

TOOLKIT TO RESPOND TO SEXUAL AND DOMESTIC VIOLENCE

**Including Discipline-Specific Guidelines for
Faith Communities, Healthcare Providers,
Housing Providers, and K-12 Schools**



COMMISSION
ON SEXUAL & DOMESTIC VIOLENCE

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EXECUTIVE SUMMARY

This toolkit serves as an introduction to the basic concepts of domestic and sexual violence, as well as a technical package to improve institutional responses to support survivors of violence.

For a thorough understanding of domestic and sexual violence, community prevalence, and best-practices to respond to disclosures, we recommend that readers review the first two sections. These sections are designed to be applicable to any community organizations and professionals looking to deepen their understanding of sexual and domestic violence.

Sections 3-6 provide discipline-specific information on how to respond to disclosure of violence, and guidelines on how to support survivors.

- If you are a member of a **faith community**, [Section 3](#) provides you a guide of how to broach the topics of domestic and sexual violence within your congregation, as well as suggestions on steps you can take to support survivors and further your knowledge of the dynamics of sexual and domestic violence.
- In [Section 4](#), **healthcare providers** can learn more to respond to indications of abuse while validating and supporting survivors. This section provides recommendations at a system-wide level for leadership of healthcare organizations and clinics, as well as considerations for individual providers and medical staff.
- [Section 5](#) instructs **housing providers** who work with unhoused communities how to support survivors of sexual and domestic violence, by educating readers on the intersection between houselessness and sexual and domestic violence and the unique safety considerations and harm reduction strategies survivors may experience and use.
- [Section 6](#) provides professionals that work in **K-12 schools** instruction on specific behaviors that may indicate abuse and past trauma, as well as equips professionals with the tools to respond in a trauma-informed way in line with school protocols.

Lastly, a few sections of this toolkit are designed for use as handouts to hang on your bulletin board, or to provide to members of your staff.

- To **debunk societal myths about sexual and domestic violence**, [print these four pages](#).
- For a **guide of phrases to use to believe, support, and validate survivors**, [print these four pages](#).
- [Print these three pages](#) for a guide of how to support children impacted by sexual and domestic violence.

SECTION 1: ABOUT DOMESTIC & SEXUAL VIOLENCE

What is Domestic Violence?

Domestic violence is an ongoing pattern of abusive and coercive behavior intended to establish and maintain power and control over the person harmed. Abusive behaviors can include physical or sexual violence, emotional abuse, economic control, isolation, threats, and intimidation. **Abuse can prevent a person from doing what they want, force them to do something they do not want, or make them feel fearful.** Often, multiple kinds of abuse occur simultaneously in the relationship.

“I was so scared I barely left my house for two years. She hacked my accounts and harassed me online and posted disparaging comments about me in a bunch of local groups. I felt like she was trying to turn our whole community against me.”

—Local Survivor

Examples of domestic violence include:

Financial abuse includes tactics to conceal or limit the survivor’s access to family finances.

Examples of financial abuse could include:

- Telling the survivor what they can and cannot buy or requiring them to share control of bank accounts.
- Giving the survivor an allowance and closely watching what they buy.
- Placing the survivor’s paycheck in the abuser’s own account and denying them access to it.
- Keeping the survivor from seeing shared bank accounts or records.
- Preventing the survivor from going to work, having a job, or limiting the hours they can work.
- Refusing to give the survivor money, food, rent, medicine, or clothing.
- Using funds from children’s tuition or a joint savings account without knowledge.
- Spending money on themselves but not allowing the survivor to do the same.
- Using money to hold power over the survivor because of knowing they are not in the same financial situation.

Emotional abuse includes non-physical behaviors such as threats, insults, constant monitoring or “checking in,” excessive texting, humiliation, intimidation, or isolation. Examples of emotional abuse could include:

- Calling the survivor names and putting them down.
- Yelling and screaming.
- Intentionally embarrassing the survivor in public.
- Preventing the survivor from seeing or talking with friends and family.
- Telling the survivor what to do and what to wear.
- Using online communities, social media, or text messaging to control, intimidate, or humiliate.
- Blaming the survivor for abusive or unhealthy behavior.
- Threatening suicide to keep the survivor from leaving.
- Threatening to harm people or a pet.
- Making the survivor feel guilty or immature when they don’t consent to sexual activity.
- Threatening to expose secrets such as sexual orientation or immigration status.
- Threatening to take children.

Stalking is when a person repeatedly watches, follows, or harasses someone and makes that person feel afraid or unsafe. Examples of stalking could include:

- Showing up at the home, place of work, or other known places unannounced or uninvited.
- Sending unwanted text messages, letters, emails, and voicemails.
- Leaving unwanted items, gifts, or flowers.
- Using other people as resources to investigate the survivor’s life.

Technology or cyber abuse is the **use of technologies** such as texting and social networking to **bully, harass, stalk, or intimidate a partner or former partner**. Often this behavior is a form of verbal or emotional abuse perpetrated online. Examples of technology abuse could include:

- Telling the survivor who they can or can’t be friends with on Facebook and other sites.
- Sending negative, insulting or even threatening emails, Facebook messages, tweets, direct messages (DMs) or other messages online.
- Using social media and online platforms to keep constant tabs on the survivor.
- Putting the survivor down in their social media status updates.
- Sending unwanted, explicit pictures and demanding they send some in return.
- Pressuring the survivor to send explicit video.
- Stealing or insisting to be given the survivor’s passwords.

- Constantly texting and making the survivor feel like they can't be separated from their phone for fear of punishment.
- Looking through the survivor's phone frequently, checking their pictures, texts, and outgoing calls.
- Tagging the survivor unkindly in pictures on Instagram, Tumblr, etc.

Physical abuse is any **intentional** and **unwanted physical contact** with you or something close to your body. Sometimes abusive behavior does not cause pain or even leave a bruise, but it's still abuse.

- Scratching, punching, biting, or kicking the survivor.
- Strangling the survivor.
- Forcing the survivor to do sexual acts.
- Using a gun, knife, box cutter, bat, mace, or other weapon to harm or threaten the survivor.
- Grabbing the survivor's face to make them look at you.
- Pushing, pulling, or grabbing clothing.
- Grabbing or restraining the survivor to prevent them from leaving or to force them to go somewhere.
- Throwing objects at or around the survivor to harm, threaten, intimidate, or frighten them.

Abusers often use psychological control and coercion to maintain power over their partner. Class, race, social support, sexuality, and social status can affect and exacerbate a survivor's experience of domestic violence.¹ People from marginalized populations and underserved communities are more likely to experience domestic violence because of the historical racism, oppression, and discrimination through their lived experience.

What is Sexual Violence?

Sexual assault is a sexual act that is committed or attempted by another person without the freely given consent of the survivor or against someone who is unable to consent or refuse.²

¹ Sokoloff, Natalie J. & Dupont, Ida 2005, 'Domestic violence at the intersections of race, class, and gender: challenges and contributions to understanding violence against marginalized women in diverse communities', *Violence Against Women*, vol. 11, no. 1, pp. 38-64.

² Breiding MJ, Basile KC, Smith SG, Black MC, Mahendra RR. *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0*. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2015.

Sexual violence also includes any action that pressures or coerces someone to do something of a sexual nature that they don't want to do. It can also refer to behavior that impacts a person's ability to control their sexual activity or the circumstances in which sexual activity occurs, for example, drugging someone or encouraging them to drink alcohol.

It can include:

- **Unwanted** sexual touching.
- Forcing or coercing someone to do sexual acts.
- **Unwanted** oral, vaginal, or anal penetration.
- Sexual touching or penetration while the survivor is **unconscious or incapacitated**.
- Restricting access to birth control and condoms.
- Sexual exploitation or forcing someone to engage in sex work.
- Taking or distributing sexual images of someone **without their consent**.
- Sexual contact with someone who is underage or a family member.
- Sexual contact with someone who you're in a **position of power** over, such as a teacher/student or boss/subordinate.

Sexual violence can happen between people who know each other, who are strangers, or who are in an intimate relationship together. Sexual violence occurs when there is a **lack of consent**.

Consent is an agreement between parties to engage in sexual activity. It can look like explicitly agreeing to sexual activity, such as saying, "do you want to kiss me?" or "do you feel comfortable?" and communicating with one another to check in, such as asking "is this okay?"

Consent:

- is a choice each person makes without any pressure, coercion, or manipulation.
- is retractable and reversible. Anyone can change their mind and retract permission at any time.
- involves clear verbal communication. Physical cues to show your partner you are comfortable can be used as supplements, but verbal communication is required for consent.
- is specific to each act. Saying yes and giving consent for one sexual act does not mean you've said yes to others.

The legal definition of consent is:

“**Consent**” means that at the time of the act of sexual intercourse or sexual contact there are actual words or conduct indicating freely given agreement to have sexual intercourse or sexual contact.”³

A [comprehensive list of terms related to domestic violence and sexual assault](#) can be found on the Bellingham-Whatcom County Commission on Sexual and Domestic Violence website.

Prevalence of Sexual and Domestic Violence

The below data provides a brief overview of the available regional and national data on sexual and domestic violence, although there are barriers and difficulties of gathering accurate numbers. For example, there is limited existing research into violence against trans people, and little available data specific to violence against LGBTQ+ and Native persons. Additionally, barriers to reporting sexual and domestic violence in communities of color may contribute to an under-reporting of the prevalence of domestic and sexual violence among people of color.⁴

Domestic and sexual violence are epidemics affecting individuals in every community, regardless of age, gender, sexual orientation, economic status, race, religion, nationality, or educational background. As the below statistics demonstrate, historically marginalized and underserved communities experience sexual and domestic violence at higher rates because of the racism, oppression, and discrimination through their lived experience.

National Prevalence of Domestic Violence

- 1 in every 4 women, and 1 in every 9 men experience intimate partner violence at some point in their lifetime.⁵
- 55.3 percent of female homicides were intimate-partner-violence, and homicide is one of the leading causes of death for women 44 years of age and younger⁶.
- **61 percent of bisexual women** experience intimate partner violence.⁷

³ Washington State Legislature RCW 9A.44.010

⁴ Nnawulezi, N., & Sullivan, C. M. (2014). Oppression within safe spaces: Exploring racial microaggressions within domestic violence shelters. *Journal of Black Psychology*, 40(6), 563 – 591.

⁵ The National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (n.d.). *Info graphic based on data from the national intimate partner and sexual violence survey (nisvs): 2010-2012 state report.*

⁶ Centers for Disease Control and Prevention (CDC). (2017). *Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence — United States, 2003–2014.*

⁷ Walters, M.L., and M.J. Breiding. “[The National Intimate Partner and Sexual Violence Survey \(NISVS\): 2010 Findings on Victimization by Sexual Orientation.](#) National Center for Injury Prevention and Control.” Centers for Disease Control and Prevention. (2013).

- Native women living on tribal lands are murdered at a stark rate of **10 times** the national average.⁸ The Department of Justice reports that **86% of recorded rape cases against Native women involved non-Native perpetrators.**⁹
- A survey of 28,000 transgender individuals found that over 42 percent had experienced intimate partner violence.¹⁰
- Women are killed by intimate partners at twice the rate of men.¹¹
- 44 percent of lesbian women, 26 percent of gay men, and 37 percent of bisexual men experience IPV at some point in their lives.¹²
- A survey found that **70 percent** of people with disabilities had experienced domestic violence or abuse by a caregiver or acquaintance.¹³
- Research demonstrated that about 44 percent of abusers were arrested, and about one-third of survivors contacted the police.¹⁴

National Prevalence of Sexual Violence

- **1 in every 3 women and 1 in every 6 men** experience sexual violence throughout their lifetime.¹⁵
- The majority of sexual assaults occur at or near the survivor's home.¹⁶
- 8 out of 10 rapes are committed by **someone known to the survivor.**¹⁷
- In 89 percent of sexual assaults, the perpetrator did not use a weapon.¹⁸

⁸Bachman, R., Bachman, H., Kallmyer, R., Poteyeva, M., & Lanier, C. (2008). *Violence Against American Indian and Alaska Native Women and the Criminal Justice Response: What is Known*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/223691.pdf>

⁹ Amnesty International. (2007). *Maze of Injustice*. *Amnesty International Publications*.

¹⁰ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. "[The Report of the 2015 U.S. Transgender Survey](#)." Washington, DC: National Center for Transgender Equality. (2016).

¹¹ Catalano, S., Smith, E., & Rand, M. (2009). *Female Victims of Violence*. *U.S. Department of Justice: Bureau of Justice Statistics*.

¹² Walters, M.L., and M.J. Breiding. "[The National Intimate Partner and Sexual Violence Survey \(NISVS\): 2010 Findings on Victimization by Sexual Orientation](#). National Center for Injury Prevention and Control." Centers for Disease Control and Prevention. (2013).

¹³ Treacy, A., Taylor, S., and Abernathy, T. *Sexual Health Education for Individuals with Disabilities: A Call to Action*. *American Journal of Sexuality Education*. (2017).

¹⁴ Sharps, P. W., et al. (2001). Health care providers' missed opportunities for preventing femicide. *Preventive Medicine* 33, 373-80.

¹⁵ Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., ... Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 state report*.

¹⁶ Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Female Victims of Sexual Violence, 1994-2010* (2013).

¹⁷ Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *National Crime Victimization Survey, 2010-2016* (2017).

¹⁸ Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Female Victims of Sexual Violence, 1994-2010* (2013).

- The majority of sexual assaults are not reported to the police; about **3 in 4 sexual assaults go unreported**.¹⁹
- About **0.5 percent** of perpetrators of sexual assault are convicted of a felony sex offense.²⁰
- 21 percent of transgender, genderqueer, nonconforming (TGQN) college students have been sexually assaulted, compared to 18 percent of non-TGQN females, and 4 percent of non-TGQN males.²¹
- More than 50 percent of college sexual assaults occur in either August, September, October, or November—the first months of the school year.²²
- 94 percent of women who are sexual assaulted experience symptoms of post-traumatic stress disorder (PTSD) during the two weeks following the rape, and **30 percent of women report continuing PTSD symptoms 9 months** after the sexual assault.²³

Local Prevalence of Sexual and Domestic Violence

For information on local prevalence, check out the [Bellingham- Whatcom County Commission on Sexual and Domestic Violence Annual Data Report](#).

¹⁹ Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2010-2016 (2017).

²⁰ Federal Bureau of Investigation, National Incident-Based Reporting System, 2012-2016 (2017).

²¹ David Cantor, Bonnie Fisher, Susan Chibnall, Reanna Townsend, et. al. Association of American Universities (AAU), Report on the AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct (September 21, 2015).

²² Campus Sexual Assault Study, 2007; Matthew Kimble, Andrada Neacsiu, et. Al, *Risk of Unwanted Sex for College Women: Evidence for a Red Zone*, Journal of American College Health (2008).

²³ J. R. T. Davidson & E. B. Foa (Eds.) Posttraumatic Stress Disorder: DSM-IV and Beyond. American Psychiatric Press: Washington, DC. (pp. 23-36).

Myths and Facts

“I would like to live in a society where I can talk openly about what happened to me and know that “I’m not a bad person because of being raped. I don’t want to feel like I have to hide it for the sake of other people’s comfort.”

—Local Survivor

Underlying societal myths and misconceptions about sexual and domestic violence lay a foundation for the ways our society responds to and believes or disbelieves survivors. Many of these misconceptions are rooted in gender bias—an often-unconscious judgment against a group based on their gender.

Local systems and practitioners are not immune to these myths and stereotypes. When survivors do report, the prevalence of these misconceptions in our systems responses can further continue and increase trauma. These misconceptions can have far-reaching and harmful impacts on the ways that survivors have access to safety, support, and justice, and on how we as a community respond.

Correcting Myths About Domestic Violence

Myths	Facts
Abusers are angry, violent human beings who no one likes; survivors are sweet, meek, and likeable.	An individual’s behavior or temperament in public spaces is not indicative of their propensity to abuse or experience abuse. Those who abuse can appear calm and likeable. Survivors of abuse may appear stressed or anxious. ²⁴
Domestic violence can be solved by the police, jail, and the courts.	Between 95% and 99% of all domestic violence incidents involve non-injurious abuse . ²⁵ This includes incidents in which law enforcement and emergency medical responders are involved. Most of what happens in domestic violence is not against the law, and most abusers are never identified by the criminal justice system.

²⁴ Bancroft, L. (2008). *Why does he do that?: inside the minds of angry and controlling men*. Brantford, Ont.: W. Ross MacDonald School, Resource Services Library.

²⁵ Stark, E. (2007). *Coercive Control: How Men Entrap Women in Personal Life*. New York: Oxford University Press.

Myths	Facts
Abusers act the way they do because of mental health problems.	Mental health issues do not cause abuse. The vast majority of individuals experiencing mental health issues do not use violence or abuse. About the same proportion of abusers have mental health problems as in the general population. ²⁶
Abusers are violent in all their relationships.	Most abusers do not use violence to resolve conflict in other non-intimate relationships.
When abusers are violent, it is because they “lost their temper,” not because they meant to hurt their partner.	Abusers use violence because it helps them gain and maintain power and control, not because they lose control of their emotions. ²⁷
Drinking and/or drug abuse cause domestic violence.	There seems to be a correlation between alcohol and domestic violence. ²⁸ Alcohol and drugs may change or intensify how the violence is expressed, but it does not cause or excuse it.
Survivors have done something to cause the abuse.	Abusers choose their actions. Abuse is never the fault of the survivor.
The abuser is not a loving partner.	The abuser does not always abuse; many have periods when they can be very generous with their affection. Sometimes the loving actions of an abuser are due to the desire to gain or maintain power and control.
Once an abuser, always an abuser.	The key to changing an abusive relationship is the abuser’s willingness to accept responsibility for their actions. If the abuser admits to the inappropriateness of their actions, wants to change, and seeks individual or group counseling right away, then they have a chance to recover. ²⁹

²⁶ Stuart H. (2003). Violence and mental illness: an overview. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 2(2), 121–124.

²⁷ Bancroft, L. (2008). *Why does he do that?: inside the minds of angry and controlling men*. Brantford, Ont.: W. Ross MacDonald School, Resource Services Library.

²⁸ Collins J.J., Kroutil L.A., Roland E.J., Moore-Gurrera M. (2002) *Issues in the Linkage of Alcohol and Domestic Violence Services*.

²⁹ Bancroft, L. (2008). *Why does he do that?: inside the minds of angry and controlling men*. Brantford, Ont.: W. Ross MacDonald School, Resource Services Library.

Correcting Myths About Sexual Violence

Myths	Facts
A person cannot sexually assault their spouse or partner.	Sexual violence is a form of intimate-partner violence, and almost 1 in 10 women are raped by an intimate partner throughout their lifetime. ³⁰
If a survivor of sexual assault does not yell for help or fight back they must have wanted it.	A survivor may scream or try to get away during an assault, but it is much more common for survivors to experience tonic immobility or a “freeze response” due to the trauma. One study indicated that 70 percent of survivors interviewed experienced “significant tonic immobility” during the assault, preventing them from moving or speaking. ³¹
Survivors provoke sexual assault with their behavior, such as drinking with the offender, meeting someone through a dating app, or by wearing revealing clothing.	No one deserves to be raped. Someone’s behavior or clothing are not permission for sexual activity. According to Washington State Legislature RCW 9A.44.010, “Consent” means that at the time of the act of sexual intercourse or sexual contact there are actual words or conduct indicating freely given agreement to have sexual intercourse or sexual contact.”
Being sexually assaulted by a person with the same gender identity makes a person gay or lesbian.	Sexual assault is a crime of violence from the perpetrator, not necessarily aligned with the sexual orientation of the survivor. Thus, the violent act would not necessarily change the sexual orientation of the survivor.
Only cisgender heterosexual women and girls experience sexual violence.	People of all gender identities and sexual orientation experience sexual assault. For example, 21 percent of heterosexual men experience sexual violence, 40 percent of gay men, 47 percent of bisexual men, and 47 percent of trans people are sexually assaulted at some point in their lifetime. ³² 48 percent of bisexual women are raped between the ages of 11 and 17. ³³

³⁰ Centers for Disease Control and Prevention. National Intimate Partner and Sexual Violence Survey. (2011).

³¹ Moller A, Sondergaard HP, Helstrom L., “Tonic immobility during sexual assault – a common reaction predicting posttraumatic stress disorder and severe depression.” *Acta Obstet Gynecol Scand*, 96 (2017): 932–938.

³² NISVS: An Overview of 2010 Findings on Victimization by Sexual Orientation. (2010). *Centers for Disease Control and Prevention*.

³³ NISVS: An Overview of 2010 Findings on Victimization by Sexual Orientation. (2010). *Centers for Disease Control and Prevention*.

Myths	Facts
<p>Most sexual assaults occur between strangers in unfamiliar places.</p>	<p>About 9 in 10 of sexual assaults are committed by someone the survivor knows, including a friend, intimate partner, neighbor, or relative.³⁴ About 70 percent of sexual assaults occur in the residence of the survivor, perpetrator, or a mutual friend.³⁵</p>
<p>Someone who was recently sexually assaulted will be hysterical and emotional.</p>	<p>Survivors of sexual assault experience an array of emotional and physical responses to trauma, all of which are normal. Responses could include: withdrawal, anger, shame, denial, apathy, fear, and shock. The body’s physiological response to trauma is not indicative of how serious or traumatic the assault was.³⁶</p>
<p>A survivor of sexual assault will tell a trusted friend or family member immediately following the sexual assault.</p>	<p>It is common for survivors of sexual assault to wait to disclose details of what happened to them, even to trusted friends or family members. Survivors may feel embarrassment, shame or guilt about what happened to them, and may not want friends or family to know. Or, the survivor may view the sexual assault as a personal issue, and may be worried about judgment from their cultural or religious communities.³⁷</p>
<p>If a survivor’s account of the incident is inconsistent, they are probably lying.</p>	<p>Research demonstrates that the trauma of sexual assault physiologically impacts brain chemistry and the survivor’s ability to remember details and sequence of the assault. The impacts on memory are typically most significant in the hours and days immediately following the assault—often when reports are made. A 1996 study showed that rape had substantial direct effects on the clarity and affect of memory and was associated with memories described as more emotionally intense but less clear and coherent and less often thought of or talked about.³⁸</p>

³⁴ Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2010-2016 (2017)

³⁵ Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2010-2016 (2017).

³⁶ Fanflik, P., Victim Responses to Sexual Assault: Counterintuitive or Simply Adaptive? (2007).

³⁷ Marjorie R. Sable DrPH MSW, Fran Danis PhD, MSW, Denise L. Mauzy MSW & Sarah K. Gallagher MSW (2006) Barriers to Reporting Sexual Assault for Women and Men: Perspectives of College Students, *Journal of American College Health*, 55:3, 157-162.

³⁸ Koss, M. P., Figueredo, A. J., Bell, I., Tharan, M., & Tromp, S., “Traumatic memory characteristics: A cross-validated mediational model of response to rape among employed women.”+*Journal of Abnormal Psychology*, 105, no.3 (1996): 421-432.

Who is most likely to be an abuser or survivor?

“I think there is a misconception that abuse doesn’t happen in lesbian relationships because women aren’t seen as being aggressive or violent. Even when she would blow up at me, and was screaming at me and throwing things at me, I had kind of an internal dialogue going that it wasn’t that bad, or wasn’t really abuse, or that I just wouldn’t be taken seriously as a ‘real victim’ if I told anyone.”

—Local Survivor

Abusers and survivors come from all walks of life. They can be from any community, regardless of age, gender, sexual orientation, socio-economic status, race, religion, nationality, or educational background.

Some abusers have learned and chosen to use tactics of domestic and sexual violence because of abuse they experienced or witnessed as a child; some have not experienced abuse as a child but learned and chose abusive and violent behaviors elsewhere. Similarly, some individuals who are survivors in abusive relationships or survivors of sexual violence may have witnessed or experienced abuse as a child, but many others did not grow up in violent households.

Why don’t survivors of domestic violence leave the relationship?

The most common questions asked about domestic violence are: Why does the survivor stay? Or, why do they go back?

For someone who has never experienced domestic violence, the question of why a survivor stays with an abusive partner can be very difficult to understand. There are many reasons why it might be hard to leave an abusive relationship. The following list includes some (not all) of the reasons why survivors stay. The reasons for staying vary from one survivor to the next, and they usually involve several factors.

Emotional Factors

- belief that the abusive partner will change because of their remorse and promises to change
- lack of emotional support
- guilt over the failure of the relationship

- love for the abuser
- fear of making major life changes
- feeling responsible for the abuse
- feeling helpless, hopeless, and trapped
- belief that the survivor is the only one who can help the abuser with their problems
- fear of emotional damage to the children over the loss of a parent, even if that parent is abusive
- low self-esteem, which may be reinforced by the abuser
- shame over experiencing abuse
- fear of losing custody of the children because the abuser threatens to take the children if survivor tries to leave

Safety Factors

- fear of physical harm to the survivor or children if they leave
- threats from the abuser to kill or harm the survivor or children if they leave
- increases in violence or threats after they leave

Economic Factors

- economic dependence on the abuser
- lack of work experience
- lack of alternative housing
- lack of childcare resources
- lack of transportation
- lack of information regarding domestic violence resources

Cultural, Social, or Identity-Based Factors

- immigration status of the survivor, abuser, children, or other family members
- family pressure to stay in the relationship
- religious or cultural pressure to stay in the relationship
- loss of social status, friends, or community if they leave the relationship
- fear for harm to beloved family pets, or inability to leave with family pets
- physical or mental disability that limit the survivor's resources or access to resources
- social isolation and lack of support because the abuser is often the survivor's only support system
- belief that law enforcement will not take the survivor seriously or nothing will happen if they report

Questioning why people choose to stay in abusive relationships **puts the blame for the ongoing abuse in the relationship on the survivor**. The questions imply that if the survivor would only leave and stay away, the abuse would stop. We know that abuse does not end when the relationship ends. **Many abusers continue to stalk, harass, threaten, and harm their survivors after the relationship ends, and violence can even escalate**. If children are involved, abusers may use the children to continue to have contact with and abuse the survivor.

The real questions should be: “Why does the abuser treat their partner that way? Why doesn’t the abuser stop their use of violence and control?”

Why don’t survivors of sexual violence report it?

“There is a belief in our society that if you are not prosecuted that you did nothing.”

—Local Survivor

The majority of survivors of sexual assault do not report the violence to law enforcement. Only between **15.8 to 35 percent of all sexual assaults are reported to the police**.³⁹ Not all survivors feel that reporting the incident to the police is necessary for their own healing and closure. Others feel that participating in the criminal legal system re-victimizes them.

During the 2019 Whatcom County Sexual Assault National Demonstration Audit, the Audit team met with survivors for interviews and focus groups. During those conversations, survivors cited various reasons for not reporting, and their experiences once they did report.

Survivors interviewed during the Audit said they did not report because:

“I wanted to know if I started this process, what would happen next, and would I be completely tied to this guy forever? I needed more information.”

“I thought I was going to get into trouble. I also didn’t know the difference between reporting and pressing charges and it was my

³⁹ U.S. Bureau of Justice Statistics, M. Planty and L. Langton. “Female Victims of Sexual Violence, 1994-2010,” 2013. Wolitzky-Taylor et al, “Is Reporting of Rape on the Rise? A Comparison of Women with Reported Versus Unreported Rape Experiences in the National Women’s Study- Replication,” 2010.

friend and I didn't necessarily want him to get in trouble. I did but I didn't. . ."

"I didn't report it because I guess I felt like too much time had passed. . . . I didn't really recognize that it was an assault until (6 months later) so this time had passed, and it never occurred to me that I could report it. . . I just didn't have enough information."

"I didn't report because I thought it would be a horrible waste of time. I thought it wouldn't be worth it. . . . I just thought for me it would just be 4 million times worse than the 6 hours of my life that I had that encounter."

"I didn't want to be seen as less than human, or just as a number or a case that they had to check off before 5pm. I didn't trust that culture (of the criminal legal system) to actually believe or care."

"I've chosen not to report before; I don't have a lot of hope in the system that something will come of it. I haven't heard any success stories."

Survivors may not report because they **need more information** about what to expect, such as where to go, who to tell, or how long they have to report the crime. Others may not report in **fear of reprisal from the perpetrator**, or because they feel the crime was not "serious enough." Survivors may not report because they **do not have faith in the criminal legal system**, such as hearing success stories and good experiences from other survivors that chose to report. Additionally, survivors from communities that have previously experienced harm by the criminal legal system, such as people of color, LGBTQ+ folks, and immigrants, may not have trust in the criminal legal system.

Survivors that do report the crime may not feel validated or supported by the criminal legal system, due to the people they interact with, the delay in investigations and prosecutions, or because of the end result of the case. Survivors interviewed during the Audit shared their experiences:

"I have reported it but it took a while because it kept happening. All these people come forward and then they don't do anything."

"The detective did not want to recommend prosecution because it would be too hard for me. I would rather fail trying to prosecute"

someone who did an awful thing than to just give up. It's already been too hard on me."

"I tried to report him several times and they were much more interested in where my income came from . . . and if they don't go after them, it makes you not want to report again."

"I wanted acknowledgment that it happened. It felt unfair when the officer asked if I thought he would do it again. He already did it once! I was like - that should tell you something."

"The detective told me she would probably get back to me in a week but to call if I hadn't heard back in two. It's been almost six weeks now and I have heard nothing. I've called 5-6 times and left 3 messages. You don't have to call me, just send me an email, even if there is nothing new going on, just let me know."

"The way they continually put things back in the lap of the victim. When they say they are going to follow up with you or do something and don't, it's put back on you to either let it go or keep trying to get the system to follow up."

"The injustice is how you are treated by the system and family."

Survivors of sexual assault who choose to report can experience significant delays from the time they report to the hospital to the time their case might appear in a courtroom. These **delays negatively impact survivors' sense of safety and justice, discourage survivor participation, and delay accountability for offenders.**

When survivors make the decision to report a sexual assault—whether at the hospital or with law enforcement—there is **hope that something will be done.** Additionally, sexual assault survivors share that the lack of follow-up and communication they receive from systems is particularly detrimental to their ability to heal, move forward, and experience a sense of safety and justice following reporting.

Effects of Domestic and Sexual Violence

Experiencing domestic and sexual violence has **immediate physical, emotional, and economic impacts to the survivor,** their family, and even to their community. Additionally, violence can have **long-term or even lifetime interruptions** and impacts on survivors.

Impacts of Domestic Violence

Emotional and psychological effects:

- Prolonged sadness or depression
- Anxiety
- Post-traumatic stress disorder (PTSD), causing nightmares, anxiety, and flashbacks
- Suicidal thoughts or attempts
- Low self-esteem
- Abuse of alcohol or drugs
- Feelings of hopelessness or discouragement
- Questioning or doubting faith
- Feeling unworthy, fearful or unmotivated
- Emotional and psychological effects

Physical effects:

- Shortness of breath, trouble breathing
- Chronic fatigue
- Changes in eating and sleeping
- Weakness, tension, or strain in muscles
- Changes in menstrual cycle and/or infertility
- Limitations on mobility
- Sprained, fractured, or broken bones
- Marks around the neck from strangulation
- Bruises, cuts

Chronic and long-term impacts:

- Survivors of domestic violence have more physical health problems, when compared to people that did not experience domestic violence.
- Women that experience domestic violence are twice as likely to report a disability as women who did not experience domestic violence.⁴⁰
- Co-occurring PTSD and depression, which can disrupt a survivor's ability to access and use personal and social resources.
- Transmission of sexually transmitted infections.

⁴⁰ National Center on Domestic Violence Trauma & Mental Health. (2014). Resources for Mental Health and Substance Use Treatment and Recovery Support Providers.

- Musculoskeletal conditions including back problems, arthritis, nerve damage, and trauma-related joint pain.
- Gynecological and urinary conditions including pelvic pain, urinary tract infections, and menstrual disorders.
- Respiratory conditions including asthma and acute respiratory tract infections.
- Gastrointestinal disorders such as irritable bowel syndrome.
- Cardiovascular conditions, including heart disease, strokes, high cholesterol, and hypertension.

Impacts on education, employment, and economic stability:

- Disruptions to survivor’s educational progress or status, including an inability to enroll in school, needing to drop or retake courses, loss of scholarships or financial aid, or a delay in completing a degree.
- Disruptions to a survivor’s ability to work, including not able to have a job, loss of a job, missed days of work, or missed out on promotional opportunities.
- In one study, two-thirds of survivors say their partner’s behavior negatively affected their educational and job training opportunities.⁴¹

Impacts of Sexual Violence

Emotional and psychological effects:

- Feelings of shame, guilt, and/or denial
- Depression
- Flashbacks, memories of past trauma
- Post-traumatic stress disorder (PTSD), including feelings of anxiety, stress, and fear
- Disassociation
- Panic attacks
- Social isolation
- Changes in emotions, such as unusually strong or sudden feelings of anger or numbness

Physical effects:

- Self-harm, suicidal thoughts, or suicide attempts
- Substance abuse
- Eating disorders or changed perceptions of body

⁴¹ Hess, C., & Del Rosario, A. (2018). Dreams Deferred: A Survey on the Impact of Intimate Partner Violence on Survivors’ Education, Careers, and Economic Security. Institute for Women’s Policy Research.

- Sleep disorders
- Difficulty concentrating
- Loss or gaps in memory
- Transmission of sexually transmitted infections
- Pregnancy from perpetrator

Chronic and long-term impacts:

- Changes in coping mechanisms for the survivor. These changes can be adaptive to provide additional support, or maladaptive.
- Loss of trust in relationships, people in positions of power
- Loss of sense of safety
- Persistent fear
- Continuing depression and anxiety
- Feelings of helplessness
- Sleep disturbances
- Poor physical health
- Flashbacks
- Panic attacks
- Phobias
- Paranoia
- Localized pain
- Withdrawal from social relationship

Impacts on education, employment, and economic stability:

- Disruptions to survivor’s educational progress or status, including an inability to enroll in school, needing to drop or retake courses, loss of scholarships or financial aid, or a delay in completing a degree.
- Disruptions to a survivor’s ability to work, including not able to have a job, loss of a job, missed days of work, or missed out on promotional opportunities.
- In one study, two-thirds of survivors say their partner’s behavior negatively affected their educational and job training opportunities.⁴²

⁴² Hess, C., & Del Rosario, A. (2018). Dreams Deferred: A Survey on the Impact of Intimate Partner Violence on Survivors’ Education, Careers, and Economic Security. Institute for Women’s Policy Research

SECTION 2: SUPPORTING SURVIVORS

Barriers to Disclosing

Many factors may influence a survivor’s decision to report their experience to a family member, friend, community member, or law enforcement. Survivors may report the abuse immediately, days or weeks following the abuse, or years after; or may choose to never report the abuse. A survivor’s consideration to report may rely on a person that they can trust, or them feeling physically or emotionally safe enough to share their story.

“People have asked me why I didn’t say anything. That question feels like a slap in the face to me. Why do you think I would feel comfortable saying something? There were so many signs that I was dealing with something, that something was wrong. I feel like someone should have asked me.”
—Local Survivor

Survivors of sexual assault and domestic violence cite the following reasons for not disclosing:

- Fear of not being believed
- Feelings of guilt, embarrassment, and shame⁴³
- Fear of perpetrator and retaliation for disclosing
- Cultural or religious reasons, such as fear their community will find out and view crime as a personal issue⁴⁴
- Fear that nothing will be done
- Male-identified survivors of sexual violence may have shame and fear of peers perceiving them as gay, whether the survivor and perpetrator have the same gender identity or not⁴⁵
- Concerns about privacy and confidentiality

⁴³ Marjorie, Sable, Danis, F, Mauzy, D, Gallagher, S. (2006). Barriers to Reporting Sexual Assault for Women and Men: Perspectives of College Students, *Journal of American College Health*,55:3, 157-162.

⁴⁴ Morgan, R, and Oudekerk, B. *Criminal Victimization*, 2018. U.S. Department of Justice, 2019,

⁴⁵ Marjorie et al.

Survivors may not report because they fear they won't be believed or that nothing will be done, and also because they have "seen" that other survivors are not believed or that nothing was done in our community. **Community systems have not always responded adequately or in trauma-informed ways**, and this affects a survivors' trust in systems.

Survivors from historically marginalized communities encounter unique barriers to receiving support while navigating community systems. These survivors often face **discrimination, racial bias**, and **homophobia**, and survivors may be reluctant to approach community systems that perpetuate the discrimination and institutional betrayal they have experienced.

- People of color may have negative experiences in community systems due to **racial bias and a lack of cultural competency**. These experiences may foster skepticism of community systems.⁴⁶
- Immigrant survivors may experience language barriers when seeking help and support. **Community systems may not always have an interpreter available in a survivor's native language**. Additionally, Immigrant survivors may lack independent financial resources, experience social isolation, and experience barriers to understanding and navigating immigration systems.
- Immigrant survivors may fear the deportation of their abuser, and the resulting emotional and financial impacts on their family unit.
- Survivors with disabilities encounter a **lack of accessible accommodations** and resources when navigating community systems. This lack of resources can lead to re-victimization, and further ostracize and isolate a survivor.
- LGBTQ+ survivors in our community experience anti-LGBTQ bias as they navigate systems. **Service providers may lack the cultural sensitivity to support LGBTQ survivors**, such as not understanding that sexual and domestic violence happens in LGBTQ relationships.
- Native survivors may not feel safe disclosing abuse or seeking support services when there are no tribal or culturally sensitive community services available nearby. **Non-tribal organizations can have implicit bias and adhere to societal myths about Native people**, which will not foster safety and healing with a Native survivor. Additionally, there is a lack of trust between non-Tribal government agencies and Indigenous communities due to historical and ongoing violence and discrimination.

⁴⁶ Expanding Intimate Partner Violence Services for Women of Color by Using Data as Evidence. (2017). *Life in the Margins, Women of Color Network*.

Recommendations to Improve System Responses to Support Survivors

The complex identities of survivors, including gender, race, ability, sexual orientation, immigration status, and socio-economic status, can play a role in the ways that survivors have access to and opportunities for support and safety. Implicit bias—the unconscious attribution of particular qualities to a member of a certain social group—can lead us to make assumptions about individuals based on what we believe to be true about their gender, race, or another identity. Implicit bias can impact both individuals and systems as a whole, sometimes influencing policies, procedures, or unwritten workplace practices that do not fully meet the needs of all communities.

To mitigate the barriers survivors encounter when navigating community systems, it is essential that we analyze our agency protocol on how to support people from marginalized and underserved communities. Begin by seeking opportunities for you and your colleagues to receive culturally specific training to become more culturally responsive and examine ways in which survivors from underserved populations may have trouble accessing your services.

Consider the following recommendations to advance the inclusion and accessibility of your services:

Supporting LGBTQ+ Survivors

- Use the gender pronouns that the survivor provides. Use **gender-neutral language**, such as ‘partner,’ if you do not know the gender identity of the abuser.
- Familiarize staff with [LGBTQ terminology](#).
- Complete LGBTQ [organizational self-assessments](#).
- Display signs or symbols that signify that our offices/buildings are **welcoming** to LGBTQ communities, such as rainbow posters or stickers.
- Research best practices for serving LGBTQ communities in your field and share with staff.
- Develop marketing and awareness materials that **represent LGBTQ+ relationships**, and advertise services on LGBTQ+ platforms including websites, media accounts, and events.
- Bring a training on LGBTQ+ and domestic and sexual violence to staff.
- Review the DV Commission’s report on [LGBTQ+ communities and high-risk domestic violence](#) (found under the survivor input section of the page).
- Local resources include [Northwest Youth Services Queer Youth Project](#), [Whatcom PFLAG Speakers Bureau](#), and the [Western Washington University LGBTQ+ Western](#)

[Department](#). Additionally, the [Northwest Network](#) provides educational materials, training, and technical assistance.

Supporting Native Survivors

- **Familiarize yourself with local Tribal partners that support survivors**, including [Lummi Victims of Crime](#) (LVOC) and [Tl'ils Ta'á'alha Victims of Crime](#). Refer Native survivors to LVOC and/or Tl'ils Ta'á'alha.
- Review the [Spotlight Report on Missing & Murdered Indigenous Women, Girls, & Two-Spirit Persons \(MMIWG2S\)](#), found in the DV Commission's 2018 Annual Data Report on Sexual and Domestic Violence in Whatcom County.
- Access training on culturally responsive practices specific to working with Tribal communities.
- Build and/or improve relationships with Tribal agencies and communities by attending events, such as the Lummi Victims of Crime annual conference and MMIWG Honor Walk.
- Provide training to all staff and volunteers on the crisis of MMIWG2S with specific emphasis on the **connection to colonial genocide**.
- Watch *The Missing & Murdered Indigenous Women* [video](#) by Bellingham-based media group Children of the Setting Sun Productions.
- Read [An Introduction to the Health of Two-Spirit People: Historical, contemporary, and emergent issues](#), by Sarah Hunt, PhD.
- Review the history of colonization in Whatcom County, suggested readings include:
 - [Bellingham Racial History Timeline](#)
 - [The History of Lummi Fishing Rights](#) by Ann Nugent
 - [Indians of the Pacific Northwest: From the Coming of the White Man to Present Day](#) by Vine Deloria Jr.

Supporting Survivors with Disabilities and Deaf Survivors

- Ensure your organization has access to certified **American Sign Language** (ASL) interpreters.
- **Examine the accessibility of your services and office space**. Consider what barriers may exist to accessing your services, including physical inaccessibility.
- Familiarize staff with services available to deaf survivors.
- Advocates are available by **IM, email, and video chat** through the National Domestic Violence Hotline. Information about these services is available [here](#).
- The [Deaf Abused Women's Network](#) offers legal, medical, and system advocacy and support services via video phone at (202)559-5366.

- Reflect on **unique safety considerations** for survivors with disabilities. People with disabilities may be socially isolated or financially reliant on their abuser. Get permission from survivors before talking to family and/or caregivers of the survivor.
- Partner with [AbiliTrek](#), a local organization that provides disability sensitivity training and accessibility audits of physical spaces and websites.

Supporting Immigrant Survivors

- Ensure your community organization has a **safe language access plan**. The Centers for Medicare & Medicaid Services offers a comprehensive toolkit for developing your agency's language access plan, available [here](#).
- Use these interpreters whenever communicating with the survivor, including when translating court documents.
- Do not rely on children or other family members to serve as an interpreter.
- Attend efforts and events to strengthen relationships with leaders in immigrant communities, build trust, and increase the cultural relevancy of current services and responses. Local agencies and organizations working with or providing support to immigrant and undocumented populations include:
 - [Imagine No Kages](#), which facilitates rapid response training for community preparedness in the event of an ICE raid.
 - [Community to Community Development \(C2C\)](#), which hosts weekly **Dignity Vigils** to support local undocumented families and people.
 - [Bellingham Unitarian Fellowship](#), which partners directly with C2C and hosts education and activism events to support the organization's mission.
 - [Whatcom Community Foundation](#), which operates an **immigrant relief fund** to support immigrant families in Whatcom County.
- Seek **training on immigration policies** and issues impacting survivors who are undocumented. [Esperanza United](#) frequently offers webinars on related subjects.
- Review the Spotlight Report on the [impact of federal immigration policy on the reporting of domestic and sexual violence](#), found in the Domestic & Sexual Violence in Whatcom County 2017 Annual Data Report.

These lists are not comprehensive of all communities who experience marginalization, nor are these lists comprehensive of all resources or best practices. Rather, these recommendations serve as examples of a few recent focus areas of the DV Commission. It is important to explore biases and barriers of systems and individual providers; implement the practices above; and learn about the needs of all survivors.

Believe, Support, and Validate Survivors' Experiences

“I think it’s easy to minimize the situation you’re in and blame yourself [...]. I was afraid of not being believed or being seen as attention-seeking or dramatic or something.”

—Local Survivor

When talking with a survivor of domestic violence or sexual assault, it is important to ask questions and listen to their experiences in a way that feels supportive to them, enhancing their sense of security and safety while fostering trust.

Starting the Conversation

- Use questions that can open the conversation.
 - Is there anyone that you are afraid of?
 - What are you able to tell me about what happened?
 - How can I support you?
 - What could help you feel safer right now? What could help you feel safer tonight?
- Normalize inquiries about domestic and sexual violence.
 - I don’t know if this is happening in your life, but many people I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I have started to ask about it routinely.
- Respond with questions that empower survivor to share information they feel comfortable with.
 - What are you able to tell me?
 - What are you able to remember?
- If a person you suspect is a victim denies it, talk as if it were a possibility.
 - Let me explain what would happen if you told me you were experiencing domestic or sexual violence.

Statements to Believe, Support, and Validate

- I believe you.
- I’m really sorry to hear this has happened to you.
- This was not your fault.
- What do you need?
- Are you okay? Do you need medical attention?
- I am so glad you told me what happened. You deserve support.
- Do you feel safe?

- You deserve to be treated with respect.
- I am here to help, please go on.
- I know this maybe uncomfortable, please take your time.
- This sounds like a difficult experience.
- If you want to talk about this again, you can talk to me.
- If you ever want to make an appointment with an advocate, I would be happy to go with you or make the call together.

Refer to Advocates

Refer the survivor to an advocate at Domestic Violence and Sexual Assault Services, Lummi Victims of Crime, or Tl'ils Ta'á'altha Victims of Crime as appropriate, and help bridge the relationship between the survivor and advocacy agency.

- Encourage connection with an advocate, but do not require it. You could say, It sounds like you are balancing a lot of challenges. I wonder if you would want to talk to an advocate to receive support and assistance with developing a safety plan.
- Offer to facilitate the connection and introduction.
- Check back in with the survivor if they do connect with an advocate.

Advocates are available at:

Domestic Violence and Sexual Assault Services

24 Hour Helpline: 360-715-1563

Administrative Line: 360-671-5714

General Email: info@dvsas.org

Address: 1407 Commercial St., Bellingham, WA 98225

Lummi Victims of Crime

24 Hour Helpline & Administrative Line: 360-312-2015

Address: 2665 Kwina Rd., Bellingham, WA 98226

Tl'ils Ta'á'altha Victims of Crime

24 Hour Helpline & Administrative Line: 360-325-3310

Address: 5061 Deming Road, PO Box 157 Deming, WA 98244

Be mindful of cultural considerations and strive to set aside personal biases and beliefs to empathize with the survivor's experience. Survivors from historically marginalized and underserved communities, such as people of color, LGBTQ survivors, immigrant survivors, and people with disabilities, may experience complex life issues because of systemic oppression, such as poverty and generational trauma. These competing life issues mean that domestic or

sexual violence may not be the most pressing issue they are experiencing. Listen to the survivor's concerns and needs through a culturally responsive lens, to best promote a survivor's safety and healing.

When supporting survivors of domestic violence, remember that the goal of supporting survivors is not to make them leave the relationship. **Leaving the relationship is not always a realistic or safe option for survivors** and pressuring them to leave may further isolate them from receiving support from you or other community systems in the future.

Be mindful to:

- Foster trust and establish rapport with the survivor.
 - Mirror their language, by using the same words or phrases they use to describe the abuse, perpetrator, and situation.
 - Ask what they need and want.
 - Consider why a survivor may use violence, such as to protect children or to regain control over their life.
- Talk to the survivor confidentially and in a place where the survivor feels comfortable.
- Affirm the survivor's feelings. **Recognize that the survivor may feel fearful, vulnerable, embarrassed, ashamed, or angry.** Let the survivor express their fears and other feelings without trying to "fix" them.
- Listen to the survivor's story **without judgment.** Don't ask why the survivor made the choices they did. Even with the best of intentions, "why" questions can sound accusatory and lead survivors to blame themselves.
- **Help mobilize social support.** Ask them what they think will make them feel **safer** and more **supported**, and if they feel comfortable telling friends or family what is going on.
- **Respect their privacy.** Only tell people who need to know about the situation.
- Be **supportive** without giving specific directions or advice.
- **Offer an open door to talk again in the future.** Help make sure that the survivor isn't isolated and has access to support and connection. Keep in contact with them.

Avoid:

- Making promises you cannot keep.
- Minimizing or downplaying the situation.
- Giving them **advice** or telling them what to do.
- Asking why the survivor made the choices they did.
- Pressuring them to report the incident or leave the relationship.
- Having decision-making or safety-related conversations in front of others.

Supporting Children and Youth Impacted by Sexual and Domestic Violence

Children and youth can be exposed to domestic violence in their family. This can include exposure during pregnancy, a child intervening to stop abuse, a child witnessing abuse, and a child being directly harmed by the abuse. Witnessing or experiencing abuse as a child has lasting emotional, mental, and physical impacts. These impacts can affect the child's developmental growth and have long-term impacts on the social, emotional, and physical well-being of the child.⁴⁷

Below are some changes in mood and behavior that a child may display when exposed to sexual and domestic violence.

- aggression, name-calling, bullying
- **hyper vigilance**: anxious about or sensitive to noises
- excessive or **constant irritability** and/or crying
- withdrawn or excessively quiet
- more **tired** than usual
- lack of confidence in beginning or trying new tasks
- physical symptoms: frequent illness, tummy aches, or headaches
- chronic or increased **absence from school**
- loss of bowel or bladder control
- excessive fear of breaking rules or making mistakes
- rigid or sexist ideas about gender roles
- **apathy**, lack of emotion, and **lack of empathy**
- cruelty to animals
- **increased separation anxiety**: afraid to leave parent or caregiver
- excessively needy of time, attention, and touch
- ignoring privacy and boundaries
- impulsiveness
- rejecting or withdrawing from physical touch
- trouble maintaining focus
- acting younger than developmentally typical (bed wetting, tantrums, etc.)

⁴⁷ Domestic Violence and Child Abuse. (2020, January 17). Retrieved from <https://injury.research.chop.edu/node/317#.XoUIRS2ZQjQ>

For a child, witnessing parental violence, similar to any form of physical, sexual, or emotional abuse, can result in poor school performance, discipline problems, difficulty getting along with other children, and substance abuse. These children may manifest high levels of fear, anxiety, loneliness, and depression. A child from this environment may display suicidal tendencies, have low self-esteem, and act out sexually. Conversely, some children exposed to domestic violence may exhibit no signs.

Children's emotional recovery from exposure to domestic violence depends more on the quality of their relationship with the non-abusive parent than any other single factor. An additional critical factor is the presence of at least one loving and supportive adult in their life. Finally, knowledgeable and skilled professionals who understand and respond effectively can play an important role in how a child is impacted.

Statements to Believe, Support, and Validate the Child

- This was not your fault.
- If you want to share, **I can handle it.**
- I believe you.
- I am here to help, please go on.
- It is **not your job to fix** what is happening in your family.
- Is your body hurting? Do you need a doctor?
- I'm so glad you came to talk to me.
- I'm sorry to hear this has happened to you.
- Sharing can be hard—**take your time.**
- It's **ok to be confused** or to have mixed feelings about either of your parents.
- This is **important.** Your safety is important.

Promote Safe and Positive Coping Skills

- Teach them to call 9-1-1 in an emergency.
- Help them identify names and phone numbers of **trusted adults** (friends, family members, and neighbors) that they could call if needed.
- Encourage them to try to stay out of the middle of fights or arguments.
- Help them think about **safe hiding places** to go to if adults are fighting.
- Support by actively listening and **believing them.**
- **Be kind:** Convey warmth and understanding and offer an open door to talk again.
- Encourage them to:
 - Eat nourishing snacks or meals
 - Rest and **sleep**
 - Be gentle and positive in their self-talk

- **Carry something comforting** in difficult moments (like a stuffy, poem, or blanket)
- Spend time outside or **do something creative**: like dancing, drawing, or doing crafts
- Read or ask someone to **read to them**
- **Play** with a sibling or neighbor
- Make a **mental picture** to calm down or feel safe (think of the beach, or your grandma, for example)

Avoid:

- Making promises you cannot keep.
- Minimizing or downplaying the situation.
- Asking a lot of questions or pressing for details.
- Trying to prove abuse or neglect. Leave that to law enforcement or Child Protective Services.

SECTION 3: GUIDELINES FOR FAITH COMMUNITIES

Check out the section on [believing, supporting, and validating survivors' experiences](#) for information on how to explore and respond to disclosures by survivors.

Check out the section on [supporting children and youth impacted by domestic and sexual violence](#) for information on how to explore and respond to disclosures by children.

Does your congregation talk about domestic and sexual violence? Do you know how your faith community would respond if you or another family in your congregation experienced domestic or sexual violence?

Domestic and sexual violence affect individuals in every community, regardless of age, gender, sexual orientation, economic status, race, religion, nationality, or educational background. Additionally, **survivors of violence report faith and religion as key support for their healing**. Appropriate prevention and response preparedness enable congregations to effectively serve the safety and accountability needs of their members and visitors. Thus, it is important for faith communities to actively prepare to prevent and respond to domestic and sexual violence.

Give voice to the issue of domestic and sexual violence, work to prevent it, and become prepared to respond supportively and effectively through the action items listed below.

Congregational Action to Prevent and Respond to Violence

Policy and Procedure Development

- Partner with local experts on sexual and domestic violence, such as the DV Commission, Domestic Violence and Sexual Assault Services (DVSAS), Lummi Victims of Crime (LVOC), and Tl'íls Ta'á'alha Victims of Crime.
- Work to create a balance in gender representation among leadership positions in the faith community.
- Don't allow individuals who have abused others to have leadership positions within the congregation. Include regular, thorough background checks for all staff and other designated leadership positions. With new staff or volunteer leaders, ask questions about the candidate's history of abuse and reasons for leaving past positions.
- Document any abusive and criminal actions of faith community leaders, including staff and volunteers. Note: Some congregations have failed to accurately document or share reasons for dismissing leaders who have used abuse, on the condition that the abuser

leaves the congregation and their leadership position. Although this can be a well-intended response, it serves to endanger the next faith community who unknowingly trusts the abuser with a leadership position. You have the opportunity, and responsibility, to document abuse and/or report it to authorities. This will demonstrate support for current and former victims, increase safety for future faith communities, and increase accountability for the abuser.

- Develop and implement policies and protocols for responding to leaders and lay people within the faith community who use domestic and sexual violence or other forms of abuse.
- Insist that teachings and texts used by the faith community be free of sexual and gender stereotyping. Abuse thrives on sexism. Promote gender equality in all educational activities and share scripture through a gender-equality lens.
- Ensure all teachers, catechists, staff, and volunteers receive regular training on how to recognize and respond to abuse.
- Review and update faith community policies pertaining to confidentiality in disclosures to clergy and staff. Make policies accessible to all.

Teachings and Practices

- Give faith talks on domestic violence and sexual assault.
 - For domestic violence, clarify interpretations of religious texts that are often used by abusers to maintain power and control. Clearly describe what abuse is so that people can begin to name and recognize domestic violence.
 - For sexual assault, clarify interpretations of religious texts on purity and virginity, incorporating considerations for survivors of sexual assault.
- Discuss the dynamics of domestic violence, including the faith community's stance on abuse, as part of marriage preparation activities. Check couples' patterns for handling disagreements and their families' patterns. Suggest postponing marriage if you identify signs of abuse or potential abuse.
- In baptismal preparation classes, be clear that the arrival of a child and its attendant stress may trigger or increase abusive behavior. Provide extra support for new parents who may be vulnerable or stressed.
- Include education on healthy relationships and dating violence in curricula for youth groups. Provide education to youth of all genders. Educate on healthy boundaries in relationships, dating violence, consent, how to make sure you're being a good partner, and what to do if you find yourself in an abusive relationship.

Staff and Leadership Opportunities

- Identify several people from the congregation, including clergy, staff, and other leaders, to receive training on domestic and sexual violence.
- As a pastor or faith leader, learn about and commit to a [Wheel of Support](#).
- Build a relationship with domestic and sexual violence advocacy agencies. Connect with these agencies to learn about: domestic violence and sexual assault in your community; the experiences of domestic and sexual violence survivors; what the law says about domestic violence and sexual assault; what response needs exist in your community; and other insights that could help inform your prevention and response actions.

Creating Opportunities for Congregation Members

- Provide opportunities for congregation members to move from faith talks about domestic violence and sexual assault to small group discussions, with specific outcomes identified. Partner with a local agency to develop discussion topics.
- Organize a conference or interfaith event for youth about healthy relationships and sexuality. Encourage youth to learn and talk about healthy relationships and consent to prepare and support them as they navigate relationships and social experiences.
- Empower youth to provide leadership within the faith community about what they have learned about healthy relationships. Arrange for youth to lead an educational forum for other members of the congregation.
- Invite experts to speak at special events or at a regular service to educate the faith community about domestic violence and sexual assault.
- Post articles on your website or bulletin that identifies and educates on issues related to sexual assault and domestic violence.
- Make educational materials (books, handouts) available in the entry way and library.

Ensure Economic Assistance for Survivors

- Dedicate funds to provide for emergency housing, food, transportation, or other needs for survivors of domestic violence and sexual assault. Have a procedure in place to make those funds immediately available for survivors and children fleeing abuse.
- Fundraise for programs that support the needs of sexual assault or domestic violence survivors and their children, such as local victim advocacy agencies.
- Organize a fun walk/run or other event to promote domestic or sexual violence awareness. Donate any proceeds to domestic violence and sexual assault prevention, advocacy, and housing programs.

Provide a Supportive Environment for Survivors and Community to Take Action

- Join in the national observance of Domestic Violence Action Month each October, and Sexual Assault Action Month each April.
 - Dedicate at least one gathering in October to educate your faith community about domestic violence, and one gathering in April to educate your faith community about sexual assault.
 - Announce Domestic Violence Action Month in your October bulletin, and Sexual Assault Awareness Month in your April bulletin. Share information about events, opportunities, and resources with congregation members to raise their awareness about sexual and domestic violence and support them to take action.
 - Connect with your local domestic violence and sexual assault program on other campaigns and events in the community during awareness months.
- Offer free meeting space for support groups for survivors or treatment groups for abusers.
- Post contact information for community victim advocacy groups, including Domestic Violence and Sexual Assault Services (DVSAS), Lummi Victims of Crime (LVOC), and Tl'ilt Ta'á'altha Victims of Crime in bathrooms and other public areas. Translate the information to any languages spoken by your faith community. Regularly repost and update the information as needed.
- Post contact information for certified domestic violence perpetrator treatment providers in bathrooms and other public areas. Regularly repost and update the information as needed.
- Include domestic violence and sexual assault related messaging, awareness, resources, and web links in your bulletin.

Steps for Individuals in Faith Communities

Connect

- Create care packages and/or solicit donations for those in your congregation, in shelters, or elsewhere in the community who are experiencing domestic violence or sexual assault.
- Connect with your children to discuss what they are learning in school about healthy relationships, consent, and supporting friends, and how lessons align with values of their faith. Use [this](#) Break the Cycle resource to guide further discussions.

Read

- Select a book about domestic violence or sexual assault to read and discuss in a congregation book group.
- Donate a domestic violence or sexual assault related book club kit to the Whatcom County Public Library to help raise awareness in our community about these complex issues.

Watch

- Watch Netflix's *Unbelievable*, a mini-series drama that follows detectives as they investigate a pattern of sexual assaults on the west coast. Discuss the film with members of your congregation. Consider the importance of believing the survivor, and how victim blaming manifests in our society. For further education on victim blaming, consider watching Blue Seat Studio's *James is Dead* [video](#).
- Gather with your teen children and watch Blue Seat Studio's *Tea Consent* [video](#). Discuss with your children the practice of consent in various aspects of their life.
- Watch Leslie Morgan Steiner's [TED Talk](#), *Why Domestic Violence Victims Don't Leave*.

SECTION 4: GUIDELINES FOR HEALTHCARE PROVIDERS

Check out the section on [believing, supporting, and validating survivors' experiences](#) for information on how to explore and respond to disclosures by survivors.

Check out the section on [supporting children and youth impacted by domestic and sexual violence](#) for information on how to explore and respond to disclosures by children.

Healthcare providers have a unique opportunity for intervention and support for survivors of sexual and domestic violence. Most Americans see a routine medical provider, such as a primary care or a family practice provider, who is familiar with their patients' history and have a relationship between provider and patient. Additionally, survivors of sexual and domestic violence may receive emergency medical attention to treat physical injuries. On the other hand, survivors may not receive medical attention; this could be because the abuser will not allow them to receive care, or the survivor may not feel it is necessary.

“It wasn’t instinctive to go to the hospital. It’s not like when you have a broken bone.”

—Local Survivor

When survivors do receive medical care, whether at a routine annual exam or in the ER, there is an opportunity for healthcare providers to support survivors- with medical treatment, emotional support, and referrals to experts.

Responding to Indications of Victimization and Disclosures

[Section Two](#) detailed out the various barriers that survivors experience when disclosing abuse. These barriers are present in all situations, including disclosures with healthcare providers. Furthermore, providers may also experience challenges on how to respond to and proceed once a survivor discloses abuse. Some common barriers that providers report are personal discomfort on domestic and sexual violence, lack of knowledge about the topic, and time constraints.⁴⁸ Furthermore, a survey of nurses found that 27 percent of those surveyed suspected their patient may be experiencing abuse, but did not have enough evidence to

⁴⁸ Sprague, S PhD, Madden, K MSc, Simunovic, N MSc, Godin, K BSc, Ngan K. Pham BSc, Bhandari, M MD PhD FRCSC & J. C. Goslings MD PhD (2012) Barriers to Screening for Intimate Partner Violence, *Women & Health*, 52:6, 587-605.

report.⁴⁹ In a pilot project with emergency department nurses, researchers found that the single largest barrier to appropriately screening for domestic violence was a lack of education and instruction for the nurses to ask questions about the abuse.⁵⁰ Lastly, this project revealed that language barriers between patients and their medical providers often inhibited the ability to screen patients for domestic violence.

In a DV Commission project that interviewed survivors of domestic violence, **58 percent of survivors felt encouraged to disclose abuse to the provider because the provider took time to listen.**⁵¹ To support survivors of sexual and domestic violence in our community, it is essential that we equip our healthcare providers with the knowledge, skills, time, and space necessary to treat and support survivors in our clinics and hospitals. Below are suggestions to begin to mitigate barriers our providers may experience.

Modifications to Healthcare Facilities and Operations

- Require clinics to adopt trauma-informed screening practices.
- Provide training for all front-desk and medical staff to obtain education on dynamics of domestic and sexual violence.
 - Training content could include definitions, red flags of abuse, and power and control.
 - Ensure content covers different types of domestic violence- including physical, emotional, financial, economic, technological abuse.
 - Provide examples of red flags of different types of abuse a provider may see in a clinic. For example, one partner being in control of the finances and has sole access to medical records such as the patient portal may be a red flag of emotional and financial abuse.
- Ensure providers and staff have adequate time during patient interactions to conduct enquires about their patient’s safety, relationship history, and any short- or long-term medical problems that may be a result of abuse. Ensure these inquiries are raised in private without their partner present.
- Create clinic policies that screen each patient in private, even in family practices. Ensure that there is some portion of the visit that a patient is alone and use those opportunities

⁴⁹ Smith, Jackie S., et al. “Barriers to the Mandatory Reporting of Domestic Violence Encountered by Nursing Professionals.” (2008). *Journal of Trauma Nursing*, vol. 15, no. 1, 2008, pp. 9–11.

⁵⁰ Yonaka, Lisa, et al. “Barriers to Screening for Domestic Violence in the Emergency Department.” *The Journal of Continuing Education in Nursing*, vol. 38, no. 1, 1 Jan. 2007, pp. 37–45.

⁵¹ Bellingham-Whatcom County Commission On Sexual and Domestic Violence. (2002). Community Survey Project: Factors That Influence Disclosure of Domestic Abuse to Providers.

to inquire about history of violence and safety. This could be during the physical exam and/or while collecting samples.

- Provide interpretation services when there is a language barrier between provider and patient. Do not rely on other family or friends present at the appointment to translate.
- Offer providers information and education on local community resources, to equip them with knowledge to give appropriate referrals. Resources include:
 - Domestic Violence and Sexual Assault Services
 - Lummi Victims of Crime
 - Tl'ils Ta'á'alha Victims of Crime
 - PeaceHealth Forensic Nurse Program

Considerations for Providers

“The nurse that did the exam was very clear and easy to understand.”

—Local Survivor

- Provide private space for conversations with the survivor, without friends or family present.
- Proactively describe clear boundaries of limitations in support role, and any reporting requirements.
- Be mindful that survivors of sexual assault have the option to have a forensic exam done. Offer this as a suggestion. If the survivor wants the exam, contact the PeaceHealth Forensic Nursing Program (360.788.6300 ext. 2385) to facilitate a warm handoff to the Emergency Room. This helps prevent the survivor from having to wait in public spaces, such as the waiting room, for the exam to start.
- Educate the survivor on local community resources, including applicable support services that have additional confidentiality protections, such as Domestic Violence and Sexual Assault Services, Lummi Victims of Crime, and Tl'ils Ta'á'alha Victims of Crime.
- Consult experts when you do not know the appropriate next step for a survivor. The PeaceHealth Forensic Nursing Program (360-788-6300 ext. 2385) is available for consultation about possible next steps.

SECTION 5: GUIDELINES FOR HOUSING PROVIDERS AND AGENCIES SERVING UNHOUSED SURVIVORS

Check out the section on [believing, supporting, and validating survivors' experiences](#) for information on how to explore and respond to disclosures by survivors.

Check out the section on [supporting children and youth impacted by domestic and sexual violence](#) for information on how to explore and respond to disclosures by children.

Domestic and sexual violence and homelessness are intrinsically linked. Experiencing domestic or sexual violence can cause a survivor to become unhoused, and people that are unhoused or have unstable housing experience higher rates of abuse and assault. Because of this intersection, it is essential that agencies that provide housing or services for unhoused communities are equipped with the knowledge and skills to support survivors of domestic and sexual violence.

“Sometimes the way agencies respond, or don’t respond to you ends up actually being worse of an experience than the incident.”

—Local Survivor

Intersections of Violence and Housing Insecurity

Domestic and sexual violence can lead to a survivor becoming homelessness or living in unstable or substandard housing. An environment where a survivor’s basic needs are not met make it more difficult for a survivor to heal from the past trauma and can put them at a higher risk of revictimization.

- 1 in 4 women that are homeless in the United States attribute their homelessness to experiencing intimate partner violence.⁵²
- **22 percent** of homeless respondents listed domestic violence as a reason for their homelessness in Whatcom County in 2019 during the annual point-in-time count.⁵³

⁵² Jasinski, J. L., Wesely, J. K., Mustaine, E., & Wright, J. D. (2005, November). *The Experience of Violence in the Lives of Homeless Women: A Research Report*. Washington, DC: National Institute of Justice.

⁵³ Whatcom County Coalition to End Homelessness 2019 Annual Report. (2019). Bellingham, WA.

- In 2019, **more than half of young adults (18-24)** that utilized the housing program with Northwest Youth Services shared that they had experienced domestic violence at some point and **nearly one third** reported that they were fleeing domestic violence.

Domestic violence can cause homelessness and housing insecurity in many ways. For example:

- Survivors may have to leave secure housing to escape violence.
- Survivors may be evicted due to abuser’s behavior or calls to law enforcement.
- Survivors may be unable to afford to remain in their housing if the abuser leaves.
- Experiencing violence may impact the survivor’s ability to access housing services due to poor credit, bad or lack of rental history and references, or safety needs.
- The abuser’s actions may negatively impact the survivor’s economic stability, making it difficult to pay deposits, rent, and utilities.

The primary cause of homelessness for youth is “family dysfunction: parental neglect, physical or sexual abuse, family substance abuse, and family violence.” **The majority of homeless youth have witnessed or experienced physical abuse.**⁵⁴

People who are unhoused or lack stable housing experience higher rates of sexual and domestic violence. As a form of **harm reduction**, unhoused individuals may seek out or become dependent on a new partner despite their abusive or controlling behavior; being in an abusive relationship may be safer for the survivor than being alone on the streets. Additionally, individuals who are unhoused may engage in survival sex, which can put them at an increased risk for violence, sexually transmitted infections, or threats of law enforcement involvement.

- Homeless women are **more likely to experience all kinds of violence** than the general population.⁵⁵
- According to a study of homeless and marginally housed people, 32 percent of women, 27 percent of men, and 38 percent of trans people reported either physical or sexual victimization in the previous year.⁵⁶
- 92 percent of homeless women have experienced severe physical and/or sexual violence in their lifetime.⁵⁷

⁵⁴ Tyler, K.A., et al (2004). “Risk factors for sexual victimization among male and female homelessness and runaway youth.” *Journal of Interpersonal Violence*, 19(5), 503-520.

⁵⁵ Jasinski, J. L., Wesely, J. K., Mustaine, E., & Wright, J. D. (2005, November). *The Experience of Violence in the Lives of Homeless Women: A Research Report*. Washington, DC: National Institute of Justice.

⁵⁶ Kushel, M. B., Evans, J. L., Perry, S., Robertson, M. J., & Moss, A. R. (2003). No Door to Lock. *Archives of Internal Medicine*, 163(20).

⁵⁷ National Law Center on Homelessness & Poverty. Housing and homelessness in the United States of America: 2014.

- A survey of homeless youth between ages 13 and 21 found that **23 percent** of females and **11 percent** of males had experienced sexual victimization on at least one occasion since being on the street.⁵⁸

Safety Considerations for Those Who Work with Unhoused Communities

- The **most dangerous time** for a survivor of domestic violence is when they **leave** the abuser.
- Survivors who are planning to or recently left their abusers report that the **need for safe housing and economic resources are their most pressing concerns**,⁵⁹ and these are often the largest barriers for a survivor to be able to leave an abusive relationship.
- An assessment of housing policies determined that many do not take into consideration the **unique safety concerns** women and children experience when fleeing domestic violence.⁶⁰

System Recommendations for Improvements to Care and Response

- Provide mandatory trauma-informed care trainings for staff that work with people who are unhoused. A plurality of people experiencing housing insecurity have experienced past and likely present trauma. Integrating trauma-informed approaches can ensure that the agency environment is welcoming, inclusive, and de-stigmatizing, and does not contribute to further trauma.
- Educate staff on local resources to connect survivors of domestic and sexual violence to specialized support services. Resources include Domestic Violence and Sexual Assault Services, Lummi Victims of Crime, and Tl'ils Ta'á'altha Victims of Crime.
- Require staff that work with people who are unhoused to attend trainings on implicit bias, which can help mitigate any attitudes and beliefs that affect our thoughts and actions in an unconscious manner.

⁵⁸ Tyler, K.A., et al (2004). "Risk factors for sexual victimization among male and female homelessness and runaway youth." *Journal of Interpersonal Violence*, 19(5), 503-520.

⁵⁹ Clough, A., Draughon, J. E., Njie-Carr, V., Rollins, C., & Glass, N. (2014). "Having housing made everything else possible": *Affordable, safe and stable housing for women survivors of violence*. *Qualitative Social Work*, 13(5), 671-688.

⁶⁰ Baker, C. K., Billhardt, K. A., Warren, J., Rollins, C., & Glass, N. E. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15(6), 430-439.

- When conducting eligibility screenings, interview individuals separately. Create this as standard practice, even (and especially if) individuals access services as a couple.
- Be mindful of agency confidentiality programs. Federally funded programs receiving Violence Against Women Act (VAWA) and U.S. Housing and Urban Development (HUD) funds have requirements to protect survivor confidentiality.
 - Incorporate and protect safeguards of confidentiality through Release of Information forms.
 - Assess program aspects for breaches of confidentiality, such as use and access to technology, sharing paperwork, paperwork storage practices, and access to personally identifying information in public.
- Seek training on providing culturally accessible, appropriate, and equitable outreach and services for people who experience multiple oppressions, such as people who are transgender, people of color, immigrants, Native people, and people with disabilities.
- Familiarize professional staff and tenants with state housing protections for survivors of domestic and sexual violence. These protections are detailed in [Appendix A](#).

Safety Planning with Survivors who are Unhoused

When working with a survivor who is unhoused, recognize that their basic needs are not met. Thus, absolute safety is difficult to achieve. **Think of safety planning as a process of harm reduction to become safer, rather than striving for a product of complete safety.** Safety planning is fluid and a survivor's needs for safety will change over time. Keep in mind that safety planning can be a tool for emotional wellbeing and safety in addition to physical safety. Use the principles of harm reduction to address health risks in the present moment.

- Work with the survivor to analyze present risks to guide the safety planning.
 - Identify abuser-generated risks (such as access to money or transportation).
 - Identify life-generated risks (such as access to health insurance, how to make ends meet, access to safe housing).
- Revisit what worked in the past to improve the safety of the survivor and their children
 - What is the survivor doing now that works? What has worked in the past?
- Tailor the safety planning to the survivor's daily activities and needs, recognizing each day may look different.
- Identify relevant options and resources, providing a referral to appropriate community resources as applicable.
- Support the survivor in implementing the plan and completing necessary action steps.
- Follow up with the survivor regularly to check to see how things are going.
- Support the survivor in making changes to their plan whenever necessary or needed.

SECTION 6: GUIDELINES FOR K-12 SCHOOLS

Check out the section on [believing, supporting, and validating survivors' experiences](#) for information on how to explore and respond to disclosures by survivors.

Check out the section on [supporting children and youth impacted by domestic and sexual violence](#) for information on how to explore and respond to disclosures by children.

Schools interact daily with students and families who have been impacted by domestic and sexual violence. Schools (especially those located in more rural communities) have become more than a place for children to learn. These academic environments may serve as unique social support networks for youth experiencing dating abuse or sexual violence. The presence of a single consistent, caring adult for a child that has witnessed domestic violence can support the healing and resilience of the student. Thus, when students or family members disclose experiences with abuse or assault, school staff need to know how to respond and intervene in ways that will support survivors' healing.

In 2019, the DV Commission published Safe Futures Strengths and Needs Assessment, which details sexual and domestic violence preparedness at select middle and high schools in Whatcom County. As part of the assessment, teen focus groups reported various barriers to receiving support, including victim blaming, not knowing the available resources, and past negative experiences with systems. Additionally, Native and LGBTQ+ youth reported experiences of oppression and discrimination, a lack of culturally sensitive resources, and receiving information that was stigmatized and inaccessible for a teen audience.⁶¹ To mitigate these barriers, listen to the survivors' concerns and needs through a culturally responsive lens, to best promote a survivor's safety and healing.

Systems for School-Based Responses and Prevention Education

School districts should ensure that they have policies, protocols, and trainings in place that direct the system to ensure trauma-informed, survivor-centered responses and best-practice, effective prevention education for all students.

⁶¹ DV Commission. Safe futures: strengths, opportunities, and strategic plan for addressing and preventing domestic violence, teen dating violence, sexual assault, and stalking in the Blaine, Ferndale, and Mount Baker school districts. (2019).

The DV Commission has developed the following tools to support schools and school districts in responding to domestic violence and sexual assault that impacts students and families:

- School **policy**
- 15-minute online training module, intended for all-staff on an annual basis
- 2-hour in-person training module, intended for all administrators and counselors on an annual basis
- Response **protocols**
- **Safe Futures Resource Guide** that includes support for **prevention** education and student-led **peer education**; staff, family, and community **capacity-building**; school **response and intervention**; and **connecting** with local support agencies and national technical support agencies

These tools were developed in coordination with a multi-disciplinary team that included:

- Local school district staff, including superintendents, principals, counselors, and teachers
- Domestic violence and sexual assault advocates and prevention specialists
- Community-based counselors
- Youth program providers
- Law enforcement
- Child protection

All tools were reviewed and approved by the U.S. Department of Justice, Office on Violence Against Women.

Policy for Schools

For school district policy, review and use the [policies and procedures](#) for **sexual violence and sexual harassment**, as well as for harassment, intimidation, and bullying (**inclusive of dating and relationship violence**). At this site, you will find the following:

- Policy for the prohibition of sexual violence and sexual harassment
- Procedures for the prohibition of sexual violence and sexual harassment
- Policy for the prohibition of harassment, intimidation, and bullying (inclusive of dating and relationship violence)
- Procedures for the prohibition of harassment, intimidation, and bullying (inclusive of dating and relationship violence)

Training for Schools

Review a sample of the [online training module for all staff](#). To use this this training module and/or have it adapted for your school district, contact the DV Commission at contact@dvcommission.org or (360) 312-5700.

To organize an in-person training for administrators and counselors, contact the DV Commission at contact@dvcommission.org or (360) 312-5700.

Response Protocol for Schools

For information on how to respond to student survivors, review and use the [Student Survivor Response Protocol](#). For information on how to respond to parents and students who are victims of domestic violence, review and use the [Family Domestic Violence Response Protocol](#). These **protocols include sections on** how to:

- Provide responses that believe, support, and validate survivors
- Understand and identify behaviors that could indicate a problem
- **Start a conversation** with students and families
- **Report concerns** within the school, or to law enforcement or child protection

Safe Futures Online Resource Guide

The purpose of the [Safe Futures Resource Guide](#) is to provide educators and those who work in or with schools with **resources to prevent and respond to dating violence, domestic violence, and sexual violence**. Many school districts recognize that social and emotional needs and skills must be addressed and taught to support student success. The Safe Futures Resource Guide is a tangible example of social-emotional learning strategies that can be applied in partnership with community-based organizations.

An introduction and foundational principles and theory sections of the guide provide context and a strong foundation of the public health model for promoting broad community shifts towards desired health outcomes. The resource guide is then broken into four core strategies that promote healthy relationships, consent, and healing after trauma in schools. **Each theme outlines key strategies, as well as partners and tools for implementation.**

The four strategies are:

- Prevention
- School Response and Intervention
- Staff Capacity-Building
- Family and Community Capacity-Building

SECTION 7: RESOURCES

Agencies Supporting Survivors

- [Domestic Violence and Sexual Assault Services](#)
 - 24-hour helpline: 1-877-715-1563
 - School-based advocacy, available at 360-671-5714 or schools@dvsas.org
- [Lummi Victims of Crime](#)
 - 24-hour Hotline: (360) 312-2015
 - School-based advocacy: Olivia Solomon (360) 312-2015 olivias@lummi-nsn.gov
- [Tl'íls Ta'á'altha Victims of Crime](#)
 - Phone: (360) 325-3310
- [Northwest Youth Services](#), serving young people ages 13-24 experiencing homelessness in Whatcom and Skagit counties.
 - Phone: (360) 734-9862
- [The NW Network of Bi, Trans, Lesbian, and Gay Survivors](#)
 - Phone: (206) 568-7777
- [API Chaya](#)
 - Helpline: 1-877-922-4292 (Monday-Friday 10am-4pm)
- [WSCADV Friends and Family Guide](#) offers information on characteristics of dating abuse and how to support survivors.

Resources for Faith Communities

Books

- Domestic Abuse and the Jewish Community: Perspectives from the First International Conference, Edited by Rabbi Cindy Enger and Diane Gardsbane
- [Peaceful Families: American Muslim Efforts Against Domestic Violence](#) by Juliane Hammer
- Domestic Violence: What Every Pastor Needs to Know by Reverend Al Miles
- Family Violence and Religion: An Interfaith Resource Guide by David Charlsen
- [A Cry for Justice](#) by Jeff Crippen and Anna Wood
- [No Place for Abuse: Biblical & Practical Resources to Counteract Domestic Violence](#) by Catherine Clark Kroeger & Nancy Nason-Clark
- [Setting the Captives Free](#) by Pastor Ron Clark
- [Dear Sister: Letters from Survivors of Sexual Violence](#) by Lisa Factora-Borchers

- [*The Dinah Project: A Handbook for Congregational Response to Sexual Violence*](#) by Monica Coleman
- [*The Long Journey Home: Understanding and Ministering to the Sexually Abused*](#) by Andrew Schmutzer
- [*The #MeToo Reckoning: Facing the Church's Complicity in Sexual Abuse and Misconduct*](#) by Ruth Everhart

Sample Sermons and Faith Talks

- Christ the King Bellingham, [Taboo, Part 2: Domestic Violence](#)
- Christ the King Bellingham, [Stuck, Part 3: Domestic Violence](#)
- Rev. Jason Fulkerson three part series on sexual violence: [Esther](#), [Tamar](#), and [Rahab](#)
- Sister Vera Alice Bagneris: [Help is Closer Than you Think!](#)
- Stephanie Shute Kelsch: [Reaching Out](#)
- The Rev. Robert A. Moore: [Susana: Dealing with Sexual Violence](#)
- Karrie Whipple: [Walk With Her](#)
- Pastor Paul Baxley: [How Can the Church Offer Healing in Response to Sexual Abuse?](#)
- Charles W. Dahm, OP: [Homily on Domestic Violence](#) (English), [Spanish](#)

Interpretations of Religious Texts

- [A Brief Guide to Honor Based Violence](#)
- [For Christian victims, Bible can be a barrier or resource](#)
- [For Jewish victims, religious teachings can be a barrier or resource](#)
- [Violence Against Women and the Role of Religion](#)
- [Untwisting Scriptures Used Against Abuse Victims](#)

Wheels of Support and Wheels of Power & Control

- [Rabbinic Community Response](#)
- [Muslim Community Response](#)
- [Sikh Feminist Research Institute \(SAFAR\) On Family Violence](#)
- [Pastoral Response](#)
- [Teen Relationship Equality Wheel](#)
- [Gay, Lesbian, Bisexual, and Trans Power and Control Wheel](#)
- [Teenage Power & Control Wheel](#)

Sample Policy

- [A Policy Statement on Domestic Violence Couples Counseling](#)
- [Denominational Statements and Declarations](#)
- [When I Call for Help: A Pastoral Response to Domestic Violence Against Women](#)

Resources for Healthcare Providers

- [Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings](#)

Resources for Agencies Supporting Unhoused Survivors

Reports and Books

- [Staying Safer on the Streets, A safety planning discussion tool for sexual violence survivors experiencing homelessness](#)
- Washington State Coalition Against Domestic Violence [Housing First Guide](#)
- [The Intersection of Domestic Violence and Homelessness](#)
- [Heartland: A Memoir of Working Hard and Being Broke in the Richest Country on Earth](#) by Sarah Smarsh

Legal Resources

- [Landlord/Tenant Issues for Domestic Violence Survivors](#)
- [The Rights of Domestic Violence Survivors in Public and Subsidized Housing](#)
- [Tenantsunion.org](#) provides tips and tools for tenants in Washington
- [Solid Ground Tenant Services](#) provides tenants resources to help tenants understand rights
- [National Housing Law Project](#) contains information on Violence Against Women Act housing provisions, Fair Housing Act, and state-specific housing protections for survivors
- [National Law Center on Homelessness and Poverty overview of survivors rights in public housing](#)
- [WA Residential Landlord-Tenant Act](#) contains information on the rights of landlords and tenants

Community Partners for Domestic Violence Housing Programs

- [Domestic Violence and Sexual Assault Services, Safe Housing Program](#)

- [Lummi Victims of Crime Shelter, Ne-Alis Tokw \(My Sister's Place\)](#)

Resources for K-12 Schools

Resource Guides

- [DV Commission's Resources for Schools](#)
- Increase awareness about the impact of childhood trauma with the website www.changingmindsnow.org
- [Trauma-Informed Schools Learning Network for Girls of Color](#) offers specific training and information for improving the outcomes for girls of color, with a focus on support for those who are healing from trauma.

Prevention & Education Guides

- [Safe Futures Resource Guide](#)
- Washington State Coalition Against Domestic Violence [Love Like This](#) campaign. These illustrations promote healthy relationships for adolescent and teens, and can be used as a part of school lessons, art projects, and Valentine's Day activities.
- Love is Respect lesson plans for [high schools](#) and [middle schools](#) to discuss healthy relationships, boundaries, and consent.

Resources for Parents

[Ten Tips for Talking to Teens about Relationships](#)

[Talking to Children about Sex and Sexuality](#), with information for conversation tips for every developmental phase.

Youth-centered website [Love Is Respect](#) provides opportunities to learn about preventing and addressing teen dating violence and sexual assault.

[Consent at Every Age](#) conversation guide, including recommendations on age-appropriate books, videos, and media for youth.

SECTION 8: APPENDICES

Appendix A: Legal Protections for Survivors in Washington State

Legal Protections in the Workplace

Survivors of domestic violence, sexual assault, and stalking have various rights in their workplace. RCW 49.76.115 states it is illegal for an employer to discriminate against a victim of domestic violence, sexual assault, and stalking.

- An employer cannot demote or fire a current employee and cannot deny employment to someone based on the abuse they experienced.
- Employers are required to provide reasonable accommodations for victims, such as a change in work schedule, a new phone number, or a change in office location.

RCW 49.76 and RCW 49.46 ensure that victims of domestic violence, sexual assault, and stalking can access paid leave to take time off work to deal with issues related to the abuse.

- All employers in Washington must offer paid sick leave to all their employees.
- Victims can use the sick leave to take time off for issues related to the abuse.
- This leave can be taken intermittently, or all at once. There is no limit to the time off a victim can take, as long as it is considered reasonable. This leave can be paid, if available, or unpaid.

If a victim of domestic violence, sexual assault, and stalking feel that their employer is not taking the actions required by law, they can:

- File a complaint with the Washington Department of Labor and Industries by phone at 1-800-547-8367
- File a civil action in court

Employers are encouraged to review and adopt [the Domestic Violence in the Workplace Policy and Guidelines](#), developed by the DV Commission.

Legal Protections for Housing

Protections for Survivors in Non-Public Housing

- Washington Residential Landlord-Tenant Act (RCW 59.18)
 - Provides general protections for tenants.
 - Includes specific protections for survivors of domestic violence, sexual assault and stalking.
- RCW 59.18.580 No Adverse Rental Decisions
 - If tenant previously terminated a rental agreement due to domestic violence, sexual assault, or stalking, landlords cannot make adverse rental decisions.
 - No one can be denied solely because they identify as a survivor of domestic violence.
 - Tenant screening companies cannot disclose a survivor's status for previously terminating a lease due to domestic violence, sexual assault, or stalking.
- RCW 59.18.575 Victim protection, notice to landlord, termination of rental agreement
 - Survivors of domestic violence, sexual assault, or stalking can break a lease, which can be done in writing to their landlord.
 - Landlords can request verification, which could be a protection order or report from a "qualified party".
 - If the landlord is the perpetrator, a survivor can terminate their lease prior to a protection order or report from a third party.
- If a survivor has a valid protection order against someone who is also on the lease, they can request that the landlord change the locks, at the survivor's expense.
- A landlord cannot legally end a lease, refuse to renew, evict, or refuse to rent to someone solely because someone is a survivor of domestic violence, sexual assault, or stalking.
 - They can end tenancy or evict for lawful purposes, such as a failure to pay rent.
- Other municipal laws, the Fair Housing Laws, and the Fair Tenant Screening Act may apply.

Protections for Survivors in Public Housing

- Violence Against Women Act (VAWA) provides protections for survivors of domestic violence, sexual assault, or stalking utilizing public housing, Section 8 Housing Choice, Section 8 Project-Based, Low Income Tax Credit Housing, and the Transitional and Rapid Re-Housing McKinney-Vento programs.
 - The VAWA Notice of Occupancy Rights must be provided to all adult applicants.

- Survivors cannot be denied shelter, housing assistance, or evicted solely because they are a survivor of domestic violence. Furthermore, they cannot be denied assistance on the basis of criminal activity or poor credit related to the domestic violence.
- Managers and owners cannot evict someone solely because of an incident of domestic violence, but they can evict a survivor if there is an “actual or imminent threat” to other tenants.
- Survivors with Section 8 vouchers can move to another jurisdiction for safety reasons.
- Survivors can request to transfer to a safe, available unit covered by the housing program.

Legal Protections for Survivors Who Are Immigrants

- The Violence Against Women Act provides protections for spouses and children of U.S. citizens or green card holders that are abusive. Protections include ability to obtain green card status. These protections are specifically for survivors of domestic violence.
- U-Visas are a protection available to survivors of domestic violence and sexual assault. The U-Visa is a nonimmigrant status for survivors. After three years with a U-Visa, survivors can apply to adjust status.

There are unique safety and legal considerations when working with immigrant survivors. Below are a few local and statewide organizations that stay up to date on current immigrant rights, policy, and provide support and legal aid for survivors.

- [Northwest Immigrant Rights Project](#) (NWIRP) offers direct legal representation on immigration issues.
 - NWIRP can file affirmative applications before U.S. Citizenship and Immigration Services for survivors
 - NWIRP can assist survivors filing U-Visas
 - NWIRP can work with survivors in removal/deportation proceedings with applications for relief.
- [Northwest Justice Project](#) offers non-criminal (civil) legal representation to low-income survivors.
- [The Washington State Department of Social and Health Services](#) offers limited food, cash, and medical benefits for immigrant survivors and their children.

Crime Victim Rights

Victims of crime in Washington State are afforded certain rights ([RCW 7.69.030](#)). These rights include but are not limited to:

- the right to have an advocate present at any prosecutorial or defense interviews, and any court proceedings,
- to be provided a private, secure waiting area separate from the defendant during court proceedings,
- the right to be informed of the date, time, and place of sentencing hearings for felony convictions, and
- the right to present a statement at sentencing hearings.

Minor victims of crime have additional rights, detailed in [RCW 7.69A.030](#).

Survivors of sexual assault have rights under the Victims of Sexual Assault Act ([RCW 70.125](#)), which include:

- the right to receive a medical forensic exam at no cost to the survivor,
- to receive notice of when the forensic analysis of the sexual assault kit will be or was completed, and
- to receive notice prior to the disposal or destruction of their sexual assault kit, and
- consultation with a sexual assault advocate during medical and legal proceedings.

Victims of crime, which includes survivors of domestic and sexual violence, may be eligible for benefits from the [Washington Crime Victims Compensation Program](#). This program can help to cover out-of-pocket costs the survivor incurred as a result of the crime, such as medical care or counseling costs. A community-based advocate can assist a survivor in completing and submitting the paperwork.

Appendix B: Mandated Reporting Requirements

It is not mandatory nor appropriate to report incidents of domestic or sexual violence that do not involve minors. Reporting to authorities without the survivor’s knowledge or consent may increase the survivor’s danger or break their trust in you or your agency, leading to further isolation and decreased access to support.

Further, a child in a home with domestic violence does not itself constitute abuse. It is only a mandatory report if a child is involved in an incident of domestic violence.

Anyone who has reasonable cause to believe that a minor suffered neglect, abandonment, or abuse can in good faith report the incident. Some members of our community are required to report if there is reasonable cause to believe abuse or neglect occurred or is occurring, in line with [RCW 26.44.020](#). Those people include, but are not limited to:

- Professional school personnel

- Social workers
- Healthcare providers such as nurses and physicians
- Any adult who resides with a child who they suspect to have suffered severe abuse and is capable of making a report
- Any supervisor of a non-profit or for-profit agency who has reasonable cause to believe a child suffered abuse or neglect caused by a person over whom they regularly exercise supervisory authority if the person to cause the harm is employed, contracted, or a volunteer for the agency and has regular access to a child as part of their involvement with the agency
- Psychologists
- Court Appointed Special Advocates (CASA)
- Guardians ad litem (GALs)
- Licensed child-care providers and their employees
- Law enforcement
- Department of Social and Health Services employees
- Department of Correction employees
- Juvenile probation officers
- State and private higher education employees

These people must report if they have reasonable cause to believe that sexual abuse or assault was committed against a minor, regardless of who the perpetrator is. Clergy are not mandated reporters in Washington, but if they elect to report, their report and any testimony are provided statutory immunity from liability.

Additionally, hospital healthcare providers that treat a victim of a bullet, gunshot, and stab wound victims are required to report it to law enforcement as soon as reasonable possible, detailed out in RCW 70.41.440. Providers are required to report identifying information about the patient, including name, residence, gender, and age, and the nature of their injury.

What is child abuse and neglect?

Child abuse and neglect is defined as " the injury, sexual abuse, or sexual exploitation of a child by any person under circumstances which indicate that the child's health, welfare, or safety is harmed..."(WAC 388-15-009). This could include physical abuse, sexual abuse, sexual exploitation, negligent treatment, and abandonment.

When do I report?

If a required reporter identifies abuse or neglect, they must report it at first opportunity, and no longer than within 48 hours after there is reasonable cause to believe that a child suffered abuse or neglect.

How do I report?

If you believe someone is in immediate danger, call 911. A required reporter may report the knowledge to a law enforcement agency or the Department of Children, Youth, and Families (DCYF). During business hours, a report may be made to the local DCYF office, which you can [locate on the DCYF website](#). All other times a report can be made to the DCYF toll-free hotline at 1-866-ENDHARM (1-866-363-4276).

What information will I be asked to provide?

If you report to DCYF, you will be asked to provide the following information:

- The name, address, and age of the child and their present caregivers, such as a parent, step-parent, or guardian
- The nature of the alleged abuse or neglect, including an injuries
- Whether either parent is Native American
- Any other relevant information

If you report to law enforcement, you will likely be asked similar information as above. Although, each law enforcement agency has different policies and interview processes, so questions may vary by jurisdiction.

Best Practices for Reporting

Reporting abuse can be both professionally and personally challenging, especially when a survivor may not want you to report. Acknowledge the trust the survivor has in you to disclose intimate details of their life. Consider the below suggestions to preserve the trust between you and the survivor.

- Whenever possible, **explain your role as a required reporter before the survivor brings up the abuse or violence** they have experienced. This allows the survivor to share details they only feel comfortable with you knowing. Anticipate any questions the survivor may have about what this means.
 - I am really glad you came to talk to me about what is happening in your life. I will strive to keep these details between you and I. But, before you go further, I want

you to know that I am a mandated reporter. This means that I may need to tell the police or child protective services if I hear that certain kinds of abuse are happening.”

- If you need to report abuse, talk directly with the survivor about the need to report before the report is made, when possible.
- If you must report abuse, ask the survivor if they want to report the abuse themselves. If not, offer to make the report in their presence.
 - I want you to know that since I am a required reporter, I am going have to tell the police about the danger your child is in. Do you want me to call them now with you here in the room, or call together?
- Weigh the various courses of action with the survivor. Assist the survivor to anticipate the potential outcomes and consequences of each course of action.
- Educate the survivor about how DCYF works, what the potential outcomes may be, and how you can support them.
- Tell the survivor about the potential positive resources DCYF may be able to provide, for example, support for counseling for them and their kids, or money to change locks or move into safer housing.
- Never guarantee a survivor about what will happen after a report is made or make a promise that their children won't be taken.
- For more information and guidance on mandated reporting, refer to the [Washington State Department of Children, Youth and Families Toolkit](#) and [What Mandated Reporters Need to Know about Racial Disproportionality in the Child Welfare System](#).

Refer the Survivor to Advocacy Services

Community-based advocates are available to support survivors to become better informed on their options, the potential outcomes of a report, and for weighing the pros and cons of making a report, including any safety considerations. Offer this as a suggestion if you feel that it would benefit the survivor. For example, “It sounds like you have a lot of questions on what to expect if you report what happened. I wonder if you would want to talk to an advocate to receive some guidance on what to expect if you do report. An advocate can also support you as you consider your safety concerns.”

Consider Why a Survivor May Not Want a Report to Be Made

In situations of domestic violence, **the abuser may have threatened the survivor in the past to call CPS to take their kids** away. This is a threat that understandably may make a survivor fearful of DCYF, and worried that their children may be taken away.

- Empathize with the survivor’s past experiences with DCYF, and any threats they experienced.
- Educate them on the role of DCYF, and what to expect if a report is made. DCYF does not exist solely to take children away from their caregivers.
- Do not make promises to the survivor about things that are out of your control, such as promising their children will not be taken away.

A survivor may not want to report the violence because if they call 911 or DCYF, the investigator will tell the person who harmed them that the survivor reported the violence.

- This can foster fear in the survivor and could impact their safety if a report is made. Help the survivor anticipate how the report may impact their safety and refer them to community-based advocates for additional safety planning resources.

For questions, assistance with implementing these practices within your organization or department, or for further information, please contact the [Bellingham-Whatcom County Commission on Sexual and Domestic Violence](#) at contact@dvcommission.org