

# Community Needs Assessment

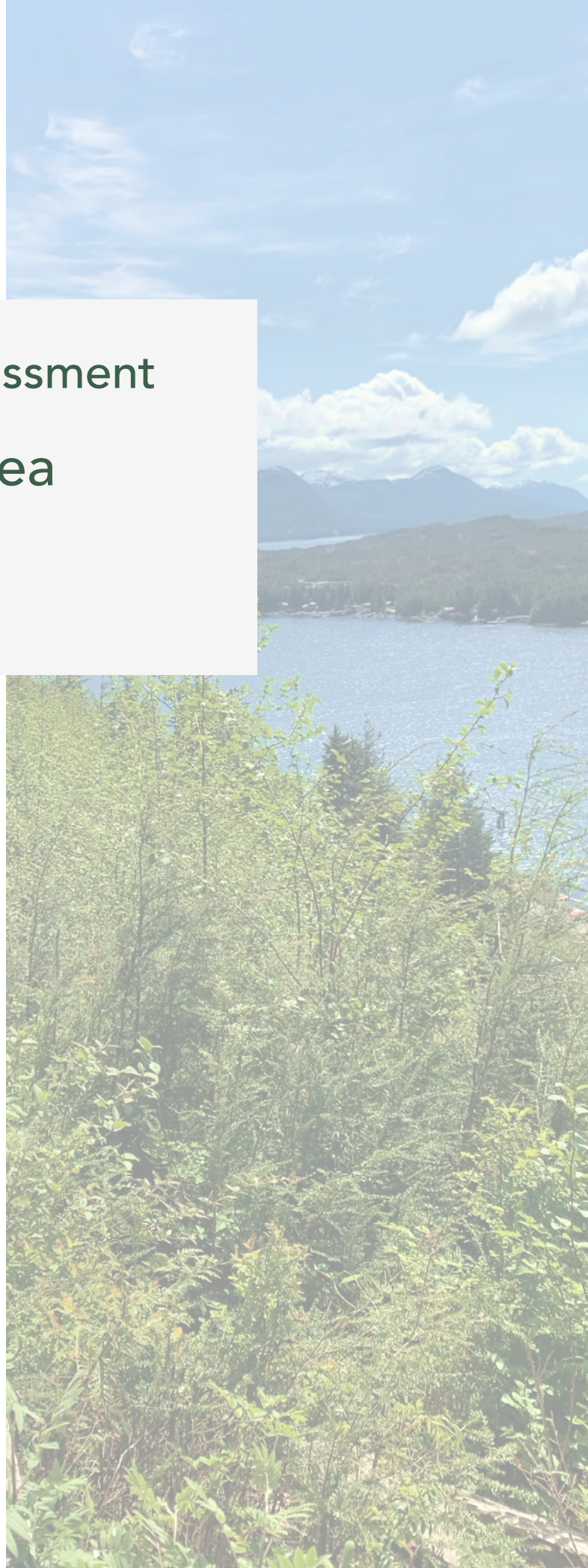
## WISH Service Area

September 2021

Prepared by  
Strategic Prevention Solutions



Prepared for:  
Women in Safe Homes



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# Introduction

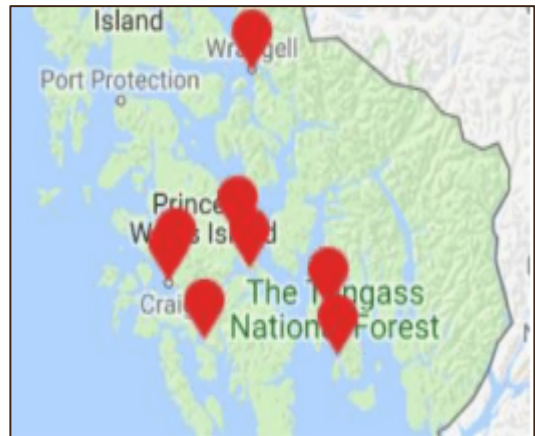
## Background and Focus

Southern Southeast Alaska encompasses an area of roughly 9,000 square miles spread across multiple islands in the southern part of Southeast Alaska. Over 21,000 people reside in various remote villages and towns throughout the area. Southern Southeast Alaska is located on the traditional lands of the Tlingit, Haida, and Tsimshian people as well as Alaska's only reservation, Annette Island. The Tongass National Forest covers most of Southeast Alaska and is considered the largest national forest in the U.S. The Ketchikan Gateway Borough is most populous municipality in the area with nearly 14,000 year-round residents. Ketchikan acts as the "hub" of Southern Southeast Alaska providing shopping, medical services, and access to air travel to Seattle and Juneau.

Since 1978, Women in Safe Homes (WISH), based out of Ketchikan, has provided Southern Southeast Alaska a range of services for individuals, families, and children; including the operation of a 24/7 crisis shelter, advocacy, legal advocacy, child advocacy, housing assistance, primary prevention, education, child and youth mental health services and safety planning.

WISH Child and Family Services, funded through the Family Youth Services Bureau (FYSB) *Specialized Services for Abused Parents and their Children* demonstration grant program, provides counseling, parent education, family advocacy, and victim services to non-abusing parents/caregivers and their children. This program supports existing school-based education and counseling programs, intervention services, and child advocacy programs to support families in exiting cycles of violence and thriving in Southern Southeast Alaska.

Historically rates of family and intimate partner violence remain high in Alaska. Alaska also has some of the highest rates of sexual assault in the country. One half of English-speaking women in Alaska have experienced intimate partner (IPV) or sexual violence in their life. These rates are similar across Southern Southeast Alaska, with 43 of every 100 adult women in the Ketchikan Gateway Borough experiencing IPV. Nine percent of Ketchikan women experience IPV each year, approximately 600 women in total.<sup>1</sup> The most common age for victims of sexual violence in Southeast Alaska is fifteen years old, according to the Uniform Crime Report. In Ketchikan, one



<sup>1</sup> University of Alaska Justice Center, Alaska Victimization Survey, 2015



in twelve teens report having been physically forced to have sex with a dating partner in the last twelve months<sup>2</sup>. While WISH has seen an influx in minors reporting sexual violence in recent years<sup>3</sup>, response to these issues is limited by the inconsistency in available and accessible services to victims, a siloing of agencies that respond to incidents of juveniles experiencing sexual assault, and lack of professionals trained to respond to juvenile victims of sexual assault.

Child Advocacy Centers (CAC) and Multidisciplinary Teams (MDT) specific to child sexual assault, abuse, and neglect are often established to enhance coordination of responding agencies and localize services for juvenile victims. CACs are community-based, child-friendly, multidisciplinary services for children and families affected by sexual abuse, severe physical abuse and neglect. CACs bring together, in one location, victim advocacy professionals, child protective services investigators, law enforcement, prosecutors, and medical and mental health professionals to provide a coordinated, trauma-informed, and comprehensive response to victims and their caregivers. This allows these agencies to work together to investigate abuse, help children heal from abuse, and hold offenders accountable.

The nearest CAC and Regional CAC MDT are located in Juneau, Alaska, over two hundred miles from Ketchikan. To access these resources, children and their caretakers need to travel to Juneau, a trip that often takes up to 4 days round trip, adding a significant delay to time-sensitive child abuse cases and causing further stress to children and their families.

Children who are relocated from their local communities or familiar hub communities to utilize CAC services outside of their home region are at risk of increased re-traumatization. Children who have to travel outside of their home communities to the existing CAC in Juneau are seen by a completely different set of healthcare providers, mental health professionals, and advocates than those who will provide ongoing after-care and case management in the Southern Southeast Alaska communities. The CAC/CAC MDT being located in the Southern Southeast hub community of Ketchikan will increase the likelihood of families and children accessing these services and help to keep them within a web of services they are already familiar with once involved.

WISH is seeking to address several gaps in services to families impacted by violence, including juvenile victims of sexual assault in Southern Southeast Alaska including: (1) the lack of a CAC and CAC specific MDT for the Ketchikan Gateway Borough, Wrangell, and the Prince of Wales-Hyder Census area; (2) the lack of professionals trained to respond to juvenile victims of sexual assault, abuse, and neglect; (3) the inconsistency in services provided to victims of violence; (4) the siloing of agencies that respond to incidents of juveniles experiencing sexual assault; and (5) the need for expansion of trauma-informed and culturally-responsive programming that assists children and families that have experienced violence achieve safety and live violence free lives .

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<sup>2</sup> Youth Risk Behavior Survey, 2019

<sup>3</sup> WISH Clientele Data, 2018-2020

In addition, the services at the Juneau CAC are more focused on allegations of child abuse, forensic interviewing, and pediatric sexual assault exams. WISH sees the need for additional focus on child neglect and ensuring trained professionals can conduct interviews for at-risk children and suspected child neglect cases. WISH and regional allied professionals are establishing a regional CAC in Ketchikan and developing a CAC MDT to expand training in trauma-informed sexual assault investigation processes. These new and expanded services will allow law enforcement, medical providers, mental health professionals, child protective services and advocates to provide a consistent, coordinated response to children and teens in the community who have been victimized—or suspected to be victims—of sexual violence, abuse, or neglect. Juveniles receiving services will be interviewed by professionals specifically trained in best practices designed to reduce trauma. The comprehensive law enforcement training will improve outcomes for victims by providing a baseline level of investigative training for these crimes that is consistent across the region.

To inform the planning and development of the CAC, CAC MDT, and expansion of the Child and Family Services program, WISH conducted a needs assessment to confirm of the extent of the problem in the service area, determine service population, and explore the best approaches to engaging allied professionals and the community. Needs assessment results will be used to determine which service should be offered on-site or through referrals, and how to best provide services that are culturally-responsive to the needs of rural and indigenous communities within the service area. WISH program staff and allied professionals will utilize the outcomes of the community needs assessment to make recommendations for additional training and services.

## Assessment Process

This needs assessment is a tool and framework to make informed decisions about WISH and its allied professionals' response to the needs of victims of family violence, including child abuse and neglect, Intimate Partner Violence (IPV), Teen Dating Violence (TDV), and Sexual Assault (SA). Specifically, this assessment helps identify the family violence prevention and response needs of Ketchikan Gateway Borough, Wrangell, Metlakatla, and the Prince of Wales Island areas. It also describes how prepared these Southern Southeast Alaska areas are to take action to address these needs. The assessment identifies local resources and capacity for such efforts. The results of the needs assessment will help WISH and its partners identify realistic goals and action steps for developing a regional CAC MTD and expanding services for the Child and Family Services program to increase counseling, parenting education, family advocacy, and victim services to non-abusing parents/caregivers and their children in Southern Southeast Alaska.

The assessment results will inform future planning efforts and are intended to be shared with relevant partners to assist in developing goals and action steps that will frame the work to be accomplished. The principal questions that informed this needs assessment include:

1. What barriers exist preventing people from seeking services and/or reporting family violence?
2. What services exist in Southern Southeast Alaska to which victims of family violence have access.
3. What CAC approach would best meet the needs of the service population?
4. What are the primary training needs for future MDT members / partnering agencies?
5. What additional services need to be considered for the Child and Family Services program?

The needs assessment process took place from April 2021 to August 2021 and was led by WISH and their contracted evaluator, Strategic Prevention Solutions (SPS), a national research firm that works with national, state, community, and tribal entities to address and prevent social and health problems. SPS collaborated with WISH in report writing, data collection, tool design, and data analysis throughout the needs assessment process.

The needs assessment is informed by both primary and secondary data sources. Secondary data was collected from the Alaska Department of Labor and Workforce Development, the Alaska Department of Public Safety, University of Alaska Anchorage Justice Center, WISH clientele and service data, and the University of Alaska Southeast. Tools used to collect primary data included stakeholder interviews through an adapted version of the Community Readiness Assessment (CRA) from the Tri-Ethnic Center at Colorado State University. The CRA was conducted for WISH's service area in the Ketchikan Gateway Borough by SPS and the local CAC/ CAC MDT Coordinator and was used to assess the readiness to act on family violence prevention.

Secondary data collected by WISH and local partners was provided to Strategic Prevention Solutions for analysis and summary.

## Summary of Key Findings

Although much useful and valid secondary data has been collected for the needs assessment, the most up-to-date useful data has come from primary data sources that participated in the community readiness assessment covering WISH service areas of Ketchikan and Prince of Wales communities (including Metlakatla, Hydaburg, Kasaan, and Craig). Primary data collection efforts provided the project with a refined area of focus to help WISH and its partners improve capacity to deliver core intervention services and ongoing comprehensive family violence services to parents, children, and youth in Southeastern Alaska. The following are several key findings and themes that emerged in the needs assessment:

- Community readiness scores and interview transcripts revealed that within WISH's service area, the more rural the community, the more likely it was there would be negative sentiments and distrust toward support service providers, less awareness of family violence issues in their community, and less likelihood of reporting abuse or neglect.
- Awareness of the issues was reported as being surface level within many communities and leaders seemingly doing much of their work in silos rather than collaborating throughout the region. Interviewees of rural communities reported that much of the abuse or trauma is being swept under the rug and a lack of a robust awareness and collaboration has prohibited the communities from receiving the information they need and ways to access support when needed. Those involved with the work seem to be very knowledgeable and care about the issue, but due to low readiness levels within the rural communities, service providers and advocates struggle to increase awareness and engagement in services.
- Overall scores for Community Readiness Assessments across WISH service areas ranged from Vague Awareness to Preparation.
  - Metlakatla's overall score was a 3.75 (Vague Awareness Stage)
  - Prince of Wales's overall score was 4.12 (Preplanning Stage)
  - Ketchikan's overall score was 5.93 (Preparation Stage)
  - WISH Service Area's overall score was 4.9 (Preplanning/Preparation Stage)
- Rates of abuse in the area are high: In a sample survey conducted with Ketchikan residents, 41% of respondents reported being physical abused in their lifetime and nearly half, 48.5%, experienced some form of sexual abuse in their lifetime.



# Recommendations

The findings from this needs assessment have informed several broad reaching recommendations for WISH and its partners as they move forward with making decisions about the direction of the CAC / CAC MDT program related to provision of violence intervention services and trauma-informed treatment, as well as decisions about provision of ongoing case management, education, counseling, and support services in the Child and Family Services program. Interviews with key stakeholders in the community revealed valuable information about past failures of coordinated responses and comprehensive supportive services in the area. Information collected in the needs assessment were the basis of the following recommendations:

## **Increase community awareness of CAC/ CAC MDT efforts and violence intervention and prevention services including the Child and Family Services program among local service providers and communities at large.**

Introductory efforts should focus on increasing community awareness of CAC and other WISH services and availability. These efforts should consider the community readiness level of each community. Efforts to increase awareness of services in Metlakatla should be based on the *Vague Awareness* stage of readiness, Prince of Wales should be tailored to the *Preplanning* stage of readiness, and efforts in Ketchikan should fall in the *Preparation* stage. All efforts should focus on relationship building with CAC MDT members, allied professionals and service providers with an emphasis on raising awareness of services offered throughout the community.

Past services specific to juvenile sexual assault, abuse, and neglect investigations have resulted in re-traumatizing experiences with days-long trips out of the region and multiple visits to healthcare providers. Further, community readiness interviews revealed that all violence intervention and prevention services in remote communities are lacking and the services that do exist aren't always utilized because there is often a stigma attached to seeking these services—particularly in rural communities. Stakeholders recommended strengthening community outreach and cultural community events to build trust, as well as increasing communication about who can receive services and how to access resources available in or near their communities. Parents/guardians and children accessing services should be informed that these services will be more local and easily accessible. Providers making referrals to these services should likewise be aware that they exist and can be accessed locally. WISH and allied professionals will need to focus their awareness and trust building efforts in each community—and at the community readiness level—to reduce the stigma attached with seeking services for victims of violence, including juvenile victims of sexual assault, abuse, neglect, or who live in families experiencing domestic violence.

## **Convene CAC MDT partners and develop clear procedures for implementation.**

As the primary coordinator for the CAC MDT, WISH will be responsible for ensuring that key partners are aware of their roles and responsibilities and the policies and procedures for the CAC are developed and clear. Key CRA interviews with long-standing service providers identified that similar past efforts to initiate a Sexual Assault Response Team (SART) were disrupted by a lack of clear policies and procedures for the development of a coordinated response effort. Efforts to implement a SART fell through despite having appropriate partners at the table and available resources. It was revealed that the largest missing component of these efforts was a clear approach for implementation.

To avoid repeating this past breakdown, WISH and partnering agencies will need to focus on the development and functioning of the CAC MDT, including following a strategic planning process and sustainability plan that includes space for program enhancements, performance measurement, partnership development, and training/retention. Primarily, this can be achieved by establishing a shared understanding around how the group will operate and what is expected of each partner. High functioning coalitions tend to hold regular meetings, develop methods for clear communication guidelines, keep members informed who cannot attend meetings, formalize plans of action through MOUs with partners, and develop an orientation manual to streamline onboarding for new members. These basic steps will serve to enhance the ability of the MDT to establish policies and procedures for implementation.

## **Integrate trainings based on best practices and support ongoing trainings for lead CAC MDT partners, WISH program staff, and allied professionals.**

Trainings identified by key stakeholders should be vetted for best practice standards, using national recommendations and technical assistance providers for support, such as the [Office of Juvenile Justice and Delinquency Protection](#), [Western Regional Children's Advocacy Center](#), and [Alaska Children's Alliance](#), Futures Without Violence, the Office of Violence Against Women, and the Family Youth Services Bureau, Alaska Child Welfare Academy, Alaska CAREs, and others.

WISH should collaborate with agencies and partners in multiple communities to participate in the Sexual Assault Nurse Examiner-Pediatrics (SANE-P) training including PeaceHealth, Ketchikan Indian Community, Southeast Alaska Regional Health Consortium, Annette Island Service Unit, and local clinics.

As WISH increases training opportunities for local CAC MDT partners, such as violent crime investigative trainings for the Ketchikan Police Department and Alaska State Troopers in Southern Southeast Alaska, and region-wide trainings for law enforcement, advocates and prosecutors, training sustainability and retention plans should incorporate recurring "booster" trainings with new best practices and up-to-date information.

Community readiness assessment interviewees stressed the importance of ensuring that all trainings are developed and implemented through a trauma-informed lens, both in terms of

service provision, and in addressing internal secondary traumatic stress within allied professionals. Trainings should include encouraging reflective supervision approaches within individual agency staff to reduce burnout and staff turnover. In addition, there is a need to also enhance the cultural scope of the trainings, to ensure providers are aware enough of local culture, spiritual practices, and beliefs to the extent needed to provide services in a locally and culturally sensitive manner for Alaska Native families.<sup>4</sup>

Over half of stakeholders interviewed stressed the importance of taking into account the historical trauma associated with family violence, and to look at root causes affecting the cycle of violence, when developing CAC MDT trainings and protocols and providing community-based education, case management, counseling, and other intervention and prevention services. WISH staff and allied professional trainings should integrate information that looks at the harm caused by systems and include facilitated dialogues on how to address and repair this harm within communities.

When asked what other resources are needed to increase access to victims' services, stakeholder suggestions included the following:

- More child-centered resources
- Accessible childcare
- Affordable and safe housing support
- More culturally responsive services
- Healing-to-Wellness models of care
- Opportunities for community gatherings

### **Collaborate with other CACs and service providers regionally and nationally.**

WISH should connect with other similar CACs to glean relevant lessons learned during the developmental phases of CAC/ CAC MDT establishment. These connections can provide WISH staff with opportunity for collaboration and resource sharing, build communities of practice, and have regular discussion groups with other rural CACs.

Existing WISH intervention and prevention services, including the Child and Family Services program, should continue to look outside of the region to examine best practices, obtain feedback on how to improve service provision, and continue to expand culturally-responsive and trauma-informed services in meaningful and progressive ways.

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<sup>4</sup> Alaska Department of Health and Social Services, Division of Behavioral Health

## **Expand existing WISH services to rural communities.**

Stakeholder interviews with residents of rural communities within the WISH service area revealed that family violence services are limited in scope and often require victims leave their communities to receive full services—whether in Juneau to receive CAC services or Ketchikan to receive shelter and comprehensive services. WISH program staff report that approximately 50% of all victims in remote communities who are offered relocation assistance by WISH do not accept the service. While relocation services may be designed to provide immediate safety for the victims, the process of removing a victim from their friends and family support systems creates an additional hardship during an already traumatic experience. By expanding and enhancing WISH's comprehensive services in outlying communities, WISH will be able to offer victims support with services delivered directly in their community without the need for relocation. Stakeholders interviewed were supportive of integrating remote service technology to outlying communities, and recommended taking the time to make sure virtual services are rolled out safely and in a manner to establish trust.

## **Continue to work toward reducing barriers to providing stigma-free family violence intervention and prevention services.**

Reports from WISH staff, as well as interviews from the CRA, suggest that the Office of Children's Services (OCS) is viewed negatively by many families—particularly those in rural communities. It was revealed that many families are afraid to reach out to OCS for fear that their children will be removed from the home. This stigma has prevented many families from accessing services provided by OCS or through WISH due to a fear of WISH employees working as extensions of OCS investigators.

The past iteration of WISH Child and Family Services was funded through a family reunification grant from Alaska OCS. This grant stipulated that WISH was only allowed to formally accept OCS referrals into the Family Services program. These referrals had often escalated to the highest level of abuse and neglect, preventing WISH from reaching children and families before the abuse occurred in the first place. Children and families who had not been referred by OCS were ineligible to receive comprehensive family services through WISH per the grant requirements. WISH staff reported that clients of Family Services viewed WISH as an extension of OCS, and that by receiving these services, they were in jeopardy of their children being removed from the home. These factors have prevented WISH from providing high-quality, individualized, stigma-free services within its service area. By removing funding conditions that require families receive referrals from OCS to participate in WISH Child and Family Services, families can access victim services without fear that their children will be removed from home. Further, it allows WISH to work directly with families and service providers—without formal OCS referrals—facilitating a more trusting relationship with the residents within its service area. This will also help fill the gap existing with other regional CACs – for instance, Juneau's CAC can only receive referrals through law enforcement or OCS.

## Next Steps for WISH

In the coming months, WISH will focus on a number of key next steps.

First, WISH will focus on building community awareness of the resources available through the CAC and Child and Family Services program to dispel stigmas community members currently have about the services. Over the next year, the CAC MDT will develop communication plans to assure that when the CAC officially opens, victims, their families, and allied service professionals will know that services will be accessible without having to fly to Juneau. This step will begin with service providers who may be referring juveniles to the CAC, but should also include the community at large with a goal of reducing the perceived barriers to accessing these services. To increase community awareness of comprehensive child and family services provided by WISH, staff will continue to expand advertising and will be hiring a Child and Family Services Specialist that will be located on Prince of Wales Island.

Second, WISH will develop a plan for solidifying and cultivating key partnerships to support, plan, and carry out the development and implementation of the CAC/ CAC MDT and the expanded Child and Family Services Program in the region. WISH will foster the CAC/ CAC MDT by exploring means for improving working relationships such as establishing strong organizational networking between partners, creating clear communication norms, developing a shared vision, mission, and purpose for these teams, identifying barriers to success, and discussing ways to overcome them, and exploring any other means to ensure partnership success. Key stakeholder interviews identified lack of partner cohesion as one reason why past efforts to sustain a SART were unsuccessful. Building and cultivating the partnerships within the MDT will be vital for the success of the CAC. The Child and Family Services program will also gather consistent feedback for continuous quality improvement through evaluation from allied professionals, participants, and the Revilla Island Resilience Initiative (RIRI). RIRI acts as the MDT to assure that the program under the SSAPC demonstration remains culturally-responsive, trauma-informed, and integrates best practices to help families and children heal and thrive after experiencing violence.

Finally, WISH will continue acting as the lead organization that will develop, identify, organize, and/or facilitate ongoing trainings for key community partners, allied professionals and all WISH staff. Trainings will help partners develop their roles within the CAC/ CAC MDT, examine best practices for serving families that have experienced violence, and will help them understand how to initiate responsive and comprehensive services within the WISH service area.



# Data Sources and Approach

A combination of primary and secondary data sources was used for this needs assessment. Discussions with the WISH prevention team were further used to support and prioritize data collection efforts.

A summary of data sources utilized for this assessment includes:

## Primary Data Sources

- Community Readiness Assessment Scores
- Key Stakeholder Interviews

## Secondary Data Sources

- US Census
- State of Alaska Community Profiles Database
- City Records
- WISH Service Data
- The UAA Alaska Victimization Survey
- Department of Public Safety Felony Sex Offense Database
- Ketchikan Police Reports

## Approach to Community Readiness Assessment

WISH, with primary assistance from their evaluator, Strategic Prevention Solutions (SPS), undertook formal Community Readiness Assessments (CRA) to yield more detailed information that will be used to assist in program planning and implementation moving forward. The Community Readiness Model, developed at the Tri-Ethnic Center at Colorado State University, is used to assess how ready a community is to address an issue or multiple issues. Conducting a community readiness assessment also helps identify the level of awareness a community has about a certain issue, as well as how prepared and willing they are to act on the areas of concern identified through the needs assessment process. It can also point to areas where additional work may be needed to increase the level of readiness for family violence services enhancement. SPS utilized an adapted version of the Community Readiness Assessment (CRA) to assess the readiness of WISH service areas to address violence against families and children in Southern Southeast Alaska.

The CRA process involved interviewing key stakeholders from various WISH served communities and asking them questions about multiple dimensions of readiness, including community knowledge of efforts, current efforts, leadership, community climate, community knowledge of the issue, and resources. SPS partnered with WISH staff to recruit local community stakeholders

in the communities to participate in semi-structured telephone / Zoom interviews. The following communities were included in the CRA: Ketchikan, Metlakatla, and Prince of Wales communities (including Hydaburg, Kasaan, Klawock, and Craig).

Community readiness scores were generated for each community upon completion of the assessments. Reviewing community readiness scores (overall and by dimension) will help WISH focus on needed readiness-building efforts in the future. Typically, these efforts are aimed at increasing readiness for the dimensions that have the lowest scores.

# Key Findings

## Services Overview

WISH provides services to victims of violence and their families in Southern Southeast Alaska including 24/7 crisis shelter, advocacy, legal advocacy, child advocacy, housing assistance, counseling and safety planning. Additionally, WISH operates a Child and Family Services program that provides counseling, parenting, education, family advocacy, and victim services to non-abusing parents/caregivers and their children. These programs serve over 21,000 residents of Southern Southeast Alaska.

Southern Southeast Alaska is a geographically remote and isolated network of communities that are only accessible by boat and airplane. These communities are diverse in population and location and may or may not have access to a limited road system. The WISH crisis shelter and office are located in Ketchikan on Revillagigedo Island, a 1,064 square mile island that includes the City of Ketchikan, Ketchikan Gateway Borough, and the Organized Village of Saxman.

## Regional Overview and Community Profiles

The WISH service area is represented in the map below. This area extends south to Annette Island (in brown), an approximately 18 by 18-mile island where Metlakatla Indian Reservation is located. The service area also includes Prince of Wales Island (yellow), a 6,674 square mile island that has 13 small communities, 9 of which are connected to each other via the road system. At the northern end of the service area is, Wrangell Island (purple) which is approximately 210 square miles and contains the community of Wrangell. This area is a collection of remote and isolated communities on numerous islands that are only accessible by boat or airplane. The WISH service area communities are diverse in population and location and may or may not have access to a limited road system.



The population of Ketchikan Gateway Borough (green) has remained largely unchanged over the past 20 years and has stayed close to roughly 13,900 residents. Ketchikan acts as the hub for shipping, travel, and medical services for Southern Southeast Alaska. Individuals and families in the area travel extensively between island communities as they often share residences with extended families. They travel to receive services and transfer children in shared custody agreements. Prince of Wales Island has a population of 6,200 residents who span over 13 villages and towns. Wrangell City and Borough, the third largest populated area in Southern Southeast Alaska, houses roughly 2,500 residents.

Culturally, Alaska Natives representing the Tlingit, Haida, and Tsimshian indigenous tribes account for nearly one quarter of Southeast Alaska's total population. It is believed the Tlingit have resided in the region for well over 10,000 years<sup>5</sup>.

### KETCHIKAN COMMUNITY PROFILE

With a population of nearly 14,000 residents, in 5,397 households, Ketchikan Gateway Borough is the 7<sup>th</sup> most populous Borough in the state of Alaska. Ketchikan Creek, located in the center of downtown Ketchikan, acts as the birthplace of the community, serving as a summer fish camp

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<sup>5</sup> Alaska State Archives

for the Tlingit People in the region for centuries before Russian and European settlers began to arrive in the 17<sup>th</sup> century.

Ketchikan is known for its natural beauty and connection to the sea; it is commonly referred to as the “Salmon Capital of the World” as it is heavily driven by fishing industries. Over 1.1 million cruise passengers visited Ketchikan in 2019<sup>6</sup> pushing tourism to the top as the main economic driver for the community. The median household income in the Ketchikan Gateway Borough was \$72,728 in 2019<sup>7</sup>.

## PRINCE OF WALES COMMUNITY PROFILE

With a total of 6,203 residents living in 2,371 households, the island of Prince of Wales encompasses 13 smaller villages and towns, including: Craig, Klawock, Thorne Bay, Hydaburg, Coffman Cove, Hollis, Naukati Bay, Hyder, Kasaan, Edna Bay, Whale Pass, Port Protection, and Point Baker. Populations of each community range from over a thousand (Craig) to 13 residents (Point Baker). With the exception of nine small Prince of Wales Island communities, there is no connected road system for all communities located on the island.

The island has been greatly influenced by logging operations historically. The median household income for residents within the Prince of Wales-Hyder census area is \$52,379<sup>8</sup>. Today, many residents across the island—particularly in the smaller communities—pursue a subsistence lifestyle to provide food sources.

## METLAKATLA COMMUNITY PROFILE

Located on the Annette Islands, the community of Metlakatla is one of the only Tsimshian settlements in the United States. It is the only Indian Reserve in the state of Alaska. The community was founded in 1887 with the leadership of William Duncan and 823 Tsimshian People who migrated from other areas to create a designated Native settlement<sup>9</sup>. At the time of the 2010 census, there were over 1,400 people living in Metlakatla in roughly 470 households. The average median income for Metlakatlan residents is \$56,188<sup>10</sup>. Although most people living on the island are Tsimshian, Metlakatla consists of a diverse population including Tlingit, Haida, and other tribal associations.

## WRANGELL COMMUNITY PROFILE

The City and Borough of Wrangell is located on the northwest tip of Wrangell Island, 155 miles south of Juneau and 89 miles northwest of Ketchikan. It is near the mouth of the Stikine River, a

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<sup>6</sup> Ketchikan Visitors Bureau, 2021

<sup>7</sup> US Census Data

<sup>8</sup> US Census Data

<sup>9</sup> Metlakatla Indian Community, [www.visitmetlakatla.com](http://www.visitmetlakatla.com)

<sup>10</sup> US Census Data



historic trade route to the Canadian Interior. At the time of the 2010 US Census, the population was 2,369, living in 1,027 households, while median household income was \$45,841<sup>11</sup>.

Wrangell is one of the oldest non-Native settlements in Alaska. In 1811 the Russians began fur trading with area Tlingits and built a stockade named Redoubt St. Dionysius in 1834. The Tlingits claimed their own ancient trade rights to the Stikine River and protested when the Hudson Bay Co. began to use their trade routes, but two epidemics of smallpox, in 1836 and 1840, reduced the Tlingit population by half. Logging and fishing have supported the community<sup>4</sup>. Today, tourism and growth in the seafood processing and marine services industries have become the economic backbone of the community.

## Population Demographics

The unemployment rate for the Ketchikan Borough has been steadily declining since 2010. As of May 2021, the unemployment rate in Ketchikan and on Prince of Wales was 7.4%, down from 13.4% and 12.4% respectively during June of 2020<sup>12</sup>. The impacts of the COVID-19 pandemic caused higher-than-average rates of unemployment and substantial reductions in tourism earnings after a record-breaking tour season in 2019<sup>13</sup>. Ketchikan Gateway Borough (15%), Wrangell (12%), Prince of Wales Island (5%) experienced a reductions in jobs from 2019 to 2020 due to this pandemic.

There have been notable shifts in industries over the past several decades. Fish harvesting employment in Southeast Alaska fell by 19.9% between 2000 and 2019<sup>14</sup>.

The following tables illustrate general demographics and economic conditions for Ketchikan Gateway Borough, Prince of Wales-Hyder census area, and Wrangell City and Borough:

**Table: Ketchikan Gateway Borough Demographics 2016-2020**

Demographics	2016	2020	% Change 2016-20
Population	13,781	13,901	1%
Under Age 5, percent	6.0%	5.6%	-7%
Age 65 and Older, percent	14.28%	16.5%	16%
Median Age	39.6	40	1%
Total Labor Force	7,019	6,520	-7%

<sup>11</sup> US Census

<sup>12</sup> Alaska Department of Labor and Workforce Development, Alaska Economic Trends Magazine, August 2021

<sup>13</sup> Alaska Department of Labor and Workforce Development, SE Forecast for 2020.

<sup>14</sup> Alaska Department of Labor and Workforce Development

Annual Unemployment Rate	6.2%	9.6%	55%
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Source: Alaska Department of Labor and Workforce Development, US Census

**Table: Prince of Wales-Hyder Census Demographics (Including Metlakatla) 2016-2020**

Demographics	2016	2020	% Change 2016-20
Population	6,445	6,203	-4%
Under Age 5, percent	6.5%	5.3%	-18%
Age 65 and Older, percent	14.1%	18.1%	28%
Median Age	41	41.7	2%
Total Labor Force	2,760	2,828	2%
Annual Unemployment Rate	11.6%	9.2%	-21%

Source: Alaska Department of Labor and Workforce Development, US Census

**Table: Wrangell City and Borough Demographics 2016-2020**

Demographics	2016	2020	% Change 2016-20
Population	2,459	2,379	-3%
Under Age 5, percent	5.6%	5.2%	-7%
Age 65 and Older, percent	18.9%	23%	22%
Median Age	41	47.2	15%
Total Labor Force	1,053	984	-7%
Annual Unemployment Rate	7.2%	8.4%	17%

Source: Alaska Department of Labor and Workforce Development, US Census

The population of Southeast Alaska region has declined over the last two decades. The following table represents the regional population change in Southeast Alaska compared to the state of Alaska from 1990 to 2014, as well as the average annual change in population.

**Table: SE Alaska Change in Youth Population, Age 18 and under; SE Region and Statewide 1990-2014**

Indicators	Southeast	Alaska
% Change 1990- 2014	-20%	8%
Annual Avg % Change 1990-2014	-0.8%	.3%

Source: Alaska Department of Labor and Workforce Development

During 2016-2020, there was a 3% decrease in population in Southern Southeast Alaska overall. The following table depicts changes in population among communities within the WISH service area.

**Table: Estimated Population Changes for WISH Service Areas 2016-2020**

Community	2016	2020	Change
Ketchikan Borough	13,781	13,677	-1%
Metlakatla	1,437	1,321	-9%
Wrangell Borough	2,459	2,379	-3%
Prince of Wales Island	6,445	6,090	-6%
Craig	1,099	1,065	-3%
Hydaburg	404	380	-6%
Klawock	813	761	-7%
Kasaan	92	104	12%
Thorne Bay	528	511	-3%
Naukati Bay	104	137	24%
Hollis	116	131	11%
Coffman Cove	176	183	4%

Source: Alaska Department of Labor and Workforce Development

# Clientele and Service Access Data

WISH collects information about its clients as well as the number of and types of interventions it provides. This valuable information helps staff understand the breadth of services most needed in its service area. The following table represents data collected from January through December 2020.

**Table: 2020 WISH In-Shelter Client Data and Services**

In-Shelter Service Provided	Individuals Served	Frequency of Activity
<b>Referral / Information Services</b>		
Referral to other victim service programs	39	46
Referral to other services, supports, or resources	160	586
Information about the criminal justice process	50	86
Information about victims' rights	35	44
<b>Advocacy Services</b>		
On scene crisis response	11	24
Advocacy/accompaniment to emergency medical care	8	12
Advocacy/accompaniment to medical forensic exam	6	6
Law enforcement interview advocacy/accompaniment	13	29
Individual advocacy service	317	4716
Adult protective service	4	27
<b>Housing / Public Assistance Services</b>		
Transitional housing	1	1
Relocation assistance	16	16
Emergency financial service	183	808
<b>Transportation Services</b>		

Transportation assistance emergency	9	9
Transportation assistance non-emergency	143	750
<b>Shelter / Center Services</b>		
Crisis intervention (in-person)	222	912
Hotline/crisis line counseling	152	476
Individual counseling service	132	601
<b>Children's Services</b>		
Group activity with children	19	95
Child protective services	4	8
Total Children Served in Shelter in 2020:		27
Total Individuals Served in 2020:		319

Source: Women in Safe Homes Client Data, 2020



# Magnitude of the Issue

## Overview

Family violence, including sexual violence / sexual assault (SA), intimate partner violence (IPV), teen dating violence (TDV), and child abuse and neglect affect all levels of the social ecology – with complex individual to societal implications. Each community has unique challenges with regard to the magnitude of IPV, SA, TDV and child abuse and how the problems affect different subpopulations. Additionally, there are differences across communities as to the risk factors that promote these issues. Just as the context and environment will contribute to unique challenges and barriers to prevention work, there are also protective factors present. Protective factors act as a buffer, or protection, against perpetration and victimization of SA, IPV, TDV and child abuse.

## Terminology

**Sexual Violence (SV) / Sexual Assault (SA)** is a significant problem in the United States. Sexual assault is any type of forced or coerced sexual contact or behavior that happens without consent. Sexual assault includes rape and attempted rape, child molestation, and sexual harassment or threats.

**Intimate Partner Violence (IPV)** is a serious, preventable public health problem that affects millions of Americans. The term “intimate partner violence” describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.

**Teen Dating Violence (TDV)** is defined as the physical, sexual, psychological, or emotional aggression within a dating relationship, including stalking. It can occur in person or electronically and might occur between a current or former dating partner.

**Power-Based Violence** is a form of violence in which someone uses power, control, and/or intimidation in order to harm another. These acts may be committed by strangers, friends, acquaintances, intimates, or other persons and could include dating/partner violence, sexual assault, stalking, and other uses of force, threat, or harassment of an individual.

**Child Abuse and Neglect** is defined as physical, sexual, or emotional abuse, or neglect of children under the age of 18 by a parent, caregiver, or another person in a custodial role. This includes environments in which children are exposed to IPV within the home.

## Risk and Protective Factors

**Risk factors** are characteristics of school, community, and family environments—as well as characteristics of youth and adults and their peer groups—that are known to be related to an increased likelihood of SA, IPV, TDV, and child abuse and neglect.

**Table: Risk Factors for Child Abuse & Neglect, SA, IPV, and TDV across the Social Ecology**

Level	TDV	IPV	Sexual Assault	Child Abuse and Neglect (Perpetration)
<b>Societal</b>				
cultural norms that support aggression	x	x	x	x
media violence			x	x
income inequity		x	x	x
harmful masculinity & femininity norms	x	x	x	x
<b>Community</b>				
neighborhood poverty		x	x	x
community violence			x	x
poor neighborhood support & cohesion		x		x
availability of alcohol/drugs	x	x		
<b>Relationship</b>				
negative parent-child relationship	x	x	x	x
lack of social support	x	x		x
family conflict	x	x	x	x
<b>Individual</b>				
low educational achievement	x	x		x
lack of healthy problem solving	x	x	x	x
impulsiveness	x	x	x	x

history of victimization	x	x	x	x
loss of cultural identity & connection		x		

Source: Adapted from Connecting the Dots, CDC, 2016

**Protective factors** exert a positive influence or buffer against the negative influence of risks and are related to a reduced likelihood of SA, IPV, TDV, child abuse and neglect.

**Table: Protective Factors for Child Abuse & Neglect, SA, IPV, and TDV across the Social Ecology**

Level	TDV	IPV	Sexual Violence	Child Abuse and Neglect (Perpetration)
<b>Community</b>				
resource & service coordination		x		x
community connectedness		x	x	x
<b>Relationship</b>				
family support & connectedness	x			x
connection to a caring adult	x			
pro-social peers	x			
school connectedness	x		x	
cultural connectedness	x			
<b>Individual</b>				
healthy problem-solving skills	x			x

Source: Adapted from Connecting the Dots, CDC, 2016

A more comprehensive list of risk and protective factors as indicated by the CDC, along with indicators from several secondary sources can be found [here](#).

## Local Risk and Protective Factor Indicators

The School Climate and Connectedness Survey (SCCS) and the Youth Risk Behavior Survey (YRBS) are two voluntary surveys implemented in schools around the state of Alaska. These surveys gather valuable information about youth perceptions of social emotional learning environments, school and community connectedness, and observed risk behaviors among their peers (among other indicators). The information gathered from these surveys can shed light on local and statewide metrics of risk and protective factors for SA, TDV, IPV, and child abuse. Several schools within the WISH service area participate in the SCCS and the YRBS; however, districts with fewer participants are typically excluded from these published findings (including the smaller schools located Prince of Wales). The following tables compare Ketchikan Gateway Borough School District data with statewide indicators. **Bolded indicators** represent noteworthy markers when compared to statewide data.

**Table: School Climate and Connectedness Survey Data**

Protective Factor	Indicator	AK 2020	Local Data (KGBSD)		
			2018	2019	2020
<b>Positive connection with other adults</b>	Percent of 6 <sup>th</sup> to 12 <sup>th</sup> grade students who answered favorably to the statement: <i>"I can name at least five adults who care about me."</i>	65%	67%	74%	66%
<b>Cultural Connectedness</b>	Aggregate data <sup>4</sup> of 6 <sup>th</sup> to 12 <sup>th</sup> grade students who answered favorably to the following statements: <ul style="list-style-type: none"> <li><i>"I have a strong sense of belonging to my culture."</i></li> <li><i>"In general, my culture is an important part of my self-image."</i></li> <li><i>"My school teaches about the history and culture of people who live in my community."</i></li> <li><i>"My school values the language and culture of my family."</i></li> <li><i>"My teachers make an effort to represent my culture in class lessons."</i></li> <li><i>"I see my family's culture represented in class lessons, materials, posters, and art around the school, etc."</i></li> </ul>	59%	42%	46%	<b>43%</b>
<b>Connection to a Caring Adult</b>	Aggregate data <sup>4</sup> of 6 <sup>th</sup> to 12 <sup>th</sup> grade students who answered favorably to the following statements: <ul style="list-style-type: none"> <li><i>"There is at least one adult at this school whom I feel comfortable talking to about things that are bothering me."</i></li> <li><i>"At school, there is a teacher or some other adult who will miss me when I'm absent."</i></li> <li><i>"There are lots of chances for students in my school to talk with teachers one-on-one."</i></li> <li><i>"I can name at least five adults who really care about me."</i></li> <li><i>"Other adults at school besides my teachers know my name."</i></li> </ul>	57%	68%	63%	59%

<b>Community Violence</b>	Percent of students who answered <b>favorably</b> to the statement: • This school is badly affected by crime and violence in the community.	90%	73%	76%	<b>76%</b>
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Source: School Climate and Connectedness Survey

The 2020 SCCS results include two indicators worth highlighting:

- Ketchikan middle and high school students who participated in the SCCS indicated they feel less culturally connected to their school (43%) than youth throughout the state (59%). Further, only 25% of Alaska Native youth answered favorably to the question “*I have a strong sense of belonging to my culture.*” Cultural implications need to be considered when developing and expanding local services to prevent and respond to family violence.
- Local community violence indicators also differed from the state as a whole with only 76% of middle and high school youth in Ketchikan answering favorably to the statement: “*This school is badly affected by crime and violence in the community*” compared to the state average of 90%. Community violence is a risk factor which increases the likelihood of sexual violence and child abuse and neglect. When developing programs and services that focus on sexual violence and child abuse and neglect, service providers should be aware that Ketchikan high schoolers perceive their community to be affected by crime and violence at rates higher than youth within the state.

**Table: Youth Risk and Behavior Survey Data**

Protective Factor	Indicator	AK 2019	Local Data (KGBSD)		
			2015	2017	2019
<b>Family Support and Connectedness</b>	Percentage of high school students who indicated they had at least one parent who talked with them about what they were doing in school about every day	38.3%	41.8%	47.9%	<b>49.9%</b>
<b>Engagement with meaningful activities</b>	Percentage of high school students who indicated they take part in organized after school, evening, or weekend activities on one or more days during an average week	56.8%	61.6%	70.8%	<b>76.3%</b>
<b>Connection to a Caring Adult</b>	Percentage of high school students who report they are comfortable seeking help from 3 or more adults	48.6%	49.5%	57.9%	<b>57%</b>

Source: Youth Risk and Behavior Survey, 2015-2019



The 2019 YRBS revealed several highlights about Ketchikan youth:

- Youth report having higher than state average rates of family and support connections with nearly 50% indicating they had at least one parent who talked with them about what they were doing in school every day compared with 38% throughout the state.
- Youth engaged with meaningful activities (76%) at higher rates than the average youth within the state (57%).
- 57% of youth reported that they feel comfortable seeking help from 3 or more adults compared to 49% within the state indicating higher-than-average connections to caring adults.

These adult and family supports are local resources that can help increase engagement with the new CAC services and trust of resources and processes among community members.

## Magnitude of DV/SA Crimes

The Alaska Department of Public Safety (DPS) is tasked with collecting information reported to state and local law enforcement agencies on felony sex offenses. This is a required reporting program for state and local law enforcement agencies. Additionally, in 2009, the Alaska Senate Judiciary Committee tasked the legislature to fund a victimization survey to determine the rate of both reported and unreported sexual assaults in Alaska. The Alaska Victimization Survey (AVS) is conducted by the University of Alaska Anchorage Justice Center, with oversight by the Council on Domestic Violence and Sexual Assault (CDVSA), a council within DPS, and is modeled after the national survey conducted by the Centers for Disease Control and Prevention. The 2015 AVS results show an overall decline in intimate partner and sexual violence since 2010 statewide, however the AVS is a telephone survey of adult women only, aged 18 and over.

It is important to note the incidents reported in the DPS' Felony Sex Offense (FSO) database were documented at the initial reporting stage, likely prior to investigation by law enforcement. Agencies are instructed to report information when a felony level sex offense becomes known to law enforcement. The FSO database is not intended to track the life cycle of an incident; it is to provide insight into the volume and type of sex offenses being reported to law enforcement. Findings from the FSO database have been published only for years 2015-2019. Reports from 2020 will be available in November of 2021.

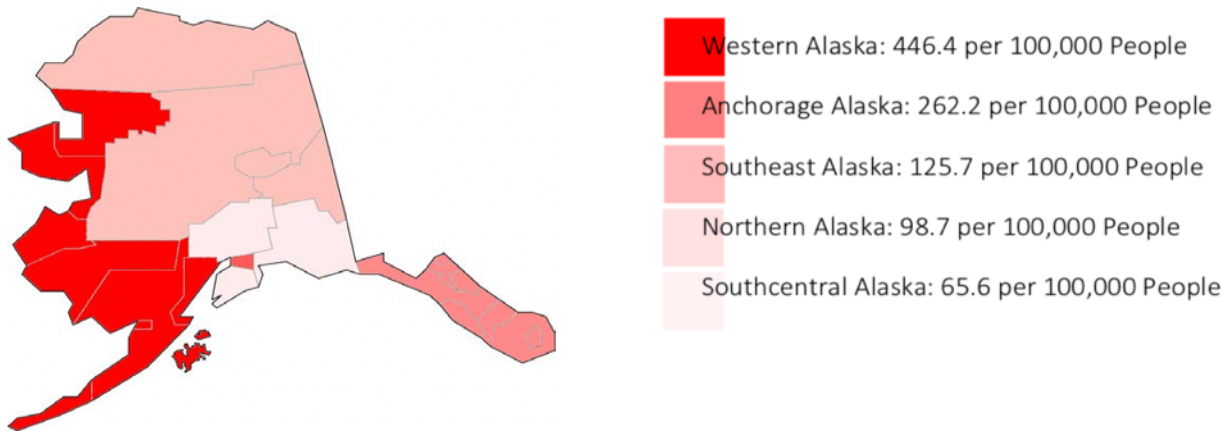
## Summary of Findings from DPS Felony Level Sex Offense Database

The Department of Public Safety's Felony Level Sex Offenses Report provides data summaries at the statewide level in addition to some statistics broken down by five regions. For Southeast Alaska, the reporting population includes Haines, Hoonah-Angoon Census Area, Juneau City and Borough, Ketchikan Gateway Borough, Petersburg, Prince of Wales-Hyder Census Area, Sitka City and Borough, Skagway, Wrangell City and Borough, and Yakutat. Reporting agencies include the police departments from Craig, Haines, Juneau, Ketchikan, Petersburg, and Sitka; as well as the Alaska State Trooper A Detachment serving Haines, Juneau, Klawock, Ketchikan, and Petersburg.

Out of five regions reporting, Southeast Alaska had the third highest rate of felony level sex offenses reported per 100,000 persons in 2016<sup>15</sup>. Felony level sex offenses are categorized as sexual assault, sexual abuse of a minor, possession or distribution of child pornography, sex trafficking, and other offenses (incest, enticement of a minor, unlawful exploitation of a minor, and distributing indecent material to a minor). The DPS' Felony Level Sex Offenses Report provides data summaries at the statewide level in addition to some statistics broken down by regions.

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<sup>15</sup> Alaska Department of Public Safety, 2016

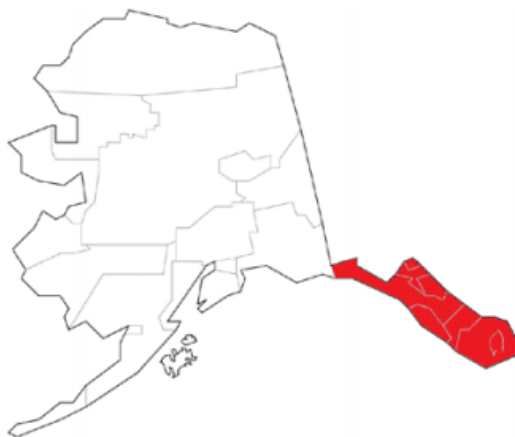


**Table: Reported Sex Offenses Rate Per 100,000 Persons by Region, 2015 to 2019.**

Region	Reported Incidents (2019)	Population	Rate per 100,000 persons (2019)	Rate per 100,000 persons (2018)	Rate per 100,000 persons (2017)	Rate per 100,000 persons (2016)	Rate per 100,000 persons (2015)
Southeast Alaska	96	72,779	131.9	113.4	133.7	125.7	167.2

Source: Alaska Department of Public Safety

When looking at victim demographics in the Southeast region in 2016 for felony level sex offenses, the most common victim age was 15, the most common suspect age was 19, and Alaska Natives made up 49% of the victims. Alaska Native females were reported to have the highest prevalence of sex offense victimization across all age groups. Additionally, felony reports show that 47% of victims of sex crimes in Alaska are juveniles, while juveniles make up 26% of the population of Alaska.



**15 years old:** most common victim age  
**19 years old:** most common suspect age  
**Alaska Native Females** have the highest prevalence of sex offense victimization across all age groups

In the Ketchikan Gateway Borough, 6% of the population is under 5 years old, with almost 1,000 children being at increased risk of being present when family violence occurs during the times when the child is not at school or daycare<sup>16</sup>. Evidence from Women In Safe Homes shows most family relocations to shelter occur with children who are age 6 and under. In 2019, WISH served 41 children through individual advocacy and 39 in child-centered groups in the shelter setting. Children under six make up approximately 75% of current OCS referrals to family services offered by WISH. Approximately 14% of Ketchikan Gateway Borough residents reporting witnessing physical violence before age 18.<sup>17</sup>

## Summary of Local Population Data for Exposure to Sexual Assault and Intimate Partner Violence

The [Alaska Victimization Survey \(AVS\) for the Ketchikan Gateway Borough](#) was conducted by the University of Alaska Anchorage Justice Center, with oversight by the Council on Domestic Violence and Sexual Assault (CDVSA), a council within DPS, and is modeled after the national survey conducted by the Centers for Disease Control and Prevention. While statewide lifetime estimates of Intimate Partner Violence (IPV) and Sexual Violence (SV) trends from 2010 to 2015 indicate rates are trending in the right direction, they still remain unacceptably high throughout Alaska.

Major findings from the 2013 **Alaska Victimization Survey for the Ketchikan Gateway Borough** include:

- 50% of adult women reported experiencing intimate partner violence, sexual violence, or both, in their lifetime.
- 8.8% reported experiencing intimate partner violence, sexual violence, or both, in the past year.
- 3 out of every 10 adult women reported having experienced sexual violence in their lifetime.
- 4 out of every 10 have experienced intimate partner violence in their lifetime.

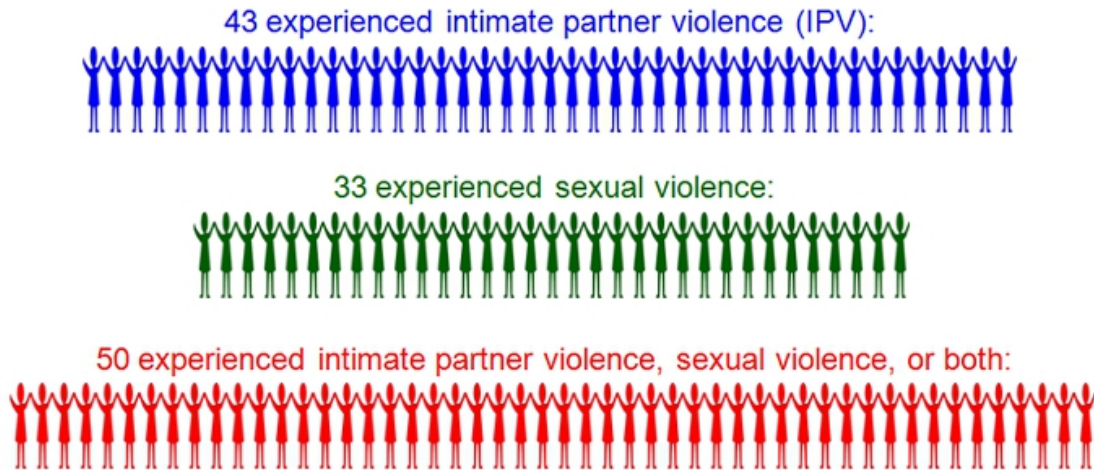
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<sup>16</sup> United States Census Bureau, 2018

<sup>17</sup> Behavioral Risk Factor Surveillance System, 2020

## Figure: AVS for the Ketchikan Gateway Borough

***Out of every 100 adult women who reside in the Ketchikan Gateway Borough:***



These lifetime estimates come from a 2013 survey of adult women in the Ketchikan Gateway Borough.  
Source: UAA Justice Center, Alaska Victimization Survey, <http://justice.uaa.alaska.edu/avs>.

Source: UAA Victimization Study

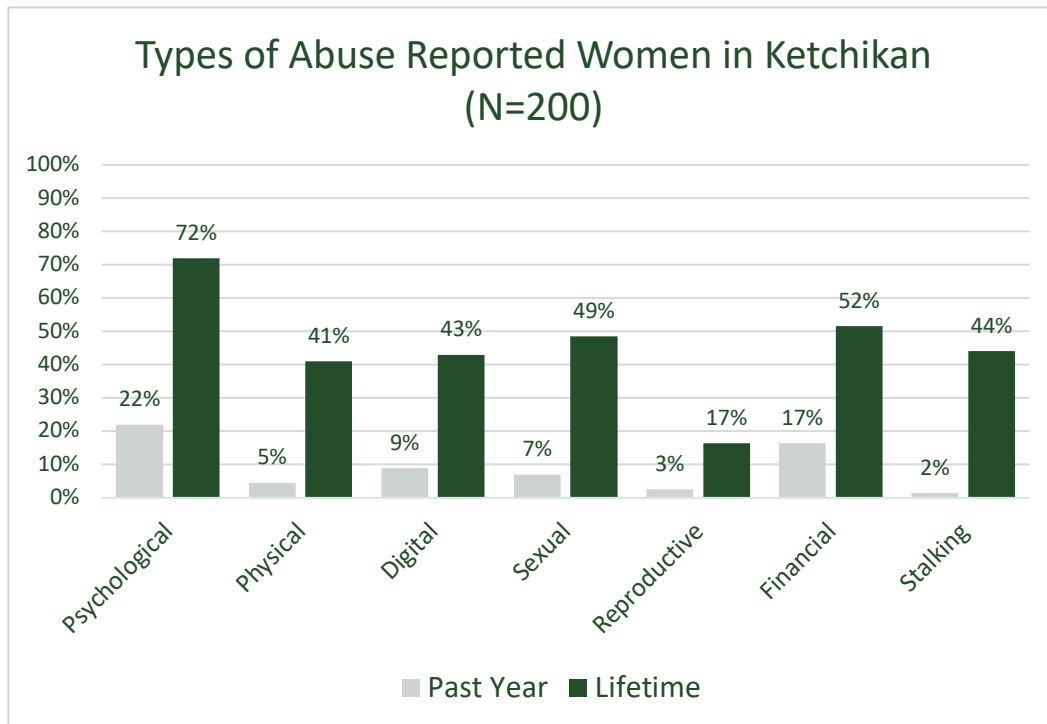
## Recent DV/SA Population Data

In 2019, WISH, with Dr. Ali Zeigler from the University of Alaska Southeast, conducted research to understand the frequency and types of abuse more thoroughly, as well as the specific behaviors victims are experiencing in Ketchikan. Of the 200 total women respondents, 61 were Alaska Native & American Indian, 114 women were considered white only. Thirty-five men participated in the study. Major findings of this research include:

- 41% of total respondents reported being physical abused in their lifetime.
- Nearly half, 48.5% experienced some form of sexual abuse in their lifetime.
- Alaska Native or American Indian women reported experiencing psychological abuse at a rate of 84%.

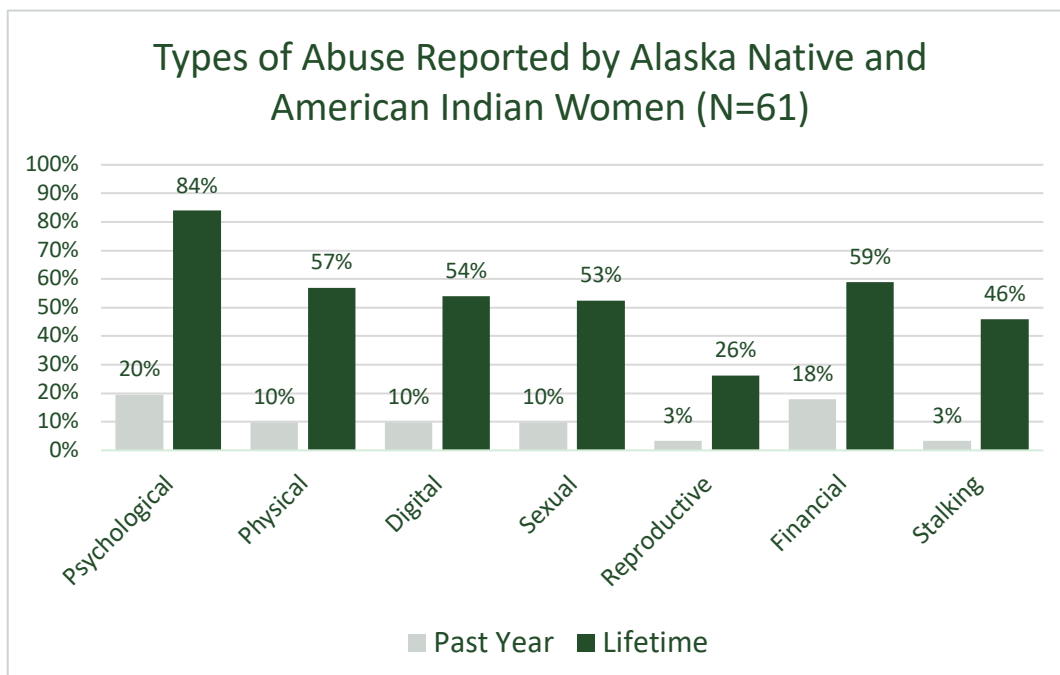
This report suggests that women in Ketchikan experience Intimate Partner Violence (IPV) and Sexual Assault (SV) at a rate higher than the overall State averages.

Figure: Rates of Victimization for Women Overall



Source: Ketchikan Victimization Survey, WISH & University of Alaska Southeast, 2019

Figure: Victimization Rates for Alaska Native/American Indian Women



Source: Ketchikan Victimization Survey, WISH & University of Alaska Southeast, 2019

## Youth Risk Behavior Survey Data

The Youth Risk Behavior Survey asks high school students about their own behaviors, as well as perceptions of peer behavior. The survey is conducted every odd-numbered year in traditional and high schools. Participation in the survey is voluntary and anonymous, and it requires parental consent. The following reveals the instances of TDV and SA among high school students in the Ketchikan Gateway Borough.

**Table: Ketchikan Youth Risk Behavior Survey Data**

YRBS Indicator	Statewide 2019	KGBSD 2015	KGBSD 2017	KGBSD 2019
Percentage of middle and high school students who reported they've been physically forced to have sexual intercourse when they did not want to (ever).	9.3%	12%	8.6%	8.3%
Percentage of middle and high school students who experienced sexual violence (being forced by anyone to do sexual things (kissing, touching, or being physically forced to have sexual intercourse) that they did not want to, one or more times during the past 12 months	13.1%	ND	8.7%	12.7%
Among middle and high school students who reported that they've dated or went out with someone, the percentage who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months	9.7%	9.2%	6.8%	9%
Among middle and high school students who reported that they've dated or went out with someone, the percentage who had been forced by someone they were dating or going out with to do sexual things they did not want to during the past 12 months	7%	9.2%	ND	8.3%

Source: Youth Risk Behavior Survey, Alaska DHSS, 2015-2019

## Impact of COVID-19

The 2020 COVID-19 pandemic has also had an impact on the scale and degree of youth victimization. While the Office of Children's Services (OCS) saw a general decrease in reports during some months of 2020, Alaska Child Abuse Response and Evaluation Services (Alaska CARES) noted a significant increase in severe injuries among children requiring hospitalization. This indicates an increase in serious physical abuse and neglect incidents. The increase in incidents, as well as the lower number of reports, have likely been influenced by the Pandemic, as families have experienced increased economic stress, social isolation, and lower perceived accessible resources.



# Summary of Primary Data

## Community Readiness Assessment

### Approach

The CRA process involved interviewing key stakeholders and asking them questions about six dimensions of readiness, including community efforts, community knowledge of efforts, leadership, community climate, community knowledge of the issue, and resources. SPS worked with WISH staff to recruit local community stakeholders for each community to participate in CRA interviews. Community Readiness Assessments were conducted in Metlakatla, Prince of Wales, and Ketchikan.

Overall community readiness scores and sub-dimension scores were generated for each community. Obtaining community readiness scores will ideally help WISH focus on needed readiness-building efforts in the future. Typically, these efforts are focused on increasing readiness for the dimensions that have the lowest scores.

Key informants interviewed across the communities represented a wide range of sectors including social service agencies, law enforcement, healthcare settings, public sector agencies, and agencies responding to domestic violence. Eleven respondents were interviewed via Zoom in each of the service communities.

Interviews were conducted, coded, and scored by SPS project staff and WISH staff and transcribed by a third-party transcription service. All interviews were individually scored in each of the dimensions of readiness using an anchored rating scale. The scores for all interviews were then averaged for each dimension of readiness. These scores averaged to arrive at an overall community readiness score.

### Assessing Readiness

Dimensions of readiness are key factors that influence a community's readiness to take action to address family violence. The following dimensions formed the basis of inquiry for the assessment.

**A. Community Efforts:** To what extent are there efforts, programs, and policies that address the issue?

**B. Community Knowledge of the Efforts:** To what extent do community members know about local services and efforts, and are the efforts accessible to all segments of the community?

**C. Community Climate:** What is the community's prevailing attitude toward the issues?

**D. Community Knowledge:** To what extent do community members know about or have access to information and its existence or impact in the community?

**E. Resources:** To what extent are local resources - people, time, money, space, etc. - available to support service improvement efforts?

**F. Leadership:** To what extent are leaders, champions, and influential community members supportive of service delivery and improvement efforts?

**Table: CRA Stages of Readiness**

Score	Readiness Stage	Description of Readiness Level
1	No Awareness	Issue is generally not recognized by the community or leaders as a problem (or it may not be an issue).
2	Denial/Resistance	At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
3	Vague Awareness	Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4	Preplanning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
5	Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.
6	Initiation	Enough information is available to justify efforts. Activities are underway.
7	Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.
8	Confirmation/ Expansion	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
9	High Level of Ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.

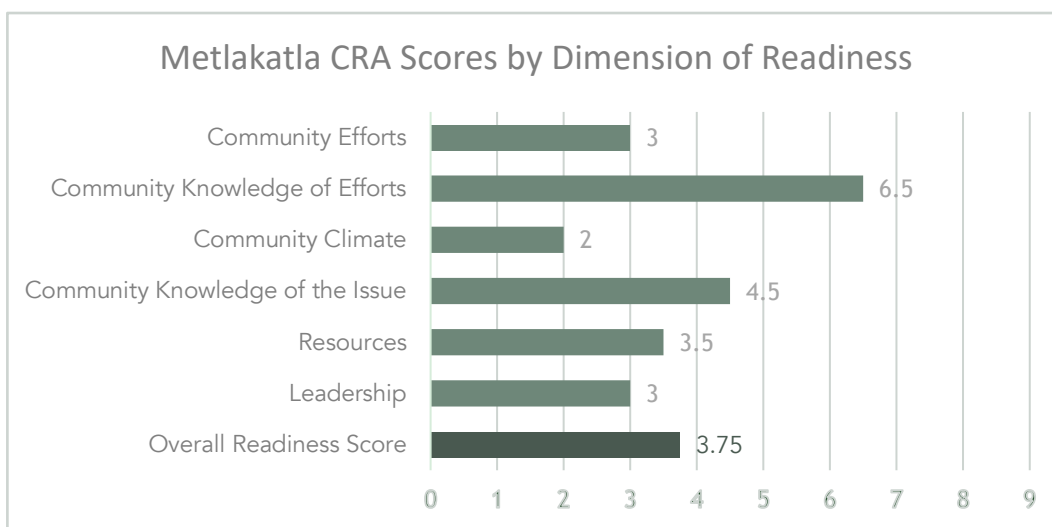
## Summary of CRA Findings

The CRA revealed valuable information about the available services, the scope of the problem, and the readiness and acceptance of the problem within each community — namely, Ketchikan, Metlakatla, and Prince of Wales communities (including Hydaburg, Kasaan, and Craig). Primary data collection efforts provided the project with a refined area of focus to help WISH improve capacity to deliver core and comprehensive domestic violence and sexual assault services to parents, children, and youth in Southeastern Alaska.

The following section provides a summary of each community's score with respect to each of the dimensions and forms the baseline foundation of the overall level of community readiness.

### Overall Score for Metlakatla: 3.75 (Vague Awareness Stage)\*

Figure: Metlakatla Scores by Dimension of Readiness

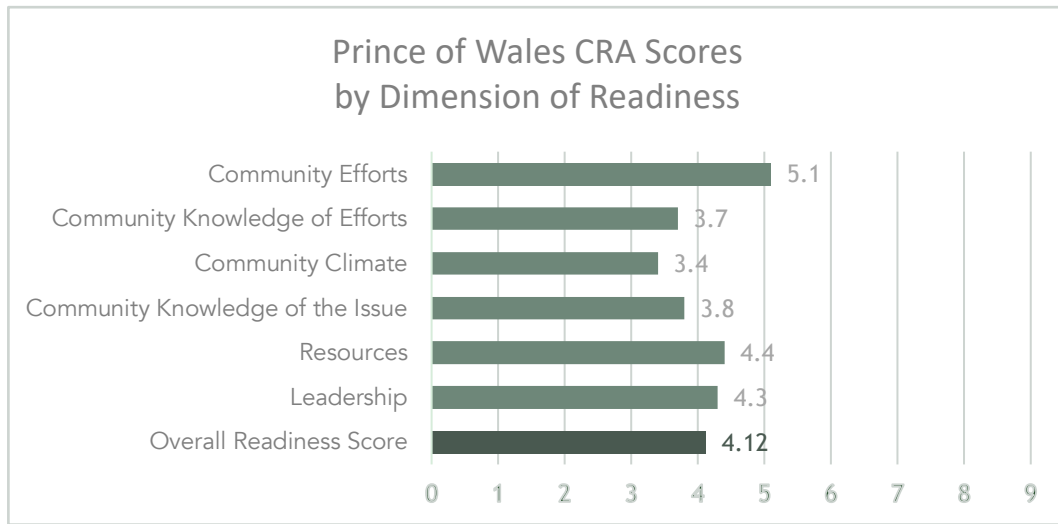


**Summary:** The overall community readiness score of 3.75 puts Metlakatla in the Vague Awareness level of readiness. This score indicates that some community members have at least heard of local efforts but know little detail about them. Leadership and community members believe the issue is a concern in the community, but motivation or means for acting is currently limited. Overall, community members have only vague knowledge about the issue, and there are currently limited resources identified that could be used for expanded efforts to address the issue. Metlakatla residents have strong connections and ties to one another, this strengthens their connections and ability to coordinate efforts.

\*It should be noted that this score is considered a “sub-score” as it was not based on multiple interviews.

## Overall Score for Prince of Wales: 4.12 (Preplanning Stage)

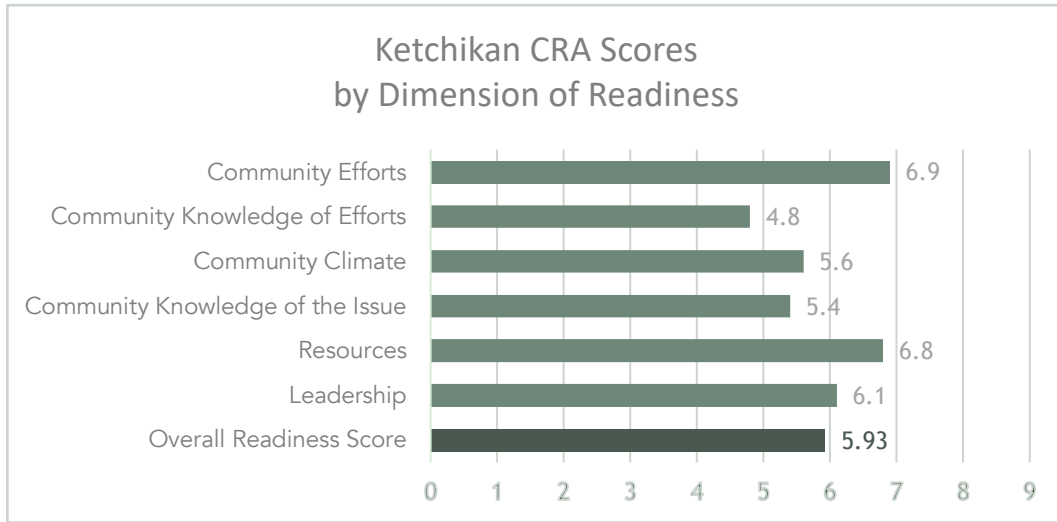
Figure: Prince of Wales Scores by Dimension of Readiness



**Summary:** The overall community readiness score of 4.12 puts the island of Prince of Wales in the Preplanning level of readiness. For communities in the Preplanning stage, there are typically limited resources available that can be used for expansion of efforts, many community members have limited knowledge about the issue, leadership and community members acknowledge that family violence is concern and that something more should be done to address it, and some community members have at least heard about local efforts and services but know little about them.

## Overall Score for Ketchikan: 5.93 (Preparation Stage)

Figure: Ketchikan Scores by Dimension of Readiness



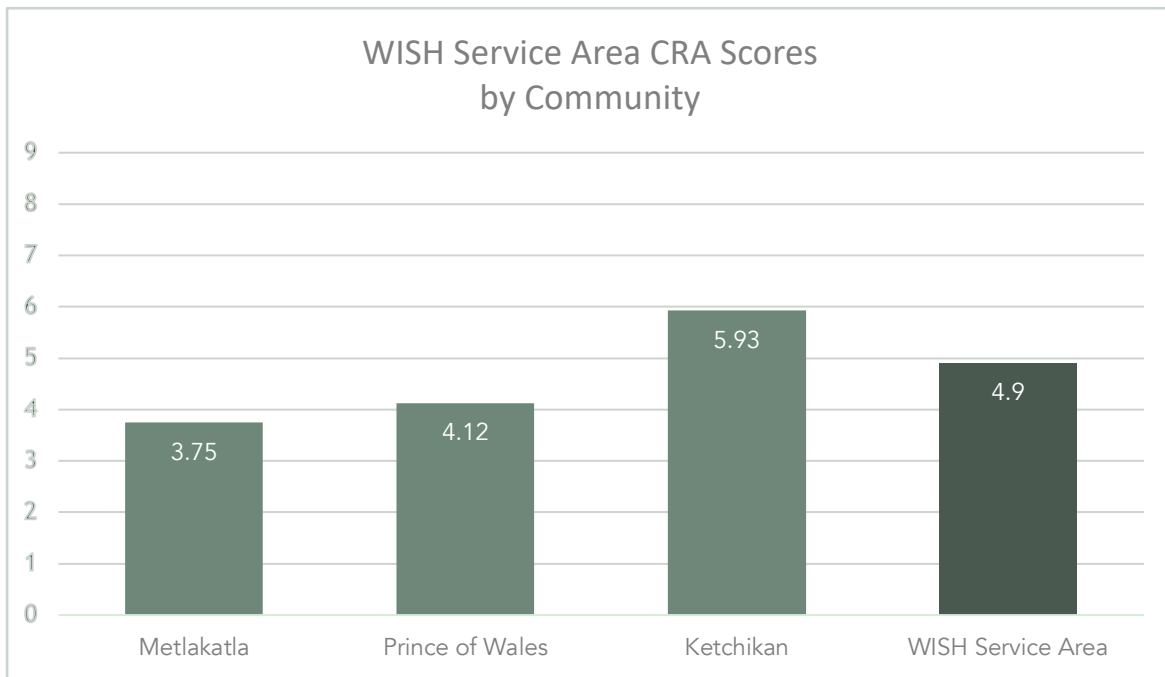
**Summary:** Ketchikan scored highest in the areas of Resources and Community Efforts. The score of 6.9 in Community Efforts indicates that many community members have heard of local efforts, are familiar with the purpose of those efforts, and at least some community members know who the efforts are for and how the efforts work.

The overall community readiness score of 5.93 puts Ketchikan in the Preparation level of readiness. This score indicates that most community members have heard about local efforts, leadership is actively supporting or improving current efforts, community members have at least basic knowledge about causes and consequences of family violence, and there are at least some good resources identified that could be used for further efforts to address the issue. Additionally, community members are concerned about the issue and want to do something about it.

Table: CRA Results by Community

	Dimension A Community Efforts	Dimension B Community Knowledge of Efforts	Dimension C Community Climate	Dimension D Knowledge of the Issue	Dimension E Resources	Dimension F Leadership	Overall Score	Stage of Readiness
Metlakatla	3	6.5	2	4.5	3.5	3	3.75	Vague Awareness
Prince of Wales	5.1	3.7	3.4	3.8	4.4	4.3	4.12	Preplanning
Ketchikan	6.9	4.8	5.6	5.4	6.8	6.1	5.93	Preparation
WISH SERVICE AREA <sup>18</sup>	5.73	4.46	4.27	4.59	5.41	5	4.9	Preplanning /Preparation

Figure: WISH Service Area Scores by Dimension of Readiness



<sup>18</sup> Service area score is determined by calculating the averages of each interview score, rather than average totals for each community.

## Potential Next Steps Based on CRA Results

The CRA Manual offers strategic suggestions for each level of readiness. The following is a list of suggested or possible action steps for raising readiness levels to address the selected issue for each stage of community readiness according to the CRA Manual from the Tri-Ethnic Center at Colorado State University:

**Table: Possible Action Steps for Each Readiness Stage**

Readiness Stage	Action Steps
<b>Stage 1: No Awareness</b>	<ul style="list-style-type: none"> <li>• One-on-one visits with community leaders and members. Pay particular attention to the details of these visits (message-framing, themes, non-verbal communication, etc.).</li> <li>• Visit existing and established unrelated small groups to inform them of the issue.</li> <li>• Get individuals in your social network excited and solicit their support – be creative! Give them ideas and information that they can post on their Facebook page or other outlets.</li> <li>• Collect stories of local people who have been affected by this issue in this community and find creative ways to disseminate these.</li> <li>• Conduct an environmental scan to identify the community's strengths, weaknesses, opportunities, and threats.</li> </ul>
<b>Stage 2: Denial/ Resistance</b>	<p>Continue actions from previous stage.</p> <ul style="list-style-type: none"> <li>• Put information in church/community bulletins, club newsletters, respected publications, Facebook/Instagram, local agency websites, etc.</li> <li>• Distribute media articles that highlight issue in the community.</li> <li>• Communicate strategically with influencers and opinion leaders.</li> </ul>
<b>Stage 3: Vague Awareness</b>	<p>Continue actions from previous stages.</p> <ul style="list-style-type: none"> <li>□ Present information at local community events and unrelated community groups. Don't rely on just facts. Use visuals and stories. Make your messages stick.</li> <li>□ Post flyers, posters, and billboards.</li> <li>□ Begin to initiate your own events (e.g., potlucks) to present information on this issue. But they must be fun or have other benefits to potential attendees.</li> <li>□ Publish editorials and articles in newspapers and on other media with general information but always relate the information to the local situation.</li> </ul>
<b>Stage 4: Preplanning</b>	<p>Continue actions from previous stages.</p> <ul style="list-style-type: none"> <li>□ Introduce information about issue through presentations/media.</li> <li>□ Review the existing efforts in community (e.g., curriculum, programs, activities) to determine who benefits and the degree of success.</li> <li>□ Connect with groups addressing similar/shared risk and protective factors (e.g. suicide prevention, bullying prevention, substance misuse, etc.)</li> </ul>



	<ul style="list-style-type: none"> <li><input type="checkbox"/> Conduct local focus groups to discuss issues and develop community-driven strategies.</li> <li><input type="checkbox"/> Increase media exposure through radio and TV public service announcements and other forms of social media.</li> </ul>
<b>Stage 5: Preparation</b>	<p>Continue actions from previous stages.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Conduct public forums to further develop strategies and evaluation plans.</li> <li><input type="checkbox"/> Invite and support key leaders to speak out on the issue and promote community efforts.</li> <li><input type="checkbox"/> Sponsor a community picnic or event to kick off new efforts or revitalize existing efforts.</li> </ul>
<b>Stage 6: Initiation</b>	<p>Continue actions from previous stages.</p> <ul style="list-style-type: none"> <li>• Conduct in-service training on Community Readiness for professionals and paraprofessionals.</li> <li>• Plan publicity efforts associated with start-up of activity or efforts.</li> <li>• Attend various community meetings to provide updates on progress of the effort.</li> <li>• Conduct consumer interviews to identify service gaps, improve existing services and identify key places to post information.</li> <li>• Continue to search for additional resources and potential funding.</li> <li>• Begin some basic evaluation efforts.</li> </ul>
<b>Stage 7: Stabilization</b>	<p>Continue actions from previous stages.</p> <ul style="list-style-type: none"> <li>• Plan community events to maintain support for the issue.</li> <li>• Conduct training for community professionals and community members.</li> <li>• Introduce your program evaluation through training and newspaper articles.</li> <li>• Conduct quarterly meetings to review progress, modify strategies.</li> <li>• Maintain ongoing evaluation and continuous quality improvement (CQI)</li> <li>• Hold recognition events for local supporters or volunteers.</li> <li>• Prepare and submit newspaper articles detailing progress and future plans.</li> <li>• Continue networking among service providers and community systems.</li> </ul>
<b>Stage 8: Confirmation/E xpansion</b>	<p>Continue actions from previous stages.</p> <ul style="list-style-type: none"> <li>• Formalize the networking with qualified service agreements.</li> <li>• Prepare a community risk assessment profile.</li> <li>• Publish a localized program services directory.</li> <li>• Maintain a comprehensive database available to the public.</li> <li>• Develop a local speaker's bureau.</li> <li>• Initiate policy change through support of local city officials.</li> <li>• Conduct media outreach on specific data trends related to the issue.</li> <li>• Utilize evaluation data to modify efforts.</li> </ul>
<b>Stage 9: High Level of Community</b>	<p>Continue actions from previous stages.</p> <ul style="list-style-type: none"> <li>• Maintain local business community support and solicit financial support from them.</li> </ul>



Ownership	<ul style="list-style-type: none"> <li>• Diversify funding resources.</li> <li>• Continue more advanced training of professionals and paraprofessionals.</li> <li>• Continue re-assessment of issue and progress made.</li> <li>• Utilize external evaluation and use feedback for program modification.</li> <li>• Track outcome data for use with future grant requests.</li> <li>• Continue progress reports for benefit of community leaders and local sponsorship.</li> </ul> <p>At this level the community has ownership of the efforts and will invest themselves in maintaining the efforts.</p>
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Source: Tri-Ethnic Center at Colorado State University

## Key Themes from Stakeholder and Organizational Partner Interviews

Several themes emerged when conducting the community readiness and organizational partner interviews. The following highlights represent key findings from the assessment of WISH service area readiness to address family violence and access of services:

### Geographic Isolation and Accessibility

Many of the issues faced by rural, isolated Alaskan communities in responding to interpersonal violence mirror those that face victims and service providers living or working in larger Alaskan communities. Still, issues such as isolation as a barrier for service provision and accessibility remain more prevalent in rural areas, such as islands in Southeast Alaska.

*People live on Prince of Wales for a variety of reasons, and one of them is because they don't want government interference. They want to be left alone. So I think isolation is a big one so ... I think isolation is a huge one, trying to get help when you are isolated and then if you're abused or they have the keys to the only car.*

Another interviewee said this about a lack of communication services available on the island:

*The strongest efforts that we've made have been on Facebook and I think that private messaging on Facebook has really been a beneficial way for us to try to get our name out there and get people to contact us. Because a lot of people don't have the transportation and they don't have cell phones in some areas, but they are able to, a lot of times, get on Facebook when they get to Wi-Fi or something or they can text, but they can't call us. And maybe it's dangerous to call, but they can find a time to send us a quick message. So, that's been really positive – our feedback from our Facebook posts, inspirational posts.*

In other cases, although isolated, many communities relied on each other for social supports. The small community size created an environment for stronger connections and better communication among community members:

*...We're so close knit. We know not only what who everybody is, but you know what everybody is doing sometimes before you are actually doing it.*

Another interviewee said this about their close-knit characteristic of their community and its ability to connect resources:

*Some things that make it a really special place for anybody to live here is the fact that we have small communities all around the island, but also the island-wide community that is very good at taking care of each other and helping address needs. Because we have so many small communities, we have different resources in each community that we're able to pair up with each other to make comprehensive services.*

Additionally, the residents within these smaller communities helped each other build relationships, particularly with youth:

*It's a community that always does its best to lend a hand and help, provide opportunities for people whether it's a situation where they're in need or just opportunities for people that are looking to better themselves, whether it's youth as far as opportunities, athletics, education, different kinds of things like that. For a small community that ebbs and flows with economics and resources and different things like that, I think they've always done a good job as far as giving kids an opportunity to have those opportunities, giving kids an opportunity for success and reaching out and giving kids those chances.*

### High Staff Turnover in Rural Areas

High staff turnover in many social service agencies created challenges and lack of trust within the rural communities. Distrust and general misconceptions have contributed to lower rates of reporting—perpetuating the cycle of trauma and abuse. The Office of Children's Services (OCS), specifically, appears to be the primary agency plagued by this issue; however, this was reported as broad problem throughout social service agencies.

*Children's services, I guess – well, we're supposed to have an OCS office here...it is horribly, chronically understaffed, or not staffed. And then we get in – and I don't [want to] say always outside help, because, ugh, they blew it last time. They had two local workers, and they just burnt them out, you know.*

Another respondent said this about the remote nature of the area creating a barrier to staffing social service positions:

*It's hard to find professionals to move here. It's isolated, so we definitely need more services just to support what we already have and then to support things we don't have.*

Small community sizes sometimes created conflict of interests with personal relationships between victims and perpetrators. One community member described that this prevented people from reporting abuse:

*[There are] personal issues with people running the programs. And that's one of the things that us, a lot of small communities run into, is they know each other on such a personal basis that going to your shelter services, going to your WISH home person, there's a huge conflict of interest because it'd be a close relative related to the perpetrator, [a] close relative that would take sides.*

### Community-Level Awareness of the Issue is Low; Tolerance and Stigma are Higher

Awareness of the issues was reported as being surface level within many communities and leaders seemingly doing much of their work in silos rather than collaborating throughout the

region. Interviewees of rural communities reported that much of the abuse or trauma is being swept under the rug and a lack of a robust awareness and collaboration has prevented some communities from receiving the information they need. Those involved with the work seem to be very knowledgeable and care about the issue, but due to low readiness levels within the rural communities, this is not rendering well-informed communities.

*This isn't an individual thing; it is a general thing. But I'm gonna say our local workers did what they could with what they had, and their hearts are in the right place. And if they could work effectively, even with the broken [system] they're just a small cog in a big wheel, and that big wheel is pretty cock-eyed right now, nationwide.*

Levels of concern over anonymity and confidentiality, levels of perceived stigma, and acceptance of some levels of violence appear to be more defined within smaller, more rural communities.

*... stigmas about people just not wanting to ask for help. That's an issue, too, that we run into. We're pretty self-sufficient around here and we don't really ask for help for anything, so why would we ask for help for something that's this kind of touchy and emotional.*

Another respondent reiterated:

*Just the stigma that you have experienced some form of hurt and harm, that your family went through domestic violence and had kids are involved in that. There's shame around that with a lot of families. So that shame stops people from taking the necessary steps needed to keep them safe, to maybe to even prevent the actions that will not take place that hurt them, that's a lot of shame.*

Community readiness scores and interview transcripts revealed that within WISH's service area, the more rural the community, the more likely it was there would be negative sentiments toward support service agencies, including distrust toward the Office of Children's Services, less likelihood of reporting abuse. Particularly, community members were afraid of utilizing services intended to protect families and children, as they feared these reports would lead to more harm and trauma:

*Yes. I know many people are afraid that their kids are going to get taken and put into a system if they're trying to receive any help for their child, or, for a family member, a child that they know needs assistance. A lot of times, there is the scenario where perhaps I make the phone call that this is happening in this family over here, or maybe I'm too afraid to make that phone call because I don't necessarily want to call them because I have a warrant out for my arrest for something that I did that I shouldn't have done, but I'm also taking care of my sister and my cousin's kids, and I can't jeopardize them not having somebody here, and afraid of them also going into the system. That's a big, big drawback for a lot of people.*

### Strong Ties Between Communities and Law Enforcement

Finally, law enforcement agencies appeared to have close, positive relationships with their communities and have leveraged those relationships to help increase abuse reports and community awareness. One law enforcement provider said this about their relationship with the community:

*The community is super open and friendly, they're very law enforcement supportive. And I think that or I hope that part of that is because they know that there's a good working relationship with our troopers and their law enforcement down here. Obviously, we're very tenacious in the cases that we pursue and the things that we do, stuff like that for them. And so, I think that people trust their law enforcement here and for somebody in my position that obviously is law enforcement, that makes the community feel a lot more open and welcoming to the people that are in my line of work.*

# Intervening Variables and Contributing Factors

This section discusses several intervening variables and contributing factors that the data has shown to impact IPV, SA/SV, and child abuse. Intervening variables are underlying conditions that contribute to any given issue or priority area, while contributing factors are the specific issues in a community or region that make up the intervening variables.

This needs assessment offers a cursory list of contributing factors related to these issues; however, further internal discussions among WISH, community stakeholders, and MDT group members are needed for greater reflection and prioritization. It is recommended that WISH and their key partners examine the outcomes of the data collected to mutually decide upon, refine, and develop an exhaustive list of contributing factors supported by the data and agreed upon by key stakeholders. The refined list can then be presented to the key decision makers for final discussion and review, along with logic model development if needed. The following table shows a sample of intervening variables and contributing factors:

**Table: Contributing Factors to Violence Prevention/Response Service Delivery & Access Barriers**

Intervening Variables	Contributing Factors	Supporting Data
Community Culture (i.e., Stigma)	<ul style="list-style-type: none"> <li>✓ Some feel shame for seeking DV/SA services</li> <li>✓ In small communities, seeking services can cause social discord</li> </ul>	CRA Interviews
Anonymity for Service Seekers	<ul style="list-style-type: none"> <li>✓ Some community members feel they cannot anonymously access DV/SA services</li> <li>✓ Service providers often know perpetrators or victims seeking services</li> </ul>	CRA Interviews Community feedback
Community Knowledge and Awareness of the Issues Surrounding DV/SA	<ul style="list-style-type: none"> <li>✓ In some communities, lack of general knowledge regarding DV/SA issues, and/or high tolerance</li> </ul>	CRA Interviews Community feedback
Lack of Services and High Turnover Rates for Staff	<ul style="list-style-type: none"> <li>✓ High turnover diminishes trust built among service providers and communities</li> <li>✓ Fewer resources available for smaller, more isolated areas</li> </ul>	CRA Interviews Community feedback



# Resource Assessment

Based on the compiled list to date of intervening variables and contributing factors that will be prioritized by WISH, a cursory list of associated community resources was generated to include possible or potential resources, resource gaps, and potential strategies to address resource gaps for a sample of the identified contributing factors. It is recommended for a discussion be facilitated with the project's primary workgroup identifying further resources, gaps in resources, and potential strategies to address gaps for each contributing factor. The strategies identified to address any resource gaps should be incorporated into the future strategic planning process.

**Table: Resources Assessment**

Contributing Factors	Possible Resources	Resource Gaps	Strategies to Address Resource Gaps
Stigma/Feeling of Shame Regarding Seeking DV/SA Services	<ul style="list-style-type: none"> <li>✓ Guest Speakers</li> <li>✓ Service Providers</li> <li>✓ Media</li> <li>✓ Tribal Entities</li> </ul>	<ul style="list-style-type: none"> <li>✓ Messaging</li> <li>✓ Trust</li> <li>✓ Understanding of resources</li> </ul>	<ul style="list-style-type: none"> <li>✓ Community outreach</li> <li>✓ Media</li> <li>✓ New community partnerships</li> </ul>
Lack of Anonymity/Confidentiality for Service Seekers	<ul style="list-style-type: none"> <li>✓ WISH</li> <li>✓ Service Providers</li> </ul>	<ul style="list-style-type: none"> <li>✓ Community outreach</li> <li>✓ Provider trainings</li> <li>✓ Messaging</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increase awareness of the concerns among service providers</li> <li>✓ Trauma-informed trainings</li> <li>✓ More explicit information for clients regarding the nature of confidential services</li> </ul>
Lack of General Knowledge Regarding DV/SV among Community Members	<ul style="list-style-type: none"> <li>✓ Media campaign</li> <li>✓ Service Providers</li> <li>✓ Local and Statewide Subject Matter Experts</li> </ul>	<ul style="list-style-type: none"> <li>✓ Messaging / medium to disseminate information</li> </ul>	<ul style="list-style-type: none"> <li>✓ Media campaign</li> <li>✓ Facilitated discussions with partners for coordinated communication</li> </ul>
Lack of Services and High Turnover Rates for Staff	<ul style="list-style-type: none"> <li>✓ CAC establishment</li> </ul>	<ul style="list-style-type: none"> <li>✓ Expanded trainings</li> </ul>	<ul style="list-style-type: none"> <li>✓ Training incentives</li> <li>✓ Support for providers</li> <li>✓ Establishing more localized services through CAC and expanded Child and Family Services Program</li> </ul>

## **Service Partners / Resources:**

Current partner resources available in the Ketchikan Gateway Borough and the Prince of Wales-Hyder Census Area to victims of sexual violence include:

### Advocacy Agencies

- WISH - Ketchikan, AK
- Helping Ourselves Prevent Emergencies (HOPE) - Craig, Alaska
- Ketchikan Indian Community (KIC) Victim Services Program
- Kasaan Victim Advocate - the village of Kasaan.
- BRAVE

### Health Providers

- PeaceHealth Ketchikan Medical Center
- Southeast Alaska Regional Health Consortium (SEARHC); multiple locations
- Ketchikan Public Health
- KIC Health Clinic
- Private practices; multiple locations

### Mental Health Providers

- Gateway Center for Health and Human Services; Ketchikan, AK
- SEARHC; multiple locations
- KIC Behavioral Health
- Community Connections; Prince of Wales
- WISH Children's Clinician and Adolescent Clinician
- Private practices; multiple locations

### Law Enforcement Agencies

- Alaska State Troopers
- Ketchikan Police Department
- Metlakatla Police Department
- Craig Police Department
- Village Public Safety Officers in the villages of Hydaburg, Kasaan, and Saxman.
- Wrangell Police Department

# Statement of Needs

While existing data sources can provide good information, it is also important to understand how needs and barriers are perceived by local community members and service providers. Information about the way(s) community members access child and family services, factors that encourage or discourage DV/SA service utilization (community culture, for example), and the degree to which community members feel DV/SA is a problem in the community, has all been helpful to understand in preparing for the development of a regional CAC/ CAC MDT and expansion of existing services for counseling, parenting education, family advocacy, and victim services to non-abusing parents/caregivers and their children.

The key findings outlined in this assessment informed several needs for WISH and its partners. The results from the community readiness assessments conducted across WISH service area communities including Metlakatla, Prince of Wales communities, and Ketchikan puts each community in one of three stages of readiness to improve access to family violence prevention and trauma-informed services including the Vague Awareness, Preplanning, and Preparation stages, respectively.

At the Vague Awareness stage, people in Metlakatla feel that there is local concern, but there is perhaps little immediate motivation in the community to do anything about it. In the Preplanning stage, individuals on Prince of Wales have active leaders beginning to plan in earnest and community members are willing to offer modest support for efforts. Ketchikan's CRA scores indicate they are in the Preparation stage of readiness and there is a clear recognition that more must be done, and there are groups working to address the issue of improving access to DV/SA services and trauma-informed treatment. None of the communities participating in the CRA are at the highest level of readiness yet, the Ownership stage. At this stage, all communities will have a detailed and sophisticated knowledge about issues impacting access to DV/SA services and trauma-informed treatment. Effective evaluation will guide the overall direction of these efforts, and the model developed could be applied to other community and regional DV/SA service efforts.

According to key stakeholders interviewed for the Community Readiness Assessments, many of the issues faced by rural, isolated Alaskan villages in responding to family violence mirror those that face victims and service providers living or working in larger Alaskan communities. Still, issues such as isolation as a barrier for service provision and accessibility, levels of concern over anonymity and confidentiality, and levels of perceived stigma appear to be more defined within smaller, more rural communities. Respondents noted that victims of family violence experience the impact in ways that can potentially negate their ability to remain anonymous in smaller and more isolated geographic regions. Other issues related to the availability of culturally appropriate services, the need for more or expanded peripheral services such as housing and legal services, and issues related to underserved populations, among others, were also voiced by stakeholders.

There are key relationships and resources that are essential in a region as large as Southern Southeast Alaska for family violence and interpersonal violence service provision to thrive, expand, and improve into the future. According to key stakeholders, part of the issues surrounding barriers to service provision and trauma-informed treatment in Southern Southeast Alaska is due to the need for strengthened relationships and communication among and between current organizational partners in service providers. Past efforts to develop and coordinate community responses have failed due to poor communication and lack of clear policies and procedures.

The establishment of a localized CAC/ CACMDT, and expanded child and family services, paired with increased trainings offered WISH staff, allied professionals, the CAC/ CAC MDT, and for partners of the Domestic Violence Task Force and Sexual Assault Response Teams in Ketchikan will help break down the siloing of agencies and prevent re-traumatizing victims and their families by facilitating better interagency communication and consistency in timely services provided.

# Appendices

## Appendix Item 1: Community Readiness Assessment Stakeholder Interview Guide

# Community Readiness Assessment:

**Community readiness to *improve the access to family violence services in service communities/areas.***

### RESPONDENT TYPE

Please write the name and a short description of the person you are interviewing (include preferred contact information):

Name

Title

Agency

### DATA COLLECTION DETAILS

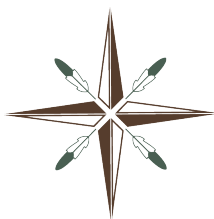
Where did this interview take place?

Time Start:

Time End:

Interviewer Name:

Anything we should remember about this interview?



**STRATEGIC**  
PREVENTION SOLUTIONS

Adapted from the Guide originally developed by Sharon Wasco, PhD,  
based on the work of the Tri-Ethnic Center at Colorado State University

# Interviewing Tips

- Review your interview several times prior to meeting with your first respondent. This will assist you in delivering the questions, familiarity with the flow and potential prompts, and time keeping. Prompts are right flush and italicized.
- Schedule the interview for a private location that will be physically and emotionally comfortable for both you and your respondent. Consider sitting arrangement, temperature, lighting and know where amenities are located (i.e., bathroom, coffee/tea).
- Use your best judgment and interpersonal skills to build rapport and connect with the respondent before beginning the interview.
- Tailoring questions must be done carefully to retain the core meaning of the question, which is closely linked to the rating and scoring procedures. However, repeat and rephrase if necessary.
- If there are questions about definitions use a comment such as:
  - “We weren’t sure that everyone would have the same idea of what that meant, or that we could get a definition exactly right; what’s important is that you tell me what you know related to this topic.”
  - “I don’t know is a valid/fair/okay answer.”
- Because the assessment is rather long, avoid extraneous discussion with the interviewee.
- Be comfortable with silence. Give respondents time to think after each question and prepare a response.
- There are no “right or wrong” answers to these questions. Any response is a valid reflection even if it seems off-topic. Support any response with active listening.
- If people seem to think you should know this -- you’re the expert -- remind them, part of what we are trying to do is understand what is already going on here, so that we don’t reinvent the wheel and to build upon what is already working well. **People are the expert in their own lived experience.**
- Try **not** to add your own interpretation or second-guess what the interviewee meant. Ask for clarification often.
- Because you will be recording, you don’t have to take notes. Some choose to still take notes, or write follow-up questions or the like – avoid writing too much as you can become disengaged from the process. After leaving the interview, write any remaining thoughts or observations about the interview.
- Use prompting techniques. When a participant gives incomplete or irrelevant answers, the interviewer can probe for fuller, clearer responses. A few suggested techniques:
  - Repeat the question –repetition gives a participant more time to think
  - Pause for the answer – a thoughtful nod or expectant look can convey that you want a fuller answer
  - Repeat the reply – hearing it again sometimes stimulates conversation, “What I heard you say was.... Can you tell me more?” “You mentioned...”
  - Ask *when, what, where, which, and how questions* – they provoke more detailed information
  - Use neutral comments – “Anything else?” “Why do you feel this way?” “Can you tell me more.” “What else?”

# Introduce Yourself

Thank you for participating in this interview! My name is [insert name] and I am with [insert affiliation & coalition name].

Women in Safe Homes (WISH) is conducting a series of interviews to find out what people living in [community name] think about the needs and readiness to improve the access to family violence services in their communities/service areas. Our Community Readiness Assessment interview gives you the opportunity to provide us with insights and feedback regarding the strengths, issues, and priorities for planning and implementing activities to address violence against children and families in [community name].

Your participation is entirely voluntary and you can choose to end this interview at any time. You can also choose to not answer any question. The interview will take about an hour. To keep to that time, I may not follow up on every question.

The interview is not anonymous because we know who you are. However, the interview is confidential among our team and your individual responses will not be shared with anyone else. Your name will not be directly tied to anything you say today in any report or public document. Information you provide will be summarized and presented in aggregate form – your responses will be combined with other interviewees responses. If there is anything you say during the interview that you do not want to be included, please let us know and we will not include it in the analysis. If you say something in the interview that we would like to use as a quote, we will contact you and ask for your permission and you can give or not give your permission to share your name alongside the quote.

We will be recording our interview so that we can code the interview transcripts and arrive at a score for the readiness of [community name] community members to engage in addressing violence against children and families. Can you confirm that you know that this interview is being audiotaped for transcription? (Get verbal consent).

Before we begin, do you have any questions for me?



# Warm-up questions

## COMMUNITY CONTEXT

1. Part of what we are trying to do with these interviews is get a better sense of the community in [community\*\*]. Will you please describe your experience living in [community]? What makes [community] a special place to live?

# Dimension A

## COMMUNITY EFFORTS

**REMIND PARTICIPANT:** For the following question, please answer keeping in mind your perspective of what community members believe and not what you personally believe.

1. I am going to ask you some questions about [violence against children and families](#). This can include intimate partner violence, domestic violence, teen dating violence, or child abuse.

On a scale of 1 to 10, how much of a concern is [violence against children and families](#) in [\[community\]](#)? One (1) is “not at all a concern” and ten (10) is “a very great concern.” Please explain.

*[Interviewer: Be sure they are reflecting on the larger community, not just their individual opinion or experience, for example, “how much of a concern is [\[family violence\]](#) for most/other people in this community?”]*

2. Please tell me about the services that are ongoing or programs available in [\[community\]](#) to [address violence against children and families](#) – that you are aware of.

How long have these efforts or programs been ongoing in [\[community\]](#)?

Who do these programs serve?

*Prompt: For example, individuals of a certain age group, ethnicity, service area, etc.*

*What is the current need and utilization of services for families experiencing violence?*

3. Are there any ways in which these efforts or services may be, or appear to be, inaccessible?

*Prompt: For example, do the programs seem like they only apply to individuals of a certain age group, ethnicity, income level, geographic region, etc.? [Interviewer: include program or efforts that are being planned...]*

4. Is there a need to expand these efforts, programs, or services? If not, why not?

*Prompts: Is there a need for a Multidisciplinary Team and a Children's Advocacy Center in Ketchikan to further address violence against families and children in the region?*

*What capacity is needed to support these services?*

*What do you think is the level of satisfaction with the availability and accessibility of current services? Have they heard from other community members E.g. Telehealth/ videoconferencing availability / usability*

5. Are there misconceptions or incorrect information among community members about the current efforts? If yes: What are these?

# Dimension B:

## COMMUNITY KNOWLEDGE OF EFFORTS AND SERVICES

**REMIND PARTICIPANT:** *For the following questions, please answer keeping in mind your perspective of what community members believe and not what you personally believe.*

1. On a scale of 1 to 10, how aware are people in [community] of these services that you described to me in the last section? One (1) is “no awareness” and ten (10) “very aware”. Please explain.

*(If no specific efforts/services were described, ask for awareness of any efforts to address violence).*

2. What do you think the community knows about these services? How much do you think \*most\* people in [community] know about these services and programs?

*Prompts: For example, do you think some or most people have a general understanding of purpose of programs & policies to address family violence? Do you think some or do most people have specific knowledge about services, including who is involved/running the programs, contact persons, activities, goals?*

3. Why do you think members of your community have this amount of knowledge?

4. What are the strengths of these services or efforts?

*Prompt: What has worked well to support parents in the community?*

5. What could make these efforts better?

# Dimension C

## COMMUNITY CLIMATE

**REMIND PARTICIPANT:** For the following questions, please answer keeping in mind your perspective of what community members believe and not what you personally believe.

1. On a scale of 1 to 10, how would you rate the attitude of most people in [community] about [addressing violence against children and families](#)? One (1) is an attitude of indifference or helplessness – “it’s just not our concern”, “there is nothing we can do”, or “we don’t think it should change” – and ten (10) is an attitude of empowerment and responsibility – “we hold ourselves accountable to [address violence against children and families](#)”, or “we need to make sure our [efforts to address violence](#) are effective.” How would you rate the attitude of \*most other people\* in [community]?

2. Can you think of any circumstances in which people in [community] might think that [violence against children and families](#) should be tolerated? Please explain.

*Prompts: Who might be likely to think this? Under what circumstances?*

*[INTERVIEWER: Remember to focus on “most” people in the community – not their personal view]*

3. What are the main obstacles to [addressing violence against children and families](#) in [community]? (Alternative phrasing: What the barriers to sustaining services or making services accessible/useful?)
4. How do people in [community] support efforts to [address violence against children and families](#) in the community?
5. Based on the answers that you have provided so far, what do you think is the overall feeling among people in [community] about [addressing violence against children and families](#)?

*Prompt: How would you describe the typical attitude about [family violence](#)? How supportive or involved are MOST other people with efforts to address [family violence](#)?*

# Dimension D

## KNOWLEDGE ABOUT THE ISSUE

**REMIND PARTICIPANT:** *For the following question, please answer keeping in mind your perspective of what community members believe and not what you personally believe.*

1. I am trying to get a sense of what people in [community] **know** about [addressing violence against children and families](#). Overall, how much knowledge do you think most people in [community] have about the issue of [family violence](#)? Please explain.

*Prompt: knowledge about **addressing** [family violence](#).*

2. Can you describe a time you saw or heard someone in [community] talking about [addressing violence against children and families](#)? Without giving me any confidential information, what stands out in your mind about how people talk about [family violence](#) in your community?
3. What type of information or local data about [addressing violence against children and families](#) is available in [community]?
4. How do people obtain this information in [community]?

# Dimension E

## RESOURCES FOR EFFORTS

1. Interpersonal violence, including that against teens and children and within families, is unfortunately common in our society. The rest of the questions in the interview will help us understand the kind of resources and leadership needed to address and prevent these problems. Based on your experiences, what resources exist to engage people in [addressing violence against children and families](#) in [community](#)?

*Prompt: Resources include – volunteers, funding, experts, local space....*

2. What is the level of support within [community](#) for efforts to [address violence against children and families](#) (in terms of volunteering time, allocating or donating financial resources, and/or providing space)?

3. How are current services or efforts funded? Are you aware of any proposals or plans that have been submitted for additional funding to address [violence against children and families](#) in [community](#)?

*Prompts: e.g. funding/proposals for additional social services, safety services, public assistance....?*

4. Do you know if there is any evaluation of efforts that are in place to [address violence against children and families](#)?

**If yes**, on a scale from 1 to 10, how sophisticated is the evaluation effort – with one (1) being “not at all” and ten (10) being “very sophisticated”?

- ☐ YES

☐ NO

☐ IDK

# Dimension F

## LEADERSHIP

1. Who are the leaders specific to addressing [address violence against children and families](#) in **[community]**?
2. How are these leaders involved in efforts to [address violence against children and families](#)? Please explain. For example: Are they involved in a committee, task force, etc.? How often do they meet? Is there anyone missing from these current efforts?
3. Do you think leaders in the community would support additional efforts? Please explain (if so, how? / why or why not?).
4. What changes would you like to see created in **[community]**? What would it look like to you if efforts to [address violence against children and families](#) were successful?

*Prompt: What do parents/families need to thrive?*



**ADDITIONAL QUESTIONS: \*\*may only be applicable to certain stakeholders; tailorable**

1. *WISH is looking to identify trainings for various professionals (such as law enforcement, medical providers, mental health professionals, child protective services and advocates) to provide a consistent, coordinated response to children and families in the community who have been victimized by violence.*
2. *What types of trainings do you think would be most helpful for professionals in your sector? What about for other sectors / professions?*  
*Prompt: investigative training, education on how to make referrals, etc.*
3. *What do you think the willingness / interest of partner agencies is for engaging in ongoing training? Do you think there will be any barriers to getting buy-in / raising awareness about the need for ongoing training?*
4. *Is there a need for a second advocate in the area? Where is a second advocate most needed?*

(Please feel free to ask additional community needs questions here)

Thank you for your time and participation! This information will assist in planning, developing new strategies, and delivering effective programs to meet the needs of children, youth, adults, and families in [\[community name\]](#).

# Rating Procedures

## RATING INSTRUCTIONS

- For each of the rating scales, read each of the anchored ratings.
- Then, start with the first statement. Go through the interview you are rating and underline or highlight statements that refer to the first anchored rating statement and write those things in the space to the right.
- If the community exceeds the first statement, proceed to the next statement.
- Do the same thing: Go through the interview, writing comments that support that statement in the space to the right of the statement.
- Continue as necessary.
- After compiling the evidence, circle the number rating that most closely matches your judgment of community readiness based on this information provided in this particular interview.
- In addition to noting the evidence for each statement, the notes space can be used to record any details that affected your rating decision and will help you remember how and why you selected your rating based on this interview.

## DIMENSION A: Existing Community Efforts

To what extent are there efforts, programs, and policies focused on addressing violence against children and families in <a href="#">[community]</a> ?		Notes
There is no awareness of the need for efforts to address <a href="#">[family violence]</a> in <a href="#">[community]</a> .	1	
No efforts addressing <a href="#">[family violence]</a> in <a href="#">[community]</a> .	2	
A few individuals (besides victim advocacy groups) recognize the need to initiate some type of effort to address <a href="#">[family violence]</a> in <a href="#">[community]</a> , but there is no immediate motivation to do anything.	3	
Some community members have met and begun a discussion of developing efforts to address <a href="#">[family violence]</a> in <a href="#">[community]</a> .	4	
Programs and activities to address <a href="#">[family violence]</a> are being planned in <a href="#">[community]</a>	5	
Programs and activities to address <a href="#">[family violence]</a> have been implemented in <a href="#">[community]</a>	6	
Programs and activities to address <a href="#">[family violence]</a> have been running for several years in <a href="#">[community]</a>	7	
Several different programs, activities and policies are in place, covering different groups (i.e., teachers, providers, parents, students) and reaching a wide range of people; New efforts are being developed based on evidence.	8	
Evaluation plans are routinely used to test effectiveness of many different efforts, and the results are being used to make changes and improvements	9	

**REMINDER: When in doubt, always choose the LOWER of the two ratings you are debating.**

## DIMENSION B: Community Knowledge about Efforts

To what extent do people in <a href="#">[community]</a> know about efforts to addressing violence against children and families.		Notes
People in <a href="#">[community]</a> have no knowledge of the need for efforts addressing <a href="#">[family violence]</a> .	1	
People in <a href="#">[community]</a> have no knowledge about efforts addressing the issue.	2	
A few community members have heard about efforts, but the extent of their knowledge is limited.	3	
Some people in <a href="#">[community]</a> know about local efforts.	4	
People in <a href="#">[community]</a> have basic knowledge about local efforts (e.g., purpose).	5	
An increasing number of people in <a href="#">[community]</a> have knowledge of local efforts and are trying to increase the knowledge of the general community about these efforts.	6	
There is evidence that people in <a href="#">[community]</a> have specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.	7	
There is considerable community knowledge about different community efforts as well as the level of program effectiveness.	8	
<a href="#">[Community]</a> has knowledge of program evaluation data on how well the different local efforts are working and their benefits and limitations.	9	

**REMINDER: When in doubt, always choose the LOWER of the two ratings you are debating.**

## DIMENSION C: Community Climate

What is the prevailing attitude towards addressing violence against children and families in <a href="#">[community]</a> ? Is it one of the helplessness or one of the responsibility and empowerment?		Notes
The prevailing attitude is that <a href="#">[family violence]</a> is not considered, unnoticed or overlooked: "It's just not our concern."	1	
The prevailing attitude in <a href="#">[community]</a> is helplessness or denial: "There is nothing we can do," or "That's the job of rape crisis centers and domestic violence agencies," or "We don't think it should change."	2	
Community climate is neutral or disinterested: "We don't think <a href="#">[family violence]</a> affects our community as a whole."	3	
The attitude in <a href="#">[community]</a> is beginning to reflect interest in <a href="#">[family violence]</a> : "We have to do something to address DV/SA in our community, but we don't know what to do."	4	
The attitude in <a href="#">[community]</a> is beginning to reflect modest support for addressing <a href="#">[family violence]</a> : "We are planning specific efforts."	5	
The attitude in <a href="#">[community]</a> is beginning to reflect modest involvement in efforts: " <a href="#">[family violence]</a> is our responsibility."	6	
The majority of people in <a href="#">[community]</a> generally support programs, activities or policies: "We have taken responsibility for <a href="#">[family violence]</a> in our community."	7	
Some community members or groups may challenge specific programs, but <a href="#">[community]</a> in general strongly support the need for efforts. Participation levels are high. "We need to keep up on <a href="#">[family violence]</a> and make sure what we are doing is effective."	8	
All major segments of the community are highly supportive, and community members in <a href="#">[community]</a> are actively involved in evaluating and improving efforts and demand accountability: "We insist upon effective <a href="#">[family violence]</a> efforts in our community"	9	

**REMINDER:** When in doubt, always choose the LOWER of the two ratings you are debating.

## DIMENSION D: Community Knowledge about the Issue

To what extent do community members in [community] know about the causes of [violence against children and families] and how they impact the larger community?		Notes
[Family violence] is not viewed as an issue in [community]. “denial”	1	
There is no knowledge about [family violence] in [community]. “ignorance”	2	
People in [community] know [family violence] exists. “Have heard of the existence of something, but don’t know anything about it”.	3	
People in [community] recognize the signs and symptoms of [family violence], but information is lacking.	4	
People in [community] know that [family violence] occur in the schools and general information (e.g., definitions, where to go for help) is available.	5	
People in [community] know the signs and symptoms of [family violence], and that it occurs locally, and local data are available.	6	
People in [community] have knowledge of, and access to detailed information including official reports, resources, and help within the community.	7	
People in [community] have knowledge of, and access to, detailed information about local prevalence, causes, risk factors, and effects of [family violence].	8	
People in [community] have detailed information about [family violence] in their community as well as information about the effectiveness of local programs.	9	

**REMINDER:** When in doubt, always choose the LOWER of the two ratings you are debating.

## DIMENSION E: Resources for Prevention and Response

To what extent are local resources—time, money, space, etc.—available to address sexual violence against children and teens in the community?		Notes
There is no awareness of the need for resources to address <a href="#">[family violence]</a> in <a href="#">[community]</a>	1	
There are no resources available for addressing of <a href="#">[family violence]</a> in <a href="#">[community]</a>	2	
People in <a href="#">[community]</a> are not sure what it would take (or where the resources would come from) to initiate efforts	3	
The community has individuals, organizations, and/or space available that could be used as resources to address <a href="#">[family violence]</a> in <a href="#">[community]</a>	4	
The community is looking into the available resources; some funds may have been obtained for one-time only events	5	
Resources have been obtained and/or allocated for ongoing efforts to address <a href="#">[family violence]</a> in <a href="#">[community]</a>	6	
Considerable parts of support of ongoing efforts are from <a href="#">[community]</a> , which is expected to provide continuous support. Community members and leaders are beginning to look at continuing efforts by accessing additional resources.	7	
Diversified resources and funds are secured and efforts are expected to be ongoing. There is additional support for further efforts.	8	
There is continuous and secure support for <a href="#">[community]</a> programs and activities, evaluation is routinely expected and completed, and there are substantial resources for trying new efforts.	9	

**REMINDER:** When in doubt, always choose the LOWER of the two ratings you are debating.

## DIMENSION F: Leadership

To what extent are leaders in the community supportive of addressing violence against children and families in <a href="#">[community]</a> ?	R	Notes
Leadership has no recognition of <a href="#">[family violence]</a> .	1	
Leadership believes that <a href="#">[family violence]</a> is not an issue in the community.	2	
Leaders recognize the need to <a href="#">[address family violence]</a> in the community	3	
Leaders are trying to get something started to <a href="#">[address family violence]</a> in the community.	4	
Leaders are part of a committee or group that work to <a href="#">[address family violence]</a> in <a href="#">[community]</a> .	5	
Leaders are active and supportive of the implementation of efforts to <a href="#">[address family violence]</a> in <a href="#">[community]</a>	6	
Leaders are supportive of continuing basic efforts and are considering resources available for self-sufficiency.	7	
Leaders are supportive of expanding and/or improving efforts through active participation in the expansion and/or improvement.	8	
Leaders are continually reviewing evaluation results of the efforts and are modifying support accordingly.	9	

**REMINDER:** When in doubt, always choose the LOWER of the two ratings you are debating.



# Scoring Worksheet

## STEP ONE

When the independent rating is complete, the two raters meet to discuss the ratings and to score each interview. To start the scoring process, enter each rater's independent ratings for each dimension into Table 1 below. The table provides spaces for up to sixteen interviews.

**TABLE 1: Individual Ratings**

	INT #1		INT #2		INT #3		INT #4		INT #5		INT #6		INT #7		INT #8	
Dimension	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2
A																
B																
C																
D																
E																
F																
	INT #9		INT #10		INT #11		INT #12		INT #13		INT #14		INT #15		INT #16	
Dimension	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2
A																
B																
C																
D																
E																
F																

## STEP TWO

The goal in assigning scores is to reach consensus using the independent ratings as a starting point for discussion. Using Table 1 to identify differences in ratings, the two raters should discuss statements from the interview to agree upon a single score for each dimension in each interview. Remember that different people can have slightly different impressions, and it is important to seek explanation for the decisions made. Once consensus is reached, fill in the agreed-upon scores in Table 2. These are the combined scores. Then, add across rows to calculate a TOTAL combined score for each dimension.

**TABLE 2: Combined Scores**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	TOTAL
Dim A																	
Dim B																	
Dim C																	
Dim D																	
Dim E																	
Dim F																	

## STEP THREE

Use the total combined scores from Table 2 to calculate stage scores for each dimension. Specifically, take the total combined score for each dimension and divide it by the number of interviews conducted. Then, add the calculated stage scores down the column and divide by 6 (the number of dimensions). This is your community's overall stage of readiness.

**TABLE 3: Calculated Stage Scores**

DIMENSION	TOTAL FROM TABLE 2	DIVIDED BY # OF INTERVIEWS	STAGE SCORES	DIVIDED BY 6	OVERALL READINESS SCORE
Dimension A		÷	=		
Dimension B		÷	=		
Dimension C		÷	=		
Dimension D		÷	=		
Dimension E		÷	=		
Dimension F					
		Add all stage scores here		÷ 6 (# of dimensions)	=

## STEP FOUR

Use the list of stages below to match the result with a stage of readiness. If the calculated overall stage of readiness is between two numbers on the list, always round down toward the lower number.

**TABLE 4: Stage of Community Readiness**

Score	STAGE OF READINESS
1	No Awareness
2	Denial/Resistance
3	Vague Awareness
4	Preplanning
5	Preparation
6	Initiation
7	Stabilization
8	Confirmation and Expansion
9	High Level of Ownership