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Many Voices ND

A Needs Assessment on North
Dakota's Response to Domestic
Violence

PRESENTED TO
CAWS ND

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MANY VOICES ND: A NEEDS ASSESSMENT ON NORTH DAKOTA'S RESPONSE TO DOMESTIC VIOLENCE

INTRODUCTION

"I get married, not married a week—and I can tell you, tell you where in Grand Forks [he] turns to me in the car and says, "you're nothing but a liability." And I remember saying, "I am not dumb. I know what that means."—A Survivor

"So I'll just go to the very end. Because for three years, I didn't reach out. I protected him. I put on makeup, his mom would come over and help me take a shower to wash up all the blood, or, you know, she'd bring me to the hospital and I'd come up with reasons why I got a broken face or broken ribs or broken leg. Um, but at the very end when I left, I don't know what clicked...I dropped my little guy off at school and I kissed him and I told him I loved him. And I literally parked his pickup at his house. And I ran all the way to [the domestic violence services program]."—A Survivor

The domestic violence services program this survivor went to likely saved her life, and may have saved her offender's life as well. In her interview, she described a morning she woke up on a concrete floor after a night of being beaten, with the offender asleep beside her. She wondered what she should do to end the violence, saving her son's life and her own. She contemplated killing her offender, but then remembered she had met someone who worked at the local domestic violence services program and decided, that day, to run there for help.

North Dakota supports over twenty programs across the state that serve as similar lifelines for survivors of domestic violence. While the need for emergency shelter is real, the time, safety, and support to undo the emotional and psychological harm is equally important. As one survivor told us, *"They say words hurt more than getting hit and they do. I think I would rather have gotten hit than have to listen to the things that were said to me"* to which another participant said *"I agree with you...my bruises healed, my bones healed, but the words [still] hurt..."* These voices, together with the voices of other survivors, can shape a survivor-centered approach to addressing domestic violence—one that places the needs and desires of survivors as the central focus of service delivery in North Dakota. This report reflects those needs as shared by survivors and the advocates who serve them.

The Council on Abused Women's Services (CAWS) North Dakota engaged Global Rights for Women to conduct a statewide needs assessment of the strengths and gaps in North Dakota's response to domestic violence. This project addresses North Dakota's requirement to conduct such an assessment of North Dakota's services to survivors of domestic violence, family violence and dating violence under the Family Violence Prevention and Services Act.¹

Global Rights for Women (GRW) is an international non-governmental organization (NGO) based in Minneapolis, Minnesota that advances legal reform and systemic change to end violence against women and girls. GRW partners with women's organizations and other leaders to strengthen their efforts to identify, intervene, and prevent gender-based violence by centralizing safety for victims and accountability for offenders. As authors of the UN Women guidance document, *Safe Consulting*

¹ Family Violence Prevention and Services Act, 17 U.S.C § 10411(d)(1), (1984).

with Survivors of Violence Against Women and Girls² GRW's program's team brought specialized expertise to this project.

METHODS

The needs assessment was conducted from January 2023 to September 2023 and organized into four phases of work: 1) collaboration and design; 2) information gathering; 3) data analysis; and 4) review and report writing. Through three facilitated meetings with the CAWS sponsored project planning committee (hereinafter 'the Committee'); GRW identified the following three overarching questions to guide the assessment:³

1. To what extent do ND domestic violence survivors get their needs for safety and support met in the current system of services and intervention?
2. Which trends do service providers and survivors identify as factors that impact how survivors and service providers connect with each other?
3. What is within the capacity for CAWS, member programs, and other key stakeholders to do in order to act on what we learn? What are possible stretch goals?

The Committee also identified learning from unserved or underserved⁴ populations and their advocates about the current response system as a primary goal. The following groups were identified: Rural/remote isolated women with children, Indigenous/Tribal community members; Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex, Asexual, and Two-Spirit (LGBTQIA2S+) persons ; and Latines⁵/Hispanic community members. GRW was also asked to interview survivors with disabilities and/or male survivors⁶ as time permitted.

Ultimately, the complete analysis and findings for the capacity issue identified above in item 3 was set aside for a FVPSA phase 2 project by mutual agreement between CAWS and GRW.⁷ This was due

² The guidance is available at: <https://www.unwomen.org/en/digital-library/publications/2022/12/safe-consultations-with-survivors-of-violence-against-women-and-girls>

³ See the full list of questions and sub-questions in Appendix D..

⁴ FVPSA defines underserved populations as those who face barriers in accessing and using victim services, including "populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, and populations underserved because of special needs including language barriers, disabilities, immigration status, and age. Individuals with criminal histories due to victimization and individuals with substance use disorders and mental health issues are included in this definition." Family Violence Prevention and Services Act, 45 CFR § 1370.2

⁵ While those interviewed understood Hispanic or Latinx, Latine is used here in recognition of the growing preference for this term to describe a mixed gendered group or a group including non-cis-gendered people. See <https://hispanicexecutive.com/latinx-latine-explainer/> which also notes that Latine is what's commonly used among Spanish speakers as it's less tied to colonialism, more easily pronounced than Latinx, and can be used in plural forms.

⁶ While

⁷ This decision to set-aside item 3 was due, in part, to extending the data collection phase into August to allow for additional listening sessions with survivors and advocates. Nonetheless, preliminary results show that survivors and advocates see many of the same issues and thus advocates' insights have been incorporated throughout the report. Further analysis and discussion on these findings, and possible action steps, has been reserved for a follow-up project and analysis.

to a few factors, including extending the data collection phase into August to allow for additional listening sessions with survivors and advocates. However, with the data already collected, results show that survivors and advocates see many of the same issues. Thus, advocates' insights into each theme have been incorporated throughout the report. Further analysis and discussion on these findings, and possible action steps, has been reserved for a follow-up project and analysis.

Engaging Participants:

CAWS member programs were the primary avenue for inviting survivor participation. GRW provided project information⁸ to member programs at two CAWS program meetings,⁹ through discussions with the planning committee, and through a broadcast email sent by CAWS staff. CAWS staff also conducted outreach to member programs and other stakeholders in advance of or in conjunction with GRW's calls and emails. From mid-May to mid-June alone, GRW initiated five major rounds of calling to twelve programs. We continued outreach through late August 2023. Some programs noted interest in participating, but explained that summer was a particularly difficult time to participate given staff vacations and staff shortages.

To facilitate outreach to LGBTQIA2S+ survivors, GRW also created informational flyers to share with attendees of the June 17, 2023 North Dakota PRIDE Festival at the table hosted by CAWS North Dakota. QR codes directed individuals to a webpage describing the project and an on-line self-scheduling calendar. Ultimately 8 programs hosted listening sessions for survivors and/or advocates: six programs in eastern North Dakota (i.e. Lisbon, Grand Forks, Grafton, Devil's Lake, Fargo, and Spirit Lake Nation) and two in western North Dakota (i.e. Dickinson and Williston). Programs were asked to focus their invitations to survivors who might identify with one or more of the underserved groups. GRW made every effort to interview every survivor who indicated an interest in sharing their experience. Interviews ended on August 30, 2023.

Participant Breakdown:

In total, 32 advocates from 10 different programs shared their insights into systems strengths and gaps through an advocacy listening session (group or individual) or a CAWS sponsored membership meeting. This represents half of the North Dakota Domestic Violence/Sexual Violence Service Providers. Of the 11 services programs providing shelter, 6 hosted some form of survivor listening session. In total, 27 survivors were interviewed in connection with 7 different domestic violence service providers. Some survivors chose individual interviews (in-person or through a phone call or an on-line meeting); others chose a group interview also referenced here as a focus group discussion (FGD). In eastern North Dakota, 20 survivors were interviewed through their connection with five different advocacy programs. In western North Dakota, seven survivors were interviewed in affiliation with two different advocacy programs. To the extent that survivors affiliated with one or more identities related to an underserved group, the breakdown was as follows: thirteen rural/remote women (including those with children), three Indigenous/Tribal Members, five who

⁸Materials included an informational guide for programs interested in hosting a session, a PowerPoint presentation, and sample consent forms and focus group questions.

⁹April 13, 2023 Rural Program Providers Meeting and a May 9, 2023 Membership Meeting.

identified as LGBTQIA2S+, nine Latines/Hispanic Community members, eight persons with disabilities, and three men.

FINDINGS

Systems Gaps and Strengths for Underserved Survivors

In this report GRW focused its analysis on survivors' needs and the gaps and strengths in the systems they reported turning to for help. Five themes emerged as current areas of high need for survivors:¹⁰ 1) safe and affordable housing, 2) transportation, 3) access to appropriate mental health care, 4) economic security for themselves and their children, 4) legal assistance, and 5) advocacy. Systems and institutions most often discussed in interviews focused on the safety and accountability mechanisms of the criminal justice system, including batterer intervention programs,¹¹ and the degree to which linkages (e.g. coordination) and informal assistance can address survivors' needs. In general, advocates emphasized successful coordination between agencies as a key factor in successfully addressing survivors' needs.¹²

Each theme is discussed below in four sections: 1) why it matters, 2) what we heard, 3) distinct challenges noted by an underserved group, and 4) examples of effective responses and resources. In "Why it matters section" the authors draw upon over twenty years of practitioner-based expertise to quickly summarize the relevance of the theme for the lived experience of survivors of domestic violence. In Items 3 and 4, only direct examples provided to GRW were included.¹³ Footnotes provide attribution to demonstrate the range of voices heard. However, if in GRW's judgment an attribution could jeopardize a source's anonymity, the attribution was not included.

Common Needs Identified by Survivors & Advocates

SAFE AND AFFORDABLE HOUSING

Why it matters: Domestic violence is consistently identified as a significant factor in homelessness, especially for women, children, families, and LGBTQ2S+ individuals. Domestic violence is often life threatening. Survivors must often flee their homes to escape danger, yet do not have the means to

¹⁰ No inference should be made about the order in which these are presented. Due to a small sample size and given the semi-structured interview style, it would be problematic to draw an inference that they need mental health care more than legal assistance, for example, or transportation over advocacy. The needs are intertwined in many ways and a survivors' ranking would depend upon their unique situation. An aggregate of those rankings would not necessarily be more meaningful.

¹¹ The term "batterer intervention program" for the purposes of this report refers primarily to programming for heterosexual men's violence against women.

¹² Advocacy Listening Session, Group Interview #4

¹³ Note that the absence of a comment does not mean the theme lacks distinctive impact for a certain group, or that there are few examples of how the response system is working well. It only means that GRW did not hear these additional impacts and examples from survivors or advocates in this assessment.

secure independent safe or permanent housing. Complex relationships exist between housing insecurity, domestic violence, and power. Homelessness and domestic violence often affect the most vulnerable members of society. When access to basic needs such as housing and safety are compromised, individuals can experience heightened risks of violence. Shelters provide only temporary housing for survivors escaping domestic violence. Advocates and survivors identify housing as a primary need of survivors and a critical component in survivors' long-term safety and stability.

What we heard: Housing is insufficient for many survivors in communities across North Dakota because: 1) there isn't enough accessible temporary, transitional or long-term housing; 2) what is available may not be affordable, and 3) crucial financial assistance to support housing access runs out or entails long waitlists and paperwork that discourages many. Communities that do not have domestic violence shelters, often facilitate hotel stays and others have designated apartments for short-term or transitional housing. Many survivors noted how shelters were essential for them. However, survivors also described concerns and issues with access (e.g. someone who had not called police yet) and suitability (e.g. known location makes unsafe for some, lack of private room difficult for survivors with complex trauma history). A trafficking survivor noted that even convictions that result from victimization (e.g. prostitution) bar a survivor from getting an apartment for up to five years.¹⁴ Finally some survivors want additional ways to safeguard their identities and location so as not to be found by an offender.¹⁵

"I don't have the finances to move. And I feel safe as a survivor where I am in the building that I'm in. And I'm close to services, but I have to fight and fight and fight just like so many other people to keep and stay in housing."¹⁶-A Survivor

Distinctive challenges noted by underserved groups:

Rural women: lack of options to care for animal care,¹⁷ and confidentiality and privacy concerns¹⁸ often deter rural women from seeking alternative housing. Indigenous/Tribal members: seeking safety, survivors often seek housing off the reservation but encounter long waiting lists. Since Indigenous/Native women are victimized at higher rates than non-native women,¹⁹ Native survivors often face complex trauma which compounds other challenges like finding safe housing and staying in shelters (e.g. shelters often lack private spaces; traffickers sometimes send women to shelters to find a survivor).²⁰ LGBTQIA2S+: A trans survivor noted that no shelter they approached would take

¹⁴ Survivor Listening Session, Group Interview #1

¹⁵ Survivor Listening Sessions, Group Interview #1. As one survivor said "I don't even want the electric company...to know where I live."

¹⁶ Survivor Listening Session, Group Interview #1

¹⁷ Advocacy Listening Session, Group Interview #4. Several agencies worked together to support a rural woman who was found walking along the road with her horses in 30 below temperatures, having left an abusive situation on foot. Coordination between law enforcement, social services and the shelter/domestic violence service provider allowed the woman to receive shelter and services while the horses were cared for.

¹⁸ Advocacy Listening Session, Group Interview #4

¹⁹ National Congress of American Indians Policy Research Center, Policy Insights Brief: Statistics of Violence Against Native Women (February 2013), page, 3.

²⁰ Survivor Listening Session, Group Interview #1

them because of this identity.²¹ Latines/Hispanic Survivors: language barriers exist for non-English speakers, and recent migrants or immigrants do not know of area resources. Persons with Disabilities: Homelessness severely compounds challenges for survivors with disabilities in that their mental, physical and emotional health may deteriorate more rapidly than other survivors as they may lose access to familiar surroundings, medication or assistive devices, and find it more challenging to re-establish stable housing that impacts their ability to be with their children.

“It goes back to the rural setting and everybody knowing everybody. So that's really something that's tough to do in this area because....it's not only just being a rural area, but with social media and things like that.”²²–An Advocate

Examples of effective responses and resources: rental assistance that covers enough time to provide stability to promote gains toward self-sufficiency (e.g. privacy, employment, custody returned);²³ transportation assistance to shelter or safe housing outside one’s home community; affordable housing located near employment opportunities; advocacy to assist with transitional housing; workers who go above and beyond to ensure a survivor doesn’t end up homeless or confined in a space that triggers trauma (specific social services and housing authority workers were mentioned),²⁴ interpreters and bilingual advocates when they are available, protections in place for safe-guarding location and identity.²⁵

“I sought help for the first time and I came here and they helped me and I got an apartment and just went through it all. They're very helpful. When I first moved, I didn't have anything. So they gave my kids blankets and pillows and clothes as much as what we needed.”²⁶–A Survivor

TRANSPORTATION

Why it matters: Transportation can be a huge barrier for domestic violence survivors when they leave their offenders and also when they are at shelters trying to move forward with their lives. Unfortunately, restricting or denying access to personal transportation is a common tool used by abusive partners to isolate women from addressing basic needs for health care, getting to safe people and places, holding a job, and accessing assistance from community services, family and

²¹Survivor Listening Session, Group Interview#4: Another participant in the same focus group noted that a shelter in Bismarck did have a policy of accepting trans persons, to which the survivor replied they would not have transportation to get there if they needed the shelter.

²²Advocacy Listening Session, Group Interview #2.

²³ Survivor Listening Session, Group Interview #6, #1. It was noted that many survivors have complex trauma from which to heal and need more than a year to make these transitions which are essential to them moving into self-sufficiency.

²⁴ Survivor Listening Sessions, Individual Interview #5 and Group Interview #1.

²⁵ Survivor Listening Sessions, Group Interview #1

²⁶ Survivor Listening Sessions, Group Interview #3

friends. Transportation, or the lack thereof, can therefore be a highly influential factor in whether survivors can move to safety and rebuild their lives.

What we heard: Many survivors note that they faced difficulties accessing transportation. Public transportation, especially in and between rural areas, frequently does not exist. What is available is often expensive. Harsh weather patterns in ND can create an additional barrier for survivors. Survivors described needing to attend appointments, court hearings, and meetings with lawyers in order to address safety issues, but lack of transportation made that impossible. Clients sometimes miss visitation time with their children due to a lack of transportation. Advocates stated that they have limited resources to offer or fund transportation for survivors. In emergency situations, advocates report that some law enforcement agencies will provide transport particularly to hospitals and shelters.

“And the judge knew that I could not appear in person due to no transportation and no money. I was denied Legal Aid three times, even though I have no income and have not had income since this has happened.”²⁷—survivor

“As far as transportation, there is none [available]. There's one, reputable taxi, if you want to call then a taxi; they're public transit...and the transit is what? \$4 a ride? One way... so the one individual who does not have kids spends \$80 every two weeks just paying for transit rides, ticket to a very part-time job. So on average \$160 a month for transportation. Um, then there's one that-- I couldn't even tell you how much she pays because she's got three kids. So I mean essentially I know the baby's free, but I think the older two they charge for.”²⁸—An Advocate

“In supervised visitation, we also continue to see a need for transportation for our clients. Clients have missed visits with their children due to not having a way to make it to the office. Resources to assist with this barrier for clients are very limited.”²⁹ —An Advocate

Distinctive challenges noted by underserved groups: Rural women: Rural women survivors are likely to live miles from the services they need, including law enforcement;³⁰ and bus routes between some cities do not exist, making it difficult for women to travel to safety or services.³¹ Indigenous/Tribal members: One survivor noted that the lack of transportation increases a woman's vulnerability to those traffickers willing to offer her a ride.³² LGBTQIA2S+: A trans person noted that they did not have transportation to get to the one shelter in North Dakota they understood would take them.³³ Latinas/Hispanic Survivors: An undocumented survivor or one whose offender takes

²⁷ Survivor Listening Sessions, Group Interview #1

²⁸ Advocacy Listening Session, Group Interview #3

²⁹ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

³⁰ Advocacy Listening Session, Group Interview #4

³¹ Advocacy Listening Session, Group Interview #1

³² Survivor Listening Session, Group Interview #1

³³ Survivor Listening Session, Group Interview #4

their documentation is likely to depend upon others—including the offender for transportation, or simply cannot travel.³⁴

Examples of effective responses and resources: funding for advocates to purchase transportation for survivors as needed, assistance from an advocacy to get a license back,³⁵ and police being willing to transport survivors³⁶ to services (even across county lines).

“Like if it wasn't for them, I wouldn't have my driver's license back. I wouldn't be going to meetings - I wouldn't be helping other women.”³⁷ - A Survivor

ACCESS TO APPROPRIATE MENTAL HEALTH CARE

Why it matters: The challenges that survivors of domestic violence face do not stop when they have left an abusive partner or when they secure material advancements such as stable housing and financial security. Rather, the impact of domestic violence may continue to have a traumatic long-term effect on the survivor and on their children. Adequate mental health care is a necessary element of any survivor-oriented response that aims to repair harm caused and situate a survivor for future success.

What we heard: Survivors and advocates in North Dakota described: 1) a lack of access to sufficient and adequate mental health care; 2) long wait times to get appointments for mental health; and 3) an increasing number of survivors possessing complex mental health issues.³⁸ This was also noted as a trend and is discussed in more detail in the section, *Identified Trends and Impact of the COVID-19 Pandemic* below, page 20. Many survivors described advocates as being the most accessible to address their emotional support needs. Some advocacy programs employ therapists, but can only offer a limited number of sessions³⁹ and struggle with keeping counselors due to lower wages in the nonprofit sector.⁴⁰ A lack of insurance or Medicaid,⁴¹ can also be a barrier for many survivors.

“I also think there's major gaps in services for mental health...and substance use disorders as well...[F]or a person to come in when they're having active untreated mental health issues or substance use disorders and try to focus on safety needs is not really...feasible. Their basic needs are not being met in ways that we can accommodate. And so we've had a lot of mental health crises and a sudden crisis happening and just trying to figure out how to get people connected. It's really hard.”⁴² -An Advocate

“And so [the horrific abuse] mentally and emotionally [took] me up to a point where I grew an addiction 'cause I just wanted to drown myself in drugs. So I did. And it, it, it took me to a deep,

³⁴ Survivor Listening Session, Group Interview #6

³⁵ Advocacy Listening Session, Group Interview #4

³⁶ Advocacy Listening Session, Group Interview #1

³⁷ Survivor Listening Session, Group Interview #1

³⁸ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

³⁹ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

⁴⁰ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

⁴¹ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

⁴² Advocacy Listening Session, Group Interview #2

deep, ugly place. I'm 60 days sober. So, um, I'm getting back on my feet. Um, my kids can see that, like, I'm starting to, I'm starting to go toe to toe with my demons and with the mental demons of, you know, wondering what did I do that..made him be that way or why because he took me to some ugly places. You know, my children got to see some ugly things and, [yet]...today I'm smiling, you know? I'm happy to be alive. I'm happy to talk about it."⁴³—A Survivor who received care

Distinctive challenges noted by underserved groups: Rural women: Rural North Dakota faces a severe shortage of mental and behavioral health care workers, prompting the use of guidelines that severely limit who gets care.⁴⁴ For survivors, this translates into extended periods spent on waiting lists, further delaying essential services. Indigenous/Tribal members: Historical trauma and colonization lead many indigenous survivors to distrust government or institutional care settings.⁴⁵ Persons with Disabilities: Survivors with disabilities, particularly those facing mental health challenges, endure persistent frustration, insecurity, and a pervasive sense of being marginalized.⁴⁶

Examples of effective responses and resources: family, friends, and colleagues who provide financial support and facilitate access to counseling services;⁴⁷ school counselors that provide support to survivors' children;⁴⁸ advocacy programs that offer patient, non-judgmental support and counselors when available; and treatment programs that provide a real human connection instead of a sense of obligation to treat a client.⁴⁹

*“A human connection. Because that's the one thing that I didn't really like about staff and treatment. I felt like I was just a resident pretty much. Or a patient. And the ones that—there were very few—**but the ones that did [provide a human connection], I really got comfortable with and I felt like I could share things.**”⁵⁰—survivor, about her stay in a mental health treatment facility*

CHILDREN AND ECONOMIC SECURITY

Why it matters: One of the greatest barriers preventing survivors of domestic violence from leaving abusive partners is the financial ability to support themselves and their children. Specifically, many survivors express the need for affordable, flexible, and reliable child care, housing, and transportation to create a pathway to safety and stability for themselves and their children. Survivors face many unique challenges in achieving economic security, and those with children have

⁴³ Survivor Listening Session, Group Interview #2

⁴⁴ Advocacy Listening Session, Group Interview #3; The majority of North Dakota's behavioral health care workers are located in urban areas—and while the rate varies slightly depending upon profession (e.g. psychiatry, social work, addiction counselors), a major conclusion of a 2023 report on healthcare in North Dakota recommends action on mental issues that are especially challenging in rural regions. University of North Dakota School of Medicine and Health Sciences. (2023), p. xxiii.

⁴⁵ Survivor Listening Session, Group Interview #1

⁴⁶ Survivor Listening Session, Group Interview #2

⁴⁷ Survivor Listening Session, Individual Interview #1

⁴⁸ Survivor Listening Session, Group Interview #2

⁴⁹ Survivor Listening Session, Individual Interview #5

⁵⁰ Survivor Listening Session, Individual Interview #5

the additional problems finding and affording child care. One of the main reasons survivors can't leave an abusive partner is that they are unable to financially support themselves or their children.

What we heard: Many offenders limit access to survivors' money; options for childcare in many North Dakota communities are severely limited, unaffordable, or unsafe—especially with late night or overnight hours; survivors who receive financial and material assistance from advocates and/or family find it invaluable; when offenders fail to contribute financially to childcare support, it exacerbates the economic instability faced by survivors;⁵¹ some social workers have dismissed abusive behavior as difficulty with co-parenting.⁵²

“(I had to ask) permission to go buy diapers. And then when I bring the receipt home, he would go through it and be like, why'd you get this? Why'd you get that?”.. if I was at the store, sometimes I'd take \$20 cash back here and there just to have a little bit of money that I could like put away so we could, you know, try to leave.”⁵³—A Survivor

“And so it's just a matter of getting, you know, like more money, enough money to become more independent and separate or be completely independent from the shelter.”⁵⁴—A Survivor

“Also like affordable childcare [is an issue]. ‘I have a lot of my clients having to call in and say, I really tried to find childcare. I can't afford to send them to the center. I can't make it, so I can't make it to group.’⁵⁵—An Advocate

“I luckily have like a really great family that helped me out financially, but you know, as far as having any means to seek any kind of help for my kids or myself, [it's not possible] without having access to a lot of money....So it was just nice that I could go somewhere local and get some counseling and get my kids into counseling.”⁵⁶— A Survivor

Distinctive challenges noted by underserved groups: Rural Women: A lack of daycare options in general, and affordable day care leads some survivors to place their children with unlicensed caregivers,⁵⁷ or face financial challenges⁵⁸ that may prolong their stay in unhealthy relationships or shelters.⁵⁹ Expensive or insufficient childcare options can confine survivors to working during school hours or compel them to give up career opportunities.⁶⁰ Indigenous/Tribal Communities: One advocate noted there is no daycare available on the reservation where she works.

⁵¹ Survivor Listening Session, Individual Interview #1

⁵² Survivor Listening Session, Individual Interview #1

⁵³ Survivor Listening Session, Individual Interview #2

⁵⁴ Survivor Listening Session, Group Interview #5

⁵⁵ Advocacy Listening Session, Group Interview #2

⁵⁶ Survivor Listening Session, Individual Interview #1

⁵⁷ CAWS Rural Issues Committee. (2023)

⁵⁸ Advocacy Listening Session, Group Interview #4

⁵⁹ North Dakota Health and Human Services. (2023). STOP Needs Overview.

⁶⁰ Survivor Listening Session, Individual Interview #2

Latines/Hispanic Community: Offenders sometimes take identity documents making it difficult for a survivor to access assistance or get a job;⁶¹ racism and threats that her undocumented status would be reported to the police kept one survivor from working for a time;⁶² another survivor's lack of language and system familiarity made it difficult for her to contest her offender's placement of all his assets in his parents' names prior to a divorce proceeding.⁶³ Persons with disabilities: One survivor went back to her offender when she was told that her son would not be allowed to live with her alone due to her disability.⁶⁴ Men: One participant mentioned challenges with having lawyers assume he wanted less custody of his child. Background literature on abused men suggest substantial fears surrounding retaining custody when reporting abuse. All men who were interviewed eventually received 50/50 custody arrangements.

Examples of effective responses and resources: Advocates addressing a lack of childcare options by raising funds to start a daycare facility in one of their buildings;⁶⁵ programs providing diapers, baby food and other essentials for children;⁶⁶ family and friends helping with childcare (however, not all of these have been safe options for children); and support for survivors to create income based on their talents.⁶⁷

CIVIL JUSTICE SYSTEM

Why it matters: Survivors often pursue legal assistance in their journey to seek safety. Survivors described having limited access to attorneys in often long and convoluted legal journeys. Adequate legal representation in civil matters can better ensure that the survivor's needs are met and they feel confident in the legal system, during a period of heightened vulnerability. Attorneys play a pivotal role in gathering evidence, building cases, representing survivors in court, and ensuring that justice is served. Unfortunately, many offenders control a survivor's finances making it very difficult for survivors to afford the legal representation that is essential to their path to safety and self-sufficiency.

What we heard: A lack of attorneys and financial assistance to meet survivors' legal needs;⁶⁸ private legal help is cost prohibitive for all but a few survivors and they often go into debt to afford it; existing legal assistance organizations are understaffed and have experienced significant turnover,⁶⁹

⁶¹ Survivor Listening Session, Group Interview #6

⁶² Survivor Listening Session, Group Interview #6

⁶³ Survivor Listening Session, Group Interview #6

⁶⁴ Survivor Listening Session, Group Interview #4

⁶⁵ CAWS Rural Issues Committee. (2023).

⁶⁶ Survivor Listening Session, Group Interview #5.

⁶⁷ Survivor Listening Sessions, Individual Interview#2 and Group Interview #1

⁶⁸ North Dakota Health and Human Services. (2023). *STOP Needs Overview*. Advocates note that even when victims qualify for legal aid, there aren't enough attorneys to assist and those that do get representation through a reduced-fee program often experience poor communication, delays, and inadequate representation. Private attorney fee retainers are \$10,000 or more, making them out of reach for most survivors.

⁶⁹ Advocacy Listening Session, Group Interviews #2 and #3. Advocates do work to connect survivors to existing networks, but some noted high staff turnover for Legal Services of North Dakota and the ALL ND

very few advocacy programs can employ an attorney;⁷⁰ poor outcomes for survivors result when they lack representation (especially when offenders have representation), including adverse decisions about protection orders, child custody/visitation, and asset allocations; a judge's failure to order a civil protection order because a criminal no-contact order was already in place;⁷¹ and a desire for more legal-aid attorneys to be based in advocacy programs.⁷²

“Many victims of abuse seeking Protection Orders, divorce, etc., have no money due to the offender controlling all finances. Therefore the offender is able to hire an attorney to fight an order when the victim is left to defend themselves without representation. This is where we are lacking assistance, to help the victims/survivors to move forward in their lives. If legal assistance was available perhaps the outcome would be more fair to both parties, and not so one sided to re victimize the victim again.”⁷³ –An Advocate

“Where's the justice when one parent can get an attorney and another can't?”⁷⁴ –A Survivor

Distinctive challenges noted by underserved groups: Indigenous/Tribal Communities: A lack of knowledge by non-Native service providers of jurisdictional issues and Tribal legal systems; Latines/Hispanic Community: specialized legal issues associated with immigration or recovery of documents, residency and work permits;⁷⁵ Men: perceptions that men cannot be victims impedes access to preventative legal orders or advice.⁷⁶

Examples of effective responses and resources: A judge granting a protection order extension after an offender violated multiple times;⁷⁷ quick coordination between victim/witness advocates, prosecutors, and shelter advocates to get a protection order after identifying fresh bruises on a survivor's face;⁷⁸ legal assistance when it is available.

program as a barrier to consistency in representation. One program noted that they worked with a law school for assistance on some cases, but the school has since shifted away from assistance in family law cases.

⁷⁰ Advocacy Listening Session, Group Interview #2.

⁷¹ Advocacy Listening Session, Group Interview #2. This may seem efficient, however civil protection orders and criminal no contact orders are filed and tracked differently producing a different response from law enforcement.

⁷² Advocacy Listening Session, Group Interviews #2 and #3. Advocates do work to connect survivors to existing networks, but some noted high staff turnover for Legal Services of North Dakota and the ALL ND program as a barrier to consistency in representation. One program noted that they worked with a law school for assistance on some cases, but the school has since shifted away from assistance in family law cases.

⁷³ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

⁷⁴ Survivor Listening Session, Group Interview #1

⁷⁵ Survivor Listening Session, Group Interview #1

⁷⁶ The three men in this study largely perceived the court system to be biased against them based on their gender, expressing frustration at the communication they received and tendency to be disbelieved.

⁷⁷ Survivor Listening Session, Group Interview #2. The survivor noted relief that the extension was granted until her child would turn 18, and accompanied with a warning that another violation would lead to a 10 year prison term.

⁷⁸ Advocacy Listening Session, Group Interview #4

ADVOCACY

Why it matters: There are many ways that advocates in North Dakota see systems and institutions fail to meet the needs of survivors. This is the fundamental reason why advocacy is needed. For example, if every survivor who went to court to get a protective order were able to get the help they needed in filling out the order, the protective order itself was always enforced, and it was completely successful in stopping the domestic violence experienced by the survivor, then she would not need advocacy. Systemic advocacy focuses on how institutions and related systems - such as law, social welfare, and medical systems - process survivors' experiences of domestic violence as "cases." Much of the work that advocates do with individual survivors involves helping them through the processing of her case. Systemic advocacy, however, is about creating new pathways that will change the response for all survivors, in contrast to working with an individual survivor through the path that already exists in systems.

What we heard: The overwhelming majority of survivors interviewed receive invaluable assistance from advocates, including help with arranging transportation, housing, and mental health care; trauma-informed advocates patiently build trust when survivors have little; short-staffing and turnover lead to long wait times and gaps in service for some survivors; and low salaries and high stress lead to burnout for many advocates; and survivors and advocates both identify the need for systemic reform related to the themes in this report.

"And so she was extremely helpful - And didn't make me feel stupid, even though I felt that way myself."⁷⁹-A Survivor

"I went back and [they said], 'yep, I have your contact info, I'll contact you.' And when I called, they said, 'we don't know who you are.'"-A Survivor

"Pay people that work in this field more. Get more money available so that we can get good people who have high qualifications, who also want to stay in the high stress environment and then to hire enough of them so that we're not all burnt out all the time." -An Advocate

Distinctive challenges noted by underserved groups: Rural women: a lack of anonymity/privacy in small communities is a barrier for some women to reach out for help.⁸⁰ Indigenous survivors: a lack of understanding by non-Native service providers of Tribal law, jurisdictional issues, and ways Native people communicate, lead some survivors to call the Tribal service program even when abuse happens off the reservation. LGBTQIA2S+: law enforcement's minimization of abuse or misidentification of a predominant aggressor meant that some LGBTQIA2S+ survivors did not receive referrals for needed advocacy.⁸¹ Latines/Hispanic Survivors: Without access to bilingual

⁷⁹ Survivor Listening Session, Group Interview #1

⁸⁰ Survivor Listening Session, Individual Interview #1

⁸¹ Survivor Listening Session, Group Interview #4

advocates,⁸² non-English speakers may not be able to share their experience as completely, resulting in delayed or incomplete assistance. Persons with Disabilities: private spaces in shelter for persons with a mental health disability and complex trauma are important, but rarely available.⁸³ Men: common perceptions that men are offenders, not victims, interferes with their help-seeking; one survivor said he would not have gone to the service agency without a referral, as he did not associate his experience with the name of the service agency.⁸⁴

Examples of effective responses and resources: Competent, connected, and compassionate staff; staff who are patient, creative and knowledgeable in addressing survivors' challenges;⁸⁵ advocacy programs with resources to address a survivor's short and long term needs.

"...As soon as I walked out of that courtroom, [the advocate] already had me a cell phone because he shut off my cell phone. I couldn't connect it back. He blocked it. They had me an apartment. Bills already turned on and everything. Within a few hours they helped me a lot and they assured me we're here for you."⁸⁶-A Survivor

"And [program name] ...paid some of my bills. It was really hard to accept, 'cause that's just how I am. But it was really nice that they were willing to do that. And I mean, I didn't ask, they offered."⁸⁷ - A Survivor

"And they believed me when I first told them. I didn't have to prove it. I didn't have to pull out documents. And, and that was, that was the big thing."⁸⁸-A Survivor

CRIMINAL JUSTICE SYSTEM

Why it matters: Offenders can be held accountable and victim safety can be promoted in the criminal justice system through detention, criminal sanctions and batterer intervention programs. Batterer intervention programs aim to develop a sense of responsibility within the offender to increase safety of their current and future partners, allowing for their reintegration to the community. In many cases, a survivor's first contact with any system that can provide accountability for their offender is through law enforcement. How law enforcement responds has a deep impact on survivors' engagement with prosecutors, judges, probation officers, and others in the criminal justice system. In successful cases, law enforcement is able to build trust with the survivor by responding with

⁸² In this study, GRW identified only 1 bilingual advocate in the state. Others do their best to hire interpreters as needed or use a language line for crisis response.

⁸³ Survivor Listening Session, Group Interview #1

⁸⁴ Survivor Listening Session, Individual Interview #3

⁸⁵ Advocacy Listening Session, Group Interview #3. One group of advocates described using their network and longtime connection with an attorney in another city to get donated legal assistance on a case.

⁸⁶ Survivor Listening Session, Group Interview #3

⁸⁷ Survivor Listening Session, Individual Interview #1

⁸⁸ Survivor Listening Session, Group Interview #1.

compassion and interest in a survivors' full range of immediate needs (e.g. providing referrals for medical attention, shelter, crisis support). These actions comprise part of a trauma-informed and survivor-centered response, and lead to better investigations. Courts often make decisions influenced by factors like judicial backlog and prosecutorial convenience, which sometimes prioritize efficiency over safety and comprehensive justice. This approach, intended to expedite proceedings, has led to concerns among many survivors and advocates that safety is not prioritized over efficiency of the criminal justice system. These failures can embolden an offender and lead to disillusionment and distrust of response systems on the part of the survivor—prompting a survivor's disengagement from systems that are designed to promote safety and hold offenders accountable. These results can lead to problematic, if not dangerous outcomes.

What we heard: Offender accountability is undermined and the severity of abuse is minimized by: a lack of arrests for violence; insufficient charging⁸⁹ (or a significantly reducing charges in plea agreements⁹⁰), ordering minimal or no jail time;⁹¹ significant problems with orders to limit contact (e.g. not issuing an order;⁹² not arresting or sufficiently prosecuting violations (e.g. bundling violations into one misdemeanor); and the limited efficacy of some programs for offenders (e.g. no programming in counties,⁹³ not enough sessions for participants in BIPs, insufficient follow-up on participants when they fail to complete/comply with the BIP requirements).⁹⁴ Many survivors experience harassment directly (even from abusers who are detained)⁹⁵ or through third parties, despite having no contact orders in place, and some were criminalized for actions they felt compelled to take when authorities disbelieved them and failed to stop the violence.⁹⁶ Other survivors described how offenders weaponize the system against them.⁹⁷ Interactions with police varied with some survivors experiencing competent and professional police who believed them and provided effective referrals, offered transport, and made themselves available for future needs; while others described feeling 'harassed,' and as if police 'didn't care'.⁹⁸ Advocacy agencies also

⁸⁹ Advocacy Listening Session, Group Interview #3; North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

⁹⁰ Advocacy Listening Session, Group Interview #2 and #4.

⁹¹ Advocacy Listening Session, Group Interview #4. Remarkably, this sometimes happens because jails are full. Also the North Dakota Health and Human Services *STOP Needs Overview* notes that the offenders at highest risk for DV homicide in North Dakota spent an average of only about 4 ½ months incarcerated.

⁹² Advocacy Listening Session, Individual Interview #2

⁹³ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

⁹⁴ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

⁹⁵ Advocacy Listening Session, Group Interview #4

⁹⁶ Survivor Listening Session, Group Interview #4

⁹⁷ Survivor Listening Session, Group Interviews #1, #2 and #4. In one example, the offender pushed the child to ask his mom to bake a cake for the dad's birthday—so much so that the child said to his mother “bake the cake so he'll stop bugging me.” She did, and then his attorney stated in court that she must not be scared of him as she was baking him things. Another survivor, a system professional, was bound by HIPPA not to disclose certain details about her clients, which allowed the pro se defendant to question her about many unfounded accusations which she was not free to refute. She felt victimized by the offender and the system. A third survivor said after she escaped and was put in a hotel by the domestic violence service provider, her offender's mother called the police with a suicide watch on her. When the police found her, she explained the situation to them and they left. As soon as they left she heard her offender yelling her name through the halls. The manager intervened to get him to leave.

⁹⁸ Survivor Listening Session, Group Interview #4

reported varied experiences with law enforcement, as some generally have constructive relationships with their local police departments,⁹⁹ while others describe a law enforcement response that can vary dramatically from case to case (even by the same officer).¹⁰⁰ Advocates and survivors alike want more training for courts and other criminal justice system personnel.¹⁰¹

“He broke her jaw and fractured her eye socket. And permanently disfigured her face and they pled it down to an assault with time served and a fine.”¹⁰² -An Advocate

“I’ve seen a lot of cases lately where there are several no contacts. Somebody’s going to court, there’s a violation of a protection order three times and they just make a deal that it just gets cut down to one misdemeanor and it’s only one charge even though they did it umpteen times. (...) And I don’t think that that is appropriate support for our victims.”¹⁰³ -An Advocate

“Many times offenders are ordered to attend batterer’s treatment but there is limited follow up to confirm that the offender attended and completed.”¹⁰⁴-An Advocate

*“We’ve got gaps that can deter people from moving forward...[This lady] literally had her own apartment and so we helped her get her locks changed and she had to seek medical attention. So we helped her with that, helped with her prescriptions, and even helped her transport her. **But she was so scared to be there because the PO [protective order] was denied that she ended up in the shelter, you know?** [She] gave up her apartment because he knew where she was.”¹⁰⁵-An Advocate*

“Another gap we see a lot of is they arrest the wrong person. I mean, seriously, she’s got bruises and injuries and he’s got a scratch. You know... Her bruises aren’t showing or they’re hidden, but he’s bleeding right here. Why? You know, maybe she’s... It’s a defense, you know...”¹⁰⁶-An Advocate

“We had the police come to help me get my stuff. [The offender] snuck me up a note, and I tried to report that afterward and the police officer told me that I would regret making that report when I went back to him.”¹⁰⁷-A Survivor

“Many times offenders are ordered to attend batterer’s treatment but there is limited follow up to confirm that the offender attended and completed.”¹⁰⁸-An Advocate

⁹⁹ Advocacy Listening Session, Group Interview #4, one group created a card to assist law enforcement in making referrals on high risk cases, but cautioned training and on-going follow-up are needed.

¹⁰⁰ Survivor Listening Session, Group Interview #4

¹⁰¹ Survivor Listening Session, Group Interview #1; Advocacy Listening Session, Group Interview #3; North Dakota Health and Human Services. (2023). *STOP Needs Overview*; Advocacy Listening Session, Group Interview #4

¹⁰² Advocacy Listening Session, Group Interview #4

¹⁰³ Advocacy Listening Session, Group Interview #4

¹⁰⁴ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

¹⁰⁵ Advocacy Listening Session, Group Interview #4

¹⁰⁶ Advocacy Listening Session, Group Interview #4

¹⁰⁷ Survivor Listening Session, Group Interview #4

¹⁰⁸ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

Distinctive challenges noted by underserved groups: Rural women: Close knit communities can lead to bias: a survivor noted that law enforcement refused to arrest an offender since he had known him since childhood.¹⁰⁹ Additionally, rural areas are often vast spaces,¹¹⁰ impacting accessibility for the survivor and response time for law enforcement. Indigenous/Tribal Members: lack of knowledge of tribal law and jurisdictional issues may mean some survivors are not well supported or served;¹¹¹ Tribal officers from the Bureau of Indian Affairs move around Indian Country, and do not often know the local advocates or even local addresses well. LGBTQI2S+: law enforcement did not believe that an intersex person could be on their period and accused them of planting a sanitary napkin as evidence.¹¹² A queer survivor who experienced police discounting her report of domestic violence, believed it was due to her being gay and her partner looking more feminine.¹¹³ One hospital did not separate a same-sex abusive partner from their victim so there was no chance to disclose abuse.¹¹⁴ Latines/Hispanic Community: Advocates reported that not all courts are providing interpretation, leaving attorneys and victims to figure it out.¹¹⁵ Women avoided interaction with the more formalized system due to unfamiliarity with the system in itself and fear of deportation.¹¹⁶ Persons with disabilities: An adult survivor requested that law enforcement interview them at work, but the officer showed up at their home (survivor lived with their parents as part of their disability management).¹¹⁷ Men: One male survivor stated law enforcement disbelieved him based on his physique, and refused to report that the survivor was hurt.¹¹⁸

*“When they accused me of planting evidence, when actually I just have my period. The police don't have to understand my biology to accept what I'm saying is true. I don't have to..I shouldn't be expected to give them a biology lesson.”*¹¹⁹-A Survivor

*“Like, uh, everybody knows everybody...the cops came and they looked at her and 'cause she was more femme, 'cause obviously I'm gay...they judge you..And I think that's, that's one of the ways it feels.”*¹²⁰ -A Survivor

Examples of effective responses and resources: law enforcement officers making arrests on violations,¹²¹ patrolling around a survivor's home more frequently, effectively coordinating with

¹⁰⁹ CAWS Rural Issues Committee. (2023)

¹¹⁰ Advocacy Listening Session, Group Interview #4

¹¹¹ Advocacy Listening Session, Individual Interview #1

¹¹² Survivor Listening Session, Group Interview #4

¹¹³ Survivor Listening Session, Group Interview #4

¹¹⁴ Survivor Listening Session, Group Interview #4

¹¹⁵ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

¹¹⁶ Survivor Listening Session, Group Interview #6

¹¹⁷ Survivor Listening Session, Group Interview #2

¹¹⁸ Survivor Listening Session, Group Interview #1

¹¹⁹ Survivor Listening Session, Group Interview #4

¹²⁰ Survivor Listening Session, Group Interview #4

¹²¹ Survivor Listening Session, Group Interview #2.

advocacy and other organizations, and connecting well with survivors;¹²² prosecutors and judges who do take actions on a protection order violation,¹²³ funds to help with changing locks when a protection order was denied; judges who understand the context of domestic violence and significance of repeated violations; and effective coordination between agencies (see *Facilitative Linkages and Informal Assistance Below*).

“They understood that, you know, when I didn’t want to press charges, they were still there. There was this one officer, [officer’s name], she was very nice. She gave me her card and she said... I could call her anytime. And there was this one time that I did call her and she was there for me. She picked me up... and she was there for me. There was another time that I went, she was off duty, but she did come and she did help me out.”¹²⁴–A Survivor

“I screenshot [the message from my ex] and I brought it right to the police station and filed a report, because that’s a strike on them. That’s violating the protection order. My ex violated my protection order three times to the point where now he can’t come near me until my child’s 18. And that third strike was the judge telling him: You violate one more time, you will sit 10 years in prison without possible parole.”¹²⁵–A Survivor

FACILITATIVE LINKAGES AND INFORMAL ASSISTANCE

Why it matters: Linkages are methods by which institutions connect practitioners and responders to each other, to survivors and to others who may assist survivors. For example, in a criminal domestic violence case, there will be several people from separate agencies who need to connect to process the case, such as a responding police officer connecting with a prosecutor and/or probation officer. Informal assistance is that which comes from a survivor’s social and community network (e.g. faith communities, friends, family, employers, community networks). Survivors tend to turn to informal systems before reaching out to formal systems. Increased levels of informal support can also increase a survivors’ sense of support¹²⁶ and reduce the risk of further victimization.

What we heard: Linkages: In many instances, agencies coordinate well to deliver services to survivors. Law enforcement officers, health care and social services workers, medical personnel, and friends provide referrals and/or accompaniment to connect survivors to advocacy services. Yet referrals are not consistently made¹²⁷ or may be inappropriate (e.g. a trafficking survivor was held in

¹²² Survivor Listening Session, Group Interview #3, including sharing an app that would allow the survivor to know when her offender would be released from incarceration.

¹²³ Survivor Listening Session, Group Interview #2.

¹²⁴ Survivor Listening Session, Group Interview #3

¹²⁵ Survivor Listening Session, Group Interview #2.

¹²⁶ Survivor Listening Session, Group Interview #2. Interestingly some survivors reported that participating in the focus group discussion with others who had been out of the abuse for longer, gave them hope and strength.

¹²⁷ Survivor Listening Session, Group Interview #4 and North Dakota Health and Human Services. (2023). *STOP Needs Overview*. In one case three visits to a hospital for injuries did not trigger a referral; in others disbelieving and minimizing meant law enforcement did not refer for services.

a psychiatric unit despite no history of mental health issues); survivors are overwhelmed with the paperwork required from all the agencies they need to access assistance;¹²⁸ high rates of staff turnover and burnout have disrupted linkages made through personal connections and formal coordination efforts (see *Identified Trends and Impact of the COVID-19 Pandemic*, below page 20); the state's shift to centralized intakes for child abuse and neglect disrupted key linkages, leading to most reports being "filtered out"; local social workers unaware that a report was filed, and advocates noting that children are 'slipping through the cracks.'¹²⁹

"I just had to do some data stuff for our community and within the last three years we had 99 different offenders and of those 99 we only had 35 police reports sent to us. And of those 35 of the police reports, only like 18 of them the victims were made aware of our services." -An Advocate

"It's a full time job just to get help."¹³⁰ -A Survivor

Informal assistance: family, friends, and churches¹³¹ provide emotional support, referrals, coping strategies, and tangible assistance such as money, transportation, moving assistance, and even protection for some survivors;¹³² for others, family members are abusive or complicit with the abuse¹³³ making it dangerous to seek help from informal networks. Being belittled or disbelieved by clergy,¹³⁴ friends, or family members caused some survivors to doubt themselves and reinforced the offender's power over them, complicating their efforts to get help.

Distinctive challenges noted by underserved groups: Rural women: privacy and confidentiality concerns can make coordination challenging in rural areas where many people know each other.¹³⁵ Indigenous/Tribal Community members: jurisdictional issues result in survivors and tribal-based advocacy services needing to rely on the willingness of outside agencies (e.g. federal victim/witness service providers, prosecutors) to coordinate effectively, noting that some are helpful and some are not.¹³⁶

Examples of effective responses and resources: Coordinated community response teams¹³⁷, interagency agreements for coordination across agencies or jurisdictions (e.g. ambulance transport to a different exam site, tribal and off-reservation services);¹³⁸ a lethality assessment card for use by

¹²⁸ Survivor Listening Session, Group Interview #1.

¹²⁹ Advocacy Listening Session, Group Interview #1; North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

¹³⁰ Survivor Listening Session, Group Interview #1

¹³¹ Survivor Listening Session, Group Interview #1

¹³² Survivor Listening Session, Group Interview #1

¹³³ Survivor Listening Sessions, Individual Interview #2 and Group Interviews #4 and #5

¹³⁴ Survivor Listening Session, Group Interview #1

¹³⁵ Advocacy Listening Session, Group Interview #1

¹³⁶ Advocacy Listening Session, Individual Interview #1

¹³⁷ Advocacy Listening Session, Group Interview #2

¹³⁸ Advocacy Listening Session, Group Interview #1

law enforcement that includes a prompt to call an advocate;¹³⁹ engaging system leaders to advocate for change (e.g. a local medical director was surprised to learn of the long distances survivors needed to travel for medical-forensic exams);¹⁴⁰ strong linkages between police and advocacy organizations for the men who were interviewed; community presentations to elevate the visibility of domestic violence and services available;¹⁴¹ a property manager who provided extra security for a survivor in transitional housing;¹⁴² and family, friends, and faith communities that are prepared to provide tangible and non-judgmental support.

"Ruralness" is both our greatest gap and also our greatest strength, right? Things happen not so often not because of the systems in place, but because of the relationships that people have with other people in their communities."¹⁴³-An Advocate

*"[We got] her a safety plan for if, just in case he were to break the protection order and [that included] first and last month's [rent] and deposit paid for her through us and multiple churches. She is now doing good. She's got a job. She's got daycare. She is self-sufficient and happy. And so we definitely consider that a success and a strength of how our agency and the victim/witness [advocate] and prosecutor all work together to make that happen for her."*¹⁴⁴-An Advocate

*"So the next day I called some friends of mine and I said, "I'm sorry, I can't do this. I don't know what to do. I don't know how to do it. I don't know how my family will react to me. I'm scared." So they took me that day and I went [into] hiding, for lack of [better] words. They hid my car and then they got me into [the domestic violence shelter]. Cause I had no idea [what to do]."*¹⁴⁵ -A Survivor

*"We were at the door; we were fighting over the door and I got it open and I ran out. It was like around six thirty in the morning. There was a lady, a couple trailers down from me. She was warming up her car 'cause it was winter. And I just told her if she can just take me to my mom's. So she said yes -she wanted me to go to the sheriff's-but I just told her I just couldn't go there right now."*¹⁴⁶ -A Survivor

Trends and Impact of the COVID-19 Pandemic

Key Trends

Identifying trends that impact how service providers and survivors connect, was the study's second overarching question. The Committee also requested an analysis of how the COVID-19 pandemic

¹³⁹ CAWS Rural Issues Committee. (2023)

¹⁴⁰ Advocate Listening Session, Group Interview #1

¹⁴¹ Advocate Listening Session, Group Interview #1

¹⁴² Survivor Listening Sessions, Group Interview #2

¹⁴³ Advocacy Listening Session, Group Interview #4

¹⁴⁴ Advocacy Listening Session, Group Interview #4

¹⁴⁵ Survivor Listening Session, Group Interview #1

¹⁴⁶ Survivor Listening Session, Group Interview #3

impacted survivors' access to services in North Dakota. Advocates with experience ranging from 23 years to less than 1 year were the primary sources for these insights. A few grant summary reports provided by CAWS were also key references.

Three key areas marked the trends GRW heard: 1) *tools and resources* that facilitate connection (e.g. more survivors have phones; telehealth and mobile advocacy use are increasing; social media increases access, but reduces advocates' privacy; resource pressures and changing grant guidelines leads to a 'funding shuffle' to try to meet needs); 2) *changes in the needs and experiences* of survivors themselves (e.g. more complex mental health challenges, more survivors experiencing more severe forms of violence) and 3) *changes in the formalized systems* that survivors depend upon for safety and support (e.g. understaffing, insufficiently trained or experienced staff, and high staff turnover severely impact the coordination efforts). Many of these trends have taken shape in the last few years during the COVID-19 pandemic, and are therefore discussed more fully in the following section.

SPECIFIC IMPACTS OF THE COVID-19 PANDEMIC

The COVID-19 pandemic caused disruption to both individuals and communities. To protect the health and wellbeing of staff and survivors, domestic violence service providers were required to make both administrative and operational changes. In addition to changes in their own households, survivors faced a relatively sudden and significant shift in the services available to them. For example, survivors who had been receiving private transportation by rural advocates, lost this service.¹⁴⁷ Public transportation, if available, felt unsafe to many and walking to appointments was no longer possible when the weather turned cold.¹⁴⁸ Advocates report that some survivors were simply unable to reach out for help.¹⁴⁹

Other operational changes programs made during this time included: shutting down services (e.g. support groups, in-person visits at the visitation center, rural advocacy outreach/visits); altering shelter practices (e.g. move to half occupancy for the shelter, staggering cooking/meal prep, client interaction only over phone, request clients stay in their own rooms and only leave in emergencies); and adjusting outreach and advocacy due to restrictions imposed by other agencies (e.g. hospital accompaniment difficult or prohibited). At the same time, programs reported working hard to create new avenues for connection—purchasing technology (e.g. laptops, VPNs), developing remote work policies, and becoming proficient at 'mobile advocacy' to provide another method for reaching and supporting survivors.¹⁵⁰

¹⁴⁷ Advocacy Listening Session, Group Interview #4 and North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

¹⁴⁸ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

¹⁴⁹ See Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration*, implication 13.4.

¹⁵⁰ Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration*. North Dakota Health and Human Services. (2023). *STOP Needs Overview*, and North Dakota Council on Abused Women's Services. (2021). *FVPSA Supplemental Objectives and Activities Narrative*. Some of the ways CAWS assisted this transition for some programs included: purchasing equipment, sharing information on good practices relating to moving

COVID related financial assistance, and a stay on evictions, did help stabilize housing for many North Dakotans, including those who had lost employment during the pandemic. However, even that assistance ran out early for some leading them to scramble for other support. When these assistance measures ended, advocates reported homelessness increased for their clients, exacerbated by unemployment and a lack of affordable housing. As noted above, the lack of safe alternative housing can force some survivors to stay with or return to an offender. During and post-pandemic, some advocates also reported seeing more domestic violence¹⁵¹, more severe kinds of abuse¹⁵² and more complex mental health challenges in the survivors coming to them for assistance:

*The level of violence is substantially [accelerated] through the roof... somebody [came] to the door [recently] who was beat with a meat cleaver and had stitches everywhere and staples. And she was like, "I just need some help." Like, it was no big deal. We had somebody who was shot in the face. We had one whose face was smashed in front of a bar with a steel-toed boot. Like the level of violence, I would say as long as I've been here within the last year and a half, it has substantially increased.*¹⁵³—An Advocate

*Post covid...it just seems like the amount of mental health problems that we see now is just way beyond what we've ever dealt with before. And then you add addiction to that and then it's really bad.*¹⁵⁴—An Advocate

This was happening at the same time that other community services were overwhelmed, changing,¹⁵⁵ or ending. In at least three different communities, multidisciplinary coordinating groups¹⁵⁶ stopped meeting or changed their practices during the pandemic due to personnel turnover¹⁵⁷ or procedural changes. Some report it hasn't been the same since.

"There is nothing but turnover everywhere...And so you're retraining, reestablishing your culture. Getting to, to talk about what we're doing and what we're supposed to be doing. And we have some

communications on-line, hiring a communications manager, connecting programs to national guidance and holding remote check in meetings.

¹⁵¹ North Dakota Health and Human Services. (2023). *STOP Needs Overview*. Also note that the portion of domestic violence victims served increased 7% to 10% from 2020 to 2022 and remained steady.

¹⁵² Survivor Listening Session, Group Interview #4. Two survivor reports also specifically mention increased violence around this time, for example "He lost his second job that was his favorite and he started, well, he started treating me like I wasn't actually human."

¹⁵³ Advocacy Listening Session, Group Interview #3

¹⁵⁴ Advocacy Listening Session, Group Interview #3

¹⁵⁵ For example, court sessions went on-line necessitating new practices for advocates such as ensuring on-line privacy protections for survivors.

¹⁵⁶ Advocacy Listening Session, Group Interview #4, Advocacy Listening Session, Group Interviews #2 and #3

¹⁵⁷ Advocacy Listening Session. In Western North Dakota, advocates report a massive turnover in agency leadership started during the oil boom in that area (2006-2012) which led to a significant loss in institutional knowledge. The impact on interagency practices and agreements was still recovering when the pandemic hit. *The Seventh Biennial Report: Health Care Issues for the State of North Dakota* notes that managing the COVID pandemic put a strain on health care workers that led many to leave the field, doubly impacting rural and western North Dakota which have had a shortage of health care workers since statehood (page xvii).

*different things in place that we do with both law enforcement and medical that we've kind of had to go, okay, we have an MOU about that we need to get back on track.*¹⁵⁸—An Advocate

*“Basically they had a complete turnover of nurses. All of the nurses became traveling nurses and went to Fargo, Sanford, and made beaucoup bucks. [They would] come home for two weeks and go back for two weeks. And so all of the nurses that we had gotten to know and who we could call and all that went right out the door.”*¹⁵⁹—An Advocate

As these external changes were happening, program personnel faced personal and organizational dilemmas in protecting the health and safety of themselves and their loved ones. Even staff within the same organization had different needs based on how they were differently situated: living alone or with others, varying health risks (e.g. pregnant, high risk factors), directly impacted by school and child care closures or not, differing mental and emotional support needs, and different needs and desires around work arrangements (e.g. not being at home, varied schedules, exempt vs. non-exempt, etc.).¹⁶⁰ Programs attempted to manage these variables and address staff well-being by: getting outside help (e.g. consulting an HR professional, joining in CAWS' sponsored sessions), adding daily meetings with leadership, shifting funds to purchase technology, cleaning supplies, masks, etc; adjusting team structures to better fit the moment,¹⁶¹ and finding new and different ways to connect with one another (e.g. preferencing video calls over emails; more frequent well-being check-ins, Zoom-based social activities like cookouts and painting classes, and creating outdoor activities when the weather turned nicer).¹⁶² These efforts notwithstanding, productivity was impacted by challenges to mental health and emotional well-being¹⁶³ and there has been turnover in staff in several programs.¹⁶⁴ As one advocate put it, “I think COVID changed a lot of people's decision making around work...we can't pay very much here.”¹⁶⁵ Additional conversations with advocates are needed to explore ways to address or mitigate staff turnover, and other insights from this period.

RECOMMENDATIONS

Time and resource constraints made it impossible to fully investigate the project's third overarching question and sub-questions.¹⁶⁶ This part of GRW's project would have explored the capacity for CAWS, member programs, and other key stakeholders to take action on insights gained in this needs assessment. GRW recommends this exploration be done in the next phase of FVPSA assessment

¹⁵⁸ Advocacy Listening Session, Group Interview #1

¹⁵⁹ Advocacy Listening Session, Group Interview #3.

¹⁶⁰ See Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration*.

¹⁶¹ See Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration*, participants noted examples of creating executive cabinets as a subset of full leadership, and A/B teams as a way of managing staffing.

¹⁶² See Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration*.

¹⁶³ See Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration results* specifically implication 14.6.

¹⁶⁴ North Dakota Health and Human Services. (2023). *STOP Needs Overview*, page 8. “Providing outreach to local shelters, jails, detention centers, and schools has been a challenge due to staff turnover rates.”

¹⁶⁵ Advocacy Listening Session, Group Interview #2.

¹⁶⁶ See the full text of the question in the appendices.

work. This should include soliciting feedback from providers and stakeholders on the insights shared in this report, listening for places of agreement on what can and needs to be done to address identified gaps and build on identified strengths.

While GRW and CAWS made numerous attempts to engage survivors from the underserved groups identified by the planning committee, GRW did receive feedback that the timeline for engagement felt too short. GRW recommends additional outreach in the next phase of work with as much notice to participants as possible, and time to nurture connections and engagement. In particular, GRW highly recommends additional listening sessions with Indigenous/Native survivors, advocates, and tribal communities. While GRW deeply appreciates the participation of the Indigenous/Native survivors and advocates who did speak with us during this project, we recognize many more voices and perspectives are needed to better define, understand, and address the systemic challenges and individual barriers that Native survivors and Tribal communities face in a way that does no further harm.¹⁶⁷ More generally, listening sessions with service providers and stakeholders who specialize in serving any of the underserved groups may also facilitate new insights into facilitative linkages and wise solutions.

Based on the information gathered in this phase of work alone, GRW recommends further exploration and discussion of at least the following topics: promoting effective linkages and coordination in the face of staffing shortages, high staff turnover, and the state's move to centralization for intake in social services; putting resources into systemic advocacy--as a means for addressing gaps and for building on what's going right--both locally and statewide; finding ways to address or mitigate gaps in rural health care--including ensuring advocacy expertise is brought into statewide work on rural health care issues; identifying ways to increase competency around interacting with survivors of domestic violence including, but not limited to, training; and ending the criminalizing of some survivors when the context of the abuse is not fully understood or identified. An exploration of the themes of this report, like the one GRW recommends for a future assessment, will surface other topic areas and hopefully identify which areas hold energy for action.

Like other states, survivors in North Dakota face significant challenges and barriers as they seek a path to safety, liberty and self-sufficiency. They are assisted and guided on that path with the help of many professionals, informal supporters, and essential resources. Domestic violence service providers (i.e. advocates) in the state are overwhelmingly identified as life lines for finding safety and rebuilding lives. At the same time, significant gaps in resources, staffing, and competency of some involved in the response exacerbate the challenges survivors face. GRW hopes the voices of survivors and advocates shared in this needs assessment can facilitate meaningful action toward increased accountability for domestic violence offenders and success in reaching and liberating more survivors.

¹⁶⁷ Noting that due to colonization and historical abuse by U.S. federal and state governments, solutions coming from organizations that are non-Native are often not culturally competent and can be retraumatizing.

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APPENDICES

Appendix A–Interview Questions

Interviews were semi-structured and questions varied in response to the number of participants and their responses.

Questions:

1. Can you tell us a bit about the experiences that led you to seek out services—or get connected to [name of dv service program]?
2. Thinking about that experience—were there other agencies or organizations that got involved or that you went to for some kind of help?
3. Who were they (e.g. community agencies, police/LE, courts, orders, etc.)?
4. What kind of help were you looking for when you had contact with them? What did you get?
5. Did any agency link you to another resource? What worked/didn't work about that?
6. Are there any services or support you got from organizations that INCREASED your SAFETY or made some things better?
7. Are there any services or support you got from organizations that DECREASED your SAFETY or made some things worse?
8. Who or what else has been an important support for you during your experience?
9. If you didn't use some agencies or services that you might have wanted to—can you say what held you back?
10. If it hasn't come up already—how did COVID impact your ability to get the support you needed?
11. Is there anything else you would like us to know?

Appendix B–Listening Sessions Listing

	Name/Number	Interview Type	Interviewee	Location
Listening Session with Survivors	Individual Interview #1	Semi-structured, One-on-One Interview	Survivor Interviewee 1	Online
	Individual Interview #2	Semi-structured One-on-One Interview	Survivor Interviewee 2	Online
	Individual Interview #3	Semi-structured One-on-One Interview	Survivor Interviewee 3	Online
	Individual Interview #4	Semi-structured One-on-One Interview	Survivor Interviewee 4	In-person
	Individual Interview #5	Semi-structured One-on-One Interview	Survivor Interviewee 5	In-person
	Individual Interview #6	Semi-structured One-on-One Interview	Survivor Interviewee 6	Online
	Group Interview #1	Focus Group Interview	Survivor Interviewee 7-12	In-person
	Group Interview #2	Focus Group Interview	Survivor Interviewee 13-15	In-person
	Group Interview #3	Focus Group Interview	Survivor Interviewee 16-17	In-person
	Group Interview #4	Focus Group Interview	Survivor Interviewee 18-22	In-person
	Group Interview #5	Focus Group Interview	Survivor Interviewee 23-24	In-person
	Group Interview #6	Focus Group Interview	Survivor Interviewee 25-27	In-person
Listening Sessions with Advocates	Group Interview #1	Unstructured Interview	Advocate Interviewee 1-2	In-person
	Group Interview #2	Focus Group Interview	Advocate Interviewee 3-9	In-person
	Group Interview #3	Focus Group Interview	Advocate Interviewee 10-14	In-person
	Group Interview #4	Semi-structured Group Interview	Advocacy Interviewees 15-27	In-person
	Individual Interview #1	Narrative Interview	Advocate Interviewee 28	In-person

Appendix C–Acknowledgements

Global Rights for Women would first like to extend its deepest gratitude to the 27 survivors who courageously shared their experiences with us. Their resilience and determination have provided us with a deeper understanding of the challenges faced by survivors of domestic violence and have driven our commitment to fostering change.

A special thank you to Suzanne Kramer-Brenna, the staff of the Council on Abused Women's Services (CAWS) North Dakota, and the Needs Assessment Planning Committee for their confidence, partnership and support. CAWS and the Planning Committee collaborated on the project design and actively worked to engage advocacy programs to host listening sessions and shared background data. A special thank you to the North Dakota Department of Health and Human Services as the steward for North Dakota's funding from the Family Violence Prevention and Services Act.

GRW would also like to thank the following domestic violence service programs that connected us with survivors and hosted focus group discussions and listening sessions with survivors:

- Community Violence Intervention Center (CVIC)
- Rape and Abuse Crisis Center (RACC)
- Domestic Violence and Rape Crisis Center (DVRCC)
- Abuse Resource Network (ARN)
- Family Crisis Shelter (FCS)
- Domestic Violence Advocacy Center (DVAC)
- Safe Alternatives for Abused Families (SAAF)

These professionals inspire us with their unwavering commitment to addressing domestic violence.

GRW extends its appreciation to the dedicated advocates from member programs that attended a listening session or a CAWS member meeting and shared their insights. They include: Abused Adult Resource Center (AARC), Community Violence Intervention Center (CVIC), Domestic Violence Advocacy Center (DVAC), Domestic Violence Crisis Center (DVCC), Domestic Violence and Rape Crisis Center (DVRCC), Family Crisis Shelter (FCS), Military and Family Readiness Center (MFRC), Rape and Abuse Crisis Center (RACC), Safe Alternatives for Abused Families (SAAF), Spirit Lake Victim Witness Assistance Program (SLVAP), Three Rivers Crisis Center (TRCC), and the Women's Action and Resource Center (WARC) who generously shared their insights, expertise, and time with us. Their perspectives have enriched GRW's understanding and strengthened the project's foundation.

Finally, this report would not have been possible without the dedication of the program team at GRW: Lachlan Anders-Macleod, Vayuna Gupta, Mingyu Ma, Melissa Petrangelo Scaia, Cheryl Thomas, and Laura Williams. Their work comes from the heart, and it shows.

GRW is grateful to each and every individual and organization who made it possible to hear the voices of survivors reflected in this report. May our combined efforts help to pave the way forward.

Appendix D–Overarching Questions

North Dakota Statewide Needs Assessment on Domestic Violence CAWS-ND and Global Rights for Women

Overarching Questions	What do we want to learn?	Potential Information Sources	Methods: Gathering the information
1. To what extent do ND domestic violence survivors get their needs for safety and support met in the current system of services and intervention?	<ul style="list-style-type: none"> a. What are the needs of survivors compared to the services being offered? b. What are the strengths of the current services and response system? c. What are the gaps and for whom? d. In particular, how do survivors from the identified marginalized communities engage with the current response system—what works and what doesn't? e. What linkages and connections between agencies facilitate the goals of survivor safety and support? f. Where, when, and why do survivors go outside the formalized system of services and what has and hasn't worked about that? 	<ul style="list-style-type: none"> • Existing Reports/Findings • Survivors • Members of unserved communities • Program staff/volunteers of member programs • Resource questionnaire will seek others 	<ul style="list-style-type: none"> • Survivor consultations/focus groups • Interviews/focus groups with identified groups • Consultations/round tables with member programs • Key informant interviews • Review of reports

North Dakota Statewide Needs Assessment on Domestic Violence CAWS-ND and Global Rights for Women

Overarching Questions	What do we want to learn?	Potential Information Sources	Methods: Gathering the information
2. Which trends do service providers and survivors identify as factors that impact how survivors and service providers connect with each other?	<ul style="list-style-type: none"> a. How do the identified trends impact the manner, frequency, and types of connections service providers have with survivors? b. Specifically, how did the COVID-19 pandemic impact survivors' access to services? What insights could programs carry into the future? 	<ul style="list-style-type: none"> • Survivors • Service providers • Reports 	<ul style="list-style-type: none"> • Same as above • Tentative use of alternative method such as a story project approach
3. What is within the capacity for CAWs, member programs, and other key stakeholders to do in order to act on what we learn? What are possible stretch goals?	<ul style="list-style-type: none"> a. To what extent do service providers and system personnel see the strengths and gaps that survivors see? b. To what extent do service providers/system personnel agree on what can or needs to be done to build on strengths or address gaps? c. To what extent does local coordination between agencies facilitate the process of identifying and addressing gaps in survivor-centered ways? d. What near and short-term goals are within reach? e. What other information may be actionable in the future? 	<ul style="list-style-type: none"> • Service providers • Survivors • Planning Committee • CAWS staff/Board • System personnel • Re-storation project report 	<ul style="list-style-type: none"> • Facilitated meetings • Questionnaires or polling • Presence at existing gatherings or meetings—for listening sessions, interviewing, or workshops