

SURVIVORS, SERVICES & OUTCOMES

# DV IN DC REPORT 2014



Survivors and Advocates for Empowerment (DC SAFE) Inc.

DC  
safe   
*support for empowerment*

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## ABOUT DC SAFE

**Survivors and Advocates For Empowerment** ensures the safety and self-determination for survivors of domestic violence in the Washington, DC area through emergency services, court advocacy and system reform.

**SAFE, Inc.** began as part of the DC Coalition Against Domestic Violence in 1997 with one advocate and became an independent organization in 2006. Since then, SAFE has become a leading force in the fight against domestic violence in the District of Columbia.

In addition to crisis intervention and supportive services, SAFE collects survivor stories and statistics to understand and enhance our ability to reach survivors in need and work with community partners to ensure seamless and effective services and strategies for reducing violence.

SAFE would like to extend its warmest thanks to its dedicated staff for the difficult work they do every day, without which none of the services described in this report would be possible, and for their extra work creating this project. Additionally, this report would not be possible without the hard work in data collection, entry, validation, and analysis by the interns who gave their time and energy to the project while still serving clients through direct services: Holly Fuhrman, Jason Cowin, and Perri Kruse.

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# Domestic Violence in DC 2014

Survivors, Services, and Outcomes

Survivors and Advocates for Empowerment, Inc.



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**Domestic Violence in DC 2014** is a follow-on Report Brief to a 2013 publication by SAFE, DV in DC 2013 Report. This Report Brief examines the population of survivors surveyed for the 2013 report and offers additional facts and statistics on the population itself, survivors' needs, and outcomes. Additionally, it provides survey results after one year to explore longer term indicators of outcomes for these survivors.

To obtain the DV in DC 2013 Report, please contact SAFE.

**DC SAFE Reporting Back** provides statistical and narrative research on domestic violence survivors, systems, and services in the District of Columbia. Currently, **DC SAFE Reporting Back** publishes the Domestic Violence in DC report series, as well as the report on the DC SAFE CourtWatch project, which provides insight on survivor experience in civil court.

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# 1

## Introduction

### The DV in DC 2013 Report

Decades into the movement to make domestic and intimate partner violence both national and local policy priorities, the rates of violent assault by abusers in the home, and their devastating cost, remain staggeringly high. 1 in 3 women and 1 in 4 men are victimized by their intimate partners in their lifetimes. In the District of Columbia, the DC Superior Court assisted 3,890 survivors seeking legal relief related to domestic violence last year, while the Metropolitan Police Department (MPD) received nearly 29,000 domestic-related calls for service.

*CDC, NISVS Summary Report 2010*

Survivors and Advocates for Empowerment (SAFE) serves these DC survivors through crisis intervention and emergency services, as well as supportive services that help stabilize survivors during the critical period following a crisis. In this capacity, SAFE serves as a primary point of entry for many of DC's domestic violence survivors seeking services from the community of non-profits and city agencies that can offer relief, advocacy, and assistance, particularly for high risk survivors of intimate partner violence. SAFE operates a 24 hour response line that last year received 4,503 calls from survivors in crisis, and has advocates in two multi-agency intake centers in DC, who met with 3,921 survivors for in-person safety planning and supportive advocacy.

While domestic and intimate partner violence affects all communities and exists across all social and economic groups, each community faces unique challenges that impact the way in which survivors can access services, the way those services are delivered, and the outcomes that result. In 2013, in order to better understand the survivors it serves and the outcomes that these survivors in DC face, SAFE conducted a survey of its clients at all points of access to services during a two-week period in July. The survey asked clients who agreed to participate to provide additional information to what is normally collected during the intake process.

*Extent, Nature and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey, CDC 2000*

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The 2013 Report was published on October 1, 2013, three months after the observation period; legal proceedings from some incidents observed in July were still ongoing at the time.

The DV in DC 2013 Report was published from the results of this survey, and provided a valuable insight into the characteristics of the DC survivors SAFE serves, and of specific challenges that survivors of domestic violence in DC face. However, the report was only able to examine this group of clients in the immediate aftermath of their access to services, and while it proved a valuable tool in understanding the people affected by violence and their needs and purpose in seeking resources, its insight into longer term demographic changes and outcomes from violence or from accessing the system of service providers and government relief was necessarily limited.

The intent of the 2013 report was to be the first in a series of reports that examined successive cohorts of SAFE clients seeking services, in order to better understand their needs and their outcomes. That report noted that a static representation of clients provided a woefully incomplete portrait of survivors as people, living dynamic lives, taking resilient action, and facing significant obstacles. In 2014, instead of repeating the survey study on a new cohort of clients, SAFE set out to examine the same group of survivors from 2013 through available measures, and critically including survivors' voices in the process. This report is intended to carry forward the work of the 2013 report.

SAFE would like to continue publishing DV in DC Reports, alternating between surveying new groups of clients, and reproaching past groups to understand how their experiences and circumstances change through time. SAFE would also like to partner with other organizations who touch these survivors, in order to maximize the opportunities to understand their experiences. If you or your organization would like to get involved with this project, please contact SAFE at [info@dcsafe.org](mailto:info@dcsafe.org).

## Methodology

To collect the information on clients used to create the DV in DC 2013 report, the target weeks were chosen during the summer months to obtain a larger sample size to best estimate the population and experiences of SAFE clients. SAFE did not change any of our intake processes nor did we advertise for services during this time period. Clients who participated came to SAFE at random as they contacted first responders for assistance with domestic violence by calling 911, appearing in an emergency room for medical care, or coming into one of the DC's two Domestic Violence Intake Centers (DVICs) for services from SAFE and other social services and government agencies.

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Data collection was undertaken with utmost concern for survivor experience and confidentiality. All staff were required to attend training about the data gathering and recording methods, on how to administer the client consent form, and how to ask follow-up questions about a survivor's choices and decision-making without conveying criticism or disapproval of those choices. All survivors who opted to participate in this survey were informed that they would be asked more direct questions than usual, but that they were free to refuse to answer any of them without any penalty or impact on the services they received from SAFE or anyone else in the system of services. They were informed that their confidentiality with SAFE would not be compromised by answering these questions and that their information would be used in an aggregated manner with no identifying information attached. The data that was presented in the DV in DC 2013 Report and informed this report was all collected and analyzed with the informed consent of these survivors.

Client confidentiality is critical in ensuring trust in the system, and for maximizing survivor safety. It is a basic tenant of SAFE's services.

The DV in DC 2013 Report was based on client contacts during one observation week in July 2013. However, additional data was collected outside the one week period, so that some clients were offered participation in the survey in a total period that lasted two weeks. Additionally, during some of the data validation and cleaning to ensure accuracy, some client records were not used. A total of 154 client records were used in the analysis of the 2013 Report. With additional time and resources, however, the 2014 Report does not merely rely on the data from these 154 records, or from the 2013 Report alone. Staff reassessed all data collected during the two weeks in which clients were offered participation in the survey, and generated consolidated, de-duplicated, validated records for survey answers for a total of 175 survivors. Thus, this report contains analyzed demographic and outcome information on a slightly larger sample size than the 2013 Report. For this reason, this report will offer a recap of some statistics from the 2013 Report using the larger sample data.

We found more data.

### *Additional Outcome Measurements and 12 month survey*

In addition to re-analyzing the data on the cohort of survivors surveyed in 2013, SAFE endeavored to identify demographic shifts, economic changes, and safety outcomes of this same group of clients one year after their access to services for an incident of violence. The intent was to assess whether or not survivors had re-accessed either the civil or criminal justice systems, or sought assistance from SAFE, for an additional instance of violence, if they experienced increased or diminished economic security or welfare, and whether or not they reported an increased knowledge of resources and safety strategies.

Are survivors safer one year after receiving services? Are they better off?

Measuring outcomes of survivors after an extended intervening period

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Drs. Eleanor Lyon and Cris Sullivan caution against surveys that occur after a lapse of time in domestic violence cases; intervening time periods may mean that stable survivors stories are over-represented at the expense of survivors who face greater instability.

Similarly, Lyon and Sullivan caution against using reported re-use of services as a sole measure of outcomes, since lack of re-use of services may not indicate greater safety, but less knowledge and trust.

*Outcome Evaluation Strategies for Domestic Violence Service Programs, NRCDDV 2007*

Acknowledging these limitations, SAFE tried to design a multi-pronged approach that would limit pitfalls, not over-interpret any results, and measure increased knowledge of services as its own outcome—evidence of impact and empowerment.

is extremely difficult, and risks misjudgment based on skewed factors. In order to maximize the information collected, SAFE used four points of access to measure the possible outcomes. First, the names of all 175 survivors who had consented to participate in the 2013 survey, and the names of their abusers, were checked against records of access to the criminal justice system. All available records were recorded in data sheets; these included arrests, charges, convictions, and warrants for domestic violence crimes. Unfortunately, due to limitations of access, it did not include information on criminal police reports that did not result in arrests or warrants or further criminal proceedings. Second, the survivors' names were checked for access to civil court relief through civil protection order (CPO) court. The information collected included all filings for temporary and permanent CPOs. Third, survivors' names were checked for access to SAFE services in SAFE's internal database. SAFE is still the largest point of access for services for domestic violence survivors. Last, SAFE attempted to reach out to all 175 survivors through available contact information.

In order to assess the situation of survivors in the original project one year later, SAFE developed an additional survey instrument to ask clients questions by phone. The survey included a reminder that the client may have received services from a SAFE advocate one year prior, and asked the client to assist by answering additional questions about their current situation and safety. SAFE first asked clients if they were in a safe place to speak. Survey respondents were reminded that their safety and confidentiality was SAFE's primary concern, and they were free to decline to participate, and if they chose to participate, their information would only be used in aggregate without identifying information. Survey respondents who consented were then asked a series of questions about any incidents of violence that had happened more recently than July of 2013, and were asked questions about patterns of abuse they had experienced.

SAFE provided specialized training to four advocates and interns who conducted the survey. The phone surveys were conducted over a period of one month, approximately twelve to thirteen months after clients had initially sought SAFE services. In cases in which survivors did not answer, the attempt was logged, and an additional attempt was scheduled for a different time (times used were weekday afternoons, weekday evenings, weekends during the day, weekend evenings). Every client who was not reached received at least three attempts during different time periods. A total of 50 clients were reached in the survey attempts, and 39 agreed to participate.

### *Challenges to the survey structure*

Phone surveys are problematic tools in assessing outcomes. First, the sample size of survivors who could have a voice in the survey is just under

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a quarter of the total population of clients who originally participated in the 2013 study. Second, the survivors who were reachable one year after a crisis are very likely a more stable sub-group within the larger cohort: they were able to answer a phone call, felt comfortable answering questions, and had the same phone number. For these reasons, SAFE cautions against over-interpretation or extrapolation of statistics from within this subgroup when comparing it to the larger population, particularly when assessing outcomes over time. Where such statistics are presented in the report, they will be highlighted and potential problems with the conclusions will be acknowledged and discussed.

Our study has limits: the survivors with greatest barriers are often the hardest to survey, and their outcomes the most difficult to measure.

Yet SAFE believes the phone survey was an important tool. It presented our best opportunity to include survivors' voices in this assessment of outcomes. Survivors could speak directly about their experience of getting help, their knowledge of resources, and could fill in the critical gap between new incidents of violence that were reported to one of the systems we can measure (such as SAFE records, and civil or criminal court records) and incidents of violence that may not have been reported to any system actor.

Many victims reported being sexually assaulted when surveyed, but did not allege sexual assault in public court documents.

Therefore, this report includes this survey and its measured outcomes, but will also discuss singularities or unique features of the respondent population.

## Definitions

*Survivor* — This report will use the term “survivor” as the default reference to all participants in both the original survey and the secondary survey. The term is used as an interchangeable replacement for SAFE's internal designator “client,” and for “victim,” because it critically identifies that someone experiencing domestic violence is not solely identified by their victimization, but is instead someone who has extensive experience in safety planning for her or himself.

*Abuser* — This term denotes anyone alleged to have committed domestic violence as defined here as the primary aggressor in an intimate relationship. While ordinarily the word “alleged” would normally precede abuser in any instance in which a conviction or finding by a court has not been made, an advocate's job is to believe their client.

*Intimate Partner Violence* — Intimate partner violence is a pattern of abusing power and using violence and threats for the purpose of controlling an intimate partner, i.e. someone with whom the abuser has or had a relationship via dating, marriage, or having a child in common. This report examines victims of both intimate partner violence and the broader term “domestic violence,” which includes family members and any

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individuals sharing a residence. While many definitions of domestic violence include emotional abuse, this report defines domestic violence as violence, threats of violence to the survivor or a third party, or any other crime committed by the abuser against the survivor as defined by the DC Intrafamily Offenses Act (DC Code §16-1001).

*Lethality* — One of SAFE's critical tools in assisting survivors in planning for safety and advocating on their behalf with local service providers and city agencies is the Lethality Assessment, a screening tool based on the validated research on danger assessments by Jacqueline Campbell of Johns Hopkins University. Survivors who answer specific questions on this screening tool affirmatively may be assessed to be at high risk for violent or lethal reassault. In this report, the shorthand "lethality" will be used to describe this risk.

*Reassault* — This report defines reassault as any incident of violence or threat of violence that constitutes an Intrafamily Offense as defined by DC Code §16-1001 that occurred after the July 2013 survey period and before the survivor cohort was re-analyzed in August of 2014. Broadly, it may also refer to any follow-on incidents of violence or threat of violence.

*Secondary Population* — In order to distinguish between the initial survey population of 175 survivors and the follow on subgroup of 50 survey respondents in 2014, this report will refer to the subgroup as the secondary population.

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# 2

## Population Snapshot

### Demographics and Household Composition

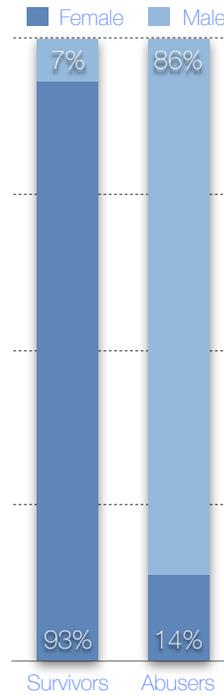
While studies have repeatedly demonstrated that domestic violence impacts survivors of every demographic group, individuals of with various identities or communities can experience violence differently, face different obstacles in seeking assistance, or have different support systems available to them. For example, male victims of intimate partner violence, including those who experience violence by either male or female abusers, may face greater social stigma in reporting their abuse, or may face a system that generally employs a paradigm that emphasizes female survivors of male abusers, and resources that do not match their needs. Immigrant survivors of domestic violence in some communities may feel additional concerns about calling law enforcement, or may actually face additional victimization from authorities. Latina survivors may face language barriers in services in spite of laws guaranteeing language access. For these reasons and more it is important to understand the demographics and households of not just the broad population affected by domestic violence, but the specific population served by a local community of advocates.

### *Gender Identity*

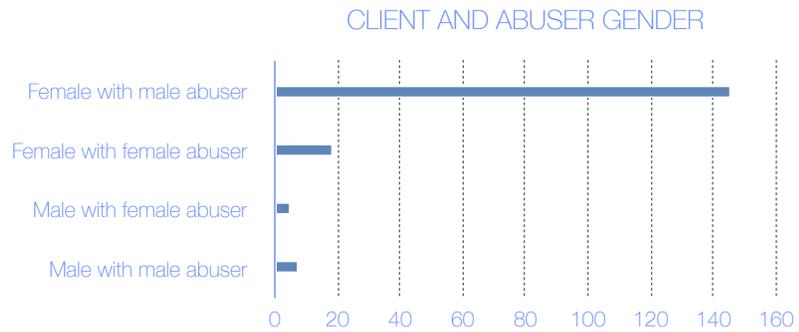
The survivors of domestic violence served by SAFE overwhelmingly identify as female. Domestic violence affects alarming numbers of both men and women, but even as more male survivors report victimization and access services for help, the violence disproportionately affects women. 1 in 3 women and 1 in 4 men experience intimate partner violence in their lifetime; however, 1 in 4 women and 1 in 7 men will experience severe forms of intimate partner violence.

*CDC, NISVS Summary Report 2010*

During the two weeks of observation in 2013, 93% of the survivors served by SAFE were women (163), while 7% were men (12). Abusers were overwhelmingly male, but at a slightly lower rate than women were survivors. 86% of abusers were male (150), while 14% were women (25).



145 female victims reported that their abuser was a man, while 18 reported that their abuser was another woman. Among male victims, 7 reported



that they were hurt by a female abuser, while 5 reported abuse by another man.

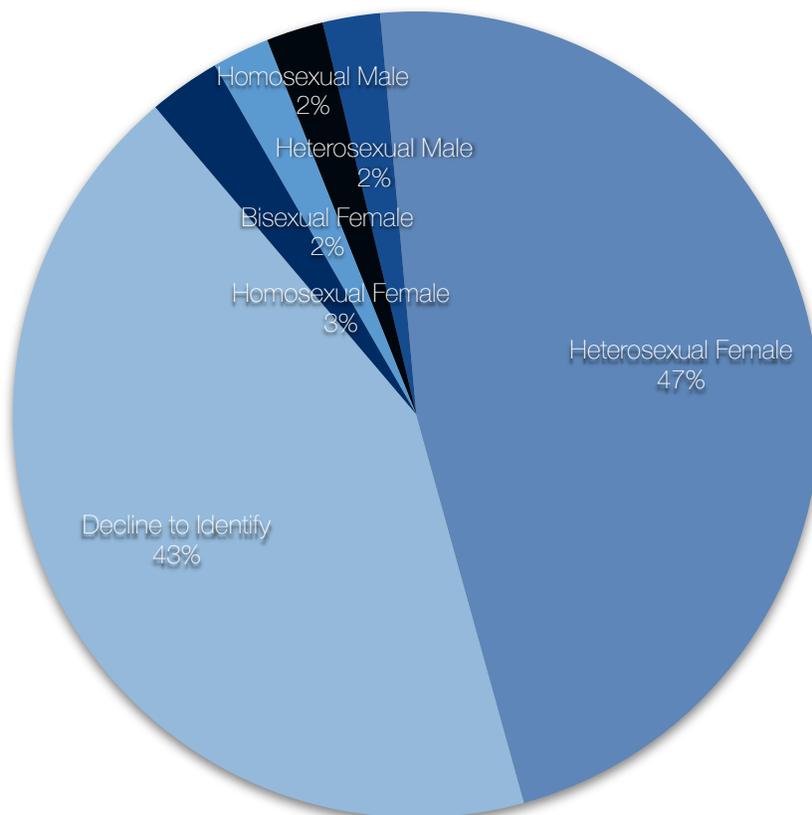
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## Sexuality

In addition to examining the gender identity of survivors and abusers, even in intimate partner violence (IPV) cases alone, SAFE asked clients to identify their sexuality. Clients were allowed to express their sexuality in whatever terms they chose. Broadly, LGBTQ survivors experience intimate partner violence at rates that mirror the violence experienced in heterosexual relationships. However, in addition to potentially facing added barriers when systems and resources are excluded from them, many LGBTQ survivors also face victimization from other kinds of violence as well.

Duke and Davidson  
"Same-Sex Intimate Partner Violence," *Journal of Aggression* 2009

In the survey, just under half of the population declined to identify their sexuality in any terms at all (44%). The majority identified as heterosexual, 51%, including 47% heterosexual females (82), and 4% heterosexual males (4). 5 women identified as homosexual, using three different labels ("homosexual," "same-sex," and "lesbian"), 4 females identified as bisexual, and 4 males identified as homosexual, using two labels ("gay" and "homosexual")



## Age

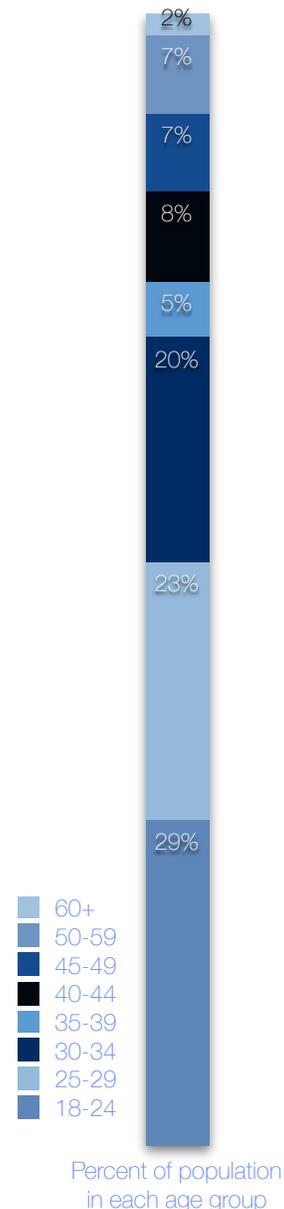
In DC, survivors of domestic violence 16 or older may file for CPOs. IPV survivors only may file as young as 12. SAFE serves all survivors of domestic violence, including minors who require a guardian to file a CPO on their behalf.

[www.breakthecycle.org](http://www.breakthecycle.org)

[www.aarp.org/states/dc/lce.html](http://www.aarp.org/states/dc/lce.html)

SAFE serves domestic violence victims of all ages, including intimate partner violence victims as young as 12, as well as domestic violence survivors even younger who are being represented by a non-abusing family member. While the majority of the survivors served by SAFE are between 18 and 29, the distribution of survivor age is broad, and survivors of different ages face different challenges. SAFE partners with a number of organizations who specifically tailor their services to these different age groups, including Break the Cycle, which works with survivors up to the age of 24 to promote safety and healthy relationships in teens and young adults, and the AARP, which can provide legal services for the elderly.

Nearly a third of the survivors surveyed were under the age of 25 (29%), and the graphic to the right represents the distribution of SAFE clients across age groups. The median age of SAFE's clients is 29. On average, abusers were 3.4 years older than survivors, and the median age of abusers is 33.



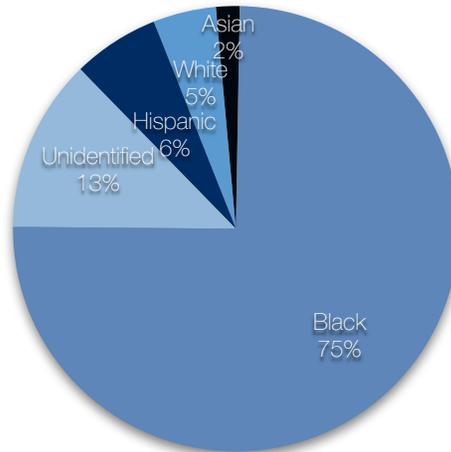
## Race / Ethnicity

Race and ethnicity are volunteered by SAFE's clients when they fill out intake forms at the Domestic Violence Intake Centers (DVICs) or when survivors identify themselves on the Response Line phone. When clients did not specifically identify their ethnicity or race, they were recorded as unidentified. SAFE's clients are overwhelmingly African American. In part, this is due to the demographic makeup of Washington, DC. However, black survivors report domestic violence at significantly higher rates than

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white or caucasians, (35% higher), and 22% higher than other racial or ethnic groups.

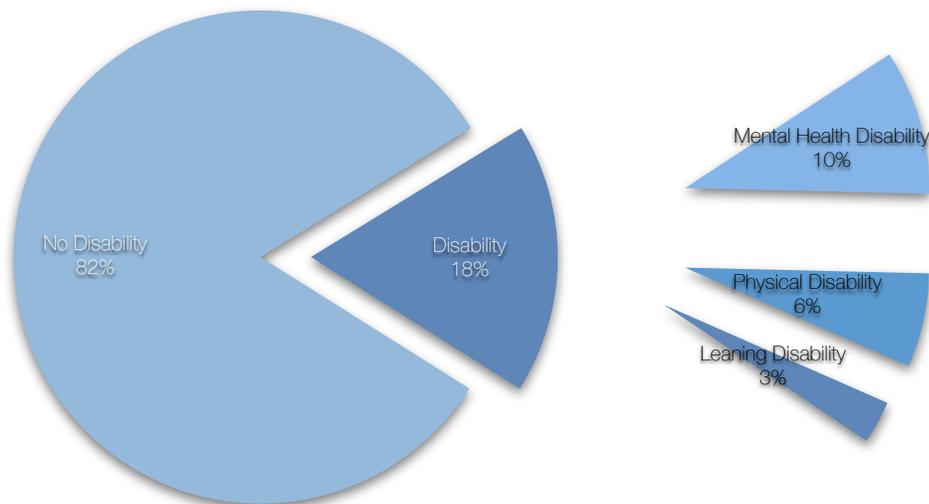
75% (131) of SAFE's clients identified as black or African American. 13% (22) did not identify a race or ethnicity, 6% (11) were Hispanic or Latina, 5% (8) identified as white, and 2% (3) as Asian.



During the target week, SAFE also served 10 immigrant survivors, of whom 6 were undocumented and 2 were seeking asylum. The countries of origin for these 10 immigrant survivors were El Salvador, Honduras, Mexico, Ethiopia, Vietnam, Australia, China, Guinea, and France.

### Disability

During the observation weeks at SAFE, 18% (31) survivors self-identified as being disabled. The majority of these (17), constituting 10% of the total surveyed population, stated that they experienced a mental healthy disability. 6% of the population (11) had a physical disability, and 3% (7) had a learning disability.



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As with the majority of measures in this survey, these numbers of disabled survivors rely on self-identification. Given cultural stigma related to disability and particularly mental health disability, it is quite likely that a greater number of SAFE clients, and domestic violence survivors more broadly, are disabled than feel comfortable identifying as such.

Goodman, et al  
*Physical and Sexual Assault History in  
Women With Serious Mental Illness,*  
Schizophrenia Bulletin, 1995

*In 2014, SAFE conducted an intake with a survivor with a diagnosis of bipolar disorder. Requiring addition time to file and facing challenges with emotional regulation during Court proceedings, the survivor was then filed against by the alleged abuser, whom the Court granted custody of their child.*

Disabled survivors face enormous barriers in accessing services for relief from abuse, and additional barriers in maintaining the supportive services required to ensure long-term health and safety. For example Individuals with severe mental illness are more likely to be survivors of abuse, experiencing physical violence at a rate as high as 70%. Additionally, these survivors must then navigate complex legal systems to receive help, which can present major difficulty and opportunity for retraumatization and revictimization. For example, those who have a mental health disability may be unable to explain the details and timeline of their abuse in ways that are familiar to law enforcement, and are thus frequently not believed. Furthermore, they may lack the resources and stability to follow through with the onerous civil court processes, often including multiple office visits and court dates, significant paperwork for which they are responsible, that are required to obtain protection. Finally, even when survivors with mental health disability are able to attend appointments or receive services, the effect of their trauma or lack of system trust can frequently result in emotional affect that appears unregulated to observers, leading to survivors being disbelieved, or even sanctioned by organizations tasked with serving them.

### *Relationships and Children*

The survivors accessing services through SAFE experienced both intimate partner violence and other intra-family violence. Of the 175 survivors in the original sample, 83% were reporting intimate partner violence (IPV), 14% were reporting other intra-family violence, and 3% were reporting incidents that are not considered domestic violence under the definitions of DC Code and this report. SAFE serves all survivors of domestic violence through its 24-hour crisis Response Line; however, the majority of survivors served with comprehensive supportive services at the two Domestic Violence Intake Centers in DC are survivors of intimate partner violence.

65% (114) of the survivors surveyed had children, more than half of which

(62) were children in common with the abuser. The total number of children to survivors served by SAFE in the period of the survey was 174.

Children in common is one of the most prevalent relationships between survivors and abusers. The following chart describes the various relationships between survivors and abusers served by SAFE during the period of the survey.

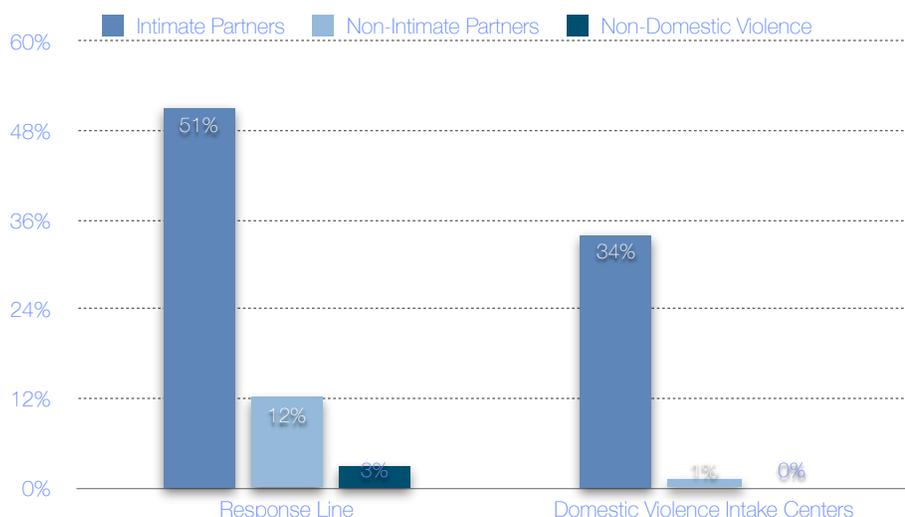
	Dating	None stated	Married	Blood	Total
Share neither residence, children	43	1	5	14	63
Share children only	18	17	12	0	46
Share both residence, children	15	4	4	0	23
Share residence only	28	4	5	0	37
<b>Total</b>	<b>104</b>	<b>26</b>	<b>26</b>	<b>14</b>	<b>170</b>

The most prevalent relationship type among the population is individuals in a dating, romantic, or sexual relationship (“Dating” in the chart) who neither cohabit nor have children. 43 survivors fit this category, one quarter of the total population. Survivors in a dating, romantic, or sexual relationship who shared a residence only, but no children, were the second most prevalent, 16% of the population. 18 survivors were in a dating relationship and shared only children, and 15 survivors in a dating relationship shared both a residence and children.

26 total clients were married, of which 16 shared children, and 9 shared a residence. One of those survivors related by marriage to the abuser had already received a divorce. For those survivors who did not state a direct relationship with their abuser, 17 shared children without any other stated relationship, 4 shared both a residence and children, and 4 shared a residence only. One survivor did not state a relationship with her abuser, and was the victim of sexual assault by a stranger.

### *Point of Access*

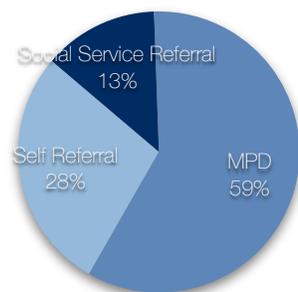
The majority of survivors accessed SAFE services during the period of the survey by a call to the 24-hour crisis Response Line. SAFE’s Response Line line receives nearly 5,000 calls every year from a network of social service providers and community partners, from past clients and survivors who have previously accessed services, and from first



responders, primarily the Metropolitan Police Department (MPD) who respond to scenes of domestic violence crisis. The majority of clients, 51% of the total surveyed population, initially accessed services through the Response Line. However, it is critical to note that this measure indicates the initial point of access only within the two-week period of the survey. Many survivors in this survey were accessing services or reporting domestic violence for the first time; however, many others were in the midst of an ongoing advocacy process with SAFE for an incident that had occurred earlier, and many others had a long history of receiving services from SAFE and other community service providers that may have lasted for years. Additionally, during the two weeks, many survivors accessed both the Response Line and the DVICs; these clients are recorded by their first contact with SAFE during the period (but observation data was collected from each contact and combined for a complete picture).

In 2012, 16% of all calls on the Response Line were directly from survivors. In 2013, that had risen to 21%. To date in 2014, 26% of all calls are direct self-referrals from current or former clients.

Of the 51% of survivors who initially used the Response Line to access services during the survey weeks, the majority (59%) were referred by MPD. More than a quarter, 28%, were “Self-Referrals,” survivors who were already



aware of SAFE services due to past needs or knowledge. While SAFE relies on its partnership with MPD to effectively reach survivors in crisis, as its programs have grown over time, increasing numbers of survivors are reaching out as “self-referrals,” demonstrating an increased knowledge of resources available, and hopefully trust in their safety planning partnership with SAFE and its network of affiliated organizations.

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### *Additional Factors Available in 2013 Report*

The DV in DC 2013 Report provided a run-down of many of these statistical measures of SAFE's client population of survivors. These figures in the 2014 Report represent updated and reviewed statistics based on a slightly larger sample size. However, this report does not intend to simply repeat the work of the DV in DC 2013 Report. Additional demographic and household indicators will not be repeated here, and can be seen for reference by requesting a copy of the DV in DC 2013 Report. The remainder of this report will examine changes between 2013 and 2014 in the welfare of the survivor population, available data on reassaults and new incidents of violence, and factors unique to the secondary population.

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# 3

## Survivor Circumstances One Year Later

### Economic Welfare

#### *Income and Public Assistance*

All SAFE services are free of charge; however, some legal service providers have income restrictions for service.

In both the 2013 survey and the follow-on 2014 survey, survivors were asked to provide their monthly income in order to assess their economic welfare and their eligibility for supportive services, such as legal representation. The majority of clients did not provide an answer to this question, and so information on income and wealth is minimal. However, 18 clients gave income figures from \$200 monthly to \$3,033 monthly. Participants in the secondary survey were also asked for their current income. 26 of the 39 survey respondents provided income figures.

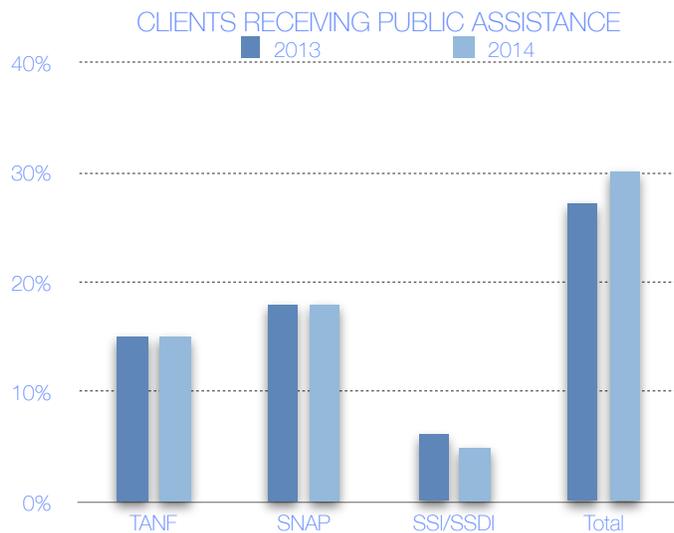
- ▶ The average income of survivors in the original survey was \$1,376. When restricted to the reported income of individuals who later experienced a new incident of violence, the average income dropped to just \$800
- ▶ The average income for survivors in the secondary group was \$1,947. When restricted to the currently reported income for individuals who had experienced a new incident of violence, the average income dropped to just \$1,400.

Note that these two figures are not precisely parallel, due to the difference in data available. Because the secondary survey group was reached, they were able to provide updated income figures. Furthermore, the income figures the secondary group provided were valid after an incident of reassault had occurred. On the other hand, the survey participants in the original study only provided their income at the time of service, and these numbers were filtered by information on later reassaults. However, despite these caveats, two useful potential conclusions are evident. First, the secondary survey population has a significantly higher average income than the broader population, likely because this group, having consistent contact information and the time and safety to answer a phone survey, is more economically stable and independent than the

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average. Second, instances of reassault are associated with a lack of economic security through income. It is possible that economic insecurity may increase risk and reduce opportunities for safety, but given the findings of the secondary survey, it is also possible that incidents of violence create economic instability. In DC, where the cost of housing is enormously high, and domestic violence crisis often leads to immediate housing insecurity and potential time off work, it is likely that both possibilities are true.

For survivors working with SAFE, especially given the low income figures reported, public benefits such as Temporary Assistance for Needy Families (TANF), the Supplemental Nutritional Assistance Program (SNAP), and Supplemental Security Income and Social Security Disability Insurance (SSI / SSDI) are especially important in preserving economic security and independence. However, given that some of these benefits come with enforced work requirements, or have administrative records that can be tied to the name and address of the abuser, or be tied to a specific address, survivors can risk losing benefits in the immediate aftermath of a violent victimization, especially if they seek help. SAFE works closely with the Department of Human Services in DC to ensure that survivors' benefits are not cut off due to violence.

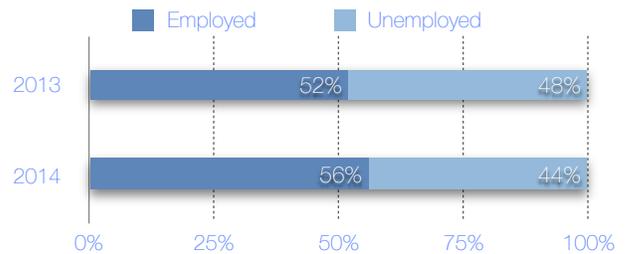


In 2013, 15% (26) of survivors stated they were receiving TANF, 18% were receiving SNAP, 6% were receiving SSI or SSDI, and overall, 27% of survivors (48) were receiving benefits in one of these three categories. In 2014, the numbers had remained nearly identical.

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## Employment and Housing

105 clients answered questions about their employment status in the 2013 survey. Of that group, 52% were employed in part-time or full-time jobs, or were full-time students, and 48% were unemployed. All 39 participants of the 2014 secondary survey answered questions on employment. Employment in the secondary group had risen to 56%. This possibly reflects the stability and relative welfare of the secondary group (which had access to consistent contact information after one year), but it might also indicate a number of other factors, including the stabilizing benefit of access to services after a violent crisis: of the secondary group, employment was not simply higher originally—it rose a full 10 points, from 46% to 56%, between 2013 and 2014.



The General Accounting Office estimates that as many as half of domestic violence survivors lose their job as the result of violence. *Domestic Violence Prevalence and Implications for Employment Among Welfare Recipients, USGAO 1998*

*“Survivors seeking help for an incident of domestic violence missed an average of 3.5 full days of work. Many missed more.”*

Employment itself is not the only challenge facing survivors of domestic violence in DC. Immediately after an incident of violence, a survivor may have a number of tasks required for personal safety that take an enormous toll on work schedules. The survivor may have to spend a half day or more filing for a civil protection order, and then attend one or more court dates in the following weeks. Additionally, the survivor may have to change residences, change children’s schools, meet with advocates, caseworkers, or investigators, and still take precautions to stay physically safe from their abuser. 28 survivors stated that they were required to miss at least one day of work, on average missing 3.5 days. Many missed more. Some missed as many as 11 days.

Stable and affordable housing might reasonably be considered the most important economic factor in occurrence of domestic violence and a stabilizing crisis response. In DC, there is a deep shortage of affordable housing, which can limit the options a survivor has for leaving a situation of domestic violence within the home. Following a crisis, it may make safety and stabilization incredibly challenging, if survivors are forced to relocate to housing in locations they do not know, away from social supports, and further straining schedules and income.

Housing ranked as the second most common concern of clients when asked why they sought help for an incident of domestic violence. 49% said

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they had sought help because they needed legal help or protection; 22% stated they needed immediate housing. The DV in DC 2013 Report worked to provide a more complete picture of the particular housing needs of clients working with SAFE; however, very little data was available about the housing security of the whole survey population. Survivors in the secondary survey population were asked about the particular housing situation they were in as well as whether or not they were homeless, or had moved more than twice in 12 months. 28% (11) of the secondary group answered yes, indicating that they had insecure housing. Of these, 9 individuals stated that they were homeless, lived in a shelter, or a group home.

In the 2013 Report, a plurality of survivors stated that they were residing with their abuser. Economic ties to housing can restrict survivor choices.

## Crisis Response and Criminal Accountability

### *Reassault rates*

SAFE's primary mission is to provide services and advocacy to survivors of domestic violence in immediate crisis. Given the potential problems of evaluating outcomes simply on available data on occurrence of violence, SAFE seeks to measure its successes based on a multitude of outcomes, including the actual delivery of services and the demonstrated experience of survivors—such as increasing rates of self-referrals to SAFE services. However, reducing repeat instances of violent victimization is undeniably a goal of all domestic violence crisis service providers.

One of the intents of the DV in DC 2014 Report was to set out to estimate rates of violent victimization of SAFE's survivor clients in DC after an initial incident that lead to that survivor seeking services and safety. Additionally, this survey intended to broadly measure the footprints of that reassault to best estimate the many ways that survivors report and seek help, to determine which survivors were reporting reassaults, and whether or not any crisis or supportive services were particularly tied to rates of reassault.

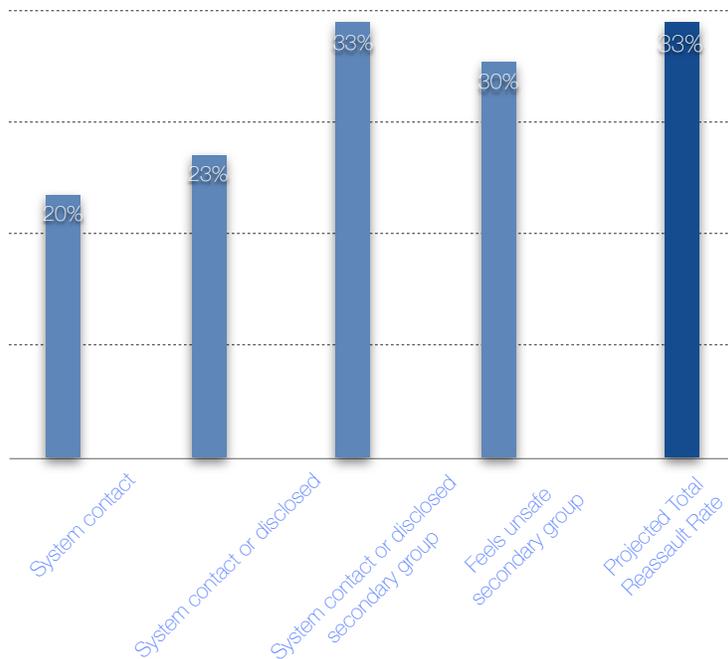
In measuring rates of reassault, the staff researched four data points: criminal court records, which included warrants, arrests, criminal charges, and convictions for the abusers of all clients in the 2013 survey, excluding five clients who did not experience domestic violence. This approach is limited because it did not include incidents of domestic violence that were not reported to police at all, nor incidents of violence that resulted in a police report, but no warrant or arrest. In actuality, only a small number of calls to police for domestic crimes or incidents result in criminal police reports, and only a percentage of those result in warrants or successful

Four reassault data points:

1. Criminal court records
2. Civil court records
3. SAFE client records
4. Client response to survey

arrests. In addition to criminal records, staff also examined all Domestic Violence Unit Court records at the DC Superior Court, to find any instances of the original 175 survivors filing for protection orders or other legal relief. This approach faced similar limitations, since it did not include survivors who were victimized but chose to not seek relief from the civil court process, which can be burdensome. And like with criminal records, the research was limited to records within the DC jurisdiction. Staff also looked at all records within SAFE internally for contact with the 175 survivors that indicated a new incident of violence had taken place. While SAFE clients typically have repeated ongoing contact with SAFE, it is quite possible that some clients do not seek services with SAFE every time they are victimized, and so unless those survivors sought help, they were not documented. Lastly, among the 39 survivors who agreed to participate in the secondary survey, each was asked if they had experienced a new incident of domestic violence in the last 12 months, with the same, or a different, abuser.

REASSAULTS IN DOMESTIC VIOLENCE VICTIMS, 12 MONTHS



The chart above describes various “reassault rates” from these four measures. “System contact” describes any record of reassault drawn from either criminal or civil systems or SAFE records. The first column represents the recorded reassault rate for all 175 clients after twelve months: 20% had re-accessed the system in one or more of the three ways for a new incident of violence.

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However, in addition to the recorded system contacts, an additional number of survivors in the secondary group disclosed that they had been the victims of new incidents of domestic violence but had not sought help or reported it to police or courts. Combining these self-reports with the system contacts, the rate of reassault for all 175 clients would be 23%. The third column looks only at the secondary survey group. The combined rate of reassault that includes both instances of clients' self-reports and system contacts among the 39 clients in the secondary survey is 33%. Additionally, those 39 survivors were asked if they currently felt safe from domestic violence, and 30% responded that they did not feel safe. Finally, the last column on the chart indicates a projected total reassault rate. It is critical to note that this is a mathematical extrapolation, not a recorded data point. If the rate within the secondary group at which assaults were disclosed but were not reported to SAFE, the police, or the courts were to then be multiplied by the total population of 175 clients, that reassault rate would be 33%; of course, 33% matches the actual combined reassault rate for the secondary population.

Despite this number, the remainder of this report will use an assumed rate of reassault for the entire original population of 175 survivors of 23%. While this is lower than the perhaps likelier number of 33%, it is the most defensible number, since it includes both survivors' voices as well as system records, and is used to avoid over-interpretation of other data. However, it should still be emphasized that these numbers were achieved by looking at a very narrow portion of survivor experience; many survivors likely do not have the opportunity, safety, or desire to seek help through these systems, and their experience should not be discounted or treated as invisible, even if it is hard to see.

*The remainder of this report will use an assumed rate of reassault for the entire original population of 175 survivors of 23%.*

### *Criminal justice response and the Lethality Assessment Project*

Criminal offender accountability is an important tool in ensuring survivor safety, both because it can serve to empower and validate survivors, treating violence not as a private matter but as a crime without justification and deserving of coordinated community response, and because it can send the message that abusers cannot act with impunity and will face consequences for violent and threatening acts. While in each individual case a survivor's priorities should be the paramount consideration for all advocates, an effective criminal justice response can have a major impact in long-term outcomes. Since the majority of SAFE's clients are referred by law enforcement responders, SAFE is frequently working with survivors who strongly desire to pursue criminal cases against abusers. The surveys

Offender accountability has a role in reducing violence.

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conducted in 2013 and 2014 demonstrate that this criminal justice response can and does result in lower rates of reassault.

The Lethality Assessment Project was started in DC in 2009, and consolidated under a multi-agency agreement in 2012.

One of the tools that SAFE employs in coordinating an effective criminal justice response is the Lethality Assessment Project. The project, in which SAFE serves as the coordinating agency, is an agreement between dozens of service providers and city agencies to ensure that survivors identified as being at high risk for violent or lethal assault receive expedited and seamless access to services and intervention in their circumstances.

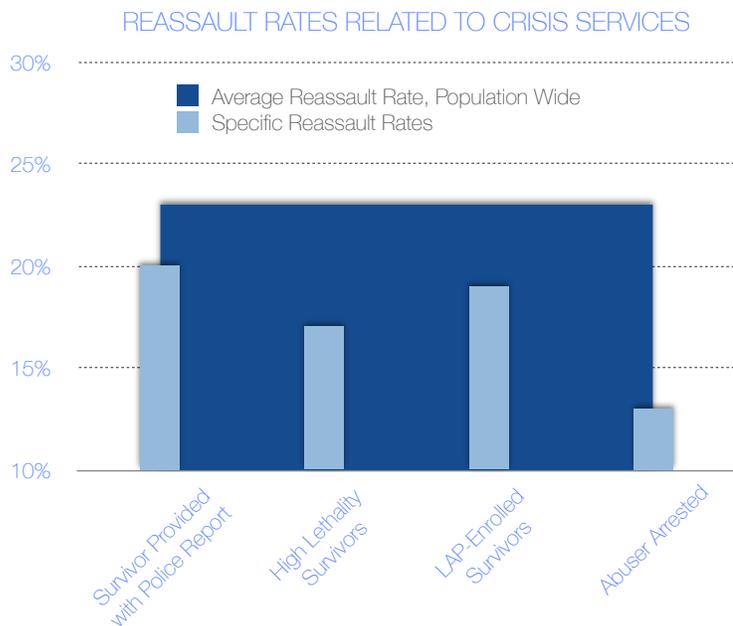
Campbell, et al  
*Assessing Risk Factors for Intimate Partner Homicide*, 1985  
[www.dangerassessment.org](http://www.dangerassessment.org)

The Lethality Assessment Project (LAP) is based on research conducted by Dr. Jacqueline Campbell at Johns Hopkins University over many years on the impact of a range of risk indicators on intimate partner violence survivors' long-term safety. Lethality Assessments are used by many jurisdictions nationwide to assess danger in survivor situations. SAFE employs a fifteen-question Lethality Assessment tool that is used to screen every consenting intimate partner who accesses services through any point of access, including the Response Line and the Domestic Violence Intake Centers. The questions ask survivors about specific factors of their relationship with the abuser, such as whether or not the survivor has current contact with the abuser, or whether or not the survivor has children with someone other than the abuser, as well as questions about particular abusive behaviors or patterns of abuse, such as instances of strangulation or physical abuse while pregnant. These measures have been validated as predictive risk factors by Dr. Campbell's research. The full Lethality Assessment is attached as an appendix to this report.

*Nearly 40% of 2013 survivors were assessed as High Lethality. 26% opted for enhanced services. 37% of the 175 clients surveyed in 2013 were High Lethality.*

The Lethality Assessment can provide enhanced services to survivors in several ways. First, it serves as an added opportunity for specific safety planning between the survivor and the advocate. By describing the purpose of the risk assessment and reviewing the answers, the advocate and the survivor can have a deeper conversation about the elements of risk in the relationship, and better frame how to address that risk, whether by seeking relief through civil or criminal justice response, planning for emergency relocation, etc. Second, the Assessment can allow advocates to effectively prioritize immediate safety concerns and needs among their clients. Third, the Assessment serves as a standard to coordinate expedited services across organizational lines. For example, clients assessed to be High Lethality are assigned a specialized advocate who can use expedited information-sharing channels to work with MPD to ensure quick linkage between criminal investigators and the survivor who is a complaining witness in an MPD investigation.

The chart below compares the assumed reassault rate after twelve months with the reassault rate of several subgroups of survivors. In each case, the reassault rate dropped with some significance.



Only 20% of survivors who called police and received a police report, or later filed a police report for domestic violence, were later assaulted in a domestic violence incident. The possible reasons for this include the fact that police report numbers are often used as evidence for eligibility for various services—most notably, assistance with emergency housing or other assistance from the Crime Victims Compensation Program. Police reports also are the first step in initiating a criminal investigation, which is the key process in criminal justice response for offender accountability. 85% (46) of police reports taken were for criminal offenses; the remainder were family disturbances.

Police response, population wide, decreases violence. This does not mean that police involvement is safer for every survivor.

Among survivors whose abuser was arrested on the scene of a domestic violence incident (16) or later following an investigation and a warrant (5), only 13% were reassaulted in the next year, a full ten points lower than the estimated population-wide reassault rate of 23%.

The Lethality Assessment Project also is associated with reduced risk of reassault. Among all survivors assessed to be at high risk, the rate of reassault was just 17% — a much lower rate given that the validated research indicates that survivors with the indicators present in the assessment are at a higher initial risk for violent reassault. Among survivors enrolled in enhanced LAP services, the reassault rate is 20%. It is unclear

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why the rate for those receiving LAP services is higher than the broader group of survivors who are simply assessed as at greater risk, but it is possible that one of the most effective parts of the LAP process is the safety planning conversation that the assessment tool enables between advocates and survivors, even when enhanced services are not used.

### Legal Protections and Supportive Services

In addition to 24-hour crisis services through the Response Line, which focus on providing immediate tangible relief to survivors, such as transportation, lock changes, LAP services, police advocacy, and more, SAFE provides supportive services to its client survivors to ensure that their immediate safety can become long-term stability and security. SAFE advocates staff two Domestic Violence Intake Centers where survivors can meet in person and plan their safety with advocates, draft petitions for and motions related to civil protection orders, obtain free legal representation, and be referred to temporary and transitional housing. Additionally, survivors with CPO cases are met by advocates who staff the Domestic Violence Unit Courts at the DC Superior Court, on the day of their hearings, to check in on their safety plan and any issues related to their attempt to obtain legal relief from domestic violence.

Civil court offers survivors more control than criminal justice response; it can be more burdensome.

Civil protection orders are an important way that survivors can both plan for their safety and hold offenders accountable through an alternative to the criminal justice system. For communities that may have historical challenges in police interaction, the civil court presents an opportunity for formal sanction and protection under the law. For survivors who have routinely had control taken away from them by their intimate partner, the civil legal process offers them an opportunity to be in charge of prosecuting their own case and asking for relief specific to their needs. But despite the fact that protection orders are valuable tools that work in reducing violence, the process is difficult, and many survivors choose not to complete it.



In 70 in-person contacts with survivors of domestic violence during the two week survey, 64 survivors decided to pursue protection orders against their abusers. The majority of these survivors, 83% (53) requested the Court grant them temporary protection orders to ensure immediate effect. All 53 TPOs requested were granted by the court. However, by the time all 64 cases had received a final disposition, just 45% (29) had resulted in permanent one-year CPOs. 52% (33) of the CPO requests were dismissed at their hearing, and 2 were denied.

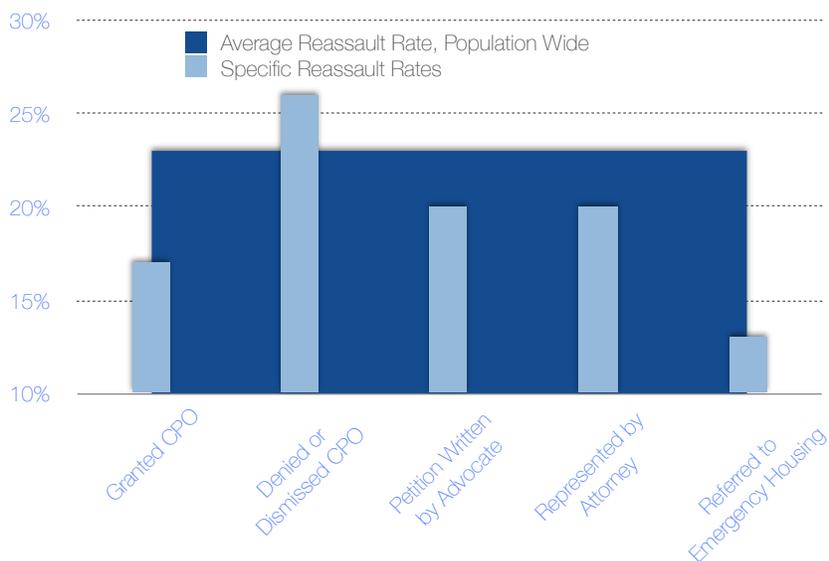
7 of the CPOs granted took longer than 3 months to obtain

The DV in DC 2013 Report includes valuable insight as to why survivors did not attend Court or chose to have their cases dismissed. The answers presented by survivors in that report included:

- ▶ The abuser stopped harassment after the TPO and the survivor felt safe;
- ▶ An abuser filed his own CPO petition and the survivor dropped her case in response to avoid having a CPO in the system against her;
- ▶ An abuser was incarcerated;
- ▶ The survivor wished to reconcile with the abuser

When asked the same question related to more recent incidents of violence, and why they had dismissed or dropped their CPO cases, survivors in the secondary survey group stated that their primary reasons were that they no longer felt in needed of the CPO (5 responses) and they were concerned about retaliation (2 responses).

While an individual survivor's reasons for dropping a CPO are entirely valid, CPO dismissals are broadly associated with higher reassault rates.



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In cases where a CPO was granted by the Court, only 17% (5) of survivors were reassaulted, compared to at least 23% of the total population. However, in cases where CPOs were dismissed or denied by the court, 26% of survivors were reassaulted—a statistically higher rate than among those who did not request a CPO at all (23%).

Other supportive services also were associated with reduced instances of reassault. When petitions were written by an advocate, regardless of whether or not a CPO was ultimately awarded, 20% of those survivors experienced new incidents of violence in the next twelve months. While this makes anecdotal sense, since SAFE advocates draft petitions as part of a lengthy intake process that includes extensive safety planning with the client and listening to client safety concerns, it is also a number that should

*Clients with legal representation face dramatically higher rates of success in CPO court: 59% of represented petitioners were granted orders.*

be taken with caution; less than 15% of the CPOs requested during the survey period were drafted by clients without the assistance of a SAFE advocate. Similarly, survivors who were represented by attorneys faced lower rates of reassault: 20% compared to the broader 23%. This is likely the result of the fact that clients with legal representation face dramatically higher rates of success in CPO

court: 59% of CPO cases in which the petitioner had a lawyer resulted in an order, versus 45% among all petitioners.

Finally, while not a legal service, referrals for emergency housing are an incredibly important part of the supportive services that are provided to survivors who need to escape from a life-threatening domestic violence situation. The need for housing is assessed in every in-person intake, and referrals for housing were associated with a major reduction in the instance of repeated violence. As stated earlier in this report, housing is the second most common need clients identify when accessing services, after legal protection. SAFE operates its own confidential emergency housing location, which provides low-barrier, voluntary service housing for survivors of domestic violence, regardless of gender identity, children, sexual orientation, or any other indicator besides assessed need. In addition to this facility, SAFE has a close relationship with other providers of emergency and transitional housing, including emergency shelter provided through the Crime Victims Compensation Program, and housing through programs such as House of Ruth. Of all survivors who were referred for immediate housing, only 13% reported or were recorded as having sought services for a recurrence of violence. Only the arrest of an offender was associated with this rate reduction.

In 2013, SAFE Space provided shelter for 267 families, 467 children, and 308 single adults.

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## Observations and Conclusion

### Factors Unique to the Secondary Population

While the bulk of this report has assessed survivors as they originally came to SAFE in 2013, several measures have relied on the 2014 survey of survivors that reached a smaller group of 39 clients who were reachable through contact information provided in 2013 and who were able to and willing to answer the questions asked. Several indicators make this population special:

- ▶ **Income:** As noted in the section of this report covering economic indicators, the secondary population had an income nearly 1.5 times higher than the broader population. Among those survivors reassaulted, the secondary population income was 1.75 times higher than the broader population who had experienced further assault, despite the fact that the two groups had the same basic rate of reassault.
- ▶ **Age:** The median age of the secondary population was 33, four years older than the median age of the broader population.

These indicators point to a secondary population that is likely a biased selection of more stable survivors who have, for unknown reasons possibly related to economic resources and age, been more likely to maintain contact information over time. However, in order to determine if there was value in the data recorded from the secondary population, dozens of additional indicators were compared. The distribution of disability, of criminal records, of immigration status, of gender identity, of sexual orientation, of lethality risk, of children, and as has been mentioned, the occurrence of reassault — all of these factors were nearly exact in their consistency between the secondary population and the broader survey group.

Despite the fact that a proportional representation of male survivors were reached in the survey, three male survivors declined to participate, and two denied that they had ever been survivors of violence and denied ever accessing services.

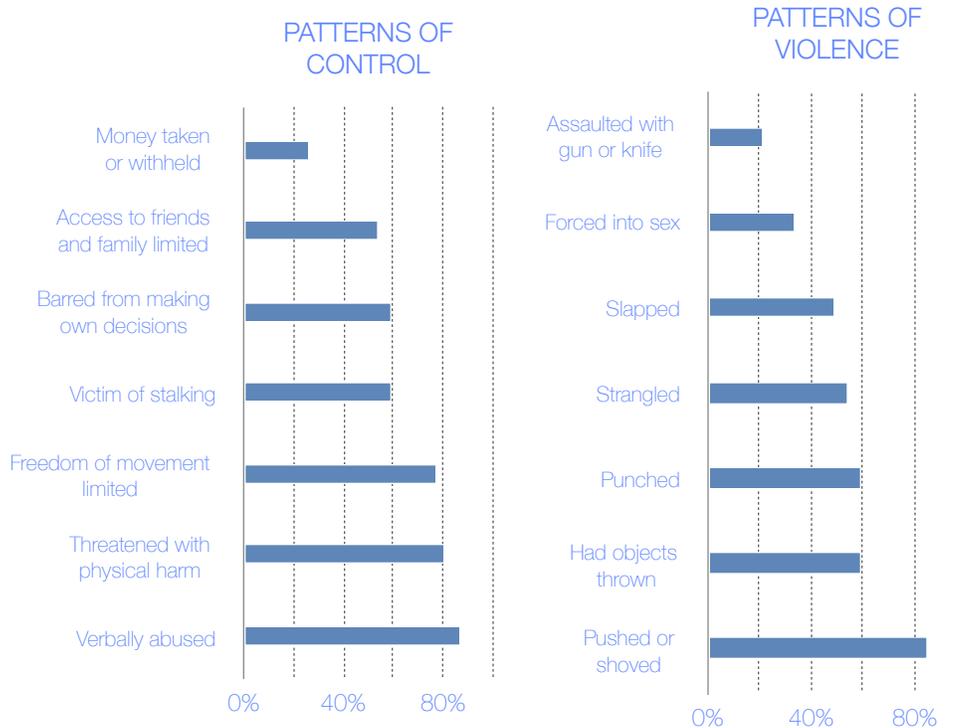
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## Patterns of Abuse in the Secondary Population

In the DV in DC 2013 Report, survivors' voices were heard reporting the specific kinds of abuse they experienced in their relationships. When conducting the follow-on survey, staff asked a series of questions about controlling abuse and physical violence. All of the secondary survey respondents agreed to describe their experience with patterns of abuse.

87%, an overwhelming majority of survivors, stated that they had been routinely verbally abused, which was defined as an abuser calling them names, insulting them, or making fun of them. 80% stated that their abuser had threatened them with physical harm. 77% had their freedom of movement limited. 59% were stalked. 59% were barred from making decisions they felt should be theirs alone. 54% were barred from seeing family or friends. 26% had their own money controlled.

85% of clients had been shoved by their partner. 59% had objects thrown at them. 59% had been punched. 54% had been strangled, and 49% slapped. A third, 33%, had been forced into sex, and 21% had been assaulted with a gun or a knife.



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## Final Conclusions

This report has provided additional details about the DV in DC 2013 survey, by reevaluating the data and conducting a follow on survey to examine survivor outcomes over time. A number of critical observations were uncovered in the surveys and they are summarized here and in a fact sheet that will accompany this report:

*SAFE's clients, survivors of DV in DC, face significant barriers:*

While SAFE serves a client base of survivors that identifies as female in the vast majority, and is also primarily African American, the population that seeks help for domestic violence is still diverse. Survivors include men in both same-sex and opposite-sex intimate relationships, immigrants with limited English proficiency who frequently lack documentation, non-intimate domestic violence survivors, and a broad range of ages. These survivors generally lack economic resources and face unstable housing in a city that has a critical shortage of units, particularly affordable ones. The average survivor with children has multiple minor children, and a nearly a sixth of the population is challenged with a disability. In many cases, these demographic and welfare factors coalesce to create major barriers to the intensive process of seeking help for domestic violence and developing a workable, stable safety plan. These barriers are evidenced by the fact that each of these survivors has expressed a strong desire to be safe; yet rates of violence remain stubbornly high.

*Repeat instances of violent assault are destructively common:*

Twelve or thirteen months after they came into contact with SAFE during the survey period, as many as one third of all survivors who were trying to obtain the help and resources to be safe had experienced a violent reassault. For the purposes of this report, a lower potential number to reflect the occurrence of reassaults was used, 23%, but the fact that 125 of the 175 initial survey respondents were unreachable is an unsettling reminder that the higher number may, sadly, be more accurate, if harder to verify.

*Civil Protection Orders are an uphill battle for many survivors:*

Civil Protection Orders are requested by the majority of survivors who meet with SAFE at the Domestic Violence Intake Centers. Yet CPOs require hours to request and file, the potential for many court dates, the willingness to appear in public court to describe, and potentially be cross examined about, physical abuse, as well as occasional countering legal action, and necessary proximity to an abuser in court—all of which can combine to

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create further burdens and upheaval in the days following a domestic violence assault when survivors may be concerned about numerous tangible needs, such as food and shelter. Of the 64 CPOs requested by surveyed survivors, less than half were granted.

*Civil Protection Orders are nonetheless effective tools:*

Despite their burden, CPOs are tools that are used effectively by many survivors to protect themselves. Survivors who obtained CPOs were reassaulted at a rate six percentage points lower than the average, and nine points lower than those whose CPOs were dismissed or denied.

*Clients served by expedited advocacy and criminal justice response can face safer outcomes:*

While there are numerous valid reasons why survivors, particularly those with community barriers related to law enforcement, might not report violence to police or cooperate with criminal investigations, many survivors actively want to do so. Survivors who obtained police reports faced fewer reassaults than those who did not, and when abusers were arrested, the largest drop in reassault rates occurred. Among high risk survivors, those who went through the process of being assessed and those who received expedited services through the LAP faced fewer reassaults than the average, despite the fact that their situations indicated higher risk.

*Male survivors demonstrate a potential lack of trust in the system:*

While male survivors made up only 12 of the 175 survivors surveyed, they experience serious violence at the hands of both male and female abusers. Many of SAFE's male survivors are assessed as being high lethality, and require and receive the same services and advocacy as female survivors. However, none of the male survivors who requested CPOs through SAFE during this period were granted them by the court. None of the male survivors appeared to have reaccessed the system in the twelve months following an assault, and two male survivors denied that they had ever received services or experienced violence.

*Survivors increasingly self-refer to access services with increased knowledge:*

SAFE services are available to all survivors of domestic violence in DC. However, in an effort to reach the most at-risk population of survivors with the most immediate crisis needs, SAFE has partnered with MPD and other community service organizations through the 24-hour response line, rather than a public hotline. Among the survivors who called the

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Response Line and were surveyed for the 2013 report, 28% were self-referred, meaning they had called the Response Line without a referral, based on past use of the resource or knowledge from their community. Over time, this has grown from almost none of SAFE's calls to 26% currently, demonstrating an increased awareness of services by current and former clients and their communities.

### *Follow On Studies*

SAFE would like to continue reporting back on domestic violence in DC, its resilient survivors, and the outcomes of services and programs designed to partner with them in creating and maintaining safety.

The DV in DC 2013 Report provided detailed information on individual survivors and their stories, their reasons for seeking services, their specific barriers and limitations and plans, their reasons for declining services, and the immediate outcomes they faced.

Since much of the data for the DV in DC 2014 Report is merely an extension of the 2013 information, this report has instead focused on understanding the broader, simpler outcomes of survivors over time, without sacrificing the critical survivor voice throughout.

SAFE hopes to continue these reports with additional study that can enrich and focus these efforts—expanding both the individual perspective and the evaluation of systems and programs, by developing and refining survey tools and data instruments to understand who our clients are, how we are serving them, and how those services can better succeed.

We encourage you to join us in this study.

# APPENDIX 1

## Secondary Survey form, 2014

### DOMESTIC VIOLENCE IN DC - SURVEY

Good afternoon, may I speak to \_\_\_\_\_? Hello, \_\_\_\_\_, my name is \_\_\_\_\_, with DC SAFE, where we provide crisis services to survivors of domestic violence. Last year in July, while getting help for an incident of violence, you participated in a survey about your circumstances, so SAFE could better understand how to help our clients. We are conducting a follow-up survey to ask you a few additional questions about your current situation. You are free to decline any or all questions, and SAFE takes your confidentiality very seriously. Any answers you provide will only be used for statistics and only be reported in aggregation--that is, as a number along with others. SAFE will never use or share any piece of your personal information without your permission or instructions. Do you have five minutes to answer some of my questions?

#### CURRENT STATUS

Where are you currently living? Have you moved more than once in the past year? How many people are living in your home?

Are you currently employed?

If yes, Where is your place of employment? Full time?

Do you have an income?

If yes, What is your monthly income?

Are you currently receiving public assistance?

Have you received public assistance within the past year?

Do you currently have contact with your abuser?

Do you generally feel safe?

#### RE-OCCURRENCE OF DOMESTIC VIOLENCE AND AGENCY UTILIZATION

Within the past year...

Have you experienced another incident of violence against you by the same individual?

If yes, do you know if he/she was on probation or parole at the time of the incident?

Have you experienced another incident of domestic violence with someone other than the the same individual?

If yes, what is your relationship with that person?

Have you sought SAFE services--called a 24 hour response line or gone to one of the intake centers at the courthouse or at the Greater Southeast hospital?

If yes, What was the primary reason for your re-access? (What motivated you to re-contact SAFE?)

Have you filed a petition for a civil protection order?

If yes, did you obtain a Temporary Protection Order (two weeks?)

If yes, did the Respondent violate the TPO before your court date?

If yes, Did you choose to dismiss or not go through with your CPO?

If yes, why not?

Have you requested a lawyer due to an incident of domestic violence?

If yes, did a lawyer take your case?

Have you contacted the police due to an incident of domestic violence?

If yes, was the perpetrator arrested?

If no, is there any reason why you chose not to report?

Have you decided to pursue a criminal prosecution?

If yes, Was the case papered? (Did the government decide to go forward with criminal charges)?

If yes, was there a conviction?

If yes, was there a jail/prison sentence? Do you know for how long?

If no, Do you know if the government decided to prosecute anyway?

If yes, Was there a conviction?

If yes, was there a jail/prison sentence? Do you know for how long?

Have you requested emergency shelter or transitional housing due to domestic violence?

If yes, did you receive shelter?

Have you sustained physical injuries as a result of the violence you experienced?

Have you needed healthcare or medical assistance as a result of the violence you experienced?

Have you requested mental health services as a result of the violence you experienced?

If yes, did you receive mental health treatment?

Have you missed days of work or school as a result of the violence you experienced?

If you have children in common (CIC) with the person who hurt you:

How many children do you have?  
What are the children's ages?  
Are the children currently living with you? Their father? Elsewhere?  
Within the past year, have children been removed from the home?  
Have there been any incidents of parental kidnapping?  
Has there been a child custody order?  
    If yes, was supervised visitation requested?  
    If yes, was supervised visitation granted?

#### **PATTERNS OF PERPETRATOR ABUSE/VIOLENCE**

##### **PSYCHOLOGICAL AGGRESSION**

Has your abuser ever called you names, insulted you, or made fun of you?  
Has your abuser ever tried to keep you from seeing/talking to family or friends?  
Has your abuser ever tried to make decisions for you that should have been your own?  
Has your abuser ever demanded to know where you are or what you are doing?  
Has your abuser ever made threats to harm you, him/herself, or someone close to you?  
Has your abuser ever kept you from having your own money to use?

##### **PHYSICAL/SEXUAL VIOLENCE**

Has your abuser ever forced you to do something sexually that you did not want to do?  
Has your abuser ever thrown something at you?  
Has your abuser ever pushed/shoved you?  
Has your abuser ever slapped you?  
Has your abuser ever punched you?  
Has your abuser ever choked or suffocated you?  
Has your abuser ever tried to use a gun or knife against you?  
Has your abuser ever abused you in any other physical way?

##### **STALKING**

Has your abuser ever contacted you after you asked him/her not to?  
    If yes, in what way? (Phone, text, in person, through third party, social media, etc.)  
Has your abuser ever contacted or harassed you through social media?

## APPENDIX 2

### Lethality Assessment form, 2014

These questions are used to determine the relative risk of a particular client. The questions address particular factors that, if present, increase the statistical likelihood that there will be a domestic violence homicide. SAFE's Lethality Assessment is scored on a scale of 15: a survivor is assessed to be at high risk if they affirmatively answer any three of the top 5 questions, or overall any 10 out of the 15.

Does the person have access to any weapons such as a gun?

Does the person control most or all of your daily activities/violently jealous?

Have you ever been strangled by the person?

Has the person who hurt you ever forced you to have sex?

Has the physical or sexual abuse increased in severity/frequency over the past 12 months?

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Has the person threatened to kill you or someone close to you?

Do you currently have contact with the person who has hurt you?

Does the person who hurt you drink alcohol or use drugs?

Has the person ever threatened or tried to commit suicide?

Are you currently separated from the person?

Do you have children with someone other than the respondent in this case?

Has the person violated a TPO/CPO?

(If female) Have you ever been hit or beaten while pregnant?

Have you attempted to leave or called police in the last 12 months?

Have you ever required medical attention for injuries from respondent?