to encompass a spectrum of behaviors
- Domestic violence includes family and household members, coercive control (including economic harm)

Working Definition:

Gender-based violence is an umbrella term to highlight the imbalance of power and disproportionate impact of violence against individuals or groups based on their actual or perceived sex, gender, sexual orientation, and/or gender identity.

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|  | <p align="center">Crime Victim Services Work Group Meeting #3 December 13, 2023 12:15 pm – 1:15 pm Zoom Videoconference</p> |  |
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For the purposes of this work group, we consider a *gender-based violence survivor* to be anyone who has experienced or been exposed to domestic violence, sexual violence, human trafficking, sexual exploitation, or stalking.

COMMUNITY-LED SERVICES



- Question about whether this definition includes services that are run out of a hospital or state government entity (e.g. a county agency).
- Discussion about difference between community-based, confidential services with privileged communication, and system-based services provided by a prosecutor’s office, which are not confidential and have no privileged communication.
- Community-based programs operating out of a hospital or county building would still be included, if they meet other aspects of the definition.
 - Group determined that “outside of medical” clause was unnecessary.
 - Suggestion to change “medical” services to “healthcare” so it includes behavioral health.
 - Concern about the term “healthcare” if not modified by “advocacy.” Community-based services don’t provide healthcare services.
 - Some members included healthcare separately, as a community-based service separate from advocacy.
 - Suggestion to include prevention services.
 - Suggestion to include a list of collaborators like government, legal, etc.
- ACTION ITEM: Laura will circulate revised working definition and people can provide feedback.

Working Definition:

Community-led services are holistic and voluntary. Communications between service providers and survivors are privileged. Best practice is for these services to be low-barrier, trauma-informed, survivor-led, and culturally responsive. Community-led services may include prevention, crisis intervention, general/medical/legal advocacy, healthcare services, emotional support, safety planning, and wraparound services including housing, employment, and education, and may be in collaboration with other systems.

SCOPE OF LEGAL SERVICES/PROCEEDINGS

- “Legal services” definition feedback: Do legal services include attorney and court services? E.g. for court staff, navigators, facilitators, self-help centers, court facilitators, victim witness coordinators, non-attorney legal information providers, LLTs, advocates, (broad language may be included in a definition such as non-attorney legal information providers) peer supports, DCYF, mediators, legal advocates, online self-help portals such as WA lawhelp, law libraries, etc.
- Clarify scope of legal proceedings/processes we will consider
 - Suggestion to include courthouse facilitators, victim-witness coordinators, self-help centers, and other services (Laura captured on PPT slides).

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Working definition – to include both types of services & scope of proceedings:

Types of legal services:



- Attorney: Direct representation, unbundled services
- Unrepresented litigants: Courthouse facilitators, self-help centers, victim witness coordinators, navigators, mediators, advocates, online self-help portals, law libraries

Scope of proceedings:

- Civil Legal: Protection orders, family law, dependency, unlawful detainer (eviction), consumer debt, immigration, Title IX
- Criminal: Privacy of survivors' information, victim rights and remedies for violations of those rights
- Juvenile
- Administrative: DCYF, public benefits, child support

COHORT 1 DISCUSSION: Survey the need in the legal and community based systems including the need for evidence-based training for all participants. Develop a plan to standardize and expand access to legal and community-based assistance while utilizing and leveraging public & private funding

- Two prongs to this section: 1) Survey and then 2) Develop a Plan
- Group discussed the potential of doing a mind-mapping exercise around objectives. Perhaps then organize around a timeline and identified objectives.
 - What needs to change in the current system? This inquiry needs to be wide and should include those impacted.
 - WSCCR may be a resource to make sure survey questions are phrased in a way that solicits statistically useful answers. Perhaps having a WSCCR member on the CSV work group would be appropriate; or perhaps someone to assist with the survey itself in a limited scope.
- Group should organize around what services do we currently have within the state, where are they, who is using them, what is missing/what additional needs exist.
- Significant geographic service gaps across the state. A mapping exercise of the state could be a starting point.
 - Rebuilding Hope! just did this on SA services and found big geographic holes
 - WSCADV likely also has significant resource lists. Group members will think about how we would start to cultivate this information.
- ACTION ITEM: Crissy will reach out to WSCCR regarding any potential dashboards, or use of a dashboard as a way to hold the information statewide.
- Need to figure out what the container is for this information once collected.
 - Could it be on a WSCCR dashboard? Any funding for this?
 - A map similar to the one used by Rebuilding Hope? NJP may also have mapped out statewide information.
 - The 2016 Civil Legal Needs Study was done by WSU professionals and had significant service mapping data. ATJ is tasked with initiating the next legal needs in (2025?), but the timing

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doesn't line up perfectly with the work of this group. During the 2016 study ATJ sent out 15k survey requests to individual respondents around the state which doesn't seem feasible for this effort.



- Question as to whether they still have that information living somewhere and whether it could be of use.
- Half of the cohort could look at creation of the survey, and the second half of the group could look at who the outreach will go to.
- ACTION ITEM: Use the distribution list for this cohort group to see if members would like to meet again before next CVS meeting.

COHORT 2 DISCUSSION: Assess different financial accounts which can be utilized for victim services. Develop a sustainable funding formula and criteria for future state funding.

- Introductions: Members introduced themselves and shared what agency they are representing in the WG.
- Brainstorming about how to tackle legislative directives, division of labor.
 - OCVA can provide an overview of the current funding landscape in coordination with DSHA and Crime Victims Comp.
 - There are existing funding plans. Can share general information about how funding is used.
 - This is a combination of federal and state funding.
 - Overview would not include county or city funding that some programs have.
 - CVC doesn't fund programs, but provides direct funding to victims.
- Tax form 990 is what programs have to submit to see where they are getting their funding. This could provide information.
- State coalitions may have a sense of what other funding sources are supporting programs too.
- Office of the State Treasurer has a list of all state accounts. Asked for clarity about what accounts would be helpful to know about, so they can bring it back and look into it. Everything is budgeted through an appropriations process. Federal funds would also go through the OST.
 - Laura Jones and Kelley A-R will try to develop a narrower ask.
- ACTION ITEMS: Laura Jones will create a document in BOX where people can input what they know regarding funding (available [here](#)). Trisha will look into what information OCVA has about what funding is going to tribes, tribal programs by next meeting.

ADJOURNMENT

- Our next meeting will be on Wednesday, January 10 @ 12:15 pm

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|  | <p align="center">Crime Victim Services Work Group Meeting #3 January 10, 2024 12:15 pm – 1:15 pm Zoom Videoconference</p> |  |
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Designees & Liaisons Present:

Megan Allen (KCSARC)
Anna Borris (Treasurer)
Citlalli Briseño (MiA)
Carolyn Cole (AOC – Equity & Access Program)
Brynn Felix (ATJ Board)
Giannina Ferrara (CCYJ)
JoDee Garretson (SARC)
Elizabeth Hendren (SVLC)
Jackie High-Edward (GJC)
Mishani Jack-Gonzalez (TSCC)
Larry Jefferson (OPD)
Jessica Johnson (CACWA)
Annalise Martucci (OCLA)
Chris McBride (DV Services of Snohomish County)
Tonia McClanahan (CCFC)
Colleen McIngalls (KCPAO)

Carlyn Sampson (Rebuilding Hope!)
Trisha Smith (OCVA)
Em Stone (WSCADV)
Mary Welch (NJP)
Jenny Zappone (DMCJA)
Anne-Marie Zell Schwerin (YWCA Walla Walla)

AOC Staff :

Kelley Amburgey-Richardson
Crissy Anderson
Laura Jones

WELCOME

- Jackie High-Edward welcomed everyone back. Reminded participants to use first names, encouraged people to add pronouns to Zoom name to make this an inclusive space.
- Provided overview of first few meetings, working to develop shared definitions of key terms.
- For the first half of today’s meeting we will briefly revisit those shared definitions, and then discuss the purpose of the work group together. For the second half of our meeting, we will break out into cohorts. Cohort #1 will look at first two work group objectives re: surveying the need and standardizing/expanding access to services. Cohort #2 will look at financial accounts and funding.



GENDER-BASED VIOLENCE SURVIVOR

Gender-based violence is an umbrella term to highlight the imbalance of power and disproportionate impact of violence against individuals or groups based on their actual or perceived sex, gender, sexual orientation, and/or gender identity.

For the purposes of this work group, we consider a *gender-based violence survivor* to be anyone who has experienced or been exposed to domestic violence, sexual violence, human trafficking, sexual exploitation, or stalking.

COMMUNITY-LED SERVICES

Community-led services are holistic and voluntary. Communications between service providers and survivors are privileged. Best practice is for these services to be low-barrier, trauma-informed, survivor-led, and culturally responsive. Community-led services may include prevention, crisis intervention, general/medical/legal advocacy, healthcare services, emotional support, safety planning, and wraparound services including housing, employment, and education, and may be in collaboration with other systems.

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SCOPE OF LEGAL SERVICES/PROCEEDINGS

Types of legal services:

- Attorney: Direct representation, unbundled services
- Unrepresented litigants: Courthouse facilitators, self-help centers, victim witness coordinators, navigators, mediators, advocates, online self-help portals, law libraries

Scope of proceedings:

- Civil Legal: Protection orders, family law, dependency, unlawful detainer (eviction), consumer debt, immigration, Title IX
- Criminal: Privacy of survivors' information, victim rights and remedies for violations of those rights, victim-defendants
- Juvenile
- Administrative: DCYF, public benefits, child support

CVS Work Group Purpose – Why was this work group created, and what will be the impact of our work?

- Shared draft purpose based on proviso language and work group discussion thus far.
- The charge was pretty broad, the goal is to focus the group toward a shared purpose with a goal of practical results after report is delivered to legislature.
- It's important to emphasize need for consistent, sustainable, and ongoing funding.
Recommendation to add this specifically to the purpose statement.
- How do we include consultation with lived experts?
 - Cohort 1 plans to do listening sessions across the state to include this voice.
 - This is something AOC has been prioritizing.
 - There can be space to add folks directly to the work group as well.
 - Advocates are often survivors as well. Several people on this work group identify as lived experts and are bringing their lived experience to the discussion.
 - Cohort #1 should define what we mean by a lived expert in this context, how we want to involve them, and bring that back to the group.

Purpose statement:



The CVS Work Group, in consultation with lived experts, will:

*** IDENTIFY** existing legal and community-led services for gender-based violence survivors, including how services are funded, training that service providers receive, and where there are gaps.

***ASSESS** where expansion of existing services/support/training or additional services/support/training are needed. This will include an assessment of funding needs.



***PROPOSE** sustainable funding options for legal and community-led services for gender-based violence survivors.

As a result of our work, the Legislature will be able to prioritize consistent, sustainable, and ongoing funding to better support the holistic needs of gender-based violence survivors.

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COHORT 1 DISCUSSION: Survey the need in the legal and community based systems including the need for evidence-based training for all participants. Develop a plan to standardize and expand access to legal and community-based assistance while utilizing and leveraging public & private funding



- Discussed Victims of Crime Act funding – WA state has decided to fund certain services, but culturally specific and tribal and trafficking only programs get federal funding, so less geographic consistency and holes with types of programs/populations that are being served.
- Would be good to have all the information on VOCA formula, etc, have a visual map, etc.
- State funding comes out of state’s general fund; state has already decided to give money to specific programs, but tribal programs, etc. don’t typically have a shelter component so don’t qualify for general fund dollars, only qualify for fed funding.
- ACTION ITEM: Carlyn to provide Department of Commerce Sexual Assault Service Standards and list of sexual assault service programs [These are saved on Box in the [Cohort 1 Folder](#)]
- WSCADV is in communication with other state coalitions, and they are always looking at other innovative national programs and can share what they find out.
- ACTION ITEM: Laura to speak with Michael Terasaki from the pro bono council, may be able to provide map of legal aid service providers [Saved on Box in the [Cohort 1 Folder](#)]
- What other information do we need to begin mapping?
 - The existence of programs or attorneys doesn’t speak to the need. Figuring out who we have on the ground providing legal services is a starting point. Mary says NJP could use 200 more attorneys. CLEAR is overwhelmed with eviction calls these days, inability to access attorneys continues to be a problem. Need to look at where there are real resources meeting the needs.
 - ACTION ITEM: Mary will gather that information for legal aid around the state for the mapping
 - Brynn provided the alliance for equal justice link with statewide members: [Who Are the Alliance Members? - AEJ \(allianceforequaljustice.org\)](http://allianceforequaljustice.org)
 - Larry: For survivors who are in criminal justice system, no treatment options. Doesn’t consider PAO victim advocates to be victim advocates b/c feels like it doesn’t represent what victims want oftentimes.
 - Mary: should factor in language access issues, need information on availability of resources there.
 - Carolyn: suggests utilizing the white boarding tool, and building out backwards from purpose and scope, and determine what to do next.
 - ACTION ITEM: Staff and lead will further explore utility whiteboard tool.
- Other areas we need to get information on; what are we missing?
 - Medical programs: Brynn: knows huge need for health services, notes the crisis of that work force, saying they might not have the ability to provide services even if identified. Working in the legislature to increase resources.

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- ACTION ITEM: Brynn will help with mapping from a community health standpoint [List of Washington’s Community Health Centers and Behavioral Health Agencies Directory saved in [Cohort 1 Folder](#)]
- Jackie: As first step need to identify what exists now, then what is needed, reaching out to find out what utilizers of the systems and providers indicate is missing, how to make it uniform, what funding is needed.

COHORT 2 DISCUSSION: Assess different financial accounts which can be utilized for victim services. Develop a sustainable funding formula and criteria for future state funding.



- Last time we did intros and talked about how to gather information about the funding. There are some specific funding sources called out in the proviso: US Dept of Treasury, Commerce, DCYF, DSHS
- Since the last meeting, Mette created a [funding matrix](#) to the shared drive. Trisha and Annalise have added to it. Group went over spreadsheet together. Questions?
 - It would be helpful to add funding amounts and allocation methodology (formula vs. competitive, etc.) to the sheet.
 - OCVA and DSHS are currently redoing their funding formulas.
 - Question about why US Treasury is named – this may be just to identify sources of federal funding. Big federal funding sources usually require a single state recipient. So, likely OCVA and DSHS will have most of this information as they administer funding for these services in WA.
 - ACTION ITEM: Laura will follow-up with Trisha about this question
 - Suggestion to add a column addressing what are the requirements/criteria to get each funding source. Small non-profits may not realistically have capacity to access some sources.
 - ACTION ITEM: Colleen will add information about Victim Penalty Assessment (VPA) funds.
 - Suggestion to look at funding by county and to look at past recipients of funding sources outlined.
 - How does funding for legal aid interact with this list? Funding is allocated to Legal Foundation of WA and to NJP. Annalise will add additional information.
 - Are there groups or funding sources missing from this list?
 - CAC funding sources? Some are on the list but there may be more.
 - Programs may be serving children exposed to violence as a secondary purpose to serving DV/SA survivors.
 - An understanding of how individual providers use funding sources. This differs by program. Lots are looking for funding for core services.
 - There is a lot of flexibility built in. OCVA does trust-based grantmaking and relies on grantees to prioritize and implement what their communities need. It will be really time-intensive to map out what funding is used for in each county.
 - Need to ask ourselves what information is needed to carry out our purpose.

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- Local programs should add their small funding sources too. It will help us know more about what is available.
- Tribal services – can we ask WomenSpirit to share any direct funding sources tribes receive that don't go through state agencies?
 - ACTION ITEM: Laura to follow up with Dee Koester
- ACTION ITEM: Laura will update spreadsheet after this meeting. Cohort members should add any additional information by the week before February 14th.
- Trisha, Annalise, and others who are most involved in funding, will share in big group discussion next meeting.

ADJOURNMENT

- Our next meeting will be on Wednesday, February 14 @ 12:15 pm

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|  | <p align="center">Crime Victim Services Work Group Meeting #5 March 13, 2024 12:15 pm – 1:15 pm Zoom Videoconference</p> |  |
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Designees & Liaisons Present:

Megan Allen (KCSARC)
Johanna Bender (MJC)
Anna Borris (Treasurer)
Maty Brimmer (L&I – CV Compensation)
Judy Chen (WSCADV)
Mette Earlywine (DSHS)
Giannina Ferrara (CCYJ)
Suzi Fode (New Hope Kids Hope)
Elizabeth Hendren (SVLC)
Jackie High-Edward (GJC)
Mishani Jack-Gonzalez (TSCC)
Annalise Martucci (OCLA)
Chris McBride (DV Services of Snohomish County)
Colleen McIngalls (KCPAO)
Kelly Olson (Civil Survival)

Carlyn Sampson (Rebuilding Hope!)
Cindy Smith (TSCC)
Trisha Smith (OCVA)
Evangeline Stratton (FVAP)
Em Stone (WSCADV)
Jenny Zappone (DMCJA)
Anne-Marie Zell Schwerin (YWCA Walla Walla)

AOC Staff :

Kelley Amburgey-Richardson
Crissy Anderson
Jessica Janét
Laura Jones
Karl Jones
Ashley Rousson

WELCOME & UPDATES



- Jackie High-Edward welcomed everyone back. Reminded participants to use first names, encouraged people to add pronouns to Zoom name to make this an inclusive space.
- Introduced new staff and researchers, Jessica Janét, Karl Jones and Ashley Rousson; and new Work Group members and guests.
- Laura Jones provided overview of first few meetings, shared definitions of key terms in the legislative directive, purpose statement and cohort mapping exercise of services and funding.
- Jessica Janét provided mapping update, spreadsheet created inputting existing services by county and will reach out to specific work group members to review and make sure we're not missing anything.

LARGE GROUP DISCUSSION – HOW TO SURVEY THE NEED

Ashley Rousson provided framing to guide the discussion, reminded of our directive and provided examples to get us started.

Karl Jones shared Court Contact and Recidivism Data (CCRD):

- Shared types of data available, including trial court case filings, court-involved population (race & ethnicity, gender, age, language (CLIs), address history), legal financial obligations (2018-2022).
- Shared examples of using data to drill down from general process to looking at intersections, including data on women's risk of DV charges relative to men and how it varies by county, race and ethnicity (e.g. Native American women's relative risk is amplified in Yakima County).
- Trends in DV recidivism among women vary by place and race and ethnicity.
- Regions generating at least 100 protection order violations a year at a rate at least 2x greater than the statewide average (portions of Snohomish or Lewis Counties).

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- Chances of harassment and PO violation charges in CLJs generating fines and fees may vary by jurisdiction, and knowing the frequency with which LFOs are being directed to victim-compensation funds may be of interest to the group.
- The group raised questions and comments: It may be interesting to look at data on women's risk of DV charges relative to men in conjunction with fatality data. It's important to disaggregate populations when you can with CCRD. The motivating question here was looking at the efficacy of mandatory arrest.



Ashley led a group discussion on surveying the need:

What do we want to know that we might be able to get from currently available data?

- Is there also data on DV by sexual orientation and more expansive gender identity?
 - A limitation of CCRD is binary (M/F) gender.
 - NSVIS is one of the best sources of solid data on DV and SA victimization including by sexual orientation and gender identity
- Need Protective Order data by county.
- Is there data for other types of harm? How are we analyzing data with an equity lens? What other types of violence?
 - National DV Hotline also has data sets by state and territory.
 - Washington State Domestic Violence Fatality Review data.
 - Intake numbers and types for direct service providers, including any numbers on individuals they were unable to serve due to capacity or resources issues.
 - SANE data might be helpful for hospital response for strangulation and sexual assault.
 - Sexual assault crimes pled down to lesser offenses.

What is needed/missing (services that don't currently exists, or services that have inadequate funding and need to be targeted to certain locales/populations)?

- Are there groups that we should try to reach out to in order to identify the need? Are there groups of survivors whose interests are underrepresented in the work group? What agencies can we reach out to fill those gaps? How will we reach survivors directly? Can we? Do we want to? [Process- do we have the time and ability to do that?]
- Ideas included:
 - Focus groups.
 - OCVA putting together community voices collaborative- can share background but don't know if timelines align. OCVA also conducted listening sessions last year with survivors.
 - Action Item: Jessica Janét will follow-up with Trisha Smith about both.
 - Civil Legal Needs Survey: Took multiple years and a lot of money to do that. Will be coming up soon, not in time for this group. That experience suggests that surveying at that level of granularity is outside the scope. Maybe a way to go regionally by service providers. Looking at buckets of services that are accessed would be a methodical way to do it and get those voices.

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- Include agencies/representatives of youth – refresh on who is participating on the work group would be helpful
- Connection with survivors should be done through service provider agencies.
- Maybe one of the funding pieces is supporting those organizations to continue to survey survivors.
- So much great work is happening out there, but this is about getting it together in one place.
- Volunteer lawyer programs that are under the umbrella of the pro bono council (Michael Terasaki); SU Family Law Center re: stats on pipeline of trained attorneys in DV/Family law (Heather Shutter).
- It would be good to get a sampling of both community-based (rural/urban) and system-based (rural/urban) providers—we should also be mindful of any gaps in the data that we are pulling together.



Discussion about next steps and engagement:

- What can we do thoughtfully in the time we have to do it? Our directive is huge, in a short amount of time.
- It feels like we're changing gears and work group members are waiting to see what this looks like.
- Hard to know who's here in the room, is there a way that we can provide information to remind people? Digestible pieces of information that we can be providing to reorient folks?
 - Action Item: Jessica Janét emailed the list of shareholders to the group on March 13. The link to the shareholder list is also here:
<https://courtswa.box.com/s/048mitf3lqlrxihw1gdr5bwl6kq6u5c>
- Group asked for Box links and attachments to make it easy to access information, and for staff to send information in advance of meetings so they have an opportunity to review.
- The link to our project plan to provide written feedback to the discussion questions is available here:
<https://courtswa.box.com/s/ydc1noca3skebb38umuc8znkhsv4q3rx>

We are hoping to convene a small group of people to move the surveying the need piece of our directive forward based on our discussion today. We have some people in mind and will be reaching out, but the group members were asked to contact Jessica Janét if interested in participating in that group.

ADJOURNMENT

- Our next meeting will be on Wednesday, April 10 @ 12:15 pm on Zoom.

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|  | <p align="center">Crime Victim Services Work Group Meeting #6 May 8, 2024 12:15 pm – 1:15 pm Zoom Videoconference</p> |  |
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Designees & Liaisons Present:

Megan Allen (KCSARC)
Johanna Bender (MJC)
Anna Borris (Treasurer)
Maty Brimmer (L&I – CV Compensation)
Cheryl Coan (WomenSpirit)
Carolyn Cole (AOC Court Equity & Access)
Giannina Ferrara (CCYJ)
Suzi Fode (New Hope Kids Hope)
JoDee Garretson (Support, Advocacy & Resource)
Jackie High-Edward (GJC)
Jessica Johnson (CACWA)
Marisa Langlois (WSCADV)
Annalise Martucci (OCLA)
Chris McBride (DV Services of Snohomish County)
Cameron Norton (DCYF)



Kelly Olson (Civil Survival)
Carlyn Sampson (Rebuilding Hope!)
Trisha Smith (OCVA)
Evangeline Stratton (FVAP)
Em Stone (WSCADV)
Sharon Swanson (CJTC)
Christine Wall (DSHS)
Sally Winn (YWCA Spokane)

AOC Staff :

Kelley Amburgey-Richardson
Crissy Anderson
Jessica Janét
Laura Jones
Karl Jones
Ashley Rousson

WELCOME & UPDATES

- Jackie High-Edward welcomed everyone back. Reminded participants to use first names, encouraged people to add pronouns to Zoom name to make this an inclusive space.
- Trisha Smith (OCVA), Analise Martucci (OCLA), and Christine Wall (DSHS) shared updates on funding work.
 - OCVA is working on a plan for how to allocate federal funds and has some strategies to stabilize. They are meeting with statewide partners to look at resource gaps. They have an SA services funding formula that was designed in 1995 and reviewed in 2008.
 - OCLA is in the budget development process for the next biennium, in the scoping/planning phase for what the agency's request will be. They are working on understanding the need and developing concept papers that will be turned into decision packages. There is a tight budget with a lot of moving pieces. OCLA is a legislative branch agency, so they work closely with other legislative branch agencies to coordinate asks. They have some direct general funding for DV representation and are working between now and the fall to assess those needs. They are updating their plan this year – doesn't address numbers, but how funds will be distributed.
 - DSHS was required to convene a work group, per SSB 5398 (passed in 2023), to review and make recommendations regarding potential changes to the DV formula. The report is due to the legislature by December 1st of this year, with implementation to occur July 2025. The work group met in February and April and will meet twice more in May and June. Based on feedback, they are inviting input from DV programs statewide, including tribal programs.
- Jessica Janét provided overview of last meeting and updates of work group progress.

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- Services mapping is almost complete, with the exception of Chelan, Douglas, Grays Harbor and Pacific counties. Let Jessica know if you have contacts in those counties who can review the spreadsheet.
- Survey subgroup met three times, in addition to individual meetings over the last two months. Ashley has created two surveys – one for service providers to assess the greatest needs, and one for survivors to get their feedback.
- Ashley Rousson discussed creation of the surveys and logistics for distribution.
 - Survey subgroup considered directive from the Legislature, feedback from stakeholders, prioritizing survivor voices and issues of accessibility, time, confidentiality and cost when creating the surveys.
 - We will send both surveys to the stakeholders for distribution.
 - The provider survey will go out via email to various listservs. The survey will be in English only and there will not be compensation.
 - Survivor survey will go out via social media using a flyer with QR code/link to the survey. It will be available in 5 languages. There is no compensation for the survey, but option for follow-up interviews or focus groups that will compensate \$50.

SMALL GROUP DISCUSSION – SURVEY REVIEW

- Ashley Rousson provided framing to guide the discussion and what we are aiming to understand.
 - From providers, we are looking to get a sense of geography and who they serve, what services they provide, their perspective on the highest priority needs, barriers they perceive, perspective on training needs, and demographic info to get a sense of who is giving input.
 - From survivors, we want to know their immediate and long-term needs, types of victimization, who they interacted with, court processes, experiences, and demographics.
 - The surveys should not be too long and we want to limit open-ended questions.
- The work group was split into small groups to review and provide feedback on both surveys. The small groups were divided by provider type: domestic violence, sexual assault and trafficking, children’s services, legal services, and funders/administrators. The groups made recommendations about:
 - Clarifying objectives and terms.
 - Removing certain options from legal services that were more appropriate as community-based services.
 - Alphabetizing options in drop-down menus, or other ways to order options.
 - Adding options for disability access, language access, and immigration.

ADJOURNMENT

- Our next meeting will be on Wednesday, June 12 @ 12:15 pm on Zoom.

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Designees & Liaisons Present:

Anna Borris (Treasurer)
Maty Brimmer (L&I – CV Compensation)
Judy Chen (WSCADV)
Cheryl Coan (WomenSpirit)
Jackie High-Edward (GJC)
Mishani Jack-Gonzalez (TSCC)
Larry Jefferson (OPD)
Jessica Johnson (CACWA)
Annalise Martucci (OCLA)
Chris McBride (DV Services of Snohomish County)
Colleen McIngalls (KCPAO)
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Mary Welch (NJP)
Sally Winn (YWCA Spokane)

AOC Staff :



Crissy Anderson
Jessica Janét
Laura Jones
Karl Jones
Ashley Rousson

WELCOME & UPDATES



- Jackie High-Edward welcomed everyone back. Reminded participants to use first names, encouraged people to add pronouns to Zoom name to make this an inclusive space.
- Jessica Janét gave a recap of the last meeting.
- Judge High-Edward reported on the directive to develop a funding formula. Because there are funding experts working on other projects around this same issue, and this work group’s report is due before the funders finish that work, this work group will not address the funding formula. We do not want to do anything inconsistent with other work. We are drafting a letter to the Legislators with the update.
- Jessica Janét gave an update on progress since the last meeting.
 - The surveys were sent to more than 700 people. Thank you to the stakeholders who helped send it out.
 - The services mapping spreadsheet is complete and Karl Jones is inputting the information into an interactive dashboard. Karl gave a preview of what the dashboard will look like.
 - Drafting of the report to the Legislature is ongoing. All drafting is saved on [Box](#) and stakeholders are encouraged to review and give feedback.
 - Jessica reminded the group about our directives. A planning subgroup met yesterday to discuss the directive to “develop a plan to standardize and expand access to legal and community based assistance.” The group developed discussion questions for today’s meeting.

LARGE GROUP DISCUSSION – PRELIMINARY SURVEY RESULTS



- Ashley Rousson shared preliminary survey results.

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- Two survey were distributed to meet our directives—to survivors and providers—to fill in gaps in mapping service needs and inform this group about what it looks like to expand services.
- 195 providers filled out the provider survey and there was at least one provider from each county.
- 88 survivors filled out the survivor survey and there were survivors from 18 counties. 62% of people indicated a willingness to be followed up with, and that subsample is more diverse in terms of race/ethnicity and geographic distribution.
 - Regarding education levels of survivors, 25% have a Bachelors Degree, 25% have some college and 22% have a graduate degree.
 - Judy Chen shared that the results seem unusual, as WSCADV’s survey results generally have a majority with high school or less than high school education. Ashley agreed that the results may indicate that the surveys did not reach the populations that are being seen by stakeholder organizations, and recommended we be clear about the way we present this information in our report.
 - Ashley and Karl are looking at other data sources as well. Judy recommended incorporating data from a [WSCADV Study](#).
- There were some similarities and some differences between survivors and providers about survivor service needs.
 - Provider assessment of highest degree of need included access to mental health care, legal (civil), housing (non-shelter based), financial assistance, and emergency shelter-based housing. These had the highest score regarding degree of need and also the greatest number of responses.
 - Survivors’ highest degree of need during the initial crisis period, as well as on an ongoing basis, included emotional support, therapy/mental health care, legal help, and safety planning. These had the highest score regarding degree of need and also the greatest number of responses. Looking at needs with fewer responses, but higher rankings of degree of need, housing, crisis intervention, and child care were also important. Karl is looking at this and there may be a group of survivors that indicate certain needs.
 - Survivors shared their perspectives on the assistance they received from services and professionals as follows:
 - Family & friends had the highest encounter rate and the responses were mixed, with some ranking not at all helpful and some extremely helpful.
 - Police: 37% not at all helpful.
 - Advocates: 43% extremely helpful.
 - Therapists/counselors: 31% extremely helpful.
 - Judges: 28% not at all helpful.



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- Lawyers were mixed, with 22% not at all helpful and 27% extremely helpful. We do not know which lawyers the participants encountered—their own lawyer, their partner’s lawyer, a prosecutor, etc.
 - Healthcare professionals were mixed, with 20% not at all helpful and 14% extremely helpful.
 - Providers’ assessment of knowledge and training needs ranked law enforcement and judges as poor/fair, indicating the highest need for training.
- The work group discussed the preliminary survey results.
 - There was an acknowledgement about the survivor voices that are missing. It is important to contextualize what we found.
 - Our strategy was for stakeholders in this group to distribute the surveys and the degree to which that happened was variable. We can surmise that it did not get out widely to particular groups.
 - If stakeholders want to do more outreach, Ashley is still scheduling interviews and focus groups. There is time for people to fill out the survey before the report is due, but some of our directives are contingent on survey results. Do we have a successful strategy for reaching particular groups? And are there people in this group who are able to facilitate that?
 - In trying to reach out to the tribal community, timing was an issue. Quite a few tribes have their own DV programs and different groups that they are coordinating with, so it was hard to get everything out. For ongoing engagement, it may be more successful to coordinate something through a coalition instead of this temporary work group. Stakeholders expressed interest in continuing this work after the work group ends. Mishani Jack-Gonzalez is happy to share results from the current survey of tribal courts with this group.
 - Judy expressed concern that the survivor voice only represents a narrow demographic. We don’t want to replicate harm.
- We did not have time for all of the discussion questions, so additional questions were sent via email after the meeting:
 - Based on the demographics, who are we missing? Are you willing to facilitate this outreach and share the survey?
 - Thinking about the survivor populations you serve, what would it look like to expand access to:
 - Mental health and emotional support
 - Civil legal
 - Safety planning
 - Childcare
 - Training for judges and court staff
 - Training for law enforcement

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| ADJOURNMENT |
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- Our next meeting will be on Wednesday, August 14 @ 12:15 pm on Zoom.

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|  | <p align="center">Crime Victim Services Work Group Meeting #8 August 14, 2024 12:15 pm – 1:15 pm Zoom Videoconference</p> |  |
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Designees & Liaisons Present:

Anna Borris (Treasurer)
Judy Chen (WSCADV)
Mette Earlywine (DSHS)
Giannina Ferrara (CCYJ)
JoDee Garretson (Support Advocacy)
Afsaneh Haddadian (CCYJ)
Jackie High-Edward (GJC)
Mishani Jack-Gonzalez (TSCC)
Jessica Johnson (CACWA)
Chris McBride (DV Services of Snohomish County)
Colleen McIngalls (KCPAO)
Hao Nguyen (API Chaya)
Cameron Norton (DCYF)

Trisha Smith (OCVA)
Evangeline Stratton (FVAP)
Lori Vanderburg (Dawson Place)
Mary Welch (NJP)

AOC Staff :

Crissy Anderson
Jessica Janét
Laura Jones
Ashley Rousson

Guests:



Lauren Vlas (AGO)

WELCOME & UPDATES

- Jackie High-Edward welcomed everyone back. Reminded participants to use first names, encouraged people to add pronouns to Zoom name to make this an inclusive space.
- Jessica Janét gave a recap of the last meeting.
- Jessica reviewed the work group directives and gave an update on progress.
 - The first directive was to survey the need in legal and community-based systems.
 - We have mapped available services and are creating an interactive dashboard in Tableau that people can search by county.
 - We sent out the survivor and provider surveys.
 - We are analyzing other available data sources, including national and Washington-specific reports, AOC court data, and InfoNet data.
 - The next directive was to assess the different financial accounts utilized for victim services. The first draft is complete, with the help of Trisha Smith (OCVA), Maty Brimmer (L&I), Mette Earlywine (DSHS), and Annalise Martucci (OCLA). Available financial accounts include federal funding, state funding, formula grants, and discretionary funds.
 - The next directive was to develop a sustainable funding formula, which the work group has determined is not timely.
 - The final directive was to develop a plan to standardize and expand access to services, which is in progress.

REPORT TO THE LEGISLATURE



- The planning subgroup has met four times and developed a framework. Jessica shared and reviewed the report outline.
- We are putting together a list assigning work group members to edit various sections and will share the list by the end of the month. Assignments are based on expertise, but let us know if you have any concerns with the section you are assigned.

| | | |
|---|--|---|
|  | <p align="center">Crime Victim Services Work Group Meeting #8 August 14, 2024 12:15 pm – 1:15 pm Zoom Videoconference</p> |  |
|---|--|---|



- Sections will be sent for review in early September.
- Responses and edits are due back to AOC by September 13th. It is important to review your section and send timely responses, so edits can be incorporated in the final report.
- The planning subgroup identified a need for workforce development. Jessica asked the group for supporting data sources.
 - Trisha Smith shared that OCVA doesn't have data on turnover, but they report on Washington non-profits in general that may be helpful on this topic.
 - CACWA shared a salary survey (attached).
 - Action Item: Chris McBride will compile some materials that show non-profits are vulnerable.
 - Judy Chen shared information about WSCADV's [Wage & Benefits Survey](#) that shows how low paid advocates are, including selling their plasma.
 - Cameron Norton shared an Article on [Human Services Workforce Recruitment and Retention Implications](#).
 - Colleen McIngalls shared an Article on [Enhancing and Professionalizing the Victim Services Field](#).
 - Colleen McIngalls shared a report on turnover intention and job satisfaction among the IPV and SA workforce (attached).

SURVIVOR INTERVIEWS/FOCUS GROUPS

- Ashley Rousson shared preliminary results from the survivor interviews. She is in the middle of her analysis, but has recognized common themes.
- Ashley conducted 14 individual interviews and 3 focus groups with 2-3 people (approximately 20 people total).
- Ashley shared general themes that came out of the discussions.
 - The legal system is a significant problem, specifically civil and family courts.
 - Cross-system involvement makes things complicated. Survivors feel that the buck gets passed but nothing is resolved.
 - There is a lack of a trauma-informed approach by people in positions of power.
 - Survivors are disbelieved.
 - Systems are wielded against survivors.
 - Ashley talked to a lot of people where intersection of identities varied. They gave specific examples that will lend some understanding to broader gaps/needs for people with certain vulnerabilities.
 - Survivors described experiences of violence that do not fit into common understanding.
 - There is interconnectedness of forms of violence – for example, a DV survivor with kids who are also being abused – and services are not equipped to help them both.
- Ashley shared additional, specific themes that arose.

| | | |
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|  | <p align="center">Crime Victim Services Work Group Meeting #8 August 14, 2024 12:15 pm – 1:15 pm Zoom Videoconference</p> |  |
|---|--|---|

- There is a mistrust of systems. One survivor shared how engaging with systems she found harmful was in conflict with her values. Others shared what it takes to engage with the system in the first place. There is a mistrust of courts, law enforcement, and the military.
- What survivors want and need doesn't align with systems they are interacting with. They are not looking for perpetrators to be punished; they want the abuse to stop and for the perpetrator to get help.
- The fragmented and lack of legal representation is problematic. Even people who talked about an overall good experience in family law matters made it clear that wouldn't have happened if they didn't have an attorney the entire time.
- CPS is sometimes harmful and/or not helpful. When there was a family law case and CPS became involved, they weren't willing to provide information, and there were no findings or help that CPS could provide to the court.
- There is a need for early preventative education about healthy relationships and boundaries, which can go a long way toward people understanding their own experiences.
- Rural access is an issue. There are so few people working across the board (community or systems based) and they are far away, so there are limited options.
- There is no closing of the loop or active follow-ups (CPS, APS, prosecutor). The survivor has to affirmatively seek out information. Lack of action or accountability emboldens perpetrators.
- There are more resources needed for financial assistance, legal, and mental health.
- The group discussed the themes and had follow up questions.
 - *Do the themes align with the survey feedback?* The interviews were with a subset of survey participants. They provide us with specific detail and examples that we don't get from the surveys. Something that came from both the survey responses and interviews is that communities need to be able to respond to the needs in front of them – survivors are not a homogenous group in terms of needs.
 - *Did anything come up in the interviews regarding the relationship between gender-based violence and gun violence?* Sometimes the way we try to address GBV and policies has unintended consequences. We want to support the victim and punish the perpetrator, but survivors don't want to be pitted against other people in their community or unintentionally create more harm for the community. There is an adultification and criminalization of youth of color.
 - Regarding the need for training, one view is that training focuses on individual behavior but not institutional policy.
 - Survivors advocated for training (for people with decision making power) but also talked about training being lip service to addressing the issue.
 - Training is necessary, but not sufficient on its own.
 - How do we have a systematic impact on processing of cases in the courts? There are so many dynamics at play, so how do we make a recommendation that will have an impact?

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|  | <p align="center">Crime Victim Services Work Group Meeting #8 August 14, 2024 12:15 pm – 1:15 pm Zoom Videoconference</p> |  |
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- Different training is needed depending on the phase of career. Do judges get training on a trauma-informed approach?
- Prosecutors need training as well.
- RCW 7.105 is an unfunded mandate. If it is important, it should be funded. There are not enough people and not enough courtroom space. Judicial officers need training, but they also need time so they don't get burned out.
- Judicial College curriculum on GBV was just significantly updated. This is the only mandatory training for judges on GBV that they receive in conjunction with information about many other types of cases. There is a concern of burnout.
- Trisha shared a [report](#) specific to training for prosecutors, law enforcement, and court personnel.
- Judy shared a [flyer](#) on efforts to combat human trafficking.

ADJOURNMENT

- Our next meeting will be on Wednesday, September 11 @ 12:15 pm on Zoom.

CAC Staffing & Salary Survey

Prepared by Children's Advocacy Centers of Washington

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Staffing Information

In this section, CACs were asked to list all positions, following the instructions of the Salary Section Guide, which includes standardized position descriptions outlining key roles and responsibilities, based on the knowledge that exact staff titles vary widely.

Breakdown of Staff at 11 CAC Survey Participants (count) N=72

| | |
|---|----|
| ED/CAC Director | 7 |
| Assistant Director | 1 |
| Admin/Office Management Director | 3 |
| Director of Multiple Programs | 2 |
| Advocacy Services Director | 2 |
| Admin Office Staff/Receptionist | 9 |
| Finance/Accounting Director/Staff | 2 |
| Medical Services Director | 2 |
| Medical Provider Nurse | 5 |
| Medical Administrative Assistant | 1 |
| Forensic Interviewers | 10 |
| MDT Facilitator/Coordinator | 6 |
| Victim Advocate | 9 |
| Training/Outreach/Prevention Staff | 4 |
| Intake Coordinator/scheduler | 1 |
| Clinical Director | 1 |
| Mental Health Counselor/Clinician/Therapist | 4 |
| Human Resource Staff | 1 |
| Development/Fundraising/Grant Writing Staff | 2 |
| Communications/Marketing Staff | 1 |

Employment Type N =72

| | |
|---------------------------|-------|
| CAC employment | 50.28 |
| CAC-paid contract staff | 1.76 |
| Other paid contract staff | 0 |
| Not specified | 19.96 |

Years in Position – By Category N=72

| | |
|--------------------|----------|
| Less than 1 year | 7% (5) |
| 1 to 3 years | 29% (21) |
| >3 to 5 years | 18% (13) |
| > 5 to 10 years | 18% (13) |
| >10 to 15 years | 7% (5) |
| >15 to 20 years | 7% (5) |
| More than 20 years | 14% (10) |
| Not specified | 0% (0) |

Gender Identity N=72

| | |
|-------------------|----------|
| Male | 3% (2) |
| Female | 96% (69) |
| Transgendered Man | 0% (0) |

| | |
|---------------------------|--------|
| Transgendered Female | 1% (1) |
| Non-Binary/Non-Conforming | 0% (0) |
| Unknown | 0% (0) |

| | |
|---|-------------|
| Race | N=72 |
| Black or African American | 3% (2) |
| White | 92% (66) |
| American Indian or Alaska Native | 1% (1) |
| Asian | 0% (0) |
| Native Hawaiian or other Pacific Islander | 0% (0) |
| Multiple races | 4% (3) |
| Other | 0% (0) |
| Not specified | 0% (0) |

| | |
|------------------------|-------------|
| Ethnicity | N=72 |
| Hispanic or Latino | 25% (18) |
| Not Hispanic or Latino | 75% (54) |
| Not specified | 0% (0) |

Dual roles and succession planning for CAC leaders

Two additional staffing-related questions specific to executive directors/CAC program directors, regarding dual roles and succession planning, were asked in the context of organizational practices, which are presented in a separate table below.

| | |
|--|------------|
| Executive Director/CAC Program Director Also Provides | N=7 |
| Forensic interviews | 18% (2) |
| Advocacy (victim/child/family) | 36% (4) |
| MDT facilitation | 54% (6) |
| Fundraising/development/grant writing/reporting | 63% (7) |
| Community Education/ Outreach | 45% (5) |

As CACs expand to serve broader populations with more comprehensive services, for many, this means also expanding the responsibilities of existing staff members, especially for smaller centers that may not have high enough demand (or enough funding) to make these roles into full-time positions. As a result, CAC staff end up “wearing multiple hats,” as the saying goes, and this may be especially true for CAC directors.

CACs were also asked if they have a succession plan in place for the executive director, which is a requirement under the Organizational Capacity Standard for NCA Accreditation, recognizing that not all CAC respondents to this survey are fully accredited but that this is best practice for all organizations.

| | |
|---|-------------|
| Succession Plan in Place for Executive Director/CAC Program Director | N=11 |
| Yes | 82% (9) |
| No | 18% (2) |

Characteristics of Senior Leadership vs. Staff

Most positions listed in the survey had a corresponding director-level role or, by nature of the role itself, the position may involve management of staff and/or leadership of the organization as a whole or certain departments or divisions. To explore potential differences, those roles were designated as “senior leaders” (representing 26% of all CAC positions), with the remaining positions designated as “staff” (74% of all positions). “Other” positions were excluded, given the variation within these roles. For this survey, CACWA included the following positions as part of the “leadership” category: Directors of Multiple Programs, Assistant Directors, and any position that had “director” in its title. All other positions were classified as “staff.”

| | Leaders N=19 | Staff N=53 |
|--------------------------|--------------------|----------------------|
| Annual Salary | | |
| Mean | \$101,819 | \$75,339 |
| Median | \$90,100 | \$62,420 |
| Range | \$54,500-\$350,000 | \$40,000 - \$185,120 |
| Years in Position | | |
| Less than 1 year | 0% (0) | 8% (4) |
| 1 to 3 years | 13% (2) | 40% (21) |
| >3 to 5 years | 18% (3) | 9% (5) |
| > 5 to 10 years | 24% (4) | 19% (10) |
| >10 to 15 years | 0% (0) | 9% (5) |
| >15 to 20 years | 18% (3) | 4% (2) |
| More than 20 years | 29% (5) | 11% (6) |
| Not Specified | 0% (0) | 2% (1) |

Salary by Positions

Executive Director/CAC Directors

Serves as the leader for the CAC organization. Responsible for overall strategic operation, management, and administration of all CAC staff and MDT/community partnership activities. Works closely with the board to develop the organization’s vision and strategic focus. Serves as a spokesperson for the CAC.

| Annual Salary | N=7 |
|---------------|--------------------|
| Mean | \$99,465 |
| Median | \$90,100 |
| Range | \$54,500-\$134,000 |

Directors of Multiple Programs (Clinical, Assistant, Advocacy, Etc.)

Determines the focus and direction of several programs or functional areas. For example, a director of clinical services may oversee medical, mental health, and victim advocacy positions at the CAC. May serve as a spokesperson in areas of expertise.

| Annual Salary | N=10 |
|---------------|--------------------|
| Mean | \$86,589 |
| Median | \$87,525 |
| Range | \$66,206-\$110,000 |

Forensic Interviewer

This position should be included only if directly employed by the CAC or specifically contracted on an individual, ongoing basis with the CAC. Conducts interviews of child victims at the CAC. Participates in case review and peer review processes, bringing forensic interview perspectives to the team. Must meet foundational training and continuing education requirements per NCA National Standards of Accreditation for CACs.

| Annual Salary | N=10 |
|---------------|--------------------|
| Mean | \$83,385 |
| Median | \$83,200 |
| Range | \$40,000-\$118,000 |

Victim Advocate

This position should only be included if directly employed by the CAC or specifically contracted on an individual, ongoing basis with the CAC. Provides victim support and advocacy services to CAC clients and their families. Ensure children and families have access to support services, including, but not limited to, mental health and medical services. Participates in case review and brings victim advocacy perspectives to the team.

| Annual Salary | N=9 |
|---------------|--------------------|
| Mean | \$63,988 |
| Median | \$57,242 |
| Range | \$48,084-\$100,000 |

Mental Health Clinician

This position provides evidence-based mental health assessment and evidence-based treatment to the children and caregivers seen at the CAC. Depending on the therapy needs of the child and/or caregiver, the clinician may also refer them to linkage agreement providers in the community. The position provides education to CAC staff and MDT members on trauma symptoms, child and caregiver responses, and mental health issues that children and families may be experiencing. They share information with MDT members on treatment recommendations and progress. Licensed psychologists (Ph.D. in clinical psychology or a PsyD) may conduct psychological evaluations, evidence-based treatment, and/or make recommendations for treatment with another provider.

Credentials for mental health clinicians may include:

- Doctorate degree in psychology or social work (Ph.D., PsyD, DSW)
- Master's degree in social work, psychology or related field that meets eligibility requirements for a license to practice as a mental health clinician, such as: LCSW: Licensed clinical social worker
- LPC: Licensed professional counselor
- LCPC: Licensed clinical professional counselor
- LPCC: Licensed professional clinical counselor
- LMHC: Licensed mental health counselor
- LCMHC: Licensed clinical mental health Counselor
- LMHP: Licensed mental health practitioner
- LMFT: Licensed marriage and family therapist

| Annual Salary | N=4 |
|---------------|-------------------|
| Mean | \$72,050 |
| Median | \$70,923 |
| Range | \$62,420-\$83,932 |

MDT Facilitator/Coordinator

Designated staff position for tending to relationships, communication, and accountability for the MDT while fostering an inclusive environment to improve outcomes for children and families impacted by abuse. Tasks may include maintaining relationships with MDT agency staff, assessing MDT satisfaction and efficacy, facilitating case review, orienting new MDT members, mediating conflicts between team members, assessing and addressing MDT training needs, coordinating MDT protocol review, revisions, & accountability, and other duties to support the MDT.

| Annual Salary | N=6 |
|---------------|--------------------|
| Mean | \$69,016 |
| Median | \$54,763 |
| Range | \$49,920-\$107,000 |

Admin Staff

Performs routine clerical tasks such as word processing, preparing correspondence, maintaining records, scheduling meetings, answering and screening phone calls, filing paperwork, and distributing mail. May serve as a receptionist for the CAC, including greeting visitors and accepting packages/mail for the organization.

| Annual Salary | N=8 |
|---------------|-------------------|
| Mean | \$51,938 |
| Median | \$53,000 |
| Range | \$41,600-\$65,000 |

Nurse

This position should only be included if directly employed by the CAC or specifically contracted on an individual, ongoing basis with the CAC. Do not include general contracts with hospitals/medical organizations. Registered nurses usually take one of three education paths: a bachelor's degree in nursing, an associate degree in nursing, or a diploma from a nursing program. Registered nurses should not be confused with licensed practical nurses who undergo less training and work under the direction of doctors and registered nurses. Nurse practitioners, nurse midwives, and nurse anesthetists, also referred to as advanced practice registered nurses, must earn at least a master's degree.

Credentials for nurses may include:

- R.N.: Registered nurse
- N.P.: Nurse practitioner
- A.P.N.P.: Advanced practice nurse practitioner (also abbreviated as A.P.N.)
- A.P.R.N.: Advanced practice registered nurse (also abbreviated as A.P.R.)
- C.N.M.: Certified nurse-midwife
- C.N.P.: Certified nurse practitioner (also abbreviated as N.P.-C. or N.P.B.C.)
- C.R.N.A.: Certified registered nurse anesthetist
- D.N.P.: Doctor of nursing practice
- L.P.N.: Licensed practical nurse
- S.A.N.E.: Sexual assault nurse examiner
- F.N.E.: Forensic nurse examiner

| Annual Salary | N=5 |
|---------------|--------------------|
| Mean | \$127,985 |
| Median | \$148,000 |
| Range | \$43,000-\$185,120 |

Training, Outreach, Prevention Staff

Administers education programs for the organization. May assist in designing programs, handling registration, and/ or coordinating continuing education credits for CAC staff and MDT members. May assist in recruiting volunteers, if applicable. Onboards volunteers and handles routine coordination of volunteer activities.

| Annual Salary | N=4 |
|---------------|--------------------|
| Mean | \$80,771 |
| Median | \$80,238 |
| Range | \$49,608-\$113,000 |

Medical Director

Designated position to determine and oversee the focus and direction of the medical evaluation program of the CAC. Provides supervision to direct service staff. May also conduct medical evaluations and/or act as an advanced medical consultant to review exam findings when warranted. Participates in case review and peer review processes in a leadership capacity, bringing medical perspectives to the team.

| Annual Salary | N=2 |
|---------------|---------------------|
| Mean | \$280,040 |
| Median | \$280,040 |
| Range | \$210,080-\$350,000 |

Development/Grant Writer

Assists the development/fundraising/grant writing director with activities described above to find and generate revenue, including general outreach and administrative functions to generate and maintain access to funds from associations, individuals, corporations, and others.

| Annual Salary | N=2 |
|---------------|--------------------|
| Mean | \$92,577 |
| Median | \$92,577 |
| Range | \$71,697-\$113,457 |

Finance Director/Staff

Directs the financial affairs of the organization in conjunction with the executive director, Board of Directors, and finance committee (if applicable). Signs off on the accuracy and veracity of financial statements, records, and reports. Ensures effectiveness of organization systems and procedures. May also serve as part of the executive team or have organizational responsibilities in other areas. Manages financial operations, records, budget process, and controls. Analyzes financial systems and procedures for maximum effectiveness. May direct the finance department, if applicable. Finance Staff are responsible for one or more aspects of accounting or financial management for the association. Responsibilities may include the preparation of financial statements and tax returns. May also coordinate and/or perform accounting functions such as cash control, credit and collection management, payroll, receivables, payables, and bank reconciliations.

| Annual Salary | N=2 |
|---------------|-------------------|
| Mean | \$77,209 |
| Median | \$77,209 |
| Range | \$62,400-\$92,019 |

Financial Resources

Participants were instructed to enter the dollar amount of the CAC's annual operating budget for the current fiscal year or most recent fiscal year with full information available. CACs under umbrella programs were instructed to only include the budget for the CAC program. Participants were asked to list the portion of this budget designated for employee benefits, including retirement programs, health and other forms of insurance, and any other benefits that may be provided.

| Annual Operating Budget | | N=11 |
|-------------------------|--|----------------------|
| Mean | | \$574,298 |
| Median | | \$418,870 |
| Range | | \$80,700-\$1,729,631 |

Internships

The internships utilized by the CACs performed the following duties, including Case Management or Therapy at the Master's Level and Administrative or project-based activities at the bachelor's level.

| CAC Utilizes Interns | | N=11 |
|----------------------|--|---------|
| Yes | | 36% (4) |
| No | | 64% (7) |

Volunteers

The CACS utilized volunteers who performed the following duties: Helping with administration, outreach, education, fundraising, events, filing, and answering phones.

| CAC Utilizes Volunteers | | N=11 |
|-------------------------|--|---------|
| Yes | | 5% (5) |
| No | | 55% (6) |

Salary Increases

In this section, CACs were asked whether they had already granted or planned to grant various types of salary increases in the current fiscal year. For each type of increase selected, if any, CACs were asked to specify the average annual increase by the percentage that they had granted or planned to grant.

| Salary increases in the Current fiscal Year (select all that apply) | | N=11 |
|---|--|----------------|
| Yes- Merit increases | | 63% (7) |
| Mean | | 4.78% |
| Median | | 5% |
| Range | | 2% to 10% |
| Yes- General (across the Board Increases) | | 18% (2) |
| Mean | | 3.33% |
| Median | | 3% |
| Range | | 2% to 5% |

| | |
|--|----------------|
| Yes- Cost of Living Increases | 36% (4) |
| Mean | 3.8% |
| Median | 3% |
| Range | 3% to 6% |
| Yes- Length of Services Increases | 36% (4) |
| Mean | 2.3% |
| Median | 2% |
| Range | 2% to 3% * |
| No Planned Increase | 9% (1) |

No CACs indicated that they provide promotional or incentive plan-based increases.

Benefits: Leave Policies

Standard Paid Leave Types

For this section, CACs were asked to fill in the number of days available (for annual accrual) to full-time employees at the start of employment and after five years of employment. Additionally, CACs were asked if they offer leave donation programs (i.e., a program in which employees can donate leave to others in need who have exhausted their own leave balances). Holidays were only assessed for the start of employment, based on examples of other compensation surveys in which the number of paid holidays is assumed to be consistent across all full-time employees, regardless of tenure with the organization.

Paid Holidays

| | |
|---------------------------------------|-------------------|
| Paid Holidays (Days) Offered | N=11(days) |
| No (zero value entered or left blank) | 0% (0) |
| Yes (value of 1 or higher entered) | 100% (11) |
| If yes, averages | N=11 |
| Mean | 11 days |
| Median | 11 days |
| Range | 6-16 days |

Paid Leave Available at the Start of Employment.

| | |
|---------------------------------------|-----------------|
| Paid Vacation Days Offered | N=11 |
| No (zero value entered or left blank) | 27% (3) |
| Yes (value of 1 or higher entered) | 73% (8) |
| If yes, averages | N=8 days |
| Mean | 9 days |
| Median | 12 days |
| Range | 10-16 days |

| | |
|---------------------------------------|-------------|
| Paid Sick Days Offered | N=11 |
| No (zero value entered or left blank) | 27% (3) |
| Yes (value of 1 or higher entered) | 73% (8) |
| If yes, averages | N=8 |
| Mean | 8 days |

| | |
|--------|-----------|
| Median | 12 days |
| Range | 7-12 days |

Paid Time Off (PTO)/ Personal Days Offered N=11

| | |
|--------------------------------------|---------|
| No (zero value entered of left blank | 45% (5) |
| Yes (value of 1 or higher entered) | 55% (6) |

| | |
|-------------------------|-----------|
| If yes, averages | N=6 |
| Mean | 2 days |
| Median | 1 day |
| Range | 1-15 days |

Total Average Vacation, Sick, PTO/Personal Days Available N=11

| | |
|--------|-----------|
| Mean | 8 days |
| Median | 11 days |
| Range | 0-16 days |

Paid Leave Available After 5 Years of Employment

Paid Vacation Days Offered N=11

| | |
|--------------------------------------|---------|
| No (zero value entered of left blank | 18% (2) |
| Yes (value of 1 or higher entered) | 82% (9) |

| | |
|-------------------------|------------|
| If yes, averages | |
| Mean | 13 days |
| Median | 16 days |
| Range | 15-25 days |

Paid Sick Days Offered N=11

| | |
|--------------------------------------|---------|
| No (zero value entered of left blank | 27% (3) |
| Yes (value of 1 or higher entered) | 73% (8) |

| | |
|-------------------------|-----------|
| If yes, averages | N=8 |
| Mean | 11 days |
| Median | 12 days |
| Range | 7-25 days |

Paid Time Off (PTO)/ Personal Days Offered N=11

| | |
|--------------------------------------|---------|
| No (zero value entered of left blank | 36% (4) |
| Yes (value of 1 or higher entered) | 64% (7) |

| | |
|-------------------------|-----------|
| If yes, averages | N=7 |
| Mean | 8 days |
| Median | 2 days |
| Range | 1-30 days |

Total Average Vacation, Sick, PTO/Personal Days Available N=11

| | |
|--------|-----------|
| Mean | 11 days |
| Median | 12 days |
| Range | 0-30 days |

CAC Offers Leave Donation or Sharing Program N=11

| | |
|-----|---------|
| Yes | 64% (7) |
| No | 36% (4) |

Leave for Special Circumstances

In this section, CACs were instructed to enter the maximum number of days the organization provides paid leave for a variety of special circumstances that may or may not come up during an employee's time with the organization, as opposed to standard leave for all employees as reflected in the section above. Checkbox options were offered to indicate when there was no maximum number of paid days or if the organization does not provide any paid leave in that category. Given the variable nature of these leave types, all values over 1 were kept in analyses. This means there are large outliers in some sections, so median values may be more reliable for these leave types.

Paid Leave Offered for the Following Special Circumstances

Jury Duty

| | |
|---------------------------------|-----------|
| Not provided | 9% (1) |
| Yes, no maximum | 45% (5) |
| Yes, the maximum number of days | 46% (5) |
| If maximum, averages | N= (5) |
| Mean | 13 days |
| Median | 10 days |
| Range | 5-22 days |

Maternity/Paternity/Adoption

| | |
|---------------------------------|------------|
| Not provided | 36% (4) |
| Yes, no maximum | 9% (1) |
| Yes, the maximum number of days | 55% (6) |
| If maximum, averages | N = 6 |
| Mean | 49 days |
| Median | 60 days |
| Range | 12-90 days |

Other Family Medical Leave

| | |
|---------------------------------|------------|
| Not provided | 64% (7) |
| Yes, no maximum | 9% (1) |
| Yes, the maximum number of days | 27% (3) |
| If maximum, averages | N=3 |
| Mean | 33 days |
| Median | 26 days |
| Range | 12-60 days |

Bereavement

| | |
|---------------------------------|----------|
| Not provided | 36% (4) |
| Yes, no maximum | 0% (0) |
| Yes, the maximum number of days | 64% (7) |
| If maximum, averages | N = 11 |
| Mean | 4 days |
| Median | 3.5 days |
| Range | 3-5 days |

Military Duty

| | |
|---------------------------------|---------|
| Not provided | 73% (8) |
| Yes, no maximum | 27% (3) |
| Yes, the maximum number of days | 0% (0) |

Benefits: Retirement Programs

For this section, CACs were asked to indicate if their organization offers one or more retirement plans to employees. If so, they were asked some follow-up questions regarding the characteristics of those plans.

CAC Offers Retirement Plans to Any Employees

| | |
|-----|----------|
| Yes | 91% (10) |
| No | 9% (1) |

Types of Retirement Plans Offered to CAC Employees

| | |
|-----------------------------------|---------|
| Defined benefit pension plan | 30% (3) |
| 401 (k) | 50% (5) |
| 403 (b) | 20% (2) |
| SEP (Simplified Employee Pension) | 0% (0) |
| Other | 0% (0) |

Length of Employment Required for Retirement Plan Eligibility (months)

| | |
|--|-------------|
| Mean | 14 months |
| Median | 9 months |
| Range | 0-60 months |
| No waiting period/starts immediately (zero months) | 10% (1) |

Maximum Available Employer Contribution (percentage of base salary)

| | |
|--------|--------|
| Mean | 5.5% |
| Median | 8% |
| Range | 0%-10% |

Benefits: Insurance

Medical Insurance

For this section, CACs were asked if they offer employees any medical insurance benefits. If so, follow-up questions were asked regarding the type of medical insurance benefits and whether coverage is extended to a variety of family/household members. Regardless of whether medical insurance is offered, all CACs were also asked if they offer healthcare spending or reimbursement accounts (HSAs, FSAs, HRAs).

CAC Offers Employees (any) Medical Insurance Benefits

| | |
|-----|----------|
| Yes | 91% (10) |
| No | 9% (1) |

CAC Offers Health Care Spending/Reimbursement Accounts (HSAs, FSAs, HRAs)

| | |
|-----|---------|
| Yes | 82% (9) |
| No | 18% (2) |

Other Insurance

Separate from medical insurance, CACs were asked if they offered a variety of additional types of insurance, with results shown as follows:

CAC Offers the Following Insurance Types

N=11

| | |
|---------------------------------|---------|
| Life insurance | 64% (7) |
| Short-term disability insurance | 64% (7) |
| Dental insurance | 81% (9) |
| Vision insurance | 73% (8) |
| None of the above | 9% (1) |

Benefits: Other

The final question in the benefits section provided a list of various programs and practices that could be considered as additional benefits for employees, as outlined below.

CAC Offers the Following Additional Benefits to Employees

N=11

| | |
|--|-----------|
| Travel Reimbursement (parking, mileage, local transportation subsidy) | 100% (11) |
| Tuition Reimbursement | 27% (3) |
| Professional Membership Dues | 36% (4) |
| Cell phone/smartphone purchase or expenses | 81% (9) |
| Childcare benefits | 0% (0) |
| Wellness programs (gym memberships, recreation, or self-care activities) | 36% (4) |
| Reimbursement for acquiring or maintaining license/credentials (CEUs) | 36% (4) |
| Training/Conference attendance (registration fees, travel expenses) | 91% (10) |
| Workplace flexibility (telecommuting, alternative work schedules) | 91% (10) |
| Employee Assistance Program | 72% (8) |
| Other | 0% (0) |

Workloads of Direct Service Staff

This section focused on the workloads of CAC staff members focused on four areas of direct service: forensic interviewing, victim advocacy, medical, and mental health services.

CACs were asked for the average weekly caseloads for each advocates. forensic interviewers, medical providers, and mental health providers, in these direct service areas. Because of the wording of the question about Mental Healthy Providers, CACWA didn't receive viable accurate information, so this information was not included.

Average Weekly Caseloads

| | |
|--|--------|
| Forensic Interviews | N= 10 |
| Mean | 5.37 |
| Median | 6 |
| Range | .25-10 |
| Advocacy Services New Cases/ Children | N=9 |
| Mean | 5.5 |
| Median | 5 |
| Range | 1.5-15 |
| Advocacy Services Ongoing Cases/Children | N=7 |
| Mean | 13 |
| Median | 10 |
| Range | 7-20 |
| Medical Services New Cases/ Children | N=6 |
| Mean | 6.25 |
| Median | 6.5 |
| Range | .5-13 |

CAC Respondent Demographic Data

| | |
|---------------------|---------|
| Region of the State | N=11 |
| North East | 18% (2) |
| North West | 64% (7) |
| Central | 9% (1) |
| South East | 9% (1) |
| South West | 0% (0) |

| | |
|----------------------|---------|
| Primary Service Area | N=11 |
| Rural | 45% (5) |
| Suburban | 18% (2) |
| Urban | 37% (1) |

| | |
|-----------------------------|---------|
| CAC Type | N=11 |
| Independent 501(c) 3 | 27% (3) |
| Under Umbrella Organization | 45% (5) |
| Government Based | 18% (2) |
| Hospital Based | 9% (1) |

Number of Children Served

| CAC | Service Area | 2023 Children Served |
|--|---------------------------|----------------------------|
| Arthur D Curtis CJC (A) | Clark | 669 |
| CAC of Pierce County (A) | Pierce | 744 |
| Children of the River CAC (A) | Puyallup Tribe | 35 |
| Children's Justice & Advocacy Center (A) | Cowlitz, Wahkiakum | 150 |
| CJC of King County (A) | King | 665 |
| Connections, a Center for Healthy Families (A) | Gray's Harbor | 127 |
| Crisis Support Network (A) | Pacific | 41 |
| Dawson Place (A) | Snohomish | 1075 |
| Family Crisis Network (D) | Pend Oreille | 16 |
| Healthy Families (A) | Clallam | 78 |
| Kids Hope (A) | Grant, Adams | 185 |
| Kitsap SAIVS (A) | Kitsap | 330 |
| Monarch CJAC (A) | Thurston, Mason, Lewis | 906 |
| Olympic Peninsula YMCA (D) | Jefferson | 10 |
| Partners with Families & Children (A) | Spokane, Lincoln | 542 |
| Programs for Peaceful Living (D) | Klickitat | 10 |
| Rural Resource Victim Services & CAC (A) | Stevens, Ferry | 68 |
| SAGE (A) | Chelan, Douglas | 214 |
| SARC (A) | Benton, Franklin | 460 |
| Skagit County CAC (A) | Skagit | 105 |
| Skamania County Council on DV & SA (D) | Skamania | 9 |
| Tulalip Tribes CAC (A) | Tulalip Tribe | 23 |
| Walla Walla YWCA (D) | Walla Walla, Columbia | N/A |
| Whatcom County CAC (A) | Whatcom | 143 |
| Yakima County CAC (D) | Yakima | 184 |

Turnover Intention and Job Satisfaction Among the Intimate Partner Violence and Sexual Assault Workforce

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This study examined multi-level factors associated with turnover intention and job satisfaction among the intimate partner violence and sexual assault workforce. Researchers conducted a cross-sectional analysis with data from 530 respondents. Key measures included turnover intention, job satisfaction, burnout, secondary traumatic stress, compassion satisfaction, and areas of work–life fit. Regression analyses examined multi-level associations with turnover intention and job satisfaction. In the first model, lower satisfaction with supervision, higher burnout scores, lower salaries and identifying as African American were significantly associated with higher turnover intention. In the second model, workplace community and control, lower rates of secondary traumatic stress, and increased use of coping were associated with higher job satisfaction. Lower satisfaction with unpaid and paid leave predicted lower job satisfaction. Implications for practice and research are discussed.

Keywords: retention; occupational stress; domestic violence; organizational culture

Intimate partner violence (IPV) and sexual assault service provision has expanded greatly over the last several decades to provide a large range of preventative and supportive services to survivors of violence (Lehrner & Allen, 2009; Sullivan, 2018). The IPV and sexual assault workforce provide a variety of supportive services to survivors, including counseling, advocacy, and housing support, under stressful conditions (Allen, Bybee & Sullivan, 2004; Kulkarni, Bell, Hartmann, & Herman-Smith, 2013; Slatery & Goodman, 2009). A nascent body of empirical literature has examined the occupational experiences and wellbeing of workers in IPV and sexual assault-focused agencies (Babin, Palazzolo, & Rivera, 2012; Baird & Jenkins, 2003; Bemiller & Williams, 2011;

Dworkin, Sorell, & Allen, 2016; Kulkarni et al., 2013; Slattery & Goodman, 2009; The Texas Council on Family Violence [TCFV], 2016), highlighting dangerous work conditions, occupational stress, and low wages. Employee turnover is a major challenge across social service agencies, and sexual assault crisis centers and IPV shelters are no exception (Merchant & Whiting, 2015). High turnover at the frontlines of service provision creates distinct challenges for service quality and training expenses for agencies facing resource constraints (Merchant & Whiting, 2015; Moe Barak, Nissly & Levin, 2001). Gaps in understanding persist regarding how occupational stressors and other factors, such as compensation, contribute to turnover intention and job satisfaction. The present study drew from Benton's (2016) conceptual model of child welfare worker retention to examine the role of worker characteristics, individual, position-level, and organizational factors in understanding job satisfaction and turnover intention among the IPV and sexual assault workforce.

THE IPV AND SEXUAL ASSAULT WORKFORCE

Over the last several decades, the movement to end violence against women has continued to grow and formalize in organizational infrastructure to provide support services to survivors and their children, as well as batterer intervention programming (Davies & Lyon, 2014; Macy, Giattina, Parish, & Crosby, 2010). Many IPV and sexual assault agencies have transitioned from grassroots, volunteer run organizations to non-profits with complex hierarchical organizational structures and a range of services (Lehrner & Allen, 2009). The IPV and sexual assault workforce is typically female, between the ages of 22 and 55 years old, college graduates, and white. Nationally, the average annual income for direct service victim advocates is between \$20,000 and \$50,000 dollars. The mean tenure ranges from 5 to 13 years among full-time workers (Babin et al., 2012; Baird & Jenkins, 2003; Bemiller & Williams, 2011; Dworkin et al., 2016; Slattery & Goodman, 2009).

IPV and sexual assault workers have been highlighted as some of the most at-risk groups for occupational stress such as burnout and secondary traumatic stress (STS; Baird & Jenkins, 2003; Busch-Armendariz, Kalergis, & Garza, 2010; Slattery & Goodman, 2009; Ullman & Townsend, 2007; Wies, 2008). Burnout is described by feelings of hopelessness and difficulties in dealing with or doing one's job effectively. Feelings of burnout are often associated with a very high workload or a non-supportive work environment (Stamm, 2005). STS is another form of occupational stress and is described as job-related exposure to clients who have experienced extremely stressful and traumatic events (Stamm, 2005). STS may involve difficulties sleeping, intrusive thoughts or images, or avoiding reminders of clients' traumatic experiences (Stamm, 2005). Dworkin et al. (2016) surveyed 164 staff members at rape crisis centers and found individual level variables predicted STS, including age and trauma experience, and organizational variables, including caseload and supervision. Similarly, Slattery & Goodman (2009) found that 47.3% of their sample of 148 IPV and sexual assault workers met criteria for post traumatic stress disorder (PTSD). These findings underscore the risk for STS and burnout among the IPV and sexual assault workforce. Supervision and coworker support, along with autonomy, are important factors that influence STS and burnout. Research has pointed to associations between lower STS and providers' feelings of having more control over their

work, higher levels of coworkers support, more engaging/empowering relationships with supervisors, and a more empowering work environment (Kulkarni et al., 2013; Slattery & Goodman, 2009).

TURNOVER AND TURNOVER INTENTION

Turnover refers to the voluntary or involuntary separation between an agency and employee, and is reported to be higher among those who face occupational stress (Busch-Armendariz et al., 2010; Lambert et al., 2012). The plan to leave an agency or employer, referred to as *turnover intention*, is predictive of actual turnover (Moe Barak et al., 2001). Turnover can present a significant problem for nonprofit organizations, particularly those in which human resources are a major factor in effective service delivery, and where staff relationships with clients and other staff members are important (Schweitzer, Chianello, & Kothari, 2013; Selden & Sowa, 2015). Turnover increases time and resources put toward training new staff, decreasing organizational ability to effectively serve victims (Moe Barak et al., 2001; Schweitzer et al., 2013). Occupational stress, such as burnout and STS can lead to turnover, which decreases positive client outcomes (Moe Barak et al., 2001). Lambert et al. (2012) surveyed 255 social workers and found age, tenure, supervisory status, organizational commitment, and pay and benefit status all had statistically significant effects on turnover intent. A recent meta-analysis of turnover intention research among public child welfare workers showed demographic predictors indicated small effects but organizational commitment and job satisfaction had the strongest effects on turnover intention (Kim & Kao, 2014).

JOB SATISFACTION

In contrast to turnover, job satisfaction refers to the extent a person is fulfilled by their occupational role and is important to workplace experiences. Job autonomy, job variety, supervision, role ambiguity, and role conflict have been associated with employee job satisfaction in social service agencies (Knapp, Smith, & Sprinkle, 2017; Lambert et al., 2012; Lee, 2015; Poulin, 1994). Perception of organizational support was found to be a main predictor of job satisfaction in a survey of 504 nonprofit employees (Knapp et al., 2017). In a study of social workers, lower levels of job satisfaction were related to higher intention to turnover (Schweitzer et al., 2013). Haley-Lock (2007) explored the relationship of job satisfaction to a workplace social network experience through a survey of 697 IPV professionals and found the professional closeness and locality social network ties, along with dedication to the cause of job or agency, is associated with increased job satisfaction. Given the importance of job satisfaction to turnover and occupational stress reduction, it merits exploration for IPV and sexual assault workers. Job satisfaction, the extent to which an employee is satisfied in their role, is linked both empirically and conceptually to turnover intention, which indicates a person's interest in staying with their current employer and/or current position. Both job satisfaction and turnover intention are empirically and conceptually linked to occupational stress, including STS and burnout.

CONCEPTUAL FRAMEWORK

Drawing from management and child welfare research and theory, Benton (2016) conceptualized the interplay between person, position, and organization as central to examining factors that influence staff retention in child welfare agencies. The costs of perpetual turnover, as well as the emotionally rewarding and draining nature of child welfare-related work (Benton, 2016) are potentially analogous to realities the IPV and sexual assault field confronts. In Benton's model, intrinsic job factors (i.e., department, influence, and success), extrinsic job factors (i.e., salary, caseload, hours, supervision support, etc.), worker characteristics (i.e., gender, age, race/ethnicity, previous employment), and responses to the job (job satisfaction, job stress, and burnout) contribute to employees' decisions to stay or leave a job. These factors also relate to workers' responses to their job (i.e., job satisfaction, stress, and burnout), which in turn contribute to staying or leaving. In testing the conceptual model with a defined cohort in child welfare, findings indicated that at least one variable from each of the four categories—worker characteristics, job-extrinsic, job-intrinsic, and responses to job-predicted employee retention (Benton, 2016), warranting further examination of the model in other social service context. Given similar risk for occupational stress between child welfare and IPV and sexual assault fields of practice, Benton's conceptual model served as a framework for the current study.

THE CURRENT ANALYSIS

The study purpose was to better understand factors related to turnover intention and job satisfaction among IPV and sexual assault workers. Drawing from Benton's (2016) framework and other relevant research (Bemiller & Williams, 2011; Kulkarni, Bell, & Rhodes, 2012; Merchant & Whiting, 2015; Slattery & Goodman, 2009), the current analysis conceptualized worker characteristics (demographics) and individual (occupational and personal experiences), position-level (compensation and duties), and organizational (work climate) factors as potential predictors of turnover intention and job satisfaction among the IPV and sexual assault workforce. Reactions to work, such as burnout, STS, and compassion satisfaction were also assessed. Two research questions guided the analysis: (a) What worker characteristics, and individual, position-level, and organizational factors predict turnover intention? (b) What worker characteristics, and individual, position-level, and organizational factors predict job satisfaction?

METHODS

This study is an analysis of cross-sectional data collected in one Southwest state as part of a broader research endeavor to understand compensation, workplace climate and experiences, and stress across the IPV and sexual assault workforce. The study was reviewed and approved by the Arizona State University Institutional Review Board.

Recruitment

The researchers employed a nonprobability purposive sampling approach to recruit respondents across a variety of roles and organizational settings. Two statewide coalitions concerned with IPV and sexual assault played an instrumental role in advising the study design, creating awareness of the study, and disseminating promotional and recruitment materials among constituents. Study eligibility criteria required respondents to indicate: (a) a minimum age of 18 years; (b) current employment in the state where the research took place, and (c) a work role that involved 50% of work time focus working with or on behalf of IPV and sexual assault survivors, and/or employment where IPV and/or sexual assault were a central focus of the organizational mission.

Recruitment strategies involved disseminating promotional and recruitment materials via agency contacts, social media, and email listservs. With the assistance of the two coalitions, the researchers contacted a total of 99 agencies in the state, of which 26 responded with confirmation of having forwarded information about the study to their staff. In addition, the coalitions distributed promotional and recruitment materials through 15 professional listservs, and posted information on social media platforms (Twitter and Facebook) with the intent of reaching a broader pool of eligible participants, such as those working on college campuses, in medical facilities, and other social service agencies.

Data Collection Procedures

Participants accessed and self-administered the consent procedures and survey questions through a web-based platform (Qualtrics). The survey was open for 36 days from February to March in 2017. Participants who completed the survey had the option to enter a drawing to win a \$50.00 Amazon gift card, which were issued to 20 randomly selected entries following the close of the survey. All promotional and recruitment materials and activities reiterated the voluntary nature of participating. The survey did not collect any identifying information, participants were not asked at any point to name their employer, and enabling the anonymize response setting in the survey platform removed the respondents' IP addresses and location data from the results. Identifying information collected by participants who chose to enter the drawing for a gift card was kept separately from survey data and could not be linked to survey responses.

Measures

The survey instrument included standardized and published measures as well as items developed and/or modified for the purposes of this project. Demographic questions assessed worker characteristics such as age, race and ethnicity, relationship status, care giving roles, education, and gender.

Turnover Intention (Dependent Variable). Intent to turnover was assessed by using an adaptation of the original 4-item scale developed by Kelloway, Gottlieb, and Barham (1999). In the current survey's adaptation, participants rated two 5-item subscales with a 5-point Likert scale ranging from "strongly agree" to "strongly disagree" to assess turnover intention. One subscale consisted of items concerning job-specific turnover, while the other subscale consisted of the previous items reframed as workplace-specific turnover. Items included: I am thinking about leaving my current job/workplace, I am planning to look for a new job/workplace, I intend to ask people about new job opportunities at my current workplace/outside my current workplace, I don't plan to be at my

current job/workplace much longer, and I enjoy my current job/workplace. The 10 items from both subscales were averaged together into an overall score used in analysis. Higher scores indicated higher intentions to turnover. The reliability for the overall scale was good (Cronbach's $\alpha = .947$).

Job Satisfaction (Dependent Variable). Job satisfaction was measured using the Job Satisfaction Survey (JSS; Spector, 1985). The JSS is a 36 item scale with nine subscales (four items each): pay (e.g., I feel I am being paid a fair amount for the work I do), promotion (e.g., There is really too little chance for promotion in my job), supervision (e.g., My supervisor is quite competent in doing his/her job), fringe benefits (e.g., The benefit package we have is equitable.), contingent rewards (performance based rewards; e.g., When I do a good job, I receive the recognition for it that I should receive), operating procedures (required rules and procedures; e.g., Many of our rules and procedures make doing a good job difficult), coworkers (e.g., I like the people I work with), nature of work (e.g., I sometimes feel my job is meaningless), and communication (e.g., Communications seem good within this organization). Participants were asked to rate each item based on a 6-point Likert scale from "strongly disagree" to "strongly agree." Scores on each subscale ranged from 4 to 24 and scores for total job satisfaction ranged from 36 to 216 with higher scores indicating higher job satisfaction. Subscale scores were averaged for a total average scale score. The reliability for the overall scale was good (Cronbach's $\alpha = .942$).

Individual Factors (Independent Variables). Questions related to professional background included professional certification, number of years in the field of IPV and sexual assault (paid and volunteer), number of related agencies worked for, and number of years at current place of employment. Survey questions assessed participants' coping strategies using a modified version of The Time Spent in Coping Strategies scale (Bober, Regehr, & Zhou, 2006; as adapted by Kulkarni et al., 2013). The scale asked participants to rate how often they engaged in leisure and self-care activities using a 4-point Likert scale. The modified inventory included 20 items with three subscales (Cronbach's $\alpha = .890$). The leisure subscale asked about frequency of activities such time with family and hobbies. The self-care subscale asked about stress management. A supervision subscale asked about supervision related to trauma.

Position-Level Factors (Independent Variables). Participants were asked about their type of position, title, position changes, nature of work, including if they provide direct services, time spent traveling for work, professional development, and supervision. Researchers modified these questions, in part, from the Texas Council Family Violence compensation report (2016) and Kulkarni et al. 2013. Participants were asked about paid and unpaid leave options. Participants were asked to indicate their satisfaction with paid and unpaid leave at their organization satisfaction with on a 7-point scale with higher numbers indicating more dissatisfaction. Leave was identified by key stakeholder groups an important construct to separate from other benefits question related to job satisfaction. Compensation indicators included total household income, wages earned (hourly rate or annual salary), insurance benefits (including types of benefits received through agency), coverage and cost through agency, satisfaction with insurance benefits available, and retirement. Total household income was reported as an ordinal range (e.g., less than \$20,000, \$20,000–\$29,000, etc.), while wages earned were reported as open ended responses and recoded to discrete hourly rates and annual salary values.

Annual Salary and Additional Household Income. The current study uses an estimate for annual salary¹ based on both reported annual salary and total hourly wages. For hourly

workers, salary was estimated by multiplying their hourly rate by their weekly hours. Additional household income (e.g., income from spouses) was derived by subtracting the annual salary estimate from overall household income.

Professional Quality of Life (ProQOL). The ProQOL scale (ProQOL, Version 5) assessed positive and negative aspects of doing one's job (Stamm, 2010). Compassion satisfaction (10 items) captured positive feelings about people's ability to help, and the pleasure one derives from being able to do one's work well. An example item included: I get satisfaction from being able to help people. The alpha for compassion satisfaction was good (Cronbach's $\alpha = .886$). The ProQOL-5 also assessed negative aspects of doing one's job (Stamm, 2010). Compassion fatigue is divided into two sub-scales (10 items each): burnout, which assessed feelings of hopelessness and difficulties in doing one's job effectively, and STS, which measured work-related secondary exposure to traumatically stressful events that lead to symptoms associated with being afraid among others. Example items included: I am not as productive at work because I am losing sleep over traumatic experiences of a person I help (burnout), I find it difficult to separate my personal life from my life as a helper (STS). Participants rated how frequently they had the experiences or feelings described in each item using a 5-point Likert scale ranging from "never" to "very often." The reliability for these scales was satisfactory for burnout (Cronbach's $\alpha = .739$) and good for STS (Cronbach's $\alpha = .857$).

Organizational Factors (Independent Variables). The 28-item Areas of Worklife Scale (AWS) was administered to assess six domains associated with burnout and job stress (Leiter & Maslach, 2006/2011). The scale was developed based on the concept of job-person fit and participants were asked to rate their level of congruence with the job within six domains: workload (5 items; Cronbach's $\alpha = .817$), control (4 items; Cronbach's $\alpha = .853$), reward (4 items; Cronbach's $\alpha = .899$), community (5 items; Cronbach's $\alpha = .880$), fairness (6 items; Cronbach's $\alpha = .880$), and values (4 items; Cronbach's $\alpha = .849$). Items were rated on a 5-point Likert scale ranging from "strongly disagree" to "strongly agree." Workload describes the amount of work expected to be completed within a specified period of time (sample item: I do not have time to do the work that must be done). Control describes opportunities to make choices and decisions, and contribute to fulfilling responsibilities (sample item: I have control over how I do my work). Reward describes financial and social recognition for contributions at work (sample item: I receive recognition from others for my work). Community refers to the quality of an organization's social environment (sample item: People trust one another to fulfill their roles). Fairness describes the degree to which the organization has consistent and equitable rules for all employees (sample item: Resources are allocated fairly here). Values reflect what is important to the organization and its employees (sample item: My values and the organization's values are alike). As meanings and relationships between the six subscales (areas) of work life differ, six scores were calculated separately. Subscales had a 4-point range from 1.00 (extreme mismatch) to 5.00 (extreme match) with a midpoint at 3.00.

DATA ANALYSIS

A total 530 respondents completed the key measures included in the survey. Race and ethnicity categories were transformed into dummy codes. All analyses were conducted

using SPSS version 25.0 and with $\alpha = .05$. Missing data did not have a distinct pattern, with one exception. Approximately 10% of retained cases had missing data for salary ($n = 481$). Missing data were addressed by using pairwise comparisons in all analyses. Researchers analyzed bivariate associations between measures using Pearson's correlations. Variables that exhibited a significant association with turnover intention or job satisfaction were included in the hierarchical multiple regression models. Multicollinearity detected among subscales during preliminary analyses led to the removal of measures from both models, the process of which was informed the existing literature and Benton's conceptual model. Researchers conducted two separate hierarchical multiple linear regression analyses with turnover intention and job satisfaction as dependent variables, respectively. Regression assumptions were tested by the Durbin-Watson statistic, the distribution of P-P plots, the histogram of the residuals, and the scatterplot of z-residuals by z-predictor. Statistical assumptions were met in both models. The turnover intention model exhibited mild heteroscedasticity and non-normality of residuals that remained within acceptable limits. Multicollinearity was not detected in either of the final regression models (VIF statistic < 2).

In the first regression model, in which turnover intention was the dependent variable, race/ethnicity variables were entered first (white non-Latinx served as the default category), followed by salary and additional income in the second block, and the job satisfaction subscales for supervision and the ProQOL subscale for burnout. Salary and additional income were mean-centered. The second model used job satisfaction as the dependent variable. Race/ethnicity was again entered first using the same default category, followed by the ProQOL subscales for compassion satisfaction and STS, and coping. Salary was entered in the third block. Finally, satisfaction with paid leave and unpaid leave, and two AWS subscales workplace community and control were entered as the fourth and final block. Salary was mean-centered.

RESULTS

Univariate and Bivariate Analyses

The sample ($n = 530$) was predominantly (92%) female, slight majority white non-Latinx (54.2%) and 30.6% Latinx. The educational backgrounds respondents endorsed the most were social work (19.5%), psychology (14.3%), and counseling (14.3%). The majority of respondents (66.2%) indicated that they worked at a dual-focused IPV and sexual assault agency. Participants had an average of 8 years in the field, and 61.6% of respondents reported having worked at only one IPV or sexual assault agency. Over 18% had changed positions at least once to reduce workplace stress. Table 1 summarizes participants' demographics and work settings.

The mean salary for a full-time worker was \$43,250 and the average salary for the most common position (advocate/case manager) was \$33,044. For all workers, the mean salary was \$41,566 (median = \$37,000, $n = 481$). The mean additional household income was \$32,118; however, this figure should be interpreted in light of a highly skewed and kurtotic distribution (mode = \$0, median = \$15,000). Just over 78% received insurance through their employer, with 95.7% of those participants receiving medical insurance, 73.7% receiving dental, and 66.3% receiving vision insurance. Among those who did not receive insurance through their work, most, 40.9% received it through a partner. Retirement plans were

TABLE 1. Demographics

| Variable Name | Percentage | Variable Name | Percentage |
|--|------------|--|------------|
| Gender categories (n = 530) | | Relationship status (n = 527) | |
| Female | 92.1 | Married | 50.5 |
| Male | 6.0 | Separated/divorced/widowed | 15.9 |
| Transgender female | 0.4 | Single/Never married | 23.0 |
| Another gender identity | 1.5 | Cohabiting/partnered (not married or single) | 10.6 |
| Race (n = 526) | | Caregiving roles (n = 523) | |
| Latinx | 30.6 | Yes | 11.9 |
| Black or African American | 7.6 | No | 88.1 |
| White or White-Non-Latinx | 54.2 | Education (n = 530) | |
| Asian | 2.1 | High School Diploma/GED | 2.3 |
| American Indian or Alaskan Native, Multiracial and Other | 5.6 | Some college, but no degree | 15.1 |
| Sexual orientation (n = 518) | | Associate's degree | 7.0 |
| Gay, lesbian, bisexual | 10.4 | Bachelor's degree | 32.5 |
| Heterosexual/straight | 84.9 | Master's degree | 38.7 |
| Another sexual orientation | 3.5 | PhD/Medical degree | 1.3 |
| Unsure | 1.2 | Other, please fill in below: | 3.2 |

(Continued)

TABLE 1. Demographics (Continued)

| Variable Name | Percentage | Variable Name | Percentage |
|--|------------|------------------------------------|------------|
| Work setting (<i>n</i> = 530) | | Household income (<i>n</i> = 521) | |
| Dual focused agency (IPV/sexual assault) | 66.2 | <\$20,000 | 2.3 |
| IPV focused agency | 12.5 | \$20,000–29,000 | 9.2 |
| Sexual assault focused agency (rape crisis center) | 9.6 | \$30,000–39,000 | 19.6 |
| Other social service non-profit organization | 4.0 | \$40,000–49,000 | 11.7 |
| Legal setting | 4.5 | \$50,000–74,000 | 17.5 |
| Medical setting | 1.7 | \$75,000–99,000 | 17.1 |
| College or university | 1.3 | \$100,000–149,000 | 14.6 |
| Other | 0.2 | >\$150,000 | 8.1 |

Note. IPV = intimate partner violence.

offered to 55.8% of survey participants. In addition, 42% of participants supervised at least one other person as a part of their work. Fifty percent of participants met with a supervisor as needed, 23% met weekly, 23% met monthly or bimonthly, and 3.4% reported never meeting with a supervisor. Table 2 depicts the mean scores of key measures.

Bivariate correlations are displayed on Table 3. Turnover intention and job satisfaction were significantly associated with nearly all individual, job, and organizational variables, and with one another. Coping strategies was the strongest individual-level factor associated with turnover intention ($r = -0.258, p < .001$) and job satisfaction ($r = 0.346, p < .001$). Burnout was the strongest job-level factor associated with turnover intention ($r = 0.456, p < .001$) and job satisfaction ($r = -0.453, p < .001$). Turnover intention and job satisfaction had a strong, negative association ($r = -0.645, p < .001$). Organizational factors (i.e., the AWSs) had small to large associations with turnover intention and job satisfaction. Significant correlations between individual, position-level, and organizational variables pointed to the possibility of multicollinearity among measures (particularly among AWS and JSS subscales) and informed the development of the final regression models. As a result, many of these variables are not included in the final models.

Multivariate Models

Turnover Intention. Results from the hierarchical multilinear regression model to assess predictors of turnover intention are presented in Table 4. The first step included four race/ethnicity control dummy variables and was non-significant $F(4, 463) = 1.544, p = .188$. This initial step accounted for only 1.3% of the variance in turnover intention. Of the four race/ethnicities specified, only the Black and African American participants indicated significant turnover intention in the first step; $\beta = .10, p = .037$. The next step included salary and additional household income variables. This step was not significant and accounted for an additional 1.1% of the variance; $F(2, 461) = 2.524, p = .081$. Salary, but not additional household income, was a significant, negative predictor of turnover intention; $\beta = -.11, p = .026$. The final step added job level variables. This step accounted for 43.6% of the variance in turnover intention and was highly significant; $F(2, 459) = 184.964, p < .001$. Satisfaction with supervision had a significant, negative, strong association with turnover intention; $\beta = -.549, p < .001$. Similarly, burnout had a significant, negative, moderate association with turnover intention; $\beta = .209, p < .001$. At the final step, salary and race became non-significant. The full model indicated a significant regression equation which accounted for 45.9% of the variance in turnover intention, $F(8, 459) = 48.773, p < .001$. Controlling for other variables, job satisfaction and burnout were notable predictors of turnover intention.

Job Satisfaction. Results from the second hierarchical multilinear regression model to assess predictors of job satisfaction are presented in Table 5. As with the previous model, the first step included four race/ethnicity control dummy variables and was non-significant; $F(4, 462) = 2.159, p = .073$. However, of the four dummy variables, only the variable representing Asian participants was significant; $\beta = -.10, p = .038$. Compassion satisfaction, STS, and coping strategies were entered at the next step; this addition was significant, $F(3, 459) = 34.509, p < .001$, and accounted for an additional 19.9% of variance. Compassion satisfaction had a small, positive association with job satisfaction ($\beta = .163, p < .001$). STS had a small, negative association with job satisfaction ($\beta = -.202, p < .001$). Coping strategies had a small, positive association with job satisfaction ($\beta = .288, p < .001$). Salary was entered at the next step and was significant, $F(2, 460) = 5.305$; this addition

TABLE 2. Univariate Analysis of Dependent and Independent Variables

| | Mean (<i>SD</i>) | <i>N</i> |
|--|--------------------|----------|
| Age | 40.5 (12.35) | 511 |
| Turnover intention | 2.2 (1.1) | 525 |
| JSS | | |
| Pay | 3.4 (1.38) | 528 |
| Promotion | 3.3 (1.22) | 528 |
| Supervision | 5.0 (1.22) | 528 |
| Fringe benefits | 3.9 (1.18) | 526 |
| Contingent rewards | 4.1 (1.35) | 528 |
| Operating conditions | 3.7 (1.01) | 528 |
| Coworkers | 4.8 (1.05) | 528 |
| Nature of work | 5.3 (.75) | 528 |
| Job satisfaction overall score | 4.2 (.8) | 528 |
| Satisfaction with employee benefits | | |
| Workplace benefits | 2.7 (1.6) | 411 |
| Paid leave | 2.4 (1.5) | 522 |
| Unpaid leave | 3.3 (1.5) | 510 |
| Burnout (ProQOL) | 20.3 (6.0) | 518 |
| Secondary traumatic stress (ProQOL) | 20.9 (7.2) | 518 |
| Compassion satisfaction (ProQOL) | 41.5 (7.8) | 517 |
| Coping | 2.7 (.5) | 516 |
| AWS | | |
| Workload | 3.2 (.9) | 528 |
| Control | 3.8 (.9) | 527 |
| Reward | 3.5 (1.0) | 525 |
| Community | 3.7 (.8) | 529 |
| Fairness | 3.2 (.9) | 529 |
| Values | 4.0 (.7) | 528 |
| Salary (Thousands of Dollars) | 41.6 (19.2) | 481 |
| Additional household income (Thousands of Dollars) | 32.1 (38.0) | 480 |

Note. AWS = areas of work-life; JSS = job satisfaction; ProQOL = professional quality of life; *SD* = standard deviation.

TABLE 3. Bivariate Correlations

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---------|-------|---------|--------|-------|---------|---|---|---|----|----|----|----|----|----|
| 1. Salary (Thousands of Dollars) | | | | | | | | | | | | | | | |
| 2. Additional household income (Thousands of Dollars) | .130** | | | | | | | | | | | | | | |
| 3. Coping strategies inventory | .004 | .033 | | | | | | | | | | | | | |
| 4. Paid leave satisfaction | -.136** | -.018 | -.200** | | | | | | | | | | | | |
| 5. Unpaid leave satisfaction | -.106* | -.065 | -.125** | .624** | | | | | | | | | | | |
| 6. Compassion satisfaction | -.067 | -.011 | .128** | -.091* | -.058 | | | | | | | | | | |
| 7. Burnout | -.012 | .004 | -.360** | .158** | .111* | -.405** | | | | | | | | | |

(Continued)

TABLE 3. Bivariate Correlations (Continued)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|-------------------------------|---------|-------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 8. Secondary traumatic stress | -.066 | .011 | -.186** | .127** | .048 | .020 | .607** | | | | | | | | |
| 9. AWS—Workload | -.227** | -.079 | .311** | -.127** | -.139** | .139** | -.445** | -.322** | | | | | | | |
| 10. AWS—Control | .244** | .031 | .249** | -.312** | -.329** | .164** | -.317** | -.188** | .258** | | | | | | |
| 11. AWS—Reward | .095* | -.003 | .251** | -.310** | -.336** | .167** | -.316** | -.142** | .295** | .596** | | | | | |
| 12. AWS—Community | .076 | .038 | .310** | -.258** | -.274** | .168** | -.276** | -.102* | .262** | .508** | .587** | | | | |
| 13. AWS—Fairness | .079 | -.048 | .285** | -.288** | -.329** | .116** | -.325** | -.187** | .318** | .651** | .633** | .518** | | | |
| 14. AWS—alues | .168** | .025 | .206** | -.250** | -.254** | .166** | -.290** | -.057 | .146** | .544** | .539** | .531** | .611** | | |
| 15. Turnover intention | -.102* | -.020 | -.258** | .302** | .279** | -.260** | .456** | .186** | -.263** | -.515** | -.485** | -.452** | -.535** | -.470** | |
| 16. Job satisfaction | .162** | .027 | .346** | -.413** | -.428** | .200** | -.453** | -.251** | .430** | .658** | .713** | .637** | .770** | .631** | -.645** |

Notes. AWS = areas of work-life.
* $p < .05$. ** $p < .001$.

accounted for 2.8% of the variance. Salary had a small, positive association with job satisfaction ($\beta = .149, p < .001$). Paid and unpaid leave satisfaction questions and Areas of Worklife subscales were included in the final step; this addition was significant, $F(4, 453) = 122.879, p < .001$, and accounted for 40.6% of the variance. Higher scores on the AWS control ($\beta = .354, p < .001$) and community ($\beta = .350, p < .001$) subscales were associated with moderate increases in job satisfaction. Unpaid leave ($\beta = -.148, p < .001$) and paid leave ($\beta = -.084, p = .026$) had small, negative associations with job satisfaction. At the final step, coping strategies and STS remained significant, while salary and race became nonsignificant. The full, final model was highly significant, $F(13, 453) = 58.287, p < .001$, and accounted for 62.6% of the variance in mean job satisfaction scores.

DISCUSSION

The aim of this study was to examine the relationship of worker characteristics, individual, position-level, and organizational factors associated with turnover intention and job satisfaction among the IPV and sexual assault workforce, similar to Benton's (2016) study in child welfare. Regarding worker characteristics, identifying as Black/African American was significantly associated with turnover intention. At the individual level, the use of coping strategies predicted higher job satisfaction. Position-level factors generated the majority of significant associations with the dependent variables in both models. While higher salary was significantly associated with lower turnover intention, it was not predictive of job satisfaction. Paid and unpaid leave satisfaction were however associated with lower job satisfaction, indicating a nuanced relationship between compensation and employment experience. Lower endorsement of quality supervision and higher endorsement of burnout were significantly associated with higher turnover intention, but surprisingly not with job satisfaction. In contrast, and as expected, lower STS and higher compassion satisfaction predicted higher job satisfaction. In this analysis, two organizational factors predicted higher job satisfaction (increased match with workplace community and control). The findings provide empirical support for organizations to account for multi-level factors in efforts to address turnover intention and improve job satisfaction, which forms the focus of the discussion here. The study also points to possibilities for future research that involves model building and in-depth examination of the factors contributing to job satisfaction and turnover intention. Examining relationships between resilience, coping, and compassion satisfaction, for instance, for the purposes of model building would be a useful area of inquiry moving forward.

At the individual-level, the findings highlight the important relationship between the use of coping skills among the IPV and sexual assault workforce and job satisfaction. Members of the IPV and sexual assault workforce can identify and enhance their coping skills through training and practice as individuals responsible for their professional growth and wellbeing. However, those efforts require organizational guidance, reinforcement, and support (Dworkin et al., 2016; Kulkarni et al., 2013; Slaterry & Goodman, 2009). Providing staff-wide training on and opportunities for developing self-care, supervision skills, and peer support are low cost initiatives that may yield notable results (Bell, Kulkarni, & Dalton, 2003; Choi, 2011; Salloum, Kondrat, Johnco, & Olson, 2015).

At the position-level, findings from this analysis reveal a complex relationship between compensation and employee experience. The average salary for advocate positions in the

TABLE 4. Results From the Hierarchical Regression Analysis Predicting Turnover Intention (*n* = 468)

| | Block 1 | | | Block 2 | | | Block 3 | | | | | |
|-------------------------------------|----------|-----------|---------|----------|----------|-----------|---------|----------|----------|-----------|---------|----------|
| | <i>B</i> | <i>SE</i> | β | <i>p</i> | <i>B</i> | <i>SE</i> | β | <i>p</i> | <i>B</i> | <i>SE</i> | β | <i>p</i> |
| Constant | 2.151 | 0.066 | | <.001 | 2.162 | 0.081 | | <.001 | 3.976 | 0.363 | | <.001 |
| Race/Ethnicity | | | | | | | | | | | | |
| African American/Black | 0.40 | 0.19 | .10 | .037 | 0.39 | 0.19 | .10 | .038 | 0.20 | 0.14 | .05 | .166 |
| Asian | 0.15 | 0.34 | .02 | .664 | 0.12 | 0.34 | .02 | .721 | −0.36 | 0.26 | −.05 | .165 |
| Latinx | 0.06 | 0.11 | .03 | .592 | 0.01 | 0.11 | .00 | .941 | −0.03 | 0.08 | −.01 | .734 |
| Other | 0.33 | 0.22 | .07 | .127 | 0.32 | 0.22 | .07 | .143 | 0.28 | 0.16 | .06 | .084 |
| Salary | | | | | −0.01 | 0.00 | −.11 | .026 | 0.00 | 0.00 | −.02 | .541 |
| Additional income | | | | | 0.00 | 0.00 | .00 | .984 | 0.00 | 0.00 | .00 | .947 |
| Satisfaction with supervision (JSS) | | | | | | | | | −0.69 | 0.05 | −.55 | <.001 |
| Burnout | | | | | | | | | 0.02 | 0.00 | .21 | <.001 |
| ΔR^2 | | | .013 | .188 | | | .011 | .081 | | | .436 | <.001 |

Notes. JSS = job satisfaction; SE = standard error.
Salary and additional income are centered and in thousands of dollars.
 $R^2 = .459$.

TABLE 5. Results From the Hierarchical Regression Analysis Predicting for Job Satisfaction (*n* = 467)

| | Block 1 | | | | Block 2 | | | | Block 3 | | | | Block 4 | | | |
|----------------------------|----------|-----------|---------|----------|----------|-----------|---------|----------|----------|-----------|---------|----------|----------|-----------|---------|----------|
| | <i>B</i> | <i>SE</i> | β | <i>p</i> | <i>B</i> | <i>SE</i> | β | <i>p</i> | <i>B</i> | <i>SE</i> | β | <i>p</i> | <i>B</i> | <i>SE</i> | β | <i>p</i> |
| Constant | 4.275 | 0.053 | | <.001 | 4.26 | 0.06 | | <.001 | 3.15 | 0.31 | | <.001 | 1.87 | 0.26 | | <.001 |
| Race/Ethnicity | | | | | | | | | | | | | | | | |
| African American/ Black | -0.26 | 0.15 | -.08 | .089 | -0.25 | 0.15 | -.08 | .091 | -0.22 | 0.14 | -.07 | .107 | 0.08 | 0.10 | .03 | .392 |
| Asian | -0.57 | 0.27 | -.10 | .038 | -0.54 | 0.27 | -.09 | .048 | -0.31 | 0.25 | -.05 | .208 | -0.10 | 0.17 | -.02 | .568 |
| Latinx | -0.16 | 0.09 | -.09 | .061 | -0.11 | 0.09 | -.06 | .235 | -0.15 | 0.08 | -.08 | .063 | -0.07 | 0.06 | -.04 | .216 |
| Other | -0.10 | 0.17 | -.03 | .576 | -0.08 | 0.17 | -.02 | .638 | -0.08 | 0.16 | -.02 | .611 | 0.09 | 0.11 | .02 | .428 |
| Compassion satisfaction | | | | | 0.01 | 0.00 | .16 | <.001 | 0.01 | 0.00 | .17 | <.001 | 0.01 | 0.00 | .06 | .041 |
| Secondary traumatic stress | | | | | -0.02 | 0.00 | -.20 | <.001 | -0.02 | 0.00 | -.19 | <.001 | -0.01 | 0.00 | -.11 | <.001 |
| Coping | | | | | 0.44 | 0.07 | .29 | <.001 | 0.44 | 0.07 | .29 | <.001 | 0.14 | 0.05 | .09 | .004 |
| Salary | | | | | | | | | 0.01 | 0.00 | .15 | .001 | 0.00 | 0.00 | .01 | .714 |
| Additional income | | | | | | | | | 0.00 | 0.00 | -.01 | .729 | 0.00 | 0.00 | -.01 | .682 |
| Paid leave satisfaction | | | | | | | | | | | | | -0.05 | 0.02 | -.08 | .026 |
| Unpaid leave satisfaction | | | | | | | | | | | | | -0.08 | 0.02 | -.15 | <.001 |
| AWS community | | | | | | | | | | | | | 0.34 | 0.04 | .35 | <.001 |
| AWS control | | | | | | | | | | | | | 0.34 | 0.03 | .34 | <.001 |
| ΔR^2 | | | .018 | .073 | | | .022 | .005 | | | .179 | <.001 | | | .406 | <.001 |

Note. AWS = areas of work-life; SE = standard error.
Salary is centered and in thousands of dollars.
 R^2 = .626.

study population was just over \$33,044, the most frequently endorsed family income range was \$30,000–\$39,900, and pay and promotion were among the lowest endorsed areas of job satisfaction. Salary was associated with turnover intention, and satisfaction with paid and unpaid leave predicted job satisfaction. The correlation between job satisfaction and turnover intention in this study suggests decreased job satisfaction may lead to higher turnover intention, but the two constructs likely have a more complicated relationship. Other factors such as salary and burnout contribute to turnover intention, indicating job satisfaction is not the only driver. One possible explanation for this is that paid and unpaid leave are tied to overall job and organizational satisfaction, whereas salary is more directly linked to position-level variables that influence turnover intention. The findings thus highlight the extent to which addressing turnover and job satisfaction may require targeted and complementary interventions, and the responsibility organizations have to create workplace environments that take into account the wellbeing of their employees. While organizations may be able to address paid and unpaid leave with more minimal cost considerations than pay, persistent resource constraints present challenges to agencies that desire to implement salary increases (Macy et al., 2010). Nevertheless, employers need to weigh salary increases against the costs associated with turnover, which should also be a focus of research moving forward. Moreover, organizations concerned with job satisfaction among staff should consider the spectrum of compensation policies in developing strategies to improve staff morale, including leave options.

Also at the position-level, the study findings reinforce issues related to occupational stress that have been explored qualitatively (Bemiller & Williams, 2011; Merchant & Whiting, 2015) and quantitatively (Kulkarni et al., 2012; Slattery & Goodman, 2009). Support from peers and high-quality supervision are important to reducing occupational stress, which may influence job satisfaction (Choi, 2011; Dworkin et al., 2016; Slattery & Goodman, 2009). Organizational leadership can address position-level change, especially for advocates whose frontline jobs are client interaction heavy and particularly high stress (Bell et al., 2003). For instance, organizations can re-envision how positions are structured with regard to the distribution of direct client services with other duties within organizations. This includes caseload reductions and facilitation of time off (Kulkarni et al., 2013). Organizational transparency, access to information, direct feedback from supervisors and peers, as well as engagement in social action may also play protective role against occupational stress among the IPV and sexual assault workforce (Choi, 2011; Harrison & Westwood, 2009; Nuttman-Shwartz, 2015). Mindfulness-based and resilience-building interventions may also be helpful in decreasing elements of compassion fatigue (Crowder & Sears, 2017; Kulkarni et al., 2013) and be therefore worth exploring as options organizations can offer to their employees. Organizational efforts to improve job satisfaction and turnover intention among employees necessitate that those in leadership and human resource positions deepen their own knowledge of occupational stress and its role in shaping staff longevity and wellbeing (Dworkin et al., 2016; Slattery & Goodman, 2009). Reducing workload, increasing support, and fostering strategies to use and build coping skills are practical mechanisms organizations can employ to decrease occupational stress and increase satisfaction.

At the organizational level, the analysis revealed significant associations between job satisfaction and two factors—control and community—from the AWS (Leiter & Maslach, 2006/2011). Control describes the extent to which employees have opportunities to make decisions and contribute to fulfilling responsibilities, and community refers to the quality of an organization's social environment, such as the trust people have in their colleagues to fulfill their roles (Leiter & Maslach, 2006/2011). Autonomy and control are facilitated

by shared power. Assessing the extent to which staff feel they have power within their roles to make decisions and feel they are contributing their perspectives and experiences to broader organizational decisions can be an important step agencies take in fostering job satisfaction (see the 15-item Shared Power Scale developed by Slattery & Goodman, 2009). Employee control is important in almost any workplace, but holds specific significance for the IPV and sexual assault workforce given the feminist values that drove the anti-violence against women movement and gave rise to the service sector. Increased professionalization of IPV and sexual assault work over time has also had the effect of fostering a proliferation of rules and agency policies (Goodman & Epstein, 2008; Mehrotra, Kimball, & Wahab, 2016). This proliferation can have the unintended consequence of creating another layer of control for people using services, and a source of micro aggressions and further systematic oppression (Author, 2017; Haj-Yahia & Cohen, 2009; Nnawulezi & Sullivan, 2014). Unintended consequences likely extend to the implementers and enforcers of rules and policies as well, by diminishing feelings of control and community among staff. As the stewards of workplace climate, leaders, and managers play a vital role in supporting open communication and inclusion in decision-making processes among staff (Merchant & Whiting, 2015), including having a voice on personnel issues and policies, participating in agency boards and strategic planning.

In addition, it is important to situate within the context of organizational climate and broader structural forces at play the finding that identifying as African American/Black was significantly associated with higher turnover intention. This association should be treated with caution due to the sample size, but merits consideration. Worker characteristics, such as race/ethnicity, are salient factors shaping quality of the workplace (Blitz & Kohl, 2012). Moreover, “an organization that overlooks the social and historical impact of race privilege and racism risks perpetuating inequity through practices that highlight the achievements and strengths of White staff members without recognizing the [organizational] cultural context that supports their success” (Blitz & Kohl, 2012, p. 480). A workplace environment that upholds respect for diversity, mutuality, and shared power provides better protection from STS in comparison to traditional hierarchical agency models (Slattery & Goodman, 2009). While discrimination and micro-aggressions among women of color who are clients in IPV and sexual assault agencies have started to be explored elsewhere (Nnawulezi & Sullivan, 2014), a paucity of research addresses those issues among the workforce. Intention to turnover among African American, and likely members of other marginalized groups in IPV and sexual assault agencies needs to further examination at both the individual agency level, as well as across the workforce.

Limitations

Several limitations are important to note. While the study findings provide valuable insights into under-researched workforce, the study utilized a purposive recruitment approach that limits the generalizability of the findings to those working in the IPV and sexual assault field. Further, the recruitment strategy omitted potential participants who had already exited the IPV and sexual assault workforce because of occupational stress. In addition, employees who experience the lowest job satisfaction and highest turnover intention—and associated factors, such as burnout—may have been less inclined to engage with a survey on a related topic or had already left the agency. As such, the extent of problems associated with job satisfaction and turnover for this workforce may be greater than what this study reflected. Cross-sectional analyses furthermore limit the ability to infer conclusions about the direction of associations of variables under study. The study targeted professionals in one

U.S. state, and variations may occur in other states, especially in pay and other key variables. The reliance on email and social media to recruit participants may have limited the participation of workers who do not typically use those technologies or have limited access. Finally, to decrease the possibility of multicollinearity, the turnover regression model did not include agency-level independent variables, which limited the analysis and model application.

CONCLUSION

The present research study reinforces the need for interventions at multiple levels (individual, position, and agency) that seek to increase job satisfaction and lower turnover intention and actual turnover. Such efforts certainly include salary and leave options, but may also include less-costly approaches such as increasing the quality of community, autonomy and control, support, and supervision in the workplace. Additionally, issues of racism and microaggressions must be addressed as potential causes of occupational stress, lower job satisfaction, and turnover intention. The IPV and sexual assault service arena is an important bellwether for a variety of professions, as services for survivors of violence touch on a wide range of other social problems such as poverty, addictions, homelessness, and mental health (Salomon, Bassuk, & Huntington, 2002). As such, ongoing study of workplace wellness and occupational stressors are important for IPV and sexual assault service providers, but may also be of value across social services.

NOTE

1. Salary refers here to income earned from hourly and salaried employees for the sake of brevity and is distinct from “household income.”

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Disclosure. The authors have no relevant financial interest or affiliations with any commercial interests related to the subjects discussed within this article.

Acknowledgments. The VOICE Survey Project was funded by The Office of the Governor, State of Texas, Criminal Justice Division, Grant Number 3185702.

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|  | <p align="center">Crime Victim Services Work Group Meeting #9 September 11, 2024 12:15 pm – 1:15 pm Zoom Videoconference</p> |  |
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Designees & Liaisons Present:

Megan Allen (KCSARC)
Anna Borris (OST)
Maty Brimmer (L&I – CVSC)
Judy Chen (WSCADV)
Mette Earlywine (DSHS)
Giannina Ferrara (CCYJ)
Suzi Fode (New Hope)
Elizabeth Hendren (SVLC)
Jackie High-Edward (GJC)
Mishani Jack-Gonzalez (TSCC)
Larry Jefferson (OPD)
Dee Koester (WomenSpirit Coalition)
Annalise Martucci (OCLA)
Chris McBride (DV Services of Snohomish County)
Colleen McIngalls (KCPAO)
Cameron Norton (DCYF)
Kelly Olson (Civil Survival)

Carlyn Sampson (Rebuilding Hope!)
Trisha Smith (OCVA)
Evangeline Stratton (FVAP)
Lori Vanderburg (Dawson Place)
Mary Welch (NJP)
Sally Winn (YWCA Spokane)
Jenny Zappone (DMCJA)
Anne-Marie Zell Schwerin (YWCA Walla Walla)

AOC Staff :



Kelley Amburgey-Richardson
Crissy Anderson
Jessica Janét
Laura Jones
Ashley Rousson

Guests:



Representative Lauren Davis (32nd District)

WELCOME & PROJECT UPDATES

- Jackie High-Edward welcomed everyone back to 9th and final meeting.
 - Reminded participants to use first names
 - Encouraged people to add pronouns to Zoom name to make this an inclusive space.
- Following the meeting, Jessica Janét will send out a working draft to the work group. Feedback due by EOB 9/18/24.
 - Plan to standardize and expand access still in outline form. Laid the foundation previously in the report, review through the lens of what specifically the legislature can do and actionable steps that the legislature can take.
 - In developing the plan, we took the top needs from the report (based on data/research, service mapping, and survivor and provider surveys/interviews) and divided into recommendations for system-based, community-based, and tribal services. We have pulled out what our planning subgroup perceived as the primary issues.
 - We will be doing individual reach outs to work group members to assist with review and editing of other sections
 - Feel free to add your own edits and comments using track changes or the comment tool in Word.
- Jackie High-Edward shared an overview of themes and recommendations:
 - For civil legal services, greatest need is increased funding for civil legal aid attorneys, with an emphasis on family law cases and rural communities.



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- We have included a recommendation to consider self-help centers, navigators, and other civil legal assistance options for unrepresented litigants secondary to the civil legal attorney funding.
- Another barrier to access that was identified in our surveys and by the planning subgroup was access free child care to allow victims to attend meetings and hearings and fill out paperwork. There was a pilot study done as part of the Gender and Justice study that looked at free child care at courts that we plan to cite in the report.
- Additional court training on the dynamics of gender-based violence and trauma-informed approaches. One way to address this would be to provide additional funding for court operations and training on gender-based violence, trauma, and procedural justice.
 - Adequate staffing will lead to better processes in civil legal cases. It can take the time to understand context, which is critical in cases related to gender-based violence and central to a trauma-informed approach.
 - This may allow for more warm hand-offs/communications across systems.
 - If training is built into work time, integrated into culture, people are more likely to take trainings.
 - An example is the AOC's new Protection Order Reimbursement & Training (PORT) Project. This project was funded for one year to support courts with their protection order dockets by reimbursing participating courts for utilizing pro tem coverage for civil protection order dockets, for judicial time spent training pro tems, and for other expenditures related to providing pro tem training on protection orders.
- A top need for community-based services is additional funding for community-based service providers that will help to improve workforce development to retain quality, trained staff. More advocates are needed to meet the need of survivors, and increased wages are necessary to attract and retain staff.
- Improvements are also needed in cross-system coordination between trauma-informed therapists, emotional support services, safety planning, and crisis response. These services ranked among the highest needs in the surveys of providers and survivors.
- Without more affordable housing, survivors forced to make the difficult choice of returning to an abusive ex-partner or becoming homeless. The existing services structure focuses on emergency shelter, even though there is often nowhere to go afterwards, and survivors could avoid homelessness with less costly help by retaining their own housing earlier on.
- Additional funding is needed for tribes to increase services, support capacity building, and to support resources to improve coordination between state and tribal courts on issues of gender-based violence.

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GROUP DISCUSSION

- Rep. Davis welcomed to the meeting, gave remarks about importance of these issues and expressed gratitude for the work that went into this. Will help to highlight our work. One potential upcoming opportunity to present on the report may be at a victim rights work session in the House Committee on Community Safety, Justice & Reentry
- PowerPoint shared so that work group could discuss and visualize findings
 - Difficult for incarcerated individuals to remain in contact with their families, respond on family law and dependency issues.
 - Front end of the report is place to give complexities, please look at that with an eye toward what information (like this) may be added
 - SurvivorsFirst program in King County highlighted
 - DOC reached out to YWCA Spokane to start doing victim advocacy and support work with their clients and in the families of their clients. It's a new area, but we're looking forward to getting to an entirely new group of survivors who have been previously overlooked.
 - Flagged the Gender Justice Study chapters about incarcerated survivors, and specifically a chapter on family law issues for incarcerated parents which covered incarcerated survivors specifically.
 - OCLA and KCPAO have collaborated previously about how to support the Survivors FIRST program, but limited funding for legal aid made it unfeasible to expand services at the time. Hopefully efforts like this could be expanded if there is an increase in funding.
 - Question about focus on training and not accountability.
 - Scope of our directive is to look at training.
 - From survey/interviews that lots of information about court experiences.
 - CourtWatch suggested. Potential to scale with technology.
 - AOC's PORT Project responsive to concerns about knowledge about GBV. Upcoming information session for courts.
 - Amount of statutorily driven deadlines the court has are helpful to prioritize certain cases. Have to also remember the influx to courts without funding.
 - Is it possible to clarify that the judicial training is presented by trained gender-based violence experts? For example, Center for Justice Innovation has technical assistance through DV Mentor Court Programs.
 - Same concerns re: law enforcement training.
 - Re: DV courts, there are interconnected actions for survivors that are treated as different issues. To the degree that we have people who can be experts and know how to navigate these and hold all pieces helpful.
 - Reduce the work of judges and increase the work that is done in the community.
 - Give victims more choice and more services as fast as possible

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- DV Summit on October 17th. Larry Jefferson to share information.
- Within tribal communities, there is a program that trains advocates in understanding the legal process through the courts. Hard to get attorneys, especially on reservations. Often the perpetrator would get to the attorney first, victims ended up without an attorney. Concept of training advocates in understanding the process, understanding the terminology, support and be with the victim in court. Basic and advanced training. Through the University of Wisconsin law department.
 - Should the state consider tribal consultation? Consultation is all tribal leads, advocates, coalitions that meet to discuss issues/concerns with OVW.

THANK YOU & CLOSE

Jackie High-Edward thanked all work group participants for being a part of this work at this final meeting. Specific thanks to people who worked on surveys, the funding section of the report, and the planning subgroup. Thanks to AOC staff, researcher, and to Rep. Davis for allowing us to come together and share goals.

Crime victim service needs: Provider survey

Start of Block: Introduction:

Q16 We appreciate your willingness to participate in a survey about support services for people who have experienced gender-based violence (domestic violence, sexual assault/exploitation, human trafficking, and child abuse). **The purpose of this survey is to gain information about the type of services you provide, and your perspective on needs among those who have experienced gender-based violence, including needs that are not being met by current systems – from your perspective as a provider.** We also ask some questions that help us understand more about you. Any information you provide will be reviewed and understood across all of the surveys we collect. Any information you provide about yourself or your agency will not be attached to the answers you provide to other questions. You may choose not to answer any of the questions we ask.

This survey will take **approximately 10 minutes** to complete.

End of Block: Introduction:

Start of Block: Service scope and geography:

Q17 What is the name of your agency/employer?

Q18 What is your role within this agency?

- ☐ Administrative support/staff
 - ☐ Attorney
 - ☐ Direct service provision (e.g., advocate/therapist)
 - ☐ Leadership (e.g., Executive Director, Department Director, Assistant or Deputy Director)
 - ☐ Program manager/supervisor
 - ☐ Staff manager/supervisor
 - ☐ Other _____
-

Q19 Among people who have experienced gender-based violence, which groups does your agency serve? Those who are/have experienced...(choose all that apply)

- ☐ Children as primary victims (including child abuse and neglect, sexual abuse, commercial sexual exploitation of children/youth)
 - ☐ Commercial sexual exploitation
 - ☐ Crime victims
 - ☐ Domestic violence
 - ☐ Human trafficking
 - ☐ Sexual Assault
 - ☐ Other _____
-

Page Break

Q4 What county/counties does your agency or regional office serve, and do you offer any services statewide? (check all that apply)

- ☐ Adams
- ☐ Asotin
- ☐ Benton
- ☐ Chelan
- ☐ Clallam
- ☐ Clark
- ☐ Columbia
- ☐ Cowlitz
- ☐ Douglas
- ☐ Ferry
- ☐ Franklin
- ☐ Garfield
- ☐ Grant
- ☐ Grays Harbor
- ☐ Island
- ☐ Jefferson
- ☐ King

- ☐ Kitsap
- ☐ Kittitas
- ☐ Klickitat
- ☐ Lewis
- ☐ Lincoln
- ☐ Mason
- ☐ Okanogan
- ☐ Pacific
- ☐ Pend Oreille
- ☐ Pierce
- ☐ San Juan
- ☐ Skagit
- ☐ Skamania
- ☐ Snohomish
- ☐ Spokane
- ☐ Stevens
- ☐ Thurston
- ☐ Wahkiakum

- ☐ Walla Walla
 - ☐ Whatcom
 - ☐ Whitman
 - ☐ Yakima
 - ☐ Statewide
-

Q21 How would you describe your agency or regional office's service area? (choose all that apply)

- ☐ Rural
- ☐ Suburban
- ☐ Urban
- ☐ Other _____

End of Block: Service scope and geography:

Start of Block: Tribal:



Q22 Are you reporting from a tribal-specific program?

- ☐ Yes
 - ☐ No
-

Q23 What tribe(s)?

- ☐ Confederated Tribes and Bands of the Yakama Nation
- ☐ Confederated Tribes of the Chehalis Reservation
- ☐ Confederated Tribes of the Colville Reservation
- ☐ Confederated Tribes of the Umatilla Indian Reservation
- ☐ Confederated Tribes of Warm Springs Reservation of Oregon
- ☐ Cowlitz Indian Tribe
- ☐ Hoh Indian Tribe
- ☐ Jamestown S’Klallam Tribe
- ☐ Kalispel Tribe of Indians
- ☐ Lower Elwha Klallam Tribe
- ☐ Lummi Nation
- ☐ Makah Tribe
- ☐ Muckleshoot Indian Tribe
- ☐ Nez Perce Tribe
- ☐ Nisqually Indian Tribe
- ☐ Nooksack Indian Tribe
- ☐ Port Gamble S’Klallam Tribe
- ☐ Puyallup Tribe

- ☐ Quileute Tribe
 - ☐ Quinault Indian Nation
 - ☐ Samish Indian Nation
 - ☐ Sauk-Suiattle Indian Tribe
 - ☐ Shoalwater Bay Indian Tribe
 - ☐ Skokomish Indian Tribe
 - ☐ Snoqualmie Indian Tribe
 - ☐ Spokane Tribe of Indians
 - ☐ Squaxin Island Tribe
 - ☐ Stillaguamish Tribe of Indians
 - ☐ Suquamish Tribe
 - ☐ Swinomish Indian Tribal Community
 - ☐ Tulalip Tribes
 - ☐ Upper Skagit Indian Tribe
 - ☐ Other(s) _____
-

Q24 Are your services exclusively for those with tribal affiliation?

- ☐ Yes, only those affiliated with the above tribe(s)
- ☐ Yes, any tribally affiliated individual
- ☐ No, anyone can access
- ☐ Depends, some programs are only for tribal affiliates and some are for anyone

End of Block: Tribal:

Start of Block: Services provided:



Q25 Does your agency provide legal services?

- ☐ Yes
 - ☐ No
 - ☐ Not sure
-

Q26 You indicated that your agency provides legal services (or you are not sure). Which of the following legal services does your agency provide? (choose all that apply)

- ☐ Advocates/advocacy
- ☐ Courthouse facilitators
- ☐ Direct representation by attorney (civil)
- ☐ Direct representation by attorney (criminal)
- ☐ Direct representation by attorney (immigration)
- ☐ Law library
- ☐ Mediators
- ☐ Navigators
- ☐ Other legal services (e.g. advice, assistance with forms)
- ☐ Self-help center
- ☐ Self-help online
- ☐ Victim witness coordination
- ☐ None of these services



Q27 Does your agency provide any other services besides the legal services you indicated?

☐ Yes

☐ No

☐ Not sure

Q28 Which of the following services does your agency provide? (choose all that apply)

- ☐ 24-hour hotline
- ☐ Child care
- ☐ Child forensic interviews
- ☐ Community outreach and education
- ☐ Crisis intervention
- ☐ Emergency Housing
- ☐ Employment assistance
- ☐ Evidence-based trauma therapy for child victims
- ☐ Financial assistance
- ☐ Forensic exams
- ☐ General advocacy
- ☐ Healthcare
- ☐ Housing assistance
- ☐ Information and referral
- ☐ Medical advocacy
- ☐ Multidisciplinary team (MDT) coordination
- ☐ Other therapy for child victims
- ☐ Prevention education

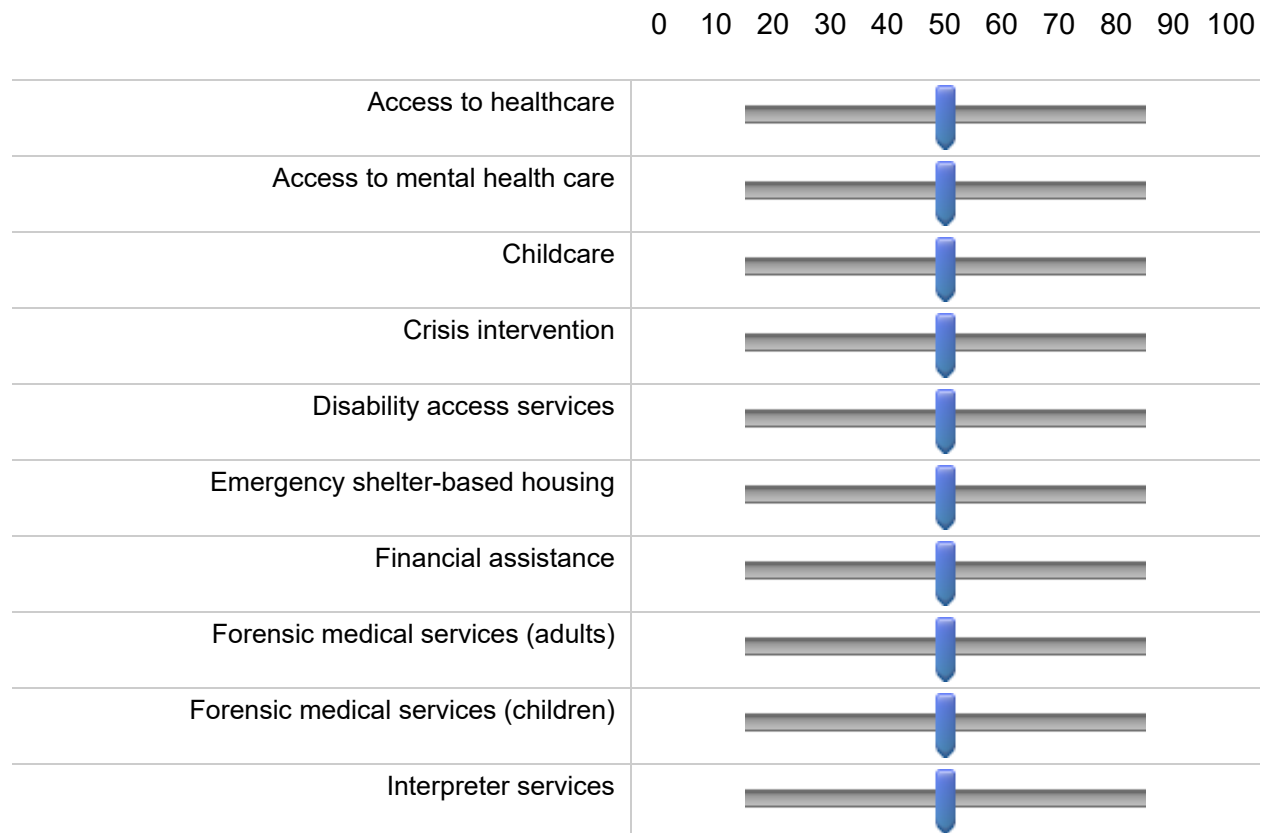
- ☐ Safety planning
- ☐ Specialized medical care for child victims
- ☐ Support groups
- ☐ Therapy for adult survivors
- ☐ Other _____

End of Block: Services provided:

Start of Block: Service needs:

Q30 Please rank the following services -- based on your experience -- in terms of the greatest need, regardless of whether or not your agency provides the service or is able to meet the need.

Not Applicable



| | |
|--|--|
| Legal advice, services, and/or representation (criminal, victim-defendant) |  |
| Legal advice, services, and/or representation (criminal, crime victim rights) |  |
| Legal advice, services, and/or representation (civil – family law) |  |
| Legal advice, services, and/or representation (other civil) |  |
| Legal information or resources to address their legal issue(s) themselves |  |
| Non-shelter-based housing assistance |  |
| Transportation assistance |  |
| Other (1) |  |
| Other (2) |  |
| Other (3) |  |

Q31 Please indicate the degree to which you agree with the following statements:

| | strongly disagree | somewhat disagree | neither agree/nor disagree | somewhat agree | strongly agree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| My agency/regional office would be able to provide services most needed if we had the resources (e.g., financial/staff) to do so | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The services most needed do not exist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The services most needed exist, but not in my area | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Even if we had the financial resources to provide needed services, there are other barriers (e.g., not enough providers) to meeting needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q32 You indicated there are other barriers to meeting the service needs of those who have experienced gender-based violence. Please explain:

Q1 The demographic questions below help us understand who we are hearing from in this survey. Again, we will report this information in aggregate and will not use it in any way that may identify you.

Q2 I identify my race as: (choose all that apply)

- ☐ American Indian and/or Alaska Native
 - ☐ Asian or the Indian Subcontinent
 - ☐ Black, African American, African Diasporic, or Afro-Caribbean
 - ☐ Latino or Hispanic
 - ☐ Middle Eastern or North African
 - ☐ Native Hawaiian and/or Pacific Islander
 - ☐ White
 - ☐ I prefer to self-describe or provide additional information about my race, nationality, or tribe _____
 - ☐ I prefer not to answer this question
-

Q3 I identify my ethnicity as:

Q5 How do you describe your gender? (choose all that apply)

- ☐ Woman
 - ☐ Trans*
 - ☐ Man
 - ☐ Non-binary, third gender, gender fluid, or Two-Spirit
 - ☐ I prefer to describe my gender as:

 - ☐ I prefer not to answer this question
 - ☐ I'd like to skip remaining demographic questions
-

Q6 My sexual orientation is:

- ☐ Asexual
 - ☐ Bisexual
 - ☐ Gay/Lesbian
 - ☐ Heterosexual/Straight
 - ☐ Pansexual
 - ☐ Queer
 - ☐ I prefer to self-describe my sexual orientation

 - ☐ I prefer not to answer this question
-

Q7 My age is:

- ☐ 18 – 24 years old
 - ☐ 25 - 30 years old
 - ☐ 31 – 44 years old
 - ☐ 45 years old or older
 - ☐ I prefer not to answer this question
-

Q8 My highest level of education is:

- ☐ Less than high school
 - ☐ High school diploma or GED
 - ☐ Some college
 - ☐ Associates Degree
 - ☐ Bachelor's Degree
 - ☐ Graduate Degree
 - ☐ Other _____
 - ☐ I prefer not to answer this question
-



Q9 I identify as disabled/having a disability:

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer this question

End of Block: Demographic Information:

Start of Block: Survivor survey info:

Q44 We are also asking those with lived experience for input about their interactions with services and what they most needed. If you or someone you know has experienced gender-based violence and would like to provide input, you can save and/or follow [this link](#), or save/use [this QR code](#), to access that survey in English.

The survey is available in 6 languages. Here are links to the survey in [Chinese](#), [Korean](#), [Spanish](#), [Russian](#), and [Vietnamese](#).

End of Block: Survivor survey info:

Legal and support service needs for people who have experienced gender-based violence

Start of Block: Introduction

Q1 We are a group of advocates, judges, lawyers, and government agency staff asked by the Washington State Legislature to gather information on **what legal and support services are available for people who have experienced gender-based violence (domestic violence, sexual violence or exploitation, human trafficking, stalking, parents of/child victims of violence)**. This includes information on what additional services may be needed. If you have experienced gender-based violence, we would greatly appreciate your input.

Your perspective is critical to this work. We know that experiences of abuse and getting help are different for everyone. We want to hear about **your experience, including what helped you and what did not** so that **we can make recommendations** to better support the needs of those experiencing gender-based violence in our state.

* Your **answers will be confidential** and not connected to your name or any organization (if applicable) that you received services from.

* Your **answers will not be shared** with any of your service/resource providers.

* After the initial eligibility questions (1-3), you may skip any question you cannot or do not want to answer.

* **This survey should take about 10-15 minutes to complete.**

Q2 My age is:

- ☐ Under 18 years
- ☐ 18 years or older
-

Q34 Thank you for your willingness to participate in this survey. However, we are only asking for feedback from people 18 years and older.

Q3 Have you experienced any of the following? (check all that apply)

- ☐ sexual violence
 - ☐ domestic violence
 - ☐ human trafficking
 - ☐ commercial sexual exploitation
 - ☐ stalking
 - ☐ parent of a child victims of the types of violence listed above
 - ☐ None of these
-

Q35 Thank you for your willingness to participate in this survey. However, we are interested in hearing only from those with lived experience of gender-based violence (domestic violence, sexual violence or exploitation, human trafficking, stalking, parents of child victims of violence).

Q4 What county do you live in?

▼ Adams ... Yakima

Q5 Are you closely affiliated, or a member of, a Native American tribe or tribes?

☐ Yes

☐ No

Q6 What is/are the name/names of your tribe(s)?

Q7 Do you currently reside on an Indian Reservation?

☐ Yes

☐ No

Q8 Which tribe?

Q9 As someone, or the parent of someone, who experienced gender-based violence, which of the following people or systems did you encounter related to these experiences (whether you chose to interact with them or not)? (choose all that apply)

- ☐ A shelter
 - ☐ Advocate
 - ☐ Child welfare system/Child Protective Services (CPS)
 - ☐ Church or religious community
 - ☐ Court
 - ☐ Employer
 - ☐ Friends and/or family
 - ☐ Hospital, doctor, or clinic
 - ☐ Hotline
 - ☐ Lawyer – personal/legal aid provider
 - ☐ Lawyer -- prosecutor
 - ☐ Police
 - ☐ School
 - ☐ Therapist/counselor
 - ☐ Tribal Elder/Council
 - ☐ Other _____
-

Q11 If you sought help, where did you first seek help? (choose all that apply)

- ☐ A shelter
- ☐ Advocate
- ☐ Child welfare system/Child Protective Services (CPS)
- ☐ Church or religious community
- ☐ Court
- ☐ Employer
- ☐ Friends and/or family
- ☐ Hospital, doctor, or clinic
- ☐ Hotline
- ☐ Lawyer – personal/legal aid provider
- ☐ Lawyer -- prosecutor
- ☐ Police
- ☐ School
- ☐ Therapist/counselor
- ☐ Tribal Elder/Council
- ☐ Other _____
- ☐ I did not seek help

Q10 Can you tell us more about why you did not seek help? (choose all that apply)

☐

I was afraid

☐

I didn't know about services or where to go for help

☐

I knew about services but didn't think they were for me

☐

I knew about services but they were not in my community/were too far away

☐

I knew about services but didn't think they could help me

☐

I thought the services available would be more harmful than helpful

☐

Other _____

Q12 Which of the following people or systems intervened because of your, or your child's, experience of gender-based violence (even if you did not want this)? (choose all that apply)

- ☐ Child welfare system/Child Protective Services (CPS)
- ☐ Church or religious community
- ☐ Court
- ☐ Employer
- ☐ Friends and/or family
- ☐ Hospital, doctor, or clinic
- ☐ Lawyer – personal/legal aid provider
- ☐ Lawyer -- prosecutor
- ☐ Police
- ☐ School
- ☐ Therapist/counselor
- ☐ Tribal Elder/Council
- ☐ Other _____
- ☐ None of these

Q13 Tell us about your experience with different people and systems you interacted with:

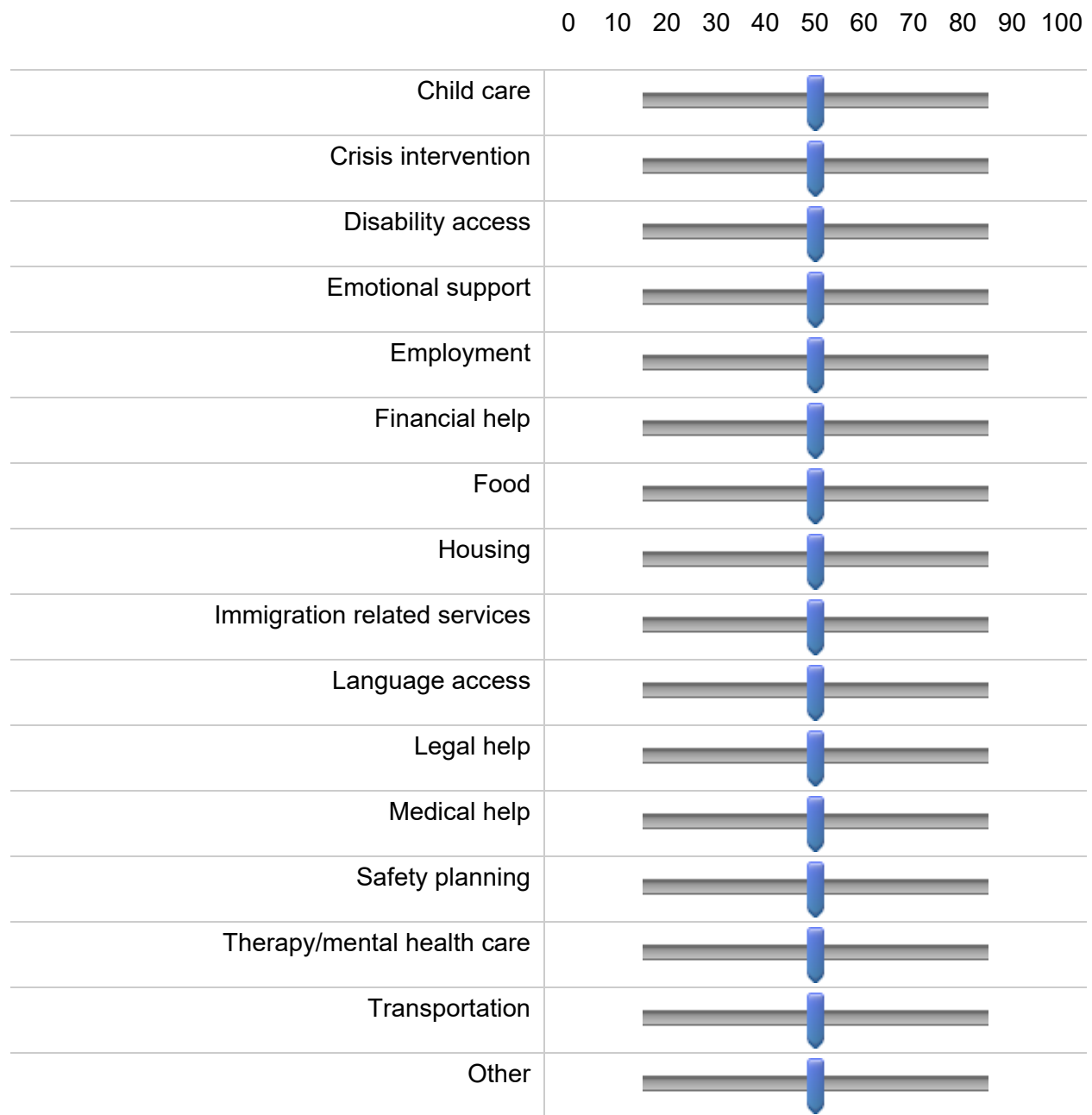
| | How helpful was this person/system? | | | | | |
|--|-------------------------------------|------------------|------------------|--------------|-------------------|----------------------|
| | not at all helpful | slightly helpful | somewhat helpful | very helpful | extremely helpful | N/A (does not apply) |

| | | | | | | |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A shelter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Advocate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child Protective Services (CPS) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Church or religious community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disability access staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Friend(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hospital, doctor, or clinic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hotline | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interpreter/Language access staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Judge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lawyer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Police | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| School | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Therapist/counselor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tribal Elder/Council | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q36 Can you tell us more about why you chose "Not at all helpful" for this person/system?

Q14 During the initial crisis period when you first sought help, or when you first interacted with people or systems regarding the violence, how urgent were the following needs?

Not Applicable



Q15 After the initial crisis period, or interaction with services, I continued to need help with...
Please choose the answer that best matches how often you needed help with each of the following:

| | never (not needed after crisis) | sometimes | frequently | ongoing | N/A (this was never a need for me) |
|------------------------------------|---------------------------------------|-----------------------|-----------------------|-----------------------|--|
| Child care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Crisis intervention | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disability access | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emotional support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial help | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Food | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Housing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Immigration related services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Language access | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Legal help | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical help | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Safety planning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Therapy/mental health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q16 Please tell us how much you agree with the following statements. When I encountered services related to my, or my child's, experience of gender-based violence (whether by choice or not):

| | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree | N/A (does not apply) |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| I was able to get help with my/my child's immediate needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was able to access services in my primary language. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt listened to, believed, and respected. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I had to engage with services even though they did not meet my/my child's needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The resources I/my child needed existed, but I could not get access. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Introduction

Start of Block: Experience with the courts:

Q17 I interacted with the court system at some point related to my situation.

☐ Yes

☐ No

Q18 This involvement was:

☐ Voluntary – I went to the court because I thought they could help me

☐ Required – I had no choice, or felt I had no choice, about interacting with the courts

☐ Both – I had to engage with courts in some circumstances, and I sought help from the courts in others

☐ Not sure/none of these describe my experience with the courts

Q19 My experience with the court system – related to my/my child’s experience of gender-based violence -- involved the following types of cases: (choose all that apply)

- ☐ Civil protection order – I asked for an order against someone else
 - ☐ Civil protection order – Someone else asked for an order against me
 - ☐ Criminal – I was the victim
 - ☐ Criminal – I was the defendant in a domestic violence or trafficking-related case
 - ☐ Debt/bankruptcy
 - ☐ Dependency (Child Welfare)
 - ☐ Employment
 - ☐ Eviction
 - ☐ Family Law (Divorce, custody, child support, paternity)
 - ☐ Immigration
-

Q20 My court experiences involved a case about divorce, child custody, child support, and/or paternity against the person who hurt me/my child:

- ☐ Yes
 - ☐ No
-

Q21 Please tell us how much you agree with the following statements about your experience with the courts:

| | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree | N/A (does not apply) |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| I was able to access services in my primary language. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt listened to, believed, and respected. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt harmed by court processes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My abuser was able to use the court process against me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall, I feel like the court was helpful. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Experience with the courts:

Start of Block: Demographic Information:

Q22 Because we know access to services, and treatment of victim/survivors can be very different, it is helpful for us to understand more about you. We use this information to say generally whether there are differences in experience across groups. We will not report on your personal information or connect it to your specific answers.

Q23 I identify my race as: (choose all that apply)

- ☐ American Indian and/or Alaska Native
- ☐ Asian or the Indian Subcontinent
- ☐ Black, African American, African Diasporic, or Afro-Caribbean
- ☐ Latino or Hispanic
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian and/or Pacific Islander
- ☐ White
- ☐ I prefer to self-describe or provide additional information about my race, nationality, or tribe _____
- ☐ I prefer not to answer this question

Q24 I identify my ethnicity as:

Q25 My primary language is:

▼ English ... Other

Q26 How do you describe your gender? (choose all that apply)

- ☐ Woman
 - ☐ Trans*
 - ☐ Man
 - ☐ Non-binary, third gender, gender fluid, or Two-Spirit
 - ☐ I prefer to describe my gender as:

 - ☐ I prefer not to answer this question
 - ☐ I'd like to skip remaining demographic questions
-

Q27 My sexual orientation is:

- ☐ Asexual
 - ☐ Bisexual
 - ☐ Gay/Lesbian
 - ☐ Heterosexual/Straight
 - ☐ Pansexual
 - ☐ Queer
 - ☐ I prefer to self-describe my sexual orientation

 - ☐ I prefer not to answer this question
-

Q28 My age is:

- ☐ 18 – 24 years old
 - ☐ 25 - 30 years old
 - ☐ 31 – 44 years old
 - ☐ 45 years old or older
 - ☐ I prefer not to answer this question
-

Q29 My highest level of education is:

- ☐ Less than high school
 - ☐ High school diploma or GED
 - ☐ Some college
 - ☐ Associates Degree
 - ☐ Bachelor's Degree
 - ☐ Graduate Degree
 - ☐ Other _____
 - ☐ I prefer not to answer this question
-

Q30 I identify as disabled/having a disability:

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer this question

End of Block: Demographic Information:

Start of Block: Follow up section:

Q31 Thank you again, for your input. These experiences can be hard to communicate fully in a survey. We plan to talk with a small number of individuals who are interested in sharing more, one-on-one or in a group. These conversations will happen in the month of June and participants will be compensated \$50.

Q32 Are you interested in further discussing your experiences and providing more feedback about needed resources for victim/survivors in an interview, focus group, or listening session?

☐ Yes

☐ No

Q33 Thank you! We will contact you about the possibility of a follow-up discussion in the next few weeks. Please provide a safe email or phone number where we can leave a message.

End of Block: Follow up section:

Crime Victim Services Work Group: Summary results from surveys of Washington Providers and individuals who have experienced gender-based violence

We surveyed 315 individual systems and community-based service providers, and 154 individuals with lived experience of gender-based violence from across Washington State.¹ Additionally, 21 of the 154 victims surveyed, and 2 survivors who did not complete the survey, spoke with a researcher in one-on-one interviews (n = 13) or small focus groups (n = 4; total of 10 participants). We are grateful for these individuals' willingness to share such personal and difficult experiences with us and provide us with crucial information for improving responses to gender-based violence in Washington. This report summarizes the process of survey and interview/focus group protocol design, and distribution, and the demographic composition of survivors from both the survey and interviews and focus groups. The findings from the surveys with providers and lived experts are also summarized.²

Survey development and distribution

Both the provider and survivor surveys were designed and drafted by a contract research consultant in consultation with the workgroup Chair, AOC staff, and a small survey subgroup of overall workgroup stakeholders. Discussion and written feedback from the full stakeholder group occurred at various points in the development and distribution of the surveys, and review of the results. Survey questions were then used

¹ Prior to engaging with potential survey participants, the researcher consulted with the Washington State Institutional Review Board (IRB), Washington State Center for Court Research staff, and completed the Human Participant Research Determination Tool from their affiliated academic research institution. The data collection activities of the workgroup were determined not to be human subjects research governed by federal regulations.

² This summary refers to lived experts or individuals who have experienced gender-based violence including intimate partner/domestic violence, sexual violence, stalking, human trafficking, commercial sexual exploitation, and/or are a parent of a child victim. Recognizing the limitations of the following terms, we also refer to these individuals interchangeably as survivors and victims.

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to design two separate online surveys using Qualtrics survey software. The link to the provider and survivor surveys were distributed via email to more than 700 legal and community-based service providers. In addition to a direct link available via email, the survivor survey was distributed to survivors via electronic flyers posted on social media and printed flyers with a QR code posted in service provider offices. The online survivor survey and flyers were available in English and were translated into Chinese, Korean, Russian, Spanish and Vietnamese.³ Work group stakeholders shared the surveys with their networks and partner organizations. Both surveys were open from June 6, 2024 - August 1, 2024. Providers and survivors were not compensated for their participation in the online survey.

Participant recruitment, and data collection processes for qualitative interviews and focus groups with survivors

Survivors who participated in follow-up conversations via individual interviews or focus groups were recruited via two questions in the survivor survey, 1) “Are you interested in further discussing your experiences and providing more feedback about needed resources for victim/survivors in an interview, focus group, or listening session?”; and those who answered yes were prompted, 2) “Please provide a safe email or phone number where we can leave a message.”

Of the 82 individuals who answered the question about subsequent contact, 62% (n = 51) said “yes”, and 38% (n = 31) said “no”. The research consultant followed-up via phone and email with the 45 individuals who indicated “yes” and who provided a means of contact. Of these individuals, 21 completed either an individual interview, or participated in a focus group, and 5 scheduled but did not attend the follow-up contact.

³ Despite being available in these languages, we only received responses to the English language survey.

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After two attempts to reach them, 19 individuals who initially expressed interest did not respond. Interviews and focus groups were completed with the 21 survivors between July 11, and July 26, 2024.⁴ After initial qualitative data collection was completed, one additional focus group was conducted on September 19, 2024, with 2 survivors who were recruited from a provider organization in King County serving the Black/African American community. Interviews and focus groups were conducted via Zoom (a university client account), with audio of the sessions (but not video) recorded to the cloud, which produced a transcript that was then de-identified⁵ and provided a participant number before analysis. AOC and workgroup members saw survivor qualitative data only in the form of broad themes and some associated non-attributed quotes⁶. Survivors who participated in an individual interview or focus group were compensated \$50 each via electronic merchant gift cards in recognition of their time and expertise. The cost of the gift cards was covered by the research consultant and invoiced to AOC (total cost = \$1,150).

Demographics of respondents: Interviews and focus groups.⁷

Across the 11 one-on-one interviews and 4 focus groups, we spoke with 23 survivors. The majority identified as white (n = 13), heterosexual (n = 13), women (n = 20). Individuals also identified their race as Black (n = 4), Asian/Pacific Islander (n = 2), Latina (n = 1), Native American/Alaska Native (n = 1). Gender identities also included 2

⁴ One interview from this time was rescheduled for early August.

⁵ All person, organization, and location names were removed.

⁶ Though transcripts were de-identified, during theme development participant numbers were used to track who was responsible for which quote. These were removed before any direct quotes were shared with AOC staff.

⁷ Demographic counts across categories may not add up to 23 as some individuals chose not to answer certain questions, and many categories were not mutually exclusive. For example, individuals could choose all genders that applied such as trans, and non-binary.

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men, and 3 trans/non-binary individuals. There were 6 individuals who identified as bisexual/lesbian/queer, and 1 as asexual. Eight individuals identified as having a disability. Across participants, every form of gender-based violence we included in our definition⁸ was represented. Many also discussed forms we did not specify such as gender-based harassment, physical assault from a non-partner, and their own experiences of child abuse.

Survey data analysis

To protect sensitive and identifiable survivor survey data, the contracted research consultant stored all survey and survivor data on their university servers and provided AOC staff with de-identified data files for quantitative analysis by a Washington State Center for Court Research (WSCCR) research scientist.

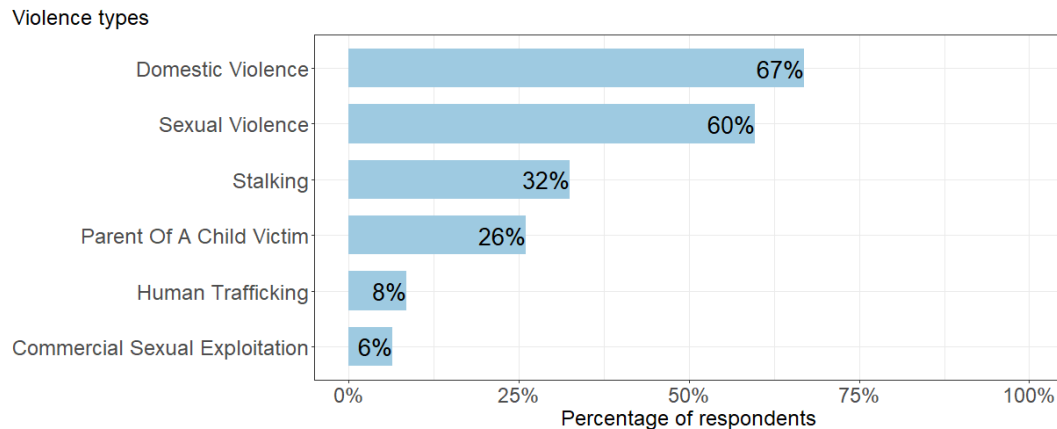
Types of gender-based violence experienced

Consistent with available national and state-level prevalence data,⁹ sexual violence and intimate partner violence (also referred to as domestic violence) are the two most common types of gender-based violence types experienced by survivors who completed our survey (n = 154). Survivors were asked to identify the types of gender-based violence victimization they experienced (domestic violence, sexual violence, stalking, parent of a child victim, human trafficking, and commercial sexual exploitation). Most respondents reported a history of domestic violence (67%, n = 103) and sexual violence (60%, n = 92).

⁸ Intimate partner violence, sexual violence, stalking, human trafficking, commercial sexual exploitation, and parent of a child victim.

⁹ Sharon G. Smith et al., *The National Intimate Partner and Sexual Violence Survey: 2016/2017 State Report*, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2023).

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For each of the personal characteristics described above (e.g., race and ethnicity, gender, age, sexual orientation), there was no association found between personal characteristics and the type of violence experienced among those reporting a specific characteristic

IPV and sexual violence were also the victimization types served by the highest proportion of providers. Of those who identified a specific service population, 80% reported providing services to victims of IPV/domestic violence ($n = 170$), and 75% to victims of sexual violence ($n = 160$). Only 8% and 6% of survivors indicated they experienced human trafficking and commercial sexual exploitation, respectively, and the fewest number of providers indicated they provide services to victims of commercial sexual exploitation (46%, $n = 113$). This is likely because of the lower overall prevalence of these forms of victimization, and reflective of the difficulty reaching victims of trafficking and commercial sexual exploitation.

Demographics of respondents: Surveys

Survivors. Of the 154 individuals who completed the survivor survey, 46% ($n = 74$) to 53% ($n = 83$) did not complete demographic questions, depending on the question. Of those who indicated their race, 36% identified as white, 6% Latino/a/x or

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Hispanic, 3% as American Indian and/or Alaska Native, 2% Black/African American, African Diasporic, and/or Afro-Caribbean, and 3% another race, 48% did not answer. In terms of gender, 44% of survivors who answered identified as a woman, 6% non-binary, third gender, gender-fluid, or Two-Spirit, 2% transgender, and 2% as a man, 46% did not answer. Half of respondents did not provide their sexual orientation. Of those who did, 31% indicated they were heterosexual/straight, and 19% identified as LGBTQ+. Respondents were between the ages of 31 and 45 or older (43%), and only 9% were between 18 – 30, 48% did not answer about their age. Half of survivors did not indicate their highest education attained, of those who did, 36% had a college degree, and 14% had no or some college. Survivors identified as having a disability (18%), or not (29%), and more than half (53%) did not answer this question. Survivors were from 22 of the 26 counties in Washington, 35% (n = 45) were from King, followed by Pierce (16%, n = 20), Thurston (8%, n = 10) and Snohomish (6%; n = 7) counties, most counties' responses made up between 1 and 4% (n= 1 to 5), and 18% did not answer this question.

| Race | Number of respondents | % |
|--|-----------------------|-----|
| <i>American Indian and/or Alaska Native</i> | 5 | 3% |
| <i>Asian or the Indian Subcontinent</i> | 4 | 3% |
| <i>Black, African American, African Diasporic, or Afro-Caribbean</i> | 3 | 2% |
| <i>Latino or Hispanic</i> | 9 | 6% |
| <i>White</i> | 55 | 36% |
| <i>Other</i> | 4 | 3% |
| <i>No response</i> | 74 | 48% |

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| Gender | Number of respondents | % |
|--|------------------------------|----------|
| <i>Man</i> | 3 | 2% |
| <i>Non-binary, third gender, gender fluid, or Two-Spirit</i> | 10 | 6% |
| <i>Trans*</i> | 3 | 2% |
| <i>Woman</i> | 70 | 44% |
| <i>No response</i> | 74 | 46% |
| | | |
| Sexual orientation | Number of respondents | % |
| <i>Asexual</i> | 5 | 3% |
| <i>Bisexual</i> | 10 | 6% |
| <i>Gay/Lesbian</i> | 3 | 2% |
| <i>Heterosexual/Straight</i> | 47 | 31% |
| <i>Pansexual</i> | 6 | 4% |
| <i>Queer</i> | 6 | 4% |
| <i>No response</i> | 77 | 50% |
| | | |
| Age | Number of respondents | % |
| <i>18 – 24 years old</i> | 3 | 2% |
| <i>25 - 30 years old</i> | 11 | 7% |
| <i>31 – 44 years old</i> | 37 | 24% |
| <i>45 years old or older</i> | 29 | 19% |
| <i>No response</i> | 74 | 48% |
| | | |
| Education | Number of respondents | % |
| <i>College degree</i> | 55 | 36% |
| <i>No or some college</i> | 22 | 14% |
| <i>No response</i> | 77 | 50% |

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| Disability Status | Number of respondents | % |
|-------------------|-----------------------|-----|
| No | 45 | 29% |
| Yes | 28 | 18% |
| No response | 81 | 53% |

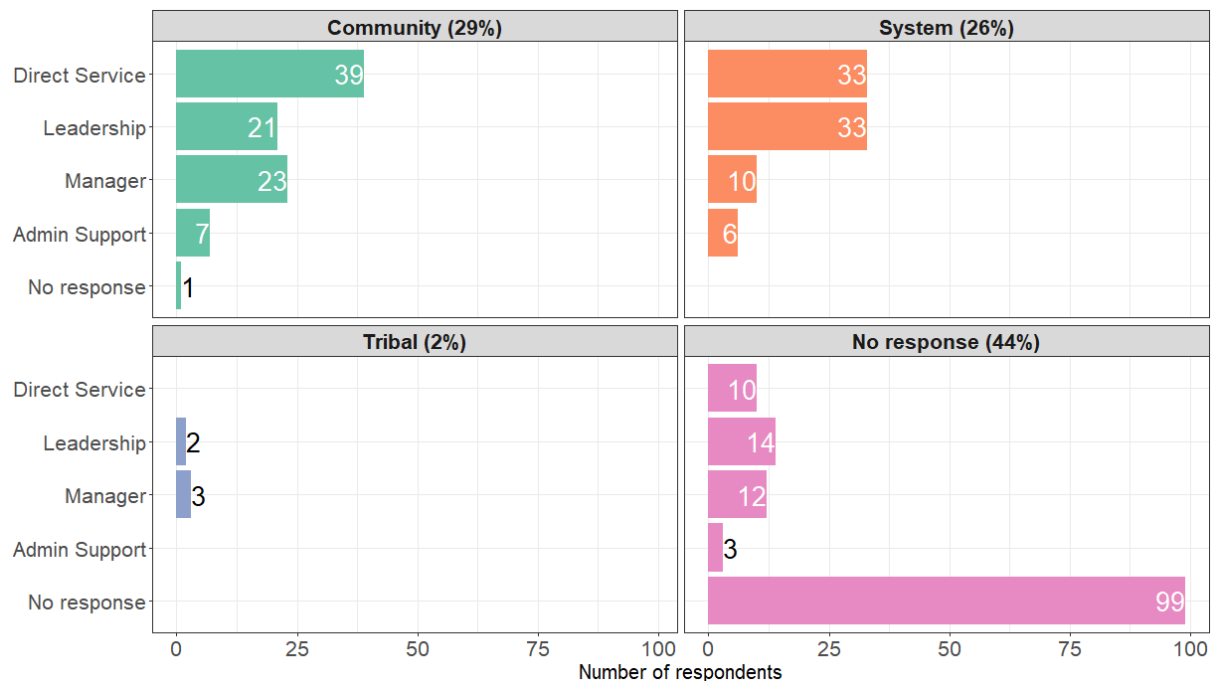
Providers. Between 52 and 54% of providers did not respond to demographic questions, depending on the question. Of those who did, 46% (n = 103) identified their race as white, 10% (n = 15) as Asian or from the Indian subcontinent, 9% Latino/a/x or Hispanic, 8% (n = 12) American Indian and/or Alaska Native, 6% (n = 9) Black/African American, African Diasporic, and/or Afro-Caribbean, 5% (n = 8) described themselves another way, 7% (n = 11) stated they did not want to answer, and 52% (n = 165) did not answer. Of those who provided information on their gender identity, 76% (n = 113) of providers identified as a woman, 14% (n = 21) as a man, 3% transgender (n = 4), 5% (n = 8) non-binary, third-gender, gender-fluid, or Two-spirit, 4% (n = 6) stated they did not want to answer, and 54% (n = 171) did not answer. Providers were aged 45 or older (44%, n = 63), 31 - 44 (35%, n = 51), 10% (n = 15) were between 25 – 30, 6% (n = 9) were 18 - 24 years old, 4% (n = 6) did not want to answer, and 54% (n = 171) did not answer. Providers were from, or at least covered a service area including every Washington county. Providers from King and Pierce counties (each 18%, n = 38) were the largest proportion of those who completed the survey, followed by Kitsap (14%, n = 29), Spokane (13%, n = 28), and Thurston and Whatcom counties (each 7%, n = 15), among those who provided their geographic service area. Organizations serving victims statewide made up 8% (n = 17) of those who answered the survey, the remaining counties made up between 1 and 5% (n = 1 to 11) of respondents, and 33% (n = 105) did not provide their geographic service area. Individuals from Tribal service

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organizations made up 4% (n = 8) of respondents, and 34% (n = 106) did not answer this question.

Provider organization types and roles

Participants were asked to identify their agency and to describe their role in the organization. Most respondents (44%) did not identify their organization. Of those who did, respondents were characterized as working in either community-based (29%), system-based (26%), or tribal organizations (2%). Most respondents did not describe their role in their organization (n = 99, 32%). Of those who did, 38% (n = 82) described themselves as being in a direct service role, 32% (n = 70) were in a leadership role, 22% (n = 48) were in a management role, and 7% (n = 16) were in an administrative support role.



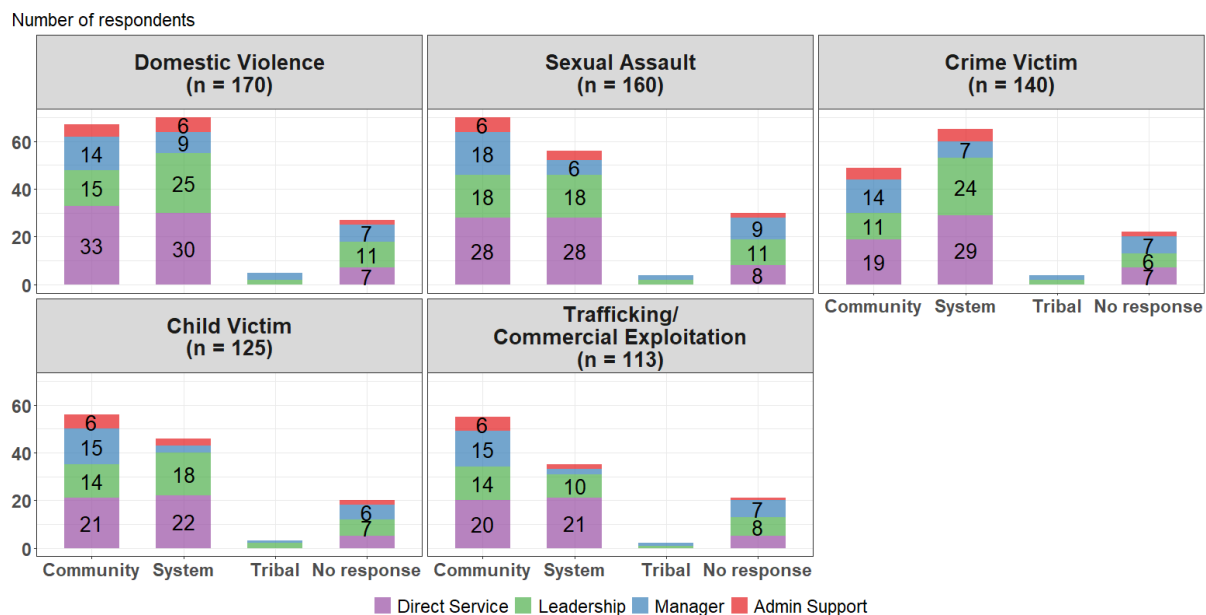
Provider service areas

Participants were asked to identify populations served by their organization based on different experiences of violence. Of those who identified a specific service

Appendix E

population, response frequency ranged from 80% providing services to victims of domestic violence (n = 170) to 46% providing services to victims of commercial sexual exploitation (n = 113).

Comparing service areas by organization type, system-base providers were slightly, but not significantly more likely than other organization types to provide crime victim services. Services to victims of human trafficking and commercial sexual exploitation were slightly, but not significantly, more likely to be provided by community-based compared to other organization types.

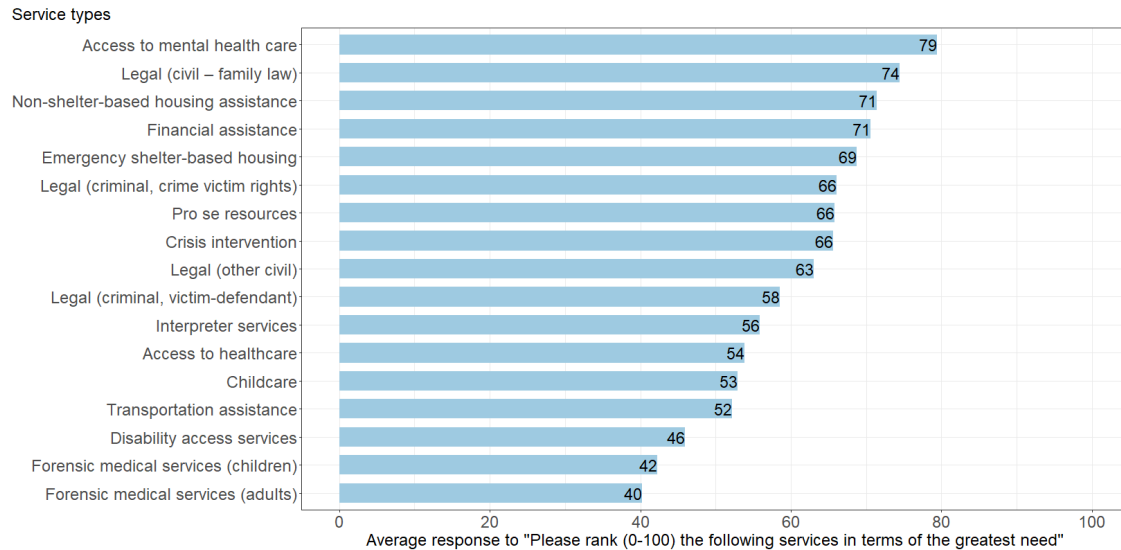


Crime victim service needs: Survey of Washington providers

Community need

Participants were asked to describe the level of need for specific victim services on a scale of 0 (lowest) to 100 (highest), whether their organization provided that service or not. Overall, access to mental health care had the highest average score (79 out of 100) while forensic medical services for adults and children (40 and 42 out of 100, respectively) had the lowest average score.

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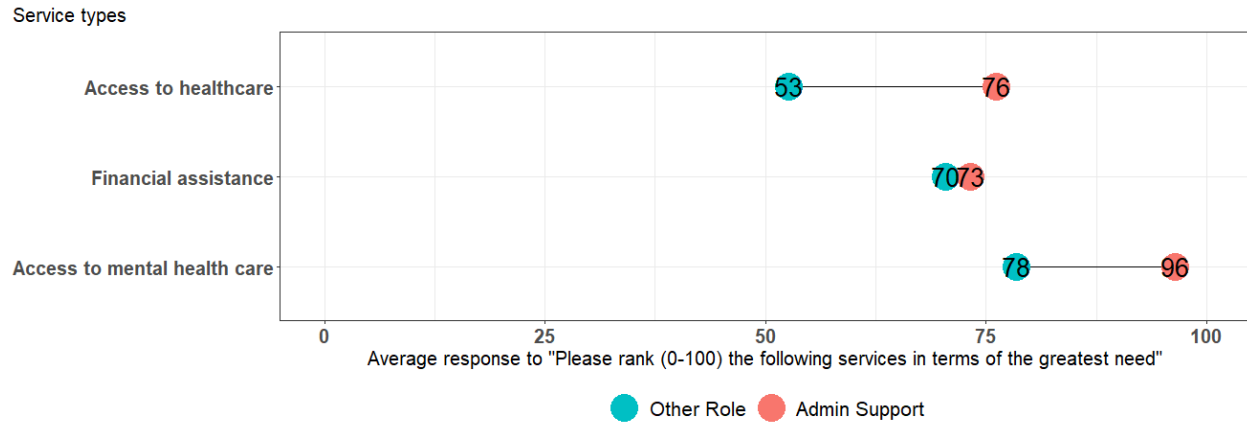
Community need ranked by organization type

Participants' rank ordering of needs was generally consistent across organization types ($p > 0.7$, indicating a strong correlation in rank-ordering between community-based, system-based, and tribal organizations); however, compared to those in system-based organizations, respondents in community-based and tribal organizations tended to score needs 14 points and 9 points higher, respectively.

Community need ranked by organizational role

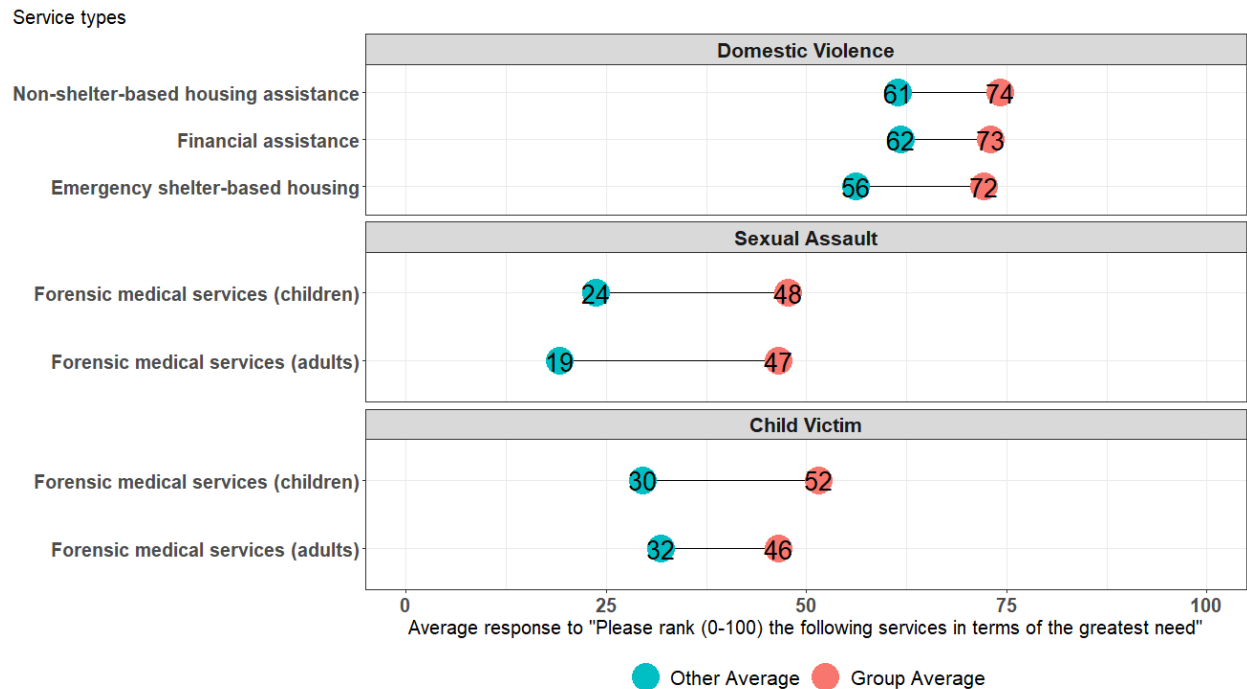
Participants in direct service, management, and leadership roles tended to have similar rank orderings of needs ($p > 0.8$, indicating a strong correlation in rank-ordering). Those in an administrative support role, however, tended to score needs higher than other groups, in general, but especially regarding access to healthcare, mental health care, and financial assistance.

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Community need ranked by service area

In relation to populations served, respondents' estimation of level of need for services depended on whether or not their organization served victims of domestic violence, sexual assault, or child victims. Respondents in organizations serving victims of domestic violence, for instance, tended to prioritize housing and financial assistance, while forensic medical services tended to be a greater priority for organizations serving sexual assault and child victims.



Appendix E

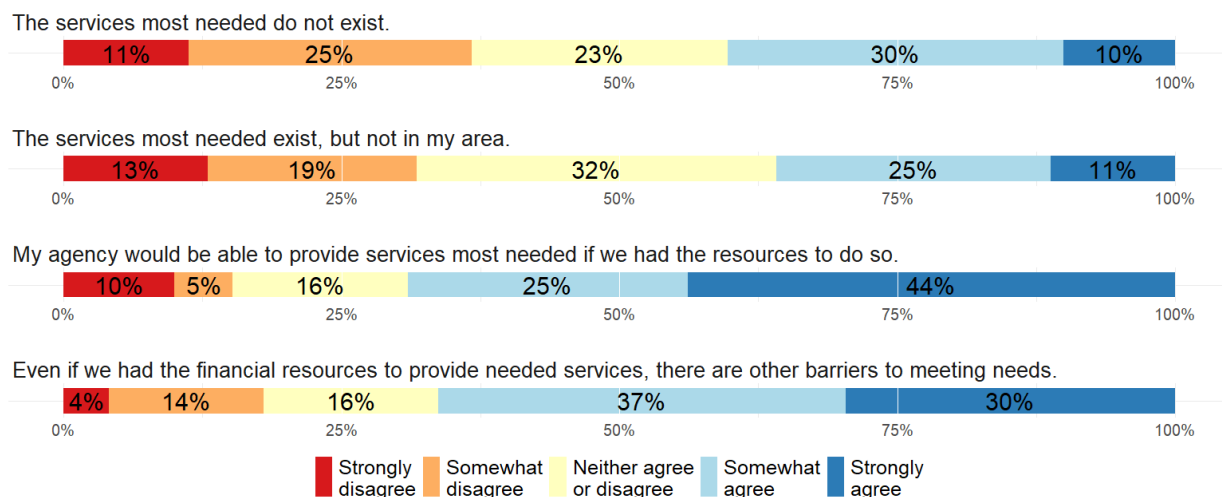
System barriers and opportunities

Respondents were asked, in three sets of questions, to describe barriers and opportunities in their service-delivery systems. First, they were asked to rate their level of agreement on a scale from “Strongly Disagree” to “Strongly Agree” with four items related to availability of resources and capacity to provide services. Second, they were asked to rate knowledge of gender-based violence across professional groups. Finally, respondents were asked to prioritize additional training needs for various professional groups.

Availability of resources

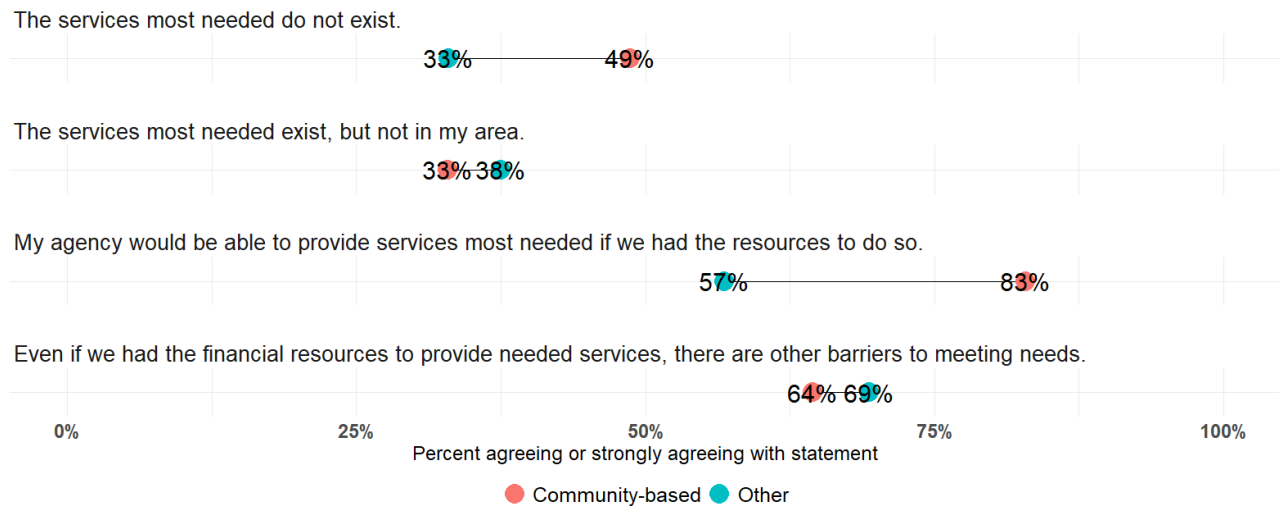
Respondents were asked to rate their level of agreement with the following items:

- The services most needed do not exist
- The services most needed exist, but not in my area
- My agency would be able to provide services most needed if we had the resources to do so
- Even if we had the financial resources to provide needed services, there are other barriers to meeting needs.

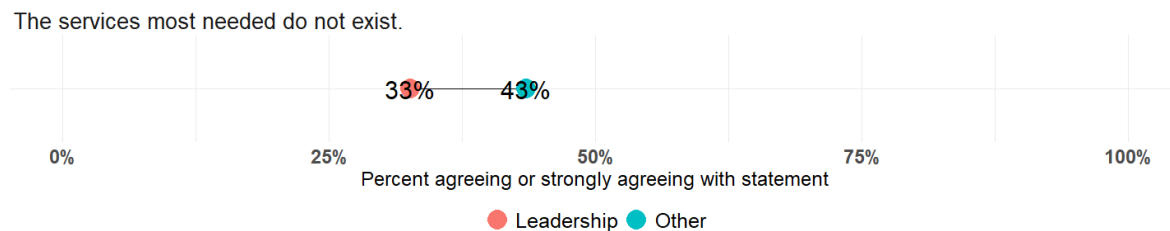


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Resource availability and system capacity by organization type. Compared to system-based and tribal organizations, participants in community-based organizations were more likely to agree with the statement, “The services most needed do not exist” (49% versus 33%), and less likely to agree with the statement, “The services most needed exist, but not in my area” (33% versus 38%). Respondents in community-based organizations were more likely than others to agree with, “My agency would be able to provide services most needed if we had the resources to do so” (83% and 57%, respectively).



Resource availability and system capacity by role. Respondents in leadership were less likely than others to agree with the statement, “The services most needed do not exist” (33% versus 43%).

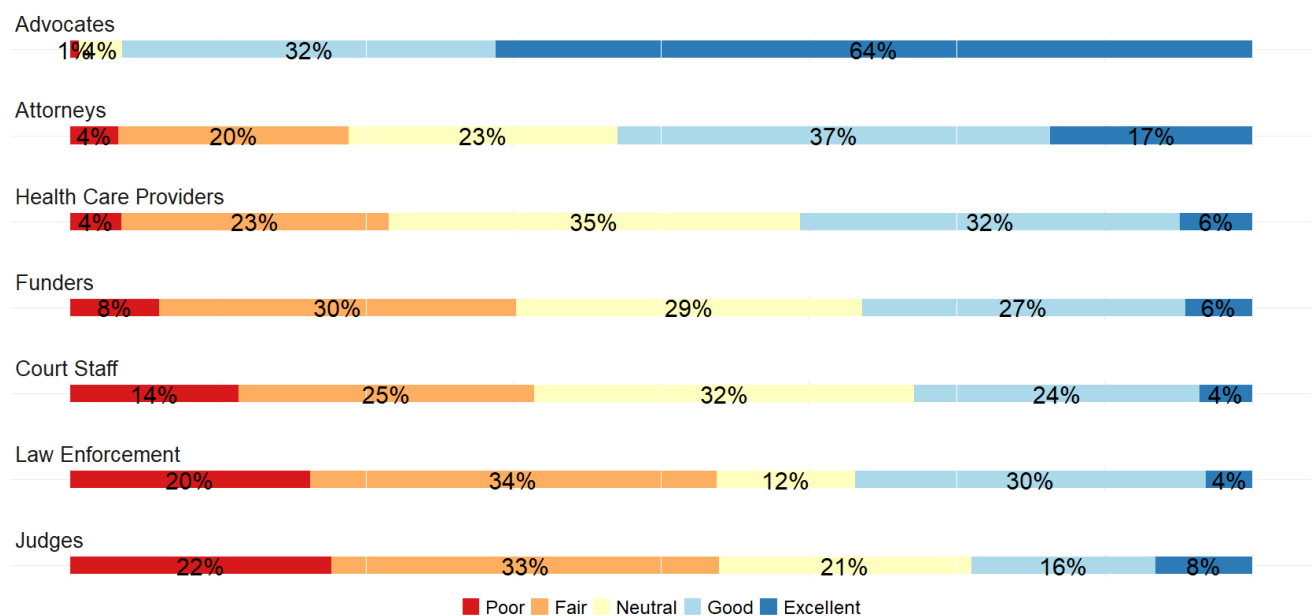


Appendix E

Resource availability and system capacity by service area. On average, responses to items related to availability of resources did not vary significantly across respondents grouped by service area.

Overall knowledge of gender-based violence

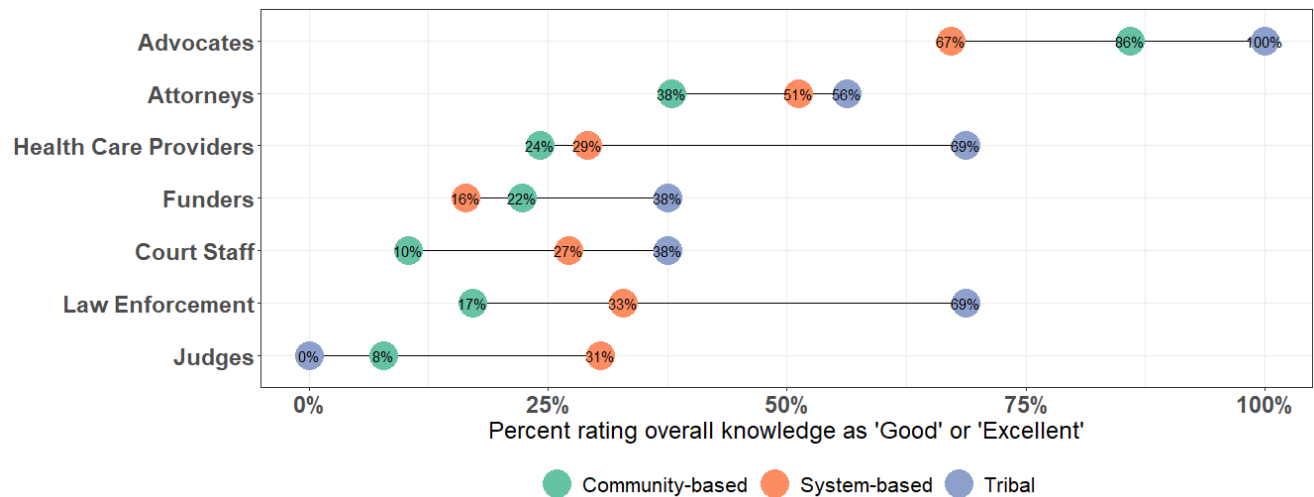
Participants were asked to evaluate various professional groups' overall knowledge of gender-based violence on a scale ranging from 'Poor' to 'Excellent.' Advocates' knowledge of gender-based violence was generally regarded as good or excellent. Law Enforcement and Judges, on the other hand, were regarded as having poor or fair knowledge of the subject.



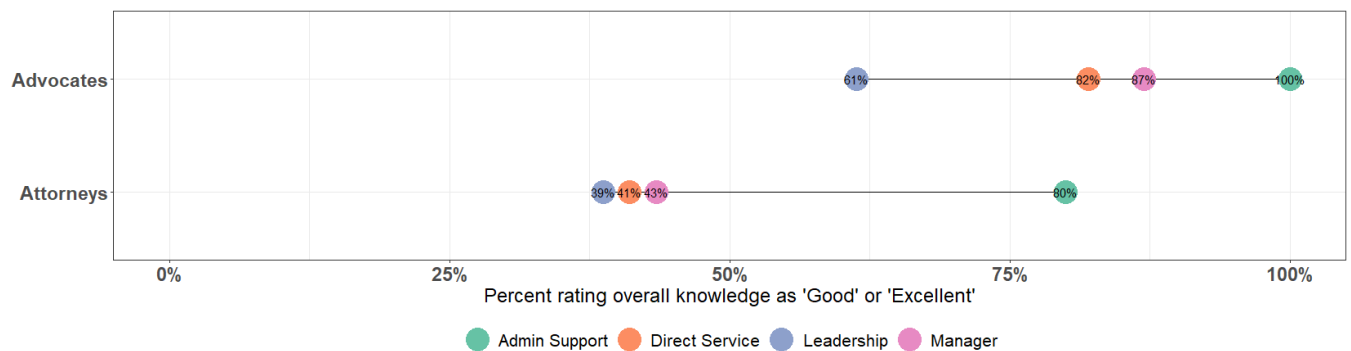
Knowledge by organization type. Like participants' assessment of available resources, responses tended to vary by organization type. Compared to participants in systems-based and tribal organizations, those in community-based organizations

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tended to provide lower estimations of professional knowledge related to gender-based violence. Exceptions were assessment of advocates, funders, and judges.



Knowledge by organizational role. Respondents' estimation of professionals' knowledge of gender-based violence was generally consistent across organizational roles, except for Advocates and Attorneys. For both professional groups, respondents in administrative support roles were more likely, while respondents in leadership roles were less likely, than others to describe professional knowledge as good or excellent.



Knowledge by service area. Like responses to questions related system barriers and opportunities, differences in respondents' estimation of professional knowledge was related more to the type of organization they worked in (i.e., community-based, system-

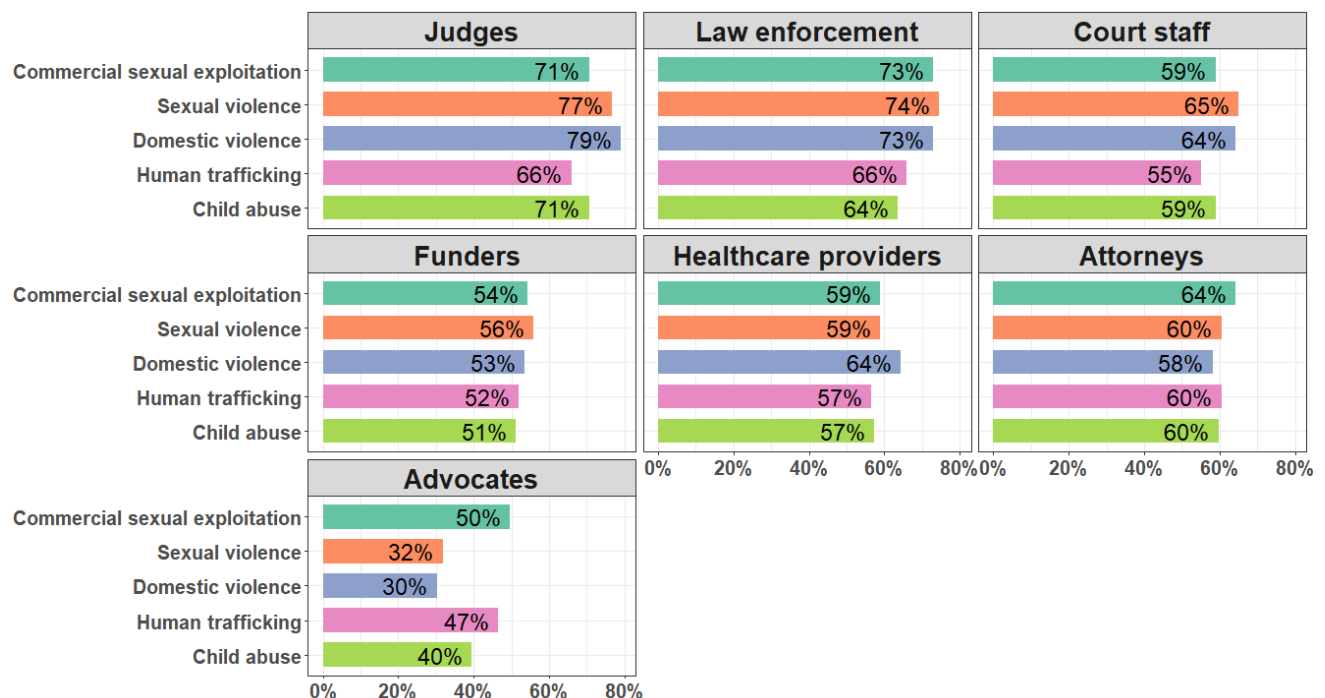
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based or tribal organization) and their organizational role, than the populations their organization served.

Training needs

Respondents were asked to prioritize additional training needs for the same professional groups for whom they estimated knowledge of gender-based violence. Professional groups' probability of being identified as benefiting from additional training generally corresponded to respondent's sense of their knowledge of gender-based violence. Judges and law enforcement, for example, were generally regarded as having poor or fair knowledge related to gender-based violence and were the groups most likely to be identified as benefiting from additional training.

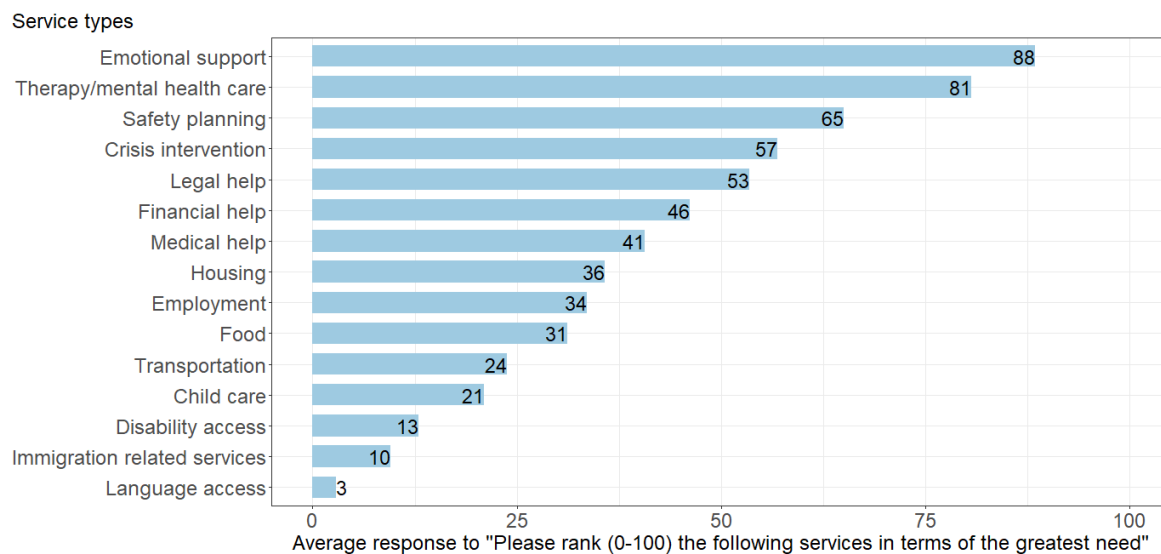
Half of respondents indicated that advocates, the group most often regarded as having good or excellent knowledge related to gender-based violence, would benefit from training related to commercial sexual exploitation and human trafficking.



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Crime victim service needs: Survey of lived experts

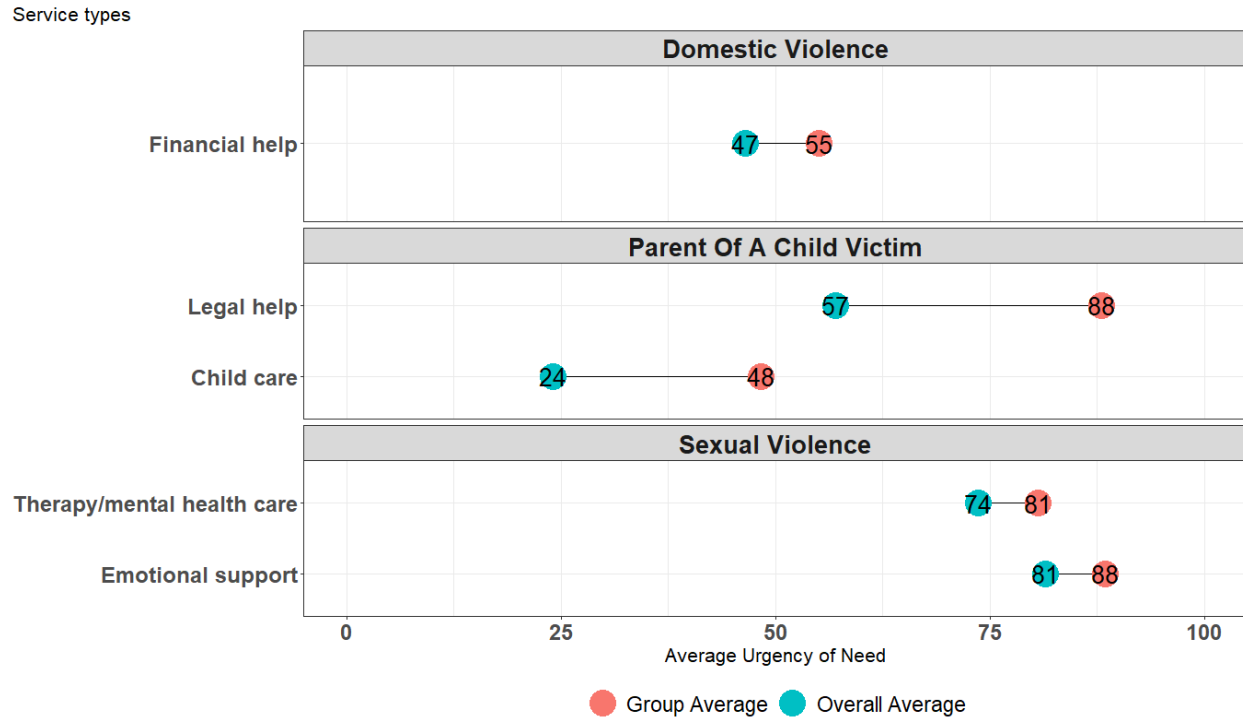
Participants were asked to rank the urgency of various types of needs during the initial crisis period when they first sought help, or first interacted with people or systems regarding the violence. Overall, using a scale from 0 (lowest urgency) to 100 (highest urgency), emotional support (81, on average), therapy or mental health care (74), and safety planning (64) had the highest average scores.



Most urgent needs by experience of violence

Rank-ordering of needs was generally consistent across respondents grouped by experience of violence. Average scores for some needs, though, were dependent on respondents' experience of violence. For example, financial help tended to receive a higher score from victims of domestic violence compared to other respondents; parents of child victims were more likely to identify legal help and child care as more urgent needs than others.

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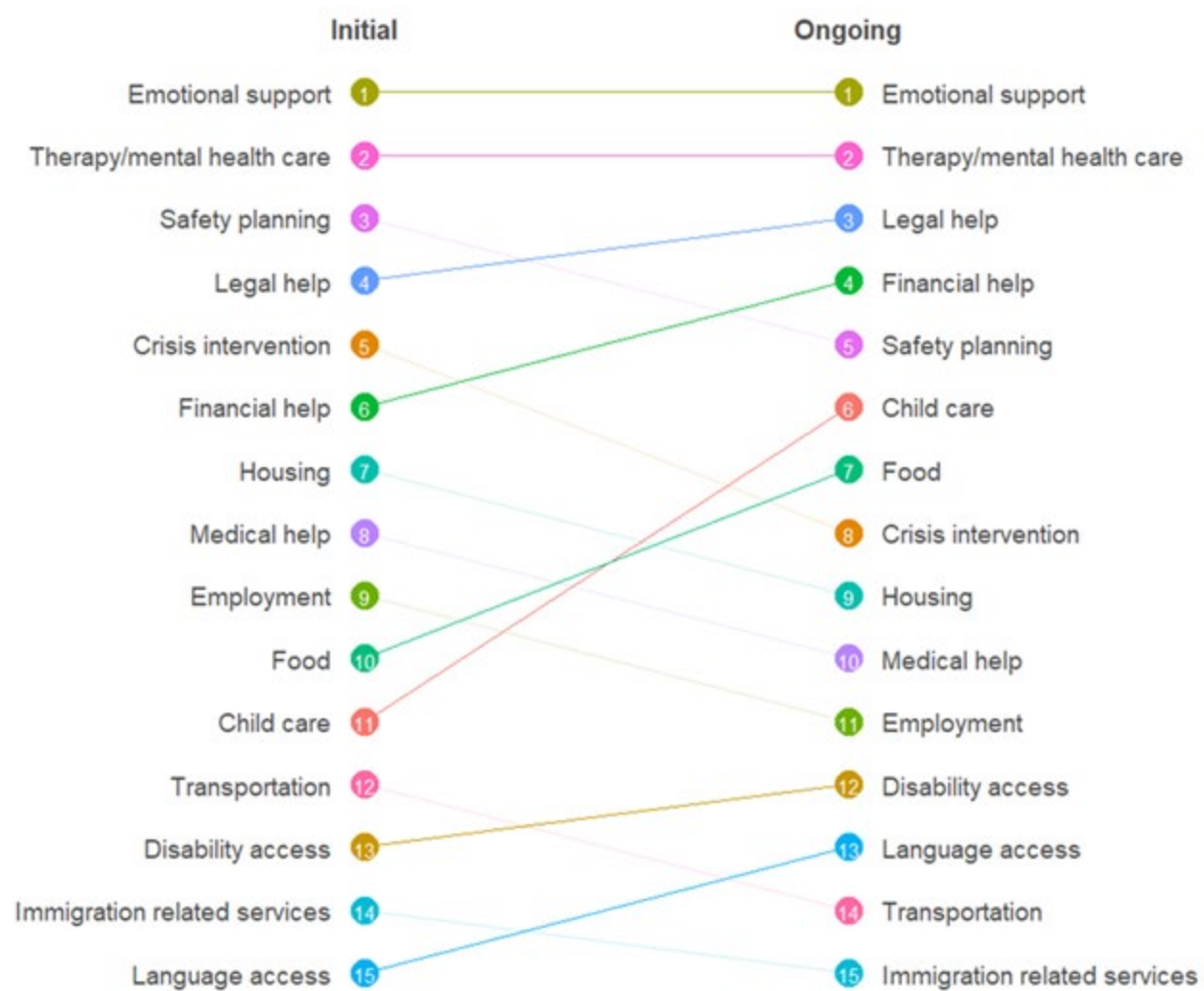


The prioritization of financial help among victims of domestic violence, legal help among parents of child victims, and therapy/mental health care and emotional support among victims of sexual violence corresponds to providers' recognition of need described in the previous section ("Community need ranked by service area"). Parents of child victims' prioritization of child care, however, is not similarly reflected in providers' ranking of parents' needs.

Continuing needs

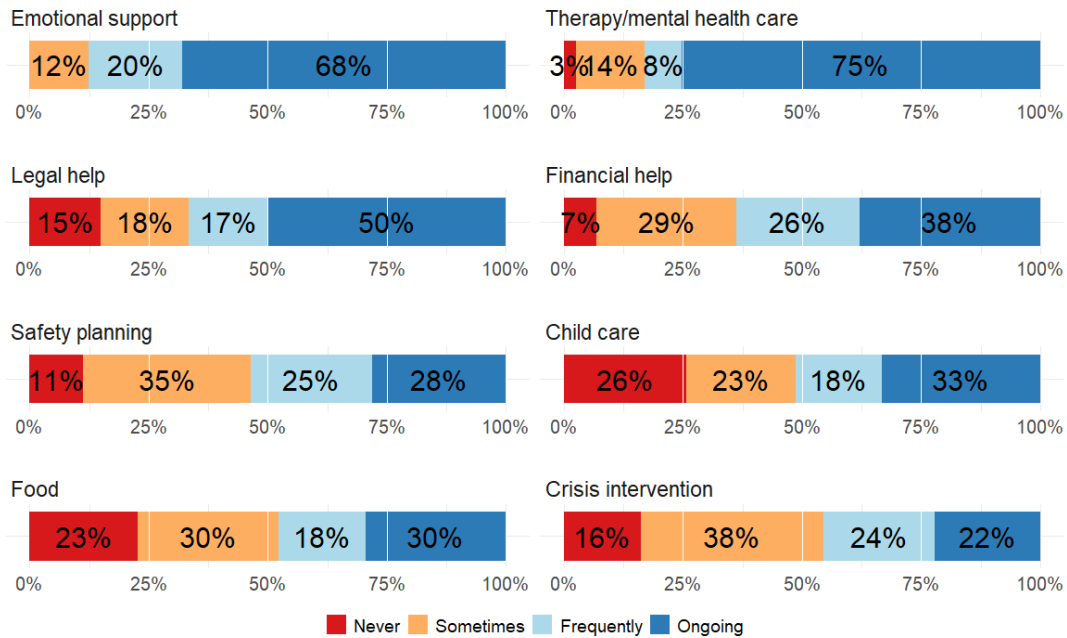
In addition to scoring the urgency of needs in their initial crisis period, participants were asked to score needs in terms of their persistence beyond the initial crisis period. Although ranking of needs was generally consistent (e.g., emotional support and therapy/mental health care were the greatest area of need in both periods), child care, food, legal and financial help, and disability and language access were areas of greater ongoing need compared to the initial crisis period.

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Respondents' reported frequency of engagement with services after the initial crisis period is shown below for the eight highest ranking needs. Of those who reported needing services after the initial crisis period, nearly 90% of respondents reported either frequent or ongoing engagement with emotional support services, and 44% reported either frequent or ongoing engagement with crisis intervention services.

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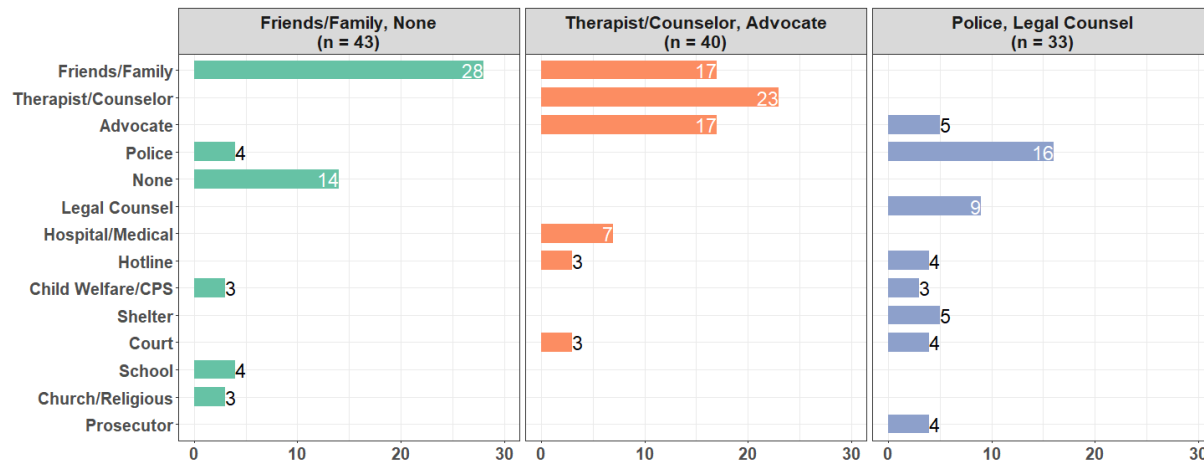


Survivor interaction with service providers

Two items gauging survivors' interaction with local service delivery systems differentiated between interaction sought out by survivors ("If you sought help, where did you first seek help"), and interventions from service providers that occurred independently of whether they were wanted or not ("Which of the following people or systems intervened because of your or your child's experience of gender-based violence, even if you did not want this?").

Seeking help

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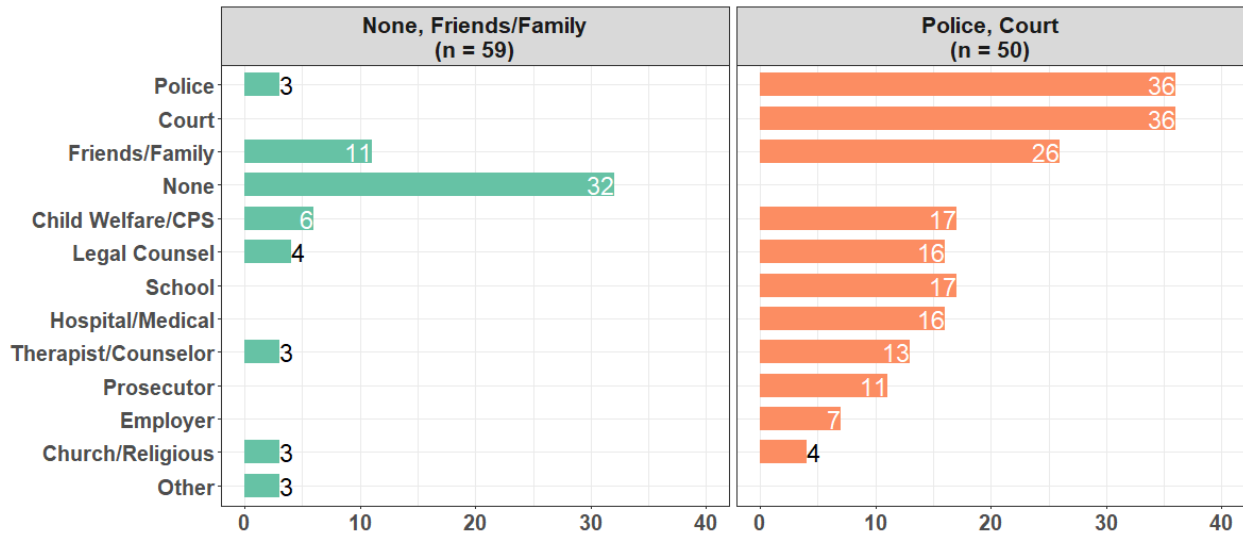


Seeking help by violence experience. The relationship between experience of violence and the types of resources people reported seeking was uncertain given the data. However, nearly every person who reported experiencing commercial sexual exploitation or human trafficking was in the group characterized by seeking help from a therapist/counselor or advocate; half of parents of victims were in the group seeking help from police or legal counsel.

Seeking help by needs during the initial crisis period. Rank-ordering of needs was similar in each of the three groups characterized by the types of resources people reported seeking ($p > .95$ in each pairwise comparison). However, while therapy/mental health care was ranked second after emotional support for those in the “Family/Friends, None” and “Therapist/Counselor, Advocate” groups, legal help was second after emotional support in the “Police, Legal Counsel” group.

Intervention

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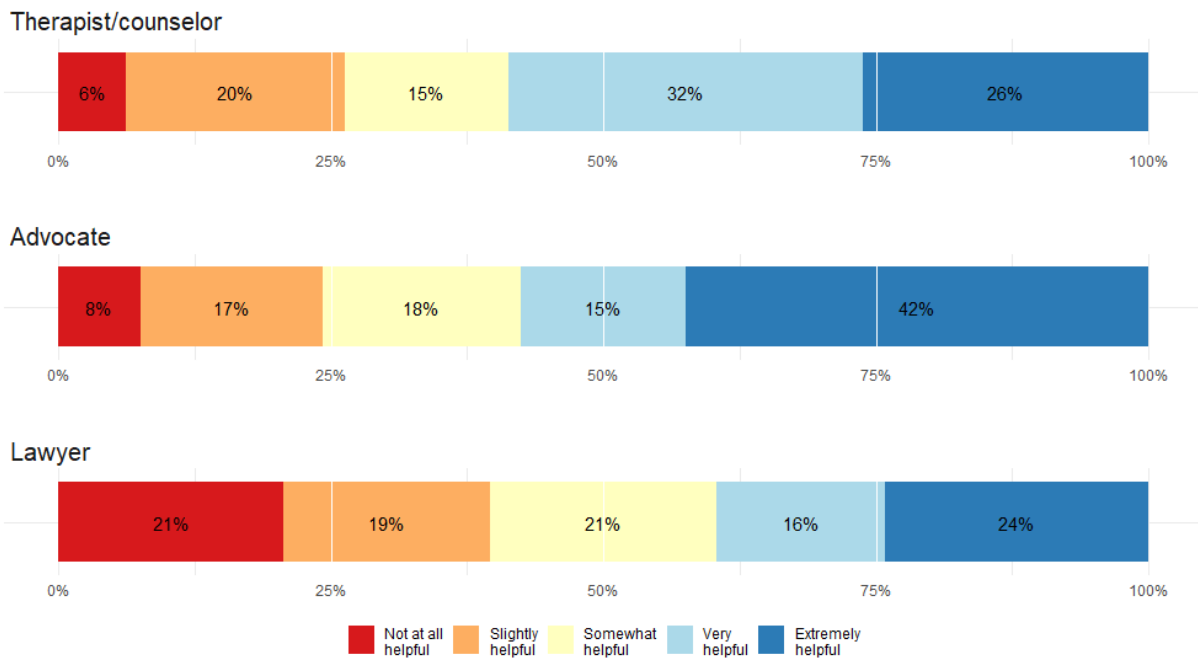
Intervention by violence experience. The relationship between experience of violence and the types of intervention people reported was uncertain given the data. However, two-thirds of parents of victims were in the group reporting intervention from law enforcement and the courts.

Intervention by needs during the initial crisis period. Rank-ordering of needs was similar in groups characterized by the types of intervention people reported ($\rho = .94$). Legal help was ranked slightly higher in the group reporting intervention from law enforcement and courts.

Helpfulness of professional engagement

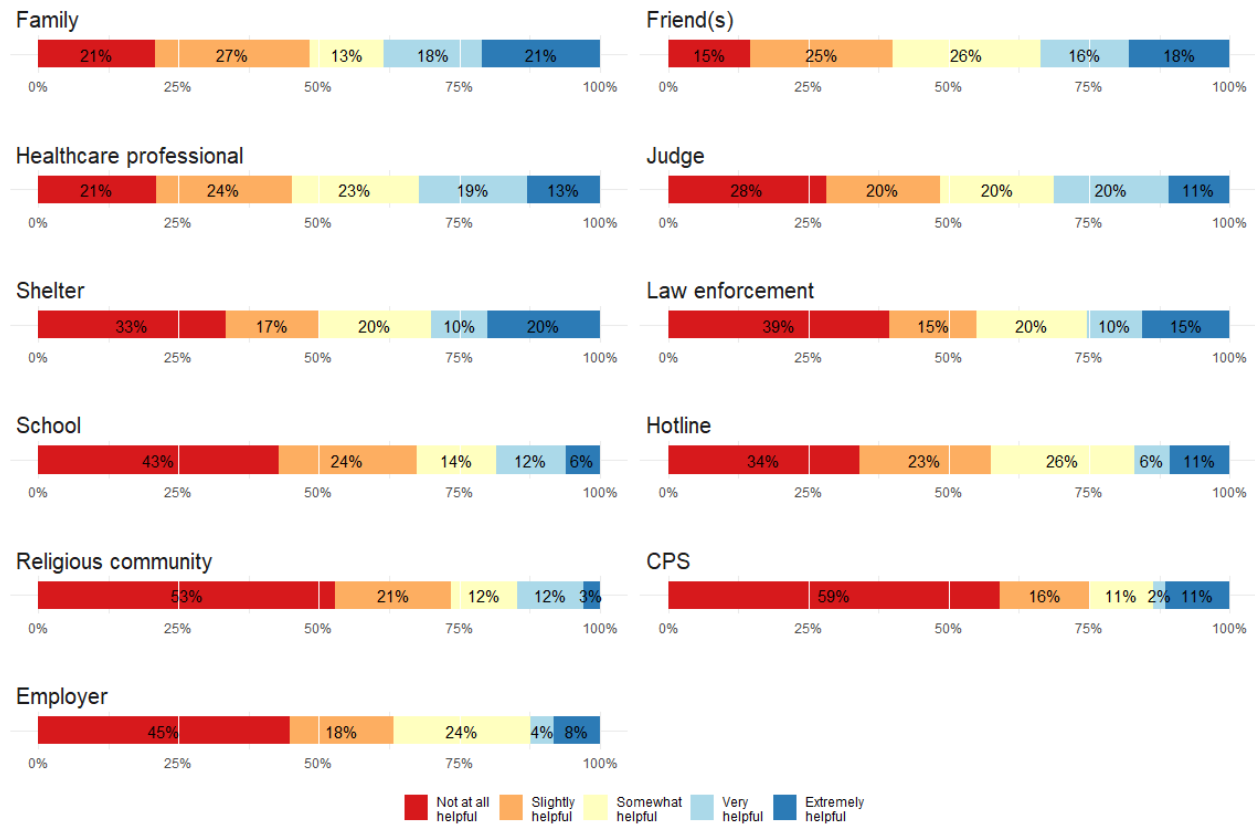
Participants were asked to rate the helpfulness of different people or systems they interacted with on a scale ranging from “Not at all helpful” to “Extremely helpful.” Overall, three groups – therapists/counselors, advocates and lawyers – had at least as many “Very helpful” or “Extremely helpful” responses as “Slightly helpful” or “Not at all helpful” responses.

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Helpfulness of therapists/counselors, advocates, and lawyers by violence experience. When grouped by violence type, participants reporting a history of commercial sexual exploitation or human trafficking, and parents of child victims were generally more likely than others to describe advocates as helpful. When responses were conditioned on whether or not resources were sought or intervening, respondents describing a resource as either sought or intervening were generally more likely to describe that resource as very or extremely helpful.

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Helpfulness of other professionals by violence experience. When grouped by violence type, participants reporting a history of commercial sexual exploitation or human trafficking, and parents of child victims were generally more likely than others to describe resources as not at all helpful or only slightly helpful. Again, when responses were conditioned on whether or not resources were sought or intervening, respondents describing a resource as either sought or intervening were generally more likely to describe that resource as very or extremely helpful.

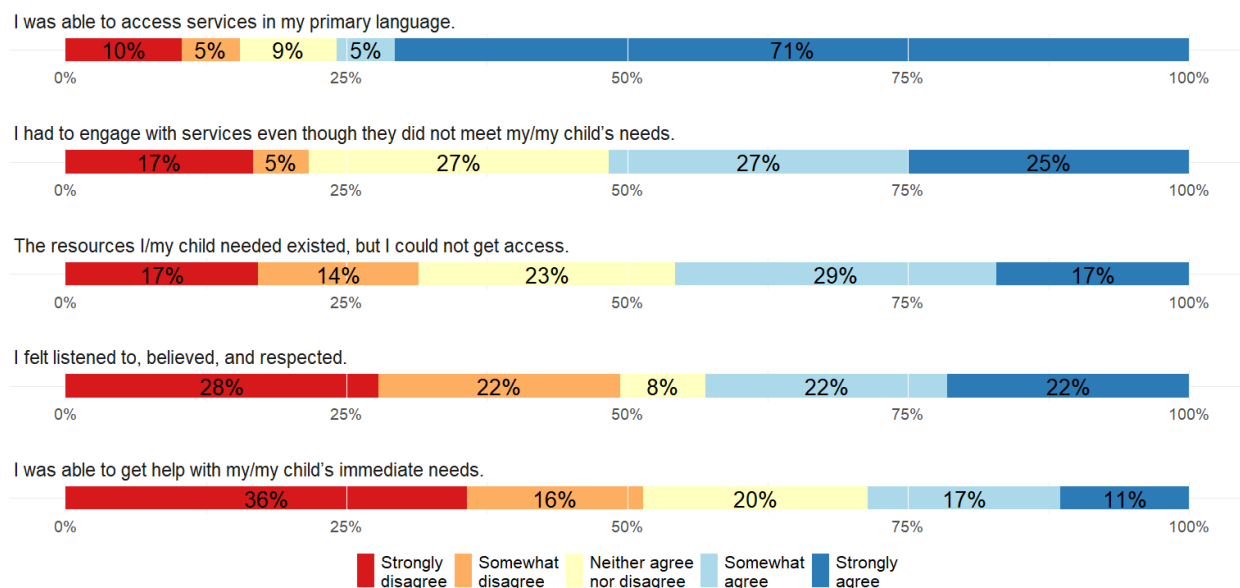
Engagement with service providers

Participants were asked to rate their level of agreement, from “Strongly Disagree” to “Strongly Agree,” with five items related to their engagement with service providers, including:

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- “I was able to access services in my primary language.”
- “I had to engage with services even though they did not meet my/my child’s needs.”
- “The resources I/my child needed existed, but I could not get access.”
- “I felt listened to, believed, and respected.”
- “I was able to get help with my/my child’s immediate needs.”

Overall, more than half of respondents agreed with the statements “I was able to access services in my primary language,”¹⁰ and “I had to engage with services even though they did not meet my/my child’s needs.” At least half of respondents disagreed with the statements “I felt listened to, believed, and respected,” and “I was able to get help with my/my child’s immediate needs.”



¹⁰ It is important to note that of those who took the survey, only four individuals indicated they spoke a primary language other than English. These results would likely be much lower if the sample included more immigrant and limited English proficient (LEP) respondents.

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Service provider engagement by experience of violence. No relationship was found between agreement or disagreement with items related to availability of services and types of violence respondents reported experiencing.

Service provider engagement by initial need. No relationship was found between agreement or disagreement with items related to availability of services and respondents' scoring of needs during their initial crisis period.

Service provider engagement by services sought. Compared to participants who described initially seeking help from "Friends/Family" or "None," those who initially sought help from a "Therapist/Counselor" or "Advocate", or "Police" or "Legal Counsel" were more likely to disagree with "I was able to get help with my/my child's immediate needs" (61% and 68% disagreement, respectively, compared to 23%). Respondents initially seeking help from "Police" or "Legal Counsel" were more likely to disagree with "I felt listened to, believed, and respected" (71% disagreed compared to 35%).

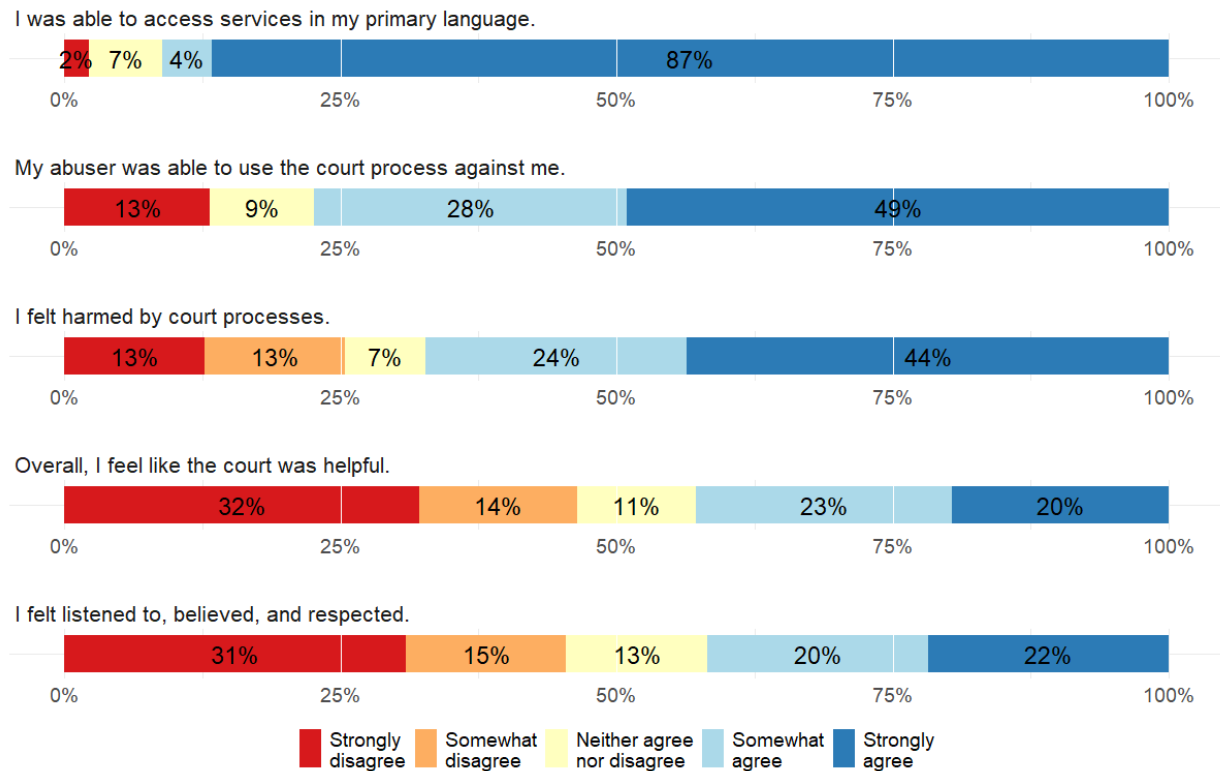
Engagement with courts

Participants were asked to rate their level of agreement, from "Strongly Disagree" to "Strongly Agree," with five items related to their engagement with service providers, including:

- "I was able to access services in my primary language."
- "My abuser was able to use the court process against me."
- "I felt harmed by the court process"
- "Overall, I feel like the court was helpful."
- "I felt listened to, believed, and respected"

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Overall, more than two-thirds of respondents agreed with the statements “My abuser was able to use the court process against me,” and “I felt harmed by the court process.” Nearly half of respondents (46%) disagreed with the statements “Overall, I feel like the court was helpful,” and “I felt listened to, believed, and respected.”



Court engagement by experience of violence. No relationship was found between agreement or disagreement with items related to participants’ engagement with courts and types of violence they reported experiencing.

Court engagement by initial need. No relationship was found between agreement or disagreement with items related to availability of services and respondents’ scoring of needs during their initial crisis period.

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Court engagement by services sought. Compared to participants who described initially seeking help from “Friends/Family” or “None,” people who described initially sought help from a “Therapist/Counselor” or “Advocate,” or “Police” or “Legal Counsel” were more likely to disagree with “I felt listened to, believed, and respected” (55% and 71% disagreement, respectively, compared to 13%), more likely to agree with “I felt harmed by the court process” (73% and 89% agreement, respectively, compared to 38%), and more likely to agree with “My abuser was able to use the court process against me” (83% and 86% agreement, respectively, compared to 50%).

Victims of Crime Act (VOCA) State Plan

Effective March 1, 2024

This document replaces the VOCA State Plan of 2015-2023. The plan will be reviewed every four years.

VOCA State Plan Purpose

The 2024 VOCA State Plan maintains our commitment to prioritize the needs of crime victims in our funding allocations.

We are committed to supporting the breadth and depth of service provision that exists in Washington State.

Through a percentage allocation of VOCA funds, Washington State's VOCA State Plan seeks to support the strong service network in a fair and transparent manner.

VOCA Percentage Allocations

| Purpose | | Percentage of VOCA funds |
|------------------------------------|------------------------------------|--------------------------|
| Specific services | | 29.0% |
| Civil Legal Assistance | | 8.7% |
| Crime Victim Service Centers | | 17.0% |
| Forensic Medical Exam | | 1.0% |
| Unmet Needs ¹ | | 2.3% |
| Specific crimes | | 47.5% |
| Human Trafficking | | 3.0% |
| Child Abuse and Neglect | Child Advocacy Centers | 7.0% |
| | Victims of Child Abuse and Neglect | 3.5% |
| Domestic Violence (Formula Funded) | | 17.0% |
| Sexual Assault (Formula Funded) | | 17.0% |

¹ OCVA determines the focus for the Unmet Needs allocation

| Purpose | Percentage of VOCA funds |
|--|--------------------------|
| Specific providers | 23.5% |
| By and For Organizations | 10.5% |
| Tribal Governments | 10.5% |
| County Prosecuting Attorneys (Victim Witness Assistance) | 2.5% |
| TOTAL | 100.0% |

Implementation

VOCA funding fluctuation and averaging

Washington's VOCA Award comes from a fluctuating federal funding source. OCVA has about three years to spend each annual award.

The VOCA State plan is percentage based. As the annual VOCA award changes, the amount of funding available changes.

OCVA uses a rolling average over a multi-year period. Initiatives have differing durations and start/end dates. This multi-year averaging process ensures changes in funding get evenly distributed across the plan.

Significant fluctuations in funding

If significant reduction in federal funding occurs, all plan areas should anticipate a reduction. OCVA will implement this to the best of its ability through graduated reductions.

In the event of significant increased federal funding, OCVA balances the distribution of these funds between increases in plan amounts and one-time competitive funding opportunities.

Procurement methods

VOCA State Plan funding uses a competitive process consistent with the federal [Procurement Standards](#).

This means we:

- Include scoring criteria in the applications
- Post applications publically
- Review all eligible applications
- Follow a written process for selecting applicants

Unspent funding

Sometimes providers do not fully spend their funds, due to staff vacancies and other issues. At the end of each contract, the unspent balance is no longer available to that individual recipient.

OCVA reserves the right to use unspent funding to address victim service needs that this plan may not reflect directly.

VOCA Plan Revision

Feedback collection

OCVA developed the Washington State VOCA Plan in 2015 in collaboration with community providers, in response to the 400% increase in the Victims of Crime Act federal award that year. The plan was initially for four years (2015 – 2019), and later extended through 2023.

Upon extending the plan in 2019, OCVA solicited feedback for future revisions by:

- Engaging statewide coalitions and partners
- Conducting individual interviews with statewide coalitions
- Conducting several rounds of meetings with service providers
- Interviewing grant management staff

In addition to the more formal solicitations of feedback, OCVA, in partnership with DSHS, also gleaned a significant amount of information from other sources including:

- Areas of the Plan that received a lot of questions from service providers, funding recipients, and community partners
- Feedback from auditors and federal monitors
- Interviews and debriefing conferences with successful and unsuccessful applicants for VOCA funding
- Analysis of where funding was being underspent, and where providers routinely ran out of money before the end of their contract cycle
- Analysis of data on services being provided and where needs were or were not being met

Changes from the VOCA 2015-2023 State Plan

- Specific Crimes and Specific Services are now two sections.
- The “Set-Asides” section has been renamed “Specific Service Providers.”
- “Investment in Current Services” was a separate section in the previous plan. Our definition of “current services” has changed. This means the 51% previously shown as “Investment in Current Services” now goes to three programs: 1) Crime Victim Service Centers, 2) Domestic Violence formula funded, and 3) Sexual Assault formula funded.
- 10.5% (or greater) is allocated to Domestic Violence, Sexual Assault, Child Abuse/Neglect, and Underserved Crime Victims to ensure the federal requirements are met.
- We eliminated the Reserve Fund, as costs were already allowable elsewhere.



Washington State Supreme Court Gender and Justice Commission

August 13, 2024

Justice Sheryl Gordon McCloud, Co-Chair
Washington State Supreme Court

Judge Rebecca Glasgow, Co-Chair
Court of Appeals, Division II

Victoria Blumhorst
Spokane Counsel for Defense

Karla Carlisle
Northwest Justice Project

Professor Lynn Daggett
Gonzaga University School of Law

Quinn Dalan
Yakima County Attorney Services

Judge Michael Finkle
King County District Court

Elizabeth Hendren
Sexual Violence Law Center

Shannon Kilpatrick
Stritmatter Kessler Koehler Moore

Honorable Raylene King
Whatcom County Clerk

Commissioner Jonathon Lack
King County Superior Court

Irene Motles
Washington Women Lawyers

Javier Ortiz
Seacoma Law

Dr. Dana Raigrodski
University of Washington School of Law

Jennifer Ritchie
King County Prosecuting Attorney's Office

Barbara Serrano
Office of the Governor

Chief Judge Cindy K. Smith
Suquamish Tribal Court

Carlyn Sampson
Rebuilding Hope!

Allison Tjemsland
Jenner & Block LLP

Judge Josephine Wiggs
King County Superior Court

The Honorable June Robinson
Washington State Senate, 38th District
P.O. Box 40438
Olympia, WA 98504

The Honorable Joe Nguyen
Washington State Senate, 34th District
P.O. Box 40434
Olympia, WA 98504

The Honorable Manka Dhingra
Washington State Senate, 45th District
P.O. Box 40445
Olympia, WA 98504

The Honorable Lauren Davis
Washington State House of Representatives, 32nd District
P.O. Box 40600
Olympia, WA 98504

Re. ESSB 5187, Sec. 918

Dear Senator Robinson, Senator Nguyen, Senator Dhingra, and
Representative Davis,

On May 16, 2023, Engrossed Substitute Senate Bill (ESSB) 5187 was signed into law. Section 918 established the Crime Victim Services Work Group (hereafter CVS Work Group), comprised of multidisciplinary stakeholders from around Washington State, and directed the Washington State Supreme Court Gender and Justice Commission to chair it. The bill charged the CVS Work Group with considering and developing recommendations for the Legislature by October 1, 2024, regarding services for survivors of gender-based violence.

Section 918(c) directs the CVS Work Group to “develop a sustainable funding formula and criteria for future state funding” for victim services. As we began to work on this deliverable, we discovered that there is ongoing work by other groups, including the Department of Commerce’s Office of Crime Victim Advocacy and the Department of Social and Health Services, to develop funding formulas related to victim services. Other related funding work is also underway by the Office of Civil Legal Aid. Each of these groups has a representative on the CVS Work Group.

The appended memo outlines the funding-related work being completed by these organizations. Much of the work will be completed after our recommendations are due to the Legislature. Our work group members have expressed concern that our work to “develop a sustainable funding formula and criteria for future funding” is premature given the funding work currently being completed by these organizations. Members have also expressed concern that our development of a sustainable funding formula could be harmful to their proposals. Due to the timeline of other funding efforts and feedback received from the above funding agencies, we have determined that it would be unwise to develop a sustainable funding formula at this time.

The stakeholder group is on track to submit its findings and recommendations on the other directives to the Legislature by October 1, 2024.

Thank you for the opportunity to consider this issue. Please contact Jessica Janét, Court Program Specialist (Jessica.Janet@courts.wa.gov), with any questions.

Sincerely,

A handwritten signature in dark ink, appearing to read "J High-Edward", written over a horizontal line.

Judge Jacquelyn High-Edward, Spokane County Superior Court
Chair, Crime Victim Services Work Group

cc:

Dawn Marie Rubio, State Court Administrator, Administrative Office of the Courts

Brittany Gregory, Associate Director of Legislative and Judicial Relations, Administrative Office of the Courts

Justice Sheryl Gordon McCloud, Washington State Supreme Court, Co-Chair of the Washington Supreme Court Gender and Justice Commission

Judge Rebecca Glasgow, Court of Appeals, Division II, Co-Chair of the Washington Supreme Court Gender and Justice Commission

Memo

To: The Honorable June Robinson, The Honorable Joe Nguyen, The Honorable Manka Dhingra, and The Honorable Lauren Davis

From: Crime Victim Services Work Group

Date: August 13, 2024

Re: Funding Formula for Victim Services

Pursuant to ESSB 5187, Sec. 918(3)(c), the work group was directed to “develop a sustainable funding formula and criteria for future state funding.” There are currently multiple state agencies engaged in the development or implementation of funding formulas and funding criteria. That ongoing work is summarized below:

| Lead Agency | Scope of Work | Timeline |
|-------------|--|--|
| OCVA | Review Victims of Crime Act (VOCA) State Plan | Finalized 12/31/23 (Effective 3/1/24) |
| OCVA | Develop a plan, in coordination with victim service agencies, for how to address declining federal funds and strategies to stabilize resource gaps. | Anticipated budget request for 2025-27 biennium |
| OCLA | Develop budget requests for the next biennium for funding dedicated to domestic violence legal representation as well as other civil legal needs experienced by low-income survivors, including: <ul style="list-style-type: none"> • Vendor rate adjustment for DV program (to request a small amount to offset rising costs to preserve capacity at the original levels) • Vendor rate adjustment for the general contract with the Northwest Justice Project and the pass through to the Legal Foundation of Washington | Decision packages to be finalized and submitted to AOC by October 2024 |

| | | |
|------|---|---|
| OCLA | Update “Integrated Civil Legal Aid to Crime Victims State Plan.” | Commencing December 2024 |
| DSHS | Domestic Violence Program Formula Review: Convened a work group pursuant to SSB 5398 (2023) to review and update the funding formula used to allocate funding for domestic violence victim services agencies. | The work group’s recommendations to DSHS will be reported to the legislature by 12/1/24 |
| OCVA | Sexual Assault Program Formula Review: OCVA has hired a contractor to provide meeting facilitation and stakeholder engagement around revisioning and updating the funding formula, and to write a final report. | Finalize by 6/30/25 |