

UTAH STATEWIDE DOMESTIC VIOLENCE NEEDS ASSESSMENT

2016-2017

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INTRODUCTION



... you're all like, "Oh, why do you go back to the abuser?" It's not as black and white as people make it... or "Why do you stay?" There's so many factors involved... not only just leaving but to make you stay. Like financially, like me I was a stay at home mom. I financially relied on my husband.



In Utah, 39.6% of women and 19.6% of men report experiencing physical violence, rape, and/or stalking in their lifetimes.¹ This violence can and does end in homicide with approximately one intimate partner-related homicide committed every month in Utah.² According to a report submitted to the Family Violence Prevention and Services Program, 2,425 survivors³ accessed shelter services in Utah from October 1, 2015 to September 30, 2016, of which 1,661 identified as women, 189 as men, and 575 as children⁴. The purpose of this research study was to assess the system-specific challenges and needs facing survivors of domestic violence⁵ and service providers⁶ in the state of Utah, with the goal of informing services and future funding priorities.

The goal of Phase I was to conduct in-depth focus groups and interviews with survivors and service providers across the state of Utah and consisted of: (1) participant recruitment, (2) data collection, and (3) data analysis. Phase II is currently underway and consists of the dissemination of two questionnaires, one aimed at professionals (e.g., law enforcement, judges, prosecutors, social workers) and the other aimed at the larger Utah community. The survey instruments assess barriers to service provision in the areas of domestic violence,

¹ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

² Utah Violent Death Reporting System, 2003-2008.

³ Please refer to Appendix A: glossary of terms for definition of "survivor".

⁴ Utah Department of Human Services, 2016.

⁵ Please refer to Appendix A for definition of "domestic violence".

⁶ Please refer to Appendix A for definition of "service providers".

sexual assault, and stalking.

This report presents findings from Phase I. The voices of survivors and domestic violence service providers are emphasized, as their firsthand experiences make them the experts. This report begins with a brief review of the methodology used for this needs assessment, followed by the findings and the recommendations for future action.

METHODOLOGY

Three research questions guided this statewide needs assessment:

- (1) What are the obstacles to obtaining safety and stability for survivors of domestic violence?
- (2) What are the needs of survivors and service providers?
- (3) What are survivors' and service providers' recommendations for action?

This research study was approved by the University of Utah's Institutional Review Board (IRB). A list of Utah Domestic Violence Coalition (UDVC) member programs was used to make initial contacts regarding this needs assessment project. Recruitment consisted of flyers, referrals, and snowball sampling⁷. Informed consent⁸ and confidentiality were discussed, and participation was completely voluntary. Focus groups and interviews took place in an agency setting, the researcher's office, or a local café. Survivors received a \$20 grocery gift card for their participation, while service providers were gracious enough to volunteer their time.

In-depth, semi-structured focus groups and interviews were conducted with survivors of domestic violence and service providers throughout the state of Utah from March 2016 to February 2017. Open-ended, semi-structured interview guides⁹ (1 for survivors, 1 for service providers) were used for all focus groups and interviews. Participants also

⁷ Please refer to Appendix A for a glossary of terms, including the definition of "snowball sampling".

⁸ Please refer to Appendix B for consent documents.

⁹ Please refer to Appendix C focus group/interview guides.

completed a demographic form¹⁰ (i.e., age, race, ethnicity, gender, sexual orientation), which is captured in Table 1 and Table 2. Eight focus groups and four interviews were conducted with survivors of domestic violence, totaling 43 survivor participants. Similarly, nine focus groups and two interviews were conducted with domestic violence service providers, totaling 59 service provider participants. All focus groups and interviews were conducted in English and tended to last approximately 1 hour.

Focus groups and interviews were audio-recorded with the participants' consent and transcribed verbatim. Data analysis consisted of line-by-line analysis, identifying themes, coding categories, and developing matrices to uncover relationships between themes and categories in NVivo software. Confidentiality was of utmost concern for this needs assessment. Therefore, no names have been included in this research report. Direct quotes are used throughout to capture the voices of the research participants.

Sample Demographics

The tables below highlight survivor and service provider characteristics. Again, a total of 43 survivors participated in this needs assessment. All survivors identified as female, and were, on average, nearly 40 years of age. The majority of survivors identified as white, and nearly all survivors were born in the United States. Survivors had varying levels of education, with 16% of survivors not graduating high school, 37% with a high school diploma or GED, 21% with some college experience, and 23% with a college degree. Two-thirds of survivors defined themselves as religious, and nearly 75% of survivors identified as heterosexual/straight.

A total of 59 service providers participated in this needs assessment. The majority of service providers identified as female and were, on average, 43 years old. The majority of service providers were white and born in the United States. Service providers tended to have higher levels of education than survivors, as 63% of service providers had a college degree. Nearly two-thirds of service providers identified as religious, and the majority of service providers identified as heterosexual/straight.

¹⁰ Please refer to Appendix D for demographic forms.

Table 1. Survivor Sample Demographics (n=43)

	MEAN (SD)
Age	39.86 (12.75)
	COUNT (%)
Female	43 (100%)
Latina/Hispanic	4 (9.3%)
Race	
African American/Black	3 (7%)
Asian	1 (2.3%)
Native American	9 (20.9%)
White	28 (65.1%)
No Answer	2 (4.6%)
Born Outside U.S.	4 (9.3%)
Educational Attainment	
Did Not Graduate HS	7 (16.3%)
HS Diploma/GED	16 (37.2%)
Some College	9 (20.9%)
College Degree	10 (23.3%)
No Answer	1 (2.3%)
Religious	29 (67.4%)
Sexual Orientation	
Bisexual	3 (7%)
Queer	1 (2.3%)
Straight/Heterosexual	32 (74.4%)
No Answer	7 (16.3%)
Accessed Services*	
Carbon County	2 (4.7%)
Grand County	4 (9.3%)
Iron County	4 (9.3%)
Salt Lake County	11 (25.6%)
San Juan County	5 (11.6%)
Sevier County	4 (9.3%)
Uintah County	1 (2.3%)
Washington County	2 (4.7%)
Weber County	6 (14%)
Didn't Access/No Answer	6 (14%)

* Percentage is greater than 100 due to participants who accessed services in more than one county.

Table 2. Staff Sample Demographics (n=59)

	MEAN (SD)
Age	43.26 (12.65)
	COUNT (%)
Gender Identity	
Female	53 (89.8%)
Male	5 (8.5%)
Transgender	1 (1.7%)
Latinx/Hispanic	6 (10.2%)
Race	
Asian	1(1.7%)
Native American	5 (8.5%)
White	52 (88.1%)
No Answer	1 (1.7%)
Born Outside U.S.	4 (6.8%)
Educational Attainment	
Did Not Graduate HS	1 (1.7%)
HS Diploma/GED	5 (8.5%)
Some College	16 (27.1%)
College Degree	37 (62.7%)
Religious	38 (64.4%)
Sexual Orientation	
Gay	1 (1.7%)
Queer	1 (1.7%)
Straight/Heterosexual	48 (81.4%)
No Answer	9 (15.3%)
Region of Utah	
Central	13 (22%)
Central North**	10 (16.9%)
Eastern	9 (15.3%)
Northern	5 (8.5%)
South Eastern	6 (10.2%)
South Western	15 (25.4%)
Statewide	1 (1.7%)
Organization Type	
Domestic Violence Services	39 (66.1%)
Prosecutor or Sheriff's Office	7 (11.9%)
Public School	3 (5.1%)
Other	10 (16.9%)

** Includes Salt Lake County and Utah County

RESULTS

Survivor Challenges

Several themes emerged pertaining to survivor challenges, including:

- (1) Shortages of Affordable Housing
- (2) Insufficient Law Enforcement and Legal System Response
- (3) Difficulty Accessing Mental Health and Substance Use Disorder Services
- (4) Unprepared Clergy and Religious Leaders
- (5) Lack of Child Care Services

Each of these themes will be discussed below with particular attention paid to the words of survivors themselves.

Lack of Affordable Housing

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A safe place to stay... Takes longer than thirty days.

More housing, just something that you're not gonna get turned away from. Or that your kids... had a home and nice rooms and nice clothes... And now on the streets and cold with nowhere to go... it makes you feel like a failure. It makes you feel like going back. Makes you feel like just curling up and saying "we don't have nowhere to go". It just makes you feel like you wanna go back [to abusive partner]. What if you die or things get escalated and he ends up killing you and your kids have no mom?! But then you leave, and there's nowhere to go.

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Survivors from both urban and rural focus groups/interviews consistently ranked housing as one of their primary barriers to exiting abusive relationships and becoming self-sufficient. These housing concerns pertained to lack of affordable housing, lack of transitional housing, and lack of property management companies that would rent to survivors of domestic violence. Survivors emphasized the need for housing that would allow themselves and their children to feel safe. Housing was further complicated by the financial vulnerability of survivors; many had been stay-at-home mothers with no savings of their own and no employment history.

With limited space and beds in domestic violence services organizations, survivors discussed the experience of being turned away, sometimes even from multiple organizations in one day. This led to some survivors seeking shelter at organizations targeting the broader homeless population or being relegated to the streets, causing safety and dignity concerns for themselves and their children. Survivors discussed a desire for more beds in existing domestic violence services organizations, as well as access to a variety of types of housing, such as transitional and permanent supportive housing.

Insufficient Law Enforcement and Legal System Response

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The police officer told me he was handcuffing me. I said “why are you handcuffing me?” He said, “Because you hit him.” I said “Do you understand? He was killing me!” And he was like, “I don’t need to know anything. You can tell the judge about it”. Three days I was in jail.

The things that they [law enforcement] would say... they could have been worded better. Like, one time they got called out and he asked what I had done to deserve that... Then I had another officer ask me if he had been drinking... the way that he had said it and the timing that he had said it felt like he was trying to justify it in his head. And my ex-husband is from this town, so he knows a few of the police officers, so I got a few that were friends with him that weren’t helpful at all because they had gotten his side of the story... You get some good officers and then some you don’t get any help from them whatsoever.



Survivors of domestic violence frequently discussed interactions with law enforcement and courts, across urban and rural focus groups/interviews. Survivors described mixed experiences with law enforcement. For example, some participants stated that police officers were the ones to educate them about the services available, including the location and contact information of their local domestic violence services organization.

However, more often than not, participants discussed law enforcement's misunderstanding when responding to domestic violence calls, namely revolving around confusion about the aggressor, meaning that police were not always able to identify the primary aggressor. Some survivors indicated a lack of education on the part of law enforcement regarding domestic violence. Rural survivors also discussed "small town stigma", meaning that incidents of domestic violence often become public. Additionally, perpetrators may have personal relationships with law enforcement officials in these rural communities, complicating survivors' mindsets toward seeking assistance from law enforcement and affecting the response of law enforcement.

Many survivors discussed facing domestic violence charges themselves, even though they claimed to have been defending themselves against their perpetrator. Survivors were concerned about how their criminal charges would affect access to resources as well as to child custody. In relation to courts, participants indicated difficulty in getting protective orders, as well as confidentiality and safety concerns regarding listing their address on forms. Finally, survivors discussed maltreatment at the hands of attorneys and judges as well as perpetrators' ability to "work the system", resulting in financial and emotional tolls on survivors.

Lack of Access to Mental Health and Substance Use Disorder Services



We [survivors] come into shelter with a lot of emotional baggage from the relationship that we have and we're so focused on getting a place to stay and food and taking care of the essentials that we forget to take better care of ourselves... I think that needs to be really addressed, so that we can be better moms.

I couldn't even drive the first few weeks because... the trauma was so fluid in my mind that that's all that was there. I couldn't concentrate. I couldn't sleep. I couldn't eat. I couldn't even read... I couldn't even drive. I'm like I can't function properly. I have to process this. So, I think that there needs to be like maybe some counselors.



Overwhelmingly, survivors emphasized the need for increased access to mental health and substance use disorder services. Frequently, survivors discussed their own and other survivors' experience with trauma and post-traumatic stress disorder (PTSD). Trauma can impact a "person's ability to control their emotions, make themselves feel better, make decisions, and develop plans".¹¹ Some survivors turn to drugs or alcohol as a coping mechanism in an effort to self-medicate against the symptoms of trauma. Survivors emphasized their need to overcome "emotional baggage", feel safe, and focus on becoming "better moms". They discussed the importance of recognizing their triggers, developing survival tactics, and learning about healthy relationships.

Thus, a focus geared towards meeting basic needs only is not sufficient; survivors of domestic violence often require mental health and/or substance use disorder services to address trauma. Therefore, it can be difficult for survivors to obtain safety and stability in a short timeframe. Additionally, trauma should be considered in relation to services provided by helping professions, law enforcement, and legal services to ensure warm and trauma-informed interactions.

Unprepared Clergy and Religious Leaders



Then it makes you not trust people, 'cause you're like: "I'm coming to you as my bishop". If anybody I can trust, it should be... my bishop or pastor, whatever. And I'm coming to you and you're not hearing me. And, like, I'm supposed to trust people now? I don't trust anybody, 'cause I can't even

¹¹ http://www.ncdsv.org/images/ODVN_Trauma-and-You_May-2013.pdf

trust you, and you're my bishop or pastor...

And it's like, why can't I ask for those church resources? I pay my tithing, and those church resources that you're helping me with come from my tithing and fast offering. So, if I need to turn around and need help, all those years that I paid my tithing faithfully and my fast offering... that is coming back to me because I paid for that. So basically, that's like my money coming back to me when I desperately need help. So, you shouldn't complain or treat me like I'm like a beggar, because I'm asking for the resources that I paid for basically.

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Survivors discussed mixed experiences when approaching their religious leaders or fellow congregants for help. Very rarely did survivors report positive experiences when approaching their religious leaders; however, on occasion, survivors recalled receiving contacts for domestic violence services organizations and/or employment opportunities. Survivors reported that religious leaders seemed unprepared and uneducated regarding how to address the domestic violence. This was particularly difficult when both parties (i.e., survivor and abusive partner) were congregants.

Negative experiences with religious leaders led survivors to lose trust and, potentially, to quit reaching out for help. Survivors were dissatisfied if/when religious leaders suggested that they “maintain the family” and/or “pray and fast” about the domestic violence. Survivors expressed a desire for religious leaders to recognize the signs of abuse and be prepared to offer religious counsel and resources. Overall, survivors expressed a desire to be treated with dignity and respect when approaching religious leaders for support.

Lack of Child Care Services

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What can we do to not only keep ourselves safe but our children safe? That's like the number one. We all have kids... we want to protect our kids, not even ourselves, but we want to protect our children and what can we do?

It's like they [domestic violence services organization] have a drop-in day care, but she's [child] small, it's first come first served... and you only have two spaces for infants that are under a year old. I got a job interview. What am I supposed to do, not go to the job interview, 'cause you don't have space?! Like, there's no other places that I could take my child, especially if I don't have transportation to get there.



Finally, survivors consistently described their children as their top priority, putting their children's needs above their own. A lack of access to safe and affordable child care services was continually discussed across focus groups. Sometimes survivors are able to use drop-in child care services at their local domestic violence services organization; however, these spots are not always available.

Survivors discussed receiving some child care financial assistance from the Department of Workforce Services (DWS); however, the amount of financial assistance and time required to apply posed difficulties for survivors. Survivors discussed child care services in relation to employment. For example, survivors required child care to attain and retain employment. Survivors mentioned that many of their employment opportunities are second- or third-shift, when child care services are rarely available.

In addition, survivors discussed the importance of mental health services for their children, who had witnessed or experienced abuse themselves. However, survivors were unable to pay the cost for these counseling sessions. Interventions for domestic violence survivors must be holistic, incorporating the needs of both adults and children.

Service Provider Challenges

Several themes emerged regarding service provider challenges, often mirroring those discussed by survivors. The primary challenges consistently heard, included:

- (1) Scarce Funding
- (2) Shortages of Affordable Housing
- (3) Lack of Mental Health and Substance Use Disorder Services
- (4) Insufficient Legal Representation
- (5) Insufficient Law Enforcement Response
- (6) Unprepared Religious Leaders

Secondary themes emerged pertaining to lack of transportation and “small-town stigma”, both most prominent in rural focus groups. These themes are discussed in more detail below. Direct quotes are used to capture the voices and lived experiences of focus group participants.

Scarce Funding



There's so much more we wish that we could do, but there's always funding battles that you're up against. And hopefully you get enough [funding] this year... you wish you could help this client with this but that's all we got for the month. So [it] would be great to have more money.

I think all shelters could probably agree that we're turning away people at rapid rates. We're taking in people but every day we're telling people, "So sorry. We don't have room". We're referring to each other and then in turn we're telling each other, "We don't have room either". But at the same time... funders want to see us have these large numbers and these turnaround rates but... how do we get somebody into housing to turn that

room over so that somebody else in crisis can come in? ... We're doing the best that we can but the need for shelters is greater than what we can provide.



Overwhelmingly, funding was discussed as the number one challenge in staff's ability to provide services to survivors of domestic violence. This barrier was associated with both attaining and retaining funding. Domestic violence services organizations receive most of their funding from the federal government (e.g., VAWA, VOCA, HUD) and stated that they would be unable to provide services if this funding was eliminated. These various funding streams are designated for very specific budgetary line items. In particular, rural agencies and those on reservations have difficulty applying for federal grants. Many of these grant opportunities require matching funds, which these organizations are not able to obtain.

Funding at the state level was discussed, specifically Temporary Assistance for Needy Families (TANF) funding. TANF funding was described as very restrictive with one of the main purposes being marriage promotion, seen as contrary to domestic violence service provision. Much of the funding that domestic violence services organizations receive is one-time funding, making it difficult for agencies to predict the amount of funding they will receive in the future. This precarious funding situation leaves service providers uncertain about future programming as well as the fiscal stability of their organization.

In addition, it takes a substantial amount of time to apply for this one-time funding year after year, as well as to administer the lengthy assessments that are often stipulated under grants. Funding affects the number of shelter beds available, meaning that limited funding affects the number of clients who can be served. Funding also affects the types of services that organizations are able to provide. For example, an agency may desire to expand services but is beholden to the grant. Grant requirements regarding data collection felt like an infringement on clients' confidentiality and took time away from other staff tasks. Survivor stay time requirements were also discussed. For instance, staff discussed difficulties associated with a maximum shelter stay. For example, they stated that 30 days is a nearly impossible timeframe for clients to get housed, employed and overcome trauma

as well as possible substance abuse.

Agency staff emphasized the benefits of discretionary funding but acknowledged that this type of funding is often difficult to acquire. Staff indicated that lack of discretionary funding limits their ability to individualize advocacy and case management, as well as provide emergency financial assistance. Overall, agency staff felt constrained, wishing they could do more for survivors of domestic violence. Staff also expressed the desire to never have to turn away clients. With more funding, agency staff said that they would hire more staff and provide more wraparound services (e.g., counseling) on-site.

Shortages of Affordable Housing

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The biggest challenge I face daily is being able to get somebody on their feet, be self-sufficient as far as housing goes and being able to support themselves before I have to move them out of the shelter. So, there's this timeframe that we have which is very, very small that when they [survivors] come into shelter and then we have to get them out to move new people in, and that really is the biggest challenge is the time that it takes to really start over.

Or they [survivors] go back to the perpetrator, because they have nowhere else to go. Where are they going to go when they have no money or funding to be able to get into these homes? Because it does take time to get that all set up for them and stuff. So, they end up going back, and they end up getting re-victimized over and over and over... When they really do come to us for help, they feel like the system has totally let them down... When they're ready to go, there's nowhere for them to go to get help.

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Housing was frequently mentioned as a top barrier by staff across agencies, and many staff concerns echoed those heard in survivor focus groups. Staff discussed the all too often housing difficulties following domestic violence. For example, when leaving abusive partners, survivors may lose their home, come to the shelter with nothing and be required

to start their lives from scratch. This is a heavy task to be completed in a short timeframe, for survivors facing extreme financial difficulty. Staff discussed a lack of housing overall, even for those who are not survivors of domestic violence, as well as a lack of affordable housing for survivors specifically.

This was consistent across both urban and rural focus groups. For example, in parts of Utah where drilling was abundant (e.g., Uintah County), the increased workforce occupied all available housing with very little housing available for individuals leaving an abusive relationship. In southern Utah areas with a large tourism industry, it is doubly difficult for survivors to secure affordable housing. As well, staff discussed that new housing being constructed in larger cities is luxury housing rather than low-income housing. If survivors *are* able to secure housing, this may be substandard housing in an unsafe neighborhood. The alternative to this may be homelessness or returning to the abusive partner. Staff stated that difficulties with housing result in some survivors returning to the shelter repeatedly. This can limit the agency's capacity to serve clients. As well, staff discussed the difficulty of accessing housing for survivors with felonies and/or misdemeanors. These felonies and misdemeanors can exclude survivors from housing services even if these charges happened some time ago. Staff also discussed difficulties associated with identifying apartments and property managers who are willing to work with the specific challenges faced by survivors of domestic violence.

Staff raised concerns regarding the state of Utah's diminishing transitional housing, as this was viewed as ideal housing for survivors. In addition, staff pointed to a lack of affordable housing (e.g., housing at 30 percent of a given income), section 8 housing, and permanent supportive housing with wraparound services (e.g., counseling services on-site). It was clear that staff felt strongly about the availability of multiple types of housing for clients, as survivors' experiences and needs are quite varied. Finally, staff discussed the need for more funding to get survivors housed. This funding is needed to assist with deposits, first month's rent, and incidentals; however, staff indicated that it is difficult to access funding for this. However, service providers acknowledged that simply funding deposits and first-month's rent is not adequate for survivors to become self-sufficient.

Lack of Mental Health and Substance Use Disorder Services



We've just seen a huge increase with drug use and with mental health issues... Say [a survivor] comes into the shelter and they want to check in but they're in an active mental health crisis, and we have a mom and some kids. We have to weigh [mom and kids'] safety on whether or not this person can stay at the shelter. And it's also a safety issue for staff. We're not trained to handle any type of mental health issue, and so that's when we need to call the on-call crisis worker at [local community behavioral health center] for back up, and they don't always have the resources to help them either.

We have a lot of women come in that have substance abuse issues that are just as big as domestic violence, and they're not really in a place mentally or physically to be treated for the domestic violence and to move on... If we have someone that's actively detoxing at the shelter, it's not safe for them to live there. We are not a medical facility, and depending on their drug of choice and how serious their addiction is, it's not safe for us to have them in shelter. If they're using in shelter, it can jeopardize the safety of our other clients. There's not many places to send people to get free treatment, and they don't have the funds to begin treatment.



Service providers consistently discussed the barriers to accessing services for survivors needing mental health and/or substance use disorder services. Again, this theme echoed much of what survivors themselves saw as barriers and was heard across both urban and rural focus groups/interviews. Service providers emphasized that the majority of survivors they see suffer from post-traumatic stress disorder (PTSD), major depression, and low self-esteem. Service providers stated that many survivors are not ready to address the effects of trauma immediately following leaving their abusive partner. Rather, it is important for survivors to establish stability and meet their and their children's basic needs first. Then, survivors can move on to higher level needs pertaining to mental health, substance use and trauma. However, research shows that survivors of domestic violence are best served when

safety, sobriety, and mental health are attended to simultaneously¹². As well, service providers discussed the intersection between poverty and mental health. Service providers discussed a lack of access to and availability of intervention options, especially emphasizing those survivors who lack Medicaid or private insurance. Survivors without Medicaid or private insurance do not have the financial means to pay for mental health and substance use disorder services out-of-pocket. Local mental health and addiction centers, especially those in rural areas, may not accept Medicaid. In addition to an inability to pay, there's often a lack of intervention options even available. For example, staff discussed difficulty accessing psychiatrists and obtaining appointments for their clients. For rural agencies, there may not even be a mental health facility located in their whole county.

Staff discussed substance use among survivors with particular attention paid to heroin, methamphetamine, and pharmaceuticals. Staff stated that many survivors who use substances self-medicate as a coping mechanism to deal with the symptoms of trauma. As well, staff emphasized that it is often the abusive partner who keeps the survivor addicted to drugs and/or alcohol. Staff discussed instances of abusive partners using addiction against the survivor in court, such as pertaining to child custody and the involvement of Division for Child and Family Services (DCFS). As stated above, there is often a lack of service options available for those who require addiction services. Staff stated that funding for mental health and addiction services is channeled directly to mental health- and addiction-specific agencies, with none of this particular funding directed to domestic violence services organizations themselves.

Thus, staff indicated a lack of capacity to treat mental illness and addiction in their respective agencies. For example, domestic violence services organizations are not medical facilities, nor do they have the capability to support a survivor through several days of their detox from substances. Staff discussed the desire for mental health- and addiction-specific funding, so that mental health evaluations and rehabilitation could be accomplished on-site. Finally, zero tolerance policies and safety were discussed by staff. Staff indicated that agencies may have zero tolerance policies, meaning that no use of substances is tolerated on-site; however, staff cannot prevent survivors from using drugs or alcohol outside of the organization premises. This can raise concerns for the safety of staff and other survivors or

¹² <https://www.ncjrs.gov/pdffiles1/nij/grants/225025.pdf>

children. The substance using of one survivor could affect the relapse of other survivors. If clients *do* have drugs, the agency could potentially lose funding; however, staff discussed a double bind between losing funding and turning away addicted clients in need.

Insufficient Legal Representation

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We have a lot of women who are going in and representing themselves, and they lose in protective order hearings or custody battles or things like that. And honestly, I wish that legal abuse would be considered an abuse type, because there are perpetrators out there that will use the legal system... just to take these women on roller coasters of, “Yes I’ll let you have the kids. Nope, just kidding, I’m taking them away” ... You’re going through the legal system but yet it’s draining the woman of economic and mental and emotional resources that could be better used elsewhere that she’s caught up in going to court.

We go through the protective order process, and we go to court, and we follow the survivors through court. And I just had a couple cases where they [survivors] got a protective order and their perpetrator still comes back, even though they’re out of the house. And I’ve actually gone to the police station to talk to officers about “why aren’t you doing anything with this perpetrator?! He’s breaking the protective order and he’s still walking free.”

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Lack of legal representation and poor treatment of survivors in courts was another common theme. Staff discussed their lack of capacity to provide legal assistance at their sites, citing the importance of legal advice, legal representation, and protective orders in particular. Due to their already overextended workloads, staff indicated that they can simply give the phone number of Utah Legal Services to survivors. Staff indicated some difficulty in ensuring that survivors are adequately represented in court. In addition, they commented that the short amount of time between filing a protective order request and the scheduled court appearance may be problematic. These court hearings are often scheduled within one

to two weeks of filing the protective order request, which can affect survivors' ability to acquire legal representation. This can result in survivors representing themselves in court, with potential losses concerning protective orders and child custody matters. These quickly scheduled court appearances can also be difficult for survivors and their employment, as it is difficult to schedule time-off and miss work.

Staff stated that abusers may use the legal system against survivors resulting in the mental, emotional, and financial draining of survivors. For example, staff indicated that survivors sometimes drop charges against their offender because they cannot stand the pressure of testifying, being in the same room as the abusive partner. This pressure and intimidation can affect survivors' ability to articulate and/or remember instances of violence. These court appearances are especially difficult for those with intellectual disabilities, especially if they are unable to acquire legal counsel. Staff were concerned that they are not permitted to be in close proximity to soothe survivors in court, as this is perceived as an unfair advantage by judges and defense attorneys.

Additionally, flaws with protective orders were discussed. A bit of misunderstanding of the legal system became apparent with some providers, though, who stated that protective orders require an act of violence committed in the last 30 days. There was a concern that survivors are forced to wait for a violent act to occur, which could include serious injury or death, before they are permitted to acquire a protective order. However, this understanding is contrary to statute, in that a judge can grant a protective order even if the petitioner has not experienced harm but is afraid of being hurt. This indicates that service providers may benefit from education regarding the legal system.

One service provider stated: "Defendant trumps victim rights" and this was echoed by other participants. Overall, staff indicated that the court process can be re-victimizing for their clients, and survivors can lose faith in the ability of the legal system to help them. Staff stated a desire to have a pro bono attorney service on-site, and they indicated that judges need education to better understand the dynamics of domestic violence. Staff emphasized the importance of considering mental and emotional abuse for protective orders rather than physical and sexual violence only. Finally, service providers discussed a barrier for survivors who have past felonies and/or misdemeanors. Survivors with criminal histories

cannot access legal services fully. For example, conflicts may arise if the survivor currently has charges pressed against them. This may make it difficult for a survivor to work with the Prosecutor's Office.

Insufficient Law Enforcement Response

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A lot of times when [victims] do call the police, that victim ends up with domestic violence charges, and it stays with them forever. Because if the police show up on scene and they can't say one way or another who started what... they'll charge both of them. That [victim] is never going to access [police] again. We had one person that has been almost killed 100 times... but she refuses to call the police because that has happened to her. Because she's like, "I can't go to jail and pay those fees and do that. It's better for me to just try and escape on my own" ... And [victims] don't want to call if they have a warrant for something.

I've been with this organization for 16 years, and we did not have great relationships with law enforcement prior to initiating this LAP program. It has really opened the doors and lines of communication to the extent that I think that within the next year or two, [law enforcement] will really be open to us coming in and offering additional training about being more trauma-informed, about reminding them about predominant aggressor training and really just helping educate them more and more about the dynamics of domestic violence.

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A law enforcement theme emerged from the data. Service providers indicated that survivors may be afraid to contact law enforcement. For example, a survivor may be fearful of dual arrest policies and the potential for a charge on their record. The survivor may not even call the police for fear that the abusive partner will be sent to jail. As well, it can be frightening for victims to tell police their truth for fear that the abusive partner will *not* be arrested. Thus, sometimes the entirety of the situation is not disclosed to police on the scene making it difficult for police to get a clear, accurate picture of the situation. As well,

participants indicated that police get frustrated as they return to the same home repeatedly; however, it is important that police do not predetermine their course of action prior to arrival on the scene.

Issues with law enforcement's response can be particularly acute in rural regions. For example, in rural areas, there may be a total of only two patrol officers on duty for the entire county each evening. This is challenging for officers as they are required to respond to numerous calls. In rural areas, as well, it is possible that the abusive partner will have a personal relationship with local police, making the survivor fearful of retaliation. A rural participant stated that they have had the experience of local law enforcement considering domestic violence a "family matter" rather than a scenario for intervention. In rural areas, if a victim advocate affronts local police or prosecution, the effects can be incredibly deleterious.

Service providers indicated that one of the most common calls to law enforcement is related to domestic violence; however, many police officers lack basic education about this issue. For example, there is very little educational content pertaining to domestic violence in the police academy. Participants indicated that it is important for law enforcement to know the triggers of and red flags for domestic violence. Staff reported that law enforcement needs to understand how to effectively interact with survivors of trauma, including through validation of survivors' experiences. Participants discussed hope for the newest generation of police officers, as they tend to understand the dynamics of domestic violence more than those close to retirement. Finally, service providers indicated that some police are getting crisis intervention team (CIT) training to effectively intervene with the mentally ill, and there was a hope that police could receive similar training regarding intervening in domestic violence situations.

Overall, service providers indicated that a relationship between their agency and police is essential. However, staff reported mixed relationships with law enforcement. This tended to vary by community, though. For example, some agencies have very strong, positive ties with local law enforcement while others do not. It is important that police are aware that victim advocates are available to them. This relationship can be beneficial for jointly reviewing cases, as law enforcement and victim advocates have diverse insights to share.

Finally, service providers recommended that law enforcement and prosecution work in tandem rather than independently.

The Lethality Assessment Program as a Promising Practice

It was reported that the Lethality Assessment Program (LAP)¹³ has contributed positively to relationship-building between survivors, service providers, and law enforcement. For example, participants indicated that the LAP is a good entry point to increase collaboration between law enforcement and service providers. As well, participants reported that the LAP training has contributed to law enforcement becoming more compassionate and empathetic.

Unprepared Religious Leaders

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That dynamic of [Latter Day Saint] religion is family, and you stay together. We've had a bishop tell a domestic violence victim to go back, because [abusive partner] is a good man, and you need to make your marriage work.

We see here in Utah that we have bishops that are in these leadership and counseling positions that have no mental health experience, they're not trauma-informed, they're coming at it from a religious perspective, so adhering to religious doctrine, rules, etc. and not what is healthy for that person. Especially in a say domestic violence situation, telling a survivor of domestic violence that you need to pray more is not going to stop [abuse].

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Inadequate response by religious leaders was another common theme across focus groups/interviews. Service providers indicated that survivors often approached their religious leaders first for guidance regarding the domestic violence situation. However, staff stated that religious leaders are often unprepared to respond, because domestic

¹³ The Lethality Assessment Program (LAP) involves an assessment completed by law enforcement to identify high risk domestic violence. Persons are then connected to a hotline advocate to access services, such as shelter, case management, counseling, and/or legal advocacy.

violence and child abuse are not incorporated in their preparatory religious leadership courses. For example, staff indicated that religious leaders have counseled survivors to keep the family together; however, this was discussed as potentially hurtful and harmful to survivors. As well, staff indicated that religious leaders do not often understand protective orders and have divulged to perpetrators where to locate their intimate partner. Other service providers indicated that some religious leaders in the LDS faith do not want to report domestic violence, because it would reflect poorly on the LDS culture. Other service providers indicated that clergy do not understand the prevalence of domestic violence and child abuse happening in their congregations with the thought that “this does not happen at my church”. This may be even more prevalent in rural areas. For example, service providers stated that bishops will attend court appearances for prominent community members charged with domestic violence. Service providers viewed this as problematic.

Service providers discussed barriers to educating religious leaders. For example, one participant discussed how their agency had invited religious leaders from a variety of faiths to attend an educational session on domestic violence; however, only one religious leader attended. This was not always the case, though, as staff highlighted some religious leaders as being very good advocates. For example, one focus group participant cited a religious leader who is also a pediatrician. This religious leader was discussed with high regard, as their knowledge of domestic violence, attained through their medical experience, influenced their role as a religious leader. Another participant stated that they have had success with educating religious leaders about protective orders. This participant indicated that they were permitted to present for 30 minutes on protective orders at a local bishop meeting. This was described as an effective experience; however, this participant was able to negotiate entry with the help of a religious leader who is a great advocate. It is clear that service providers need to collaborate with committed religious leaders to reach less informed religious leaders.

Secondary Themes

“Small Town Stigma” and Lack of Transportation

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Well, there's also a fear of, we live in a small community, and I mean we've all had friends that come and need our assistance and they're embarrassed, because we're their friends. So first they have to admit that there is a problem, and that's really hard for people.

Everybody knows everybody's business. And somebody comes into the shelter and everybody finds out and it's all over. Or you see somebody walking down the street with somebody or talking to somebody and, boy, your neighbors know more about you than you do down here.

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While not discussed to the same extent as the aforementioned themes, it is important to note particular barriers faced in rural areas, namely “small town stigma” and lack of transportation. Rural agencies are particularly affected by “small town stigma” as a barrier to survivors accessing services. For example, staff stated that survivors may not visit the agency for fear that the entire community would learn of this and the domestic violence situation. Others related that their local newspaper publishes arrest reports, which may inhibit survivors’ reporting of the abuse. Meaning, survivors do not necessarily want to report abuse for fear that the entire community will learn of the incident(s). Finally, it is more likely that rural perpetrators will have a personal relationship with law enforcement than those in urban areas. This, too, can affect survivor reporting. While both urban and rural focus groups discussed transportation as a barrier, this was a much larger problem in rural areas. As well, transportation was an issue for those agencies serving a great number of counties.

Marginalized and Underserved Communities

While the above themes affect survivors regardless of identity, marginalized and

underserved populations face additional barriers that must be considered. This section includes themes from both survivor and service provider focus groups/interviews, with special attention paid to:

- Immigrants (particularly undocumented immigrants)
- Native Americans (both on and off reservations)
- LGBTQ+ populations

It is important to note, though, that this section does not wholly represent the experiences of these populations; as well, this section is not all-inclusive. For example, no survivors self-identified as transgender in this needs assessment, so this discussion is not expected to fully capture the experiences of this population. Moreover, the undocumented and refugee populations were especially difficult to access due to recent anti-immigrant rhetoric and action (e.g., Executive Order 13769, Executive Order 13780). Therefore, more research is needed; however, this represents a first snapshot at the intersecting vulnerabilities of marginalized identity and domestic violence in Utah.

Immigrant Survivors

Undocumented Immigrants



Survivor: Please somebody come and tell me that there is an organization that supports undocumented people, that there are resources available that even if... you do not qualify for anything at all [government services], there is still help, you are not helpless. 'Cause my last resort would be either to go back to my abuser or think about going back to my country where my baby would be taken away from me... It puts me at a place where I see I am at a dead end... Puts me at a blind spot where it makes me hopeless about the future.

Service Provider: U visas are now taking anywhere between six and eight years to be processed. It takes about eighteen months for them [undocumented survivors] to get... a permit to work. So, during those eighteen months, these women have no way of generating income other than

finding odd jobs here and there. So, they aren't able to qualify for oftentimes housing because they don't have an income or they can't pay their utilities. They have no way of living.



As discussed above, one of the most important first steps for stabilizing survivors is to get their basic needs met; however, this can be incredibly difficult for those who are undocumented. For example, undocumented survivors stated that they have no resources, including lack of access to financial assistance, housing, and legal services. Undocumented survivors often lack identification cards, Social Security numbers, and immunization records for their children. As well, staff discussed the lack of resources available to undocumented clients and made special mention of U visas, designated for undocumented survivors of mental and physical abuse.¹⁴ These types of immigration relief may take upwards of a year to complete. Due to lack of resources, survivors stated that they had considered going back to their perpetrators. Both undocumented and documented survivors (e.g., Hispanic U.S. citizens) discussed the stigma and stereotypes they faced due to their ethnicity. As well, undocumented immigrants face additional barriers concerning law enforcement for fear that they will be deported if they report domestic violence.¹⁵

Language Barriers



Service Provider: A lot of the time... we can [make] headway in a population through word of mouth. But I would say some places we're lacking, there's a language barrier. So, there's a Hispanic/Latino population in the community, but because we don't have anyone who's bilingual on staff, we've not really been able to bridge that gap.



¹⁴ <https://www.uscis.gov/humanitarian/victims-human-trafficking-other-crimes/victims-criminal-activity-u-nonimmigrant-status/victims-criminal-activity-u-nonimmigrant-status>

¹⁵ <http://www.nbcnews.com/feature/nbc-out/ice-arrests-transgender-woman-seeking-help-domestic-violence-n721921>

Language was another barrier that was discussed by both survivors and service providers as a barrier. Survivors stated that lack of English skills contributed to difficulty in communicating their ideas, feelings and fears. Language represents a barrier for non-native speakers as they attempt to complete paperwork for immigration and other services. Service providers discussed barriers to advertising and providing services, as multilingual advocates and staff are minimal. Spanish language services are especially needed. In addition, survivors who speak neither English nor Spanish are particularly difficult to reach.

Native American Populations

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Survivor: The domestic violence I experienced, like I said, was on a Navajo Reservation. I didn't know there was any help. And I didn't seek help. I just pretty much stayed in my situation because I thought that was where I was supposed to be. Taking care of my kids. I didn't feel like there was anywhere for me to go.

Service Provider: So, one of the things that I definitely think works in our program... is that we really move back into taking a look into those values. Really talking about what are our values and our traditions, and even just being around other Native people in a healthy way. Even though it isn't specifically DV-related treatment, it is having healthy connections for Native people... And for our community it's more than likely that they will stay together. So, you can't really say like well you have to leave, and here's what's going on, and you have to look out for these warning signs. Because you have to take a step back and look at the reality. What are they [survivors] seeing for years? And what are the realities? What is keeping this family together? Because most of our people do value family and having a relationship with somebody that they do think is there for them. And so, it's a whole mind shift to say these are not healthy relationships, just because someone is physically there doesn't mean they're there for you in all the other ways that you need.

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Both Native American survivors and Native American staff participated in this needs assessment as well as non-Native American staff who work with tribal communities. Experiences of survivors and staff both on and off reservations were explored, and findings from both have been included in this section. Many Native American survivors discussed the incidence of violence throughout their lives, meaning that they had experienced domestic violence as children and later as adults. Therefore, survivors indicated that domestic violence was not unusual in their minds. Survivors indicated that they were isolated on the reservation with limited resources (e.g., lack of electricity, running water, phone line) and did not know how or where to get help. Lack of transportation was mentioned, as well as the fact that law enforcement would not respond to incidents of violence on the reservation. When Native American survivors attempted to interface with Utah state services, lack of cultural knowledge on the part of service providers was a barrier.

The issue of confidentiality was also discussed due to the small community, similar to that of rural communities discussed above. Historical trauma (i.e., cumulative wounding due to centuries of oppression) were discussed in relation to a lack of trust and hesitancy to contact law enforcement or attempt to access state social services. Service providers indicated that meeting basic needs is a top priority. Establishing proof of tribal membership is often required to access services; however, lack of documentation can represent a barrier for Native American survivors. The need for Native American spiritual leaders to perform traditional ceremonies was discussed. Service providers reported that it is easier to do a “client handoff” to a Native American shelter advocate, due to their cultural knowledge. The importance of employing Native American case managers and advocates as well as the potential for a Native-specific domestic violence program were discussed.

LGBTQ+ Populations

▮

Service Provider: How does that [sexual orientation and gender identity] look in your intake forms? What does that look like in interviews?... Safety planning is pretty similar for LGBTQ folks, but you have to look at things like a trans person has to have like gender change forms... Name change

forms. And some ID is updated and some isn't. And you have to have the letters from the doctors and all these things, 'cause that can deeply affect someone being able to get funding, get housing, and all these other things after they leave an abusive situation.

Service Provider: They [service providers] think that because that person is trans that you have to have a completely separate housing system, a completely separate bathroom system, and you don't. If you do have like sex segregated services, and that means you have men's corridors and women's corridors, men's groups and women's groups, that trans person needs to be allowed to identify with whatever group they identify with... Having the choice, as a trans woman, understand that I feel more comfortable being around women and having these other women to support me in the experience that I'm going through... To understand that you're not increasing anyone's victimization or chances of being victimized if you have a trans person in there.

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Both survivors and staff who identify as LGBTQ+ were included in this needs assessment. Unfortunately, only a small number of participants self-reported LGBTQ+ identify. Therefore, these findings cannot be generalized to all LGBTQ+ survivors. However, common themes emerged pertaining to the importance of education for domestic violence services organization staff, lawyers, police, and so on to understand the intersection of sexuality and gender identity with domestic violence. The importance of “cultural competency”, trauma-informed care and the creation of “safe spaces” were discussed. Visual cues (e.g., posters, pamphlets, paperwork), non-gendered terminology, and correct use of pronouns matter to LGBTQ+ survivors of domestic violence. It is important that advocates understand LGBTQ+ issues broadly (e.g., historical trauma), as well as how domestic violence affects these populations specifically. A service provider indicated the importance of understanding policies like the Violence Against Women Act (VAWA), as well as Title IX. Finally, considerations regarding sex-segregated spaces and transgender, gender non-conforming populations were discussed.

CONCLUSION

This needs assessment has documented the complex nature of domestic violence, as survivors often interface with a variety of stakeholders and systems.

Overall, survivors reported that their primary challenges are:

- (1) Shortages of Affordable Housing
- (2) Insufficient Law Enforcement and Legal System Response
- (3) Difficulty Accessing Mental Health and Substance Use Disorder Services
- (4) Unprepared Clergy and Religious Leaders
- (5) Lack of Child Care Services

These challenges were often echoed by service providers, as they primarily discussed:

- (1) Scarce Funding
- (2) Shortages of Affordable Housing
- (3) Lack of Mental Health and Substance Use Disorder Services
- (4) Insufficient Legal Representation
- (5) Insufficient Law Enforcement Response
- (6) Unprepared Religious Leaders

Secondary service provider themes were associated with “small-town stigma” and lack of transportation, primarily discussed by rural service providers.

These barriers have implications for action in the state of Utah, and recommendations will be provided at the end of this report.

Limitations

While this needs assessment resulted in a wealth of information, no research project is without limitations. First, all survivors of domestic violence who participated in this project identified as women, as the recruitment of male and gender nonconforming participants proved to be incredibly difficult. The barriers and needs of male and gender nonconforming survivors may vary from those identified by this study sample. As stated above, it was also difficult to access immigrants and refugees due to recent executive orders. A few survivors from plural families were included, but more work is needed to reach this unique population. The majority of survivor participants were currently associated with a domestic violence services organization, namely shelter services. Survivors who never access a domestic violence services organization may have different needs and barriers than those who do. Thus, the research findings cannot be generalized to all survivors of domestic violence in the state of Utah.

Future research is needed that delves deeper into the lived experiences of these hard-to-reach populations. Most survivors described their experience of domestic violence as perpetrated by the opposite sex. Thus, more research is needed that examines the unique needs and barriers of those who have experienced violence in same-sex relationships. Additionally, this was a cross-sectional study, meaning that data was collected at one point in time. This represents a limitation, because this project did not follow survivors over time. For example, the needs and barriers of survivors currently accessing shelter services may fluctuate as they transition to independent living. Also, the cross-sectional nature of this study is a limitation for service provider findings. For example, domestic violence services organizations are beholden to changing funding mechanisms, programmatic requirements, legislation, and so on. Thus, the biggest needs described by service providers today may be different several years from now. Future research would benefit from a longitudinal study design that would follow survivors and service providers over time to see how their barriers and needs change.

Recommendations

This needs assessment has implications for multiple levels of domestic violence response in the state of Utah. The following actions are recommended:

Funding

- Expand funding for a wide range of housing options¹⁶ (i.e., transitional housing, rapid re-housing, supportive housing, and affordable housing). Housing should be individualized and survivor-centered based on the needs and preferences of survivors. (Refer to pages 8-9 & 16-18)
- Ensure access to safe, quality childcare¹⁷ that accommodates the reality of many survivors' work shift patterns. (Refer to pages 12-13)
- Expand access to high-quality, trauma-informed behavioral health care and substance use disorder services for survivors of domestic violence¹⁸. (Refer to pages 10-11 & 18-20)
- Secure adequate commitment to support safety and stability for survivors of domestic violence and their dependents through dedicated, ongoing state funding that allows flexibility¹⁹. The administration of state and federal funding requires coordination with a state plan and description in state statute in order to reduce administrative burden and ensure that funding is being maximized to survivor services. (Refer to pages 14-16)

Education

- Implement evidence-based violence prevention programs²⁰ in school settings and after-school settings that focus on understanding healthy relationships and consent. (Refer to page 12)
- Advance a coordinated, evidence-based domestic violence education effort targeted at law enforcement²¹; clergy and religious leaders²²; judges and

¹⁶ <http://nnedv.org/projects/housing.html>

¹⁷ http://www.ncdsv.org/images/NNEDV_DV-Women's-economic-security-and-economic-justice_2014.pdf

¹⁸ http://nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/NCDVTMH_PatriciaBland_DebiEdmund_SubstanceUseDVSATraumaCurriculum.pdf

¹⁹ <http://nnedv.org/policy/issues/funding.html>

²⁰ <https://www.cdc.gov/violenceprevention/datingmatters/index.html>

²¹ <http://www.theiacp.org/Police-Response-to-Violence-Against-Women#>

²² <http://www.faithtrustinstitute.org/>

prosecutors²³; landlords²⁴; and the wider community to understand the complexity of this issue. (Refer to pages 8-12 & 20-25)

- Require mandatory training on the emotional and psychological impacts of trauma for domestic violence service providers²⁵ (Refer to pages 18-20)

Legal

- Increase the availability of affordable legal representation²⁶, particularly public assistance and pro bono legal services. (Refer to pages 9-10 & 20-22)
- Create a domestic violence-specific court, which could, at a minimum, calendar domestic violence cases on the same day, time, and location. (Refer to pages 9-10 & 20-22)

Community Level

- Hire staff and volunteers who are multilingual and represent the intersectionality (e.g., race, ethnicity, culture, sexuality, class) of the service population. (Refer to pages 26-31)
- Create standards that are reflective of trauma-informed practices²⁷, especially pertaining to substance use disorder programming and length of care (Refer to pages 10-11 & 18-20)

Continued Research

- Measure outcomes and conduct a statewide needs assessment every 3-5 years to reflect needs and recommendations as they change over time.

²³ <http://www.endvawnow.org/en/articles/146-training-for-judges.html>

²⁴ <https://www.nhlp.org/domesticviolencewebinars>

²⁵ <https://www.justice.gov/archives/ovw/blog/importance-understanding-trauma-informed-care-and-self-care-victim-service-providers>

²⁶ <http://policyintegrity.org/documents/SupportingSurvivors.pdf>

²⁷ <http://www.nationalcenterdvtraumamh.org/publications-products/creating-trauma-informed-services-tipsheet-series-for-advocates/>

APPENDIX A: GLOSSARY OF TERMS

Domestic Abuse (DA) is a term that is often used interchangeably with "Domestic Violence". It is also utilized as a way of highlighting the entire spectrum of abusive behaviors that persons may experience such as emotional, psychological, spiritual, financial, etc. as opposed to concentrating only on physical abuse.

Domestic Violence (DV)²⁸ is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. Used interchangeably with "Domestic Abuse".

Intimate Partner Violence (IPV)²⁹ describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

Service Providers³⁰ are front-line practitioners, including case managers, patient navigators, social workers and many others, who play a key role in caring for people working through IPV experiences. The terms "service providers" and "staff" are used interchangeably throughout this report.

Snowball Sampling³¹ is a non-probability sampling technique that is used by researchers to identify potential subjects in studies where subjects are hard to locate. This type of sampling technique works like a chain referral. After meeting with an initial subject, the researcher asks for assistance from the subject to help identify people with a similar trait of interest, in this case, domestic abuse.

Survivor³² is someone who has lived through a domestic violence experience.

²⁸ <https://www.justice.gov/ovw/domestic-violence>

²⁹ <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>

³⁰ <https://www.cdc.gov/actagainststids/campaigns/hivtreatmentworks/resources/socialservicesproviders.html>

³¹ <https://explorable.com/snowball-sampling>

³² [Per the YWCA:](#) The word survivor puts the emphasis onto the individual's life after the assault and their ability to reclaim their power after having lost it. It also shows a change from victim-blaming language.

APPENDIX B: CONSENT FORM

Consent Document

BACKGROUND

We are conducting a study on the needs of domestic violence and sexual assault survivors in the state of Utah. We are from the College of Social Work, University of Utah, working in conjunction with the Utah Domestic Violence Coalition. This study seeks to understand the programs Utah has available for domestic violence and sexual assault survivors, as well as barriers agencies and/or survivors face.

STUDY PROCEDURES

We will conduct two types of focus groups throughout the state of Utah, groups for agency workers and groups for survivors of domestic violence/sexual assault. We are also distributing online surveys for agency workers and the general public. We will do everything possible to keep information you share while participating in the focus group from those not associated with the project. Thus, we ask you and the other participants to keep the focus group discussion confidential. Still, there is a chance that a group member might mention your comments or name in a later conversation. Consequently, we cannot guarantee that no one will share what you have said after they leave.

With your permission, we would like to audio tape the focus groups. However, if you do not wish to be audio taped we will not use the tape recorder and will conduct the focus group without audio taping. The audio tapes will be destroyed once the interviews are transcribed and the data will be kept locked in the faculty office of Dr. Lindsay Gezinski, in the College of Social Work, University of Utah. Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

RISKS

The risks of this study are minimal. You may feel upset thinking about or talking about personal information related to domestic abuse or sexual assault. These risks are similar to those you experience when discussing personal information with others. If you feel upset from this experience, please tell us so we can direct you to resources available to help.

BENEFITS

Your participation in this study is very valuable. Sharing your experiences and thoughts regarding domestic violence/sexual assault in the state of Utah may lead to better

understanding of how to address these needs in the future.

CONFIDENTIALITY

Your data will be kept confidential. Data and records will be stored in a locked filing cabinet or on a password protected computer located in the researcher's work space. Only the researcher and members of her study team will have access to this information. Your name will be kept with your responses from the focus group. In publications, your name will not be included. We will ask you to pick a pseudo name for yourself which will be used throughout the interview process and in the analysis of data.

PERSON TO CONTACT

If you have questions, complaints or concerns about this study, you can contact Lindsay Gezinski at (801) 581-4734. Additionally, if you feel you have been harmed as a result of participation, please call Lindsay Gezinski at (801) 581-4734 who may be reached available 24-hours a day. I am also providing you with the contact information of my organization:

College of Social Work
The University of Utah
395 South 1500 East, Room 309
Salt Lake City, UT 84112

Institutional Review Board: Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

Research Participant Advocate: You may also contact the Research Participant Advocate (RPA) by phone at (801) 581-3803 or by email at participant.advocate@hsc.utah.edu.

VOLUNTARY PARTICIPATION

You have the right to refuse to participate in this focus group. You also have the right to refuse to answer specific questions or to leave at any time, even after the focus group begins. You can say 'no' at any time before, during or after the focus group if you do not wish to participate. Your participation in this study is voluntary.

COSTS AND COMPENSATION TO PARTICIPANTS

There are no costs associated with this research study. Survivors will receive a \$20 grocery gift card immediately following the focus group.

CONSENT

By signing this consent form, I confirm I have read the information in this consent form and have had the opportunity to ask questions. I will be given a signed copy of this consent form. I voluntarily agree to take part in this study.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

APPENDIX C: FOCUS GROUP/INTERVIEW GUIDES

** The focus groups will be semi-structured, so participants will guide the discussion. These questions represent a guide for the focus group; however, other questions may be asked as they pertain to participants' comments.

Domestic Violence Service Providers: Focus Group Guide

1. In your opinion, what are the largest barriers to victims of domestic violence accessing services at your agency?
2. How does funding impact your agency and/or your ability to provide services?
3. Are there any issues facing victims that the public/law enforcement/clergy/etc. are not aware of, and should be?
4. If you could pick one thing to change in the Utah "domestic violence system" (e.g., a law or policy, a rule at your agency, funding) what would it be?
5. Questions/comments?

Domestic Violence Survivors: Focus Group Guide

1. What are some of the biggest obstacles you have faced when looking for help?
2. How did you learn about services available, and how long did it take you to try to access them?
3. Please tell us your experience, if you've had any, with local agencies, law enforcement, or clergy in regard to your domestic violence/sexual assault issues.
4. If you could have had ONE thing given to you during your time of need, no questions asked, what would have been most useful to you? (ie - legal representation, law enforcement protection, affordable housing, childcare, etc.)
5. Questions/Comments?

APPENDIX D: DEMOGRAPHIC FORMS

Domestic Violence Agency Professional Demographic Survey

1. Age: _____

2. Gender
 - a. Female
 - b. Male
 - c. Different identity (please specify): _____

3. Are you Spanish/Hispanic/Latino?
 - a. Yes
 - b. No

4. Do you identify as (circle all that apply)
 - a. African American, Black
 - b. Asian
 - c. Native American, Indigenous, Alaska Native
 - d. Pacific Islander, Native Hawaiian
 - e. Middle Eastern
 - f. White
 - g. Prefer not to answer

5. Where were you born? _____

6. How far did you get in school?
 - a. Did not graduate High School
 - b. GED
 - c. High School Diploma
 - d. Some College
 - e. Associate's Degree
 - f. Bachelor's Degree
 - g. Some Graduate School

h. Graduate Degree

7. Do you consider yourself to be religious?

a. Yes; please specify: _____

b. No

8. What is your sexual orientation? _____

9. Which Utah agency/ies do you affiliate with?

a. Which region is your agency in?

10. What is your job title?

11. Where does your agency get funding?

Domestic Violence Survivor Demographic Survey

1. Age: _____

2. Gender
 - a. Female
 - b. Male
 - c. Different identity (please specify): _____

3. Are you Spanish/Hispanic/Latino?
 - a. Yes
 - b. No

4. Do you identify as (circle all that apply)
 - a. African American, Black
 - b. Asian
 - c. Native American, Indigenous, Alaska Native
 - d. Pacific Islander, Native Hawaiian
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