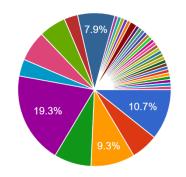
Community Domestic Violence Needs Assessment

140 Responses Report

Participant Name (Optional) 97 responses

Participant email 140 responses

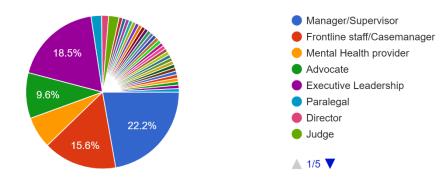
Please identify your agency focus. 140 responses



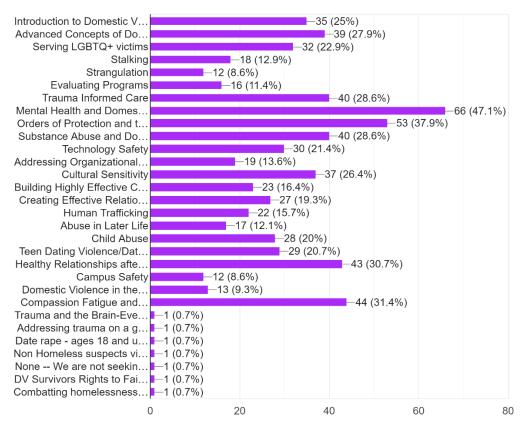


Your role in your organization 135 responses

135 responses

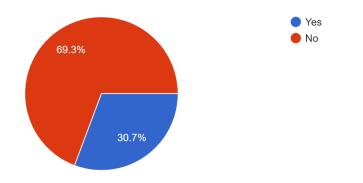


What are the top 5 training topics that would be most helpful to your organization? ¹⁴⁰ responses

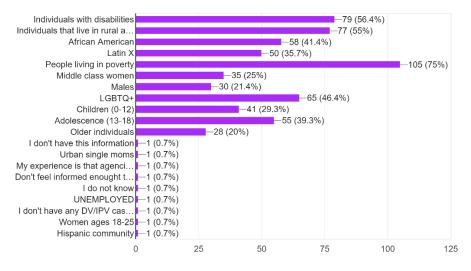


Does your organization provide domestic violence (DV)/intimate partner violence (IPV) in the Workplace Training?

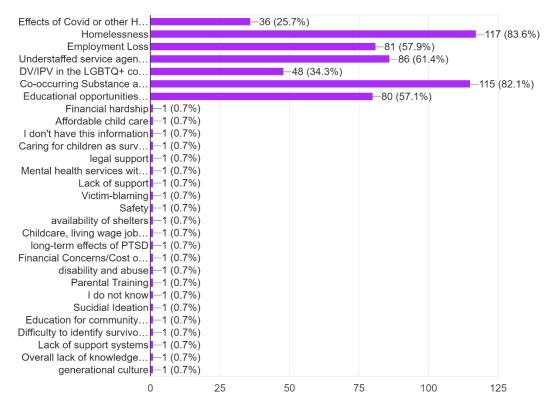




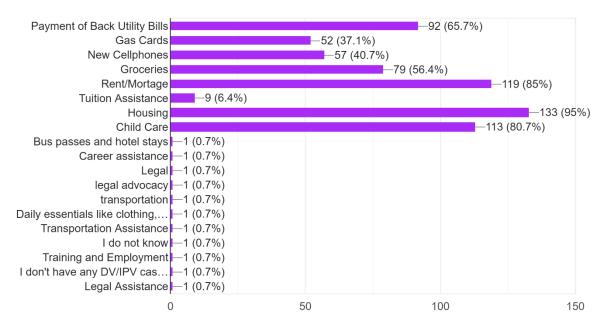
Identify top 5 underserved populations experiencing DV/IPV 140 responses



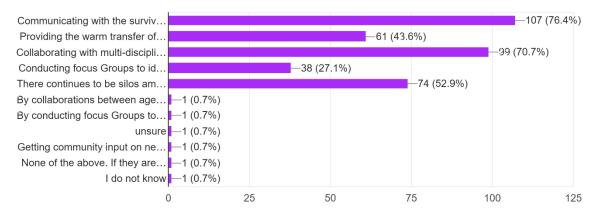
Identify the top 5 emerging issues impacting DV/IPV survivors in our community. 140 responses



Identify the top 5 forms of direct assistance that are most needed by survivors. 140 responses



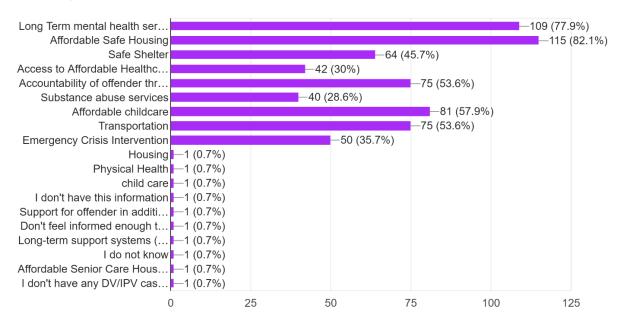
Agencies coordinate services for victims in our community by: (Check all that apply) 140 responses



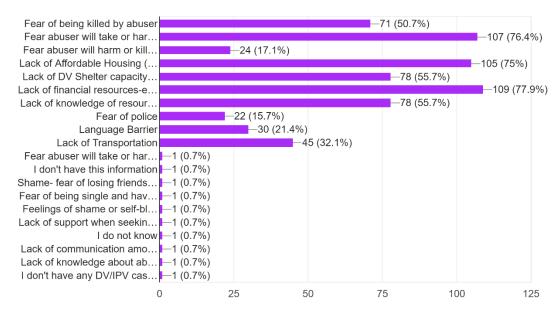
Survivors experience the following: (Prioritize top 5 experiences) 140 responses

Severe/long term mental h			-127 (90.7%)
Long term physical health	-42 (30%)		() /
Financial hardship			—125 (89.3%)
Technological Abuse -cyb	—24 (17.1%)		
Vulnerability to poly victimi		-77 (55%)	
Fear of the Law Enforcem	-43 (30.7%)		
Inability to navigate the co…		—75 (53.6%)	
Homelessness		-83 (59.3%)	
Food Insecurities	-37 (26.4%)		
Lack of Educational Succe	-35 (25%)		
Barriers to services -1 (0.7%)			
Long term physical issues -1 (0.7%)			
Physical Abuse –1 (0.7%)			
Sexual Abuse -1 (0.7%)			
Psychological Abuse —1 (0.7%)			
Economic Abuse -1 (0.7%)			
Technological Abuse -1 (0.7%)			
Vulnerability to polyvictimi1 (0.7%)			
Legal system abuse -1 (0.7%)			
I don't have this information -1 (0.7%)			
Loss of relationships -1 (0.7%)			
Insecurties for future relati1 (0.7%)			
I do not know -1 (0.7%)			
Difficulty being approved f1 (0.7%)			
Substance abuse -1 (0.7%)			
I don't have any DV/IPV c1 (0.7%)			
Lack of opportunities to ob1 (0.7%)			
0	50	100	150

What are top 5 unmet needs of survivors of DV/IPV in our community? 140 responses



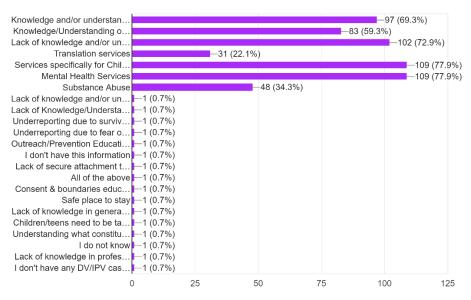
What are the top 5 barriers victims of DV/IPV encounter in our community when seeking services?



140 responses

Identify gaps in services for children who witness DV/IPV or teen dating violence In the community? (Select top 5 gaps)

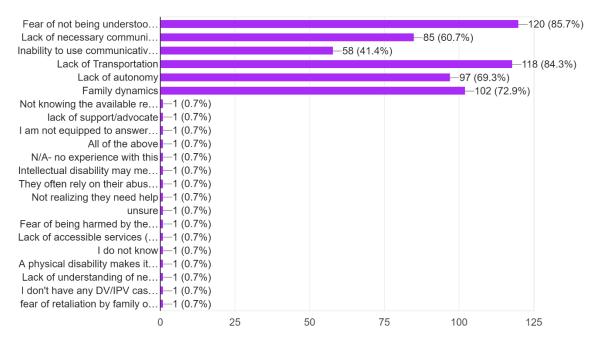
140 responses



What barriers might prevent a person who has a disability from seeking help? (Identify top 5

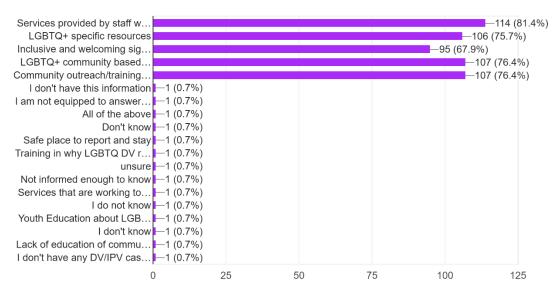
barriers)

140 responses



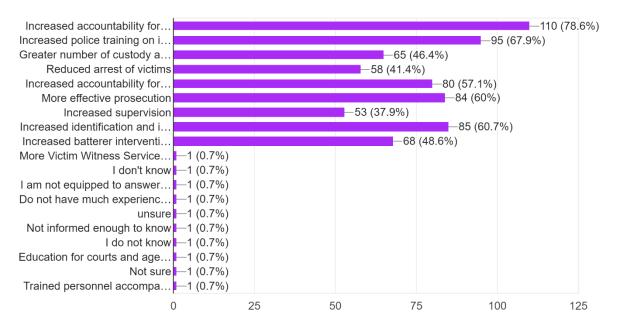
LGBTQ+ survivors of domestic or IPV need (identify top 5 needs)

140 responses

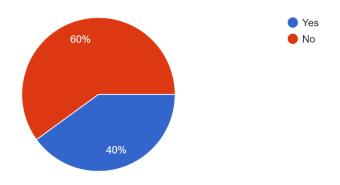


Legal System changes that need to occur, to support organizations working with survivors.. (check all that apply)

140 responses



Does your agency track and assess for domestic violence (DV)/intimate partner violence (IPV) ? 140 responses



Please identify how your organization collaborates with other community organizations.94 response

Coordinates with local police and Victim support agencies to help student victims At patient intake, assess patient for abuse. Discuss referral opportunities for patients, and offer to take patient to appropriate agency or to have agency come to us. We meet regularly with partners and allies Partnerships and building relationships (outreaching) Unknown We work with agencies by funding them to provide direct services. We also provide trainings and state government support When victim call us, we connect the victim with other organizations that have the resources to meet their needs SART off campus - On Campus BIT and SRT meetings social media and newsletters We are co-located at the FJC, facilitate SART, and attend local networking meetings. They come to court Referrals, face-to-face meetings and introductions. FJC Usually through referrals via the parents We work closely with community organizations to meet the needs of families in need. We refer clients in need of services to area agencies, setup through our case manager. My agency collaborates through leadership, school social worker, and school counselors. Via Phone and Email WE make referrals for individuals that have DV reported, try to encourage safety and planning with those trained to do this Refer to community organizations We tend to refer out for Domestic Violence Through programing We can assist with child care if someone is trying to get out of a situation and prioritize those that are in situations. Referrals as needed La Paz will contact and referred the clients to the appropriate agencies such as partnership, and see how they can collaborate to help the client. La Paz will also help to conduct the police report and follow-up if needed. Family Justice center Receiving and making referrals to and from other agencies We are aware of local resources multi-purpose I go to support groups I speak openly about my experiences on what I've learned to help other survivors we ask if women have been or are being abused and send them to Justice Center or shelter. Police We currently refer to other agencies if a client indicates DV. Injury investigators They are in court and report to court

Participate in Community Advisory Board (CAB), Chattanooga Nonprofit Alliance (CNA), Crisis Intervention Team (CIT) and any other meetings where stakeholders might meet to discuss domestic violence resources and updates in our community. We also provide autism training to providers.

Facilitation and creation of MultiDisciplinary Teams. Working with agencies with likeminded goals to ensure resources are connected effectively and with low barriers to access. Also creating standards of care to reduce revictimization.

collaborates with other homeless service providers and cancer respite services

By reporting abuse

child protective investigative team

case managers make referrals to one or two known DV/IPV specific resources if issue is successfully identified We work directly with Love's Arm, Homelessness Coalition and Cempa

OP shares staff with other orgs and is connected with more than 50 orgs--our staff serve other orgs through the summer, etc.

my referring, and going to court with the client

We provide educational and community resources. In the past we had a social work intern to help with referrals. We hope to have a social worker on staff in the future.

We have representatives on local SART & DART teams. Coordinate with CPD, UTCPD, Partnership, Legal Aid, FJC We partner with Family Promise, Family Justice Center, and Choices pregnancy center

Fund programs and organizations who are doing this great work.

We bring in community partners to give out information at parent events throughout the school year.

Multidisciplinary team and attend other organizations' planning meetings etc.

Referrals

They connect with other organizations that have the necessary resources that we may not have.

Provide resources and prevention services to identified victims of DV or suspected victims of DV. Monthly service provider meetings to keep staff informed of services available in the community.

We try to work closely with our discharge planners once they leave our facility to assist them with appointments. We provide case management and one on one counseling if needed as well as group counseling.

We screen for DV/IPV and refer clients to FJC if needed

Bi-weekly, monthly meetings

NA

Coordination with survivor transfer of services from shelter to a home. Referrals and assistance finding resources for survives with mental health, doctors and lawyers. Collaborative meetings and efforts to inform and learn about issues concerning IPV/DV.

Coffee Community Collective-shared spaces, referals to and from various agencies, vouchers through thrift stores, leading several

Multidisciplinary Teams/CPIT and we also have a DV liaison when the position is filled.

NA

Referrals, addressing system barriers, warm hand-offs

We partner with other organizations with health screenings, drug take back events, COVID-19 events, etc. We work with community partners in various service areas both in the health care field, mental health and substance abuse.

I take part in community organizations and events that advocate on behalf of women in general, as well as those that directly address DV.

Information sharing

Reports any suspected abuse to state agencies, provides comprehensive supports to people with intellectual disabilities

Provides resources to health care providers regarding domestic violence

By volunteering in the community

The Block Leaders keep residents informed and involved and direct them to needed resources in order to keep our neighborhoods a safe place to call home.

Referrals

VICTIM'S SERVICES

VIA Announcements and Recruitments

We provide education on different DV and polyvictim services and topics. We collaborate with other organizations to develop effective ways to respond and prevent DV/ human trafficking/ and other traumas in the community.

We are referred many clients through other organizations. We also work with organizations to refer clients for services.

We provide shelter for women and children experiencing homelessness. If they are not in danger, they could be eligible.

We make referrals to Partnership for FCA and to the Family Justice Center for shelter and support to hopefully get the client in question to the best possible services. We also work to attend conferences and other trainings to keep ourselves better informed of resources and ways to provide better services to those experiencing domestic violence.

Resource sharing, connections, and referrals

bringing representatives of agencies together for education and problem-solving.

I'm responsible for Preferred Communities cases that can provide intensive case management, working with individual goals for 6 months to 2 years depending of the situation. Survivors of trafficking (T visa holder) and refugees victims of DV or GBV are among potential clients for this program.

Work to help victims of child abuse through trauma-informed services.

creating MOU partners who offer other service and serve other demographics

Monthly meetings, contacts, spreadsheets, ROIs

Provide Marketing Support by way of Public Service Announcements for NPO's

By building and maintaining professional and interpersonal relationships with individuals and teams as a whole. By consistently and openly communicating with other service providers and attempting to fill in gaps as needed. Building relationships with other community organizations, such as CPD advocates, judges, the DA's office, etc. Referrals for CHA, other PartnershipFCA branches, FJC

We train in systems (family and organizational) leadership. This addresses anxiety in the systems and reduces anxiety which reduces incidents of outbursts.

AD/MH treatment, resource connection for clients

Referrals out to other organizations to bridge the gap of services

Please identify how you or your organization can assist survivors.98 responses

Provide information for resources (and connect students to those resource providers) and continue to work with agencies in the community

We assist survivors daily

Have more info. on domestic and substance abuse

Help provide helpful resources and packets

By providing the available resources.

We provide access to communication and referrals to agencies that are better suited.

Help funding organizations that do direct services

We provide a safe support group for survivors.

Provide service on campus and offer off campus services if needed

Housing and located suspects

Non Traditional Music Services

We provide a Rape Crisis Center, a Domestic Violence Shelter and Outreach services

We need our das and defense attorneys to be trained in DV!

The organization has a Preferred Communities Program to facilitate survivors to have access to specialized services and to attend their basic needs.

Provide sliding scale for healthcare and medication

Provide more training and transparency

School social workers can provide short term mental health counseling to students, provide educational trainings to staff, and provide support and resources to victims.

Referral to community agencies/resources and direct services with students.

We offer substance abuse and mental health treatment options.

We can assist survivors through a collaborative team of workers listed above.

Substance Abuse Treatment, and Coordination of care

We offer Substance Abuse services to the abuser or the victim; not at same time of course Counseling

support our student impacted by IPV, stalking, rape

Identifying Domestic Violence

education

By providing possible food and childcare

We not only serve children but families as well and can connect them to other resources.

Case management and referrals

By assessing for IPV and by helping Clients make a safety plan

Advice/assistance with civil legal needs

Support and letting them have a voice

finding emergency shelter

Encourage them

My experience

CAC can provide services to children who are victims of abuse as well as refer caregivers who report abuse to the proper organizations

We have videos on healthy relationships and growing in one's own positive self after abuse.

Law-enforcement based victim services

We would like to have the ability to better coordinate services, but usually the agencies will only talk with client directly.

Employee council thru ERP.

Have a safe place for them to wait during court proceedings

Provide autism training to service providers.

Housing, counseling, medical attention, substance abuse, recovery, transportation, educational and vocational assistance, providing for basic needs such as clothing and food among others.

We can educate staff and residents about DV and services available

By reporting and staying aware

n/a

frontline staff can refer survivors to the family justice center

We can help with financial assistance for housing, utilities and food

OP can assist teen survivors with ongoing support groups

Advocating and empowerment

We can help connect survivors with resources ranging from free computers to community/government agencies to books about recovery.

We provide survivor advocacy services, referrals to community resources, TIX resources (TIX investigation/administrative resolutions, class supports, housing changes, schedule changes, financial aid assistance, no-contact directives), financial assistance, emergency housing, food pantry We provide food/gas/shelter as resources allow.

Would love to know more about what resources are in the community to share with those who may be experiencing violence.

I'm not exactly sure at this time.

Being proactive and available

Helping connect to appropriate resources and providing education.

Referrals, support, advocacy

Listen to them, ask what more can we do to be a helping hand, keep an open heart, know where to point someone when it's more related to something that's not actually consider DV, etc

We are not a direct service provider, however we connect suspected or identified victims of DV to community resources and prevention services, whether in court or through departmental assistance.

To make sure they are empowered and given the resources to keep them safe. To make sure the offenders are prosecuted swiftly and consequences are upheld.

Educate our clients; offer support; refer to agencies in the area who are trained

provide resources, referrals, safety planning

Anafiel House provides referrals and services to Intimate Partner Violence (IPV) survivors transitioning out of shelters and those needing long term solutions for full recovery from the effects of their abuse. Anafiel House is dedicated to providing services to survivors of IPV without regard to gender or sexual identity. Anafiel House provides certain goods, services, and financial assistance to qualified clients according to need and availability. We can assist with identifying service needs and develop a plan with the family for moving forward. We can remove children from serious situations in order to keep them safe. We can also assist with navigating the court system. We can assist with paying for certain items in order to keep children safe and out of custody. Supportive environment for survivors who also have a serious mental illness - help with education, supported employment, permanent supportive housing, housing assistance, financial literacy, etc.

We provide support with other agencies, by providing facilities and support agencies for recovery.

Provide access to to treatment for substance abuse and provide resources to additional services as needed. As a DV survivor, I can lend unique assistance to those currently in DV situations by simply sharing my experience and how I made the transition from victim to survivor. As a trained/certified Domestic Violence Advocate (State of Oregon), I can assist those in crisis by providing education, different options for their respective situations, resource referrals, or help wading through the often-confusing paperwork process for things like Orders of Protection or applications for available resources.

Prosecution of the offender

N/A

increase staff training and available resources to employees who can also be victims

access to health care services

Referral

By directing them to the proper resources.

by making referrals to other agencies

CASE PROSECUTION

We assist survivors by connecting them with resources and services in the community.

We are able to help survivors with their civil legal needs.

Shelter, food, Case management

We can assist survivors but supporting them through the housing process as well as following up with them when they are housing so survivors do not end up back out on the streets. We are working to have a more trauma-informed environment to make our community center and interview rooms a more safe and comfortable place for individuals to come for help. When needed we can also make referrals to mental health agencies and other resources in the community based on the needs of the survivor.

sharing community resources

more diversity in participating agencies

Preferred Communities program can set individual goal for risk domains as housing, basic needs, mental health, financial management, family wellness, social adjustments, immigration status, linkage to benefits and English Language education.

Through family advocacy

Providing them a safe and secure environment to exchange common children. Connect them with local resources

By calling our hotline, they're connected to an advocate who will hear their story, validate their concerns, and try to help them the best way possible.

Getting the word out to the mass audience about services available

Willing to do whatever it takes to keep them in a safe place and help get them what they need.

The Building Stable Lives program specifically assists survivors with immediate crisis intervention. As well as building up confidence and providing resources to encourage long-term stability for clients.

PFCA assists with crisis intervention, shelter, case management, community resources, understanding the legal system, order of protections, and court advocacy.

Further training and knowledge of LE and criminal justice services/system

We train people to improve functioning in relationships. This gives survivors an understanding of how they got into the situation in the first place, what to look for, and how to manage self in future.

Providing wholistic resource linkage, AD treatment

Emergency shelter, case management, counseling, advocacy

Coordination of Care and Access to services

Please share recommendations for a coordinated community response and coordination of service for DV/IPV survivors

. Summary of Answers

Categories with responses

- Legal Response
 - O I would love to look into opening up a specific DV court again
 - Further discussion and training with LE
 - o Dedicated team of social workers and law enforcement combined
 - Case reviews on hard cases.
 - DV training for all law enforcement to include officers, attorneys, correctional staff, and others across all jurisdictions.
 - o Order of Protections completed at the FJC (and have magistrates) 24/7 365
 - Clarify/ Simplify the Order of Protection process (submission, court dates, how to use it, etc.)
 - Communication of court dates (criminal court) for all parties involved (victims, advocates, LEO).
- Summary: LE training and resources set aside specifically to address DV in the legal system. Improved information dissemination for victims/ survivors.
- Healthcare
 - More trainings for healthcare providers...
 - o more involvement of health care...
 - Free clinic Engaging medical community to provide services and increase urgent care services.
- Summary: Train and collaborate with healthcare providers.
- Faith Response

- more involvement of...clergy...
- Interfaith public stand against DV (increased awareness of what is already happening/being done, increased involvement/ resources for different faith orgs.)
- Reporting sites with signage.
- Community outreach with a resource list..
- Recruitment of partners
- Summary: Train and collaborate with faith-based organizations. Develop into local resource hubs.

• Community Collaborations/ Response

- Monthly meetings with community organizations such as DART should be brought back, for support, consistency, and accountability.
- Monthly gatherings to discuss needs of the community and then implementation of results.
- o Collaboration of providers joint events, database for providers
- Monthly advisory meetings for domestic violence programs, stability and homelessness services programs, Law Enforcement agencies, court staff, etc. Similar to the former High Risk Intervention Team. So that community partners can openly discuss barriers and solutions. And so that community partners can understand each other's role in supporting survivors and we can hold each other accountable to render those services.
- A more expansive team of agency representatives across the city who come together to set goals and address gaps related to DV in our community. This needs to beyond DART and not looking as much at prosecution of offenders, but other community needs to address violence and support survivors.
- Transparent communication and expectations with multiple organizations in order to ensure there are accountable, intentional strides taken to address DV/IPV and assist survivors.
- I think it would be great for us to have an organization fair to be able to know which services are available for survivors and for them to know what we do
- Is important to coordinate services to ensure safety, services, and support to victims in the community.
- Partner with organizations that work with domestic violence victims who remain due to fear of their pets being harmed.
- Better communication and collaboration between agencies with shared information and collaboration and cross training as to what the different agencies do.
- We need multi agency responses that coordinate well together so survivors can trust that system and trust it will work
- o Collaboration between agencies (addressing all gaps, such as MH, SUD, child services, etc.)
- Summary: Community Collaborations and Coordinated responses are important to support survivors, hold offenders accountable and develop a unified communication medium, and establish a collective meeting

• Mental Health/ Substance Abuse

- Address MH needs during HRIT.
- Summary: Include mental health discussion during HRIT when available.

Services for Children and Youth

- As Community Schools increase, bringing these services into our Community School offerings---so that coordination of resources are available in schools for parents and youth.
- More safe spaces and education for youth/ high school children.
- Start educating the youth on financial literacy.
- Increased collaboration between the community and the school system
- Summary: Train and collaborate with schools and educational organizations around DV and life skills.

• Underserved Population

- Reputable, quality support groups that are widely marketed.
- Conduct focus groups with DV/IPV survivors to gain knowledge on services needed and to create a different approach.
- Assistive technology (Tech goes home)
- Produce material for language barriers
- Partners who are representative of different populations
- Summary: Host focus and support groups for survivors and those possibly interested in services. Ensure material is
 accessible to all.

Housing/Homelessness/ Shelter

- ...continuous outreach for homeless individuals
- Rent controlled/ increasing number of vouchers for section 8
- Low barrier shelters (handicapped accessible.) and more shelters overall.
- Paper info passed to agencies that handle these populations and to places that people frequent.
- Educate tenants on being better tenants (ex: CRITI).
- Safe, affordable housing
- o Prevention/ Education/ Community Awareness (prevents danger, crisis-level, risk of homelessness)
- Summary: Engage in homeless outreach in the community. Increase shelter and preventative education to reduce current and potential homelessness.

Training/ Awareness

- Increased training opportunities for all staff at agencies, community tracking and increased community responsiveness through a strong CCR that meets in person frequently.
- o more training!
- o Cross training
- Increase knowledge of available resources
- Parent education on IPV
- Visibility/ Advertisements (use more social media)
- Increase awareness of available services in the community.
- More cross training and education about the subject.
- o Training and Transparency and Resource availability
- More awareness on what abuse looks like, not just physical and sexual abuse. What does mental, emotional, and spiritual abuse look and sound like?
- There are a lot of agencies doing great work. We need to make sure everyone is reading from the same script in
 order to close the gaps and provide safety and security to those who have been victimized. I am certain we will all
 come together --the hard work is our staying power on this matter 6mos from now or 1yr or 2yrs we cannot lose
 steam but stay vigilant.
- Safety training, etc
- Training for Public
- Resource fair for the community & partners
- Communication is key. It is critical that all partners know the availability of services in the community and how to easily access them.
- I would love to see more awareness of what our community can offer for these survivors to see and show how readily accessible help can be.
- We need more community training
- o Community education/ outreach: social media, events, schools, ad campaigns, radio, tv, community centers
- More awareness.
- Summary: Increase visibility of organizations that address DV/IPV through awareness campaigns and provide training

• Organizational Domain

- HIRING AN ABUNDANCE OF STAFF, so needs and services are met for victims within 24-48hrs. Also, hiring requirements for victim advocates and/or case managers should be revised, so work experience can/will suffice instead of college degrees.
- Support with Case Management to help navigate with police departments and health agencies, along with childcare.
- In addition, if there is a shelter that is open outside of Hamilton County, oftentimes the victim doesn't have any transportation to get outside of the county to the location. This can also create an additional barrier if the victim in question has children who need to leave the abuser as well. We need to have better transportation services to fill this large gap.
- o track survivor identification questions in Service Point client profile page 1) Is this client a survivor of
- Increase funding for social services
- Making services more accessible (community education on how services work, referrals expediting services, listing where services are, ensuring continuity of care, adding more psychiatric care, youth services)
- Access to transportation, especially in rural areas.
- Assistance for victims in regards to costs (childcare, transportation, missing work, etc.)
- Update 211 and keep current with well trained staff
- Summary: Increase staffing where possible, develop a transportation program, and implement data tracking systems to record DV cases within organizations and/or those they serve.