

Ketchikan Needs and Resources Assessment

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Introduction

Acknowledgements

This community assessment seeks to identify the strengths, weaknesses and barriers to preventing intimate partner violence (IPV), sexual violence (SV), and teen dating violence (TDV) in Ketchikan. This information will be utilized by Women in Safe Homes (WISH) to update the *Intimate Partner Violence Prevention Plan (IPV Plan)*. This plan creates long term goals for both decreasing rates of victimization and developing programs to aid victims and survivors of IPV, SV, and TDV in the Ketchikan Gateway Borough. This assessment was spearheaded by WISH's Prevention and Education Department but included community input from Ketchikan Gateway Borough School District (KGBSD), Alaska Department of Corrections (DOC), Ketchikan Wellness Coalition (KWC), Ketchikan Indian Community Domestic Violence Program, mental health providers, First City Homeless Services (FCHS), and the Ketchikan Reentry Coalition (KRC).

Demographics of the Community

The Ketchikan Gateway Borough is 6,654 square miles in southeastern Alaska. It is home to almost fourteen thousand people who live in the City of Ketchikan, Organized Village of Saxman, or surrounding areas off of the main road system. The majority of the population resides on Revillagigedo Island. A small percentage of the population live on the neighboring islands of Pennock and Gravina, which are accessible by boat. The population is predominantly white at 67%. 14% of the population is Alaskan Native or Native American. A majority of the Alaska Native population belong to one or more of the three indigenous groups in the area - the Haida, Tlingit and Tsimshian nations. The borough also has a large Asian population, at 8.5%. A majority of the Asian population is Filipino, but there are a number of individuals of different Asian ethnicities. The borough has a small Latino and Hispanic population at 4.5% and an even smaller Black or African American population at 1%. Nearly 11% of the population speaks a language other than English at home. 22% percent of the population is under 18 years old and 48% of the population is female. 8% are foreign born. There are a total of 602 employer establishments and nearly 67% of the population over the age of 16 are in the workforce. 9% of the population lives in poverty. The population has been steadily declining since the closure of Ketchikan Pulp Company and the movement away from logging as a major industry. The only population growth from 2015 through 2017 was a 10% increase in the number of adults 65 and older (Southeast Conference 2017).

The Ketchikan Gateway School District has five elementary schools, including a charter school and a school of arts and sciences; a traditional middle school; a traditional high school and an alternative school that encompasses both middle school and high school programs. The district also has a fast track program and a digital program. In addition to the public schools, there are three private religious schools in the borough. The Borough also has a local University of Alaska Southeast campus that is attended by mainly non-traditional students who are typically older, working, and raising families.

Many of the work opportunities in Ketchikan are seasonal. Fishing has always been a major feature of the area. Ketchikan began its life as a Tlingit fishing camp at the mouth of Ketchikan Creek. Many people make their living commercial fishing or working for the canneries on the island. This work is seasonal in nature and income fluctuates from year to year depending on salmon run returns and prices paid by processors for products. In Southeast Alaska, 9% of the workforce is employed by the seafood industry (Southeast Conference 2017).

As Ketchikan and other communities move away from extractive industries, the tourism industry has become a major economic driver. Every summer, about a million tourists make their way through the town on cruise ships. Ketchikan has a seasonal population of those who come from all over the world to work in the stores, tour companies, and restaurants that cater to the influx of tourists. In Southeast Alaska, 17% of the population works in the tourism industry (Southeast Conference 2017).

As for year-round employment, Ketchikan's major employers are the school district, Peace Health Hospital, the City of Ketchikan and Vigor's shipyard. In 2017, the unemployment rate fluctuated between 5 - 8% (Southeast Conference 2017).

Methods

Data for the needs and resources assessment was compiled from a variety of sources. In 2018 WISH completed a Community Readiness Assessment (CRA) using the Tri-Ethnic Center model. In addition to the CRA, the WISH VISTA Prevention Specialist held informal conversations with service providers to hear their concerns about gaps in service provision in the community, and consulted assessments completed by other agencies and coalitions.

The CRA process includes structured interviews with stakeholders from various sectors of society. We spoke with eight community stakeholders from faith, tribal, legal, law enforcement, mental health, school district and government. We then transcribed these interviews and scored them, arriving at a readiness score of four out of ten. The 2018 CRA found that Ketchikan is in the pre-planning phase of readiness.

We then had less structured interviews with eight service providers from different agencies in the community to additionally inform the Needs and Resources Assessment. We spoke with them about what barriers, strengths and weaknesses they felt existed in the borough in regards to preventing violence, and aiding victims and survivors of domestic violence and sexual assault. These interviews were not recorded or transcribed, but instead we utilized detailed notes from the interviews.

We also consulted assessments done by other community agencies, such as the Ketchikan Reentry Coalition needs and resources assessment and Peace Health's community needs assessment. While the focus of these assessments is slightly different than WISH's, there is some overlap that helped us better understand existing barriers, strengths and weaknesses to a variety of services in Ketchikan.

Additional data was utilized on IPV, SV and TDV from national sources, such as the Center for Disease Control and Prevention's survey on IPV; state sources, such as University of Alaska Anchorage (UAA) Justice Center surveys on domestic and sexual violence victimization; and local data from Ketchikan Police Department (KPD), Alaska State Troopers (AST) and WISH statistics. This information was utilized to determine the scope of the issues of IPV/SV in Ketchikan.

Key Findings

Disparities in rates of violence compared to victims reporting or seeking services from WISH

The Alaska Victimization Survey (AVS) findings revealed that half of all Ketchikan women will experience IPV or SV during their lives. Locally, 43% of women experience IPV, which is higher than the Alaska average of 40%. Additionally, 33% of both Ketchikan and Alaska women experience SV during their lives.

AVS data was then compared AST and KPD reports, as well as WISH shelter statistics to further contextualize the prevalence of violence in Ketchikan. In 2016, KPD had 1 rape reported, 79

assaults, 2 sex offenses, 1 offense against family, 2 harassments and 11 domestic disputes reported within Ketchikan city limits. The State Troopers are responsible for law enforcement outside the City of Ketchikan. AST data showed a total of 53 incidents with a domestic violence annex; 9 cases of harassment (only one of which was classified as domestic violence); 4 sexual assaults; and 18 instances of domestic violence. Altogether, this was 180 reports made to KPD and the State Troopers.

Comparatively, WISH provided services to a total of 204 people during 2016. Of those, only 16 requested services for the criminal justice process. This disparity in assaults reported to the police versus assaults reported to service providers highlights one of the primary gaps in our community- intimate partner violence and sexual violence remain a highly underreported crime. For example, in 2013, the AVS reported that 9% of Ketchikan women experienced IPV or SV. Combining this information with the available information on instances of reporting, WISH estimates that over one third of victims do not report being assaulted to neither law enforcement nor WISH.

Impact of systemic oppression, intergenerational trauma, and racism

In Ketchikan, and across the state and nation, indigenous populations have experienced, and continue to experience, intergenerational trauma. Acknowledgement of intergenerational trauma and its links to many forms of oppression and victimization including violence was a theme that surfaced in many interviews for both the CRA and this assessment. Some respondents identified intergenerational trauma as a source of violence in the Alaska Native population. They mentioned that the culture and historical way of life for Native people was destroyed by European settlers and the boarding schools Native children were forced to attend after forcible removal from their families. In addition to the destruction of Alaska Native culture, respondents also believe that intergenerational trauma caused a loss of life skills in the Alaska Native population that continues to this day. They believe that a lack of life skills in Ketchikan in the general population contributes to violence, but that intergenerational trauma is a specific source for the loss of these skills in the Alaska Native population.

There is data to support this theory. Native children who were sent to boarding schools were often physically, emotionally and sexually abused by staff, in addition to losing ties with their family and cultures. These boarding schools existed until the 1970's, meaning that there are adults alive today who were forced to attend these schools. The trauma inflicted on Alaska Native children at these schools meant that they grew up without adults modeling healthy interpersonal behaviors and appropriate coping skills. Unfortunately, this did mean some of these students grew into adults who were both perpetrators and victims of violence.

In general, violence tends to be intraracial, and this fact holds true for the Alaska Native population. This means that Alaska Native people who are victims of violence are typically victimized by another Alaska Native, much like white victims of violence are victimized by another white individual. However, the data shows that Alaska Native people and Native Americans experience a disproportionate amount of violence. For example, the Federal Bureau of Investigation Uniform Crime Report shows that in Southeastern Alaska, 49% of sexual assault victims are Alaska Native or Native American while only 14% of Ketchikan's population is Alaska Native. Since violence is typically intraracial, that means Alaska Native people who experienced violence were victimized by other Alaska Native people. 86% of perpetrators who were Alaska Native victimized another Alaska Native (UCR 2016).

On a similar note, racism was brought up by several respondents. It was the impression of some that services were afforded more openly to white individuals who were victimized than Native people. They connected this, in part, to persistent stereotyping of Native people as being more violent than other races. This marginalization serves to downplay the violence experienced by Native women and families and allows the community to brush it off through racist assertions of linking violence as inherent to particular populations.

Respondents also reported anecdotal evidence that the Asian community in Ketchikan seems to be less likely to seek services when they are victims of intimate partner violence or sexual violence. A culture of silence within families was identified as a barrier to reporting. There is worry that Asian victims of violence may be unaware of or discouraged from seeking services as a result of these cultural implications. Since this information is anecdotal it is difficult to know how much violence occurs in the Asian community. There may also be a language barrier that prevents some Asian individuals from seeking services. Additionally, not everyone of Asian descent in the borough is a natural born citizen. Some respondents mentioned that they had encountered situations where non-citizens, or naturalized citizens, feared legal ramifications for reporting their abuse since they did not understand their rights as victims and how it relates to their immigration status.

Lack of recognition of IPV, SV, and TDV as a pervasive issue in the community

Almost all respondents mentioned that they thought most people in the community do not consider IPV, SA or TDV to be pervasive, with the exception of those who are directly impacted by violence. Violence is still, in many ways, a private issue in the community. Respondents echoed the idea that violence within relationships or families is often denied or hid from others. In addition to

hiding or denying violence in families, respondents also felt that violence is normalized in the community. For example, one respondent said they felt that people may not even be aware of the fact that they are in a situation where there is relationship or family violence. They did clarify that egregious physical violence appears to not be tolerated by the community, but manipulation tactics or emotional abuse remain less recognized in the community as violence. This normalization remains a primary barrier to addressing and preventing violence. Victims are discouraged by community norms from seeking help. Community norms play a significant part in the recognition of violence within relationships, and contributes to stigma that prevents reporting. Some respondents also touched on the idea that, while violence may not be completely tolerated, there still is a culture of victim blaming, with “Did she do something to provoke it?” being the more common question than “why does he abuse?”

On that same note, one of the major themes that emerged from conversations with stakeholders and providers was a fear of stigma attached to victimization. Many people touched on the fact that victims may feel shame since victim blaming still persists in the community. People still ask, “Why didn’t she just leave?” Through conversations with community members, it became evident that part of this attitude was typical victim blaming but there were additional social and cultural norms at play. Alaskans have the stereotype of tough, independent, self-reliant people. This stereotype creates a climate where reporting victimization can be difficult. Other concerns were related to limits of confidentiality and whether receiving victim services in Ketchikan could truly be anonymous. This fear is a major barrier, even to service providers, who are well acquainted with the social services provided in our community. More than one respondent commented that they felt unable to access mental health services because they know most of the providers in the community because of their positions and they fear the stigma attached to needing help or assistance dealing with issues in their lives.

Stakeholders also said they were unsure how much the general public, or even other agencies, know about services available to victims. Even between agencies there has been miscommunication on services available and who can access specific services. For example, KIC’s services are mostly only available to Native people, but they do have a limited amount of services available to non-Natives. Similarly, WISH has services available for men, and does not require women to be staying in the shelter to access many of their day-services. Limited awareness of program specifics may have discouraged people from seeking services in the past or from service providers making referrals to other agencies.

Lack of communication between service providers and underutilization of local resources

Many respondents discussed ‘siloeing’ by agencies. The general impressions gathered in the interviews was that agencies did not communicate well with one another. This lack of communication across agencies who provide services for victims of violence leads to some needs in the community going unmet or duplication of services. Respondents also noted that there are untapped resources in the local churches. The perception is that there is little to no coordination between nonprofits and local churches when there may be ways the churches could support victims and efforts to prevent violence.

Considerations of geography and population

Another factor that almost every respondent touched on was Ketchikan’s size and location. Ketchikan is a small, isolated, island community. Respondents identified this as both a risk and protective factor. Since Ketchikan is a remote community with a small population, there is an attitude of “we are all in this together.” The people here want to solve their own problems and solutions that may work in other communities may not necessarily work in Ketchikan. People are willing to rally around local causes and local people. This perception of the community as supportive and close-knit creates positive outcomes, but also contributes to barriers for reporting victimization or seeking services. The closeness of the community also leads to the fear of stigma, with victims worrying that it will become known in the community if they have been victimized, especially if they seek services.

The size and location was also noted as a protective factor in that people who live in the borough year round are invested in the community. Respondents mentioned that people are often willing to donate money and volunteer for things. However, this openness of discussion and drive to solve local challenges does not always extend to the social problem of violence due to the lack of comfort of community members with the issue. This, coupled with the stigma people fear around violence, makes prevention difficult.

As mentioned previously, Ketchikan has a significant seasonal workforce and economy linked to tourism and fishing. Respondents identified this as a risk factor for a number of reasons. First, it means there is a large influx of seasonal workers every year. Seasonal workers are less committed to the community so they can treat Ketchikan like an adventure and may not think critically about their actions. Additionally, jobs such as fishing and lumber require people to spend a large amount of time out of the community. These jobs tend to be male dominated so it is often fathers who are away from their families and so their children may be lacking connection to what should be a

significant influencer in their lives. Male dominated industries can also be places where older men to have a lot of influence on younger men, and not all of these influencers may model the healthiest behaviors in regards to women and relationships.

On a similar note, one respondent said that sometimes there are great people who come to work the season and love the community, but ultimately have no reason to stay and so they leave at the end of the season. It can be difficult for Ketchikan to attract long term residents who are invested in the community when the work is often seasonal and year-round jobs may unavailable or not pay a livable wage compared to Alaska's cost-of-living. It can also be hard to find qualified individuals willing to move to Ketchikan for year round jobs, such as in health care or other positions that require higher education, due to Ketchikan's remoteness and extremely wet climate.

One respondent touched on how the climate itself can be a risk factor. Ketchikan is a rainforest and also has long nights during the winter. Seasonal Affective Disorder can be a problem for residents and the rain can discourage people from leaving their houses and connecting with the community.

Socioeconomic Considerations

Housing is one of the major concerns in Ketchikan. The cost of living is expensive and housing options are limited. The median monthly rent in Ketchikan is a little over \$1000/month. A limited number of organizations do provide rental assistance, such as KIC's low-income housing, Public Assistance and Love in Action's financial assistance programs, and some assist with referrals & coordination around housing (SAIL, Inc). There are a few organizations that meet people's immediate need for housing - such as Park Avenue Temporary Home (PATH). WISH has housing available to victims of domestic and/or sexual violence and their children. This crisis shelter does have limitations for victims of violence. Currently men cannot stay in the shelter, but may get referrals for vouchers to hotels for up to three days at a time. Additionally, the shelter is intended to be a 30-day shelter, though many participants stay longer. When survivors are reaching the end of their time in the shelter, their options are limited. There is little to no transitional housing in the borough, and none that is specifically for victims of violence. The cost of housing can also discourage victims from leaving abusers or exerts mental pressure to return to abusive relationships if they fear they will not be able to afford rent on their own.

Many respondents felt that, for the most part, Ketchikan does not have a wide separation of socioeconomic classes in the neighborhoods. Others pointed out that poorer people tended to live in town (in part because this is where most of the apartment buildings are located) while higher

socioeconomic families live outside of the city, particularly on the north side of the island. They mentioned that there may be more violence in the city and these places where there is higher poverty, but felt that this did not mean that more affluent areas had less violence. It should be noted that there is no concrete data that was utilized by this assessment to support this assertion. The violence in these areas may simply be better known and more vulnerable people live in these areas. For example, when asked if there was a place where violence was more likely to happen, some respondents named the Ketchikan Apartments specifically. These apartments are the most inexpensive apartments on the island and they have shared bathrooms. Respondents felt that violence was higher in this complex due to the location of the apartments (they are located in downtown Ketchikan) and that single mothers and more marginalized people live in these apartments. The area around the shelter and warming center were identified as a place where there was more violence in general as well. The perception is this is an area where vulnerable people are concentrated. Again, there is not necessarily data to back these claims. The homeless shelter does not accept people who are inebriated and the warming shelter (which does accept people who are inebriated) closes during the summer. This means that there are people who end up sleeping on the street may be victimized because they are vulnerable and have nowhere else to go.

Alcohol and substance use issues

Alcohol and violence are intertwined. While it is important to keep in mind that alcohol use does not cause IPV, alcohol use does correlate strongly with IPV. Some of the respondents who work with victims or perpetrators of violence said that they believed most incidents of violence occurred after consuming alcohol. This is support by research done by the World Health Organization, which found that 55% of IPV victims in the US believed their perpetrator had consumed alcohol prior to a violent incident. Additionally, alcohol consumption can increase the intensity of a violent IPV incident and many abusers will blame their abusive behaviors on their alcohol consumption. Our culture accepts “I was drunk” as a valid excuse for a number of behaviors, violence included. Additionally, victims will also often turn to using alcohol to cope with their experiences. Some stakeholders mentioned that substance use intertwines with victim blaming, with the community still having the attitude of “what did you expect?” to victims who were consuming alcohol or other substances prior to an assault.

The problem of homelessness and increased vulnerability due to intoxication is often linked back to high rates of chronic substance dependence and alcoholism in Ketchikan. While illegal substance abuse is an issue in Ketchikan, most respondents felt that the alcohol culture in Ketchikan was the bigger issue. Ketchikan is jokingly described as “a drinking town with a fishing problem,”

but this joke illuminates how normalized drinking is in Ketchikan. For example, Peace Health found that 22% of adults in the borough reported drinking to excess and 17% of KGBSD students reported using alcohol.

Treatment for substance use disorders are limited in Ketchikan. For example, there are no services for withdrawal management, detox, or sobering centers. There are AA meetings and other support groups in the community, and some outpatient services for adults with substance use disorders through KIC and Akeela. Akeela also has a residential substance abuse treatment facility, but these are the only available services for substance use and the center only has a limited number of beds.

Many respondents mentioned that substance use alters brain chemistry and people who have addictions, or withdrawal symptoms, may behave differently than they would sober. This is not to excuse violence that happens due to substance use but to acknowledge the complexity of the problem. Some studies have shown that drug use and IPV correlate together. Like alcohol, victims may use substances to help them cope. However, sometimes victims who use substances will not seek help when they are being abused for fear that they will be arrested for their substance use. Additionally, some victims are coerced into using substances by abusive partners. About 4% of rape cases in Alaska in 2014 were attributed to drug use (Alaska mental health trust, p.43).

Lack of mental health services

Accessing mental health care is similarly challenging in Ketchikan - resources are limited and providers are stretched thin. Akeela and other health providers have difficulty finding and retaining qualified staff and have to attract applicants from outside of Ketchikan. Some respondents noted that it could take weeks for a person to get a mental health evaluation and the time spent waiting for help with a mental health problem could cost people their jobs, their housing or have other consequences. Additionally, there is even more limited access for elderly and low-income people because few mental health providers accept Medicare or Medicaid. For unknown reasons, WISH's shelter has seen a slight influx in elderly and disabled victims seeking services. Respondents also mentioned that there are no anger management classes in the borough, and that when people are court ordered to take anger management, their only option is to complete an online class. Respondents felt that this was not as effective as an in-person program. At the same time, people who sought other mental health services online, such as counseling, found that their insurance and/or Medicaid would not pay for such services.

Cycles of violence: lack of prosocial and parenting skills

Another issue many respondents brought up was a general lack of life skills, including time management, household management, and labor readiness skills. Lacking life skills can serve as a risk factor for experiencing and perpetrating violence. Many respondents discussed intergenerational trauma as a factor that specifically affects the Native population - a lot of cultural ways of knowing and ways of doing things were lost when Alaska Natives were sent to boarding schools. Respondents also noted that a lack of life skills is a risk factor in the general population. This could be due to factors such as substance abuse issues in a family, poverty, and other systemic inequalities. One respondent mentioned budgeting specifically, that victims of violence may not know how to budget and that can make them dependent upon their abusers. Additionally, respondents felt that many perpetrators and victims of violence had grown up to be victims and perpetrators because they had lacked parents who modeled non-violent conflict resolution as children and now do not know how to solve problems in a non-violent

On that same note, parenting was repeatedly brought up. Multiple respondents mentioned that there are limited resources for people who want to attend parenting classes - most of the parenting classes offered in Ketchikan require a court referral and this is a barrier to people who want to access that service before a court referral becomes necessary. Additionally, at least one respondent mentioned that there were no supports for parents of teenagers and that most parenting classes focused on younger children. While this is useful, they felt that parents of teens also need support that is difficult to find in the community.

Lack of childcare providers

Another significant issue Ketchikan is childcare. Childcare in Ketchikan is very expensive and there are limited daycares. Childcare is estimated to cost around \$10,000 a year, and only about 10 centers on the island accept state daycare subsidies. To further contextual how big of a financial hurdle this is, the 2016 census put the per capita income at \$32,694. An inability to afford childcare can be a huge problem for victims of intimate partner violence and family violence. At least one respondent mentioned that it was not uncommon for victims to return to abusers because they had no one to help them with childcare. This childcare problem relates back to intergenerational trauma and American culture in general. Before Native traditional lifestyles were destroyed by European settlers, it was common for extended families to help with childcare. Additionally, American culture in general values the nuclear family and women are often expected to care for their children with no outside help. These traditions limit a parent's support structure and serve as a barrier to victim's leaving their abusers.

Recommendations

Continue to promote open dialogue about the effects of violence on the community. Challenge social stigma around victimization to empower victims to seek services and community members to condemn violence in our community.

One of the primary barriers to IPV, SV, and TDV prevention remains the lack of community knowledge of the issue. While there has been dedicated awareness activities in Ketchikan (i.e. Steps for Change, Domestic Violence Awareness Month activities, media campaigns, Choose Respect March, etc.), both the community readiness assessment and this assessment showed limited knowledge of general community members regarding issues related to violence. Without intimate knowledge of incidences of victimization, violence is not seen as priority issue for most community members. There is a great need to reframe community messaging about IPV, SV, and TDV in a manner that engages discussions and promotes action.

This process of bringing violence against women and girls forward as a top social issue that needs to be urgently addressed is getting help from the #metoo movement, both nationally and locally. However, more local research is needed to determine community norms in order to develop more salient messaging campaigns.

While events promoting awareness are well attended, they are not true prevention. WISH Prevention and Education should consider shifting some resources away from events and direct them toward more training opportunities for community members to gain de-escalation, intervention, and support skills that will assist the movement to end violence in our community.

Support dismantling of ‘silos’ in Ketchikan through participation in collective action groups and task forces that promote health, equity, and community wellness

It is the firm position of the WISH Prevention and Education department that inequity, systemic oppression, and other social disparities create the conditions that keep violence and domination in place as a viable option in our society. While our small department is unable to address every broad root cause of violence effectively, we can participate on task forces and action groups. In a climate of limited resources, community collaboration allows for organizations to pool resources and knowledge. In addition, collaborative climates increase the effectiveness of services provided to victims of violence.

WISH can remain an advocate for the dismantling of silos and the increase of collaborative efforts by continuing to lead or support collective action groups. First, the Revilla Island Resilience Initiative (RIRI), which is spearheaded by WISH Education and Prevention, is focused on preventing childhood trauma and promoting healing of past trauma through creating a more trauma-informed community. The focus of RIRI on prevention programming, providing community education, and engaging diverse participants has already begun impacting the community by increasing provider knowledge of the neurobiological and physiological impacts of trauma on individuals. Additionally, WISH employees, board, and stakeholders can support efforts in the community through the other initiatives including the Sexual Assault Response Team (SART) and the Disability Abuse Response Team (DART) coordinated by WISH, Ketchikan Wellness Coalition task forces, Ketchikan Reentry Coalition activities, or other community action and advocacy groups. While not all projects address violence directly, supporting any project working to improve equity or wellness for individuals and the community will have a positive impact on rates of victimization or perpetration.

Lead or support work in the community that positively influences social determinants of health

Violence is an issue that is influenced in complex ways by the social systems that we are all a part of. As with all public health issues, there is a need to both change behaviors and the social conditions in which these behaviors arise. Working to support equity by increasing the social support systems is a necessary part of the equation if we want to build a community that is free of violence for all. Supporting initiatives to improve community conditions have a positive impact on rates of perpetration and victimization. WISH can continue to support projects to increase transitional housing programs, low-income housing units, childcare providers, etc. in the community, which will have a direct impact on victims of violence and their families. In addition, continuing to show support for access to healthcare, contraception, and freedom of choice for reproductive decisions supports gender equity.

Expand Prevention and Education Department

The WISH Prevention and Education Department consists of two full-time employees and one AmeriCorps VISTA position. For the size of our community there is a need for additional employees dedicated to violence prevention. Without a larger staff there is a limited ability for WISH to engage in all the projects being requested by the community. Additionally, WISH Prevention and Education should be able to provide resources and training to community members in response to local crimes or alleged violations of bodily rights. This could include advocating for Title IX compliance, supporting gender equity initiatives and protections, and leading community training in response to incidences of violence.

Needs Statements

Increase the number of licensed child care providers that accept child care assistance or other subsidies

Increase the number of transitional housing units and access to funding that promotes housing stability

Support the retention of advocates employed by Women In Safe Homes through competitive wages, training, and wellness incentives

Expand opportunities for community participation in violence prevention through bystander intervention training

Increase the social-emotional skills of youth starting early through the promotion of early childhood education

Continue the expansion of school-based education at all grade levels by supporting implementation of the Alaska Safe Children's Act

Increase the number of mental health providers in Ketchikan and surrounding areas, including those who accept Medicaid and Medicare

Increase the number of substance abuse providers in Ketchikan and surrounding areas

Expand substance abuse treatment programs, including medically assisted treatment (MAT) options such as Naloxone or Methadone