

# executive summary

## 2019 INTIMATE PARTNER VIOLENCE COMMUNITY ANALYSIS



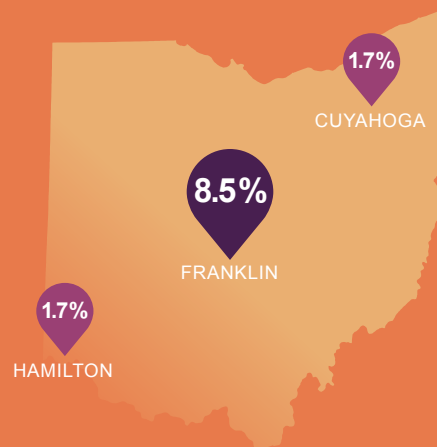
**Every year, more than 50,000 women in Franklin County are physically or sexually assaulted by a current or former intimate partner.** That means 145 women are impacted every day. In fact, in Franklin County alone, 11,000 calls are made to law enforcement for domestic violence and almost 2,000 new protection orders are filed per year.

As Franklin County's only shelter for victims of intimate partner violence (IPV), LSS CHOICES sought to assess the current state of IPV service provision in Franklin County, better understand potential gaps in coverage, and project how that demand may change in the future. To this end, LSS CHOICES formed a committee including representatives from Capital Family Advocacy Clinic, the Ohio Attorney

General's Office and the Franklin County Office of Justice Policy and Programs. This committee contracted with Illuminology to conduct research with service providers, clients, and subject matter experts, and provide recommendations for **how best to improve Central Ohio's network of IPV service provision.**

Among Ohio's three most populous counties, Franklin County women experience IPV at rates far higher than women in Cuyahoga and Hamilton Counties, even after considering differences in wealth and race or ethnicity.

Central Ohio is growing at a pace far greater than the rest of Ohio. Therefore, the high rate of intimate partner violence in our county is especially concerning.



**33%**

**Of women in Franklin county will experience IPV at some point in their lifetime. This is about as high as the risk for contracting any form of cancer.**



**If we don't take action now, by 2040, nearly 70,000 Franklin County women will experience IPV every year.**

The following research and community input methods were used to inform this assessment.





 Community Forum	 Provider Interviews	 Subject Matter Expert Interviews	 Literature Review of Best Practices
 Targeted Internet Search for Local Organizations	 Online Surveys of Providers and Survivors	 Survivor Roundtable	 Analysis of Census Data
			 Analysis of Data From DV Surveys



The research identified 5 critical underserved needs

 Increase the amount of collaboration among partners	 Empower survivors to meet their basic needs	 Provide culturally competent care	 Increase legal aid and improve legal system response to IPV	 Ensure all survivors have equal access
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And 4 other underserved needs

 Recognize and plan for comorbidity with substance abuse	 Train and retain staff with passion and aptitude for IPV work	 Identify and track measurable outcomes within organizations	 Identify and track measurable outcomes in the community
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# Top 5 most critically underserved needs



## INCREASE THE AMOUNT OF COLLABORATION AMONG PARTNERS

Increasing collaboration **reduces re-traumatization** of victims who otherwise need to re-tell their story to every new provider they see. However, many providers are hesitant about losing their voice as collaboration increases, and a true one-stop shop requires extensive social, political, and fiscal capital to start and maintain.

### Recommendations:

- Coordinate with current efforts to implement the **Community Blueprint Model**
- **Consider** the creation of a “mini-Family Justice Center” in the courthouse as a stopgap
- Consider **visiting communities with one-stop models** in place
- Find ways for providers to connect with and learn about one another. Suggestions include **reviving the IPV homicide review panel** and beginning to **acknowledge (and repair) fractured local relationships**



## EMPOWER SURVIVORS TO MEET THEIR BASIC NEEDS

Survivors of IPV are often deprived of both psychological and economic empowerment. Their history of violence and control means it can be difficult to find and maintain housing and jobs, and they may not be accustomed to living independently. These are complex, systemic issues without simple solutions.

### Recommendations:

- Engage with local policy makers to ensure **IPV survivors are considered in housing planning**
- Continue attempts to **expand transitional housing**
- **Engage with local landlords and employers** to increase understanding of dynamics of IPV and encourage cooperation with renters and case managers
- A **trauma informed care (TIC)** approach is strongly recommended to ensure psychological empowerment. Staff at all levels of as many organizations as possible should be trained on TIC principles and held accountable for implementing them



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## PROVIDE CULTURALLY COMPETENT CARE

Providers feel that cultural or personal identity is not always respected. However, a trauma-informed approach acknowledges that **identity cannot be ignored** — it is the lens through which victims experience their past and informs expectations for the future.

A critical component of this is a **large language** barrier in services. More translators who are familiar with a trauma-informed approach to addressing IPV are necessary at all stages of service. Even if part-time, on-call translators are available at critical points, a lack of regular, informal communication can create feelings of isolation, especially in shelter.

### Recommendations:

- Coordinate with local agencies that focus on specific cultures
- Continue to source (and seek grant support for) translation services
- Continue to attempt to increase diversity in staff at all levels



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## INCREASE LEGAL AID AND IMPROVE LEGAL SYSTEM RESPONSE TO IPV

**Middle-class women** may be especially in need of legal aid as they may be ineligible for subsidized services meant for low-income survivors but unable to afford competent counsel. In addition, partners in the criminal justice system should all receive **IPV-specific, trauma-informed training** — from clerks through law enforcement officials and judges.

Immigration law is a particular concern: Abusers can use partners' undocumented status to control and manipulate them. Abusers may also have better interactions than survivors with law enforcement if their English is superior.

### Recommendations:

- Continue to source (and seek grant support for) legal assistance
- Develop or find training resources for legal system partners
- Revisit LAP trainings to ensure new officers are trained and officers know how to properly identify the primary aggressor



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## ENSURE ALL SURVIVORS HAVE EQUAL ACCESS

**Optimize access, minimize effort:** Ensure it is as easy as possible for survivors to receive services. This means eliminating barriers to access, addressing potential gaps in service documented in this analysis, and helping disparate organizations work together to understand what each organization has to offer survivors.

The hotline may be especially crucial to this task: crisis hotlines (including the one offered by CHOICES) are **often seen as gateways to IPV services**. It is essential to increase communication between organizations so that all providers know who is the best fit for a particular survivor.

### Recommendations:

- Review internal data to identify populations with less successful outcomes
- Ensure outreach is broad and all providers within the system understand what other providers offer
- Review and revise hotline protocols, including outreach about its purpose
- Practice warm handoffs
- Consider working with partners to begin an ER advocacy program



# Additional underserved needs



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## RECOGNIZE AND PLAN FOR COMORBIDITY WITH SUBSTANCE ABUSE

Substance abuse by either a woman or her partner **increases the risk of IPV** — 2/3 of women in treatment for substance abuse have reported experiencing IPV in the past 6 months and up to 90 percent have experienced it in their lifetimes. On top of this, it can complicate the processes of finding shelter and healing, as addiction can make survivors ineligible for some services. Service providers should seek to better **identify and find treatment for** survivors experiencing this dangerous overlap.

### Recommendations:

- Identify potential substance abuse treatment providers who have experience with IPV and vice-versa



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## TRAIN AND RETAIN STAFF WITH PASSION AND APTITUDE FOR IPV WORK

Working with trauma is difficult—it is critical to get the right people in the right positions and to keep them there. This is particularly true for **case managers and advocates**, who work intimately with survivors. Staff turnover in IPV prevention services can be caused by low wages, secondary traumatization, or other stressors.

### Recommendations:

- Create a certification program or better utilize Ohio Domestic Violence Network's (ODVN) training program to create a sense of identity and mission for the work.
- Apply for grants to improve retention through higher salaries or work benefits.
- Encourage staff to pay attention to signs of compassion fatigue and secondary trauma – applying the same trauma informed care lens to themselves as to their clients
- Work with the Advocate Coalition of Franklin County to increase connections between individual advocates
- Work to recruit within communities that are being served



In order to know whether an organization is truly helping clients, and whether services are improving over time **key goals and outcomes must be identified and measured** at regular intervals. These measures should remain constant across time—changing how you measure something means you cannot compare it to previous measures.

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**IDENTIFY  
AND TRACK  
MEASURABLE  
OUTCOMES  
WITHIN THE  
ORGANIZATION**



It is critically important to periodically track change in community indicators. Central Ohio providers should **seek to restore the IPV module to the Ohio Behavioral Risk Factor Surveillance System (BRFSS)** on a recurring basis, as prevalence rates in Central Ohio have not been properly assessed since 2005. The legal system provides additional opportunities. Law enforcement agencies are required by law to report their monthly statistics related to domestic violence. However, compliance varies: 25% of Franklin County agencies missed at least one report in 2017. Providers should hold them accountable. **Reviving an IPV homicide review panel** would also contribute to community-level understanding of IPV outcomes.

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