

# **How's It Going?**

## **A Day in the Life of a Domestic Violence Advocate Out-Stationed at a CSO**

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## **How's It Going?**

### **A Day in the Life of a Domestic Violence Victim Advocate Out-stationed at a CSO**

In 2000, DSHS began the process of placing domestic violence advocates in Community Service Offices. Calls to the WSCADV helpline, talks with advocates and agencies, and other anecdotal evidence paints a picture of a partnership that is full of good intentions, yet still flawed in some regards. Some things are working, some things are not, and what is and is not working can vary wildly from office to office. I was intrigued by the range of things I was reading and hearing and decided to take a more comprehensive look at what was occurring in CSOs – the struggles and triumphs that you, the advocates, are experiencing.

### **Who I am and Why I Am Here**

I came to this project as an intern as part of my Masters in Social Work program at the University of Washington. My interest is domestic violence policy, specifically in how policy is implemented. I designed a survey that evaluated how multiple aspects of the Family Violence Option are being implemented. Contacting as many advocates as I could reach, I offered those who responded an opportunity to reflect on the work that they are doing. I spoke with 22 of approximately 38 advocates currently stationed in CSOs, and this paper presents some of the results along with my reflections about what I discovered.

### **The Survey**

The survey was designed to explore three areas of your experience with DSHS's response to DV:

- Screening (How are people being identified as victims of family violence?),
- Referral ( If people disclose violence, how are they making contact with an advocate?), and
- Individual Responsibility Plans and Deferrals (Are women being offered relief such as exemption from child support enforcement; deferment from jobsearch; etc.?)

In each of the sections I have tried to provide context, background material, statistics, and other information that I thought would be helpful in making sense of the survey findings. I have also provided my own thoughts and often bring in the perspective of the Coalition on many of the topics covered. It is my hope that this document will provide advocates with new tools for advocacy, inspiration from the successes of colleagues, and renewed energy to continue doing good work on behalf of battered women.

### **TANF and the Family Violence Option in Washington State**

In 1996, Congress and President Clinton, with tremendous support from many in the public, orchestrated an overhaul of welfare and replaced Aid to Families with Dependent Children (AFDC) with Temporary Assistance to Needy Families (TANF). Please see Appendix A for a

brief background on TANF and the Family Violence Option (FVO). Because Washington adopted the family violence option, our state was in a position to formulate and carry out a plan to serve victims. Victim advocates on the local and statewide level became involved in providing input as to the best way to implement the FVO. The current system for screening TANF applicants for domestic violence and providing referrals and accommodations is the end result of many years of trial and error. With continued input from advocates, case managers, clients and others it is likely the system will continue to be adapted to better fulfill the intended outcomes of the policy.

## Screening

In October 2004, new domestic violence screening questions were introduced into e-JAS. E-JAS is a computer program used by case managers and social workers to screen TANF applicants for issues that could interfere with employment. These new questions were designed to better cover the multiple ways abuse can present itself in people's lives. The new questions are attached as Appendix B.

Despite the carefully thought out formulation of the questions, many advocates report that screening is done sporadically and those completing the screening often use their own questions to assess family violence. One advocate reported that "At the Social Work Office, I can hear four out of the six WorkFirst Program Specialists (WFPS) complete initial and on-going screenings with their clients. I have NEVER heard anyone use the screening questions to screen for DV." Examples of alternate questions that TANF applicants are being asked are "Is domestic violence an issue?" and "Do you consider yourself abused?" Advocates had mixed feelings about this practice. One advocate felt that the if WFPSs did not screen for domestic violence in their own, personalized way that they would not get honest answers. In contrast, another advocate reported that she felt the practice of workers "winging" the questions resulted in low rates of disclosure and fewer referrals.

According to the WorkFirst Handbook, screening is supposed to take place at the following times:

"If it is safe for the individual, screening for family violence is required:

- At initial intake,
- Once per year following the initial screening,
- Before a case can be placed into sanction (during good cause determination),
- During the 60 month Extension Analysis in e-JAS, and
- At any point of contact with the individual if the worker thinks that family violence is an issue."<sup>1</sup>

The majority of advocates report that screening is taking place in their offices but could not confidently say that it happens with every TANF applicant nor could they say how well it is being done. Some advocates reported that the guidelines above were being followed at least

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<sup>1</sup> WorkFirst Handbook, chapter 6.5, <http://www1.dshs.wa.gov/ESA/wfhand/default.htm>

some of the time, and others reported that, if screening took place, it only happened during the initial interview.

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**Advocacy Tip:** Many advocates reported that they found it useful to refer workers to the WorkFirst Handbook when there is a discrepancy between what the worker is doing and what policy dictates. As one advocate put it, when there is a discrepancy, she makes a phone call “to remind the WorkFirst [Program] Specialist of the [policy].”

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Almost every advocate reported that both men and women are being screened for family violence. This practice is consistent with current DSHS policy, which states that all recipients should be screened. One advocate reported, “Men and women are screened with the same questions, and all too often screened together. I am told that the WFPSs ‘try’ to screen couples separately, but I know that doesn’t happen.” Advocates who expressed concerns about the practice cited that **domestic violence is overwhelmingly perpetrated by men against their female partners.**<sup>2</sup>

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**Advocacy Tip:** As an advocate, you could consider advocating within your local office for a change in practice so that only women are screened unless there is an apparently good reason to screen a man. The Coalition knows of CSOs who have adopted this practice, so it may be possible to convince your CSO administrators and supervisors to take a similar position.

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<sup>2</sup> Research has shown that 85% of domestic violence is perpetrated by males against females, with the remaining 15% involving males abusing male intimates and females abusing female intimate in same sex relationships, and a smaller amount of females abusing males. We know that some victims who are subjected to an ongoing pattern of abusive and controlling behaviors use physical violence against the perpetrators. Without a deeper look at the dynamics of the relationship, a caseworker could be led to believe that the victim is actually the perpetrator, or that it is a situation of “mutual domestic violence”. If a male perpetrator is screened, then he knows that his partner is being asked the same questions. This can put the woman in jeopardy and compromise her safety.

Bureau of Justice Statistics, *Intimate Partner Violence, 1993-2001*, by Callie Marie Rennison, Ph.D., U.S. Department of Justice, February 2003. In 2001, intimate partner violence made up 20 percent of nonfatal violent crime against women; the same year, intimate partners committed three percent of all violent crime against men. Intimate partner violence is primarily a crime against women: In 2001, women accounted for 85 percent of the victims of intimate partner violence (588,490 total) and men accounted for approximately 15 percent of the victims (103,220 total). Women are much more likely than men to be killed by an intimate partner: In 2000, intimate partner homicides accounted for 33.5 percent of the murders of women and less than four percent of the murders of men.

While women are less likely than men to be victims of violent crimes overall, women are five to eight times more likely than men to be victimized by an intimate partner. Bureau of Justice Statistics, *Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends*, U.S. Department of Justice, 1998.

Male violence against women does much more damage than female violence against men; women are much more likely to be injured than men. Murray A. Straus and Richard J. Gelles, *Physical Violence in American Families*, 1995.

## Referrals

Referrals—the process of a client being told about or placed in contact with an advocate when family violence is indicated—continue to be a source of struggle for the majority of advocates surveyed. Advocates reported a number of challenges to being connected with women who could benefit from their services. Some advocates report that there are one or two people in the office who are resistant to referring clients to them, while other advocates report that there are whole units that refuse to notify clients of DV resources. The LEP unit was cited by multiple advocates as a unit that does not refer at all or refers in very limited numbers. One possible reason why LEP units may not refer to the DV advocate is a perceived or actual lack of advocacy assistance being available in the victim’s preferred language and cultural style.

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**Advocacy  
Tip:**

Work with your CSO Administrator and the LEP Unit to ensure that DSHS makes appropriate interpretation services available for individuals who desire advocacy services. Nurture a relationship with the LEP Unit, as well as with any other providers who work with LEP individuals in your community; explore with them what steps you could take as an advocate to ensure that your services are accessible for LEP persons.

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According to research, approximately 20-30% of women receiving welfare are **current** victims of domestic violence, with 50-80% of welfare recipients having experienced DV at some point in their life. In contrast, only 6% of all U.S. households are currently experiencing DV and 25% will experience DV over the course of their lifetime. **This means that women on welfare experience DV at higher rates than the general population.**

Attached as Appendix C is a chart that gives rough estimates of the referral rates for the CSO offices where data was collected. The numbers were calculated by dividing the TANF caseload for the month of February by the average number of monthly referrals reported by advocates. Most advocates could only give a rough estimate of the number of new clients they see each month, so accuracy is limited, but it should help to gain a general understanding of how few referrals are actually being made. One frustrated advocate responded, “I know clients aren’t getting to me.” Although there is no set number of how many referrals you should expect, these numbers can be looked at as indicators of the effectiveness of your efforts as you work to build relationships with the workers in your office. As the level of trust and confidence rises, you may see referral rates rise as well.

Many advocates expressed that when they first started working in the CSO they were met with a lot of resistance from WorkFirst Program Specialists, social workers, and the CSO administrator. Happily, by taking deliberate steps to reach out to the office, advocates were able to forge a strong and cooperative relationship with the workers. Advocates described using the following tactics to strengthen their partnerships with the CSOs.

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**Advocacy  
Tip:**

- Talking individually with the WorkFirst Program Specialists and others who are responsible for screening and referral and educating them on the services that the advocate provides
  - Organizing a department-wide meeting to educate CSO workers on domestic violence and how the advocate can help them with their jobs
  - Continually checking in with workers in the office and reminding them of the presence of the advocate.
  - Forging relationships with the entire CSO, using tactics such as bringing cookies, donuts, etc., to the office.
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Sometimes, even the best efforts to cultivate referrals can be sidetracked by stubborn or hostile case managers and social workers and unsupportive leadership both in the CSO and in advocates' home agencies.

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**Advocacy  
Tip:**

If referral rates remain low, it may be effective to organize a coalition of DV administrators to approach the CSO's Regional administrator to investigate the lack of referrals and seek solutions that will yield better services and help for DV victims on TANF.

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Many advocates cited that one benefit of being located in a CSO is the large number of people who flow through the office each day. This creates the opportunity to connect with people from the community who may be in desperate need of services but perhaps would never seek them out. Many advocates report receiving referrals from the front desk staff, call center, social workers, WorkFirst Program Specialists, Child Protection Services, and from other clients.

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**Advocacy  
Tip:**

One advocate reported that when she first started in her position, she went to every person in the CSO, introduced herself as the DV advocate, told them where she was located in the building, and encouraged them to refer people to her. This resulted in a steady stream of clients and a strong working relationship with the CSO staff.

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### **Individual Responsibility Plans and Deferrals**

When people apply for and receive TANF benefits, they have to set up an Individual Responsibility Plan (IRP). An IRP describes the activities that recipients must follow through with in order to continue receiving benefits. DSHS refers to the IRP as “a means to define their pathway off of TANF and to financial independence through employment.”<sup>3</sup> The typical IRP involves full-time or half-time job search activities. In cases where family violence has been indicated, other activities can be substituted for job search.

The survey revealed that advocates, WorkFirst Program Specialists, and social workers in many offices are being very creative and flexible when it comes to tailoring a program of activities in

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<sup>3</sup> WorkFirst Handbook, Chapter 3.3, <http://www1.dshs.wa.gov/ESA/wfhand/default.htm>

IRPs that address battered women's needs and help eliminate barriers to employment. One advocate stated, "If the client needs family violence services and wants our services, I request a deferral or they work part time with the advocate and I am involved in the IRP process. We work according to the survivors needs, sometimes they can do activities and sometimes they can't." Another stated, "Once I have met with a client, I give my input as to what would be helpful to them (support group, legal issues, counseling, etc.) and that goes into the IRP, usually not specifics but 'blank amount of time for family violence issues.'" Attached as Appendix D is a list of activities that advocates reported having been placed on IRPs of their clients. In contrast, other advocates reported that they had no input into IRPs and the office followed a rigidly defined set of activities.

One troubling finding is that many advocates report that "proof" of family violence is required before a woman is granted a deferral from job search or a good cause child support waiver. This "proof" comes in the form of protection orders, police reports, written statements from friends or family, or a written verification from the advocate. It is important to note that official policy states that written proof is not required for a deferral to be granted<sup>4</sup>. However, many workers are requesting verification in order to proceed with issuing a deferral or good cause. One advocate reports that "I think this is a huge problem. Women have police reports, protection orders, etc. but many women don't. You and I understand why women may not have this 'proof,' but it seems like women are denied good cause without it." Another advocate reported that "If there is no protection order in place and if there is no other proof of DV, they will accept a good cause letter from me."

Another issue that emerged from the survey was that one advocate reported that in her office a woman must apply for a protection order in order to receive a deferral due to family violence. If a woman determines that applying for a protection order would be unsafe or otherwise not a good option, she loses her right to a family violence deferral. The advocate reported that she once "convinced" a client to obtain a protection order, even though the woman felt that doing so

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<sup>4</sup>According to the Social Services Manual, Good Cause Chapter, Appendix I: "The social worker can propose approval of the client's GC claim if the available evidence indicates that cooperation with DCS would be against the best interests of the client and/or child. In assessing the evidence and thinking about critical safety factors, keep the following in mind:

- Although documents like civil and criminal court orders (domestic violence protection orders, restraining orders, no-contact orders) or medical, police, or court reports can be the clearest evidence for granting good cause, there are many reasons why a victim of family violence would not be in possession of any of these. For example, if s/he has fled and left these papers behind, or if seeking copies of these documents would alert a perpetrator to her/his whereabouts, it would not be wise to require a victim to produce these papers. On the other hand, many victims, for a variety of good reasons, have never sought help from systems like the police, courts or medical facilities.
- **Victims have many other ways to substantiate their claims, including** written statements from clergy, friends, relatives, neighbors or co-workers, or a **signed statement from the victims themselves outlining their concerns and fears.**

There is no formal or definitive list of documents that can serve as evidence to corroborate a client's claim of good cause. Brainstorm with your client to see if there are any documents that are available to support the claim."

<http://www1.dshs.wa.gov/esa/socialservices/>

was dangerous. While protection orders can be valuable for some victims, in some cases they are inappropriate, impractical, and at worst, dangerous. Examples of cases where it may not be a good idea to get a protection order include: when the victim is still living with the abuser, when being served with an order would enrage the abuser and create an unsafe situation for the victim, when the victim lives in a rural area where enforcement of the order would be difficult, when the victim has fled a violent abuser who does not know where she is and getting an order would alert him to her whereabouts, and when the victim has filed one in the past and it was not helpful in increasing her safety.

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**Advocacy  
Tip:**

Advocates should be careful not to force victims to pursue protection orders or other courses of action simply to satisfy a DSHS request for “proof”. Rather, show the worker the official policy and use your advocacy and negotiation skills to get the deferral issued without “proof” of domestic violence for those victims who cannot supply it.

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Many advocates reported that the person handling their clients’ cases want specific “proof” that women are taking steps to leave her abusive partner. In many offices, a deferral from job search is supposed to be used as a time for women to leave abusive relationships. If women do not leave in a set amount of time (two weeks in one case), they are placed on full-time job search activities regardless of whether or not domestic violence-related barriers still exist. This is problematic because it is up to the woman to decide if and when it is safe to leave her abuser. According to the WSCADV Fatality Review and other research, the most dangerous time for a battered woman is when she has left or is planning to leave her abusive situation. Pressure from DSHS could force women to take steps that are not in the best interest of her and/or her children. The Family Violence Option and DSHS policy do NOT require that a woman leave her abuser in order to qualify for deferrals or waivers of program requirements. In fact, the state is supposed to make accommodations as necessary to AVOID placing women at further risk or unfairly penalizing them for being victims of domestic violence.

### **Sanction**

When recipients of TANF do not comply with all of the activities that are outlined on their IRPs without demonstrating that they had “good cause” for not complying, WorkFirst Program Specialists (or social workers) can reduce or eliminate the monthly cash payment. This is referred to as being placed in “sanction.” Good cause for not complying with the IRP is not clearly defined in the WorkFirst Handbook, but family violence is mentioned as a valid reason. The majority of advocates indicated that victims of domestic violence are being placed in sanction, but they also report that they as advocates play a critical role in getting the sanction lifted.

Advocates report that family violence can be a barrier to full-time participation in job search and following through on tasks outlined in IRPs in multiple ways. One advocate reported that, “It doesn’t seem like workers understand why a woman may not be able to participate with certain requirements. Certain workers do not understand why women stay in DV relationships. Women are sanctioned because they can’t participate because of what the perpetrator is doing. I also have



heard workers say she ‘chooses’ to be in the relationship.” One advocate reported that a client was depressed due to abuse and was unable to get out of bed to attend appointments with her caseworker. Another reported that a client had been kidnapped by her perpetrator and could not follow-through on her IRP. In both cases, the women were placed in sanction. Sanctions in these circumstances demonstrate a lack of understanding by CSO workers of the complexity and unpredictable nature of domestic violence that keeps victims and survivors from participation. Many advocates reported that if they discover that a woman who has been sanctioned has disclosed family violence, working with the person in charge of the case will most often result in the sanction being lifted.

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**Advocacy  
Tip:**

Advocates described several effective tactics for getting family violence victims out of sanction or preventing a sanction from being placed on an individual’s grant, including:

- Advocating on the client’s behalf to the caseworker or social worker in charge of the case,
  - Speaking to the Social Work Supervisor,
  - Reminding workers of the policy that if family violence was the reason for the non-compliance, the recipient should not be sanctioned,
  - Continually educating workers about the reasons why family violence might interfere with participation, and
  - Asking for a Fair Hearing to challenge the decision.
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### **Advocacy**

In offices where advocates are making a positive impact on behalf of family violence victims, there seems to be a balance of tension and trust between advocates and DSHS staff. These advocates reported that their jobs involved a lot of compromise, negotiation, conflict resolution and “going to bat” for clients in order to get their needs met by WorkFirst Program Specialists, Social Workers and others. These advocates tended to have been CSO advocates for many years and had previous domestic violence experience. Some of these experienced advocates work in offices where a moderate to high level of cooperation has been established and their work meets much less resistance. One advocate stated that workers in her office consider her to be “confident and experienced” and defer to her whenever possible on matters pertaining to the cases of victims of family violence. Another advocate reported, “The workers in this office seem to listen and value my opinion.”

In contrast, other experienced advocates reported working in offices that are resistant to their efforts on behalf of battered women, and every day at the CSO is one of opposition and intense negotiation, punctuated by breakthrough moments of progress and small victories. One advocate reported trying to get workers in her office to understand why a protection order is not a good option for all women. She spoke with workers “over-and-over again,” but has yet to make a noticeable impact on their attitudes. Yet this same advocate also reported that when she first arrived at her CSO she received almost no referrals, but through a constant effort to build a

relationship with workers, she now receives referrals from all of the social workers and half of the WFPSs.

Some of the advocates I spoke with had no prior domestic violence experience before taking the position in the CSO. Others reported that they had previous experience in domestic violence but did not receive any training before beginning the work. One advocate reported beginning her job without receiving training from her agency, didn't meet the advocate previously in the position, and had "no clue" what to do. Advocates with little to no experience or training tended to report being less effective in negotiating the TANF system and struggled to get the needs of their clients met. One advocate reported taking steps to avoid the workers in her CSO due to the hostile environment, and she remains in her cubicle waiting for family violence victims to come to her (few do). A couple of less-experienced advocates reported feeling like members of the staff at their CSOs. One reported that she shared the same goal of the workers to "get women back to work" and cooperated with workers in whatever way necessary to get family violence victims off the welfare roll.

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**Advocacy  
Note:**

Although it is a common goal to want to find stable employment or other means of economic security for survivors of domestic violence, the TANF system and DV advocates envision the path to this goal very differently. These differences are not arbitrary. The systems under which DV advocates and CSO workers operate are inherently very different. Because the mission of our current welfare system is getting people back to work, the TANF system takes a rules-based, and often punitive, approach to transitioning people off of welfare and into work. In contrast, DV advocates take an empowerment approach that acknowledges the effects of DV, builds on the strengths of victims, and seeks the solutions that survivors determine to be best for their particular situations. These differing approaches create a natural and sometimes unavoidable source of tension, if not outright conflict. It is important for you to remember that the *advocate's* role is to support the safety – and self-determination – of survivors, and to ensure that they receive the help and services to which they are entitled. Skillful, kind, and persistent negotiation is the key to excelling as an advocate out-stationed in a CSO.

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## Conclusion

**Advocates are doing a remarkable job of getting the needs of their clients met**, sometimes in hostile environments and often with limited resources. Domestic violence is a complex problem to which there are no easy answers. Survivors try many different strategies to be safe and require a great deal of flexibility and maneuverability to get their needs met. This complexity does not easily fit into the bureaucracy of the TANF system. As advocates and welfare workers continue to iron out the kinks of working together, it is the people affected by violence who have the most to gain. **Through collaboration and relationship-building, it is clear that advocates can have a positive impact on the TANF system on behalf of family violence victims.**

## Appendix A

### Background on Temporary Assistance to Needy Families and the Family Violence Option

The 1996 congressional overhaul of welfare ended more than 60 years of guaranteed cash assistance to our nation's poorest families. The new law, called the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), was signed by President Clinton and replaced Aid to Families with Dependent Children (AFDC) with Temporary Assistance to Needy Families (TANF). The new economic safety net differs in many ways from the old system, most notably that it requires recipients to actively seek work while receiving benefits and imposes a lifetime time limit of five years. Two Senators, Patty Murray from Washington State and the late Paul Wellstone from Minnesota, understood that these new requirements could be a burden for women involved in abusive relationships, and they added an amendment to the welfare reform law that is commonly referred to as the Family Violence Option (FVO). States that adopt the FVO agree to waive certain program requirements for people who are experiencing the affects of family violence.

In 1997, Washington State adopted the FVO. The FVO, as adopted by this state, requires DSHS to take the following steps when processing an application for TANF benefits (WAC 388-61-001):

- Screen and identify applicants for a history of family violence;
- Notify applicants about the FVO Amendment both verbally and in writing;
- Maintain confidentiality;
- Refer individuals to social services, counseling, and supportive services;
- Waive WorkFirst requirements in cases where the requirements would make it more difficult to escape family violence, unfairly penalize victims of family violence or place victims at further risk of family violence. Requirements to be waived may include:
  - a. Time limits for TANF recipients, for as long as necessary (after fifty-two months of receiving TANF);
  - b. Cooperation with the child support enforcement.
- Develop specialized activities for those individuals where participation in regular work or work-related activities would place them at further risk of family violence.

The above information was pulled directly from the DSHS WorkFirst Handbook. The Handbook dictates how WorkFirst employees should do their jobs and it will serve as the source of the formal policies of DSHS for the purposes of this document. If you're interested in checking out the entire WorkFirst Handbook, it can be found at:

[http://www1.dshs.wa.gov/ESA/wfhand/issues\\_domestic\\_violence.htm](http://www1.dshs.wa.gov/ESA/wfhand/issues_domestic_violence.htm)

## Appendix B

### Family Violence Screening Questions

- 1) Does your current partner have angry outbursts or tantrums that frighten you?
- 2) Does your current partner threaten you or are you fearful of a current or past partner for any other reason?

If no to the above, skip to #4.

If yes to either of the above,

- 3) Do you need immediate help to deal with someone who is hurting you or your children or with someone who is stalking you?

Currently or in the past:

- 4) Has a partner ever stopped you from going places like school or work, or seeing people, or stalked you when you have been out?
- 5) Has a partner, or family or household member harmed or threatened to harm you, your relatives, your pets, or property?
- 6) Has your partner ever threatened or harmed your child(ren)?
- 7) Are you currently enrolled in the Address Confidentiality Program (ACP)?
- 8) About protection or restraining orders, have you ever thought about, tried to get, or actually gotten a protection order?
- 9) If you do not currently live with the father(s) of your child(ren), does or will collecting child support put you or your child in danger?"

These questions can also be found at:

[http://www1.dshs.wa.gov/ESA/wfhand/issues\\_domestic\\_violence.htm#fv\\_screening](http://www1.dshs.wa.gov/ESA/wfhand/issues_domestic_violence.htm#fv_screening)

## Appendix C

Referral Chart by CSO

CSO Name	Number of TANF Cases (February 2005)	Percent of Statewide Caseload	Average Number of Referrals Per Month	Percent of Caseload Being Referred
Aberdeen	644	1.8	45	7.0
Alderwood	652	1.8	10	1.5
Bellevue (King Eastside)	696	1.9	12	1.7
Belltown	212	0.6	12	5.7
Clarkston	328	1.0	5	1.5
Columbia River	2,397	6.6	25	1.0
Everett	1,261	3.5	30	2.4
Federal Way	1,068	3.0	75	7.0
Kelso	904	2.5	28	3.1
Mount Vernon	681	1.9	8	1.2
Newport	116	0.3	10	8.6
Oak Harbor	144	0.4	5	3.5
Olympia	1,105	3.0	15	1.4
Omak (Okanogan County)	252	0.7	2	0.8
Renton	932	2.6	15	1.6
Sky Valley (Skykomish)	319	0.9	8	2.5
Spokane North	1,533	4.2	4	0.3
Spokane SW	499	1.4	10	2.0
Spokane Valley	885	2.4	12	1.4
Wapato	683	1.9	18	2.6
White Center	1,526	4.2	20	1.3
Yakima	1,519	4.2	22	1.4

## **Appendix D**

### **Activities That Advocates Report Have Been Placed on IRPs of Clients**

#### **Supportive Activities**

- Attend domestic violence support group
- Meet with advocate
- Meet with DSHS social worker
- Counseling
- Medical appointments
- DV shelter activities (house meetings, etc.)
- Drug and alcohol treatment

#### **Housing**

- Complete Section 8 application
- Investigate safe and affordable housing options
- Meet with housing advocate at the local DV agency

#### **Parenting**

- Parenting classes
- Child care
- Child medical/mental health counseling appointments

#### **Skills**

- Life Skill classes
- Financial literacy
- Women's Educational Seminars
- Displaced Homemakers Program
- Hope and Power

#### **Legal Issues**

- Court dates
- Meeting with legal advocate at local DV agency