Whatcom Prosperity Project

Experiences of Poverty in Whatcom County

September 13, 2007 **SUB-SAMPLE REPORT:**

Domestic Violence

Sponsored by:

Bellingham-Whatcom County Commission Against Domestic Violence

And

Whatcom Coalition for Healthy Communities

Research and reporting by:

Cornerstone Strategies, Inc.

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Survey Respondents: Who Are They?

The Whatcom Prosperity Project (WPP) was convened initially in summer 2006 by the Whatcom Coalition for Healthy Communities. The goal of this effort has been to bring people together across the different "silos" of service provision to address issues of poverty in Whatcom County and to make action recommendations around policies, resources, service coordination, and community engagement and awareness. The process of talking to people about their experiences and needs became a critical first step to making effective recommendations. In response, the group launched a needs assessment project to provide both quantitative type data as well as more in-depth qualitative data. The intent of the study is to provide results of this needs assessment process with low-income families that involved a client intercept paper survey of 610 households (countywide), focus groups and face-to-face interviews with 105 key informants, and an online survey of service providers.

Domestic Violence Sub-sample Report

An indirect indicator for households affected by domestic violence (DV) is used to select the sub-sample for this report using only the quantitative survey data. Respondents were asked to rate the importance of "domestic violence shelter and/or counseling services" to "your household now," from 1 (not important) to 5 (extremely important). The subject of this report is the sub-sample consisting of the 89 respondents who reported that domestic violence services are extremely important to their household at the time of the survey. By singling out this extreme group, we are more likely to target the sub-sample that is most directly suffering from domestic violence and its adverse affects.

These particular respondents were recruited to participate in the survey through various service access points throughout Whatcom County in early 2007, including nine food banks, two transitional housing providers, DSHS Community Service Office, Domestic Violence and Sexual Assault Services, Opportunity Council, and five other specialty social service providers.

What follows is a focused examination of this particular population, from now on referred to as either households with extreme DV needs, DV cases, DV respondents, or the sub-population. To put these findings in context, we also make comparisons to the whole sample of 610 WPP respondents to increase our understanding of the concerns and needs of the low-income domestic violence population in Whatcom County.

This sub-sample report was requested by The Bellingham-Whatcom County Commission Against Domestic Violence to inform its strategic planning process. For information about WPP project methodology, goals, and objectives, please refer to the project's main report, which can be found at: http://www.whatcomcoalition.org/pdf/wpprpt.presummitdraft.pdf

Geographic Distribution

Almost two thirds (64%) of our sub-sample live in Bellingham (Figure 1). At first, it may seem that Bellingham low-income households are overrepresented in this sample because Bellingham has only 39% of Whatcom County's population (based on 2005 Census Bureau data). However, in 2005, nearly two-thirds (64%) of all persons living at the poverty level in Whatcom County resided in Bellingham city limits.

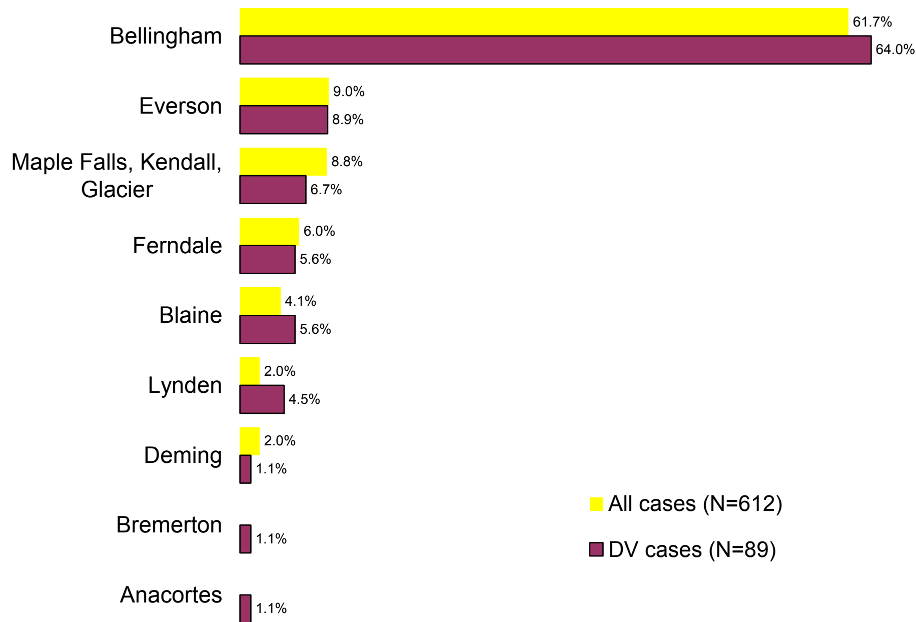

Figure 1: Geographic distribution of survey respondents

Gender and Age

Survey respondents in general were far more likely to be female (65%) than male, and respondents with extreme DV needs were even more likely to be female (78%). Our sub-sample ranged in age from 21 to 68 years old, with a mean age of 40.8 and a median of 40.5 years, only slightly younger than all respondents with a mean age of 42.4 and a median of 42.00 years.

Household Composition

Household size ranged from 1 (36%) to 9 (1%) with a mean household size of 2.7 and a median household size of 2 for respondents with extreme DV needs. Our full sample had very similar household size averages and distribution.

Of the sub-sample households, 51% had one or more children under the age of 18 living at home, and out of these parenting households, 49% (N=20) were single parent households. Out of these single parent households with extreme DV needs, 50% had two or more children, and 25% had three or more. The general low-income population is less likely to be parenting (43%), and these parents are less likely to be single (36%).

Race, Ethnicity, and Language

About three out of four respondents from households with extreme DV needs are white (74%), 15% are Native Americans, 3% African American, 3% Asian and 1% are Hawaiian or Pacific Islanders. 13% of DV cases identified themselves as Hispanic or Latino (Figure 2). These proportions of race and ethnic groups are not significantly different for the full WPP sample.

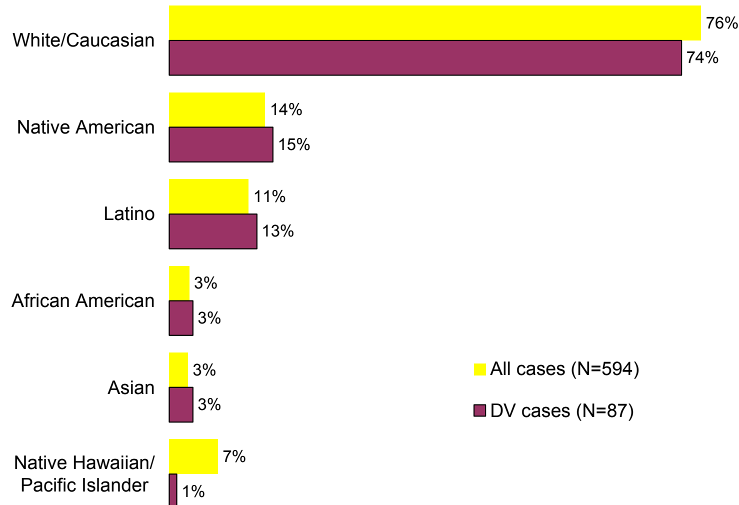

Figure 2: Respondent race and ethnicity

While the vast majority speak English (87.1%), in many households with extreme DV needs a language other than English is spoken (Figure 3). Other languages include Spanish (9.4%), Russian or Ukrainian (1.2%), and 1% or fewer spoke Punjabi, German, Arabic, Farsi, Filipino, Swedish, or American Sign Language (ASL). These results are very similar for both the DV population and the general low-income population.

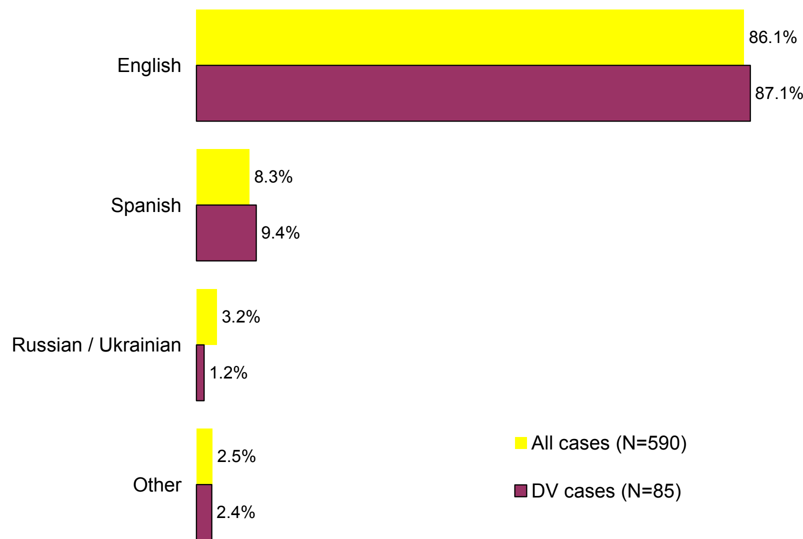

Figure 3: Respondent language usually spoken at home

Disability Status

Survey respondents were asked if anyone in their household has difficulty with certain activities due to physical, mental or emotional conditions lasting six months or more (Figure 4). The difference between the self-reported disability status of the two samples is stark. The sub-sample is more likely to have someone in the household with difficulties learning, remembering, and concentrating (45% compared to 33%), working at a job or business (38% compared to 35%), going outside the home (24% compared to 16%), dressing, bathing, and getting around (10% compared to 8%), and other disability (19% compared to 16%). This may indicated that households with disabled persons are more vulnerable to domestic violence, or that domestic violence fosters disability. Either way, the intercept between disability and violence within the home needs further attention.

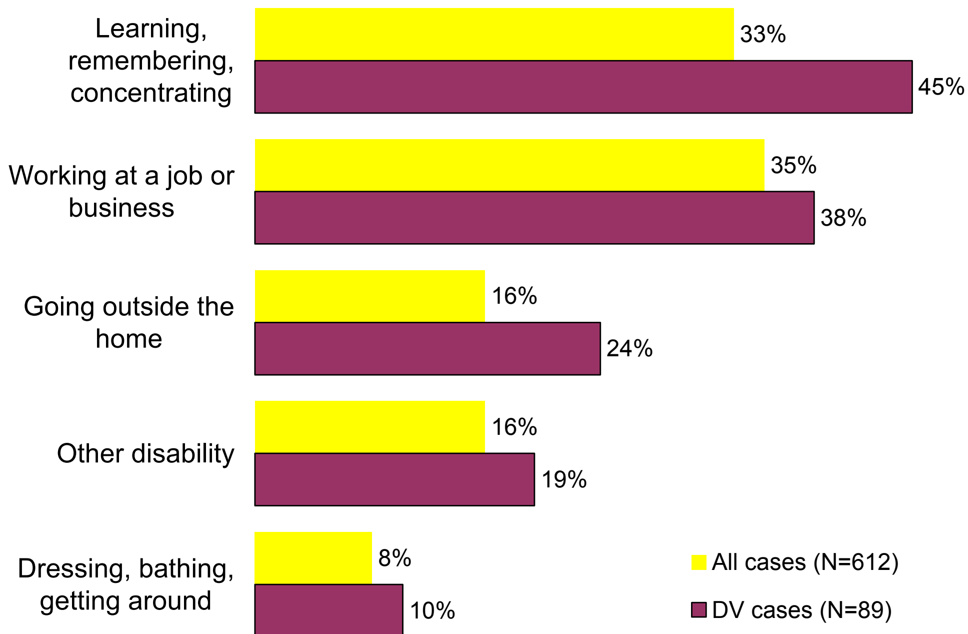

Figure 4: Percent households with a person whose disability limits one or more activities

Duration of Residence in Whatcom County

Respondents with extreme DV needs have on average lived in Whatcom County for a shorter time than the full WPP sample. The mean and median number of years lived here are 16 and 8 years respectively, (compared to 18 and 13 years for all cases). However, nearly two thirds (65%) of the sub-sample have lived in Whatcom County for four years or longer.

Employment, Education and Income

Income

The mean monthly income from all sources for households with extreme DV needs is $803 and the median monthly income is $623. Monthly household incomes ranged from $0 to $3,800 per month. This income range was significantly lower than for the general low-income population which had a mean income of $990, a median of $800 and a maximum of $5,000 per month. Income also varies by household size, ranging from a median income of $620 for single-person households to $2,250 for an eight-person household (Table 1).

Table 1: Respondent household income by household size

Household Size	Number of households	Mean monthly income	Median monthly income	Minimum	Maximum
1	27	$ 571	$ 620	$ -	$ 1,500
2	15	$ 638	$ 450	$ -	$ 1,500
3	11	$ 883	$ 900	$ 320	$ 1,500
4	10	$ 1,113	$ 900	$ 583	$ 3,000
5	6	$ 933	$ 780	$ 200	$ 2,000
6	2	$ 2,175	$ 2,175	$ 1,350	$ 3,000
8	2	$ 2,250	$ 2,250	$ 700	$ 3,800
9	1	$ 399	$ 399	$ 399	$ 399
Total	**74**	**$ 820**	**$ 627**	$ -	**$ 3,800**

Only 43% of households with extreme DV needs identify wages as a source of household income, much less than the 53% of all respondents who did so (Figure 5). The sub-population is more likely to receive SSI (26%), Temporary Assistance for Needy Families, referred to as TANF (25%), and child support (10%), than the general low-income population, and about the same for Social Security (18%) and General Assistance, referred to as GAU or GAX (11%).

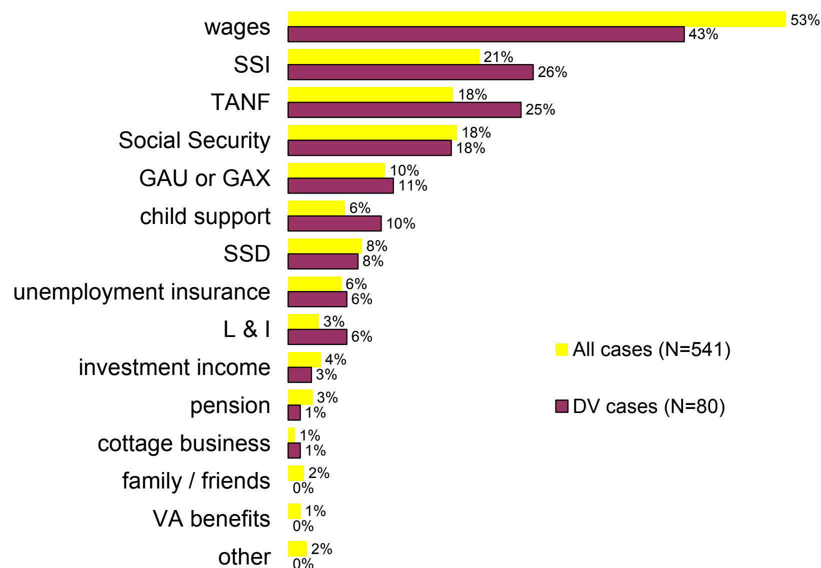

Figure 5: Household income sources

Having established that DV respondents have a significantly lower household income than the full WPP sample (mean of $803/month compared to $990), we wanted to know how much this income difference was an effect of education attainment, and how much could be accounted for by DV status alone. We began by condensing the educational attainment variable from eight categories to three categories: (1) high school or less; (2) vocational school, some college, or two-year degree; and (3) four-year degree or higher. A linear regression analysis allowed us to examine the effect of DV status on income (hypothesized to be negative) while controlling for the effect of education on income (hypothesized to be positive).

Both of our hypotheses were supported by the analysis. First, as is commonly found, the more education one has, the higher one's income. The difference in average monthly income between each of these three education levels was about $126 per month, significant at the .05 level (p=.018). Our second hypothesis, that households with extreme DV needs will have a lower average monthly income is also supported at the .05 significance level (p=.017). Even when controlling for educational level of the respondent, these households still earn about $229 less per month. One thing to remember about these findings is that the reported annual income and DV status are household measures, while the educational attainment is an individual respondent measure. As with all correlations, without longitudinal data it is difficult to determine causality. We do not know if poverty causes domestic violence or domestic violence causes poverty, just that they are associated.

Poverty Status

Adjusting for family size, the proportion of DV respondents who report household income at or below the federal poverty level (FPL) is 85% (Table 2); those households at or below 125% of FPL account for 92% of respondent households. DV households are more likely to fall into both these categories than the full WPP sample, 74% of which are at or below the FPL and 86% of which are at or below 125% of FPL.

Table 2: Low-income respondent households by poverty status and household size

Houehold size	Number of respondent households	Federal Poverty Level (FPL) threshold Income per month ($)	% of DV importance low-income households at or below FPL threshold	Monthly income eligibility limits at 125% of FPL ($)	% of DV importance low-income households at or below 125% FPL
1	27	$ 851	85%	1,064	89%
2	15	$ 1,141	80%	1,426	93%
3	11	$ 1,431	91%	1,789	100%
4	10	$ 1,721	90%	2,151	90%
5	6	$ 2,011	100%	2,514	100%
>5	5	$ 2,301	60%	2,876	80%
All households	**74**		**85%**		**92%**

Job Skills Training and Living Wage Jobs

Almost three-quarters of households with extreme DV needs (74%) reported that there are one or more working adults in their household; only 8% include workers under age 16 (Figure 6). This finding is confusing because it is inconsistent with income source reporting above. Only 43% of households reported having household income from wages or a job. One possible explanation for the discrepancy is that individual survey respondents reported wage income only if they themselves had received wage income in the previous 12 months (rather than think about others in their household who may have also had wage income).

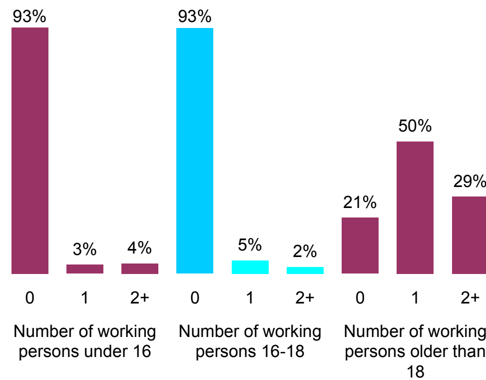

Figure 6: Number of persons per household with extreme DV needs who worked for pay in the previous 12 months by age group (N=70)

More than two-thirds of survey respondents for both groups (71% DV cases, 70% all cases) said that getting or keeping a good job had been a problem for someone in their household. Top reasons for difficulty getting or keeping a good job for respondents with extreme DV needs include: physical or mental disability (40%), too few jobs (38%), lacking the right kinds of skills (32%), and lack of transportation (32%). The same barriers held true for the general low-income population, with an even greater emphasis on the scarcity of jobs and inadequate job skills (Figure 7).

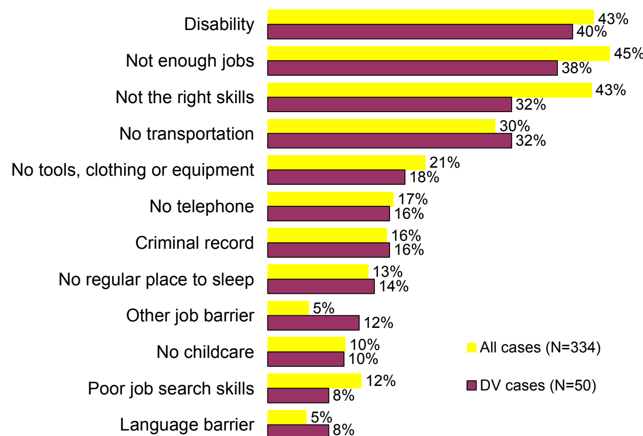

Figure 7: Barriers to getting or keeping a good job

Financial Situation

Among a list of seven household financial situations, respondents from households with extreme DV needs most frequently reported not being able to save for unexpected expenses (63%), having debt from medical or dental care (53%), and having fines or legal fees that are hard to pay off (32%). The general low-income sample had the same top three situations, in slightly lesser proportions (Figure 8). The only situation that the sub-population was less likely to experience is having built up too much credit card debt (15% compared to 22% of all cases).

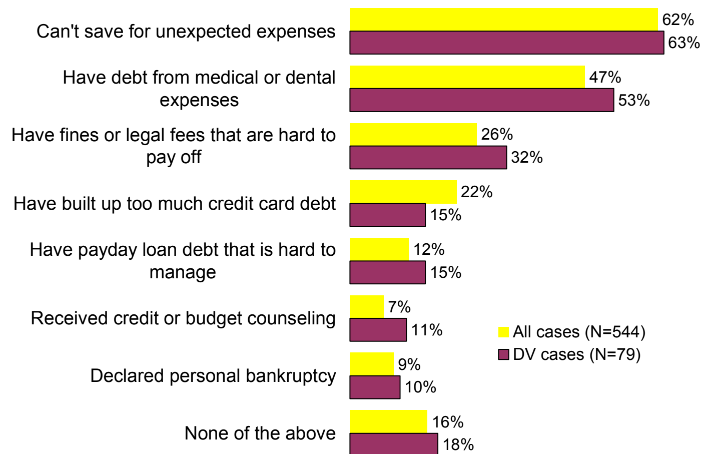

Figure 8: Respondent financial situations

Survey respondents with extreme household DV needs commonly said that they have recently had to borrow money from family or friends (73%) and that they had been pressured to pay bills by stores, creditors or bill collectors (68%). More than half said that they fell behind in paying their rent or mortgage payment (53%) and they had to pawn or sell off valuables to make ends meet (53%). This sub-population was more likely to experience all of the negative financial situations reported in this survey than the general low-income population (Figure 9).

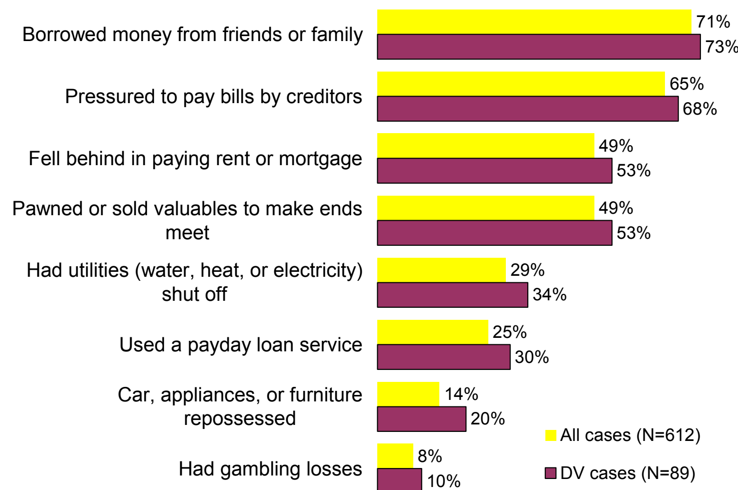

Figure 9: Respondent financial experiences in the last year

Educational Attainment

Nearly half respondents from households with extreme DV needs have some form of post-secondary education (Figure 10). They have attained vocation or trade school education (6%), some college education (28%), a two-year (1%) or four-year degree (9%) degree, or a graduate degree (4%). One third of our sub-sample has a high school education: 19% have a GED or high school equivalency and 14% have a high school diploma. There is no consistent pattern to the differences between this population and the general low-income population. On the one had, they are more likely to have less than a high school education (20% compared to 15%), but on the other hand, they are more likely to have some college (28% compared to 24%) and just as likely to have a four-year degree or a graduate degree (9% and 4% respectively). They are more likely to have a GED than a HS diploma, and less likely to have a vocational or two-year degree.

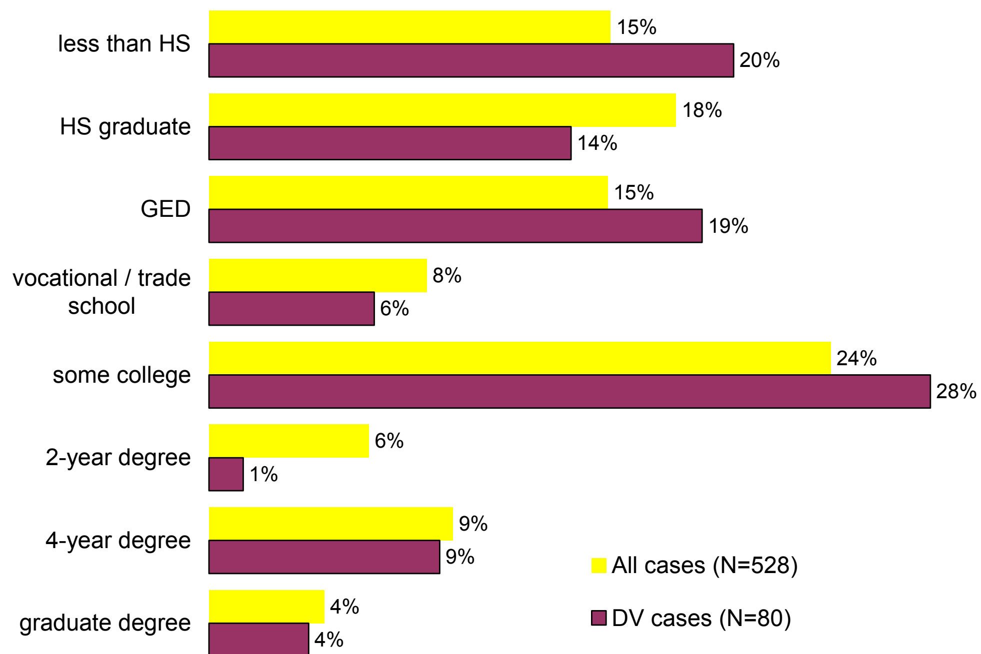

Figure 10: Educational attainment of respondents 25 years and older

Housing

Housing Type

Households with extreme DV needs are less likely to rent or own their own homes (50% and 13% respectively) than the full WPP sample, and more likely to reside in shared housing (12%), transitional or emergency shelter (12%) and to be homeless (12%). Though the differences in each category are small, they represent a consistent pattern for this sub-population to be in less stable housing situations (Figure 11).

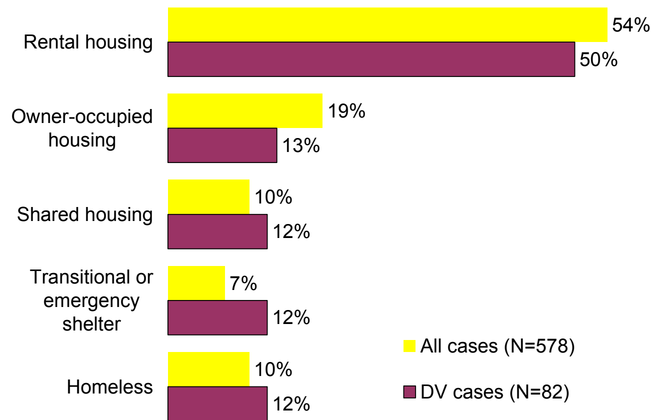

Figure 11: Respondent housing type

One way to further understand these differences in housing status is to examine barriers to homeownership (Figure 12). Households with extreme DV needs are more likely to find monthly mortgage payments unaffordable (74%), to have insufficient income in general (8%), and to find the process of purchasing a home too complicated (25%).

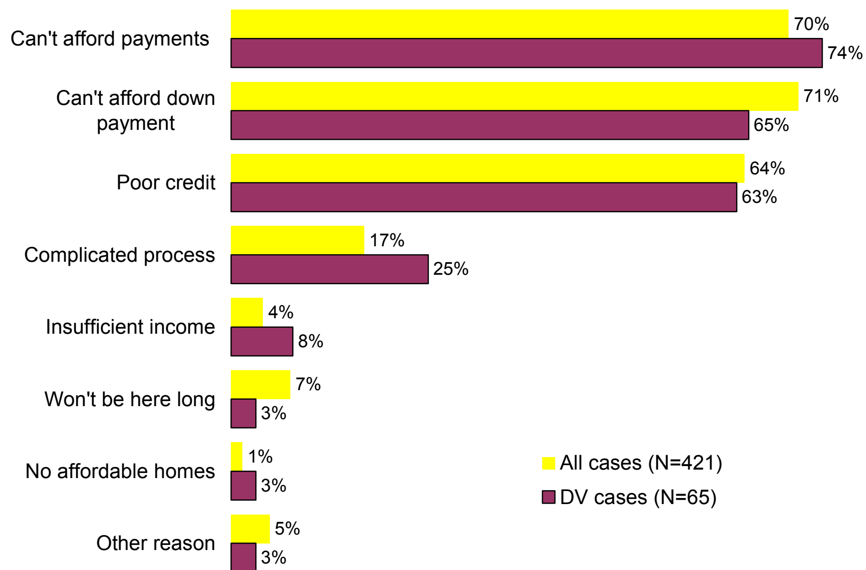

Figure 12: Barriers to homeownership

Housing Cost Burden and Assistance

On average, low-income renter households with extreme DV needs pay $401 per month for rent, slightly lower than the average for all low-income households at $424 (Table 3). Monthly mortgage payments on the other hand, are higher for households with extreme DV needs at $653 verses $558. Housing is considered to be affordable when households spend no more than a third of their pretax income on housing costs. By comparing household income to reported rent or mortgage payment, a conservative estimate of the housing affordability rate can be determined for this sub-sample. 67% of homeowners with extreme DV needs and 59% of renters are spending more than a third of their household income on mortgage and rent payments. The proportion of low-income clients paying more than a third of income for total housing costs is certainly higher than what could be estimated with this survey data because the questionnaire did not measure other housing costs such as insurance, property taxes and maintenance.

Our sample of homeowners with extreme needs for domestic violence services was so small (N=9), that we focused on the renters (N=49), which have cost burdens comparable to the general low-income renters in our sample.

Table 3: Renter cost and cost burden

	All Renters (N=398)	DV Renters (N=49)
Mean monthly cost (rent or mort. pmt.)	$ 424	$ 401
Median monthly cost (rent or mort. pmt.)	$ 400	$ 350
Mean cost burden (% of income spent on rent)	56%	56%
Median cost burden	41%	50%
Cost burden >30% of income	59%	59%

Housing assistance in the forms of various subsidies for low-income renters (e.g. Section 8 voucher) and homeowners (e.g. down payment assistance) are meant to reduce the household’s housing cost burden. Figure 13 demonstrates this by comparing the average rent payments with and without some form of housing assistance. The effect of housing assistance on households with extreme DV needs compared to other households is similar, though the gap between assisted and non-assisted rents is slightly smaller for our sub-population.

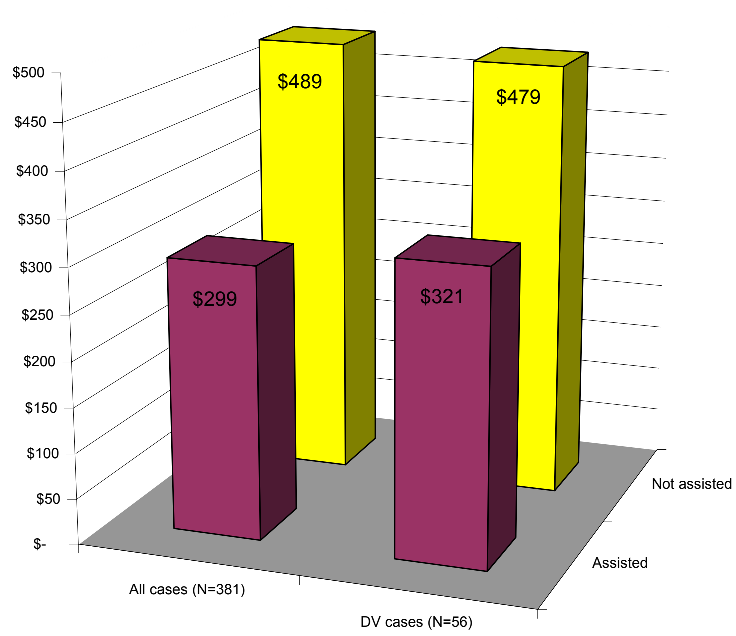

Figure 13: Mean rent costs for survey respondents with and without housing assistance

Housing Condition

Most households with extreme DV needs reported their housing to be in good shape (49%) or needing only minor repairs (31%). Just 1%, even less than in the general low-income population, say that their home is in such bad shape that it is unsafe (Figure 14).

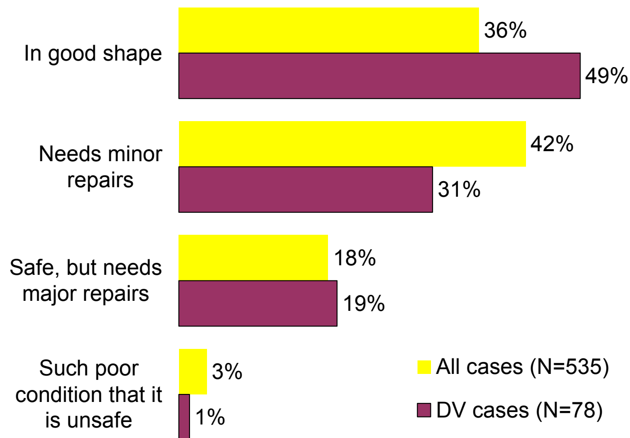

Figure 14: Housing condition

Housing Situations

A comparison of housing situations experienced by the sub-population and the general low-income population leads to a deeper understanding of the housing challenges associated with domestic violence (Figure 15). The sub-population is much more likely to experience having to share housing (44%), having to move multiple times (44%), staying in emergency or transitional shelter (29%), and being homeless (43%).

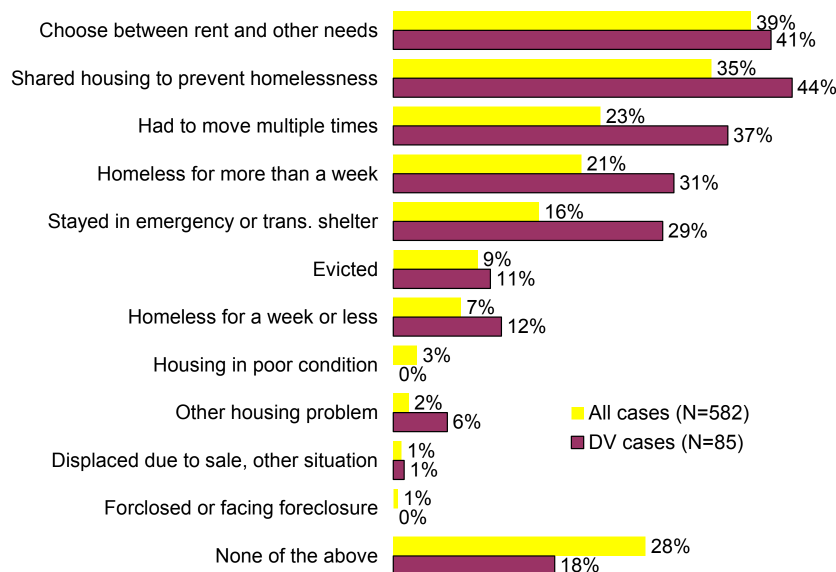

Figure 15: Housing situation

Health and Healthcare

Overall Health Status

Our findings about the relationship between health status and need for DV services are ambiguous (Figure 16). Respondents from households with extreme DV need are more likely to rate their health as excellent (10% compared to 6% all cases), but also more like to rate their health as fair (40% compared to 35% all cases), and poor (15% compared to 13% all cases). They are less likely to rate their health good or very good. Most of these differences are very small, however, ranging from a 2-5% gap except for the "very good," category, with 8% for households with extreme DV need and 15% for other households.

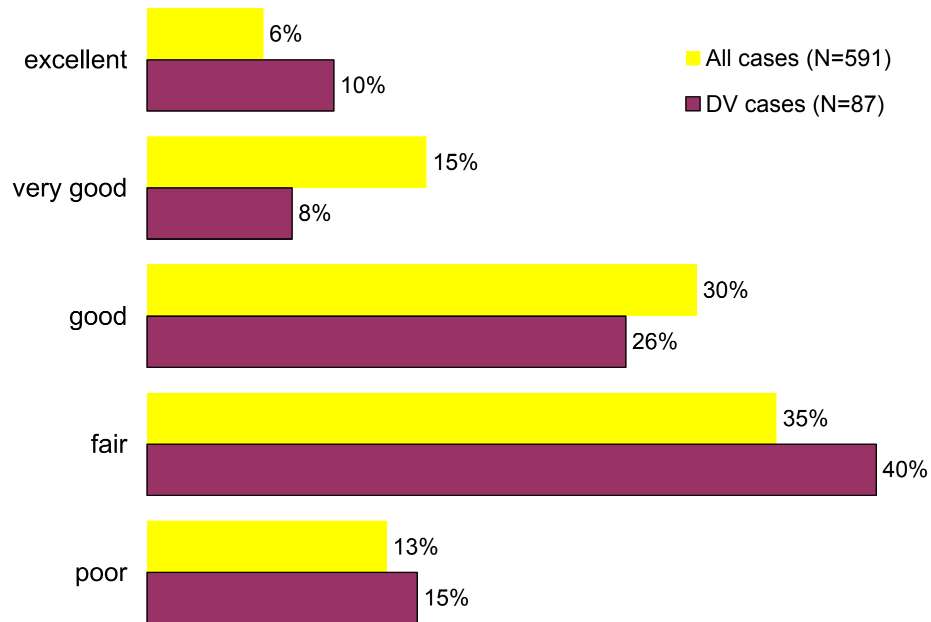

Figure 16: Respondent general health status

Health Insurance

While nearly half of all survey respondents (46%) rely on DSHS coupons for medical coverage, an even greater percent (59%) of households with extreme DV need rely on DSHS (Figure 17). Households with extreme DV need were less likely to use Medicare (11% compared to 16% for all cases), but this might be explained by the higher percent of these households to have no residents 60 or more years old (93% compared to 85% of all households). About one in three survey respondents have no medical coverage, at 27% for DV cases and 32% for all cases.

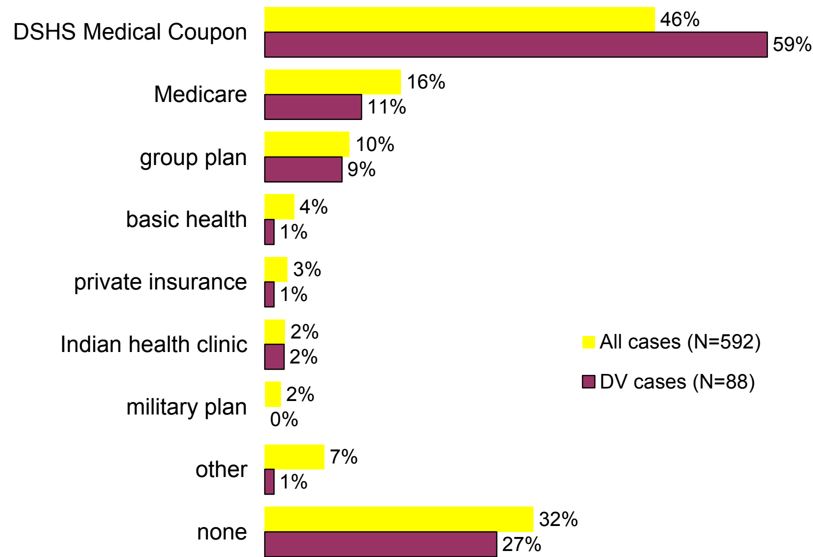

Figure 17: Respondent's type of health insurance

Primary Care

The full WPP sample is more likely to seek medical care at a private doctor's office (40% compared to DV cases 37%) and at a walk-in clinic (24% compared to DV cases 20%). The target population of households with extreme DV needs is more likely than the general population to seek medical care at a community health center (43% compared to 39%) or the emergency department (38% compared to 32%). (Figure 18)

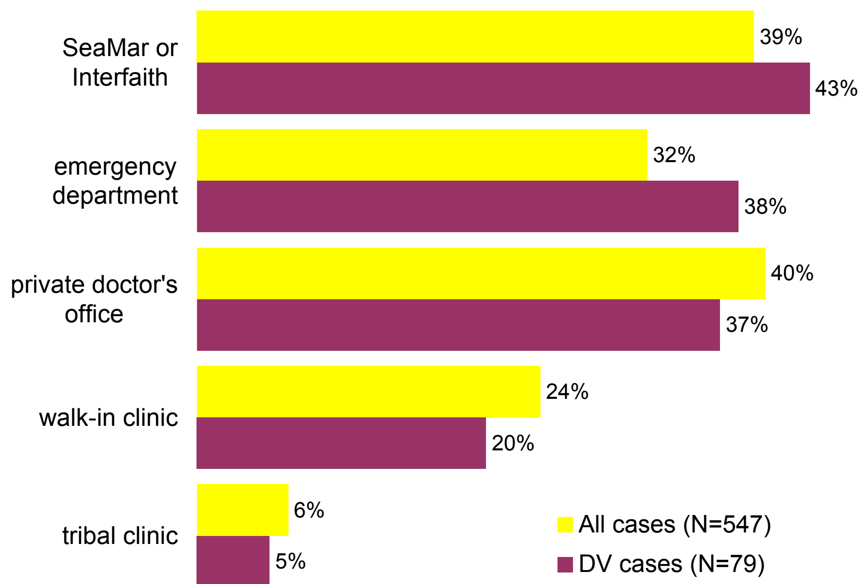

Figure 18: Where survey respondents usually go for medical care

Health Information

While insurance policies often restrict where an individual may seek medical care, where they seek medical information may reveal more about social supports and constraints. When asked where they usually seek out advice or information about their health, the results between the sub-sample and the full WPP sample reveal a few striking statistics (Figure 19). Though both groups were most likely to go to a doctor or other health professional (68 and 69%), the general low-income population were more likely than households with an extreme DV need to seek this information from family (28% compared to 20%), friends (26% compared to 19%), the internet (21% compared to 15%), church (4% compared to 1%), and the library (3% compared to 1%). All of these sources of information represent access to a social network and social support. Households with extreme DV needs are more likely than the general group to seek medical advice and information from the hospital (24% compared to 18%) and from social service organizations (11% compared to 5%). Domestic violence often isolates victims from social support, leaving them with no other option but to turn to large institutions for help.

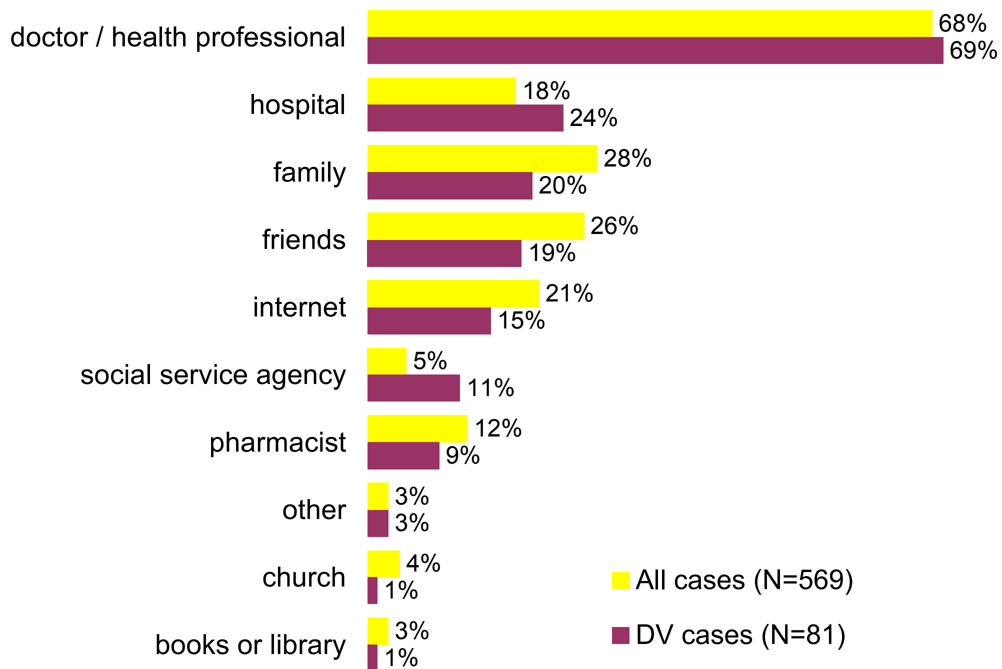

Figure 19: Where survey respondents usually go for advice or information about health

Access and Barriers

Nearly two-thirds of survey respondents (65% all cases, 61% DV cases) said that in the last 12 months, they needed medical, dental, mental health care or medication, but didn't receive it. By far, the most common reasons for not receiving any of four types of health care (medical, dental, mental health, or medications) are the high cost and not having insurance (Figure 20). For medical care, time conflicts, having to wait to long for an appointment, not being able to get an appointment, and having other things that need to be done are also major barriers. For both mental health care and dental care, almost one in three respondents does not know where to go to get the care they need. Even with a relatively small sample size, these findings point to serious issues of access to care.

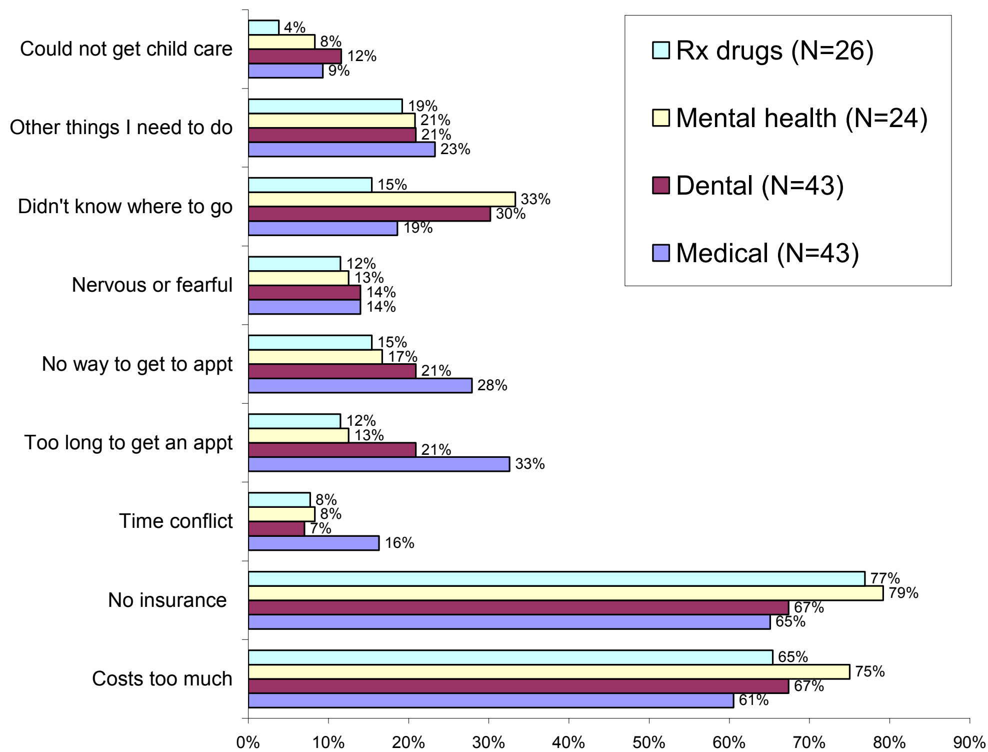

Figure 20: Main reasons for not getting each type of health care for households with extreme DV need

For medical care, long waits for appointments disproportionately affect households with extreme DV need, affecting one in three respondents (33% as compared to 19% for all cases). Having no way to get to the appointment is also more frequently cited as a barrier to medical, dental, and mental health appointments by the sub-population (Table 4). These findings are another indicator of the isolation of DV victims and their particular challenges to getting the services they need.

Table 4: Health care barriers for households with extreme DV needs

	All cases	DV cases	Difference
Too long to get an appointment			
Medical	19%	33%	14%
Dental	14%	21%	7%
Mental	10%	13%	2%
No way to get to appointment			
Medical	16%	28%	12%
Dental	10%	21%	11%
Mental	7%	17%	10%
Didn’t know where to go			
Medical	15%	19%	3%
Dental	20%	30%	11%
Mental	25%	33%	9%

Parenting and Childcare

There is arguably nothing more important to parents than the care and support their children receive, leading to significant concern and the responsibility to find quality, affordable childcare. Low-income households with extreme DV needs face even greater challenges than the overall low-income population; 54% of childcare users with DV needs find it difficult to keep adequate childcare services, compared to 37% of all childcare users.

Child Health Insurance

Of the 42 households with extreme DV needs who have children living at home, 88% say their children are covered by health insurance, compared to 81% of all parenting households.

Child Characteristics

Respondents with children under 18 years old living at home were asked to describe their children in terms of hopes, concerns, and child disabilities (Figure 21). The encouraging finding that 68% of children in households with extreme DV needs are doing well in school (compared to 64% of all cases) is quickly overshadowed by the fact that 27% of sub-population respondents report that their children are having trouble in school (compared to 21% of all cases). About half of both the general and sub-population report that their children receive adequate medical care (47% all cases, 46% DV cases). Households with extreme DV needs, however, are more likely to report learning and physical disabilities (24% and 27% respectively); as well as worries about child's weight (eating habits 24%, overweight 22%, and underweight 27%).

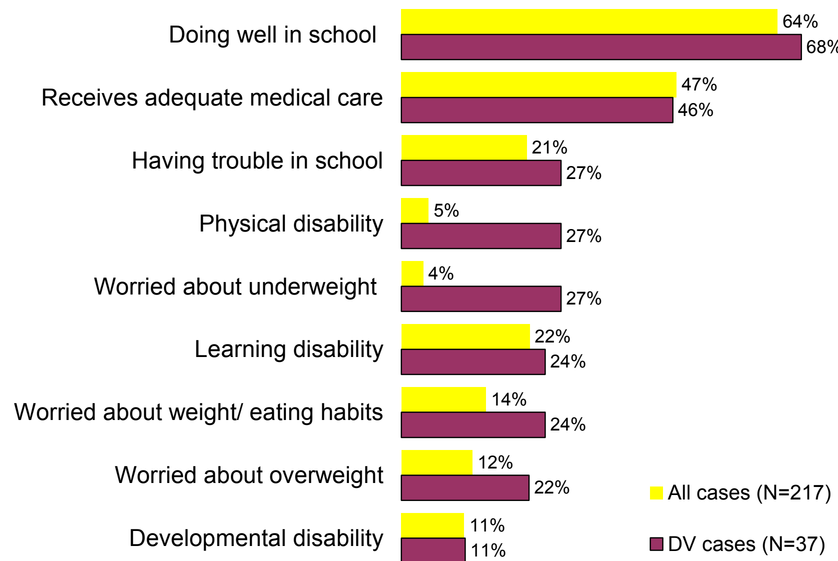

Figure 21: Characteristics of survey respondents' children

Childcare

More than a third of both groups (36% all cases, 35% DV cases) of survey respondents with children at home less than 13 years old said they do not use any form of childcare service (Figure 22). Just under a third rely on relatives, friends, or neighbors (30% all cases, 25% DV cases) for childcare. About one in four (23% all cases, 24% DV cases) said that a grandparent sometimes takes care of the children. Households with extreme DV needs are much more likely to use licensed childcare services (27% as compared to 20% for all cases). The sub-population is slightly less likely to use Head Start programs (6% as compared to 10% for all cases) and unlicensed childcare (6% as compared to 8% for all cases).

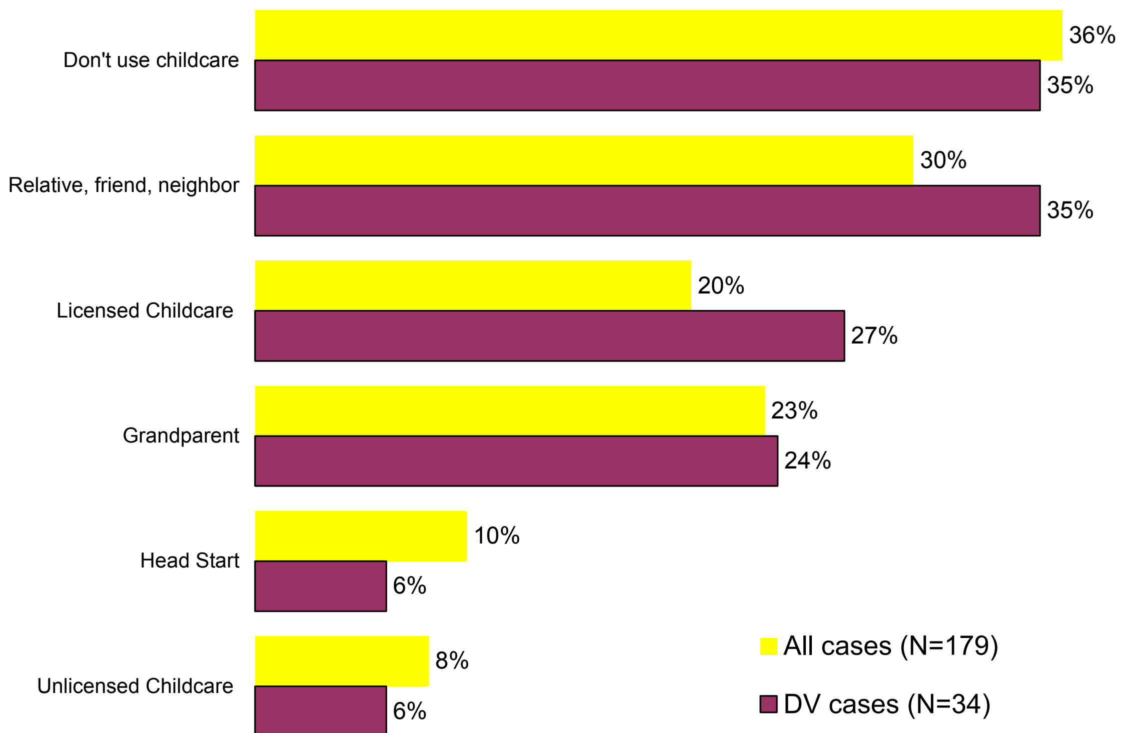

Figure 22: Type of childcare services used

As mentioned above, 54% of childcare users from households with extreme DV needs find it hard to get and keep adequate services. More than half (53%) of this group attributed this difficulty in part to the affordability of services (Figure 23). Some also find it difficult to find childcare services that fit their needs, such as evening (33%), weekend (33%), and infant care (27%). Interestingly, in spite of high percentages of disability in households with extreme DV as cited earlier, none of these households reported this as a major barrier to childcare. This could be explained by the small sample size (N=15) of sub-sample households who reported specific childcare barriers.

Strikingly, about two out of three (67%) households who had both childcare needs and extreme DV needs reported that their child has been expelled from childcare due to behavior (Figure 23). This is more than ten times the proportion of all low-income childcare consumers surveyed (6%) to report a child being expelled from childcare. Despite the small sample size, this finding deserves attention, especially since being expelled is a more objective measure of behavior problems than the less specific "having trouble in school" discussed above.

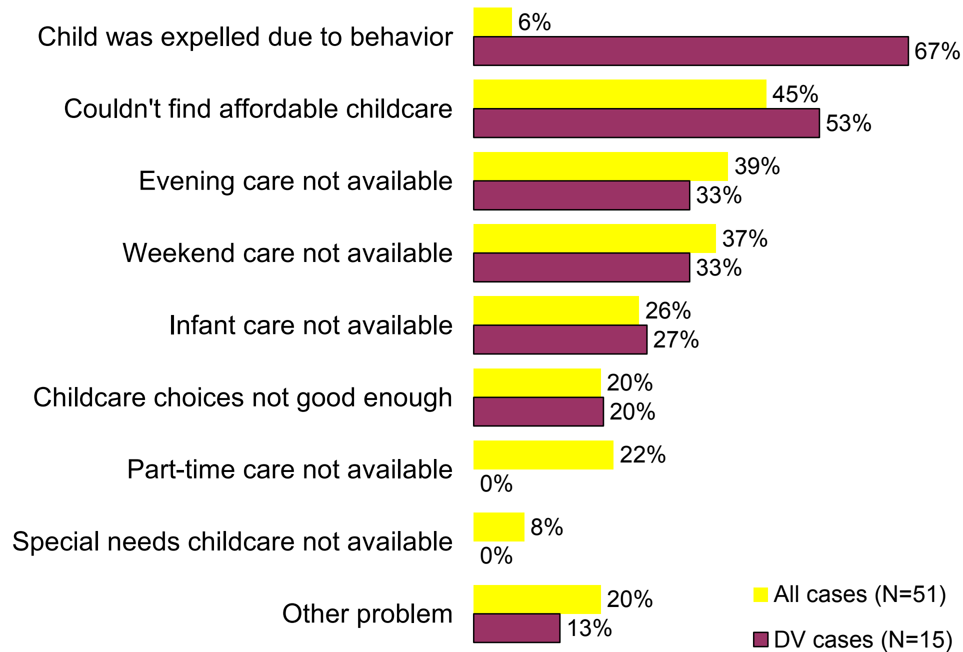

Figure 23: Barriers to keeping adequate childcare services

Food and Nutrition

Food Security and Assistance

Programs that supplement a household's food supply help 87% of the sub-sample (Figure 24). Even so, two out of three households with extreme DV needs (67%) said that someone in their household had skipped meals in the past 12 months because there was not enough money for food. Nearly half (48%) said that someone at home had gone hungry because they could not get enough food. Though households with extreme DV needs are slightly more likely to use food assistance, they are much more likely to skip meals and go hungry.

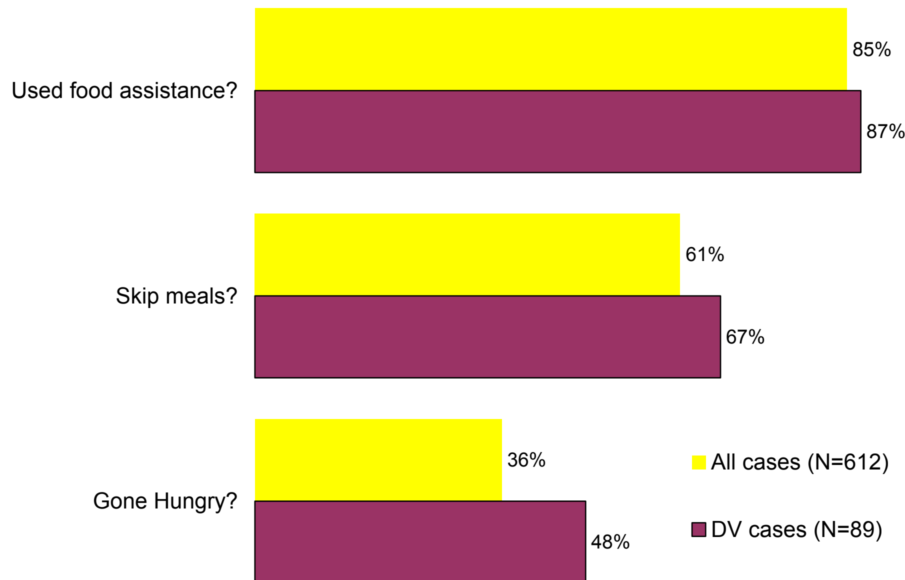

Figure 24: Household food security and assistance indicators

Accessing Community Resources

Survey respondents rely on a wide variety of supplemental sources of food (Figure 25). Two stand out for the degree of participation by respondent households. Food banks in Whatcom County supply food to 90% of households with extreme DV needs, and 79% of this sub-sample uses Food Stamps. Though Figure 24 revealed that these households are more likely to skip meals and go hungry, Figure 25 reveals that they are generally accessing more types of food assistance than the general low-income sample. In particular, 31% of DV cases report using churches (compared to 23% of all cases), and 26% report using soup kitchens (compared to only 19% of all cases).

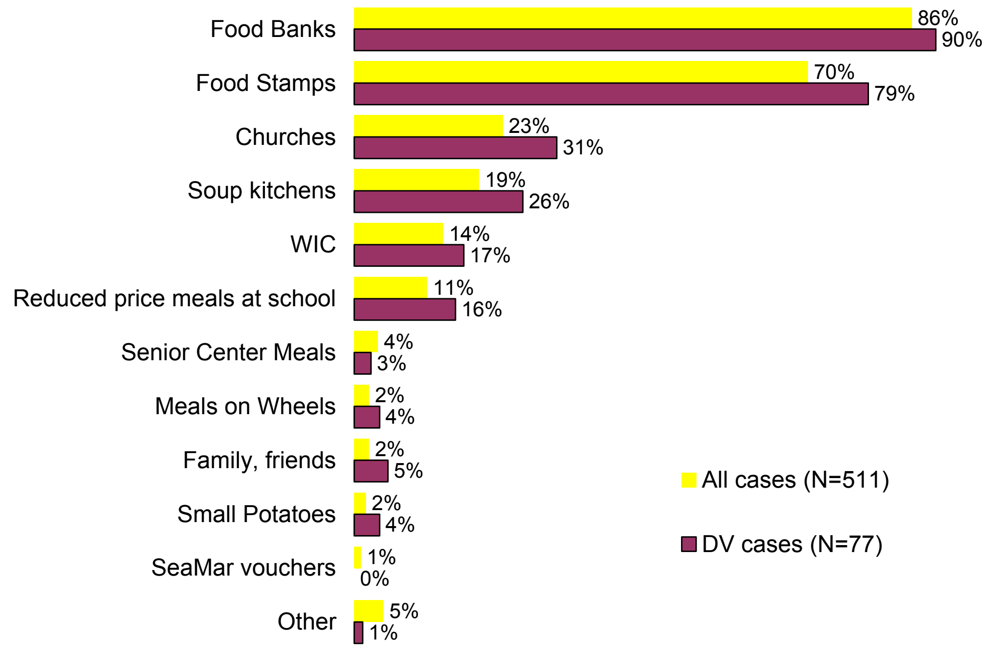

Figure 25: Food assistance programs used by survey respondents

Transportation

Transportation Challenges

Half of survey respondents with extreme DV needs (50%) said they are unable to afford gas for their cars (Figure 26). Many have additional car problems, including inability to afford needed car repairs (44%), not having car insurance (43%), and not having access to a car (37%). A third of respondents with extreme DV needs (33%) said they either don't have a driver's license or it is suspended. Only 7% said they do not have any transportation problems. There are many similarities between the transportation issues of this sub-population and the general low-income population, and a few key differences. Respondents with extreme DV needs are more likely to report having no car insurance, and having no license or a suspended license, and they are less likely to report having no transportation challenges.

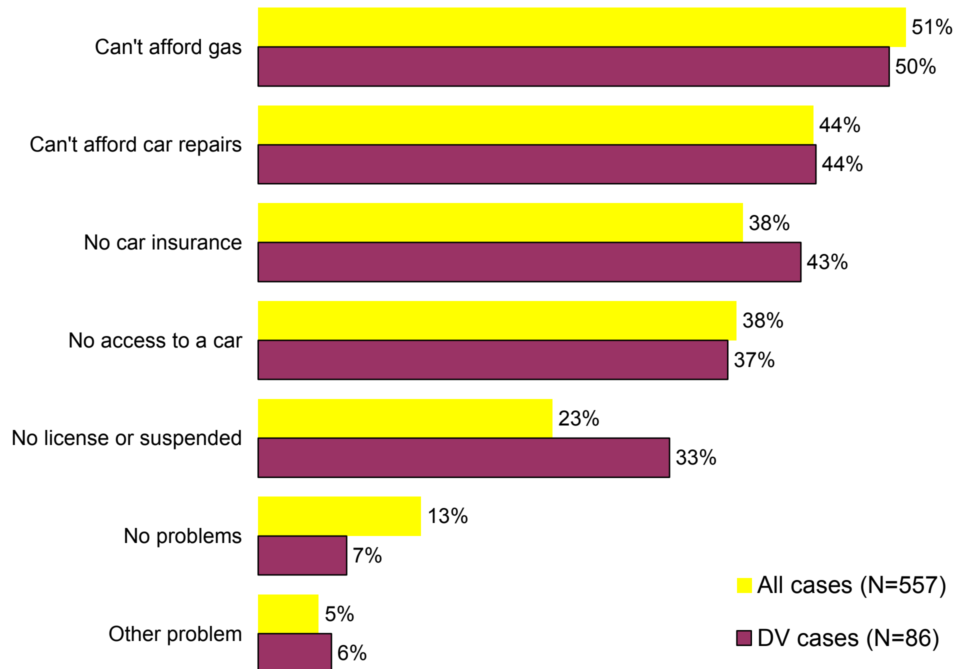

Figure 26: Household transportation problems

Public Transit Use

Nearly half of respondents with extreme DV needs (49%) reported that someone in their household regularly uses the bus, only slightly higher than the general low-income population (47%).

Barriers to Public Transit Use

When asked why people in their households don't regularly use the bus, 41% of respondents with extreme DV needs said they prefer to use their cars, while a mere 2% prefer walk or bike (Figure 27). The next most common reasons for this sub-population are related to bus schedules and routes: times/days don't work for them (35%), no service where they are going (19%), and no bus stop close to home (14%). Some reported a disability (16%) or the cost of bus fare (12%) as a barrier. DV cases are more likely to report that bus times don't work than the general low-income sample, and less likely to cite preference for cars or no bus stop near their home as barriers to bus use.

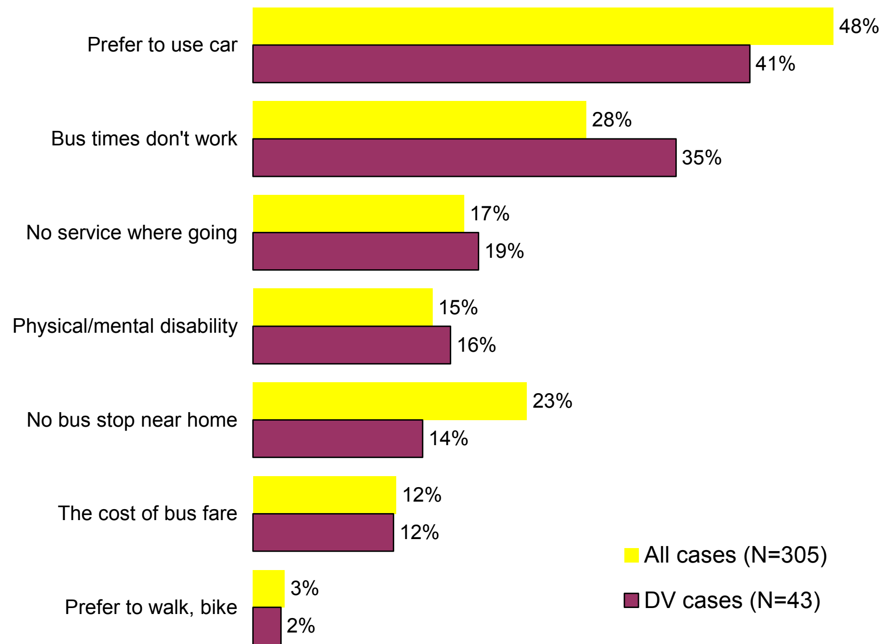

Figure 27: Barriers to bus use by non-regular bus users

Community Services Assessment

Service gaps analysis

Survey respondents rated both the *importance* and the *availability* of 14 categories of services in Whatcom County to their own household currently. Below, we examine DV respondent perspectives on community services as a way to gauge local service gaps to this sub-population.

Importance of services. At first glance, it is apparent that households with extreme DV needs are more likely to rate each of the service categories extremely important than is the general low-income population (Figure 28). The importance of domestic violence services was used as a selector variable to target the sub-population, which is why it is rated extremely important by 100% of these respondents. The next most common services to be rated extremely important are housing help (89%), affordable dental and medical care (87% and 83% respectively).

DV respondents were more than twice as likely to rate mental health/counseling services as extremely important (82% compared to 35%) drawing our attention to the mental health needs of this population. Households with extreme DV needs are also twice as likely as our full sample to rate legal help (62%), affordable childcare (49%), and help with life skills (47%) as extremely important. One thing these numbers do not tell us is which household member is in need of which services. For example, are victims, abusers, or both in need of the substance abuse treatment that so many of these households (64% compared to 16%) find extremely important?

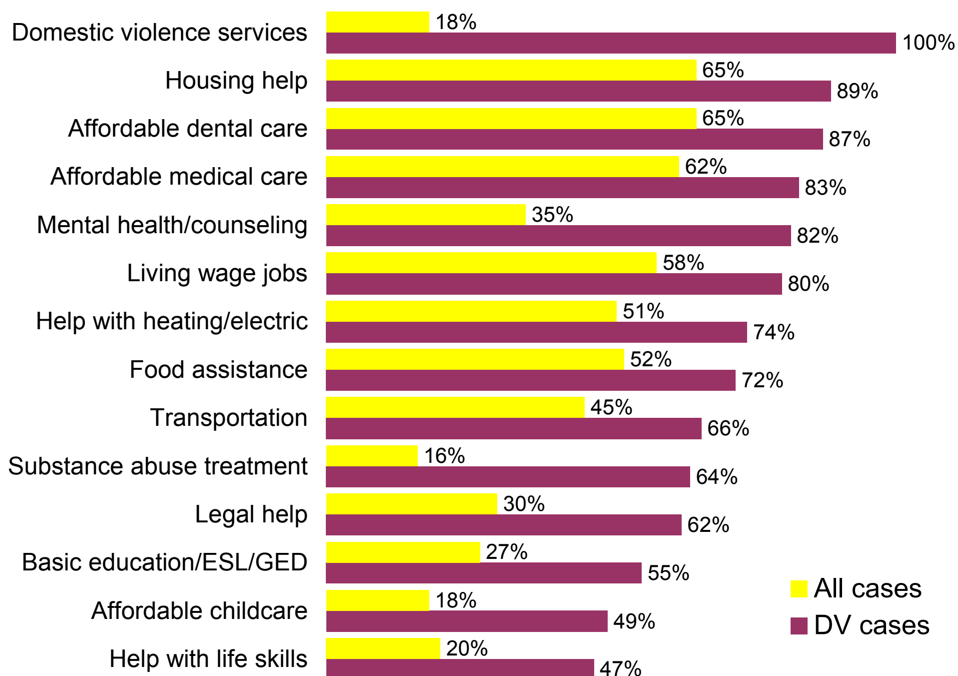

Figure 28: Proportion of DV respondents and all respondents who rate services extremely important to their households

Availability of services. Significant proportions of survey respondents who had an opinion about service availability agree that some services are "very hard to get" in Whatcom County, with some variation between our two sample groups (Figure 29). Two thirds of households with extreme DV needs (68%) reported that affordable dental care is very hard to get. DV respondents are also much more likely than the full sample to rate living wage jobs (53%), housing help (52%), affordable medical care (49%), and legal help (37%) as very hard to get. Interestingly, a few services that DV respondents were much more likely to find important (DV services, life skills, and substance abuse treatment) they were less likely to find hard to get. This could be because they have sought out these services more fervently than the full WPP sample.

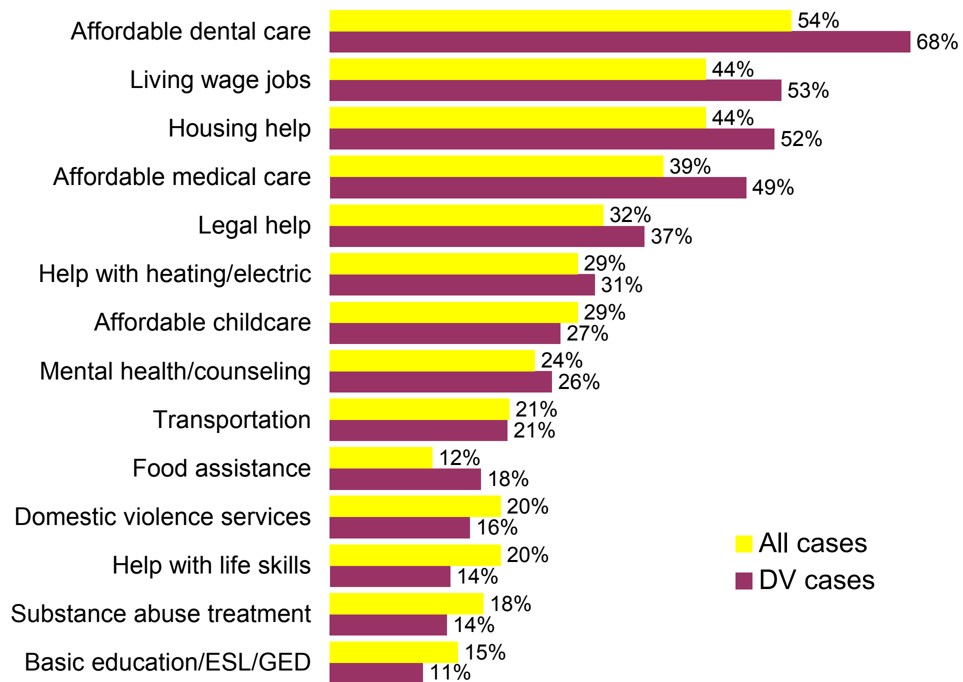

Figure 29: Proportion of DV respondents and all respondents who rate services "very hard to get"

Services gap analysis using importance-availability index. From an individual household's perspective, if a social or health service is both "extremely important" to their household and "very hard to get", there is a perceived extreme service gap for that particular service. Figure 30 presents the proportion of DV respondents compared to the proportion of all respondents who perceive an extreme service gap for each of the 14 services.

The extreme service gap analysis draws our attention to the prevalence and diversity of unmet, high priority needs experienced by domestic violence survivor households. The lessons to be drawn from these finding are as complex as they are deep. The effect of domestic violence on individuals and families goes far beyond the immediate physical symptoms, crossing over into all spheres of social and economic life. Overall, the community service needs of this population are similar in type to the general low-income population, yet DV survivors are far more likely to have trouble accessing these essential services. Furthermore, there is a prominent suite of services for which DV survivors are two to four times more likely to express an extreme gap: domestic violence, substance abuse, mental health, life skills, child care, legal, and basic education services.

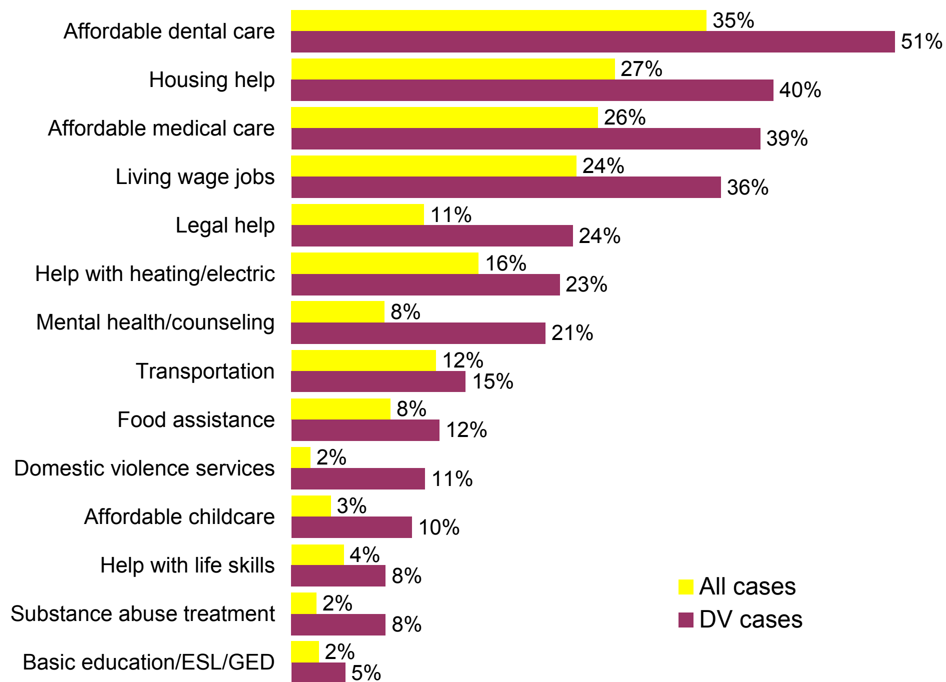

Figure 30: Percent of DV respondents and all respondents who perceive an extreme gap in their community for the listed service (extreme service gap is defined here as "extremely important" to their household and "very hard to get")

Services gap analysis using importance-availability coordinate system. Because DV respondents rated these services on five-point scales,[1] another way to analyze these data is to calculate the average importance and availability scores for each service. These data form the basis of an "importance-availability" coordinate rating system (Figure 31). The average importance and availability ratings were calculated and plotted on a two-dimensional chart. The lines making up the "crosshairs" of each graph represent the average importance score and the average availability score of all services combined for this sub-population.

The importance-availability charts are divided into quadrants that rate the services as follows:

Quadrant I	*Services that rank above average in importance, and below average in availability*
Quadrant II	*Above average in importance and availability*
Quadrant III	*Below average in importance and availability*
Quadrant IV	*Below average in importance, and above average in availability*

Individuals and organizations planning for future services may want to pay particular attention to the services that appear in the first quadrant (I). These highlighted services are those that, on average, are extremely important to low-income households affected by DV and very hard for them to access.

For this list of services, *housing help*, *dental and medical care*, *living wage jobs* and *help with heating/electric* appear to be high priority services needing attention for both DV households and all households in this sample. These finding should not diminish the importance of other services that are needed by a smaller percentage of the population such as childcare, legal help, and substance abuse treatment. Though many of the other service needs could be alleviated by an increase in the availability of living wage jobs, this is one of the most challenging services to provide, requiring community-wide transformation of a labor market. Temporary assistance with medical or material needs is a more conceivable immediate solution.

[1] Importance scale ranged from 1, for *"not important"* to 5, for *"extremely important"*; Availability scale ranged from 1, for *"very hard to get"* to 5, *for "very easy to get"*

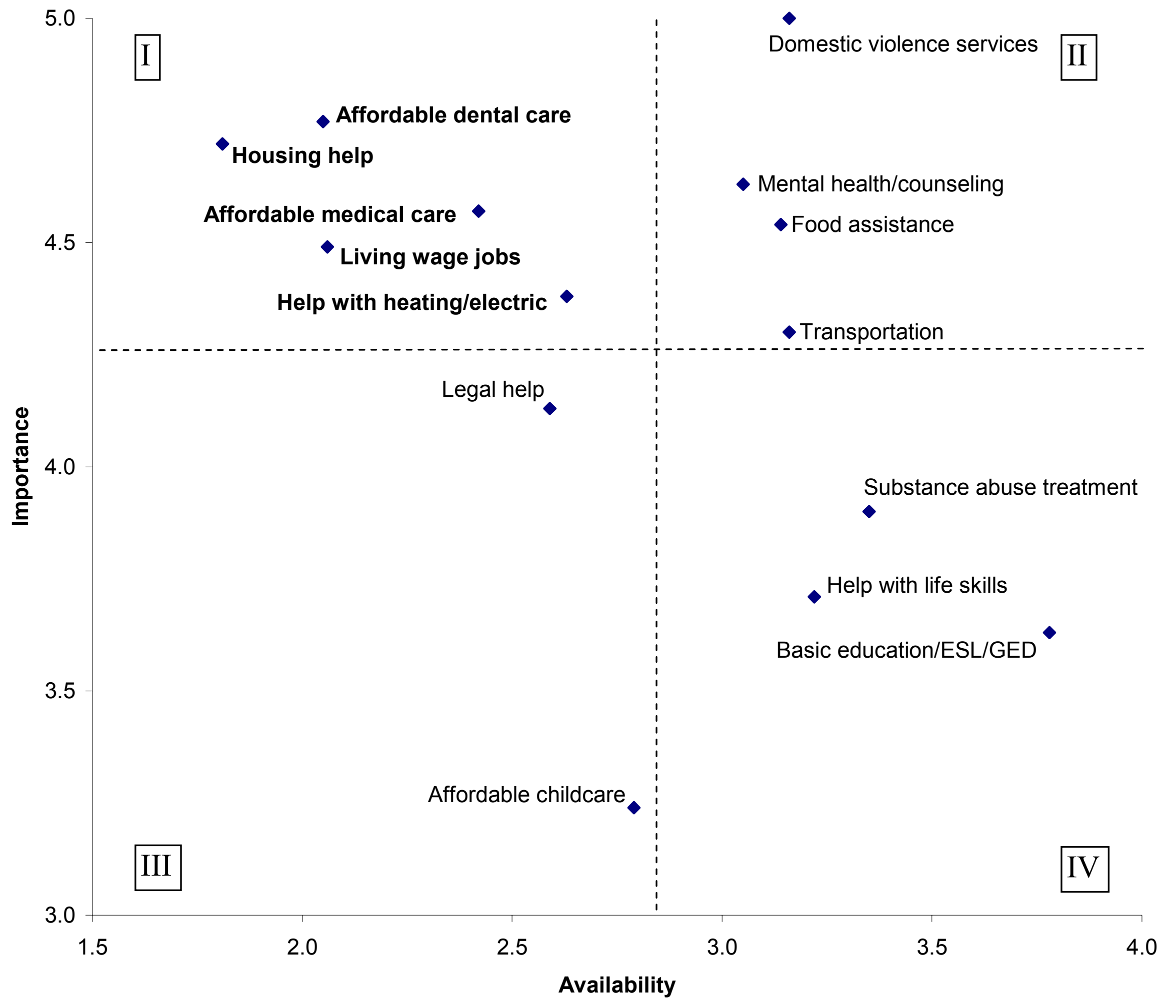

Figure 31: Low-income DV respondents' perspectives on services' importance and availability

Other Respondent Comments

At the end of the paper survey, respondents were invited to comment and give recommendations to service providers with the following open-ended question:

The Whatcom Prosperity Project wants to find ways to help everyone in our community be successful in their lives. Based on your own situation, would you like to suggest ways that people or organizations in Whatcom County can support you in your success?

Following are the open-ended responses from the sample of 89 households with extreme DV needs. Some of them fall into survey categories such as employment, health care, and housing, while others push the envelope of what is commonly considered a low-income service need, demanding fairness and acceptance as well as food stamps and rental assistance.

Employment, Education, and Income

Living wage jobs.

More jobs.

If DSHS offered work study/ experience on weekends - help those who don't have time during the week to get the skills they need.

Jobs: they need people, but the process is still too slow. WorkSource is overwhelmed.

Financial

Help pay some bills owed.

Need legal and financial help.

Help with bad credit.

Financial help.

Housing / Energy

Help those people without kids to pay rent or buy basic needs or power bills.

Also help with loans to pay for a house.

Keep housing and shelters open to save lives.

Low-income housing for people with disabilities without such a long wait.

More affordable housing; people w/ bad credit, or criminal record have trouble renting from anyone.

More assistance with deposits, application fees, etc.

Please consider low-cost housing; people can't afford $700-800 a month and raise kids.

Provide more low-income houses within the city limits (not condos/complexes or duplexes).

Provide a weekend help center that will have repair/gas vouchers on hand.

Provide more programs to assist people into getting affordable housing.

Money for credit/background checks, deposit, first and last months rent payment make it impossible.

Health and Healthcare

Better dental care.

Help with medical care costs, including mental health and medications.

Dental help would be wonderful. I have not received dental care in years.

Also need medical help.

Reduce dental costs.

Mental Health/ Counseling / Substance Abuse

DSHS - GAU doesn't cover counseling; Victims need that to help recover from post traumatic stress disorder (PTSD) and function in society.

Free counseling, free fellowship.

There is a serious drug & alcohol problem and the people who need the help don't get the support that they deserve.

Food and Nutrition

TANF clients: helpful to get food voucher.

More fresh fruit, veggies – often get free donuts and sweet stuff that fill me up but make me feel sick.

Transportation

Sometimes we just need a little help to get a car fixed so we can get back on our feet.

Funding for good car/scooter.

Cart to carry food home from store.

Bike lights.

Respect / Humanity

Fairness and validation of human beings; acceptance and providing opportunities for all kinds of people.

Promote honesty, integrity and fairness to the financially under-privileged.

Keep reaching out and helping people.

Other

Keep domestic violence and sexual support services.

Help hotline for questions.

Stop bureaucracy and political corruption.