

North Carolina Coalition Against Domestic Violence Statewide Needs Assessment



NCCADV
North Carolina Coalition
Against Domestic Violence

Report Prepared by
Melissa Siegel Barrios

Acknowledgements

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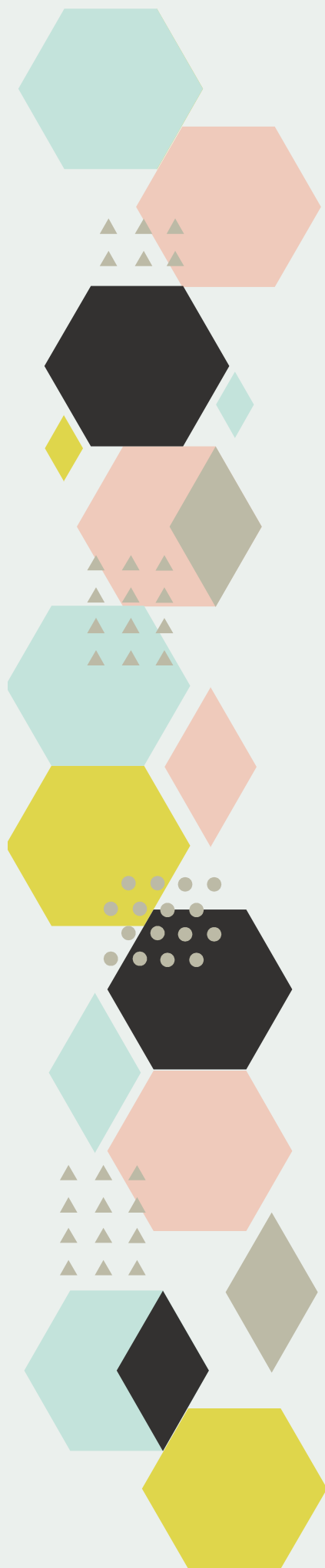
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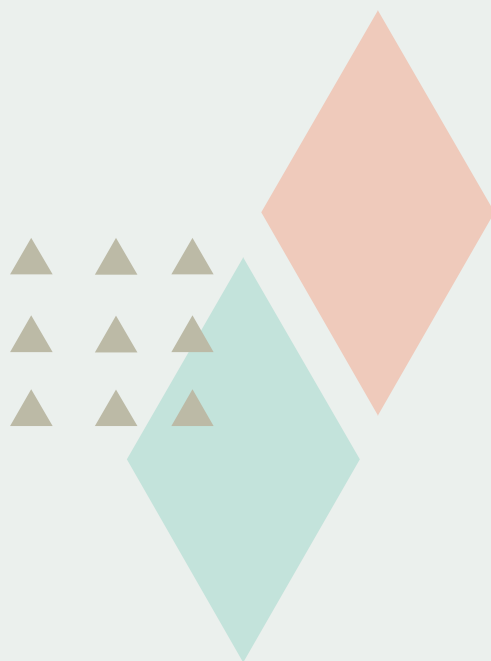


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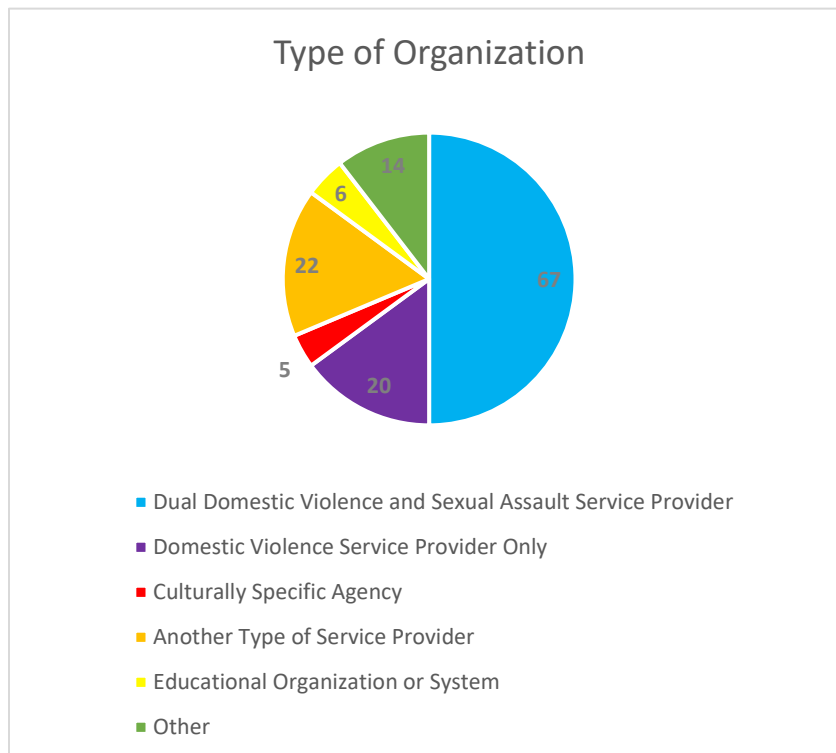
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NCCADV Statewide Needs Assessment Winter 2019-Spring 2020

Full Report

This is the full report from the North Carolina Coalition Against Domestic Violence (NCCADV) Statewide Needs Assessment conducted from December 2019 to January 2020. A Needs Assessment Survey was sent out to members and key stakeholders, and a total of 152 people completed the survey. The people who completed the survey represented a variety of different agencies, roles at those agencies, and regions across the state of North Carolina (NC), as is represented below. This report will start with the results from the overall data showing the major trends we saw and then detailing the responses we received for each of the questions in the survey. This includes detailed rankings of which areas of technical assistance and training the respondents felt they needed. The report will then share data comparing Executive Director's responses to that of Advocacy Staff, as well as the overall responses. Finally, the report will compare responses based on region of the state. In the appendices, there is also a highlights report where you can see overall highlights from the results as well as a full staff directory.

Type of Organization:



Of the 152 survey respondents, 134 responded to the question about the type of organization they work in. Of those 134 responses, the largest group (67) work in Dual Domestic Violence (DV) and Sexual Assault (SA) Service Provider agencies. Of the remaining respondents, 20 respondents work in DV Only Service Provider agencies, 5 respondents work in Culturally Specific agencies, 22 respondents work in another type of Services Provider agency, 6 respondents work in an Educational Organization or System, and 14 respondents work in other agencies. When looking at the membership for NCCADV, we see a similar trend, showing that the survey respondents are reflective of the membership population of NCCADV. NCCADV's current membership includes 56 Dual DV and SA Service Provider agencies, 24 DV Only Service Provider agencies, 13 Campuses, and 2 Victim Services agencies that are not Dual or DV Only Service Provider agencies.

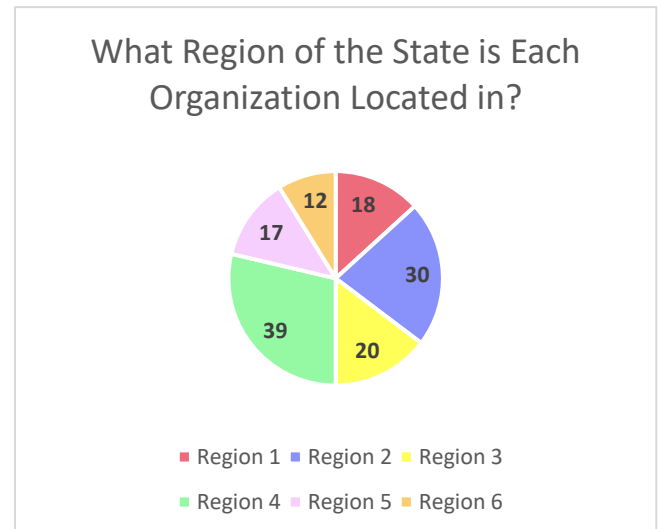
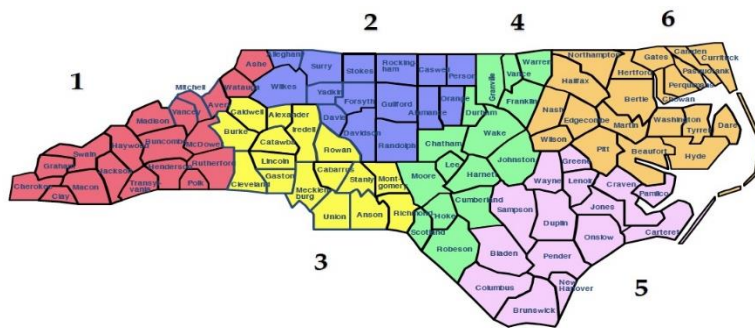
The respondents were also given the opportunity to share more information through a comment box question (qualitative question) about their organization. For the Dual DV and SA Service Provider agencies, two respondents clarified that their agency is also a Human Trafficking agency, one respondent clarified that they are a Deaf DV and SA agency, and one respondent clarified that they are a Support Group agency. For the DV Only Service Provider agency, one respondent clarified that their agency is focused on parenting classes, supervised visits, and parent in home aide. For the Culturally Specific agencies, one respondent specified that they are a Lesbian, Gay, Bisexual, Trans, and Queer (or Questioning) (LGBTQ) and Latinx center. For the Another Type of Services Provider agencies category, one respondent specified that they are a substance use disorder treatment program. For the Other organizations, one identified as a housing organization, one identified as military, two identified as advocacy, five identified as governmental ranging from advising the governor/NC legislature/state departments on issues impacting women in NC to NC Department of Public Safety Adult and Juvenile Corrections to human trafficking to a police department, two

identified as church related, one identified as a Dual DV/SA agency with Human Trafficking, and one identified as Intimate Partner Violence (IPV) prevention, education, and awareness.

NCCADV has a Member Services Program which administers membership to DV agencies, community partners, campuses, and individuals. NCCADV also holds an annual Membership Meeting every fall, open to all members. The Member Services Program can provide Technical Assistance (TA) around becoming a new member, renewing membership, the benefits of membership and how to access them, how to use the online membership portal- Coalition Manager, and connections to other programs at NCCADV.

NCCADV also has a Campus Program that provides TA to three tiers of campus members and members of the Campus Consortium, a body of campuses across the state of North Carolina managed in partnership with the North Carolina Coalition Against Sexual Assault. The Campus Program is able to provide members with information on trending topics in popular culture that impact violence prevention work on college campuses, primary prevention strategies, bystander intervention on college campuses, and working with faculty, staff and senior administration to address intimate partner violence on college campuses. The Campus Program can provide TA around things such as federal guidance, for example, the 2020 Title IX Guidelines & Clery Act and institutions' policies and procedures for addressing intimate partner violence misconduct on college campuses. The Campus Program can also offer training specific to college campuses.

Region of the State:



Of the 152 survey respondents, 136 responded to the question about what region of the state their organization is located in. Of those 136 responses, the highest number of respondents, 39, are from Region 4 and the next highest number of respondents, 30, are from Region 2. Of the remaining respondents, 18 are from Region 1, 20 from Region 3, 17 from Region 5, and 12 from Region 6. When looking at the membership for NCCADV, there is less of a fluctuation in representation from Regions 1-4, but Regions 5 and 6 are similarly less represented. Even with the fluctuation, we have more respondents than are represented in the membership numbers by region and therefore we still believe these numbers to be mostly reflective of the membership population of NCCADV. NCCADV's current membership includes 16 members from Region 1, 14 members from Region 2, 16 members from Region 3, 16 members from Region 4, 10 members from Region 5, and 9 members from Region 6. We also find these numbers to be reflective of DV service providers (DVSPs) across the state because regions that have different sized counties have different amounts of DVSPs. For example, Region 3 has larger counties so most, if not all counties have a DVSP, while Region 6 has smaller counties, so one program may be covering 3-4 counties. This explains why Region 6 has a lower number of respondents than Region 3.

Role in the Organization:



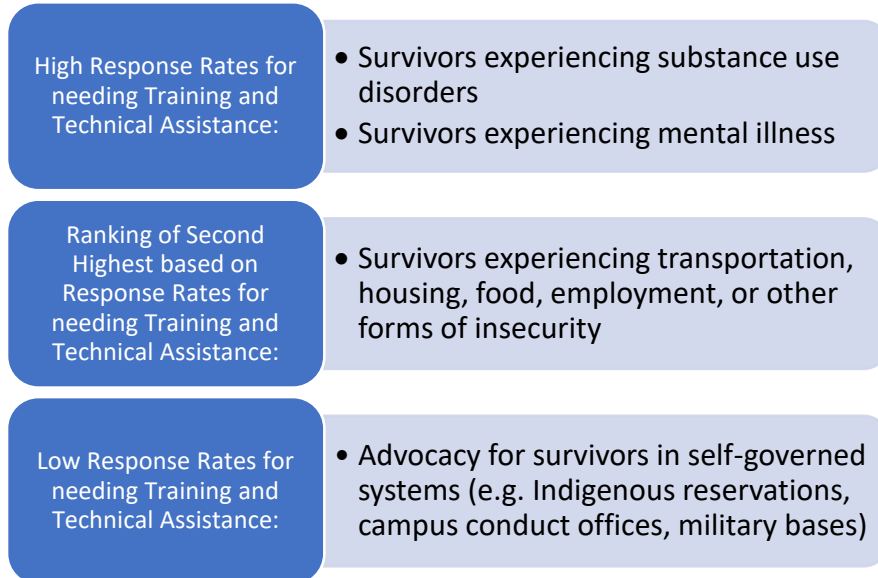
Of the 152 survey respondents, 132 responded to the question about what their role in the organization is. Of those 132 respondents, the largest number, 42, represent the role of Executive Director (ED) and the second largest number, 41, represent Advocacy Staff. Of the remaining respondents, 23 represent the role of Senior Leadership other than the ED, 9 represent the role of Administrative Staff, 8 represent Shelter Staff, and 9 represent Other roles.

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) about their role. For Advocacy Staff, one respondent listed their role as an educator, another listed their role as a victim advocate manager, a third listed their role as an outreach counselor and case manager, and the last respondent to clarify their role in this category listed their role as a Deaf DV hotline advocate. For Administrative Staff, one respondent listed their role as a family engagement specialist. For Shelter Staff, one respondent listed their role as advocacy and shelter staff, while another listed their role as shelter manager. For the Other roles, three respondents identified their roles as manager/program director including one nurse manager and one Mental Health provider with managerial responsibilities; one respondent identified their role as a housing case manager; one identified as advocacy/direct client services and outreach/education and prevention programs; one identified as a client attorney; three identified their roles as part of the criminal justice system including a police victim assistant, a Chief Probation/Post Release Officer over the DV Unit, and a Juvenile Court Counselor Chief; and one respondent identified as a Program Coordinator for a DV/SA program for Latina survivors.

Training and Technical Assistance (TA) Survey Areas:

The report will now delve into the results from the survey responses with regards to the training and TA areas. We will start with the overall major trends and then share results from each of the TA and training areas we asked about.

Major Trends:



Training and Technical Assistance (TA) Areas to Improve Service Provision:

For the purposes of this survey, training was defined as providing more basic, general information on a topic while TA was defined as involving NCCADV answering your specific questions or providing guidance on how a topic applies to your specific context.

Advocacy service provision areas that you would like training and TA to improve, expand, or adjust:



Below is a chart showing all the areas of advocacy service provision and the number of respondents that identified interest in training and TA for each area.

<u>Advocacy Service Provision Areas</u>	<u>Number of Respondents who Identified Interest in Training</u>	<u>Number of Respondents who Identified Interest in TA</u>
Service provision during natural disasters	52	24
Court advocacy (civil/family court and criminal justice advocacy) in general	68	20
Court advocacy for LGBTQ survivors	52	21
Court advocacy for trans and gender non-conforming survivors	57	21
Court advocacy for survivors with limited English proficiency	51	23
Policy advocacy toward a better climate for survivors	60	18
Advocacy for survivors in self-governed systems (e.g. Indigenous reservations, campus conduct offices, military bases)	40	13
Advocacy practices that better support marginalized survivors	78	22
Advocacy policies that better support marginalized survivors	65	25
Shelter practices that better support marginalized survivors	60	22
Shelter policies that better support marginalized survivors	54	24
Agency confidentiality, privilege, and mandatory reporting policies	60	28
Agency intake practices (e.g. what paperwork, demographic collection, screenings)	61	31
Culturally relevant service provision	62	16
Sustaining culturally specific programming regardless of funding	66	28
Incorporating prevention programming into our pre-existing work	70	32
Creating holistic economic advocacy initiatives	62	31

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) to expand upon or add other areas of training and TA. One respondent identified best practices for shelter gender integration. Two respondents mentioned policies and procedures, one of which was referring to general policies and procedures while the other was referring specifically to policies regarding client transportation. Three respondents brought up best practices on trauma-informed support for sheltered and unsheltered survivors. Of those three respondents, one asked for policies and procedures with actual tools and templates and another specified wanting NCCADV to partner with qualified trauma-informed DV law enforcement and judicial trainers to provide training to rural law enforcement officers and judges. One respondent identified best practices on shelter and serving service animals versus comfort animals. Eight respondents mentioned training, one of those respondents specified that they would want any of the training listed if offered in Raleigh or eastern NC specifically for new staff; another mentioned training on new policies and procedures affecting 50B orders; a third shared that they wanted training to provide counseling; a fourth requested information to the children on their level to be able to develop a support group for them; another respondent asked for more advanced training for seasoned advocates on topics such as new laws, new tech laws, on-line stalking, and working with male survivors; another respondent also asked for training on technology safety; one respondent requested DV free training to meet yearly 20 hours requirements; another respondent mentioned training for health care providers; and one respondent identified training from Deaf advocates about how to approach/assist/deal with a Deaf survivor of DV/sexual abuse. One respondent asked for information on safe houses and programs for victims within a 50-mile radius of Concord, NC. Other respondents identified areas for training and TA including teen dating violence, working with families affected by DV and gun violence, volunteer recruitment and retention, program evaluation

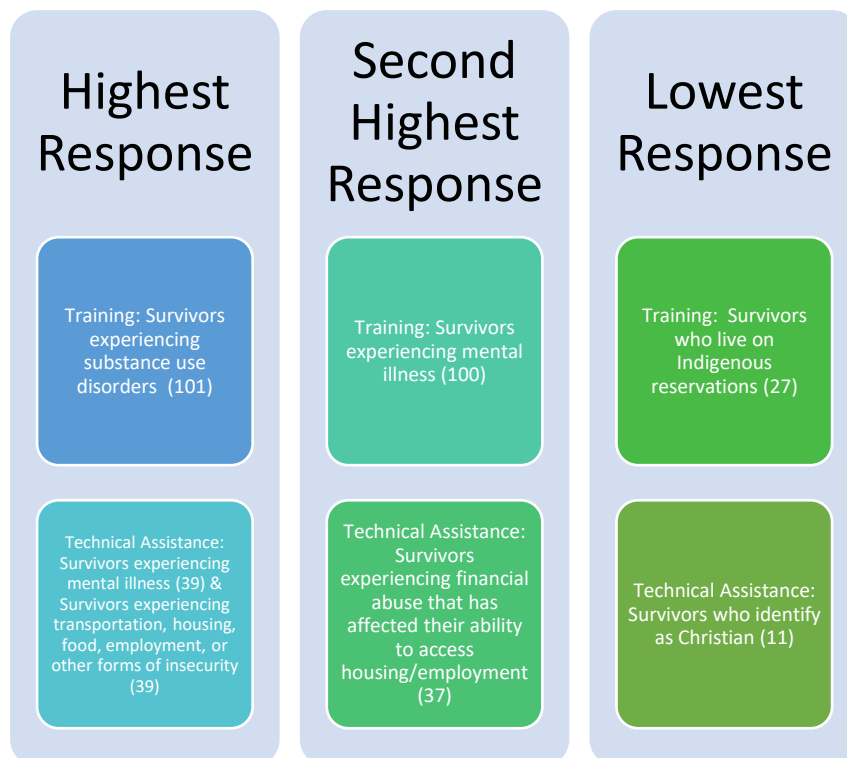
practices, information about government programs/benefits (like Medicaid and SSDI) and how this relates to DV clients when they leave abusers, and mental health and substance use issues - how to serve clients with multiple needs.

The NCCADV DELTA Impact Program is a state-level IPV primary prevention program funded by the Centers for Disease Control and Prevention (CDC). NCCADV's DELTA Impact project aims to address the following risk and protective factors associated with IPV: gender norms, norms about aggression, family economic stress, coordination of community resources, and family support and connectedness. NCCADV's state-level work includes two main projects related to these factors. One of the projects is to increase access to paid family leave. The other focuses on helping organizations improve policies and become more trauma-informed. NCCADV's DELTA Impact project also supports local work in middle schools and colleges in Wilmington, North Carolina. These programs promote gender equity, safe school environments, and bystander intervention. The DELTA Impact Program can provide TA around Primary prevention, a shared risk and protective factor approach to prevention, the public health prevention model, Paid Family Leave, trauma informed organizational policies and practices, human resources, school based prevention programs, prevention messaging strategies, preventviolenceNC.org, evaluation of prevention programs (and general evaluation), health equity strategies, and health impact assessments.

NCCADV's Economic Advocacy and Justice Program includes the Bold Economic Advocacy (BEA) Change Project. BEA Change Project is the main project of the Economic Advocacy and Justice (EAJ) Program. This project provides: funding, customized program assistance, training, and creative direction for economic advocacy work at DV agencies across North Carolina. What started as a program focused on addressing financial abuse through financial literacy, has grown into a program focused on holistic approaches for improving the economic reality for DV victims and survivors. NCCADV is invested in helping DV agencies do equitable economic advocacy projects that support healing justice and are designed to strengthen short- and long- term economic stability for their clients and their communities. The EAJ Program can offer TA around starting and designing direct cash, flexible funds, and Matched Saving Programs as well as prototyping other economic advocacy ideas, cultivating healthy partnerships for economic justice, and economic justice basics and advanced training.

NCCADV's Child Advocacy and Services Enhancement (CASE) Program works to prevent domestic and teen dating violence by enhancing knowledge about the negative effects of childhood exposure to DV and teen dating violence; enhancing skills and capacity of DV agencies and allied professionals to effectively work with children exposed to DV and teen victims of dating violence; and supporting research and resources for services and policies assisting needs of child witnesses of DV and teen victims of dating violence. CASE Program staff are able to provide TA regarding the following topics: State DV and child protection services policies, access to trauma-informed therapies and trained clinicians, impact of child exposure to DV and teen dating violence, recommended trauma-informed strategies for youth resiliency, and resources for children and teens affected by DV or dating violence.

Training/TA needs for your advocacy service provision (OTHER than shelter services):



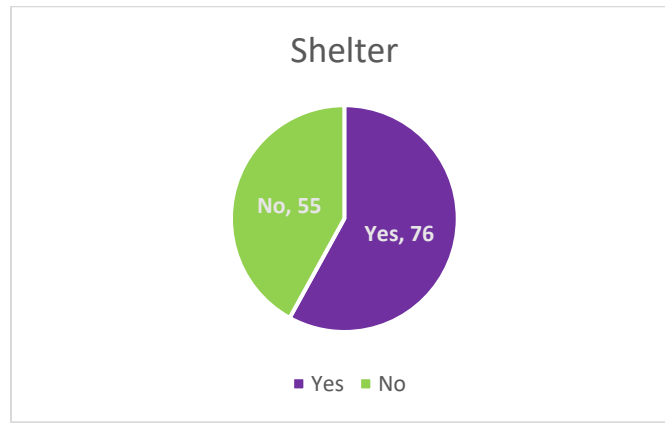
Below is a chart showing all the areas of advocacy service provision (OTHER than shelter services) and the number of respondents that identified interest in training and TA for each area.



<u>Advocacy Service Provision Areas</u>	<u>Number of Respondents who Identified Interest in Training</u>	<u>Number of Respondents who Identified Interest in TA</u>
Survivors experiencing mental illness	100	39
Survivors experiencing substance use disorders	101	33
Pregnant survivors	45	17
Survivors who are parents	53	20
Children and youth who witness domestic violence or teen dating violence	82	29
Adults who witness domestic violence or teen dating violence (e.g. neighbors or extended family)	68	18
Youth who experience teen dating violence	62	21
Elder survivors	69	20
Elementary age survivors	56	17
Middle school age survivors	57	19
High school age survivors	57	21
Survivors who are community college students (at a 2-year institution)	47	18
Survivors who are undergraduate students (at a 4-year institution)	41	16
Survivors who are graduate students	37	15
Survivors in alternative K-12 settings (e.g. alternative discipline schools, boarding schools, charter schools)	40	16
Survivors with intellectual or developmental disabilities	85	33
Survivors with physical disabilities	69	28
Survivors experiencing transportation, housing, food, employment, or other forms of insecurity	77	39
Survivors experiencing financial abuse that has affected their ability to access housing/employment (e.g. coerced debt, abuser ruined credit, abuser committed fraud in survivor's name)	75	37
Survivors in rural/small communities	67	26
Survivors who live on Indigenous reservations	27	13
African/Black/Caribbean survivors	65	19
Indigenous survivors	40	13
Latinx survivors	66	23
Middle Eastern/North African survivors	44	17
South, Central, and East Asian survivors	41	14
Survivors with limited/no documentation status	80	35
Immigrant survivors	67	26
Survivors with limited English proficiency	66	24
Survivors who identify as Christian	37	11
Survivors who were raised Christian or non-religious but in Christian-centric communities	33	12

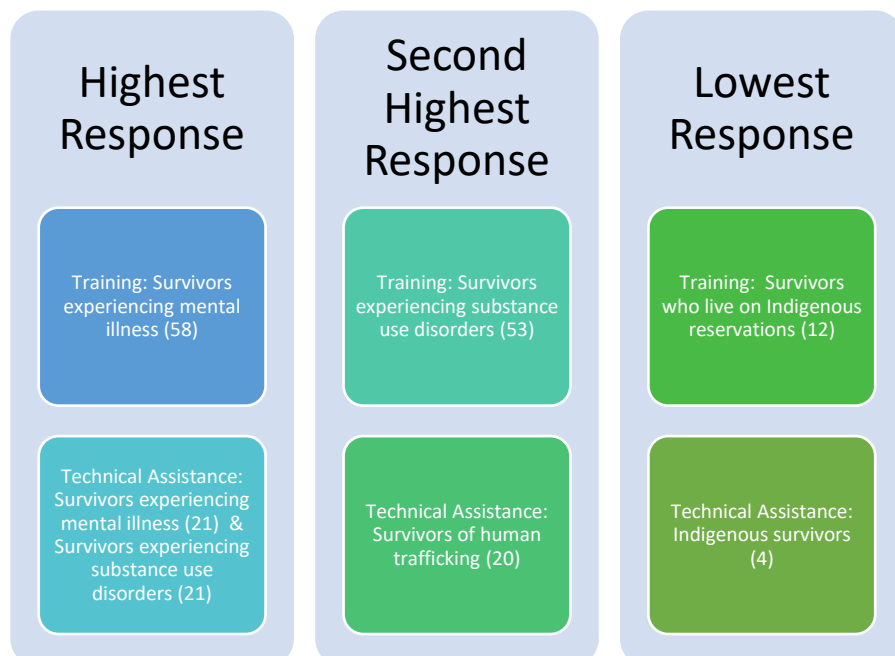
Survivors who are or were raised as a religion other than Christianity	39	13
LGBQ adult survivors	57	23
LGBQ youth survivors	51	22
Trans and gender non-conforming adult survivors	56	23
Trans and gender non-conforming youth survivors	50	19
Survivors who are men	63	24
Survivors of human trafficking	91	31
Survivors who are in the military	49	19
Survivors whose abuser is in the military	52	24

Organizations with a shelter:



The membership for NCCADV includes less organizations overall than the total number of respondents to this survey, therefore we believe that the survey encompasses NCCADV members as respondents as well as many other agencies across the state. NCCADV’s current membership includes 64 agencies with shelters and 24 agencies without shelters. When comparing the survey respondents to the DVSPs who are members of NCCADV, we found that the number of organizations with a shelter was similar for both DVSPs who are members of NCCADV and for the respondents to the survey while the number of organizations without a shelter was far higher in our survey results than for DVSPs who are members of NCCADV. So, we believe many of the additional respondents to the survey who are not members of NCCADV fall in the category of organizations without a shelter.

Training/TA needs specifically for shelter services:



Below is a chart showing all the areas of advocacy service provision specifically for shelter services and the number of respondents that identified interest in training and TA for each area.

<u>Advocacy Service Provision Areas</u>	<u>Number of Respondents who Identified Interest in Training</u>	<u>Number of Respondents who Identified Interest in TA</u>
Survivors experiencing mental illness	58	21
Survivors experiencing substance use disorders	53	21
Pregnant survivors	19	10
Survivors who are parents	21	8
Children and youth who witness domestic violence or teen dating violence	30	11
Adults who witness domestic violence or teen dating violence (e.g. neighbors or extended family)	23	8
Youth who experience teen dating violence	23	9
Elder survivors	28	9
Survivors who are community college students (at a 2-year institution)	19	5
Survivors who are undergraduate students (at a 4-year institution)	17	5
Survivors who are graduate students	15	5
Elementary age survivors	22	8
Middle school age survivors	28	8
High school age survivors	25	9
Survivors in alternative K-12 settings (e.g. alternative discipline schools, boarding schools, charter schools)	19	7
Survivors with intellectual or developmental disabilities	39	16
Survivors with physical disabilities	37	15
Survivors experiencing transportation, housing, food, employment, or other forms of insecurity	40	18
Survivors experiencing financial abuse that has affected their ability to access housing/employment (e.g. coerced debt, abuser ruined credit, abuser committed fraud in survivor's name)	35	14
Survivors in rural/small communities	30	16
Survivors who live on Indigenous reservations	12	5
African/Black/Caribbean survivors	25	7
Indigenous survivors	15	4
Latinx survivors	29	9
Middle Eastern/North African survivors	20	5
South, Central, and East Asian survivors	20	5
Survivors with limited/no documentation status	40	15
Immigrant survivors	34	12
Survivors with limited English proficiency	31	10
Survivors who identify as Christian	15	7

Survivors who were raised Christian or non-religious but in Christian-centric communities	16	7
Survivors who are or were raised as a religion other than Christianity	15	6
LGBQ adult survivors	29	14
LGBQ youth survivors	22	11
Trans and gender non-conforming adult survivors	26	14
Trans and gender non-conforming youth survivors	22	10
Survivors who are men	30	13
Survivors of human trafficking	38	20
Survivors who are in the military	20	9
Survivors whose abuser is in the military	19	10

NCCADV has a Training Program which offers learning opportunities to members across a variety of topics and advocacy skills. These training include multi-day institutes like the Advocates’ Institute and the Legal Advocates’ Institute, where members can spend more time with NCCADV staff learning necessary and relevant information related to their work. In addition, DV Service Provider members are offered one requested onsite-training each year – an opportunity to address the needs of specific programs or local networks to improve DV work. NCCADV’s Training Program can offer TA around mental health, substance use disorders, disability, therapy/counseling, and providing training.

NCCADV also has a Technical Assistance Program and define TA as the direct problem-solving and program guidance service provided by NCCADV via phone, e-mail, and in-person. Both NCCADV members and non-members contact NCCADV for TA. NCCADV acts as a sounding-board for a variety of issues that arise when supporting survivors of intimate partner violence, which may include: DV, sexual violence, dating violence and/or stalking. Using an empowerment model, NCCADV staff use their expertise and training to provide sound information to help callers analyze their concerns. TA is generally, though not always, of a short duration and does not take the place of training or legal advice received - rather it supplements the training and legal advice agencies may have already received. The breadth of topics covered and length of TA may vary based on membership status, accessibility needs, etc. and can be provided in English, Spanish, and all other languages using a language line.

Culturally Specific Advocates and Programs:

In this full report, we are including responses to the questions in the section about culturally specific advocates and programs. However, we want to begin this section by stating that based on NCCADV’s expertise and experience with programs across the state, we do not believe these responses to be accurately reflective of the culturally specific advocates and programs across the state. We believe that despite the questions including information clarifying that we were defining culturally specific advocates as someone where a significant part of their role and title indicates that they are culturally specific (e.g. Latinx Advocate, LGBTQ Advocate), not simply a general advocate who happens to hold one of these cultural identities, that many respondents did include the number of general advocates who happen to hold one of the listed cultural identities.

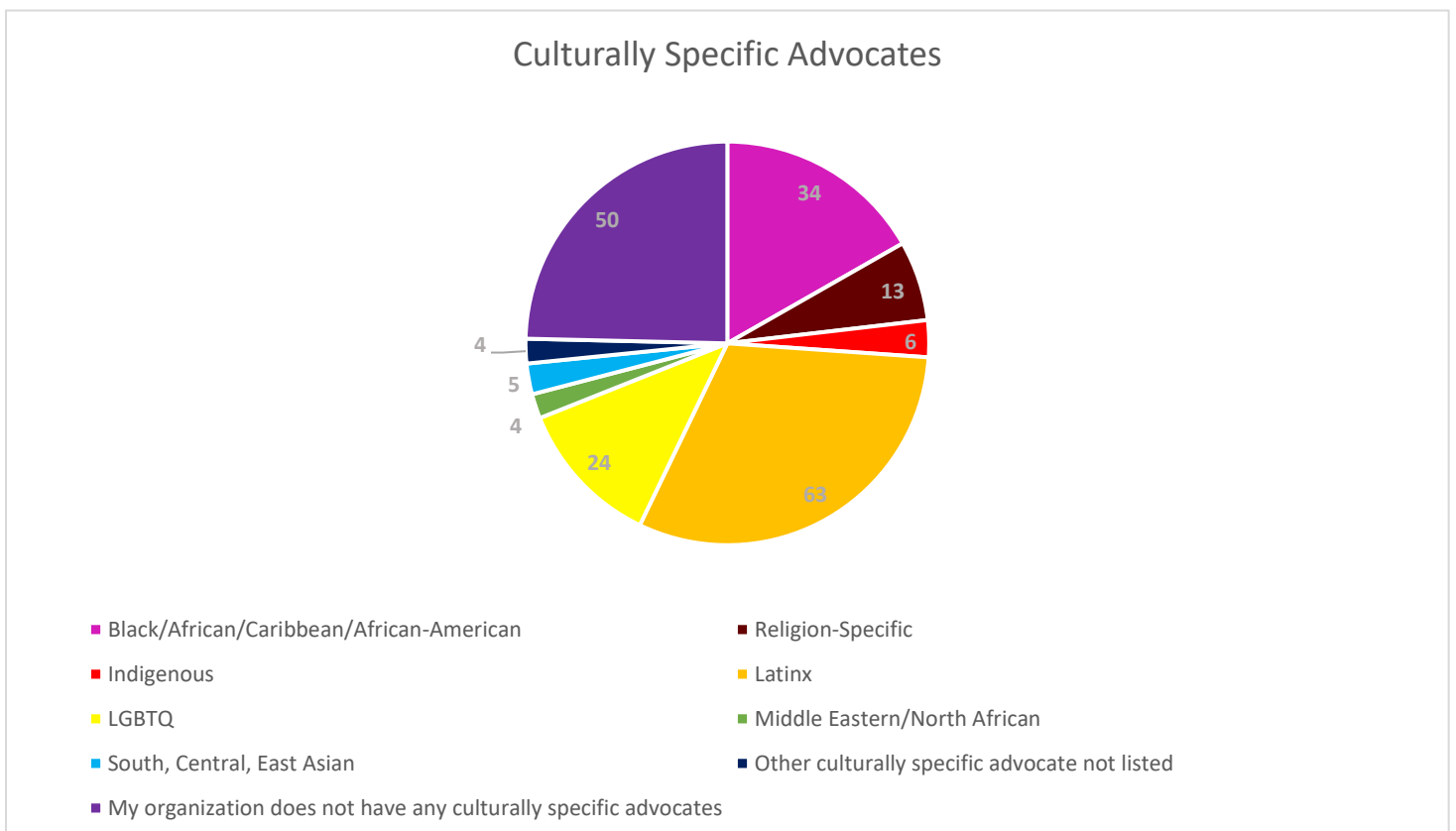
NCCADV has a number of culturally specific programs that focus on providing TA and training to local DVSPs, as well as offering culturally specific services across the state. One of these programs is the Nia Program whose niche speaks to the cultural values, tropes, and worries that tend to steer African, Black, Caribbean (ABC) IPV survivors away from formal assistance. Through the program, a Community Advocate (CA) is placed at a culturally specific Community Based Organization (CBO) with a positive reputation within the ABC community in the Halifax, Edgecombe and Nash region. The CA will have the flexibility to interact with CBO staff and CBO’s clients as an IPV awareness resource. The CA will also engage with other community partners to share IPV awareness and healthy relationship information. The CA will be a non-competitive extension of IPV services in cooperation with the local DVSPs and act as a referral feeder to the DVSPs. The Nia Program staff enhances access to culturally-sensitive, intimate partner violence awareness and response services to survivors and at-risk persons in the ABC population. Additionally, The Nia Program aids in capacity building of a community based organization to work collaboratively with DV service providers, law enforcement, Department of Social Services, faith-based organizations and local businesses such as barber shops/hair salons, daycare

provides, and family-centered service providers. Nia Program staff can provide TA on: safety planning, trauma-informed advocacy services, referrals and resources, medical and legal accompaniment, IPV awareness, and enhancing organizational culturally-sensitive programming to center the needs of ABC survivors. Currently, there is no formal program at any DVSP or anywhere in the state that specifically serves ABC survivors or has a program similar to The Nia Program.

Another one of NCCADV’s culturally specific programs is the LGBTQ DV Response Initiative. This program was formed through funding from the NC Governor’s Crime Commission, NCCADV, and The Center for Women’s Health and Wellness at University of NC Greensboro. This project aims to increase the capacity of DVSPs to serve LGBTQ survivors in ways that are equitable and culturally relevant, through a combination of training, TA, and resource distribution. Through the program, five local DV organizations (4 DV service providers and 1 college campus violence response center) have become partners and have each brought on an advocate to take the lead on building this capacity in their agencies and communities. This cohort engages in intensive training and TA to build LGBTQ inclusion in every layer of their organization. The LGBTQ Program can provide TA on building the capacity of DV service provider agencies to serve LGBTQ survivors of DV with queer and trans culturally affirming services, policies and practices. NCCADV’s staff member working on this program has shared that based on their experience those 4 LGBTQ programs in the state (at DVSPs) who are part of the cohort are the only DVSPs in the state with a designated LGBTQ Specialist staff member and designated LGBTQ program. There are a few other DVSPs which may have one LGBTQ support group, but not a whole program with wraparound services. It is more common for DVSPs to utilize a queer or trans person they have on staff to informally take on any LGBTQ related responsibilities. It is important to note that there are a few local LGBTQ centers across the state, but they are not DVSPs.

NCCADV also has a Latinx and Immigration Services Program which is intended to enhance the services available to Latinx survivors of DV. Its principal objectives are to create task forces/working groups that help DV agencies meet the needs of Latinx survivors in their communities, increase DV provider capacity and service quality for Latinx survivors, and increase the number of Latinx survivors served by DV service providers. The Latinx and Immigration Services Program can provide TA around survivor-centered direct services, culturally-specific services, language access, language justice, immigration, coordinated community response, capacity building, and outreach to Latinx and Immigrant communities. In 2016, 33 agencies reported offering services tailored to the Latinx community out of 99 who were sent a survey in 2016 (with 78 agencies responding). Since arriving at the Coalition, the Latinx and Immigrant Services Program Coordinator has had contact with 16-20 orgs with bilingual staff primarily serving Spanish-speaking survivors, but understand the number of in-house, culturally specific programs is perhaps half of that.

Culturally Specific Advocates:

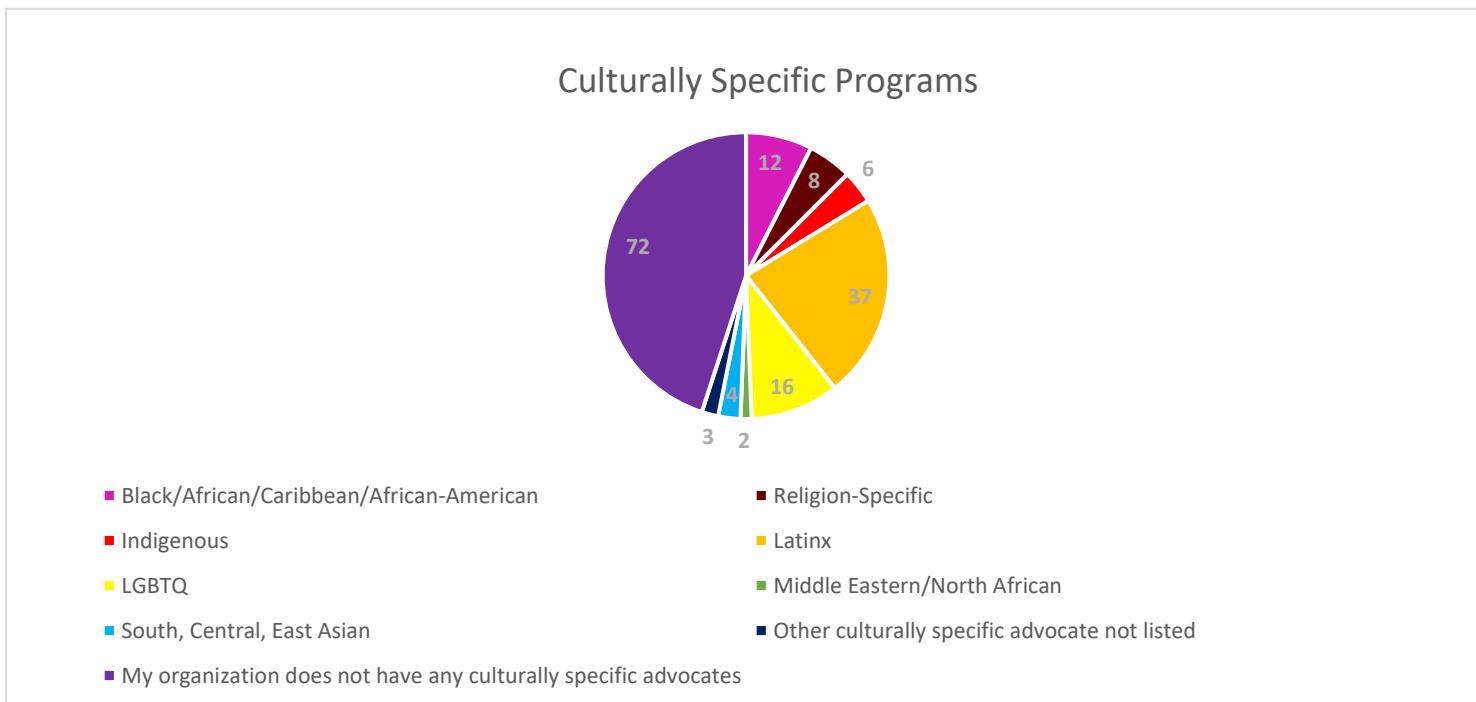


There were a total of 203 responses to the question about if the respondent’s organization has any culturally specific or population specific advocates on staff (note: this is the number of responses not respondents because respondents were able to identify more than one type of culturally specific advocate at their agency). Of those 203 responses, the highest response (63) was for advocates working with the Latinx population. Of the remaining responses, 34 identified that their agency has culturally specific advocates working with the Black/African/Caribbean/African-American population; 13 responded that their agency has culturally specific advocates working with Religion-Specific populations; 6 shared that their agency has culturally specific advocates working with the Indigenous population; 24 identified that their agency has culturally specific advocates working with the LGBTQ population, 4 responded that their agency has culturally specific advocates working with the Middle Eastern/North African population; 5 shared that their agency has culturally specific advocates working with the South/Central/East Asian population; 4 identified that their agency has other culturally specific advocates not listed; and 50 respondents shared that their organization does not have any culturally specific advocates. As noted above, we believe these numbers are inflated based on our experience with programs across the state. In particular, the number of culturally specific advocates working with the Black/African/Caribbean/African-American population and the LGBTQ populations are highly inflated.

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) about the other types of culturally specific advocates their agency has that weren’t listed. Two of the respondents who identified other types of culturally specific advocates their agency has shared that those culturally specific advocates work with Elders. One of the respondents who identified other types of culturally specific advocates their agency has identified that those culturally specific advocates work with the Deaf population (note: we know from this respondent’s other responses that this organization is not in the state of NC). The last respondent who identified other types of culturally specific advocates their agency has shared that their agency received training for an advocate around improving services and outreach for LGBTQ+ populations and that they are working to incorporate and train the entire staff/organization, but do not have a designated LGBTQ+ program advocate.

Culturally Specific Programs:

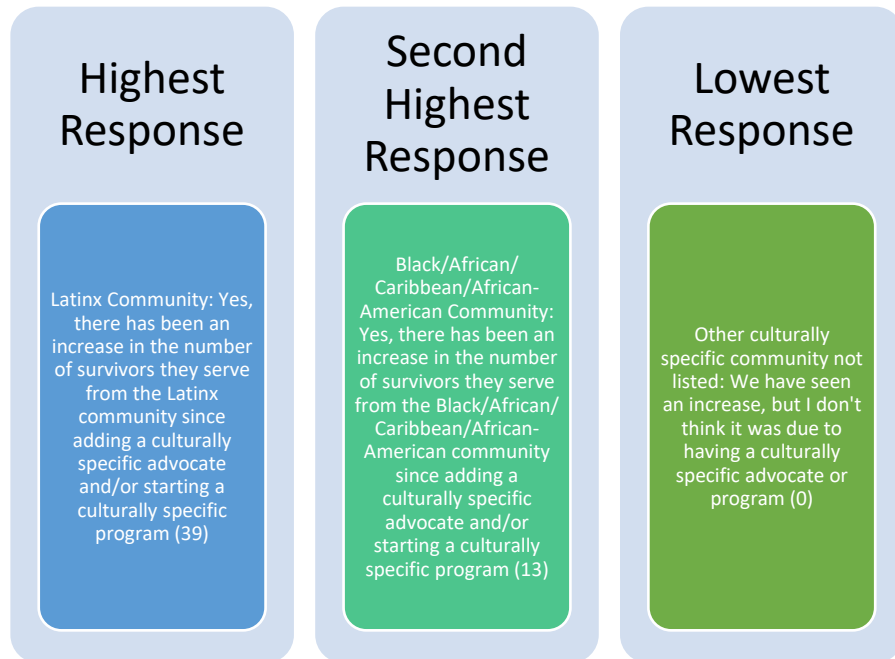
There were a total of 160 responses to the question about if the respondent’s organization has any culturally specific survivor programs (note: this is the number of responses not respondents because respondents were able to identify more than one type of culturally specific survivor program at their agency). Of those 160 responses, the highest response (72) was that the respondent’s organization does not have any culturally specific survivor programs. Of the remaining responses, 12 identified that their agency has a culturally specific survivor program working with the Black/African/Caribbean/African-American population; 8 responded that their agency has a culturally specific survivor program working with Religion-Specific populations; 6 shared that their agency has a culturally specific survivor program working with the Indigenous population; 37 identified that their agency has a culturally specific survivor program working with the Latinx population; 16 responded that their agency has a culturally specific survivor program working with the LGBTQ population; 2 shared that their agency has a culturally specific survivor program working with the Middle Eastern/North African population; 4 identified that their agency has a culturally specific survivor program working with the South/Central/East Asian population; and 3 responded that their agency has other culturally specific survivor programs not listed. As noted above, we believe these numbers are inflated based on our experience with



programs across the state. In particular, the number of culturally specific programs working with the Black/African/Caribbean/African-American population and the LGBTQ populations are highly inflated.

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) about the other types of culturally specific survivor programs their agency has that weren't listed. Three of the respondents who identified other types of culturally specific survivor programs their agency has actually clarified specifics regarding their Latinx programs: two of these respondents shared that their programs are a Spanish Speaking/Latinx Support Groups and the other respondent shared that their program focuses on giving Latina survivors of DV and SA assistance, resources, and education. Similarly to the other responses with the culturally specific advocates question, one respondent shared that their organization has an Elder Abuse Support Group and another respondent shared that their organization has programs for the Deaf population (as noted above, we know from this respondent's other responses that this organization is not in the state of NC). Another respondent shared that their agency has a Central African women's group that meets monthly and that it is not specifically a survivors program, but a prevention program.

Increase in Survivors from Culturally Specific Communities due to Starting Culturally Specific Advocates and Programs:



Below is a chart showing whether respondents saw that their organization experienced an increase in the number of survivors they serve from these culturally specific communities since adding a culturally specific advocate and/or starting a culturally specific program.

<u>Culturally Specific Community</u>	<u>Yes</u>	<u>No</u>	<u>I'm Not Sure</u>	<u>We have seen an increase, but I don't think it was due to having a culturally specific advocate or program</u>
Black/African/Caribbean/African-American	13	10	9	4
Religion-Specific	5	11	6	3
Indigenous	3	11	7	3
Latinx	39	13	10	4
LGBTQ	8	10	12	7
Middle Eastern/North African	1	10	7	3
South/Central/East Asian	1	10	8	3
Other culturally specific community not listed	2	11	7	0

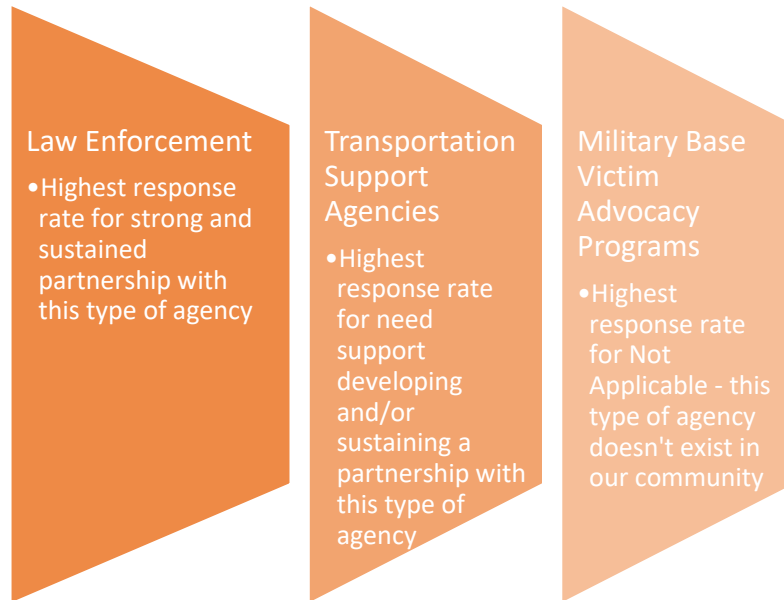
There were a total of 251 responses to the question about whether respondents saw that their organization experienced an increase in the number of survivors they serve from these culturally specific communities since adding a culturally specific advocate and/or starting a culturally specific program (note: this is the number of responses not respondents because respondents were able to identify more than one type of culturally specific survivor community

and respond based on multiple communities). Of those 251 responses, the highest response (39) was for the Latinx Community and these respondents indicated that yes, there has been an increase in the number of survivors they serve from the Latinx community since adding a culturally specific advocate and/or starting a culturally specific program. For the Latinx community, 13 additional respondents indicated that no, there has not been an increase in the number of survivors they serve from the Latinx community since adding a culturally specific advocate and/or starting a culturally specific program, while 10 respondents shared they weren't sure and 4 respondents shared that they have seen an increase, but don't think it was due to having a culturally specific advocate or program. For the Black/African/Caribbean/African-American community, 13 respondents indicated that yes, there has been an increase in the number of survivors they serve from the Black/African/Caribbean/African-American community since adding a culturally specific advocate and/or starting a culturally specific program, while 10 additional respondents indicated that no, there has not been an increase in the number of survivors they serve from the Black/African/Caribbean/African-American community since adding a culturally specific advocate and/or starting a culturally specific program, while 9 respondents shared they weren't sure and 4 respondents shared that they have seen an increase, but don't think it was due to having a culturally specific advocate or program. For Religion-Specific programs/advocates, 5 respondents indicated that yes, there has been an increase in the number of Religion-Specific survivors they serve since adding a culturally specific advocate and/or starting a culturally specific program, while 11 additional respondents indicated that no, there has not been an increase in the number of Religion-Specific survivors they serve since adding a culturally specific advocate and/or starting a culturally specific program, while 6 respondents shared they weren't sure and 3 respondents shared that they have seen an increase, but don't think it was due to having a culturally specific advocate or program. For the Indigenous community, 3 respondents indicated that yes, there has been an increase in the number of survivors they serve from the Indigenous community since adding a culturally specific advocate and/or starting a culturally specific program, while 11 additional respondents indicated that no, there has not been an increase in the number of survivors they serve from the Indigenous community since adding a culturally specific advocate and/or starting a culturally specific program, while 7 respondents shared they weren't sure and 3 respondents shared that they have seen an increase, but don't think it was due to having a culturally specific advocate or program.

For the LGBTQ community, 8 respondents indicated that yes, there has been an increase in the number of survivors they serve from the LGBTQ community since adding a culturally specific advocate and/or starting a culturally specific program, while 10 additional respondents indicated that no, there has not been an increase in the number of survivors they serve from the LGBTQ community since adding a culturally specific advocate and/or starting a culturally specific program, while 12 respondents shared they weren't sure and 7 respondents shared that they have seen an increase, but don't think it was due to having a culturally specific advocate or program. For the Middle Eastern/North African community, 1 respondent indicated that yes, there has been an increase in the number of survivors they serve from the Middle Eastern/North African community since adding a culturally specific advocate and/or starting a culturally specific program, while 10 additional respondents indicated that no, there has not been an increase in the number of survivors they serve from the Middle Eastern/North African community since adding a culturally specific advocate and/or starting a culturally specific program, while 7 respondents shared they weren't sure and 3 respondents shared that they have seen an increase, but don't think it was due to having a culturally specific advocate or program. For the South/Central/East Asian community, 1 respondent indicated that yes, there has been an increase in the number of survivors they serve from the South/Central/East Asian community since adding a culturally specific advocate and/or starting a culturally specific program, while 10 additional respondents indicated that no, there has not been an increase in the number of survivors they serve from the South/Central/East Asian community since adding a culturally specific advocate and/or starting a culturally specific program, while 8 respondents shared they weren't sure and 3 respondents shared that they have seen an increase, but don't think it was due to having a culturally specific advocate or program. For the category of other culturally specific community not listed, 2 respondents indicated that yes, there has been an increase in the number of survivors they serve from other culturally specific communities not listed since adding a culturally specific advocate and/or starting a culturally specific program, while 11 additional respondents indicated that no, there has not been an increase in the number of survivors they serve from the other culturally specific communities not listed since adding a culturally specific advocate and/or starting a culturally specific program, while 7 respondents shared they weren't sure and 0 respondents shared that they have seen an increase, but don't think it was due to having a culturally specific advocate or program. As noted above, we believe these numbers are not completely accurate based on our experience with programs across the state. We believe the accuracy of this section was affected due to inflations in the number of culturally specific advocates and programs.

Community Partnerships:

We understand that one critical element of serving all survivors is developing and sustaining community partnerships with other agencies that can help meet the complex and varying needs of survivors.



Below is a chart showing all the responses around community partnerships and the type of relationships the respondents' organizations have with different types of community partner agencies.

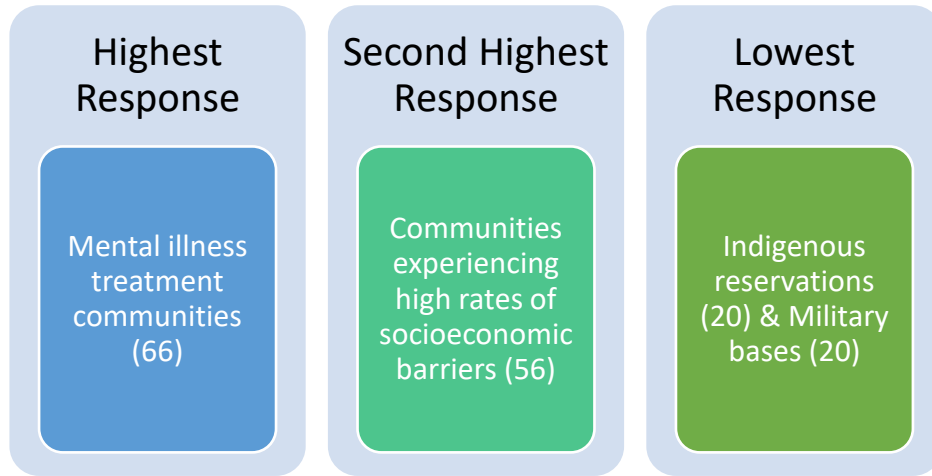
<u>Community Partner Agency Type</u>	<u>We have a strong and sustained partnership with this type of agency</u>	<u>We need support developing and/or sustaining a partnership with this type of agency</u>	<u>Not Applicable - this type of agency doesn't exist in our community</u>
Agencies that serve survivors of human trafficking	57	45	18
Organizations that serve individuals who are experiencing homelessness or housing insecurity	81	36	9
Landlords/Property Managers	47	61	4
Job Readiness Agencies	77	40	3
Transportation Support Agencies (e.g. used car dealerships)	34	65	15
Financial Institutions (banks, credit unions, investment brokers)	46	62	3
Equitable food justice organizations	68	26	14
Workers' Rights Organizers or Unions	14	50	37
Employers/Human Resources Professionals and Recruiters	40	55	10
Child advocacy centers	80	26	11
Childcare agencies	58	45	5
Law enforcement	90	23	1
Criminal courts	84	30	1
Civil courts	83	29	1

Low/Pro bono attorney networks	54	55	7
Custody attorneys	40	64	7
Multi-lingual attorneys	32	63	8
Partners who can offer training and assistance on U/T visas and victim rights of immigrant survivors	36	55	10
Batterer intervention programs	43	47	21
DV Task Forces/CCRTs	55	38	12
Public Defenders	53	41	3
Low to no cost primary healthcare providers	65	44	2
Low to no cost mental healthcare providers	57	47	2
Low to no cost reproductive healthcare providers	51	42	9
Substance use recovery centers (inpatient and outpatient)	52	49	7
Holistic wellness health providers (e.g. acupuncture, aromatherapy, yoga, massage, art therapy)	28	55	17
Dental healthcare providers	45	55	5
Vision healthcare providers	45	57	5
K-12 Schools	77	22	4
Community college campuses	64	31	5
4-year colleges/universities	39	29	29
Military base victim advocacy programs	14	35	52
Agencies that serve marginalized communities (e.g. local LGBT centers, local Latinx community centers)	41	44	21
Language access organizations (e.g. translators)	57	35	10
Churches	78	26	5
Temples	19	44	29
Mosques	11	46	35
Government funders	72	32	3
Private/Non-Governmental funders	63	40	6

NCCADV's Healthcare Program Team has worked to improve how healthcare systems respond to and care for survivors of IPV. Recent efforts have included training healthcare workers and providers on the dynamics and health impacts of IPV, universal patient IPV education, how to integrate abuse history into care, and strengthening relationships between health systems and DV service providers. The healthcare team also works with the state and other partners to shape how Medicaid changes impact patients experiencing IPV. During the COVID-19 pandemic, our work has shifted to include recommendations for COVID-19 testing and tracing efforts. Our future work will include peer health work in indigenous communities. The Healthcare Program staff can provide TA in two areas: Healthcare related TA and Housing related TA. For Healthcare related TA this includes TA on: health impacts of IPV, how healthcare providers can provide support for patients experiencing IPV, and how DV advocates can support survivors' health needs.

For Housing related TA this includes TA on: non-congregate shelter, FEMA funds to support non-congregate shelter during the COVID-19 pandemic, and how to work with a local continuum of care to support survivors experiencing homelessness.

Improving Community Outreach to these Communities:



Below is a chart showing all the responses around communities that respondents indicated needing support to improve outreach to.

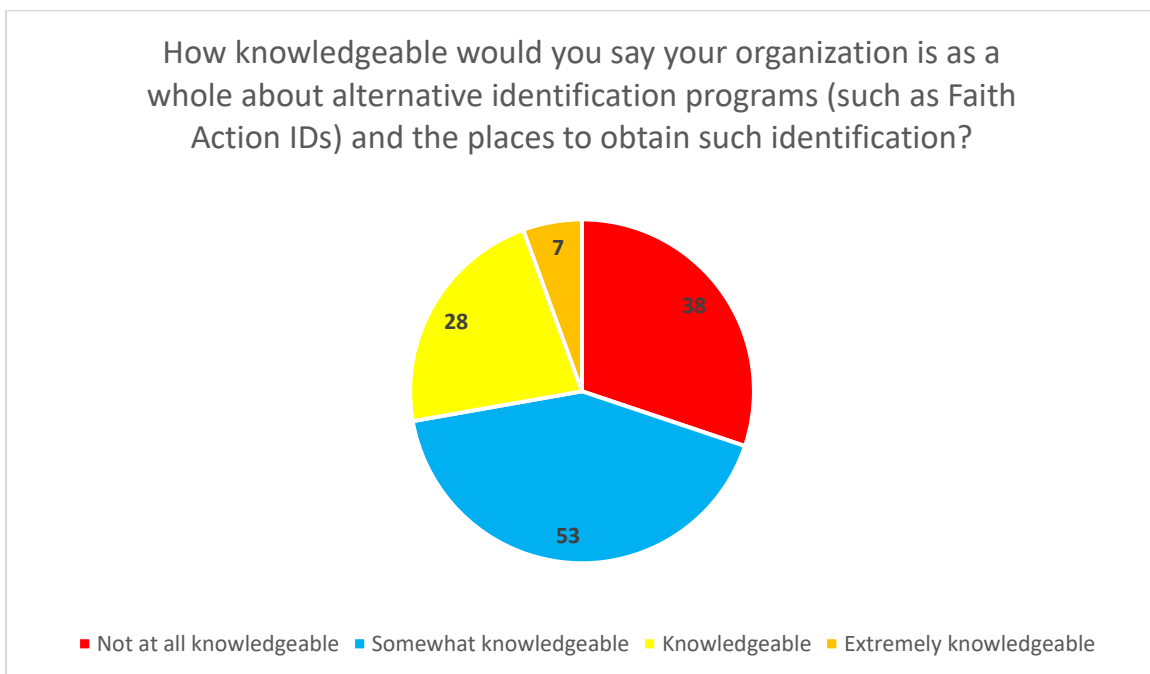
<u>Community Type</u>	<u>Number of Respondents Indicating Support Needed to Outreach to this Community</u>
Substance use recovery communities	55
Mental illness treatment communities	66
Pregnancy support communities	32
Parent/caregiver communities	42
Community spaces occupied by teens age 13-18	44
Community spaces occupied by young adults age 18-24	43
Community spaces occupied by elders	46
Preschools	25
Elementary schools	29
Middle schools	31
High schools	37
Alternative school settings (e.g. alternative schools, boarding schools, charter schools, private schools)	27
Community colleges	29
4-year colleges/universities	25
Communities experiencing high rates of socioeconomic barriers (e.g. transportation, food, housing, employment, or other forms of insecurity)	56
Deaf communities	46
Communities of individuals with physical disabilities	51
Communities of individuals with intellectual or developmental disabilities	54
Indigenous reservations	20
Small and/or rural communities	45
African/Black/Caribbean communities	40
Indigenous communities	27
Latinx communities	47
Middle Eastern/North African communities	34
South, Central, East Asian communities	32
Immigrant or refugee communities	41
Communities of individuals with limited English proficiency	39
Communities of individuals with limited/no immigration status	38
Churches	34
Temples	33
Mosques	37

Trans and gender non-conforming communities	48
LGBTQ Communities	47
Community spaces often occupied by men	35
Military bases	20
Communities near military bases where families of military members may live	25

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) about communities in which their agency is doing impactful outreach and what outreach methods they are using. One respondent mentioned the acronym CATCH but didn't share any additional information. Another respondent shared that they use recruitment through media, specifically Spanish-language newspapers and social media. One respondent mentioned reaching out to collaborating agencies such as Child Protective Services. Five respondents shared that they have had successful outreach through participants sharing their experiences with others, two of those respondents specifically mentioned word of mouth and recruiting new members at community events and fairs, while another respondent specifically identified recruitment at other events the participants attend, for example, ESL classes. One respondent mentioned maintaining strong, longstanding relationships with the immigrant and refugee community in Guilford County and due to this they have had no issues when it comes to outreach. Another respondent shared that they utilize Genesis for treatment of the 26 week Batterer's Intervention Program and T&T Consultation for those offenders transferring in from Rowan County but that they need more outlets for female abusers as they get some of those from time to time but do not have a good place to send them. One respondent mentioned that they utilize their county's homeless shelter for their homeless DV defendants, if a 50B no contact order is in place and CVAN for the victims in their cases but that they could use more outlets and safe houses for victims.

Immigration and Domestic Violence:

Alternative Identification Programs:

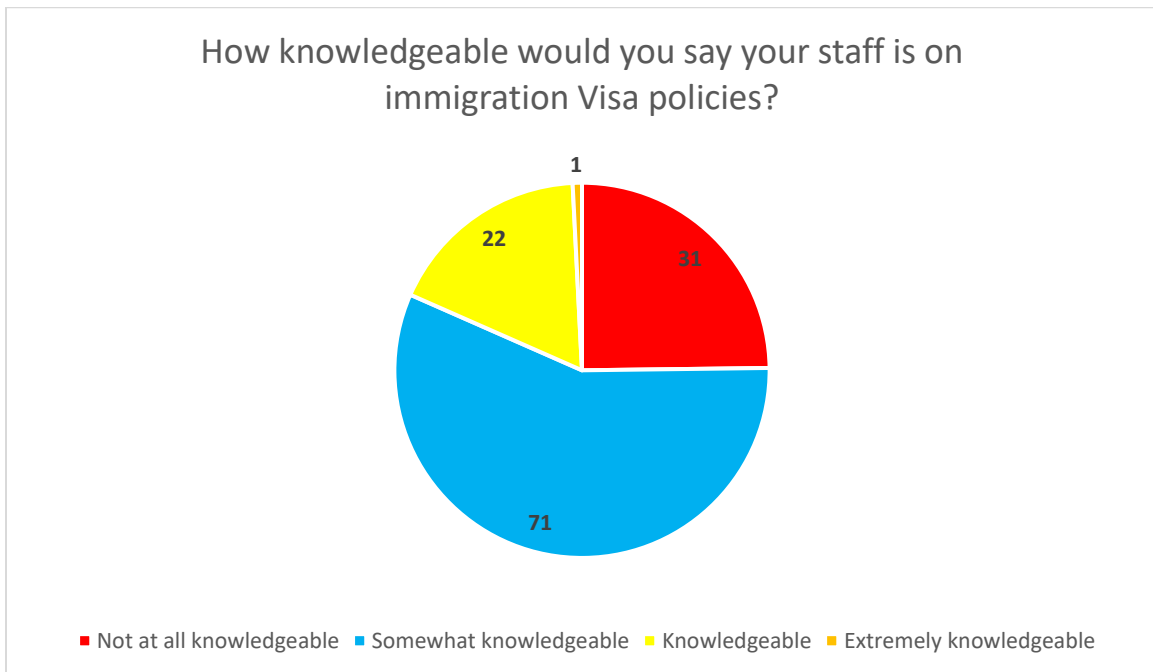


There were a total of 126 responses to the question about how knowledgeable the respondent's organization is as a whole regarding alternative identification programs (such as Faith Action IDs) and the places to obtain such identification. Of those 126 responses, the highest response (53) was that the respondent's organization was somewhat knowledgeable about these alternative identification programs. Of the remaining responses, 38 respondents indicated that their agency was not at all knowledgeable, 28 respondents indicated that their agency was as a whole knowledgeable, and 7 respondents indicated that their agency was extremely knowledgeable.

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) if they were aware of alternative identification programs about their community's attitudes toward these alternative IDs (e.g. If their local law enforcement accept them as a valid form of identification). Five respondents shared that these alternative IDs are accepted as a valid form of identification: one respondent shared that

their agency participates in the Faith Action ID monthly and that the IDs should be accepted as a valid form of identification, another respondent shared that they are connected with the Hispanic Center as well as churches when the Faith ID will take place and that they send flyers home with children and post it on their bulletin board and they also shared that their Mayor and DA recommend the ID for people who are undocumented and that they attend meetings where Law Enforcement talks to the community about how the ID helps with completing their reports, one respondent shared that Local Law Enforcement does accept Faith Action IDs, another respondent shared how their community hosts faith id programs and they are widely accepted, and the fifth respondent in this category shared that the local law enforcement do not turn women survivors over to ICE but if they apprehend the abuser then they are turned in. Three respondents shared that their community is in discussions about alternative ID programs: one respondent shared that their law enforcement agency is willing to talk but has not accepted alternative IDs, another shared that they are currently discussing this matter, and the third respondent mentioned that they are in the process of negotiating it and having meetings with several agencies with the Latinx population, as well as with law enforcement. Two respondents shared that their community has a mixed response and acceptance of Faith Action IDs: one respondent stated that there are different pockets of support in the communities of law enforcement officers that support these programs and that they've had Faith Action ID drives but this year the drive was the same weekend publicized raids were happening across the county so attendance dropped by half and the other respondent shared that it varies widely among agencies and members of the community- some places will accept these IDs and some will not. Two respondents shared that their communities do not accept alternate IDs: one respondent shared that their agency is based in Seattle, Washington and felt responding was somewhat difficult but that their local law enforcement does not accept any kind of alternate IDs and the other respondent shared that there are groups in their community that have tried to push for the alternative ID program but the attempts have been met with some resistance. One respondent shared that the alternative ID has not been discussed in their community that they are aware of but they are aware of the AIP that Faith Actions offers. Three respondents were unsure about alternative IDs and whether their local law enforcement would accept them as a valid form of identification and one of them added probably not.

Immigration Visa Policies:



There were a total of 125 responses to the question about how knowledgeable the respondents' organization staff is on immigration Visa policies. Of those 125 responses, the highest response (71) was that the respondents' organization staff was somewhat knowledgeable about immigration Visa policies. Of the remaining responses, 31 respondents indicated that their agency staff was not at all knowledgeable, 22 respondents indicated that their agency staff was as a whole knowledgeable, and 1 respondent indicated that their agency staff was extremely knowledgeable.

Improving Protections for Immigrant Survivors:

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) about what support they need to improve their organization's protections for survivors with limited/no immigration status in the case of an ICE raid at their agency. Two respondents mentioned TA around this and

said technical support and any support would be very beneficial. Seven respondents requested information on current laws and how to protect clients during a raid: one of these respondents added wanting any information on understanding the current laws around protecting clients during a raid, another respondent wanted to know what their rights are as an agency and what they should do if such a raid ever took place, one respondent shared that they need know what to tell survivors when it comes to ICE raids, another respondent shared that their organization needs more information on what their rights and responsibilities are, as well as for their clients in the event of an ICE raid and how they can continue to support their clients if they are taken into custody, and one respondent shared that they do not know what they would do as they have not had a raid of any sort and their shelter is non-disclosed. One respondent shared that they have a written warrant policy and agency policy on responding to ICE but it would be helpful to have wording specifically sent out from an agency or coalition so they could adopt some adjustments rather than creating their own. Another respondent mentioned that they could use more knowledge on how they can create a safety net for survivors with limited/no immigration status and to communicate that their agency is a safe space to those communities. Fourteen respondents mentioned training on this topic: one of these respondents mentioned that knowing every aspect of the immigration policy and procedure they need additional training and that this issue is relevant and their clients are falling through the cracks due to limited services and needing to access those services without having to provide funds because of their low economic status and really understanding who and what their true purpose is for providing them services and keeping them as safe as possible while still abiding by the law, another respondent requested basic training in this area, one respondent mentioned additional training and knowledge regarding how the process works so they can work together with their families to achieve goals, another respondent asked for training and what they should do, one respondent mentioned extra training to improve responses in case of an ICE raid, another respondent mentioned training for board and executive members, as well as agency staff, one respondent asked for additional training though they do have basic knowledge of how to handle this situation, and another respondent mentioned more training on rights and protections. One respondent mentioned having a plan with who will keep their children and necessary documentation notarized to prove legal guardianship to be able to provide the support in education, health, etc. Another respondent shared a need for a clearer understanding about the different types of visas and who can help with them. Three respondents asked for resources, referral lists, and partnerships with immigration lawyers: one specifically mentioned partnership with low cost immigration lawyers in the community, another respondent shared that their community desperately needs Spanish-speaking services and lawyers with knowledge of immigration law, and a third respondent mentioned that there is a lack of attorneys across the entire state of NC who are willing to provide deportation legal services and assist families experiencing pending deportation at either low cost or free of cost right now and that generating a strong referral list of places to send families would be most supportive. Two respondents mentioned that clients are not coming for services or traditionally haven't come for services: one of these respondents mentioned that although they have continued to reach out to these communities, the number of victims seeking services went to zero over the past two years, and the other respondent said they do not see a significant number of impacted survivors, but they have seen an increase in the last year. One respondent mentioned specific law enforcement agency policies. Another respondent shared that they took a sabbatical leave of absence for three years and the program went down and volunteers' experienced health problems so now they are regrouping. One respondent did not know what support they need to improve their organization's protections for survivors with limited/no immigration status in the case of an ICE raid at their agency.

Prioritized Long-Term Survivor Outcomes:

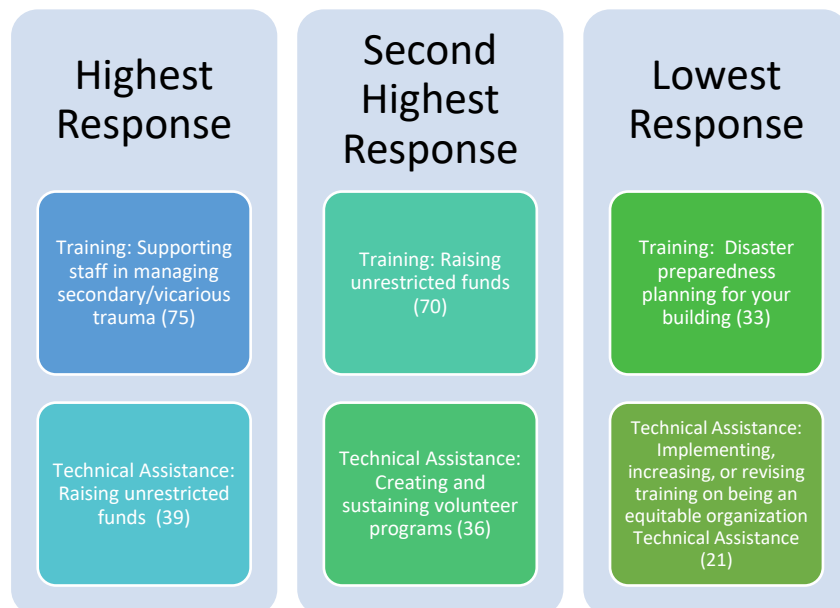
One of the areas we were interested in learning more about through this survey were the long-term survivor outcomes that feel important for organizations across the state. We asked survey respondents to rank the long-term survivor outcomes in order of priority based on what their organization sees. This ranking is not meant to imply that any long-term survivor outcome is less important, but is more so meant to help NCCADV prioritize the order in which we might offer training, TA, or resources based on what organizations deem to be a more immediate area of need.

Ranked 1	Increasing emergency housing access for survivors
Ranked 2	Increasing transitional housing access for survivors
Ranked 3	Increasing transportation access for survivors
Ranked 4	Increasing employment security (including benefits and living wage) for survivors
Ranked 5	Increasing access to childcare for survivors
Ranked 6	Increasing access to long term mental health services for survivors (beyond crisis counseling)
Ranked 7	Increasing access to medical care, including dental and vision, for survivors
Ranked 8	Increasing educational access/attainment for survivors
Ranked 9	Increasing survivors' ease navigating financial institutions/setting up financial security (e.g. banks, credit unions)
Ranked 10	Increasing healthy food security for survivors

Training and Technical Assistance (TA) Areas to Improve Internal Organization Practices:

Internal Training/TA:

We recognize that there is a difference between training and TA that will improve service provision to survivors, and training and TA that will improve internal organizational practices for staff and volunteers.



Below is a chart showing all the areas of internal training and TA and the number of respondents that identified interest in training and TA for each area.

<u>Internal Training and TA Areas</u>	<u>Number of Respondents who Identified Interest in Training</u>	<u>Number of Respondents who Identified Interest in TA</u>
Disaster preparedness planning to support your staff in natural disasters	40	27

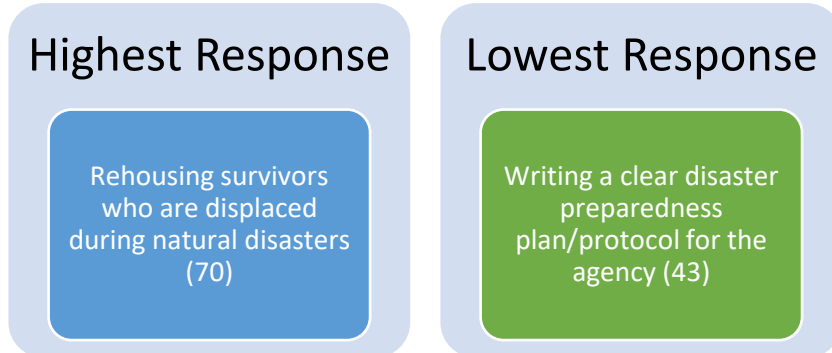
Disaster preparedness planning for your building	33	23
Creating and sustaining volunteer programs	69	36
Raising unrestricted funds	70	39
Governmental funding streams (writing, reporting, and/or identifying funding streams)	46	23
Private funding streams (writing, reporting, and/or identifying funding streams)	47	29
Supporting staff in managing secondary/vicarious trauma	75	32
Turnover prevention/retention	55	31
Leadership succession planning	63	28
Implementing, increasing, or revising training on being an equitable organization	45	21
Conducting our own internal equity evaluation (e.g. hiring practices, management practices, compensation practices)	46	24
Examining professional development opportunities for all staff, including leadership, administrative, and direct service	59	23
Examining onboarding training/procedures for new employees	55	24
Recruiting new board members	43	32
Engaging and retaining current board members	44	31
Creating worker-supportive policies (e.g. substantive leave accrual, Safe Days, institutionalizing workers taking care of themselves, working from home policies)	55	26
Creating or improving paid family leave policies/benefits	43	24

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) to expand upon areas of internal organizational training and TA. One respondent shared that it would be awesome to expand on staff policies and onboarding and that everyone at their agency receives different training depending on who they are working with; they also shared that it would be helpful to offer benefits to employees that lead to higher job satisfaction such as flexing hours or allowing work from home or in the community one day to catch up on notes/reports. Another respondent mentioned establishing a Deaf DV/sexual assault program or organization in NC as Deaf survivors are in need of having a Deaf advocate to help them navigate the justice system especially. One respondent wants support on board best practices such as instruction on what a board's makeup should include, limits on time served on the board, and the board's role in tailoring direct client services. Another respondent asked for support on policy on if the agency loses funding the employees could be terminated. And one respondent mentioned senior volunteer programs where seniors receive biweekly pay through upper coastal plain area agency on aging located in Wilson, NC.

NCCADV's Capacity & Leadership Development Program works with Executive Directors and other leaders to build up organization's internal resources in order to be able to carry out their mission of serving all survivors. NCCADV provides training such as the annual Executive Director Leadership Institute, as well as individual and personalized TA. TA that the Capacity & Leadership Development Program can provide includes: Management and staffing, building up financial resources, board development, program development and evaluation, and strategic planning.

Areas of Support for Disaster Preparedness and Recovery:

We recognize that natural disasters, particularly hurricanes, have impacted DV service providers and the survivors served across the state.



Below is a chart showing all the areas of support programs need for disaster preparedness in the future and in continuing to heal from past natural disasters and the number of respondents who identified those areas of support.


<u>Areas of Support for Disaster Preparedness and Recovery</u>	<u>Number of Respondents who Needing Support in those Areas</u>
Writing a clear disaster preparedness plan/protocol for the agency	43
Increasing access to mental/emotional health services to support people through the trauma of a natural disaster	46
Rehousing survivors who are displaced during natural disasters	70
Transportation for survivors whose transportation methods were impacted by natural disasters	48
Connections to landlords and apartment complexes that will accept money from agencies to house survivors regardless of the survivor's proof of income	47
Increasing access to cash distribution agencies/locations	45

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) to add other areas of support not listed that would be helpful to programs in preparing for or healing from natural disasters, as well as to expand on anything they did select. One respondent shared that they are unsure of preparedness needs as they are located in a low disaster area and that they have plans in place but could undoubtedly use more training around this. Another respondent requested that it would be helpful if it is done in American Sign Language for Deaf survivors. And one respondent shared that it would be helpful to know of other shelters that could accept survivors during a hurricane evacuation.

Qualitative Results Section:

The last six questions of the survey were qualitative questions giving respondents the opportunity to share more information about a range of topics.

NCCADV:

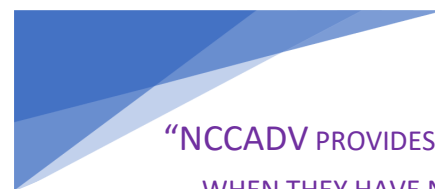


**“THE ADVOCATE’S INSTITUTE IS
PARTICULARLY PHENOMENAL”**

-SURVEY RESPONDENT

The first qualitative question asked respondents about the ways NCCADV helps them serve survivors. One respondent shared that NCCADV provides a broader picture of assisting victims in need. Another respondent shared how NCCADV has provided them with training that they need to understand violence and how it uniquely affects LGBTQ survivors and aggressors; NCCADV has been willing to consult with them when concerns arise in specific LGBTQ survivor situations and to refer local service providers to them for additional expertise. They continued by saying that NCCADV has served as an important partner in advocating for policy that is LGBTQ-inclusive and will

help reduce the threat of suicide in their community. Twenty-six respondents referred to the training, conferences, TA, newsletters, and resources provided by NCCADV: some respondents described the training, education, support, knowledge and information as adequate, relevant, quality, important, free and affordable for staff and community members attending their programs, allowing them to understand the needs of the population that they serve, helping them to learn best practices in assisting victims and working with youth/families, ensuring that advocates are well equipped, to help families move forward after violence or being displaced, to serve DV survivors, outside resources for the families, available immediately via phone or email, finding new ways to help clients, including data sheets, on a variety of topics they face as service providers, and keeping them informed on statewide issues weekly; one respondent shared that it provides employees with statistics needed for NC as well as prevention and education for staff; another respondent described that NCCADV provided training and consultation as they began a new agency; and one respondent mentioned a database for tracking information. Twenty-one additional respondents discussed training specifically: some of these respondents described the training NCCADV offers as phenomenal, valuable, informative and helpful, many training sessions to help advocates better accomplish their jobs, and on how to support survivors and families; one respondent shared that they have brought the knowledge from training back to their agency; another respondent shared that all their training information has come from the PowerPoints supplied by NCCADV during the advocates institute; one respondent mentioned the webinars as well; another respondent shared that the Advocate’s Institute is particularly phenomenal; one respondent mentioned ready to go resources, emerging trends, and best practice resources; and one respondent suggested that publications would also be helpful especially when onboarding new staff. Three additional respondents discussed TA specifically: one respondent described the ability to call when unexpected situations arise, another respondent shared that NCCADV provides great TA and when they have needed to call there has always been someone available to answer questions and steer them in a helpful direction, and one respondent shared that NCCADV has always been very helpful to their agency and that when they have a question or concern they have always been able to reach out to NCCADV.




**“NCCADV PROVIDES GREAT TA AND
WHEN THEY HAVE NEEDED TO CALL
THERE HAS ALWAYS BEEN SOMEONE
AVAILABLE TO ANSWER QUESTIONS AND
STEER THEM IN A HELPFUL DIRECTION”**

-SURVEY RESPONDENT

Additional responses to this qualitative question about the ways NCCADV helps them serve survivors included three respondents who shared about assistance with funding that NCCADV has provided: one respondent shared that NCCADV assisted with grant money from the Allstate Foundation to assist survivors dealing with financial abuse and another respondent shared that NCCADV assists with funding to support and educate their employees and the clients they serve. Five respondents mentioned networking and partnerships: one respondent shared that they’ve been able to network and improve community relationships and consult with community partners to better serve the victims they work with because of NCCADV, another respondent discussed the assistance and ideas in navigating relationships that NCCADV provided particularly at court and with elected officials, one respondent mentioned access to joining other

agencies through NCCADV, and another respondent shared how NCCADV has supported them by allowing them to increase their outreach in the community. One respondent thanked NCCADV for supporting Osnium and elaborated that it is an important tool for them. Two respondents mentioned NCCADV's online resources. One respondent explained NCCADV's support as running a strong local network of DV agencies that refer clients to them for representation. Another respondent shared that NCCADV's willingness to strategize about issues and policies that impact the greater DV community has been particularly helpful. One respondent listed multiple ways NCCADV helps them serve survivors: emergency housing, emergency financial assistance, therapy, and emergency transportation. Two respondents shared that they had newly formed relationships with NCCADV and one of them added that they are excited about the potential to work together around human trafficking. One respondent mentioned prevention and stated that NCCADV has supported them by helping them provide information to understand how to prevent intimate partner violence and how to educate young people as advocates. Two respondents mentioned providing bilingual and interpretation services during biannual conferences to make it easier for community members to attend them.



**"NCCADV PROVIDES EXCELLENT
LEGAL REPRESENTATION FOR
SURVIVORS"**
-SURVEY RESPONDENT

One respondent mentioned that NCCADV gives them basic policies to follow to start helping the victim but that everything else is a "shade of gray." Another respondent asked if NCCADV has served deaf survivors. One respondent shared "visit agencies and get to know the day-to-day problems they face, advocate for more funding, lobbying." Four respondents mentioned legal services: one respondent described advising on legal issues and representing clients in court, another respondent stated that NCCADV provides excellent legal representation for survivors, one respondent shared

about the legal guidance and support to staff, and another respondent mentioned two occasions where they have used NCCADV for legal assistance with a client. Three respondents discussed referrals: one respondent shared that NCCADV will help them learn how to deal with DV survivors and avenues to refer victims, another respondent described how NCCADV offers assistance if they ask who to contact for issue and helps them make contacts with other services if needed, and one respondent discussed how NCCADV provides valid information on agencies that are open to help. One respondent shared that NCCADV helps survivors in all their needs that need to be met. Another respondent mentioned that the Green book has helped a lot with information. Four respondents said "none" when asked about the ways NCCADV helps them serve survivors: one respondent specified right now, another respondent said they never had contact with NCCADV, and one respondent said they are attempting to find out how NCCADV can help them.

The second qualitative question asked respondents about the ways that NCCADV creates barriers/challenges for them/their organization in serving survivors. Three respondents shared about applicability to all agencies: one respondent mentioned that NCCADV creates barriers/challenges by not addressing all specific scenarios encountered by agencies, another respondent discussed how by trying to make sure all needs are met and that NCCADV gets what is needed they can have challenges, and one respondent shared how NCCADV is not engaged with rural community and issues. Six respondents mentioned being unable to reach someone or get assistance for TA: one respondent clarified that they would not say that NCCADV creates barriers but that there have been times when an advocate was in need of TA and was unable to reach someone or the person available did not know how to assist, another respondent explained that NCCADV is not easily accessible when called for support, one respondent described it as by not knowing all there is to assist families and pointing them in the right direction, another respondent suggested that NCCADV probably needs to identify what everyone does and for whom and that DV is happening in rural areas too and they need a representative from the agency to address their needs so perhaps region reps or something similar because right now it is kind of a toss up if they have a question/issue as to who do they contact and how do they get assistance, etc., one respondent stated that it is very difficult to get anyone on the phone for TA, and another respondent described how staff turnover/re-assignment makes it difficult to keep up with who their contact person is. One respondent shared how sometimes they do not know if the issue they are dealing with is something NCCADV can assist with and so to be honest they do not even think about calling to ask but they are not sure why they do not as when they have accessed TA it was helpful. Another respondent mentioned that community partnerships can be stronger as they engage with each other on a professional level.

Additional responses to this qualitative question about the ways that NCCADV creates barriers/challenges for them/their organization in serving survivors included twelve respondents who mentioned problems with training: one respondent described that it is difficult to get responses from the NCCADV team and to get training that is shown on the website, another respondent shared that there is not a lot of training that discuss serving those in immediate need if they present in a healthcare setting, three respondents felt that the training is not relevant or able to be applied (theory to practice), one respondent mentioned lack of training, another respondent shared that sometimes training sessions

make people uncomfortable such as making someone feel guilty for being white/straight or one who is unsure about their own sexuality (words from a recent training that a new employee attended), and five respondents described being unable to access training. Of the three respondents who felt that the training is not relevant or able to be applied (theory to practice): one respondent shared that some information is better in theory than in practice, especially in a shelter setting, for example, it has been decided that chore charts are disempowering but in reality many shelter residents have requested that staff implement a chore system or chart of

some sort because it adds stress and chaos to their shelter stay to have continual messiness and bickering over what chores are whose responsibility; another respondent described theory to practice by saying that sometimes it feels like there is a disconnect between what is the Utopian goal and what is actually practical in practice in the real world and that NCCADV needs to meet agencies where they are; and one respondent mentioned that sometimes training can seem as though NCCADV does not take into account the dynamics of their small community and some information that they are given at training seems to be more tailored to agencies that serve larger communities/cities and that their community is much smaller and, therefore, they need information that helps them reach their community members where they are. Of the five respondents who identified being unable to access training: one respondent shared that training for their particular organization typically involves travel, another respondent mentioned that the locations of classes are sometimes too far away and it would be great if they could be live streamed, one respondent identified a lack of webinars for part-time staff access, another respondent described how the majority of training sessions are located in the central part of the state and are difficult for outlying regions to attend, and one respondent mentioned how oftentimes the training sessions are not close enough for their staff to attend.



“THE MAJORITY OF TRAINING SESSIONS ARE LOCATED IN THE CENTRAL PART OF THE STATE AND ARE DIFFICULT FOR OUTLYING REGIONS TO ATTEND”

-SURVEY RESPONDENT

Two respondents pointed to NCCADV’s rigidity as a barrier: one respondent shared that sometimes NCCADV expects agencies to adhere to expectations that are unrealistic and another respondent stated that it does not allow for flexibility on certain situations. One respondent described that the types of challenges they have encountered were related to a perceived duplication of services, however, they have been able to work out the logistics with NCCADV through transparent and frank discussions. Two respondents mentioned that they are just forming a relationship with NCCADV and trying to find out more. Two additional respondents mentioned limited shelter options for survivors in their community and surrounding communities and that they need more safe havens. One respondent shared that language barriers have previously been a challenge because most agencies cater to Latino/Hispanic populations when hiring bilingual staff and have few options for other cultures. Another respondent identified that there is no deaf DV/sexual assault program or organization to serve Deaf survivors. One respondent mentioned that more resources are needed. Another respondent described how NCCADV takes the same funding and more funding than they get from the same funders which cuts support for the actual survivor. One respondent shared that sometimes it feels that NCCADV has asked for examples of systemic issues (language access, impact of ICE raids on survivors, etc.) several times to assist advocacy efforts, without a lot of results. Another respondent mentioned needing more of a variety of services for youth/families with Juvenile Justice involvement. One respondent shared that while they do not believe there are barriers created, they would like more TA regarding the Human Resources and policy and procedure side of advocacy work from somewhere. Another respondent asked for more assistance with Custody Matters. One respondent requested that NCCADV have more training and safe space where all the agencies can talk about all the issues and no one gets sensitive and that agencies can benefit more if they have the real conversation. Another respondent mentioned several changes to the work with performing services to survivors. One respondent shared that they do not think that NCCADV creates challenges for them or survivors of human trafficking, but there is a need for revised policies and procedures and training within DV programs across the state to serve survivors of human trafficking. Another respondent mentioned by sharing updated information. Twenty respondents put none or N/A: one of those respondent said they have not personally experienced any barriers and have never heard anything negative from their co-workers or Executive and Assistant Director and another respondent shared that they are new to the organization but they are unaware of barriers/challenges NCCADV creates.

As TA providers at NCCADV, we are continually working on building our own internal capacity to support DV service providers who are supporting underserved, culturally specific survivors. We are aware that there are gaps in services for underserved, culturally specific survivors and we are working, along with DVSPs, to fill those gaps. In each section throughout this report, we will specifically share the areas of TA that program staff can provide, however, NCCADV’s TA is not limited to questions, concerns, or problem-solving needs that fall under programmatic work.

NCCADV provides TA around any general topics as well, which can include disaster preparedness, support groups, equity and inclusion, technology, policy writing and review, and more.

NCCADV’s Legal & Policy Program works across systems, including our legislative system, to advocate for survivor-centered policy changes and to lead NCCADV’s lobbying efforts. With a broad and varied set of partners, the Policy program seeks to ensure that all survivors of DV in North Carolina can access effective advocacy and solutions when they seek interventions from the systems that exist to address their needs. Our legislative work includes an agenda that is crafted seeking the input and feedback from survivors, members, staff and Board members, and follows the two-year cycle of the General Assembly. The Direct Legal Services program represents historically underserved survivors of DV in their court proceedings. The Direct Legal Services team partners with agencies and Legal Aid staff attorneys in three counties to form part of the comprehensive legal support system for survivors in our service area. The Direct Legal Services program also funds a staff attorney who is employed by Legal Aid of North Carolina in a rural, underserved area of the state. The Legal and Policy Program staff can provide TA on: Confidentiality, local systems advocacy coordination, statewide systems advocacy, legal issues for programs and shelters, language access, policy and legislative issues, lethality assessment, law enforcement response, and campus issues.

Funders:

The third qualitative question asked respondents about the ways that funders help them serve survivors other than by funding their work. Sixteen respondents mentioned training, TA, tools, resources, curriculum, and best practices: one respondent shared that Allstate Foundation has been a great funder and that they have not only assisted with the grant money, but they have given all the necessary tools, curriculum materials, and training needed to assist survivors dealing with financial abuse; another respondent described how funders offer guidance and support for best practices; one survivor mentioned that funders provide tools to help educate; another respondent shared how the Council for Women supports questions and problems they have day to day; one respondent mentioned funders providing information and opportunities for training, but unfortunately as small agencies they are not staffed well enough to attend most of these opportunities; another respondent described how funders notify their agency of upcoming training and webinars to support their continued education in the field; one respondent shared how funders help them not only to service their clients, but they are also their biggest resource when emergencies arise and they need to reach out one-on-one to meet a need; one respondent mentioned training, answering questions, and representation on the federal and state level; another respondent described funders supporting and holding information sessions; one respondent shared how grant managers are always helpful when they need assistance; another respondent mentioned how frequently funders have helpful information that they share and can be a good resource for them; one respondent described how funders provide an additional survivor-centered perspective when they review their programs and shelter operations; another respondent specified that they are allowed to attend training; one respondent identified training institutions; and another respondent mentioned funders providing resource material.



“FUNDERS PROVIDE AN ADDITIONAL SURVIVOR-CENTERED PERSPECTIVE WHEN THEY REVIEW THEIR PROGRAMS AND SHELTER OPERATIONS”

-SURVEY RESPONDENT

Three respondents mentioned the purpose of funds and accountability/outcomes: one respondent shared how funders allow them to understand what the purpose of the funds are, another respondent described how through accountability/auditing and parameters for how funding should be allocated they were supported, and one respondent mentioned that funders force them to analyze their projected versus actual outcomes and re-examine if they are doing the work they set out to do.

Additional responses to this qualitative question about the ways that funders help them serve survivors other than by funding their work included one respondent who shared that the structure that the Council for Women provides is helpful and they miss their region director and have fielded some calls from staff from other counties who they would have referred to the region director so they hope the position will be filled soon. Eight respondents mentioned funding only: one respondent shared that’s what funders do best-providing financial assistance that allow services to be provided to clients; another respondent specified client assistance money for housing fees and transportation; one respondent mentioned more money and that funders think that advocates have to get [paid low, no one values the work], and the stress label as well as the trauma each advocate is under doing this work; another respondent clarified that funders do not help, other than funding an extremely small

percentage of their work; one respondent specified funds for emergency shelter, housing, food, etc.; and another respondent shared how they can work without worrying of any financial burdens. Five respondents mentioned stakeholder networking and partnerships: one respondent shared that funders help by bringing together stakeholders on a regular basis to discuss matters pertaining to delivery of services to survivors, another respondent mentioned funders assisting with building a network of partnerships, one respondent described funders' financial assistance for survivors to transition to safe homes, another respondent listed networking and donations, and one respondent mentioned increasing awareness among funders' communities and networks to encourage others to get involved/give. Two respondents described how funders share about their organization: one respondent included how funders donate their resources to getting the word out about their organization and the other respondent detailed how funders help them to serve survivors by learning about their organization and then getting the word out so that more people in DV situations know who to contact and get the help that they need.



“FUNDERS HELP BY BRINGING TOGETHER STAKEHOLDERS ON A REGULAR BASIS TO DISCUSS MATTERS PERTAINING TO DELIVERY OF SERVICES TO SURVIVORS”

-SURVEY RESPONDENT

When asked about how funders help them serve survivors other than by funding their work, one respondent mentioned that by giving some help to victims, funders have helped in the past but at this time they have no money to help anyone and they hope that as they enter a new year that the fundraisers money from last year will become available. They added that they have a new executive director coming in but they also need a new board of directors. One respondent shared how their funders help and support their deaf DV agency to serve Deaf, Hard-of-Hearing, Deaf/Blind survivors by giving them communication access in providing information and counseling, engaging in safety planning, building skills, increasing social support and community connections, as well as increasing access to community resources and opportunities. Another respondent described how funders help them develop creative initiatives in their agency. One respondent identified how funders can help with other means that they are lacking. Another respondent listed supplies as a way they get support from funders. Two respondents mentioned volunteers as a way funders support them: one of the respondents described how one of their funders helps with volunteers for a day once a year and provides furniture and supplies to victims when they move into their own home and the other respondent said that the funders volunteer or provide input on other ways of assisting survivors. One respondent shared that they receive help from their local churches and mental health providers. Another respondent described how funders provide assistance with helping survivors make wise decisions with housing and bill pay as well as providing funding that will be used to help survivors get established through training so they can assist them with opinions based on funding, housing, and transportation concerns. Two respondents shared that they weren't sure what ways funders help them serve survivors other than by funding their work and one of those respondents stated that they are not familiar enough to respond as their agency has a person who manages their grants. Nine respondents put N/A and one of those respondents described how they have no funders, that their families are serviced through other agencies that receive funding and they try to refer parents to other agencies, however, they do have a food closet that they can assist parents by providing non-perishable foods, personal care products, and household items and another of those respondents shared that they have no funding at the moment. One respondent said none when asked about ways funders help them serve survivors other than by funding their work.



TWELVE RESPONDENTS
SHARED ABOUT
FUNDING RESTRICTIONS

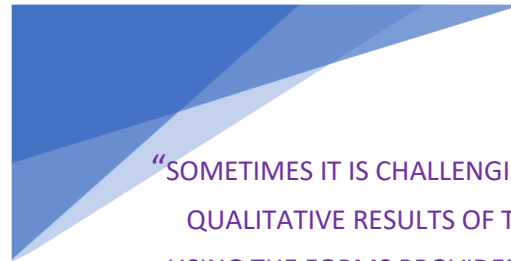
The fourth qualitative question asked respondents about the ways funders create barriers/challenges for them/their organization in serving survivors. One respondent mentioned funders not consulting organizations more concerning by-laws. Twelve respondents shared about funding restrictions: one respondent described this as when they are only allowed to do certain things with the given funds; another identified how clients have so many barriers and not being able to use the funds but for one purpose may limit their clients; one respondent

listed insufficient time to use the funding; another respondent mentioned restrictions on what they can use client assistance money for; one respondent detailed how limiting funding for certain items can be frustrating when for example they have thousands of dollars allocated for furniture when they truly need direct financial assistance for a survivor; another respondent listed grant stipulations; one respondent identified funders dictating what they believe is important and worthy of funding without being in the work to understand the true needs of their clients and the community they serve; another respondent shared about constraints on funding streams that want to pay for things instead of positions being incredibly frustrating and that without the ability to pay sustainable incomes to their

employees they are not able to provide any services to survivors as without the advocate there is no program, and they have a lot of pressure from funders to pay to direct client services like transportation, needs, bills, etc., for example, FVPSA is \$25,000 and they want them to use more money for clients but \$25,000 does not even pay one person's salary so they have to [piecemeal] staff salaries through multiple funding sources because without the advocate they have no access to other services or long-term systemic change is possible; another respondent mentioned how some funds are very specific on what they can be spent on (e.g. pamphlets versus other handouts like pens or nail files) and this can make it challenging to spend some of the funds; one respondent described how it can create barriers and challenges if the funds are not there to meet the needs of the people; and another respondent shared about the very strict guidelines sometimes and that they understand why, but it can sometimes cause a barrier with the restrictions.

Additional responses to this qualitative question about the ways funders create barriers/challenges for them/their organization in serving survivors included fourteen respondents who identified administration of funds and reporting as barriers/challenges: one respondent detailed how the FVPSA administration is chaotic and stress inducing from blanket emails to everyone that only apply to a few demanding that reports must be completed and trying to understand a color coding system to see who must complete that is sent three emails later when they have already started compiling data and still not being entirely sure from the unclear spreadsheet about who needs to complete what with the threat of withheld or reduced funding, which is frustrating (creating an email list and sending emails to agencies that have special requirements is not that hard) to

nothing being clear and being constantly berated with email threats that money will be withheld if reports are not in on time when their reports are always on time which is not helpful to being constantly reminded how many grants must be administered is not helpful as they are always busy and they shared that previous staff administered this grant without this level of chaos; another respondent identified the changing reporting measures; one respondent mentioned layers of reporting and administrative requirements to sustain funding; another respondent shared about how sometimes they find that it is challenging to report the qualitative results of the work they do using the forms provided by government funders because the forms only ask for quantitative information and that information does not reflect the participants' changes of lifestyles and their program's results thoroughly; one respondent identified that there are challenges regarding the reports to government funders and reports requested do not reflect their work; another respondent listed lots of reports as a barrier; one respondent detailed the huge amount of time being spent on the administrative pieces such as time sheets for grants and there not being enough funding sources to grow capacity on the administrative side of the agency leading to overworking admin staff and delays that then affect other agency areas; another respondent mentioned how funders request too much data from the client; one respondent shared how sometimes there is too much for all the funders due at the same time; another respondent identified how reporting requirements take too much time; one respondent listed that there are several changes in reporting the work; another respondent mentioned how writing proposals and submitting reports requires an inordinate amount of staff resources and time; one respondent shared how there is so much paperwork and double work across funding streams when it could be more streamlined and how funders will not pay for admin, but expect a lot of admin results and there is no uniform reporting; and another respondent described reporting particularly at the state level and as a multi-county dual services agency there is an extensive amount of time that goes into completely separate state reports and transferring funds within budgets although the intended purpose of each funding source is the same and they highly suggest that the state allow multi-county agencies to merge budgets or grant the breadth of expenditures (i.e. being able to move up to 10% of funds in a particular budget category without a BTR) and that statistical reporting is also very labor-intensive as state categories do not line up with federal categories and there is very little assistance at the state level with providing insight into statistical reporting definitions. One respondent identified delays in reimbursements and setting up funding formulas that primarily are dependent on population and smaller areas serve as many and many times more than larger populated areas with less allocated dollars. Another respondent listed political fluctuations, lack of awareness, and a focus on addressing crisis rather than prevention/education.



“SOMETIMES IT IS CHALLENGING TO REPORT THE QUALITATIVE RESULTS OF THE WORK THEY DO USING THE FORMS PROVIDED BY GOVERNMENT FUNDERS BECAUSE THE FORMS ONLY ASK FOR QUANTITATIVE INFORMATION AND THAT INFORMATION DOES NOT REFLECT THE PARTICIPANTS’ CHANGES OF LIFESTYLES AND THEIR PROGRAM’S RESULTS THOROUGHLY”

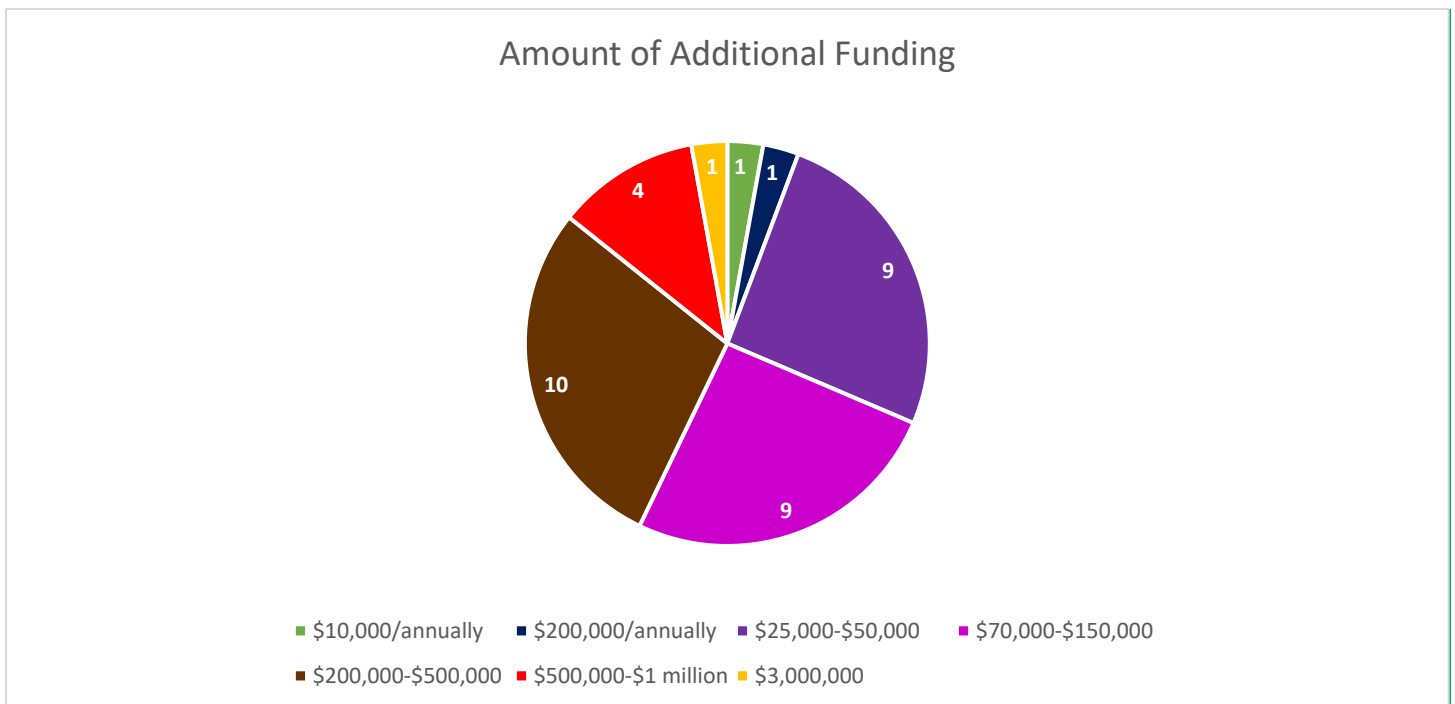
-SURVEY RESPONDENT

One respondent identified a barrier/challenge that funders create as funders lack the real-world information on real life and the situations that their clients are in and what they are trying to come out of. Another respondent mentioned that sometimes it takes too long to get returned responses. One respondent shared that funders have too much say in program design. Another respondent described how state and local funding of DV services constitutes the most flagrant example they have seen in their many decades in human services of a funding “non-system” where a patchwork of numerous and oftentimes small grants is an administrative nightmare when it comes to figuring out how to budget for and deploy staff with individual staff members often funded by two or more grants and the entire funding system needs a complete overhaul in order to make more efficient and effective use of available funds. One respondent listed the opening of grants late as harming the delivery of the work. Another respondent identified how funders are often not victim-centered and often want lots of “new programs” but do not want to support foundational work. One respondent mentioned turnover especially at the government funding level can cause a great deal of problems for grant management. Another respondent shared about when their work and growth has gotten limited because of the funding. Five respondents identified funding only as the main barrier or challenge: one respondent said that the limited amount of available funds makes it difficult to assist many clients; another respondent mentioned cuts to funding; one respondent said their funding does not support survivors; another respondent listed not enough funds; and one respondent said cutting their funding. Eight respondents put N/A and one respondent said they are mainly funded by health care services rendered to their patients and they do not access a lot of funding for DV because they do not know how to do so, another respondent said it is not applicable to their position in their agency, and one respondent said they have no funding at the moment. Four respondents said none and one of those respondents clarified that they have not experienced any barriers from any of their funders; another respondent said they have limited funders; and one respondent said they are unaware of any barriers/challenges. One respondent stated not sure and said that they are not familiar enough to respond as their agency has a person who manages their grants.

NCCADV’s Database Program provides a free database, Osnum, to all DV and sexual violence agencies in North Carolina. The program aims to assist agencies in gathering and storing client data in a way that is compliant with VAWA, VOCA and FVPSA confidentiality. It also provides reporting for the common funder reports. The Database Program staff can provide TA on: data collection, databases (in general and confidentiality compliance), HUD/HMIS compatibility in databases, State ESG requirements vs VAWA/VOCA confidentiality, technology abuse, grants management, grant reporting, and grant writing.

Additional Funding:

NCCADV hopes to use the data from this needs assessment to lobby and advocate for additional funding with our legislators. Therefore, the fifth qualitative question asked respondents about how much additional funding would be helpful to their agencies as an ideal amount of funding. From the responses, some of the exact amounts given were able to be grouped together which we then used to create the pie chart below:



As is referenced in the pie chart, one respondent quantified the amount of additional funding needed as \$10,000 annually while another respondent quantified it as \$200,000 annually. Nine respondents identified amounts

between \$25,000-\$50,000 and nine additional respondents identified amounts between \$70,000-\$150,000. Ten respondents quantified the amount of additional funding needed as between \$200,000-\$500,000 and four respondents quantified it as between \$500,000-\$1 million dollars. One respondent listed \$3,000,000. Beyond the actual specified quantities, responses included three respondents who said that any amount would be useful: one respondent described how all agencies could use more money and any amount great or small would be beneficial while another respondent stated that no amount is too large and one respondent said they would be thankful for any amount of funding available to assist. Six respondents said they were unsure or the amount was unknown: one respondent said it really depends on the families and their crisis, another respondent said they are not included in any financial decisions so they do not feel comfortable guessing on this number, and one respondent said they are not familiar enough to answer this question as they have a person who manages their grants. Four respondents indicated N/A.



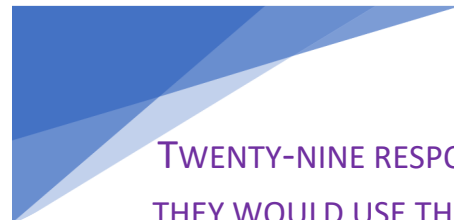
“DV/SA FUNDING ALLOTMENT HAS NOT CHANGED IN 25 YEARS AND A CONSIDERATION FOR COST OF LIVING AND EXPENSES WOULD BE HELPFUL”

-SURVEY RESPONDENT

Some respondents gave more information when asked about additional funding. Two respondents said we need to consider the cost of living: one respondent described how they are doing well with the additional GCC grant money that has been available the past few years but not knowing if they will be able to renew that funding is challenging and that having a regular cost of living increase in state grants would be helpful as they cannot offer cost of living increases for staff unless they do new grant writing and the other respondent shared that DV/SA funding allotment has not changed in 25 years and a consideration for cost of living and expenses


would be helpful and while they are not sure of exact amounts, the ability to provide more shelter and transitional beds is always needed. One respondent identified that their community does not have a shelter for victims of DV and funds would be useful for setting up and staffing a shelter in their area, additionally, they would ideally like to have adequate staffing for their crisis line, office coverage, and prevention activities. Another respondent listed a holistic and therapeutic base. One respondent shared that their funding has been cut to only \$10,000 per year. One respondent described how if it were for basic services the amount would be limited and unrestricted funding to support doing basic work that does not always revolve around a special population or program but just serves survivors. Another respondent said their agency will be losing around \$70,000 from one federal grant next year and this will hurt services.

The sixth and final qualitative question asked respondents about what they would use that ideal amount of additional funding for (e.g. what type of employees, what improvements to shelter, what survivor programs). Twenty-nine respondents said they would use the additional funding for staff and of those, eleven respondents specified advocates: one respondent shared that currently their agency only has one titled advocate serving their biggest county and in order to better assist their clients they would need to hire another advocate; another respondent said that the money would help them to hire more advocates to go out to into the community and work with the public; one respondent said more advocates for the shelter and main office; and six respondents specified culturally specific advocates. Of those six respondents who specified culturally specific advocates, one mentioned a bi-lingual advocate, another mentioned an LGBTQIA+ Services Coordinator, one respondent shared that it would be wise to hire a diverse group of staff to assist a variety of families in need, and another respondent asked for additional advocate support for specific populations. One respondent said they would use the additional funding to place attorneys in LANC offices throughout the state. Another respondent listed a case manager, a second shift person at their safe house, an outreach specialist, and an HR representative. One respondent identified counselors and program managers as the staff they would hire. Another respondent clarified that they would hire qualified and well knowledgeable staff. One respondent shared that the additional funding would encompass hiring more staff so that the needs of their clients are met. Another respondent mentioned mental health clinicians to provide direct care for survivors. One respondent identified how the ever-increasing number of clients utilizing resources leads to a need for additional staff. Another respondent specified they would hire a shelter manager. One respondent shared that they would love to be able to staff their shelter with at least two people on the weekends. Another respondent listed hiring a



TWENTY-NINE RESPONDENTS SAID THEY WOULD USE THE ADDITIONAL FUNDING FOR STAFF AND OF THOSE, ELEVEN RESPONDENTS SPECIFIED ADVOCATES AND SIX RESPONDENTS SPECIFIED CULTURALLY SPECIFIC ADVOCATES

mental health counselor on staff and additional admin staff. One respondent specified a staff position that can help develop what is needed for Human Trafficking survivors within the DV arena. Another respondent mentioned hiring employees that could concentrate on serving DV victims and provide a “set-aside” area for DV victims only. One respondent specified additional childcare and transportation staff to allow for additional days/hours of this type of service provision.



“A GREAT NEED FOR SURVIVORS IN RURAL SETTINGS IS TRANSPORTATION AND THE FUNDING COULD BE USED TO PURCHASE VEHICLES”


-SURVEY RESPONDENT

Seven respondents shared that they would use that ideal amount of additional funding for transportation: one respondent described how it would all service to better their available transportation as they currently only provide transportation for their shelter residents but would like to eventually offer it to their non-residential survivors that have very limited available means, another respondent mentioned purchasing a van so that they can help their clients with transportation, one respondent specified transportation accessibility, another respondent identified purchasing agency

vehicles to support transportation, one respondent listed paying for transportation for clients, and another respondent detailed how a great need for survivors in rural settings is transportation and the funding could be used to purchase vehicles (for example: allocate \$5,000 for 6 clients= \$30,000). Seventeen respondents mentioned housing as a use for the funds: one respondent shared that the area they service does not have transitional housing programs available making it difficult when survivors are trying to relocate, escape, or move out of their safe house so they would use a portion of the money to double their relocation assistance and develop a transitional housing program; another respondent listed housing employees and alternative housing; one respondent identified long-term supportive transitional housing for survivors; one respondent shared that if there were funding it would be nice to assist families with paying utilities, housing deposits, and evictions; another respondent mentioned allowing more people to enter or possibly doing some transitional housing for clients; one respondent specified helping survivors pay the first two months of rent and housing deposits; another respondent mentioned crisis housing; one respondent identified emergency housing and staff to run the program; another respondent listed helping with family needs such as housing; one respondent described how the ideal amount of funding would allow them to create a transition program for survivors that would allow for monies to be used to assist survivors in achieving housing, electric, and water and to start their lives over after achieving getting their lives back on track mentally and physically as a sort of jump-start to help with the struggle of starting over; another respondent mentioned possible funding for permanent housing in the future; one respondent identified financial assistance for victims to relocate and restart their lives; and another respondent shared how they are an organization without walls and they have no overhead so all funds will be used to assist survivors for emergency housing until the shelter has an opening as well as for deposits on permanent housing with the only requirement being they help with future fundraisers in the community (not door-to-door) and that their focus is to help families get reestablished in a loving supportive home environment with mom employed and trained with good money management skills.


Five respondents identified childcare and parenting training as areas for the additional funding: one respondent shared that if funding was available they would focus on childcare and parenting skills training for children who have experienced trauma; another respondent mentioned that their survivor program would benefit from additional funding for childcare; one respondent specified helping survivors pay for childcare; and another respondent identified paying for daycare for victims. Six respondents mentioned staff salaries and cost of living increases: one respondent shared that if they had an ideal level of funding they would pay their excellent staff a more equitable wage

with regular cost of living increases; another respondent listed employee salaries and positions; one respondent specified a pay increase for dedicated staff members; another respondent described providing more competitive salaries for current staff members as their current staff salaries are lower than an annual 10-month teacher for a 12-month advocacy position (average teacher pay 1st year \$34,000 for 10 months of employment, their starting salary is \$32,000 for 12 month employment) and they are working hard to increase this but with the lack of funding it is increasingly difficult; one respondent mentioned compensation for employees that provide direct client services in their Safe house



“IF WE HAD AN IDEAL LEVEL OF FUNDING, WE WOULD PAY OUR EXCELLENT STAFF A MORE EQUITABLE WAGE WITH REGULAR COST OF LIVING INCREASES”

-SURVEY RESPONDENT




EIGHTEEN RESPONDENTS LISTED SHELTER AS THE AREA OF USE FOR THE ADDITIONAL FUNDING

shelter; another respondent said improve shelters by having, expanding, and building more locations; two respondents specified expanding the shelter; two other respondents mentioned shelter improvements and repair; one respondent stated that within shelter they would like to have more sensory-friendly environments for children particularly; another respondent listed emergency shelter; one respondent identified shelter startup costs; another respondent described how ideal amounts of monies would assist in replacing fifteen-year-old stoves and refrigerators, updating and purchasing replacement beds in each of their rooms, and also replace bathrooms and do bathroom repairs; one respondent shared how they have been operating their shelter with a \$60,000-\$80,000 deficit annually for the past three years and it will get worse in fiscal years 2020-2021 and 2021-2022 with the loss of around \$80,000 annually in their basic DVSA grant and about \$40,000 of that loss annually will impact the operations of the shelter, these deficits are largely the result of a reduction in United Way funding over the past three years not because of any lessening of commitment to the shelter but due to declining United Way campaigns; another respondent mentioned ideal funding to build a shelter and that the agency does not have a shelter, but rather they put victims in the hotel until they find a shelter to take them but a lot of victims would like to stay in the county; and one respondent said to obtain a shelter for Latinx and Migrant DV survivors.

Fourteen respondents shared about programming and services they would use the additional funds for: one respondent mentioned more programs to help families in DV situations; another respondent listed providing more services such as therapy and legal services to survivors; one respondent identified financial literacy; another respondent described starting training opportunities for their clients so that they can be self-sufficient and not have to return to their abuser for anything; one respondent mentioned survivor programs; another respondent specified food during training sessions and transportation to attend training; one respondent shared about wrap-around services for clients through supportive case management that supports access to mental health, physical health, and life skills increasing protective factors for the whole family; another respondent listed skills classes such as computer classes, cooking, and trade classes; one respondent mentioned client services; another respondent said expansion of their programs; and four respondents identified outreach/prevention. Of the four respondents who identified outreach/prevention, one respondent said the money can help to build their outreach program to ensure that the individuals who are experiencing DV are aware of their programs and what they have to offer and another respondent shared how they would love to do much broader prevention services with immigrants and refugees in Guilford county. Five respondents identified training as a use for the additional funds: one respondent mentioned funding organizational training days; another respondent identified having staff that can go out and complete training to keep their organization updated; one respondent listed cross-training for employees; another respondent said updated training for survivors' programs; and one respondent described how they have high stress, high burnout, high need positions, especially in shelter and those are often entry level salaries and shelter continues to see a rise in mental health, substance abuse, and chronic homelessness clients, therefore, staff need high levels of training and support to support clients in maintaining safe housing.

Eleven respondents mentioned funds for resources for survivors: one respondent identified creating an emergency kit to give those that are in crisis; another respondent listed food and clothing; one respondent said flexible funds for small grants to aid clients in immediate crisis; another respondent described flexible funds to meet immediate survivors needs that are hard to find funding for, such as medical care after assault, car breaks down, mattress for new apartment, etc.; one respondent mentioned help with families' needs such as schooling and creating jobs; another respondent listed rent, supplies, food, and clothes; one respondent identified being able to assist survivors more

and business office; and another respondent said better paid. Eighteen respondents listed shelter as the area of use for the additional funding: one respondent specified further funding to upgrade their shelter; another respondent said to own their safe house shelter; one respondent mentioned an expansion of shelter for men; another respondent identified adding an additional shelter space; one respondent described how the money would help them with a down payment or possibly pay for a shelter and help with hiring advocates to work in the



“WRAP-AROUND SERVICES FOR CLIENTS
THROUGH SUPPORTIVE CASE
MANAGEMENT THAT SUPPORTS ACCESS
TO MENTAL HEALTH, PHYSICAL HEALTH,
AND LIFE SKILLS INCREASING PROTECTIVE
FACTORS FOR THE WHOLE FAMILY”

-SURVEY RESPONDENT

financially; another respondent said pro bono legal funds; one respondent listed flexible funds reimbursement for lost wages during court and added that the list is very long; another respondent mentioned a client emergency fund; and one respondent shared to better assist clients with legal fees and unmet medical needs. Five respondents identified mental health and substance abuse as areas they would focus on with additional funding: one respondent specified money for substance abuse housing; another respondent mentioned mental health and substance use in all aspects related to DV and SA; one respondent said to open centers for treatment; and another respondent said mental health counseling for DV victims. One respondent wants to use additional funds to open a family justice center. Another respondent mentioned increased office space. One respondent shared that they would love to be able to have an agency storage unit where they could store client belongings when they do not have space for everything they own in shelter. Another respondent identified wage-matching for survivors who lose time from work to participate in services as an area for additional funding. One respondent said they would benefit if insurance was across the state employs the local agencies can get better benefit and low cost. Another respondent mentioned providing TA to shelters and survivor programs across the state who serve immigrants and refugees. One respondent suggested increasing their fund balance by being able to use funds from grants for all costs. Another respondent simply stated all above (we assume this to mean the previous questions or examples in questions as they could not see other respondents' responses). Three respondents were unsure or the uses for funds were unknown and one of those respondents clarified that they are not familiar enough to answer the question as they have a person who manages their grants. One respondent indicated N/A.

NCCADV Statewide Needs Assessment Winter 2019-Spring 2020

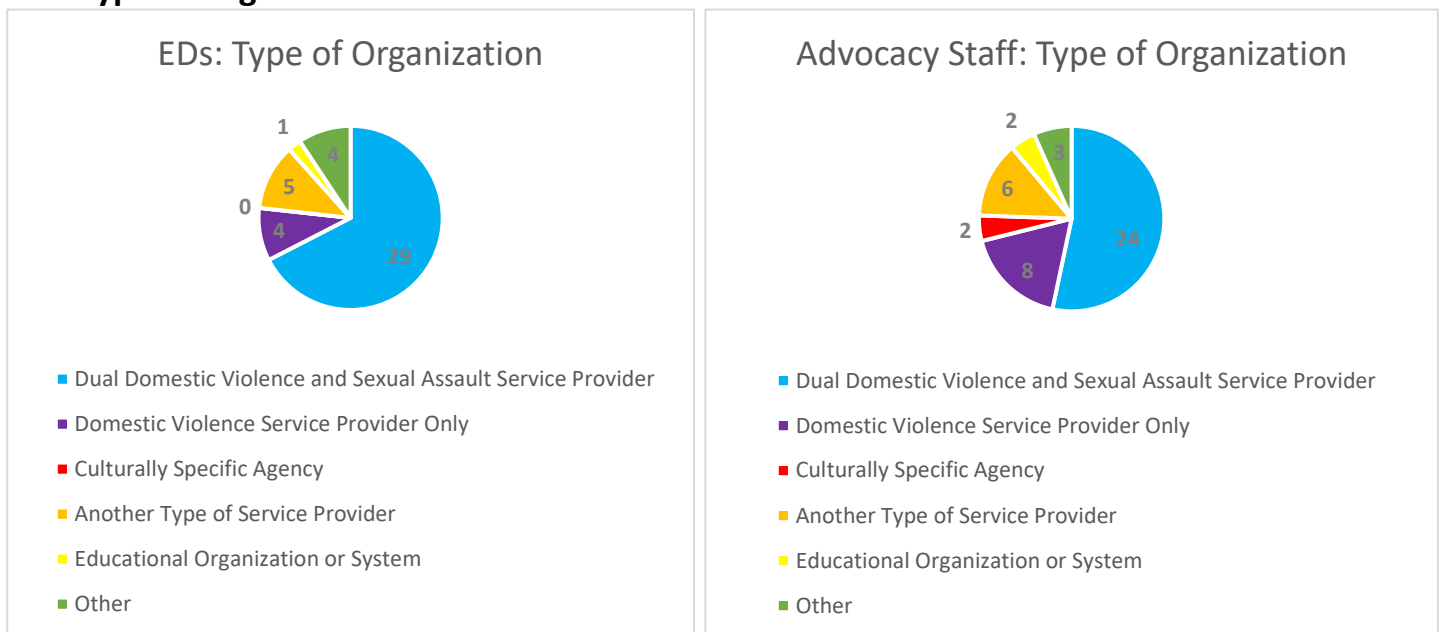
Full Report

Disaggregated Sections

Executive Directors Compared to Advocacy Staff:

This section provides a comparison of the responses from Executive Directors (EDs) to those of Advocacy Staff.

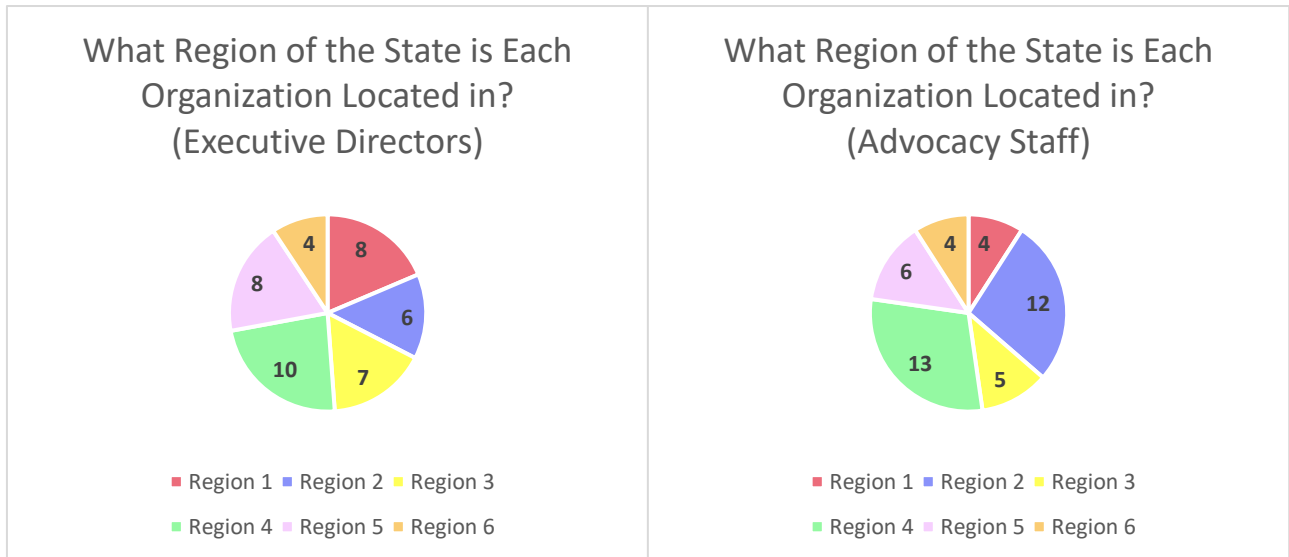
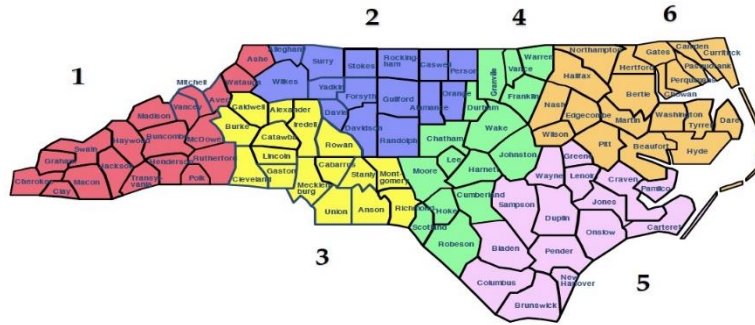
Type of Organization:



Of the 43 survey respondents who identified their role as Executive Directors, all 43 responded to the question about the type of organization they work in. Of those 43 responses, the largest group (29) work in Dual Domestic Violence (DV) and Sexual Assault (SA) Service Provider agencies. Of the remaining respondents, 4 respondents work in DV Only Service Provider agencies, 0 respondents work in Culturally Specific agencies, 5 respondents work in another type of Services Provider agency, 1 respondent works in an Educational Organization or System, and 4 respondents work in other agencies. Similarly, of the 45 respondents who identified their role as Advocacy Staff, all 45 responded to the question about the type of organization they work in. Of those 45 responses, the largest group (24) work in Dual Domestic Violence (DV) and Sexual Assault (SA) Service Provider agencies. Of the remaining respondents, 8 respondents work in DV Only Service Provider agencies, 2 respondents work in Culturally Specific agencies, 6 respondents work in another type of Services Provider agency, 2 respondents work in an Educational Organization or System, and 3 respondents work in other agencies.

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) about their organization. For the Executive Directors within the Dual DV and SA Service Provider agencies, one respondent clarified that they are a Support Group agency. For the Executive Directors within the Culturally Specific agencies, one respondent specified that they are a substance use disorder treatment program. For the Executive Directors within the Other organizations, one identified as a governmental human trafficking agency, two identified as church related, and one identified as Intimate Partner Violence (IPV) prevention, education, and awareness. For the Advocacy Staff within the Dual DV and SA Service Provider agencies, two respondents clarified that their agency is also a Human Trafficking agency and one respondent clarified that they are a Deaf DV and SA agency. For the Advocacy Staff within the Culturally Specific agencies, one respondent specified that they are a Lesbian, Gay, Bisexual, Trans, and Queer (or Questioning) (LGBTQ) and Latinx center. For the Advocacy Staff within the Other organizations, one identified as military and one identified as advocacy.

Region of the State:



Of the 43 survey respondents who identified their role as Executive Directors, all 43 responded to the question about what region of the state their organization is located in. Of those 43 responses, the highest number of respondents, 10, are from Region 4 and the next highest number of respondents, 8, are from Regions 1 and 5. Of the remaining respondents, 7 are from Region 3, 6 from Region 2, and 4 are from Region 6. Similarly, of the 45 survey respondents who identified their role as Advocacy Staff, 44 responded to the question about what region of the state their organization is located in. Of those 44 responses, the highest number of respondents, 13, are from Region 4 and the next highest number of respondents, 12, are from Region 2. Of the remaining respondents, 6 are from Region 5, 5 are from Region 3, and 4 are from Regions 1 and 6.

Major Trends:

- High Response Rates for needing Training and Technical Assistance:

 - Survivors experiencing substance use disorders
 - Survivors experiencing mental illness

- Ranking of Second Highest based on Response Rates for needing Training and Technical Assistance:

 - Survivors of human trafficking
 - Survivors with intellectual or developmental disabilities

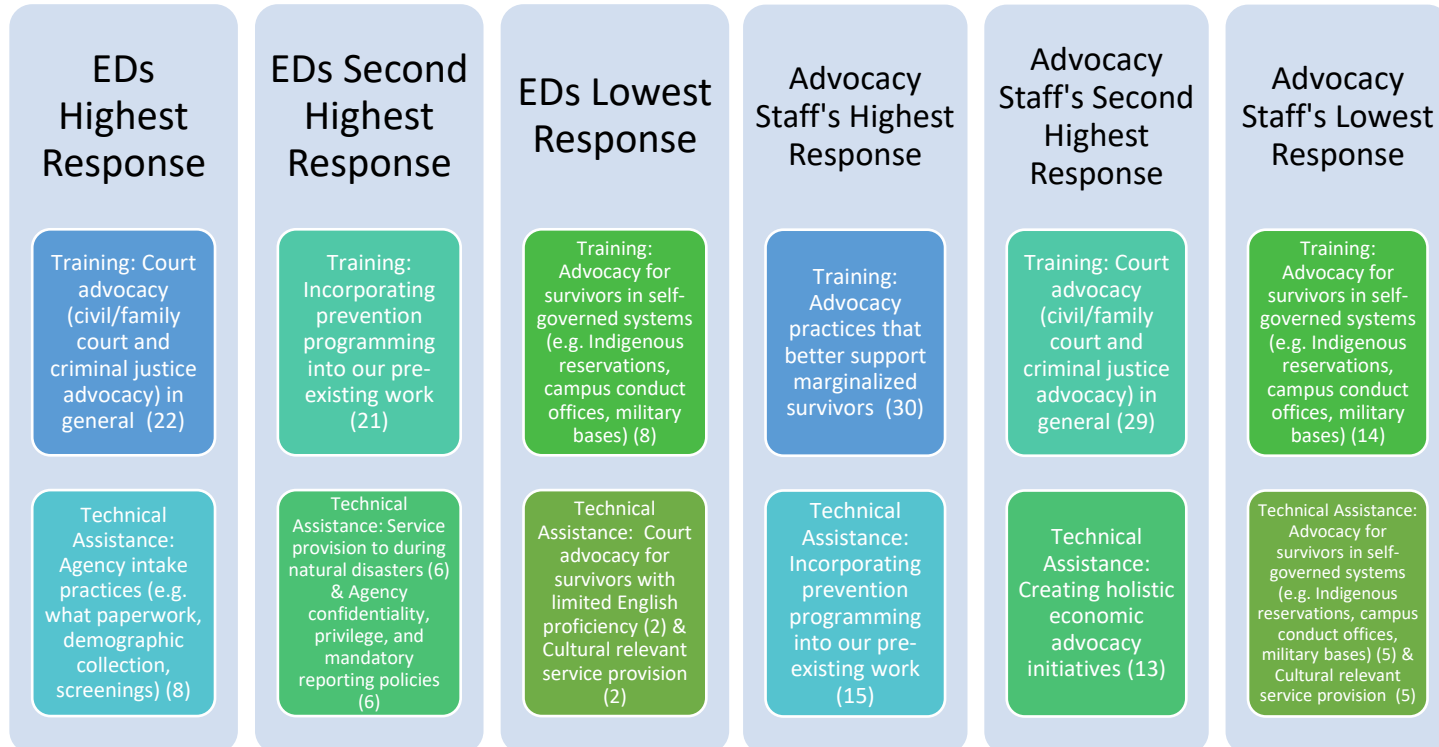
- Low Response Rates for needing Training and Technical Assistance:

 - Advocacy for survivors in self-governed systems (e.g. Indigenous reservations, campus conduct offices, military bases)
 - Survivors who were raised Christian or non-religious but in Christian-centric communities

Training and Technical Assistance (TA) Areas to Improve Service Provision:

For the purposes of this survey, training was defined as providing more basic, general information on a topic while TA was defined as involving NCCADV answering your specific questions or providing guidance on how a topic applies to your specific context.

Advocacy service provision areas that you would like training and TA to improve, expand, or adjust:



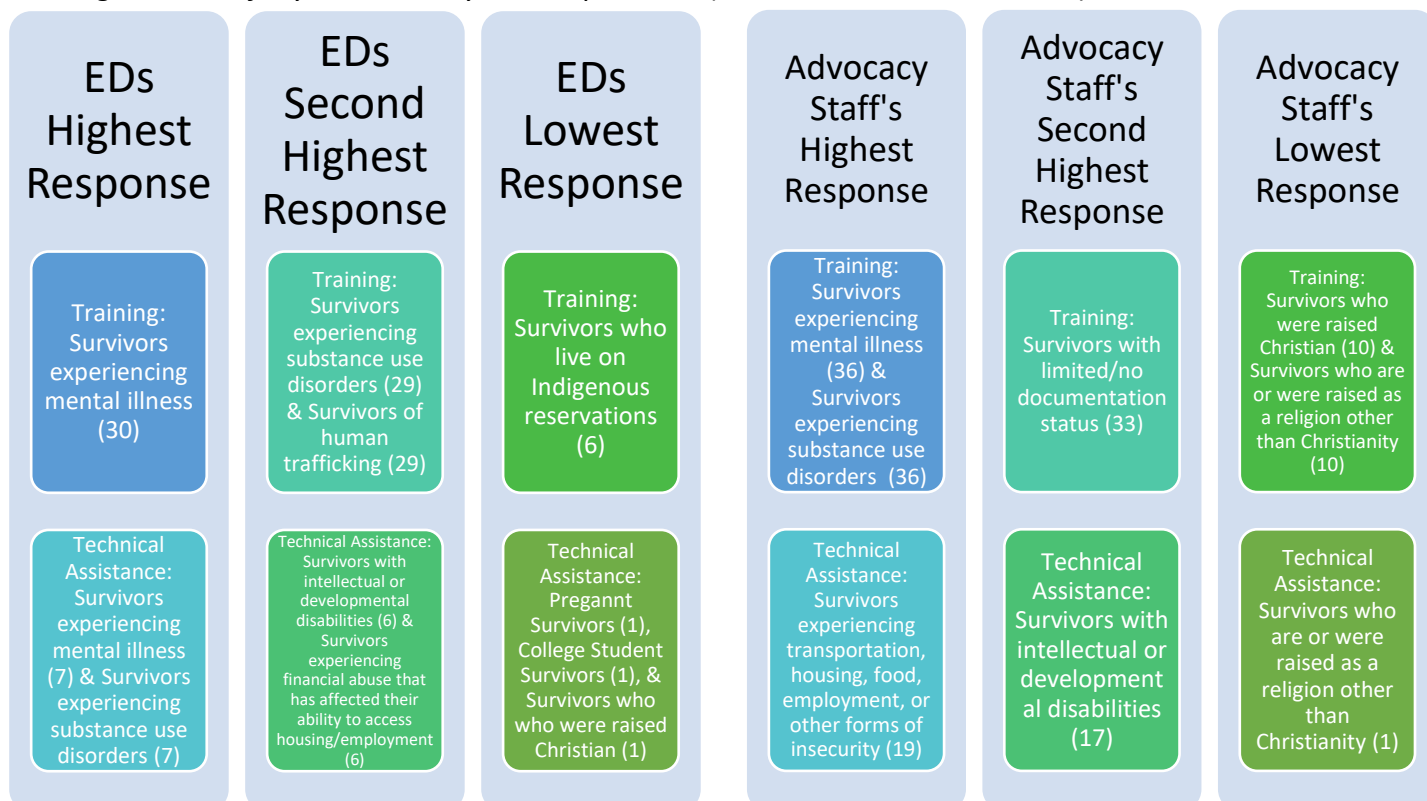
Below is a chart showing all the areas of advocacy service provision and the number of respondents that identified interest in training and TA for each area.

Advocacy Service Provision Areas	Number of Respondents who Identified Interest in Training		Number of Respondents who Identified Interest in TA	
	Executive Directors	Advocacy Staff	Executive Directors	Advocacy Staff
Service provision during natural disasters	13	20	6	10
Court advocacy (civil/family court and criminal justice advocacy) in general	22	29	3	6
Court advocacy for LGBTQ survivors	14	23	3	8
Court advocacy for trans and gender non-conforming survivors	14	25	3	8
Court advocacy for survivors with limited English proficiency	12	25	2	10
Policy advocacy toward a better climate for survivors	19	19	3	7
Advocacy for survivors in self-governed systems (e.g. Indigenous reservations, campus conduct offices, military bases)	8	14	4	5
Advocacy practices that better support marginalized survivors	20	30	3	8
Advocacy policies that better support marginalized survivors	17	24	5	7
Shelter practices that better support marginalized survivors	16	24	4	10
Shelter policies that better support marginalized survivors	16	20	5	8

Agency confidentiality, privilege, and mandatory reporting policies	19	18	6	10
Agency intake practices (e.g. what paperwork, demographic collection, screenings)	18	20	8	6
Culturally relevant service provision	15	19	2	5
Sustaining culturally specific programming regardless of funding	15	23	5	10
Incorporating prevention programming into our pre-existing work	21	24	4	15
Creating holistic economic advocacy initiatives	15	24	5	13

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) to expand upon or add other areas of training and technical assistance. For the Executive Directors, one respondent identified best practices for shelter gender integration and policies regarding client transportation. Another respondent mentioned best practices on trauma-informed support for sheltered and unsheltered survivors. One respondent asked for trauma informed policies and procedures with actual tools and templates. In terms of training specifically, one respondent specified that they would want any of the training listed if offered in Raleigh or eastern NC specifically for new staff; another respondent requested training on providing information to the children on their level to be able to develop a support group for them; one respondent asked for more advanced training for seasoned advocates on topics such as new laws, new tech laws, on-line stalking, and working with male survivors; and another respondent requested DV free training to meet yearly 20 hours requirements. For the Advocacy Staff, one respondent mentioned Osnum. Another respondent specified wanting NCCADV to partner with qualified trauma-informed DV law enforcement and judicial trainers to provide training to rural law enforcement officers and judges. One respondent asked for training on technology safety and another respondent identified training from deaf advocates about how to approach/assist/deal with a deaf survivor of DV/sexual abuse. Other respondents identified areas for training and technical assistance including volunteer recruitment and retention and mental health and substance use issues - how to serve clients with multiple needs.

Training/TA needs for your advocacy service provision (OTHER than shelter services):

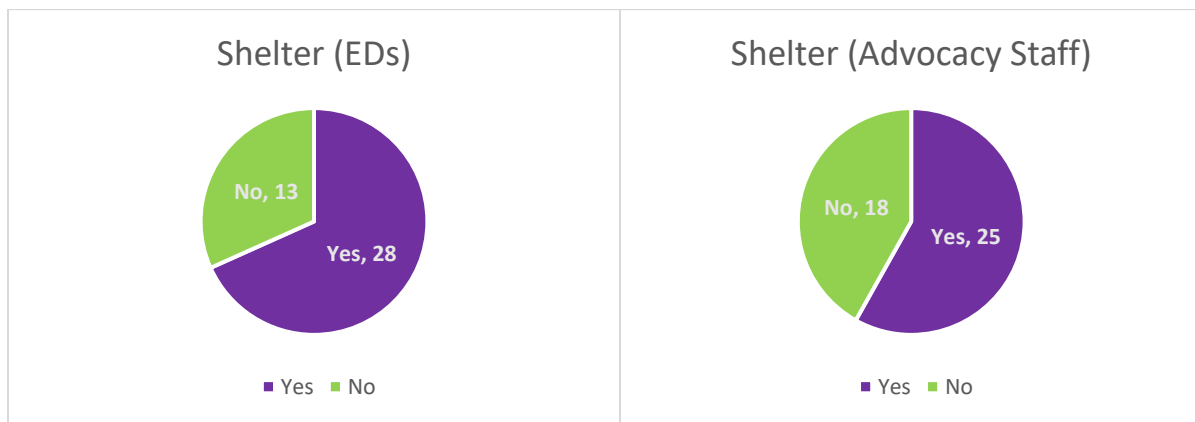


Below is a chart showing all the areas of advocacy service provision (OTHER than shelter services) and the number of respondents that identified interest in training and TA for each area.

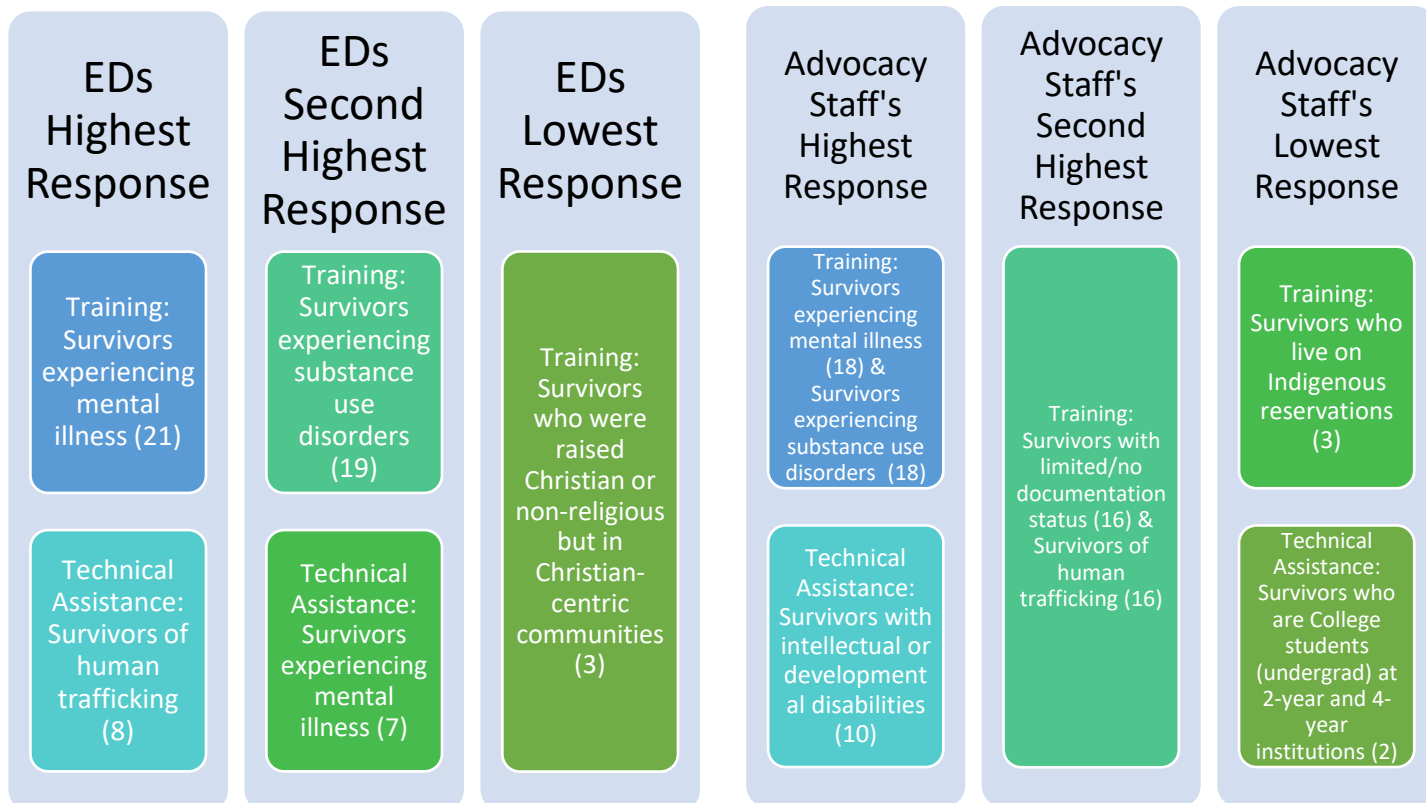
Advocacy Service Provision Areas	Number of Respondents who Identified Interest in Training		Number of Respondents who Identified Interest in TA	
	Executive Directors	Advocacy Staff	Executive Directors	Advocacy Staff
Survivors experiencing mental illness	30	36	7	16
Survivors experiencing substance use disorders	29	36	7	13
Pregnant survivors	10	17	1	7
Survivors who are parents	10	20	2	7
Children and youth who witness domestic violence or teen dating violence	20	31	3	15
Adults who witness domestic violence or teen dating violence (e.g. neighbors or extended family)	19	24	0	6
Youth who experience teen dating violence	14	26	2	9
Elder survivors	22	23	2	12
Elementary age survivors	19	23	2	7
Middle school age survivors	19	24	3	7
High school age survivors	17	24	2	7
Survivors who are community college students (at a 2-year institution)	15	16	1	9
Survivors who are undergraduate students (at a 4-year institution)	9	16	1	7
Survivors who are graduate students	7	15	1	6
Survivors in alternative K-12 settings (e.g. alternative discipline schools, boarding schools, charter schools)	14	16	2	6
Survivors with intellectual or developmental disabilities	25	27	6	17
Survivors with physical disabilities	23	21	5	13
Survivors experiencing transportation, housing, food, employment, or other forms of insecurity	24	31	5	19
Survivors experiencing financial abuse that has affected their ability to access housing/employment (e.g. coerced debt, abuser ruined credit, abuser committed fraud in survivor's name)	23	31	6	14
Survivors in rural/small communities	23	25	4	12
Survivors who live on Indigenous reservations	6	11	2	6
African/Black/Caribbean survivors	16	22	2	8
Indigenous survivors	10	12	2	5
Latinx survivors	18	23	2	9
Middle Eastern/North African survivors	11	16	3	10
South, Central, and East Asian survivors	11	15	3	7
Survivors with limited/no documentation status	21	33	5	14
Immigrant survivors	15	29	4	8
Survivors with limited English proficiency	16	27	4	8

Survivors who identify as Christian	12	11	2	3
Survivors who were raised Christian or non-religious but in Christian-centric communities	10	10	1	4
Survivors who are or were raised as a religion other than Christianity	10	10	2	1
LGBQ adult survivors	18	17	4	8
LGBQ youth survivors	16	17	4	9
Trans and gender non-conforming adult survivors	17	16	4	8
Trans and gender non-conforming youth survivors	17	15	4	8
Survivors who are men	17	25	4	9
Survivors of human trafficking	29	32	5	12
Survivors who are in the military	15	19	2	10
Survivors whose abuser is in the military	15	22	3	11

Organizations with a shelter:



Training/TA needs specifically for shelter services:



Below is a chart showing all the areas of advocacy service provision specifically for shelter services and the number of respondents that identified interest in training and TA for each area.

Advocacy Service Provision Areas	Number of Respondents who Identified Interest in Training		Number of Respondents who Identified Interest in TA	
	Executive Directors	Advocacy Staff	Executive Directors	Advocacy Staff
Survivors experiencing mental illness	21	18	7	9
Survivors experiencing substance use disorders	19	18	6	9
Pregnant survivors	7	8	1	7
Survivors who are parents	7	10	1	6
Children and youth who witness domestic violence or teen dating violence	10	12	2	7
Adults who witness domestic violence or teen dating violence (e.g. neighbors or extended family)	9	11	1	7
Youth who experience teen dating violence	9	11	1	5
Elder survivors	10	12	1	5
Survivors who are community college students (at a 2-year institution)	8	8	2	2
Survivors who are undergraduate students (at a 4-year institution)	6	7	2	2
Survivors who are graduate students	6	6	1	3
Elementary age survivors	10	9	1	6
Middle school age survivors	11	11	1	6
High school age survivors	10	11	1	6
Survivors in alternative K-12 settings (e.g. alternative discipline schools, boarding schools, charter schools)	8	8	1	5
Survivors with intellectual or developmental disabilities	15	13	3	10
Survivors with physical disabilities	14	14	3	9
Survivors experiencing transportation, housing, food, employment, or other forms of insecurity	14	12	5	9
Survivors experiencing financial abuse that has affected their ability to access housing/employment (e.g. coerced debt, abuser ruined credit, abuser committed fraud in survivor's name)	12	13	2	8
Survivors in rural/small communities	12	11	3	9
Survivors who live on Indigenous reservations	5	3	1	4
African/Black/Caribbean survivors	8	10	1	4
Indigenous survivors	5	5	1	3
Latinx survivors	11	12	2	6
Middle Eastern/North African survivors	6	8	1	4
South, Central, and East Asian survivors	7	8	1	4
Survivors with limited/no documentation status	14	16	3	7
Immigrant survivors	11	15	2	5
Survivors with limited English proficiency	11	13	2	6

Survivors who identify as Christian	4	7	3	4
Survivors who were raised Christian or non-religious but in Christian-centric communities	3	9	3	4
Survivors who are or were raised as a religion other than Christianity	5	5	2	3
LGBQ adult survivors	13	10	6	6
LGBQ youth survivors	10	7	5	5
Trans and gender non-conforming adult survivors	12	9	6	6
Trans and gender non-conforming youth survivors	10	7	4	5
Survivors who are men	13	8	5	6
Survivors of human trafficking	14	16	8	8
Survivors who are in the military	9	7	2	6
Survivors whose abuser is in the military	8	8	2	6

Community Partnerships:

We understand that one critical element of serving all survivors is developing and sustaining community partnerships with other agencies that can help meet the complex and varying needs of survivors.

Executive Directors:



Advocacy Staff:



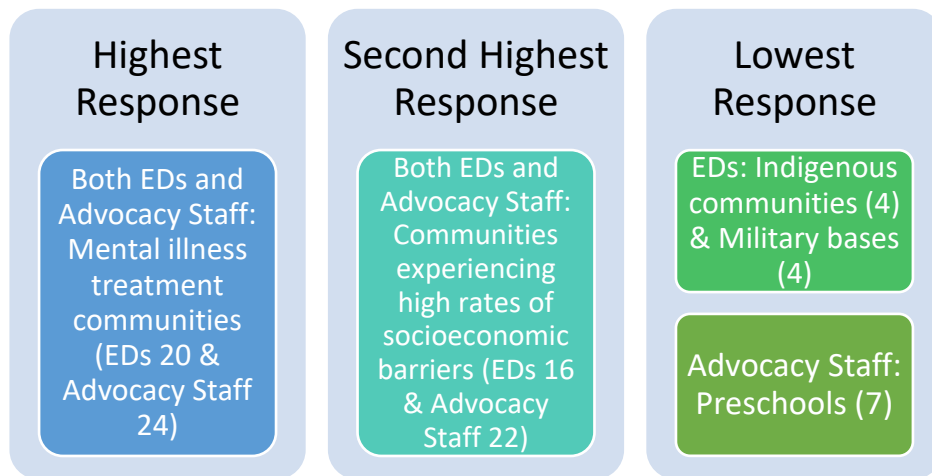
Below is a chart showing all the responses around community partnerships and the type of relationships the respondents' organizations have with different types of community partner agencies.

<u>Community Partner Agency Type</u>	<u>We have a strong and sustained partnership with this type of agency</u>		<u>We need support developing and/or sustaining a partnership with this type of agency</u>		<u>Not Applicable - this type of agency doesn't exist in our community</u>	
	<u>Executive Directors</u>	<u>Advocacy Staff</u>	<u>Executive Directors</u>	<u>Advocacy Staff</u>	<u>Executive Directors</u>	<u>Advocacy Staff</u>
Agencies that serve survivors of human trafficking	21	16	12	15	5	9
Organizations that serve individuals who are	25	23	10	16	5	4

experiencing homelessness or housing insecurity						
Landlords/Property Managers	15	18	19	19	2	0
Job Readiness Agencies	27	25	8	15	1	1
Transportation Support Agencies (e.g. used car dealerships)	12	14	15	21	6	6
Financial Institutions (banks, credit unions, investment brokers)	19	17	14	21	1	0
Equitable food justice organizations	21	26	5	8	7	4
Workers' Rights Organizers or Unions	3	6	10	17	16	14
Employers/Human Resources Professionals and Recruiters	15	11	13	20	5	4
Child advocacy centers	22	26	10	11	4	4
Childcare agencies	16	21	14	17	2	2
Law enforcement	29	28	6	11	0	0
Criminal courts	27	32	8	8	0	0
Civil courts	27	33	8	7	0	0
Low/Pro bono attorney networks	15	20	17	18	2	3
Custody attorneys	15	8	17	29	2	1
Multi-lingual attorneys	10	10	18	25	4	3
Partners who can offer training and assistance on U/T visas and victim rights of immigrant survivors	11	10	14	24	5	4
Batterer intervention programs	14	10	12	18	9	9
DV Task Forces/CCRTs	18	17	11	13	3	7
Public Defenders	21	14	10	17	1	1
Low to no cost primary healthcare providers	22	19	14	18	0	1
Low to no cost mental healthcare providers	21	16	11	19	1	1
Low to no cost reproductive healthcare providers	20	11	10	19	4	3
Substance use recovery centers (inpatient and outpatient)	21	13	13	19	1	3
Holistic wellness health providers (e.g. acupuncture, aromatherapy, yoga, massage, art therapy)	14	6	14	19	5	8
Dental healthcare providers	18	11	17	21	0	2
Vision healthcare providers	17	12	18	21	0	2
K-12 Schools	27	20	7	13	0	1
Community college campuses	23	21	8	13	1	1
4-year colleges/universities	10	12	11	10	9	12
Military base victim advocacy programs	7	4	11	12	16	17

Agencies that serve marginalized communities (e.g. local LGBT centers, local Latinx community centers)	10	14	12	14	8	11
Language access organizations (e.g. translators)	17	16	11	13	2	7
Churches	29	21	6	11	0	2
Temples	10	1	12	17	8	14
Mosques	6	1	13	18	10	14
Government funders	21	27	12	7	0	1
Private/Non-Governmental funders	19	22	15	11	1	1

Improving Community Outreach to these Communities:



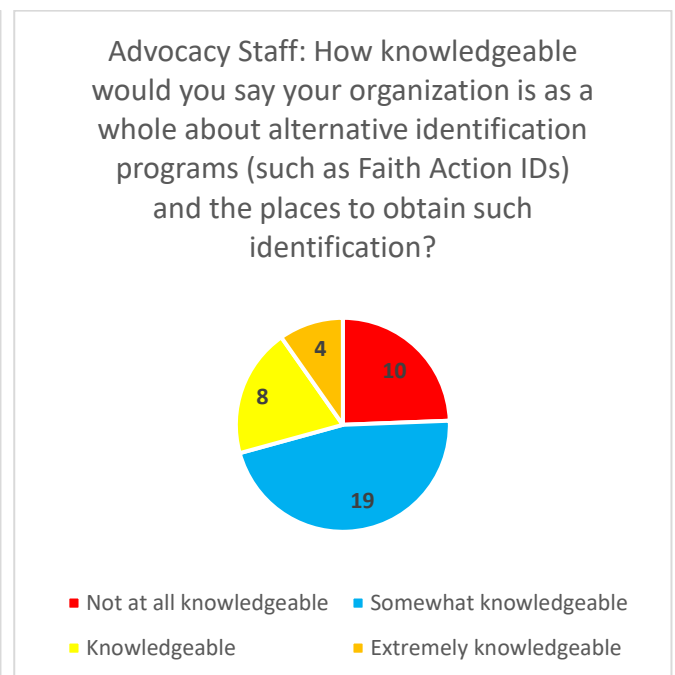
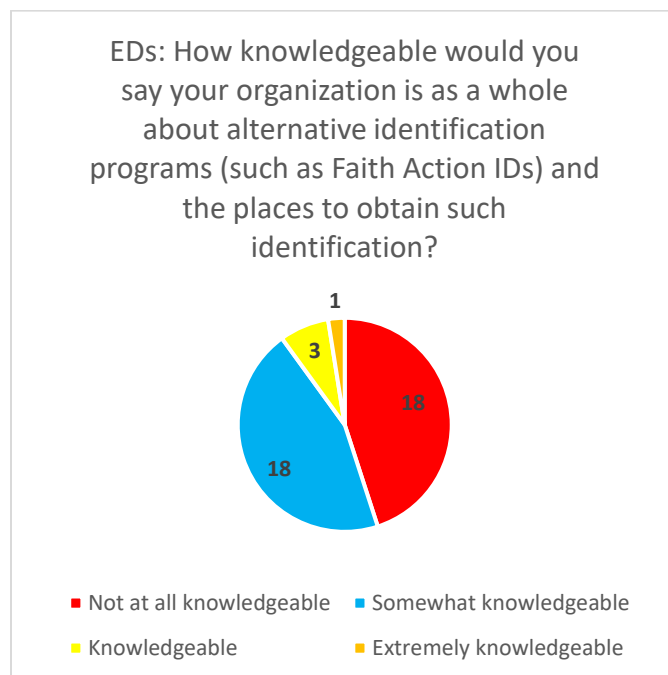
Below is a chart showing all the responses around communities that respondents indicated needing support to improve outreach to.

Community Type	Number of Respondents Indicating Support Needed to Outreach to this Community	
	Executive Directors	Advocacy Staff
Substance use recovery communities	12	22
Mental illness treatment communities	20	24
Pregnancy support communities	6	14
Parent/caregiver communities	10	16
Community spaces occupied by teens age 13-18	10	18
Community spaces occupied by young adults age 18-24	12	15
Community spaces occupied by elders	11	20
Preschools	5	7
Elementary schools	9	12
Middle schools	12	12
High schools	13	14
Alternative school settings (e.g. alternative schools, boarding schools, charter schools, private schools)	8	10
Community colleges	7	10
4-year colleges/universities	6	8
Communities experiencing high rates of socioeconomic barriers (e.g. transportation, food, housing, employment, or other forms of insecurity)	16	22
Deaf communities	15	15
Communities of individuals with physical disabilities	12	18

Communities of individuals with intellectual or developmental disabilities	12	20
Indigenous reservations	5	8
Small and/or rural communities	11	19
African/Black/Caribbean communities	12	10
Indigenous communities	4	13
Latinx communities	15	19
Middle Eastern/North African communities	7	18
South, Central, East Asian communities	5	18
Immigrant or refugee communities	9	19
Communities of individuals with limited English proficiency	11	14
Communities of individuals with limited/no immigration status	8	16
Churches	11	9
Temples	8	11
Mosques	10	12
Trans and gender non-conforming communities	12	20
LGBTQ Communities	12	18
Community spaces often occupied by men	9	16
Military bases	4	11
Communities near military bases where families of military members may live	5	12

Immigration and Domestic Violence:

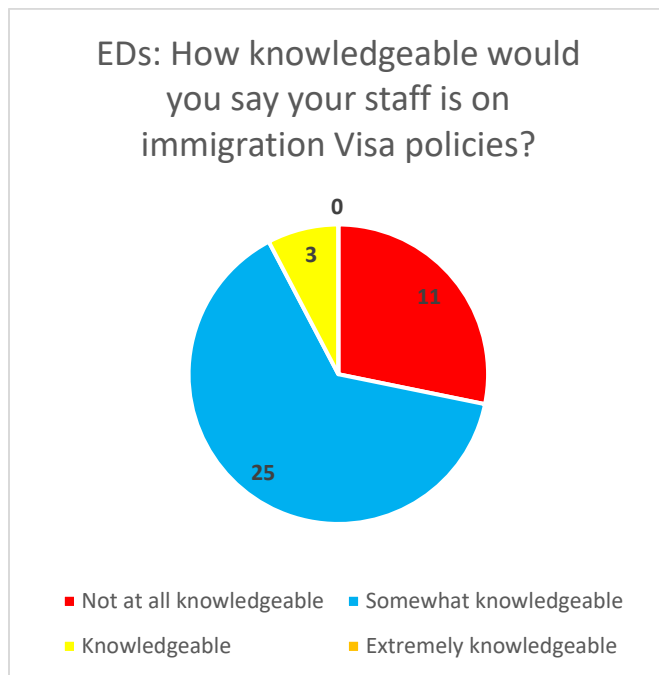
Alternative Identification Programs:



Of the 43 survey respondents who identified their role as Executive Directors, 40 responded to the question about how knowledgeable the respondent's organization is as a whole regarding alternative identification programs (such as Faith Action IDs) and the places to obtain such identification. Of those 40 responses, the highest response (18) was that the respondent's organization was not at all knowledgeable or was somewhat knowledgeable about these alternative identification programs. Of the remaining responses, 3 respondents indicated that their agency was as a whole knowledgeable, and 1 respondent indicated that their agency was extremely knowledgeable. Of the 45 survey respondents who identified their role as Advocacy Staff, 41 responded to the question about how knowledgeable the respondent's organization is as a whole regarding alternative identification programs (such as Faith Action IDs) and the places to obtain such identification. Of those 41 responses, the highest response (19) was that the respondent's organization was somewhat knowledgeable about these alternative identification programs. Of the remaining responses, 10 respondents indicated that their agency was not at all knowledgeable, 8 respondents indicated that their agency was as a whole knowledgeable, and 4 respondents indicated that their agency was extremely knowledgeable.

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) if they were aware of alternative identification programs about their community’s attitudes toward these alternative IDs (e.g. If their local law enforcement accept them as a valid form of identification). For the Executive Directors, one respondent shared that these alternative IDs are accepted as a valid form of identification and that the local law enforcement do not turn women survivors over to ICE but if they apprehend the abuser then they are turned in. Another respondent mentioned that their community has a mixed response and acceptance of Faith Action IDs; that there are different pockets of support in the communities of law enforcement officers that support these programs and that they’ve had Faith Action ID drives but this year the drive was the same weekend publicized raids were happening across the county so attendance dropped by half. Two respondents were unsure about alternative IDs and whether their local law enforcement would accept them as a valid form of identification. For the Advocacy Staff, one respondent shared that their agency participates in the Faith Action ID monthly and that the IDs should be accepted as a valid form of identification and another respondent shared that they are connected with the Hispanic Center as well as churches where the Faith ID will take place and that they send flyers home with children and post it on their bulletin board and they also shared that their Mayor and DA recommend the ID for people who are undocumented and that they attend meetings where Law Enforcement talks to the community about how the ID helps with completing their reports. One respondent shared that their law enforcement agency is willing to talk but has not accepted alternative IDs. Another respondent shared that it varies widely among agencies and members of the community- some places will accept these IDs and some will not. One respondent shared that their agency is based in Seattle, Washington and felt responding was somewhat difficult but that their local law enforcement does not accept any kind of alternate IDs. Another respondent shared that the alternative ID has not been discussed in their community that they are aware of but they are aware of the AIP that Faith Actions offers. One respondent did not know and another shared that they don't think they have any alternative identification programs in this county, so they can't say for sure that local law enforcement would accept them as a valid form of ID.

Immigration Visa Policies:



Of the 43 survey respondents who identified their role as Executive Directors, 39 responded to the question about how knowledgeable the respondents’ organization staff is on immigration Visa policies. Of those 39 responses, the highest response (25) was that the respondents’ organization staff was somewhat knowledgeable about immigration Visa policies. Of the remaining responses, 11 respondents indicated that their agency staff was not at all knowledgeable, 3 respondents indicated that their agency staff was as a whole knowledgeable, and 0 respondents indicated that their agency staff was extremely knowledgeable. Of the 45 survey respondents who identified their role as Advocacy Staff, 41 responded to the question about how knowledgeable the respondents’ organization staff is on immigration Visa policies. Of those 41 responses, the highest response (21) was that the respondents’ organization staff was somewhat knowledgeable about immigration Visa policies. Of the remaining responses, 10 respondents indicated that their agency staff was not

at all knowledgeable, 9 respondents indicated that their agency staff was as a whole knowledgeable, and 1 respondent indicated that their agency staff was extremely knowledgeable.

Improving Protections for Immigrant Survivors:

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) about what support they need to improve their organization's protections for survivors with limited/no immigration status in the case of an ICE raid at their agency. For the Executive Directors, one respondent shared that they need know what to tell survivors when it comes to ICE raids and another respondent shared that they do not know what they would do as they have not had a raid of any sort and their shelter is non-disclosed. One respondent shared that they have a written warrant policy and agency policy on responding to ICE but it would be helpful to have wording specifically sent out from an agency or coalition so they could adopt some adjustments rather than creating their own. Five respondents mentioned training: one of those respondents requested basic training in this area and another respondent mentioned more training on rights and protections. One respondent shared a need for a clearer understanding about the different types of visas and who can help with them. Another respondent mentioned that although they have continued to reach out to these communities, the number of victims seeking services went to zero over the past two years. One respondent shared that they took a sabbatical leave of absence for three years and the program went down and volunteers' experienced health problems so now they are regrouping. For the Advocacy Staff, one respondent asked to provide additional "Know Your Rights" materials; support our efforts to provide speakers/information to Latinx community at Latinx Resource Fairs and community forums. Another respondent shared that technical support and any support would be very beneficial and requested any information on understanding the current laws around protecting clients during a raid. Four respondents mentioned training: one of those respondents specified training on what we can say or do to protect a client from being arrested or taken into custody, and what steps can be taken in the event that they are, another of those respondents mentioned additional training and knowledge regarding how the process works so they can work together with their families to achieve goals, one respondent mentioned training for board and executive members, as well as agency staff, and another respondent asked for additional training though they do have basic knowledge of how to handle this situation. One respondent mentioned having a plan with who will keep their children and necessary documentation notarized to prove legal guardianship to be able to provide the support in education, health, etc. Another respondent mentioned having a partnership with low cost immigration lawyers in the community.

Prioritized Long-Term Survivor Outcomes:

One of the areas we were interested in learning more about through this survey were the long-term survivor outcomes that feel important for organizations across the state. We asked survey respondents to rank the long-term survivor outcomes in order of priority based on what their organization sees. This ranking is not meant to imply that any long-term survivor outcome is less important, but is more so meant to help prioritize the order in which we might offer training, technical assistance, or resources based on what organizations deem to be a more immediate area of need.

Executive Directors:

Ranked 1	Increasing emergency housing access for survivors
Ranked 2	Increasing transitional housing access for survivors
Ranked 3	Increasing access to childcare for survivors
Ranked 4	Increasing transportation access for survivors
Ranked 5	Increasing employment security (including benefits and living wage) for survivors
Ranked 6	Increasing access to long term mental health services for survivors (beyond crisis counseling)
Ranked 7	Increase educational access/attainment for survivors
Ranked 8	Increasing access to medical care, including dental and vision, for survivors
Ranked 9	Increasing survivors' ease navigating financial institutions/setting up financial security (e.g. banks, credit unions)
Ranked 10	Increasing healthy food security for survivors

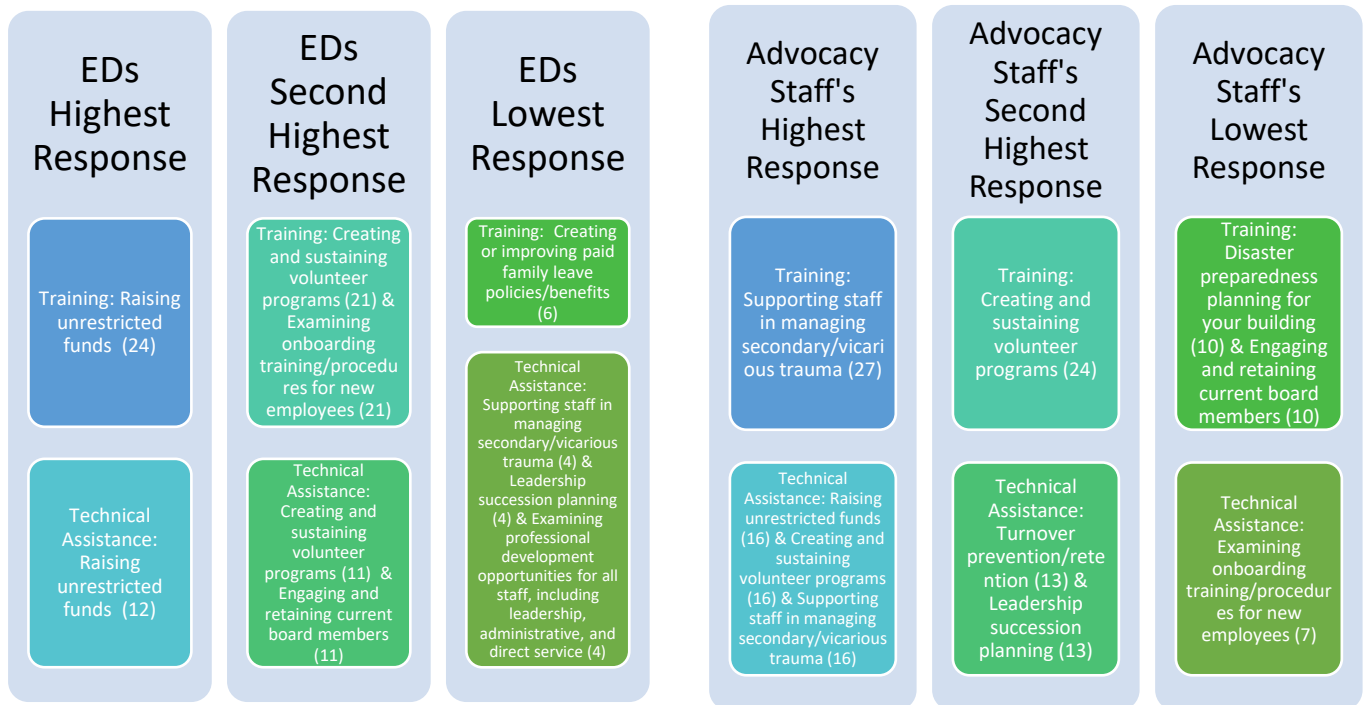
Advocacy Staff:

Ranked 1	Increasing emergency housing access for survivors
Ranked 2	Increasing transitional housing access for survivors
Ranked 3	Increasing transportation access for survivors
Ranked 4	Increasing employment security (including benefits and living wage) for survivors
Ranked 5	Increasing access to childcare for survivors
Ranked 6	Increasing healthy food security for survivors
Ranked 7	Increase access to long term mental health services for survivors (beyond crisis counseling)
Ranked 8	Increasing access to medical care, including dental and vision, for survivors
Ranked 9	Increasing survivors' ease navigating financial institutions/setting up financial security (e.g. banks, credit unions)
Ranked 10	Increasing educational access/attainment for survivors

Training and Technical Assistance (TA) Areas to Improve Internal Organization Practices:

Internal Training/TA:

We recognize that there is a difference between training and TA that will improve service provision to survivors, and training and TA that will improve internal organizational practices for staff and volunteers.



Below is a chart showing all the areas of internal training and TA and the number of respondents that identified interest in training and TA for each area.

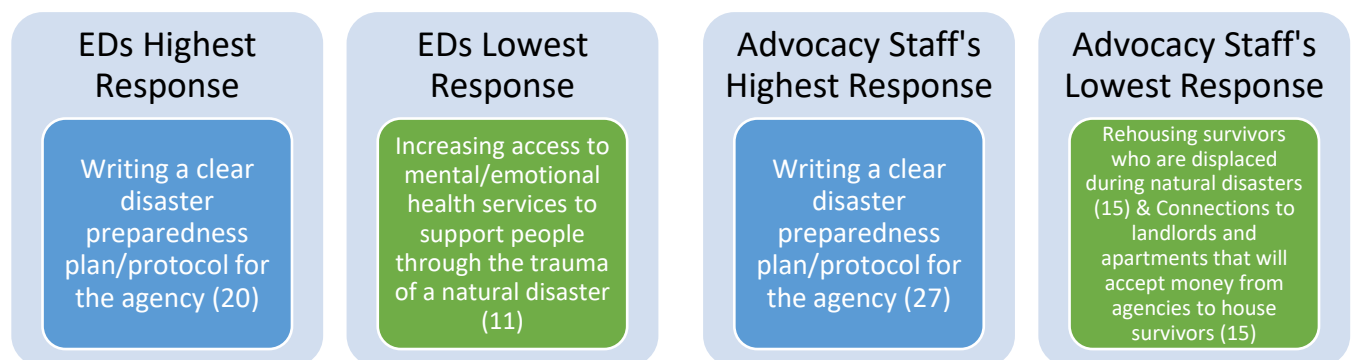
Internal Training and TA Areas	Number of Respondents who Identified Interest in Training		Number of Respondents who Identified Interest in TA	
	Executive Directors	Advocacy Staff	Executive Directors	Advocacy Staff
Disaster preparedness planning to support your staff in natural disasters	11	12	8	11
Disaster preparedness planning for your building	7	10	6	8
Creating and sustaining volunteer programs	21	24	11	16
Raising unrestricted funds	24	19	12	16
Governmental funding streams (writing, reporting, and/or identifying funding streams)	10	19	5	9
Private funding streams (writing, reporting, and/or identifying funding streams)	15	16	10	9
Supporting staff in managing secondary/vicarious trauma	17	27	4	16
Turnover prevention/retention	17	19	6	13
Leadership succession planning	19	16	4	13
Implementing, increasing, or revising training on being an equitable organization	13	15	5	8
Conducting our own internal equity evaluation (e.g. hiring practices, management practices, compensation practices)	15	14	6	8
Examining professional development opportunities for all staff, including	17	20	4	11

leadership, administrative, and direct service				
Examining onboarding training/procedures for new employees	21	16	7	7
Recruiting new board members	15	11	10	10
Engaging and retaining current board members	17	10	11	10
Creating worker-supportive policies (e.g. substantive leave accrual, Safe Days, institutionalizing workers taking care of themselves, working from home policies)	12	19	10	10
Creating or improving paid family leave policies/benefits	6	17	6	10

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) to expand upon areas of internal organizational training and TA. For the Executive Directors, one respondent asked for support on policy on if the agency loses funding the employees could be terminated. Another respondent mentioned senior volunteer programs where seniors receive biweekly pay through upper coastal plain area agency on aging located in Wilson, NC. For the Advocacy Staff, one respondent requested Osnium database training. Another respondent shared that it would be awesome to expand on staff policies and onboarding and that everyone at their agency receives different training depending on who they are working with; they also shared that it would be helpful to offer benefits to employees that lead to higher job satisfaction such as flexing hours or allowing work from home or in the community one day to catch up on notes/reports. One respondent mentioned establishing a Deaf DV/SA program or organization in NC as Deaf survivors are in need of having a Deaf advocate to help them navigate the justice system especially.

Areas of Support for Disaster Preparedness and Recovery:

We recognize that natural disasters, particularly hurricanes, have impacted DV service providers and the survivors served across the state.



Below is a chart showing all the areas of support programs need for disaster preparedness in the future and in continuing to heal from past natural disasters and the number of respondents who identified those areas of support.

Areas of Support for Disaster Preparedness and Recovery	Number of Respondents who Needing Support in those Areas	
	Executive Directors	Advocacy Staff
Writing a clear disaster preparedness plan/protocol for the agency	20	27
Increasing access to mental/emotional health services to support people through the trauma of a natural disaster	11	24
Rehousing survivors who are displaced during natural disasters	14	15

Transportation for survivors whose transportation methods were impacted by natural disasters	13	19
Connections to landlords and apartment complexes that will accept money from agencies to house survivors regardless of the survivor's proof of income	13	15
Increasing access to cash distribution agencies/locations	12	22

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) to add other areas of support not listed that would be helpful to programs in preparing for or healing from natural disasters, as well as to expand on anything they did select. For the Executive Directors, one respondent shared that it would be helpful to know of other shelters that could accept survivors during a hurricane evacuation. For the Advocacy Staff, one respondent shared that they are unsure of preparedness needs as they are located in a low disaster area and that they have plans in place but could undoubtedly use more training around this. Another respondent requested that it would be helpful if it is done in American Sign Language for Deaf survivors.

Qualitative Results Section:

The last six questions of the survey were qualitative questions giving respondents the opportunity to share more information about a range of topics. For this section of the disaggregated section of the report, we have included some of the key responses from Executive Directors and Advocacy Staff.

NCCADV:

The first qualitative question asked respondents about the ways NCCADV helps them serve survivors. For the Executive Directors, many respondents referred to the training, conferences, technical assistance, newsletters, and resources provided by NCCADV: helping them to learn best practices in assisting victims. One respondent mentioned prevention and stated that NCCADV has supported them by helping them provide information to understand how to prevent intimate partner violence and how to educate young people as advocates. Multiple respondents also mentioned legal services. Similarly, for the Advocacy Staff, many respondents referred to the training, conferences, technical assistance, newsletters, and resources provided by NCCADV on how to support survivors and families and better accomplish their jobs. One respondent also mentioned legal services and stated that NCCADV provides excellent legal representation for survivors.

The second qualitative question asked respondents about the ways that NCCADV creates barriers/challenges for them/their organization in serving survivors. For the Executive Directors, half responded None or N/a. Of the other half, three respondents mentioned NCCADV not being easily accessible when called for support. Two respondents mentioned lack of online live streaming of training or webinars and the fact that majority of training sessions are located in the central part of the state and are difficult for outlying regions to attend. For the Advocacy Staff, one respondent mentioned that they would not say that NCCADV creates barriers but that there have been times when an advocate was in need of technical assistance and was unable to reach someone or the person available did not know how to assist. Another respondent shared that sometimes it feels that NCCADV has asked for examples of systemic issues (language access, impact of ICE raids on survivors, etc.) several times to assist advocacy efforts, without a lot of results. Two respondents mentioned NCCADV not engaging with rural DV agencies or those agencies not knowing who to get support from at NCCADV. Another respondent mentioned training not being offered close enough for staff to attend.

Funders:

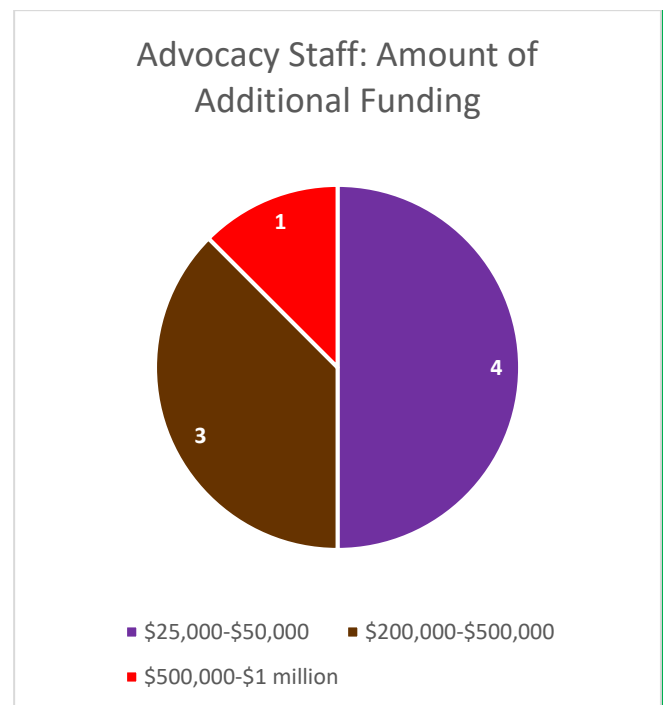
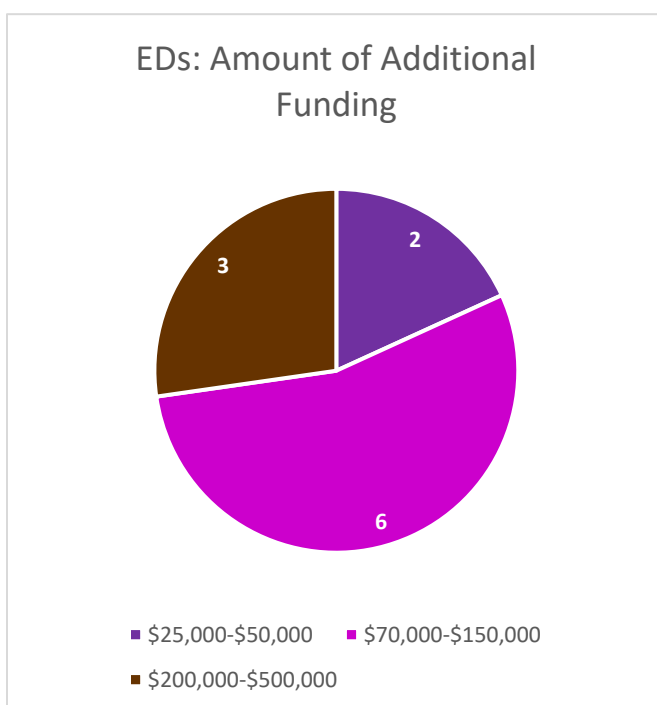
The third qualitative question asked respondents about the ways that funders help them serve survivors other than by funding their work. For the Executive Directors, many respondents mentioned training, technical assistance, tools, and best practices: one respondent shared how funders help them not only to service their clients, but they are also their biggest resource when emergencies arise and they need to reach out one-on-one to meet a need and another respondent mentioned how frequently funders have helpful information that they

share and can be a good resource for them. One respondent identified funder’s providing representation on the Federal and State level. Another respondent shared how one of their funders provides volunteers. Similarly, for the Advocacy Staff, many respondents mentioned how funders provide training, tools, resources, and curriculum. One respondent described how through accountability/auditing and parameters for how funding should be allocated they were supported by funders. Another respondent mentioned networking. And one respondent described how funders help them develop creative initiatives in their agency.

The fourth qualitative question asked respondents about the ways funders create barriers/challenges for them/their organization in serving survivors. For the Executive Directors, many respondents mentioned funding restrictions such as insufficient time to use funding and unrealistic expectations of how the funds should be used. Many of the Executive Directors also mentioned reporting and administrative requirements as barriers/challenges. One respondent described how state and local funding of DV services constitutes the most flagrant example they have seen in their many decades in human services of a funding “non-system” where a patchwork of numerous and oftentimes small grants is an administrative nightmare when it comes to figuring out how to budget for and deploy staff with individual staff members often funded by two or more grants and the entire funding system needs a complete overhaul in order to make more efficient and effective use of available funds. For the Advocacy Staff, one respondent mentioned the main barrier/challenge being the amount of available funds and the limitations for how funds can be used which another respondent also referenced. Another respondent detailed the huge amount of time being spent on the administrative pieces such as time sheets for grants and there not being enough funding sources to grow capacity on the administrative side of the agency leading to overworking admin staff and delays that then affect other agency areas.

Additional Funding:

NCCADV hopes to use the data from this needs assessment to lobby and advocate for additional funding with our legislators. Therefore, the fifth qualitative question asked respondents about how much additional funding would be helpful to their agencies as an ideal amount of funding. From the responses from Executive Directors and Advocacy Staff, some of the exact amounts given were able to be grouped together which we then used to create the pie chart below:



As is referenced in the pie chart, for the Executive Directors, two respondents quantified the amount of additional funding needed as between \$25,000 and \$50,000 while six respondents identified amounts between \$70,000 and \$150,000 and three respondents quantified the amount of additional funding needed as between \$200,000-\$500,000. For Advocacy Staff, four respondents quantified the amount of additional funding needed as between \$25,000 and \$50,000 while three respondents identified amounts between \$200,000-\$500,000 and one respondent quantified the amount of additional funding needed as between \$500,000 and \$1 million. Beyond the actual specified quantities for Executive Directors, responses included one respondent who shared

that DV/SA funding allotment has not changed in 25 years and a consideration for cost of living and expenses would be helpful and while they are not sure of exact amounts, the ability to provide more shelter and transitional beds is always needed and two respondents who shared that any amount would be useful. For Advocacy staff, responses beyond the quantities included one respondent who identified that their community does not have a shelter for victims of DV and funds would be useful for setting up and staffing a shelter in their area, additionally, they would ideally like to have adequate staffing for their crisis line, office coverage, and prevention activities. Another respondent listed a holistic and therapeutic base.

The sixth and final qualitative question asked respondents about what they would use that ideal amount of additional funding for (e.g. what type of employees, what improvements to shelter, what survivor programs). For the Executive Directors, seven respondents mentioned staff and one of those respondents specified culturally specific advocates. One respondent mentioned transportation and five respondents identified housing as a use for the funds: one respondent specified long-term supportive transitional housing for survivors. Two respondents mentioned staff salaries and one of those respondents shared that if they had an ideal level of funding, they would pay their excellent staff a more equitable wage with regular cost of living increases. Five respondents mentioned shelter as the area of use for the additional funding and three of those mentioned updates and expansion of their shelter while one of those respondents shared that the mentioned ideal funding to build a shelter and that the agency does not have a shelter, but rather they put victims in the hotel until they find a shelter to take them but a lot of victims would like to stay in the county. Two respondents shared about programming and one of those respondents shared about wrap-around services for clients through supportive case management that supports access to mental health, physical health, and life skills increasing protective factors for the whole family. One respondent described how they have high stress, high burnout, high need positions, especially in shelter and those are often entry level salaries and shelter continues to see a rise in mental health, substance abuse, and chronic homelessness clients, therefore, staff need high levels of training and support to support clients in maintaining safe housing. And three respondents mentioned funds for resources for survivors. For the Advocacy Staff, eight respondents shared that they would use the funds for staff and of those three respondents specified advocates and one respondent specified culturally specific advocates. Five respondents shared that they would use that ideal amount of additional funding for transportation: one of those respondents detailed how a great need for survivors in rural settings is transportation and the funding could be used to purchase vehicles (for example: allocate \$5,000 for 6 clients= \$30,000). Two respondents mentioned housing and two other respondents mentioned staff salaries. Six respondents mentioned using the funds for shelter and of those two mentioned updates and expansions of shelter specifically. Two respondents said they would use the additional funds for programming and services and another two respondents mentioned training as a use for the additional funds. And one respondent described flexible funds to meet immediate survivors needs that are hard to find funding for, such as medical care after assault, car breaks down, mattress for new apartment, etc. and wage-matching for survivors who lose time from work to participate in services as an area for additional funding.

NCCADV Statewide Needs Assessment Winter 2019-Spring 2020

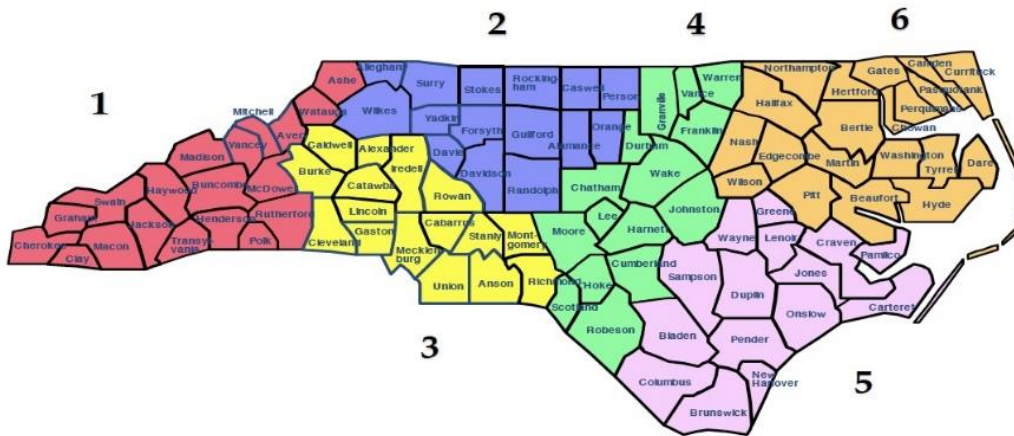
Full Report

Disaggregated Sections

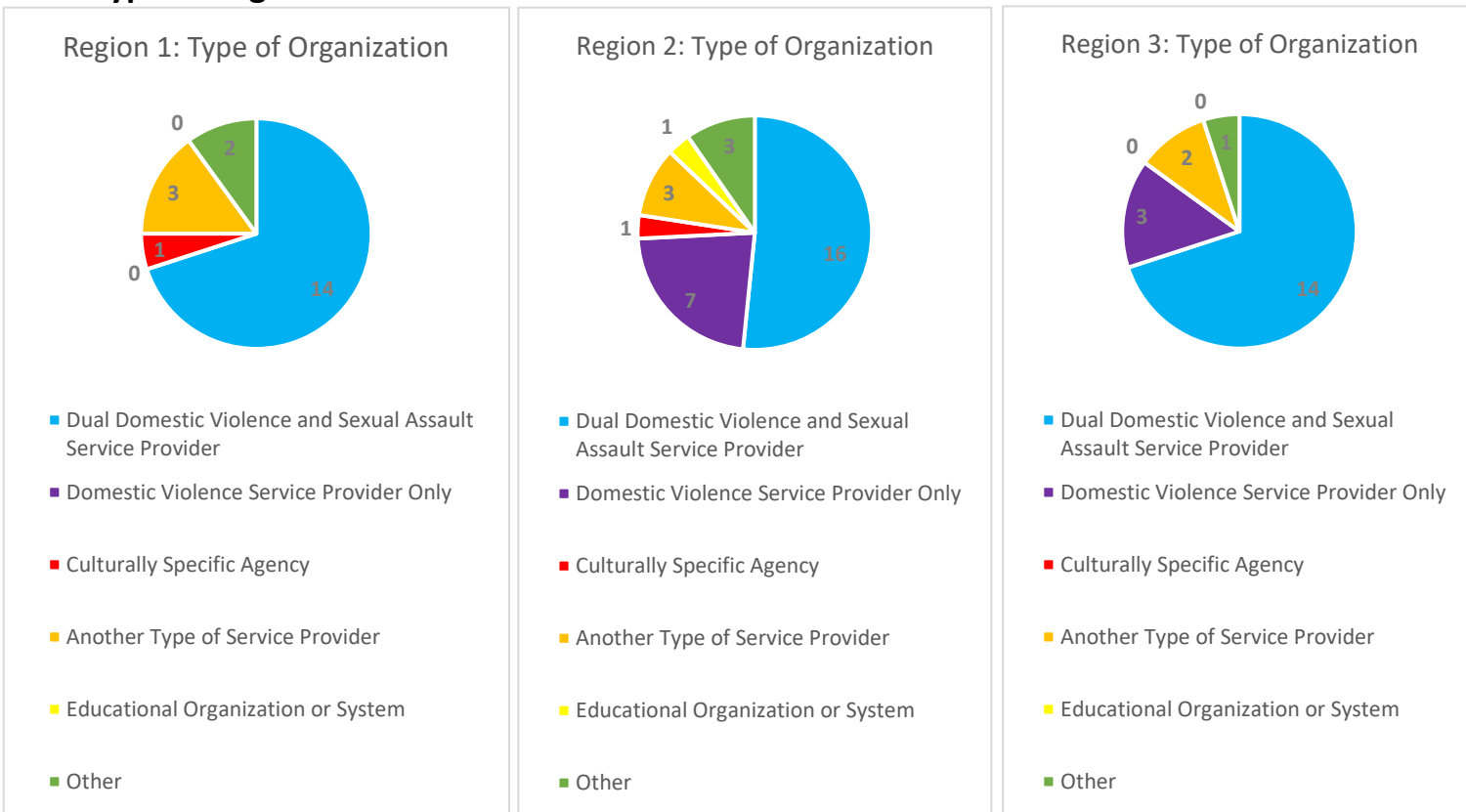
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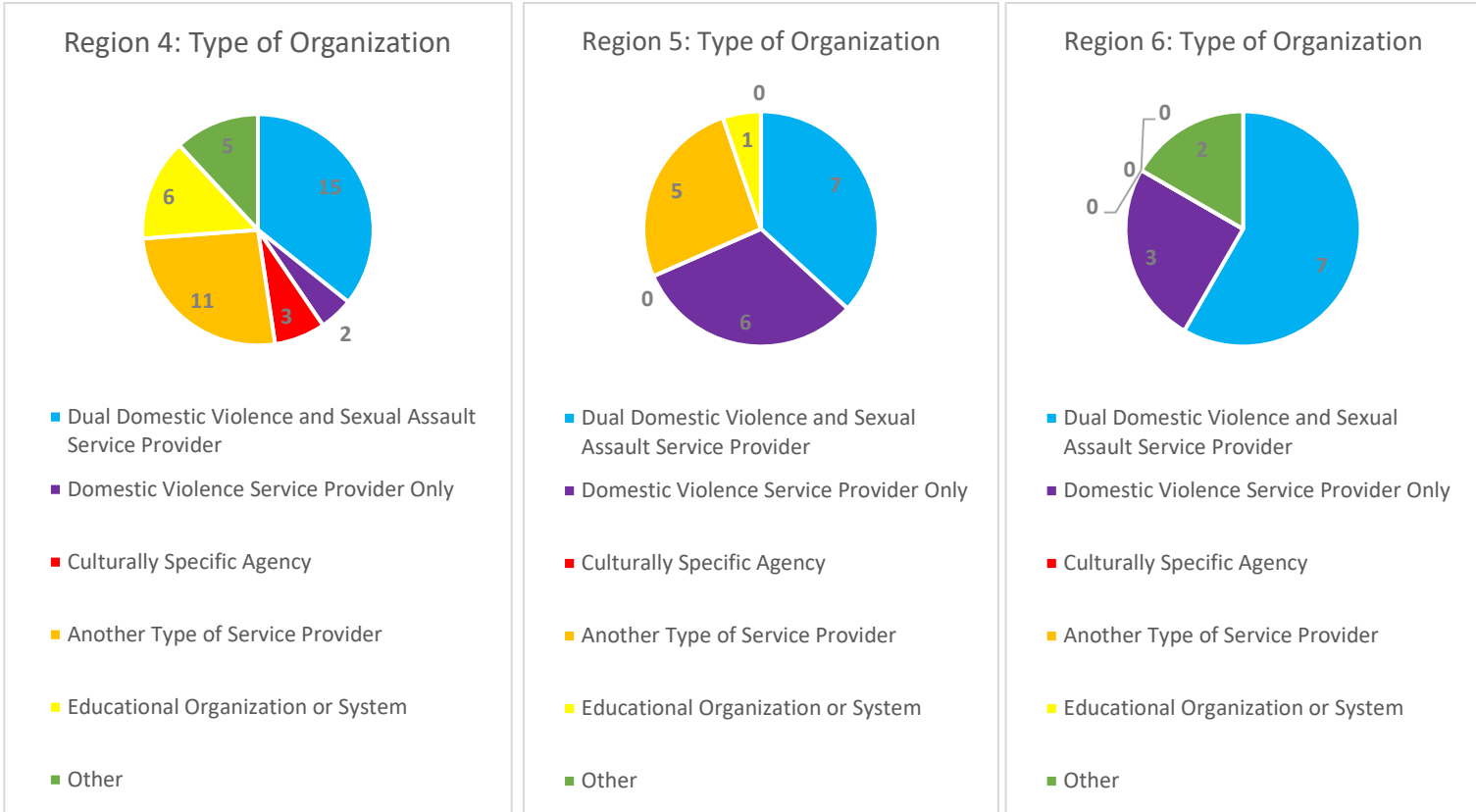
This section provides a comparison of the responses from each region (1-6).

Region of the State:



Type of Organization:





Of the 20 survey respondents from Region 1, all 20 responded to the question about the type of organization they work in. Of those 20 responses, the largest group (14) work in Dual Domestic Violence (DV) and Sexual Assault (SA) Service Provider agencies. Of the remaining respondents, 0 respondents work in DV Only Service Provider agencies, 1 respondent works in a Culturally Specific agency, 3 respondents work in another type of Services Provider agency, 0 respondents work in an Educational Organization or System, and 2 respondents work in other agencies. Of the 33 respondents from Region 2, 32 responded to the question about the type of organization they work in. Of those 32 responses, the largest group (16) work in Dual Domestic Violence (DV) and Sexual Assault (SA) Service Provider agencies. Of the remaining respondents, 7 respondents work in DV Only Service Provider agencies, 1 respondent works in a Culturally Specific agency, 3 respondents work in another type of Services Provider agency, 1 respondent works in an Educational Organization or System, and 4 respondents work in other agencies. Of the 20 survey respondents from Region 3, all 20 responded to the question about the type of organization they work in. Of those 20 responses, the largest group (14) work in Dual Domestic Violence (DV) and Sexual Assault (SA) Service Provider agencies. Of the remaining respondents, 3 respondents work in DV Only Service Provider agencies, 0 respondents work in Culturally Specific agencies, 2 respondents work in another type of Services Provider agency, 0 respondents work in an Educational Organization or System, and 1 respondent works in another agency. Of the 44 respondents from Region 4, 42 responded to the question about the type of organization they work in. Of those 42 responses, the largest group (15) work in Dual Domestic Violence (DV) and Sexual Assault (SA) Service Provider agencies. Of the remaining respondents, 2 respondents work in DV Only Service Provider agencies, 3 respondents work in Culturally Specific agencies, 11 respondents work in another type of Services Provider agency, 6 respondents work in an Educational Organization or System, and 5 respondents work in other agencies. Of the 19 survey respondents from Region 5, all 19 responded to the question about the type of organization they work in. Of those 19 responses, the largest group (7) work in Dual Domestic Violence (DV) and Sexual Assault (SA) Service Provider agencies. Of the remaining respondents, 6 respondents work in DV Only Service Provider agencies, 0 respondents work in Culturally Specific agencies, 5 respondents work in another type of Services Provider agency, 1 respondent works in an Educational Organization or System, and 0 respondents work in other agencies. Of the 12 respondents from Region 6, all 12 responded to the question about the type of organization they work in. Of those 12 responses, the largest group (7) work in Dual Domestic Violence (DV) and Sexual Assault (SA) Service Provider agencies. Of the remaining respondents, 3 respondents work in DV Only Service Provider agencies, 0 respondents work in Culturally Specific agencies, 0 respondents work in another type of Services Provider agency, 0 respondents work in an Educational Organization or System, and 2 respondents work in other agencies.

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) about their organization. For the respondents from Region 1 within the Dual DV and SA Service Provider agencies, one respondent clarified that their agency is also a Human Trafficking agency. For the respondents from Region 1 within the Culturally Specific agencies, one respondent specified that they

are a Lesbian, Gay, Bisexual, Trans, and Queer (or Questioning) (LGBTQ) and Latinx center. For the respondents from Region 1 within the Other organizations, one identified as a housing organization and one identified as church related. For the respondents from Region 2 within the Dual DV and SA Service Provider agencies, one respondent clarified that their agency is also a Human Trafficking agency. For the respondents from Region 2 within the Another Type of Services Provider agencies category, one respondent specified that they are a substance use disorder treatment program. For the respondents from Region 2 within the Other organizations, one identified as advocacy, one identified as a police department, one identified as a Dual DV/SA agency with Human Trafficking, and one identified as Intimate Partner Violence (IPV) prevention, education, and awareness. For the respondents from Region 3 within the DV Only Service Provider agency, one respondent clarified that their agency is focused on parenting classes, supervised visits, and parent in home aide. For the respondents from Region 3 within the Other organizations, one identified as NC Department of Public Safety Adult Corrections. For the respondents from Region 4 within the Dual DV and SA Service Provider agencies, one respondent clarified that they are a Support Group agency. For the respondents from Region 4 within the Other organizations, one identified as military, two identified as governmental ranging from advising the governor/NC legislature/state departments on issues impacting women in NC to human trafficking, one identified as church related, and one identified as a non-profit public interest law firm. For the respondents from Region 6 within the Dual DV and SA Service Provider agencies, one respondent clarified that their agency is also a Human Trafficking agency. For the respondents from Region 6 within the Other organizations, one respondent identified as NC Department of Public Safety Adult and Juvenile Corrections.

Role in the Organization:



Of the 20 survey respondents from Region 1, all 20 responded to the question about what their role in the organization is. Of those 20 responses, the largest number, 8, represent the role of Executive Director (ED) and the second largest number, 6, represent the role of Senior Leadership other than the ED. Of the remaining respondents from Region 1, 0 respondents represent the role of Administrative Staff, 4 respondents represent Advocacy Staff, 1 respondent represents Shelter Staff, and 1 respondent represents Other roles. Of the 33 survey respondents from Region 2, 32 responded to the question about what their role in the organization is. Of those 32 responses, the largest number, 11, represent the role of Advocacy Staff and the second largest number, 6, represents both the role of Executive Director (ED) and the role of Senior Leadership other than the ED. Of the remaining respondents from Region 2, 1 respondent represents the role of Administrative Staff, 2 respondents represent Shelter Staff, and 6 respondents represent Other roles. Of the 20 survey respondents from Region 3, all 20 responded to the question about what their role in the organization is. Of those 20 responses, the largest number, 7, represent the role of Executive Director (ED) and the second largest number, 5, represent the role of Advocacy Staff. Of the remaining respondents from Region 3, 1 respondent represents the role of Administrative Staff, 3 respondents represent Senior Leadership other than the ED, 3 respondents represent Shelter Staff, and 1 respondent represents Other roles. Of the 44 survey respondents from Region 4, 41 responded to the question about what their role in the organization is. Of those 41 responses, the largest number, 13, represent the role of Advocacy Staff and the second largest number, 10, represent the role of Executive Director (ED). Of the remaining respondents from Region 4, 9 respondents represent the role of Senior Leadership other than the ED, 4 respondents represent the role of Administrative Staff, 1 respondent represents Shelter Staff, and 4 respondents represent Other roles. Of the 19 survey respondents from Region 5, all 19 responded to the question about what their role in the organization is. Of those 19 responses, the largest number, 8, represent the role of Executive Director (ED) and the second largest number, 6, represent the role of Advocacy Staff. Of the remaining respondents from Region 5, 1 respondent represents the role of Administrative Staff, 3 respondents represent Senior Leadership other than the ED, 1 respondent represents Shelter Staff, and 0 respondents represent Other roles. Of the 12 survey respondents from Region 6, 11 responded to the question about what their role in the organization is. Of those 11 responses, the largest number, 4, represents both the role of Advocacy Staff and the role of Executive Director (ED). Of the remaining respondents from Region 6, 1 respondent represents the role of Senior Leadership other than the ED, 2 respondents represent the role of Administrative Staff, 0 respondents represent Shelter Staff, and 0 respondents represent Other roles.

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) about their role. For the respondents from Region 1 who listed their role as Shelter Staff, one respondent clarified that they were advocacy and shelter staff. For the respondents from Region 1 who listed their role as Other roles, one respondent identified their role as a housing case manager. For the respondents from Region 2 who listed their role as Advocacy Staff, one respondent listed their role as an educator and one respondent listed their role as court advocate/outreach. For the respondents from Region 2 who listed their role as Other roles, one respondent identified their role as a nurse manager, another identified as advocacy/direct client services and outreach/education and prevention programs; one identified as a client attorney; another identified as a police victim assistant, and one identified as outreach & prevention. For the respondents from Region 3 who listed their role as Advocacy Staff, one respondent listed their role as victim advocate manager. For the respondents from Region 3 who listed their role as Shelter Staff, one listed their role as shelter manager. For the respondents from Region 3 who listed their role as Other roles, one identified as a Chief Probation/Post Release Officer over the DV Unit. For the respondents from Region 4 who listed their role as Advocacy Staff, one respondent listed their role as an outreach counselor and case manager. For the respondents from Region 4 who listed their role as Administrative Staff, one respondent listed their role as a family engagement specialist. For the respondents from Region 4 who listed their role as Other roles, one respondent identified their role as program director, another respondent identified their role as Mental Health provider with managerial responsibilities; and one respondent identified as a Program Coordinator for a DV/SA program for Latina survivors. For the respondents from Region 6 who listed their role as Other roles, one respondent identified their role as Juvenile Court Counselor Chief.



Major Trends:

High Response Rates/Ranking of Second Highest based on Response Rates for needing Training and Technical Assistance:

- Survivors experiencing substance use disorders (Regions 1, 2, 3, 5, & 6)
- Survivors experiencing mental illness (Regions 1, 2, 3, 4, 5, & 6)
- Survivors of human trafficking (Regions 1, 4, & 6)

Low Response Rates for needing Training and Technical Assistance:

- Indigenous survivors/Survivors who live on Indigenous reservations (Regions 2, 3, 4, & 5)
- Survivors who identify as Christian (Regions 2, 4, & 5)
- Survivors who were raised Christian or non-religious but in Christian-centric communities (Regions 2, 3, & 5)

Region 1:

Region 2:

High Response Rates for needing Training and Technical Assistance:

- Survivors experiencing substance use disorders
- Survivors experiencing transportation, housing, food, employment, or other forms of insecurity

High Response Rates for needing Training and Technical Assistance:

- Survivors experiencing mental illness
- Survivors experiencing substance use disorders
- Survivors experiencing financial abuse that has affected their ability to access housing/employment
- Survivors in rural/small communities

Ranking of Second Highest based on Response Rates for needing Training and Technical Assistance:

- Survivors experiencing mental illness
- Survivors of human trafficking

Ranking of Second Highest based on Response Rates for needing Training and Technical Assistance:

- Survivors experiencing transportation, housing, food, employment, or other forms of insecurity
- Survivors with limited/no documentation status

Low Response Rates for needing Training and Technical Assistance:

- Pregnant Survivors

Low Response Rates for needing Training and Technical Assistance:

- Indigenous survivors/Survivors who live on Indigenous reservations
- Survivors who identify as Christian
- Survivors who were raised Christian or non-religious but in Christian-centric communities

Region 3:

High Response Rates for needing Training and Technical Assistance:

- Survivors experiencing mental illness
- Survivors experiencing substance use disorders

Ranking of Second Highest based on Response Rates for needing Training and Technical Assistance:

- Survivors with limited/no documentation status

Low Response Rates for needing Training and Technical Assistance:

- Indigenous survivors/Survivors who live on Indigenous reservations
- Survivors who who were raised Christian or non-religious but in Christian-centric communities

Region 4:

High Response Rates/Ranking of Second Highest based on Response Rates for needing Training and Technical Assistance:

- Survivors experiencing mental illness
- Survivors of human trafficking

Low Response Rates for needing Training and Technical Assistance:

- Indigenous survivors/Survivors who live on Indigenous reservations
- Survivors who identify as Christian

Region 5:

High Response Rates for needing Training and Technical Assistance:

- Survivors experiencing mental illness

Ranking of Second Highest based on Response Rates for needing Training and Technical Assistance:

- Survivors experiencing substance use disorders

Low Response Rates for needing Training and Technical Assistance:

- Indigenous survivors/Survivors who live on Indigenous reservations
- Survivors in alternative K-12 settings
- Survivors who identify as Christian
- Survivors who who were raised Christian

Region 6:

High Response Rates/Ranking of Second Highest based on Response Rates for needing Training and Technical Assistance:

- Survivors of human trafficking
- Survivors experiencing mental illness
- Survivors experiencing substance use disorders
- Children and youth who witness domestic violence or teen dating violence
- Survivors who are men

Low Response Rates for needing Training and Technical Assistance:

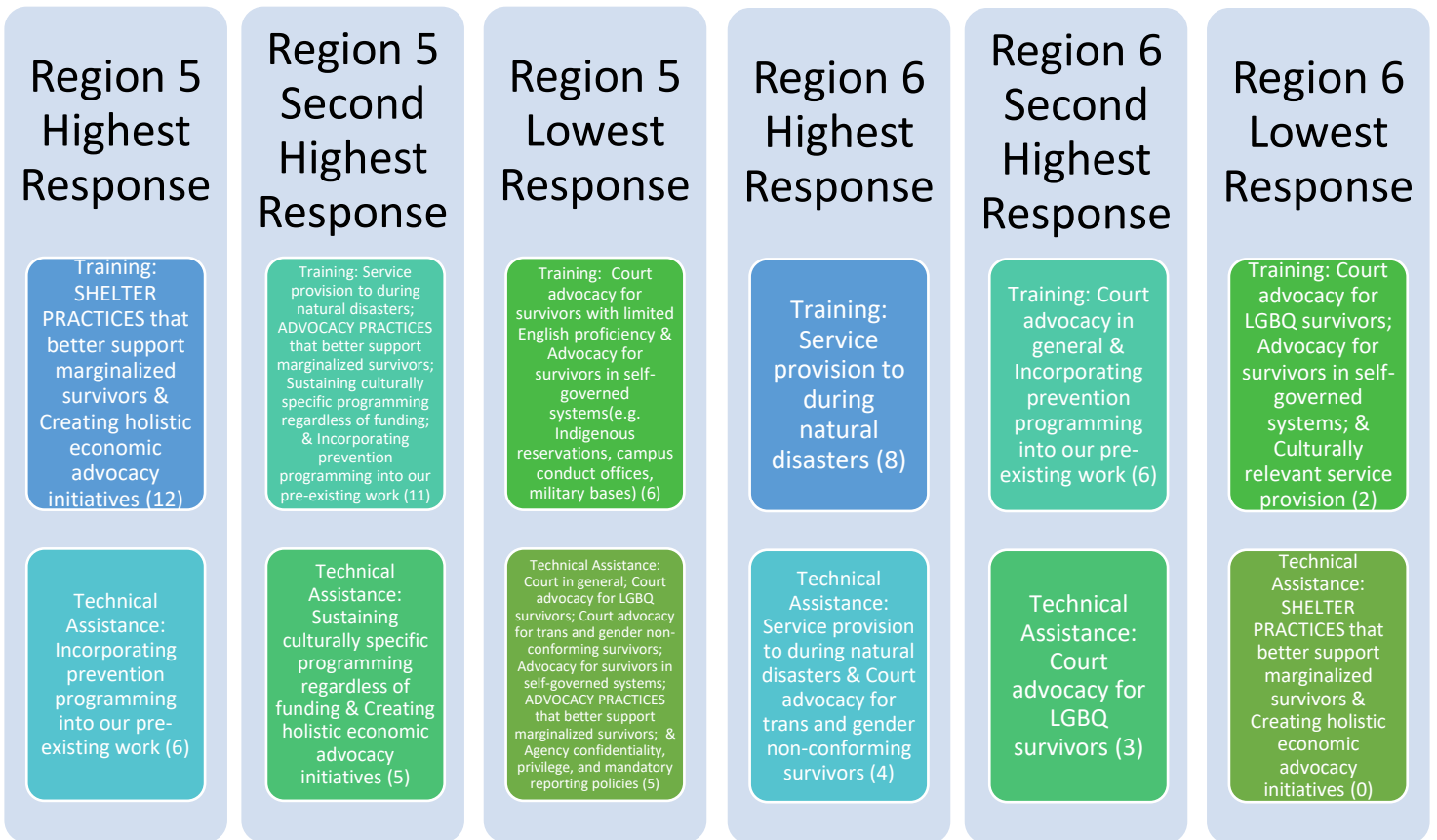
- Survivors who are or were raised as a religion other than Christianity

Training and Technical Assistance (TA) Areas to Improve Service Provision:

For the purposes of this survey, training was defined as providing more basic, general information on a topic while TA was defined as involving NCCADV answering your specific questions or providing guidance on how a topic applies to your specific context.

Advocacy service provision areas that you would like training and TA to improve, expand, or adjust:





The respondents were also given the opportunity to share more information through a comment box question (qualitative question) to expand upon or add other areas of training and technical assistance. For Region 1, one respondent identified general policies and procedures as well as best practices on shelter and serving service animals versus comfort animals. For Region 2, one respondent specified wanting NCCADV to partner with qualified trauma-informed DV law enforcement and judicial trainers to provide training to rural law enforcement officers and judges, another respondent asked for training on technology safety, and one respondent asked for training for health care providers. Also for Region 2, one respondent asked for information on volunteer recruitment and retention, program evaluation practices, and government programs/benefits (like Medicaid and SSDI) and how this relates to DV clients when they leave abusers and another respondent mentioned Osnium while a third respondent identified mental health and substance use issues - how to serve clients with multiple needs. For Region 3, one respondent mentioned training on new policies and procedures affecting 50B orders as well as information on safe houses and programs for victims within a 50-mile radius of Concord, NC while another respondent asked for more advanced training for seasoned advocates on topics such as new laws, new tech laws, on-line stalking, and working with male survivors. For Region 4, one respondent brought up best practices on trauma-informed support for sheltered and unsheltered survivors, another respondent requested information for children that is on their level to be able to develop a support group for them, and a third identified a need for free DV training to meet yearly 20 hours requirements. For Region 5, one respondent asked for trauma informed policies and procedures with actual tools and templates and another respondent specified that they would want any of the training listed if offered in Raleigh or eastern NC specifically for new staff. For Region 6, one respondent identified best practices for shelter gender integration and another respondent identified areas for training and TA including teen dating violence and working with families affected by DV and gun violence.

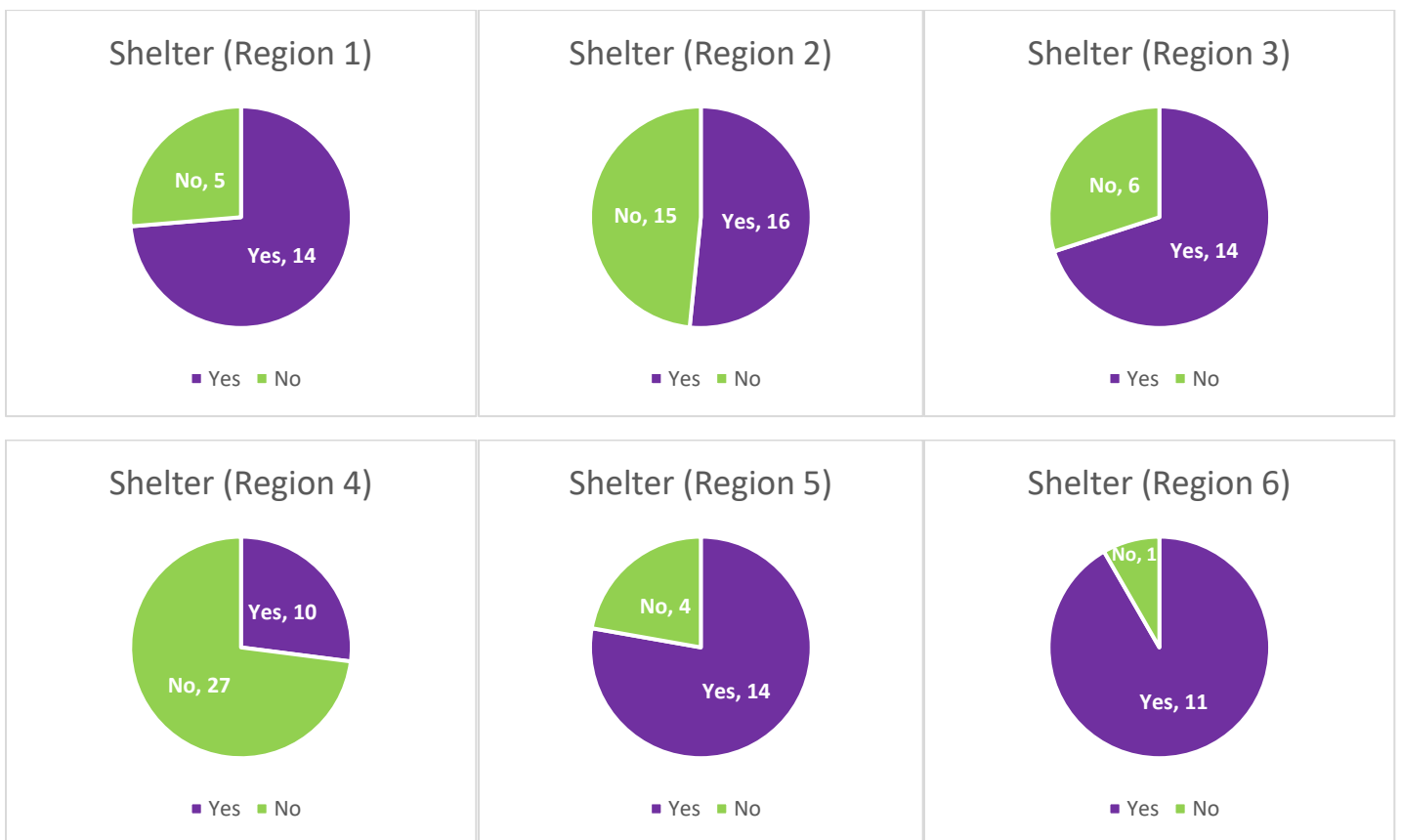


Training/TA needs for your advocacy service provision (OTHER than shelter services):

Region 1 Highest Response	Region 1 Second Highest Response	Region 1 Lowest Response	Region 2 Highest Response	Region 2 Second Highest Response	Region 2 Lowest Response
<p>Training: Survivors experiencing substance use disorders (17)</p>	<p>Training: Survivors experiencing mental illness & Survivors of human trafficking (16)</p>	<p>Training: Pregnant survivors (3)</p>	<p>Training: Survivors experiencing substance use disorders (26)</p>	<p>Training: Survivors experiencing mental illness (25)</p>	<p>Training: Survivors who live on Indigenous reservations & Survivors who were raised Christian or non-religious but in Christian-centric communities (4)</p>
<p>Technical Assistance: Survivors experiencing transportation, housing, food, employment, or other forms of insecurity; Survivors experiencing financial abuse that has affected their ability to access housing/employment; Survivors with limited/no documentation status; Immigrant survivors; & Survivors with limited English proficiency (7)</p>	<p>Technical Assistance: Survivors experiencing substance use disorders; Children and youth who witness domestic violence or teen dating violence; & Survivors of human trafficking (6)</p>	<p>Technical Assistance: Pregnant Survivors & Survivors who are in the military (1)</p>	<p>Technical Assistance: Survivors experiencing financial abuse that has affected their ability to access housing/employment & Survivors in rural/small communities (11)</p>	<p>Technical Assistance: Survivors experiencing transportation, housing, food, employment, or other forms of insecurity & Survivors with limited/no documentation status (10)</p>	<p>Technical Assistance: Survivors who identify as Christian & Survivors who were raised Christian or non-religious but in Christian-centric communities (1)</p>
Region 3 Highest Response	Region 3 Second Highest Response	Region 3 Lowest Response	Region 4 Highest Response	Region 4 Second Highest Response	Region 4 Lowest Response
<p>Training: Survivors experiencing mental illness; Survivors experiencing substance use disorders; & Survivors of human trafficking (15)</p>	<p>Training: Survivors with limited/no documentation status (12)</p>	<p>Training: Pregnant survivors; Survivors who live on Indigenous reservations; Indigenous survivors; South, Central, and East Asian survivors; Survivors who were raised Christian or non-religious but in Christian-centric communities; & Survivors who are or were raised as a religion other than Christianity (3)</p>	<p>Training: Survivors experiencing substance use disorders (32)</p>	<p>Training: Survivors experiencing mental illness (31)</p>	<p>Training: Survivors who live on Indigenous reservations (10)</p>
<p>Technical Assistance: Survivors experiencing mental illness (5)</p>	<p>Technical Assistance: Survivors with limited/no documentation status (4)</p>	<p>Technical Assistance: Survivors experiencing transportation, housing, food, employment, or other forms of insecurity (16)</p>	<p>Technical Assistance: Survivors experiencing transportation, housing, food, employment, or other forms of insecurity (16)</p>	<p>Technical Assistance: Survivors experiencing mental illness & Survivors of human trafficking (13)</p>	<p>Technical Assistance: Survivors who live on indigenous reservations & Survivors who identify as Christian (5)</p>



Organizations with a shelter:



Training/TA needs specifically for shelter services:

<p>Region 1 Highest Response</p> <p>Training: Survivors experiencing substance use disorders (13)</p> <p>Technical Assistance: Survivors experiencing transportation, housing, food, employment, or other forms of insecurity (6)</p>	<p>Region 1 Second Highest Response</p> <p>Training: Survivors experiencing mental illness (12)</p>	<p>Region 1 Lowest Response</p> <p>Training: Pregnant survivors; College Student Survivors; Survivors who live on indigenous reservations (2)</p>	<p>Region 2 Highest Response</p> <p>Training: Survivors experiencing mental illness (11)</p> <p>Technical Assistance: Survivors experiencing mental illness; Survivors experiencing substance use disorders; Survivors experiencing transportation, housing, food, employment, or other forms of insecurity; Survivors experiencing financial abuse that has affected their ability to access housing/employment & Survivors in rural/small communities (5)</p>	<p>Region 2 Second Highest Response</p> <p>Training: Survivors experiencing substance use disorders (10)</p> <p>Technical Assistance: Survivors experiencing transportation, housing, food, employment, or other forms of insecurity & Survivors with limited/no documentation status (10)</p>	<p>Region 2 Lowest Response</p> <p>Training: Indigenous survivors (2)</p> <p>Technical Assistance: Survivors who identify as Christian & Survivors who were raised Christian or non-religious but in Christian-centric communities (1)</p>
<p>Region 3 Highest Response</p> <p>Training: Survivors experiencing mental illness; (12)</p> <p>Technical Assistance: Survivors experiencing substance use disorders (4)</p>	<p>Region 3 Second Highest Response</p> <p>Training: Survivors experiencing substance use disorders (10)</p> <p>Technical Assistance: Survivors of human trafficking & Survivors who are in the military (3)</p>	<p>Region 3 Lowest Response</p> <p>Training: Youth who experience teen dating violence; Survivors who live on Indigenous reservations; & Survivors who were raised Christian or non-religious but in Christian- centric communities (0)</p>	<p>Region 4 Highest Response</p> <p>Training: Survivors with intellectual or developmental disabilities & Survivors with physical disabilities (8)</p> <p>Technical Assistance: Trans and gender non- conforming adult survivors & Survivors of human trafficking (5)</p>	<p>Region 4 Second Highest Response</p> <p>Training: Survivors experiencing mental illness & Survivors experiencing financial abuse that has affected their ability to access housing/ employment (7)</p>	<p>Region 4 Lowest Response</p> <p>Training: Survivors who identify as Christian & Survivors who were raised Christian or non-religious but in Christian- centric communities (2)</p> <p>Technical Assistance: Survivors who are parents; College Student Survivors; Indigenous survivors; Latinx survivors; Middle Eastern/North African survivors; & South, Central, and East Asian survivors (1)</p>



Community Partnerships:

We understand that one critical element of serving all survivors is developing and sustaining community partnerships with other agencies that can help meet the complex and varying needs of survivors.

Region 1:



Region 2:



Region 3:

Law Enforcement

- Highest response rate for strong and sustained partnership with this type of agency

Transportation Support Agencies

- Highest response rate for need support developing and/or sustaining a partnership with this type of agency

Military Base Victim Advocacy Programs & Mosques

- Highest response rate for Not Applicable - this type of agency doesn't exist in our community

Region 4:

Housing Organizations & Law enforcement

- Highest response rate for strong and sustained partnership with this type of agency

Multi-lingual attorneys

- Highest response rate for need support developing and/or sustaining a partnership with this type of agency

Military Base Victim Advocacy Programs

- Highest response rate for Not Applicable - this type of agency doesn't exist in our community

Region 5:

Child Advocacy Centers

- Highest response rate for strong and sustained partnership with this type of agency

Employers/ Human Resources Professionals and Recruiters

- Highest response rate for need support developing and/or sustaining a partnership with this type of agency

Workers' Rights Organizers or Unions

- Highest response rate for Not Applicable - this type of agency doesn't exist in our community

Region 6:

Law Enforcement & Criminal courts

- Highest response rate for strong and sustained partnership with this type of agency

Landlords/ Property Managers; Transportation Support Agencies; & Custody attorneys

- Highest response rate for need support developing and/or sustaining a partnership with this type of agency

Military Base Victim Advocacy Programs

- Highest response rate for Not Applicable - this type of agency doesn't exist in our community

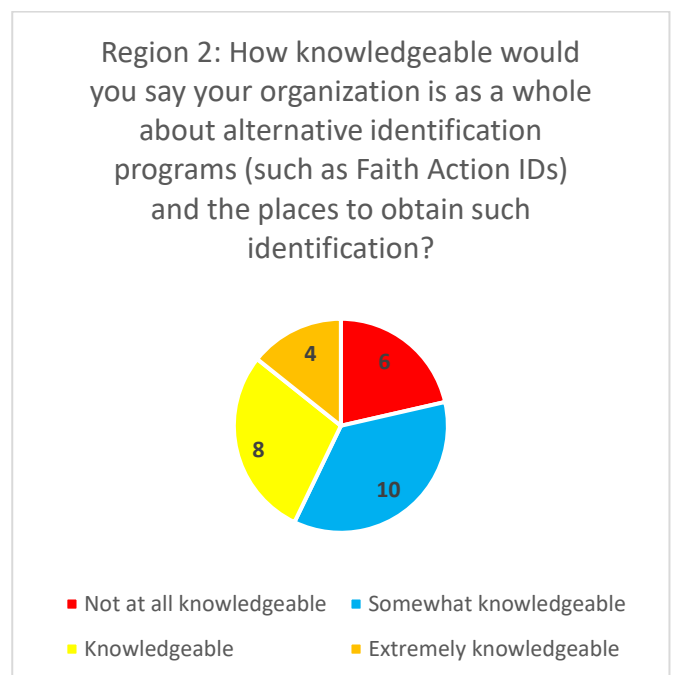
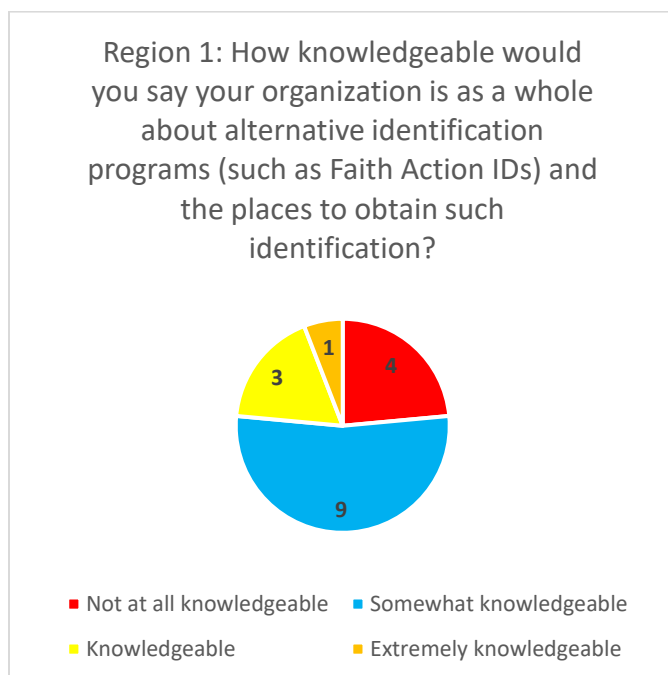
Improving Community Outreach to these Communities:

Highest Response	Second Highest Response	Lowest Response	Highest Response	Second Highest Response	Lowest Response
<p>Region 1: Mental illness treatment communities (12)</p>	<p>Region 1: Communities of individuals with disabilities (9)</p>	<p>Region 1: Alternative school settings & Military Bases and their surrounding communities (1)</p>	<p>Region 2: Mental illness treatment communities & LGBTQ communities (13)</p>	<p>Region 2: Parent/caregiver communities; Deaf communities; & Small and/or rural communities (12)</p>	<p>Region 2: Preschools; 4 year colleges/universities; & Military bases (1)</p>



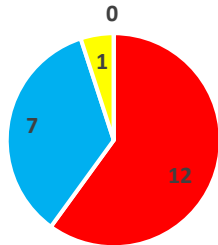
Immigration and Domestic Violence:

Alternative Identification Programs:



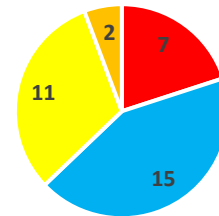


Region 3: How knowledgeable would you say your organization is as a whole about alternative identification programs (such as Faith Action IDs) and the places to obtain such identification?



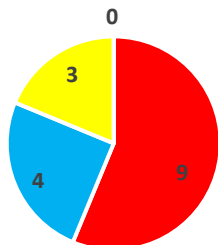
■ Not at all knowledgeable ■ Somewhat knowledgeable
■ Knowledgeable ■ Extremely knowledgeable

Region 4: How knowledgeable would you say your organization is as a whole about alternative identification programs (such as Faith Action IDs) and the places to obtain such identification?



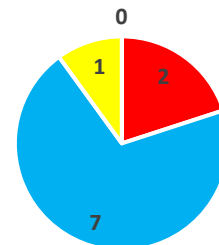
■ Not at all knowledgeable ■ Somewhat knowledgeable
■ Knowledgeable ■ Extremely knowledgeable

Region 5: How knowledgeable would you say your organization is as a whole about alternative identification programs (such as Faith Action IDs) and the places to obtain such identification?



■ Not at all knowledgeable ■ Somewhat knowledgeable
■ Knowledgeable ■ Extremely knowledgeable

Region 6: How knowledgeable would you say your organization is as a whole about alternative identification programs (such as Faith Action IDs) and the places to obtain such identification?



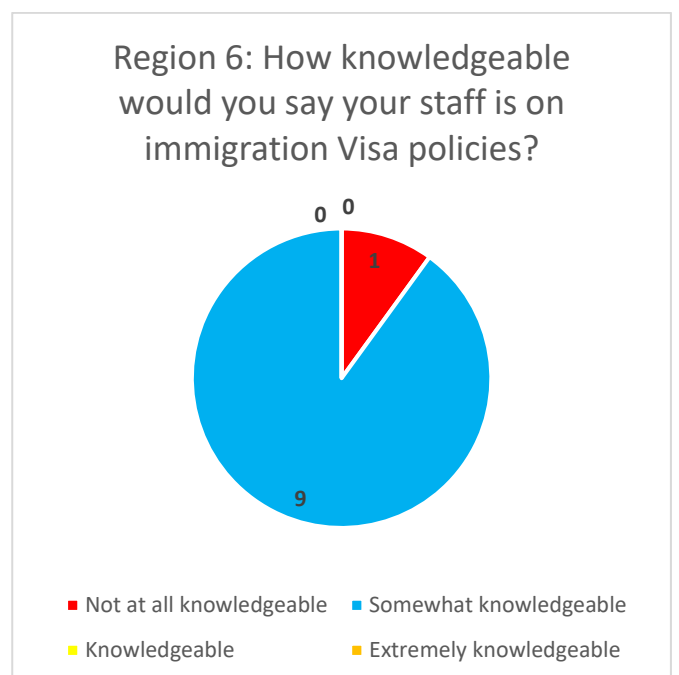
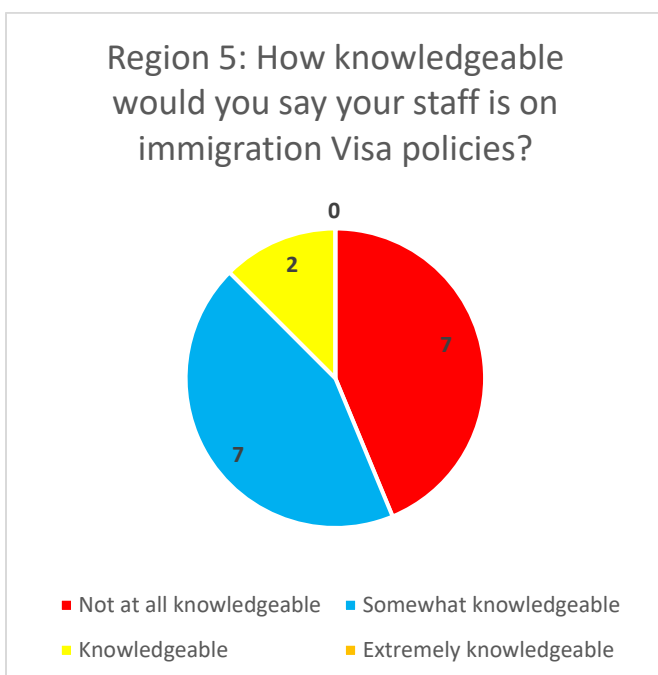
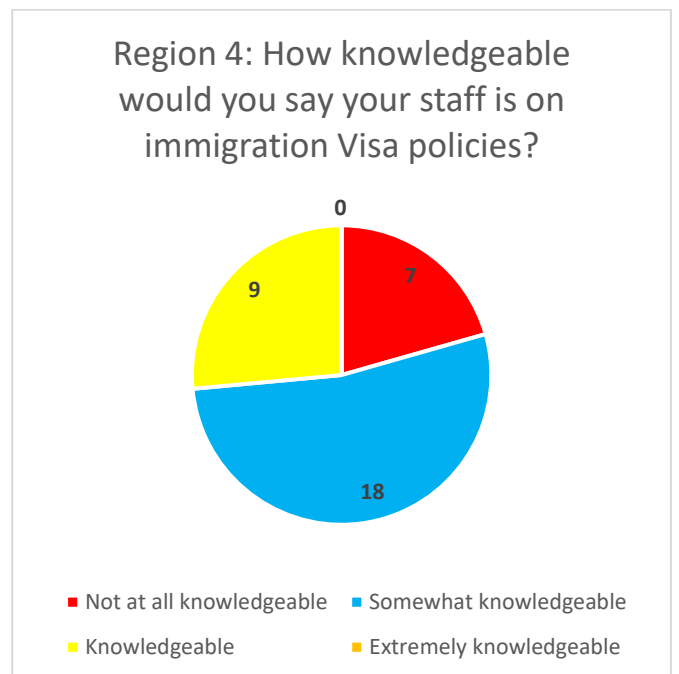
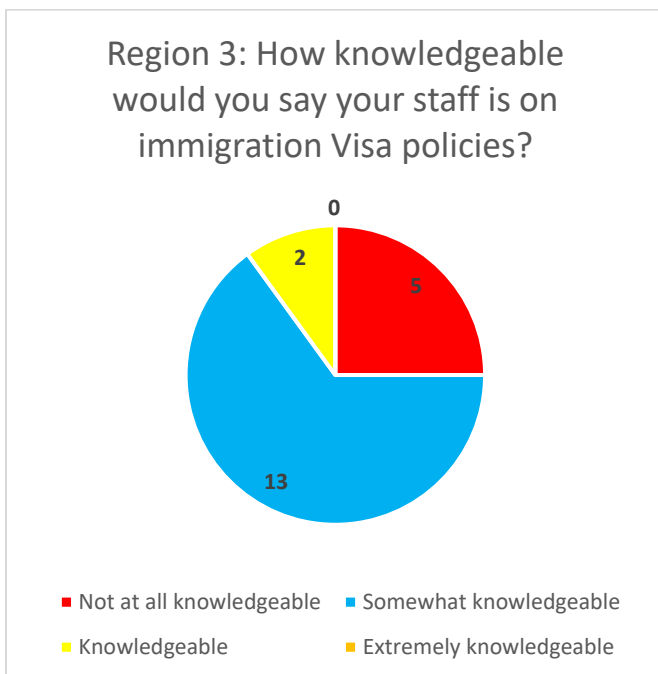
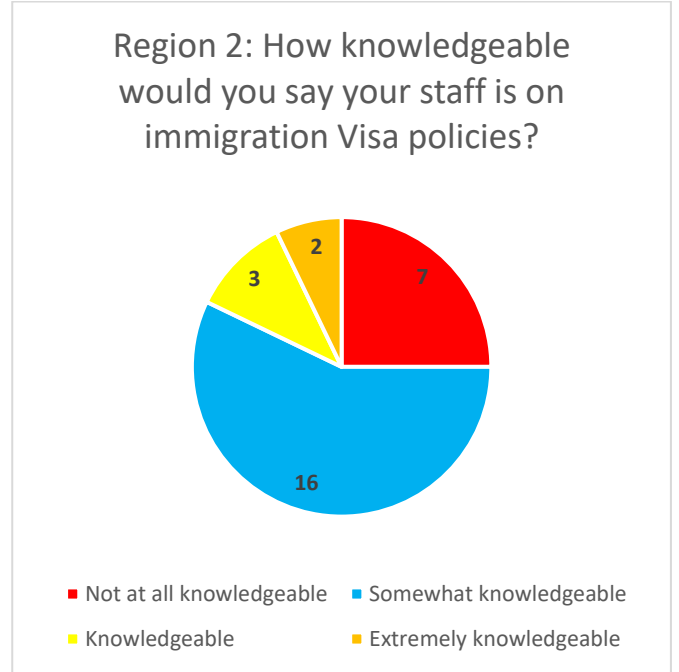
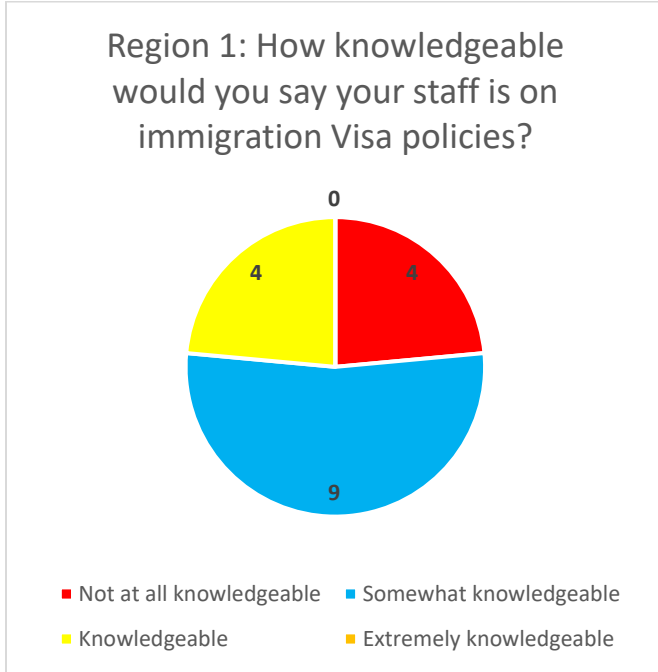
■ Not at all knowledgeable ■ Somewhat knowledgeable
■ Knowledgeable ■ Extremely knowledgeable

Of the 20 survey respondents from Region 1, 17 responded to the question about how knowledgeable the respondent's organization is as a whole regarding alternative identification programs (such as Faith Action IDs) and the places to obtain such identification. Of those 17 responses, the highest response (9) was that the respondent's organization was somewhat knowledgeable about these alternative identification programs. Of the remaining responses, 4 respondents indicated that their agency was not at all knowledgeable, 3 respondents indicated that their agency was as a whole knowledgeable, and 1 respondent indicated that their agency was extremely knowledgeable. Of the 33 survey respondents from Region 2, 28 responded to the question about how knowledgeable the respondent's organization is as a whole regarding alternative identification programs (such as Faith Action IDs) and the places to obtain such identification. Of those 28 responses, the highest response (10) was that the respondent's organization was somewhat knowledgeable about these alternative identification programs. Of the remaining responses, 6 respondents indicated that their agency was not at all knowledgeable, 8 respondents indicated that their agency was as a whole knowledgeable, and 4 respondents indicated that their agency was extremely knowledgeable. Of the 20 survey respondents from Region 3, all 20 responded to the question about how knowledgeable the respondent's organization is as a whole regarding alternative identification programs (such as Faith Action IDs) and the places to obtain such identification. Of those 20 responses, the highest response (12) was that the respondent's organization was not at all knowledgeable about these alternative identification programs. Of the remaining responses, 7 respondents indicated that their agency was somewhat knowledgeable, 1 respondent indicated that their agency was as a whole knowledgeable, and 0 respondents indicated that their agency was extremely knowledgeable. Of the 44 survey respondents from Region 4, 35 responded to the question about how knowledgeable the respondent's

organization is as a whole regarding alternative identification programs (such as Faith Action IDs) and the places to obtain such identification. Of those 35 responses, the highest response (15) was that the respondent's organization was somewhat knowledgeable about these alternative identification programs. Of the remaining responses, 7 respondents indicated that their agency was not at all knowledgeable, 11 respondents indicated that their agency was as a whole knowledgeable, and 2 respondents indicated that their agency was extremely knowledgeable. Of the 19 survey respondents from Region 5, 16 responded to the question about how knowledgeable the respondent's organization is as a whole regarding alternative identification programs (such as Faith Action IDs) and the places to obtain such identification. Of those 16 responses, the highest response (9) was that the respondent's organization was not at all knowledgeable about these alternative identification programs. Of the remaining responses, 4 respondents indicated that their agency was somewhat knowledgeable, 3 respondents indicated that their agency was as a whole knowledgeable, and 0 respondents indicated that their agency was extremely knowledgeable. Of the 12 survey respondents from Region 6, 10 responded to the question about how knowledgeable the respondent's organization is as a whole regarding alternative identification programs (such as Faith Action IDs) and the places to obtain such identification. Of those 10 responses, the highest response (7) was that the respondent's organization was somewhat knowledgeable about these alternative identification programs. Of the remaining responses, 2 respondents indicated that their agency was not at all knowledgeable, 1 respondent indicated that their agency was as a whole knowledgeable, and 0 respondents indicated that their agency was extremely knowledgeable.

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) if they were aware of alternative identification programs about their community's attitudes toward these alternative IDs (e.g. If their local law enforcement accept them as a valid form of identification). For Region 1, one respondent shared that their Local Law Enforcement does accept Faith Action IDs; another respondent shared that their community has a mixed response and acceptance of Faith Action IDs and that there are different pockets of support in the communities of law enforcement officers that support these programs and that they've had Faith Action ID drives but this year the drive was the same weekend publicized raids were happening across the county so attendance dropped by half; and a third respondent shared that they were unsure about alternative IDs and whether their local law enforcement would accept them as a valid form of identification but probably not. For Region 2, one respondent shared that they were unsure about alternative IDs and whether their local law enforcement would accept them as a valid form of identification; another respondent shared that their agency participates in the Faith Action ID monthly and that the IDs should be accepted as a valid form of identification; and a third respondent shared how their community hosts faith id programs and they are widely accepted. For Region 3, one respondent shared that it varies widely among agencies and members of the community- some places will accept these IDs and some will not and another respondent shared that these alternative IDs are accepted as a valid form of identification and that the local law enforcement do not turn women survivors over to ICE but if they apprehend the abuser then they are turned in. For Region 4, one respondent shared that their law enforcement agency is willing to talk but has not accepted alternative IDs; another shared that they are currently discussing this matter; one respondent mentioned that they are in the process of negotiating it and having meetings with several agencies with the Latinx population, as well as with law enforcement; another respondent shared that they are connected with the Hispanic Center as well as churches when the Faith ID will take place and that they send flyers home with children and post it on their bulletin board and they also shared that their Mayor and DA recommend the ID for people who are undocumented and that they attend meetings where Law Enforcement talks to the community about how the ID helps with completing their reports; one respondent shared that the alternative ID has not been discussed in their community that they are aware of but they are aware of the AIP that Faith Actions offers; and another respondent was unsure about alternative IDs and whether their local law enforcement would accept them as a valid form of identification. For Region 5, one respondent shared that they don't think they have any alternative identification programs in this county, so they can't say for sure that local law enforcement would accept them as a valid form of ID and another respondent was unsure. For Region 6, one respondent shared that there are groups in their community that have tried to push for the alternative ID program but the attempts have been met with some resistance.

Immigration Visa Policies:



Of the 20 survey respondents from Region 1, 17 responded to the question about how knowledgeable the respondents' organization staff is on immigration Visa policies. Of those 17 responses, the highest response (9) was that the respondent's organization was somewhat knowledgeable about immigration Visa policies. Of the remaining responses, 4 respondents indicated that their agency was not at all knowledgeable, 4 respondents indicated that their agency was as a whole knowledgeable, and 0 respondents indicated that their agency was extremely knowledgeable. Of the 33 survey respondents from Region 2, 28 responded to the question about how knowledgeable the respondents' organization staff is on immigration Visa policies. Of those 28 responses, the highest response (16) was that the respondent's organization was somewhat knowledgeable about immigration Visa policies. Of the remaining responses, 7 respondents indicated that their agency was not at all knowledgeable, 3 respondents indicated that their agency was as a whole knowledgeable, and 2 respondents indicated that their agency was extremely knowledgeable. Of the 20 survey respondents from Region 3, all 20 responded to the question about how knowledgeable the respondents' organization staff is on immigration Visa policies. Of those 20 responses, the highest response (13) was that the respondent's organization was somewhat knowledgeable about immigration Visa policies. Of the remaining responses, 5 respondents indicated that their agency was not at all knowledgeable, 2 respondents indicated that their agency was as a whole knowledgeable, and 0 respondents indicated that their agency was extremely knowledgeable. Of the 44 survey respondents from Region 4, 34 responded to the question about how knowledgeable the respondents' organization staff is on immigration Visa policies. Of those 34 responses, the highest response (18) was that the respondent's organization was somewhat knowledgeable about immigration Visa policies. Of the remaining responses, 7 respondents indicated that their agency was not at all knowledgeable, 9 respondents indicated that their agency was as a whole knowledgeable, and 0 respondents indicated that their agency was extremely knowledgeable. Of the 19 survey respondents from Region 5, 16 responded to the question about how knowledgeable the respondents' organization staff is on immigration Visa policies. Of those 16 responses, the highest response (7) was that the respondent's organization was not at all knowledgeable or was somewhat knowledgeable about immigration Visa policies. Of the remaining responses, 2 respondents indicated that their agency was as a whole knowledgeable and 0 respondents indicated that their agency was extremely knowledgeable. Of the 12 survey respondents from Region 6, 10 responded to the question about how knowledgeable the respondents' organization staff is on immigration Visa policies. Of those 10 responses, the highest response (9) was that the respondent's organization was somewhat knowledgeable about immigration Visa policies. Of the remaining responses, 1 respondent indicated that their agency was not at all knowledgeable, 0 respondents indicated that their agency was as a whole knowledgeable, and 0 respondents indicated that their agency was extremely knowledgeable.

Improving Protections for Immigrant Survivors:

The respondents were also given the opportunity to share more information through a comment box question (qualitative question) about what support they need to improve their organization's protections for survivors with limited/no immigration status in the case of an ICE raid at their agency. For Region 1, one respondent mentioned that they could use more knowledge on how they can create a safety net for survivors with limited/no immigration status and to communicate that their agency is a safe space to those communities; another respondent shared that they have a written warrant policy and agency policy on responding to ICE but it would be helpful to have wording specifically sent out from an agency or coalition so they could adopt some adjustments rather than creating their own; and a third respondent mentioned training. For Region 2, one respondent requested additional "Know Your Rights" materials; support our efforts to provide speakers/information to Latinx community at Latinx Resource Fairs and community forums; another respondent mentioned that knowing every aspect of the immigration policy and procedure they need additional training and that this issue is relevant and their clients are falling through the cracks due to limited services and needing to access those services without having to provide funds because of their low economic status and really understanding who and what their true purpose is for providing them services and keeping them as safe as possible while still abiding by the law; one respondent wanted to know what their rights are as an agency and what they should do if such a raid ever took place; another respondent shared that they need know what to tell survivors when it comes to ICE raids; one respondent mentioned more training, specifically law enforcement agency policies; and another respondent shared that there is a lack of attorneys across the entire state of NC who are willing to provide deportation legal services and assist families experiencing pending deportation at either low cost or free of cost right now and that generating a strong referral list of places to send families would be most supportive. For Region 3, one respondent mentioned that although they have continued to reach out to these communities, the number of victims seeking services went to zero over the past two years; five

respondents mentioned training: one of these respondents specified basic training in this area, another respondent shared that they need additional training though they do have basic knowledge of how to handle this situation, and one respondent specified training on rights and protections; one respondent shared that their community desperately needs Spanish-speaking services and lawyers with knowledge of immigration law; another respondent shared that they do not know what they would do as they have not had a raid of any sort and their shelter is non-disclosed; one respondent said they do not see a significant number of impacted survivors, but they have seen an increase in the last year; and another respondent did not know what support they need to improve their organization’s protections for survivors with limited/no immigration status in the case of an ICE raid at their agency. For Region 4, one respondent mentioned additional training and knowledge regarding how the process works so they can work together with their families to achieve goals; another respondent asked for training on what to do; one respondent mentioned having a plan with who will keep their children and necessary documentation notarized to prove legal guardianship to be able to provide the support in education, health, etc.; another respondent mentioned training; one respondent specifically mentioned partnership with low cost immigration lawyers in the community; another respondent mentioned extra training to improve responses in case of an ICE raid; one respondent said any support would be very beneficial; another respondent asked for training on this subject matter to have better knowledge; and one respondent shared that they took a sabbatical leave of absence for three years and the program went down and volunteers’ experienced health problems so now they are regrouping. For Region 5, one respondent mentioned training on what they can say or do to protect a client from being arrested or taken into custody, and what steps can be taken in the event that they are; another respondent said technical support would be very beneficial as well as information on current laws and how to protect clients during a raid; and one respondent shared a need for a clearer understanding about the different types of visas and who can help with them. For Region 6, one respondent mentioned training for board and executive members, as well as agency staff and another respondent shared that their organization needs more information on what their rights and responsibilities are, as well as for their clients in the event of an ICE raid and how they can continue to support their clients if they are taken into custody.

Prioritized Long-Term Survivor Outcomes:

One of the areas we were interested in learning more about through this survey were the long-term survivor outcomes that feel important for organizations across the state. We asked survey respondents to rank the long-term survivor outcomes in order of priority based on what their organization sees. This ranking is not meant to imply that any long-term survivor outcome is less important, but is more so meant to help prioritize the order in which we might offer training, technical assistance, or resources based on what organizations deem to be a more immediate area of need.

Region 1:

Ranked 1	Increasing emergency housing access for survivors
Ranked 2	Increasing transitional housing access for survivors
Ranked 3	Increasing transportation access for survivors
Ranked 4	Increasing access to long term mental health services for survivors
Ranked 5	Increasing access to childcare for survivors
Ranked 6	Increasing access to medical care, including dental and vision, for survivors
Ranked 7	Increasing employment security (including benefits and living wage) for survivors
Ranked 8	Increasing survivors ease navigating financial institutions/financial security
Ranked 9	Increase educational access/attainment for survivors
Ranked 10	Increasing healthy food security for survivors

Region 2:

Ranked 1	Increasing emergency housing access for survivors
Ranked 2	Increasing transitional housing access for survivors
Ranked 3	Increasing transportation access for survivors
Ranked 4	Increasing employment security (including benefits and living wage) for survivors
Ranked 5	Increasing access to childcare for survivors
Ranked 6	Increase access to long term mental health services for survivors
Ranked 7	Increasing access to medical care, including dental and vision, for survivors
Ranked 8	Increasing survivors ease navigating financial institutions/financial security
Ranked 9	Increasing educational access/attainment for survivors
Ranked 10	Increasing healthy food security for survivors

Region 3:

Ranked 1	Increasing emergency housing access for survivors
Ranked 2	Increasing transportation access for survivors
Ranked 3	Increasing employment security (including benefits and living wage) for survivors
Ranked 4	Increasing transitional housing access for survivors
Ranked 5	Increasing access to childcare for survivors
Ranked 6	Increasing access to long term mental health services for survivors
Ranked 7	Increasing access to medical care, including dental and vision, for survivors
Ranked 8	Increase educational access/attainment for survivors
Ranked 9	Increasing survivors ease navigating financial institutions/financial security
Ranked 10	Increasing healthy food security for survivors

Region 4:

Ranked 1	Increasing emergency housing access for survivors
Ranked 2	Increasing transitional housing access for survivors
Ranked 3	Increasing employment security (including benefits and living wage) for survivors
Ranked 4	Increasing transportation access for survivors
Ranked 5	Increasing healthy food security for survivors
Ranked 6	Increasing survivors ease navigating financial institutions/financial security
Ranked 7	Increase access to long term mental health services for survivors
Ranked 8	Increasing access to medical care, including dental and vision, for survivors
Ranked 9	Increasing access to childcare for survivors
Ranked 10	Increasing educational access/attainment for survivors

Region 5:

Ranked 1	Increasing emergency housing access for survivors
Ranked 2	Increasing transitional housing access for survivors
Ranked 3	Increasing access to long term mental health services for survivors
Ranked 4	Increasing employment security (including benefits and living wage) for survivors
Ranked 5	Increasing access to medical care, including dental and vision, for survivors
Ranked 6	Increasing access to childcare for survivors
Ranked 7	Increasing transportation access for survivors
Ranked 8	Increase educational access/attainment for survivors
Ranked 9	Increasing survivors ease navigating financial institutions/financial security
Ranked 10	Increasing healthy food security for survivors

Region 6:

Ranked 1	Increasing emergency housing access for survivors
Ranked 2	Increasing transitional housing access for survivors
Ranked 3	Increasing access to childcare for survivors
Ranked 4	Increasing employment security (including benefits and living wage) for survivors
Ranked 5	Increasing transportation access for survivors
Ranked 6	Increasing survivors ease navigating financial institutions/financial security
Ranked 7	Increasing educational access/attainment for survivors
Ranked 8	Increase access to long term mental health services for survivors
Ranked 9	Increasing access to medical care, including dental and vision, for survivors
Ranked 10	Increasing healthy food security for survivors

Training and Technical Assistance (TA) Areas to Improve Internal Organization Practices:

Internal Training/TA:

We recognize that there is a difference between training and TA that will improve service provision to survivors, and training and TA that will improve internal organizational practices for staff and volunteers.

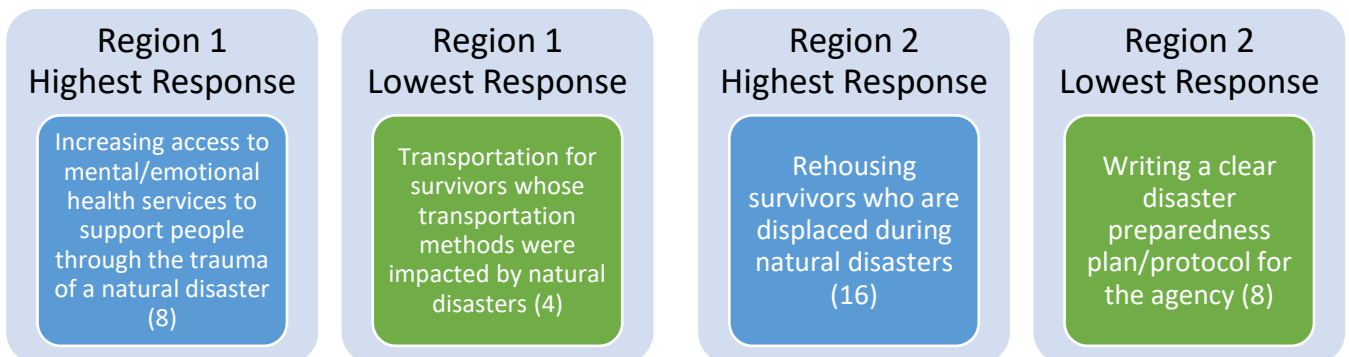


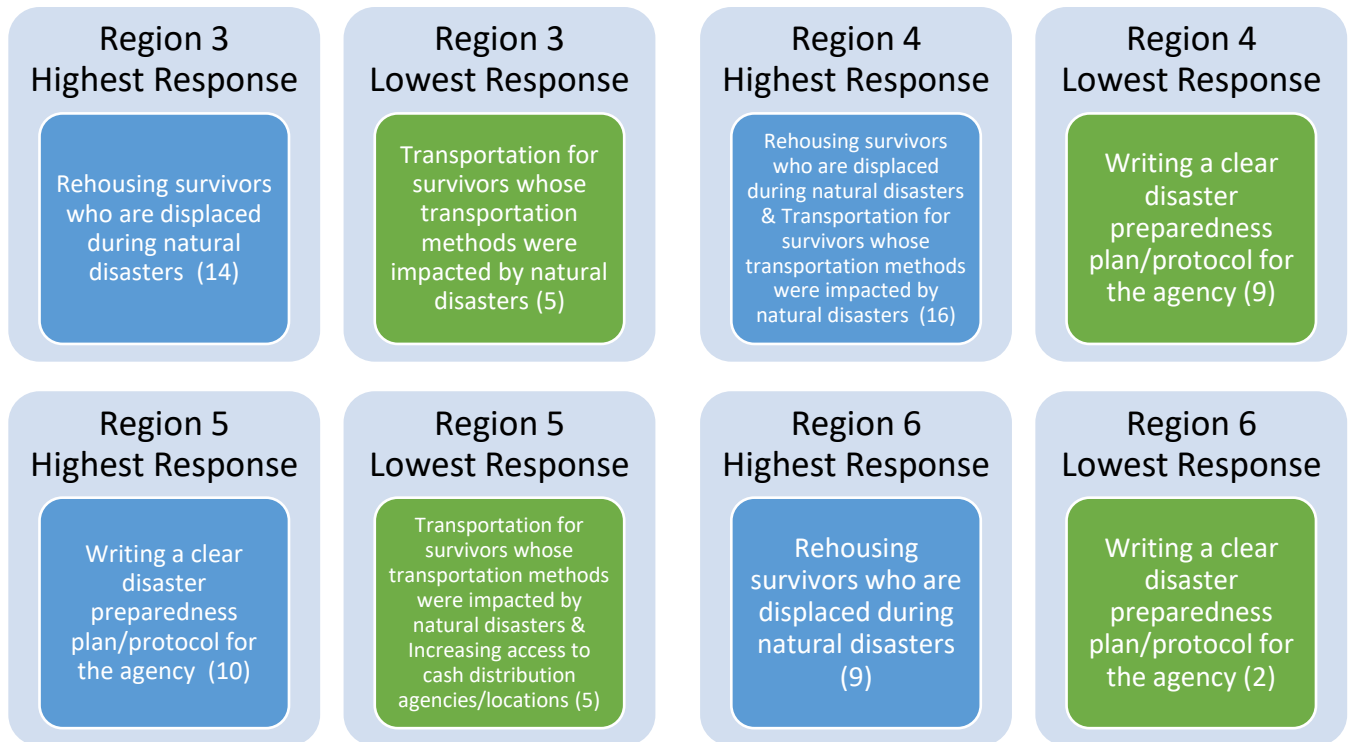


The respondents were also given the opportunity to share more information through a comment box question (qualitative question) to expand upon areas of internal organizational training and TA. For Region 1, one respondent wants support on board best practices such as instruction on what a board’s makeup should include, limits on time served on the board, and the board’s role in tailoring direct client services. For Region 2, another respondent asked for Osniun database training. For Region 3, one respondent asked for support on policy on if the agency loses funding the employees could be terminated. For Region 4, one respondent shared that it would be awesome to expand on staff policies and onboarding and that everyone at their agency receives different training depending on who they are working with; they also shared that it would be helpful to offer benefits to employees that lead to higher job satisfaction such as flexing hours or allowing work from home or in the community one day to catch up on notes/reports and another respondent mentioned senior volunteer programs where seniors receive biweekly pay through upper coastal plain area agency on aging located in Wilson, NC.

Areas of Support for Disaster Preparedness and Recovery:

We recognize that natural disasters, particularly hurricanes, have impacted DV service providers and the survivors served across the state.





The respondents were also given the opportunity to share more information through a comment box question (qualitative question) to add other areas of support not listed that would be helpful to programs in preparing for or healing from natural disasters, as well as to expand on anything they did select. For Region 1, one respondent shared that they are unsure of preparedness needs as they are located in a low disaster area and that they have plans in place but could undoubtedly use more training around this. For Region 6, one respondent shared that it would be helpful to know of other shelters that could accept survivors during a hurricane evacuation.

Qualitative Results Section:

The last six questions of the survey were qualitative questions giving respondents the opportunity to share more information about a range of topics. For this section of the disaggregated section of the report, we have included some of the key responses from each of the six regions.

NCCADV:

The first qualitative question asked respondents about the ways NCCADV helps them serve survivors. For Region 1, many respondents referred to the training, conferences, technical assistance, newsletters, and resources provided by NCCADV: one respondent shared that NCCADV provides phenomenal trainings, particularly the Advocate's Institute and another respondent mentioned legal guidance and support to staff. For Region 2, a few respondents referred to the training, technical assistance, and resources provided by NCCADV: one respondent shared that NCCADV provides them with knowledge and information to allow them to understand the needs of the population that they serve; another respondent mentioned prevention and stated that NCCADV has supported them by helping them provide information to understand how to prevent intimate partner violence and how to educate young people as advocates; one respondent shared that NCCADV provides great technical assistance and when they have needed to call there has always been someone available to answer questions and steer them in a helpful direction; and two respondents mentioned legal services, one stating that NCCADV provides excellent legal representation for survivors. For Region 3, many respondents referred to the training, technical assistance, legal assistance, and resources provided by NCCADV and many of those respondents mentioned training specifically. For Region 4, many respondents referred to the training, conferences, technical assistance, and resources provided by NCCADV: one respondent shared that NCCADV gives them a broader picture of assisting victims in need; another respondent shared that they've been able to network and improve community relationships and consult with community partners to better serve the victims they work with because of NCCADV; and one respondent shared that NCCADV's willingness to strategize about

issues and policies that impact the greater DV community has been particularly helpful. For Region 5, many respondents referred to the training, technical assistance, and resources provided by NCCADV: one respondent shared that NCCADV will help them learn how to deal with domestic violence survivors and avenues to refer victims. For Region 6, a few respondents referred to the training, technical assistance, newsletters, and resources provided by NCCADV: helping them to learn best practices when working with youth/families

The second qualitative question asked respondents about the ways that NCCADV creates barriers/challenges for them/their organization in serving survivors. For Region 1, two respondents mentioned not experiencing barriers but one mentioned wanting more specific technical assistance; two additional respondents felt that the trainings are not relevant or able to be applied (theory to practice) and one of them described theory to practice by saying that sometimes it feels like there is a disconnect between what is the Utopian goal and what is actually practical in practice in the real world and that NCCADV needs to meet agencies where they are; and another respondent shared that NCCADV is not engaged with the rural community and issues. For Region 2, one respondent mentioned expecting agencies to adhere to expectations that are unrealistic; another respondent shared that sometimes it feels that NCCADV has asked for examples of systemic issues (language access, impact of ICE raids on survivors, etc.) several times to assist advocacy efforts, without a lot of results; and one respondent expressed a need for clarity of what everyone does and for whom specifically so rural areas can have a representative. For Region 3, many respondents said none or n/a but two respondents shared challenges with NCCADV staff being easily accessible or getting responses from them. For Region 4, a few respondents said none or n/a but many respondents identified barriers/challenges such as lack of webinars/live streaming and trainings being located too far away and a need for more resources. For Region 5, one respondent mentioned that NCCADV creates barriers/challenges by not addressing all specific scenarios encountered by agencies and another respondent clarified that they would not say that NCCADV creates barriers but that there have been times when an advocate was in need of technical assistance and was unable to reach someone or the person available did not know how to assist. For Region 6, three respondents mentioned trainings not being accessible because they are located in the central part of the state and are difficult for outlying regions to attend as well as not accounting for the dynamics of small communities.

Funders:

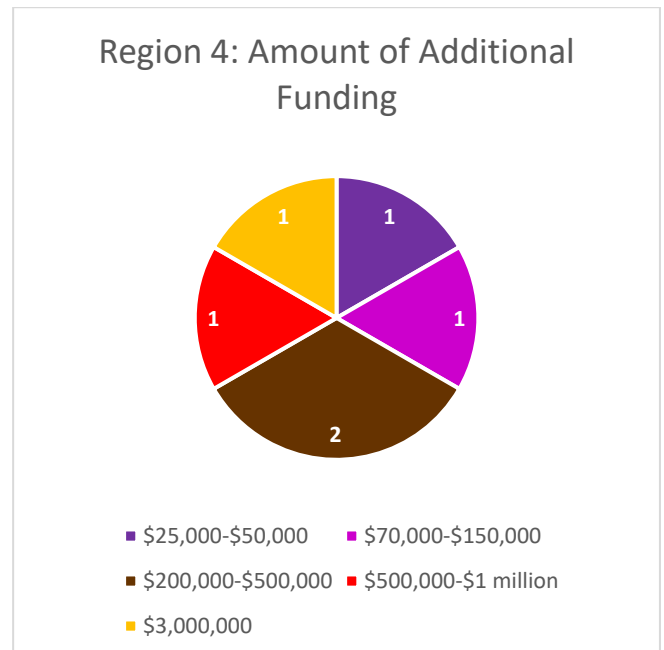
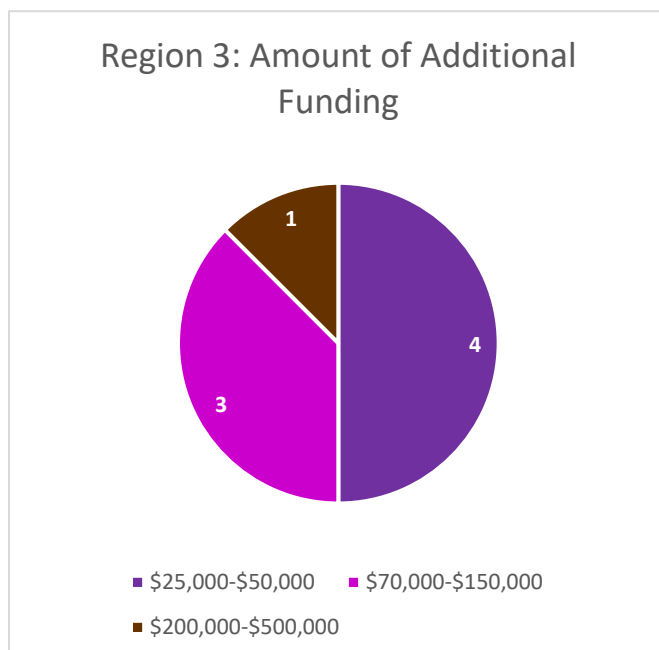
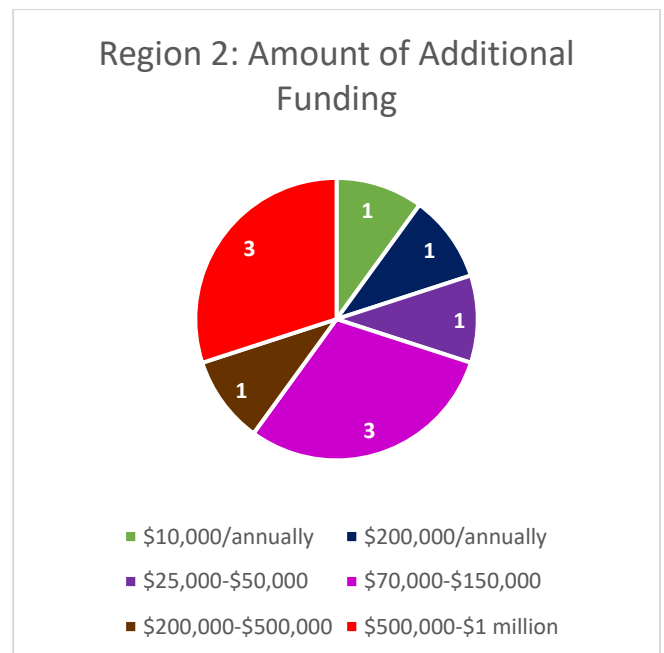
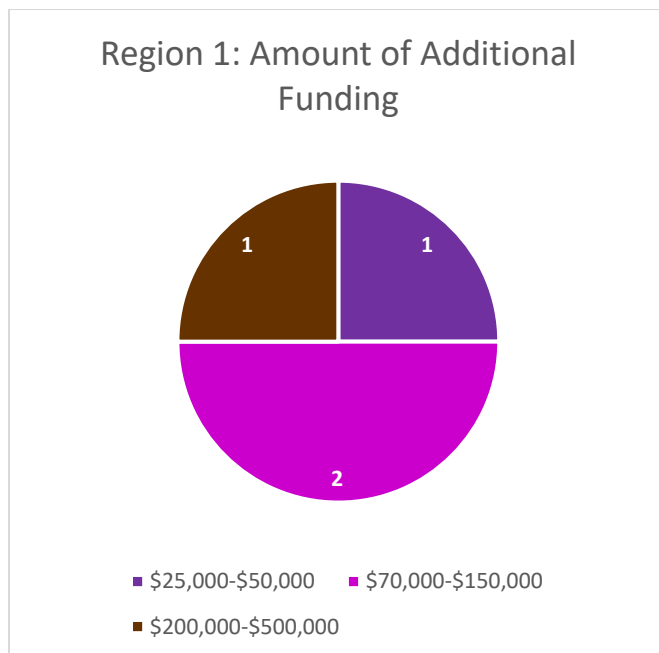
The third qualitative question asked respondents about the ways that funders help them serve survivors other than by funding their work. For Region 1, one respondent shared how funders help them not only to service their clients, but they are also their biggest resource when emergencies arise and they need to reach out one-on-one to meet a need and another respondent described how through accountability/auditing and parameters for how funding should be allocated they were supported. For Region 2, respondents mentioned training, technical assistance, volunteers, and tools. For Region 3, respondents mentioned technical assistance and best practices; one respondent described how funders provide an additional survivor-centered perspective when they review their programs and shelter operations; and another respondent described how funders help them develop creative initiatives in their agency. For Region 4, respondents mentioned training, networking, technical assistance, and volunteers and one respondent shared that funders help by bringing together stakeholders on a regular basis to discuss matters pertaining to delivery of services to survivors. For Region 5, respondents mentioned providing resources, tools, curriculum materials, training, supplies, and information sessions. For Region 6, one respondent mentioned client assistance money and another respondent mentioned sharing trainings and webinars for continued education.

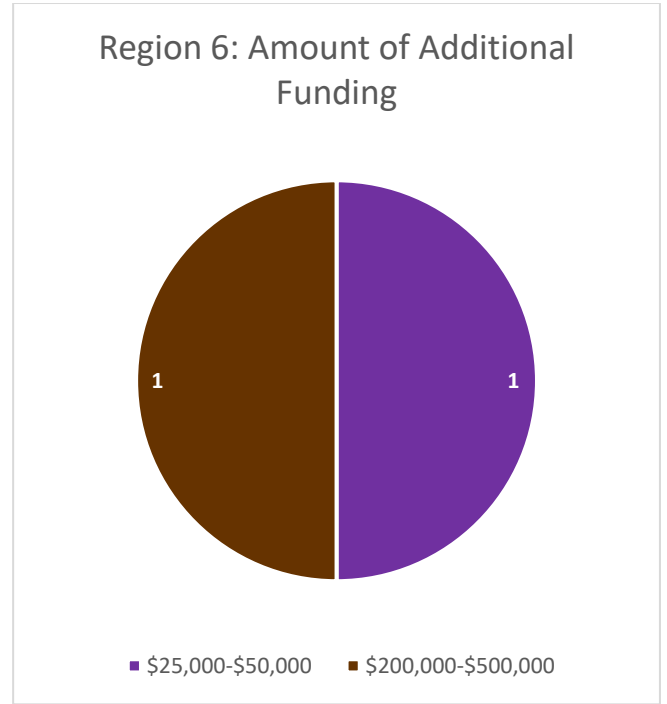
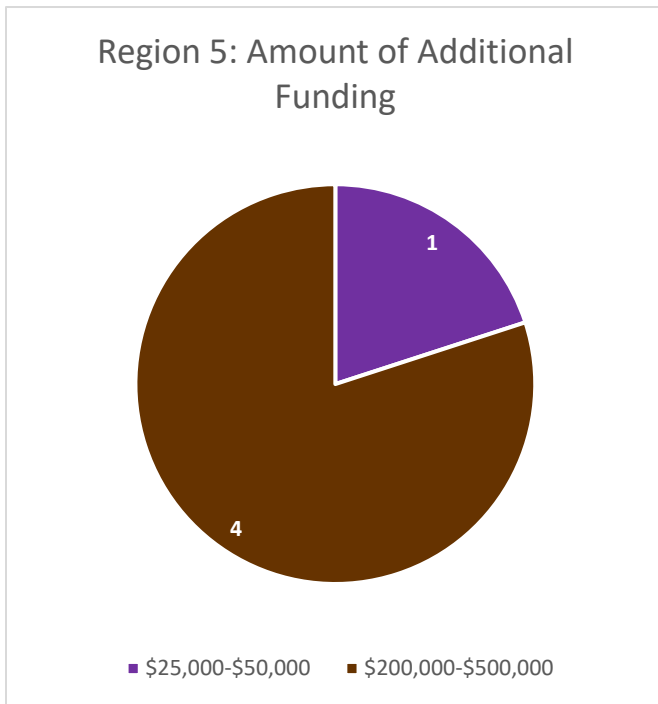
The fourth qualitative question asked respondents about the ways funders create barriers/challenges for them/their organization in serving survivors. For Region 1, two respondents mentioned funding restrictions: one respondent detailed how limiting funding for certain items can be frustrating when for example they have thousands of dollars allocated for furniture when they truly need direct financial assistance for a survivor; and another respondent mentioned the expectation for a lot of administrative results and paperwork but not funding administrative staff. For Region 2, many respondents mentioned funding restrictions and cuts to funding; one respondent detailed the huge amount of time being spent on the administrative pieces such as time sheets for grants and there not being enough funding sources to grow capacity on the administrative side of the agency leading to overworking admin staff and delays that then affect other agency areas; and another respondent described how state and local funding of DV services constitutes the most flagrant example they have seen in their many decades in human services of a funding “non-system” where a patchwork of numerous

and oftentimes small grants is an administrative nightmare when it comes to figuring out how to budget for and deploy staff with individual staff members often funded by two or more grants and the entire funding system needs a complete overhaul in order to make more efficient and effective use of available funds. For Region 3, four respondents mentioned funding restrictions; two additional respondents identified administration of funds and reporting as barriers/challenges. For Region 4, three respondents mentioned reporting and one of those respondent shared about how sometimes they find that it is challenging to report the qualitative results of the work they do using the forms provided by government funders because the forms only ask for quantitative information and that information does not reflect the participants' changes of lifestyles and their program's results thoroughly and another respondent mentioned opening of grants late harming their delivery of the work. For Region 5, respondents mentioned things such as reporting, administrative requirements, funding restrictions, and turnover for grant management. For Region 6, respondents mentioned funding restrictions and reporting as barriers/challenges.

Additional Funding:

NCCADV hopes to use the data from this needs assessment to lobby and advocate for additional funding with our legislators. Therefore, the fifth qualitative question asked respondents about how much additional funding would be helpful to their agencies as an ideal amount of funding. From the responses from each of the six Regions, some of the exact amounts given were able to be grouped together which we then used to create the pie chart below:



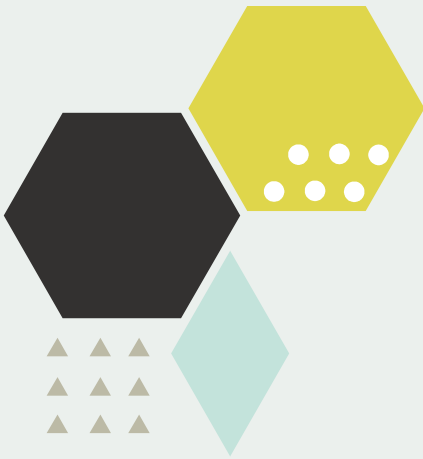


As is referenced in the pie chart, for Region 1, one respondent quantified the amount of additional funding needed as between \$25,000 and \$50,000 while two respondents identified amounts between \$70,000 and \$150,000 and one respondent quantified the amount of additional funding needed as between \$200,000-\$500,000. For Region 2, one respondent quantified the amount need as \$10,000 annually while another respondent identified the amount as \$200,000 annually; one respondent quantified the amount of additional funding needed as between \$25,000 and \$50,000; three respondents identified amounts between \$70,000 and \$150,000; one respondent quantified the amount of additional funding needed as between \$200,000-\$500,000; and three respondents identified amounts between \$500,000 and \$1 million. For Region 3, four respondents quantified the amount of additional funding needed as between \$25,000 and \$50,000 while three respondents identified amounts between \$70,000 and \$150,000 and one respondent quantified the amount of additional funding needed as between \$200,000-\$500,000. For Region 4, one respondent quantified the amount of additional funding needed as between \$25,000 and \$50,000; one respondent identified an amount between \$70,000 and \$150,000; two respondents quantified the amount of additional funding needed as between \$200,000-\$500,000; one respondent identified an amount between \$500,000 and \$1 million; and one respondent quantified the amount of funding needed as \$3,000,000. For Region 5, one respondent quantified the amount of additional funding needed as between \$25,000 and \$50,000 while four respondents quantified the amount of additional funding needed as between \$200,000-\$500,000. For Region 6, one respondent quantified the amount of additional funding needed as between \$25,000 and \$50,000 while one respondent quantified the amount of additional funding needed as between \$200,000-\$500,000.

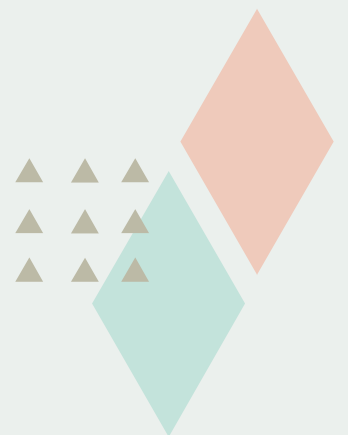
Beyond the actual specified quantities for Region 1, one respondent shared that DV/SA funding allotment has not changed in 25 years and a consideration for cost of living and expenses would be helpful; another respondent listed a holistic and therapeutic base; and a third respondent described how if it were for basic services the amount would be limited and unrestricted funding to support doing basic work that does not always revolve around a special population or program but just serves survivors. For Region 2, responses beyond the quantities included one respondent that described how all agencies could use more money and any amount great or small would be beneficial; another respondent stated that no amount is too large; one respondent identified that their community does not have a shelter for victims of domestic violence and funds would be useful for setting up and staffing a shelter in their area, additionally, they would ideally like to have adequate staffing for their crisis line, office coverage, and prevention activities; and one respondent shared that their funding has been cut to only \$10,000 per year. Beyond the actual specified quantities for Region 3, one respondent described how they are doing well with the additional GCC grant money that has been available the past few years but not knowing if they will be able to renew that funding is challenging and that having a regular cost of living increase in state grants would be helpful as they cannot offer cost of living increases for staff unless they do new grant writing and another respondent said their agency will be losing around \$70,000 from one

federal grant next year and this will hurt services. For Region 4, responses beyond the quantities included one respondent said they would be thankful for any amount of funding available to assist.

The sixth and final qualitative question asked respondents about what they would use that ideal amount of additional funding for (e.g. what type of employees, what improvements to shelter, what survivor programs). For Region 1, six respondents said they would use the additional funding for staff and of those two specified culturally specific advocates; three respondents mentioned staff salaries and cost of living increases; one respondent described how they have high stress, high burnout, high need positions, especially in shelter and those are often entry level salaries and shelter continues to see a rise in mental health, substance abuse, and chronic homelessness clients, therefore, staff need high levels of training and support to support clients in maintaining safe housing; and the other respondents mentioned housing, shelter, and MH and substance use in all aspects related to DV and SA. For Region 2, seven respondents said they would use the additional funding for staff; two respondents mentioned funds for resources for survivors including one respondent who described flexible funds to meet immediate survivors needs that are hard to find funding for, such as medical care after assault, car breaks down, mattress for new apartment, etc. and identified wage-matching for survivors who lose time from work to participate in services as an area for additional funding; another respondent detailed how a great need for survivors in rural settings is transportation and the funding could be used to purchase vehicles; and other respondents mentioned housing, services for survivors, and shelter. For Region 3, five respondents said they would use the additional funding for staff; one respondent shared that if they had an ideal level of funding they would pay their excellent staff a more equitable wage with regular cost of living increases; other respondents mentioned shelter, programs for families in DV situations, housing including transitional housing, outreach, transportation, funds for resources for survivors, and childcare. For Region 4, six respondents said they would use the additional funding for staff; one respondent mentioned ideal funding to build a shelter and that the agency does not have a shelter, but rather they put victims in the hotel until they find a shelter to take them but a lot of victims would like to stay in the county; other respondents mentioned childcare, survivors programs, housing, funds for resources for survivors, and shelter expansion. For Region 5, one respondent said they would use the additional funding for staff; other respondents mentioned transportation, transitional housing, families' needs, and funds for resources for survivors. For Region 6, one respondent mentioned a family justice center, shelter, transitional housing, and specific staff positions while the other respondent mentioned shelter improvements and both of those respondents mentioned compensation for employees.



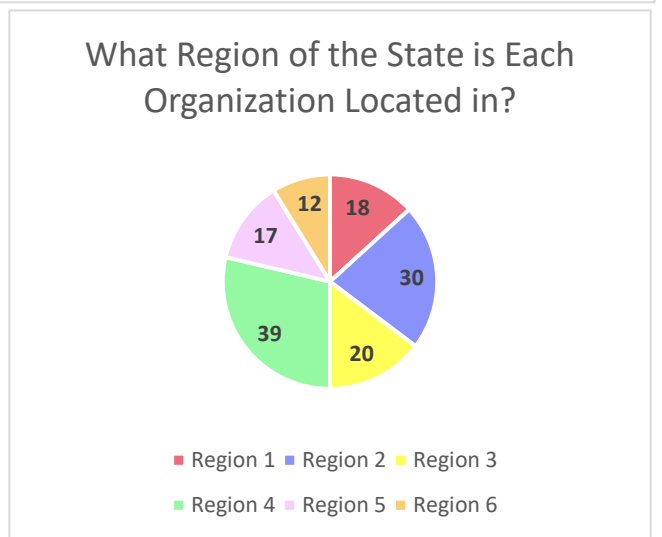
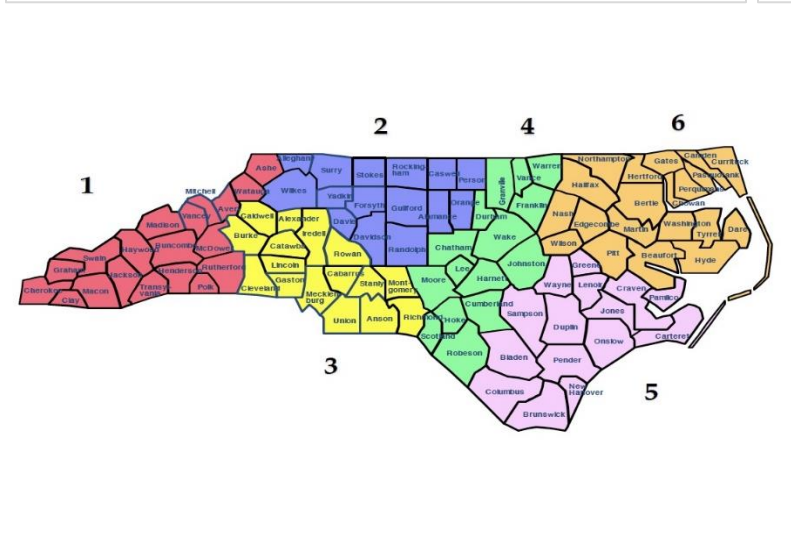
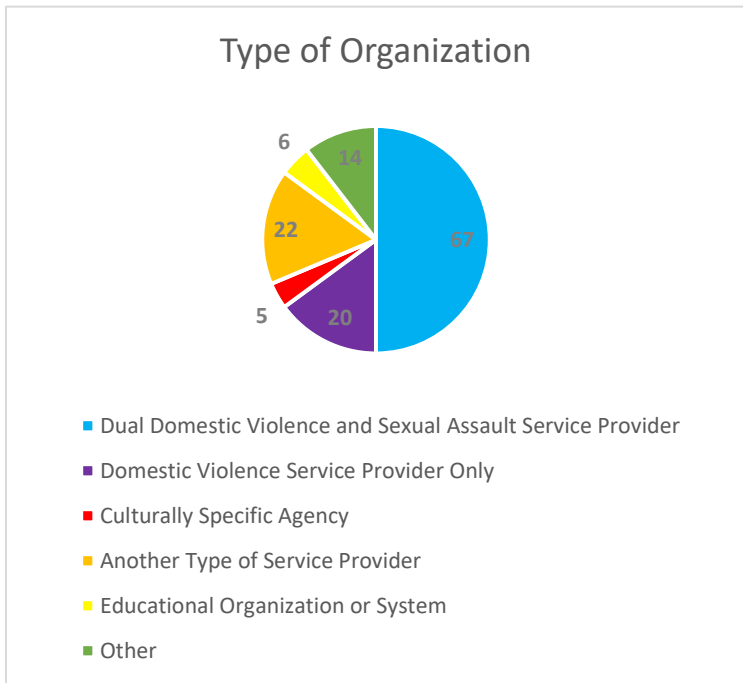
Appendix A: Highlights Report



NCCADV Statewide Needs Assessment Winter 2019-Spring 2020

Highlights Report

This document is intended to show the key highlights from the NCCADV Statewide Needs Assessment conducted from December 2019 to January 2020. A Needs Assessment Survey was sent out to members and key stakeholders and a total of 152 people completed the survey. The people who completed the survey represented a variety of different agencies, roles at those agencies, and regions across the state of NC as is represented below. The remainder of this highlights report shows major trends we saw throughout the responses as well as areas of technical assistance and training needs with particularly high and low rankings from the respondents.

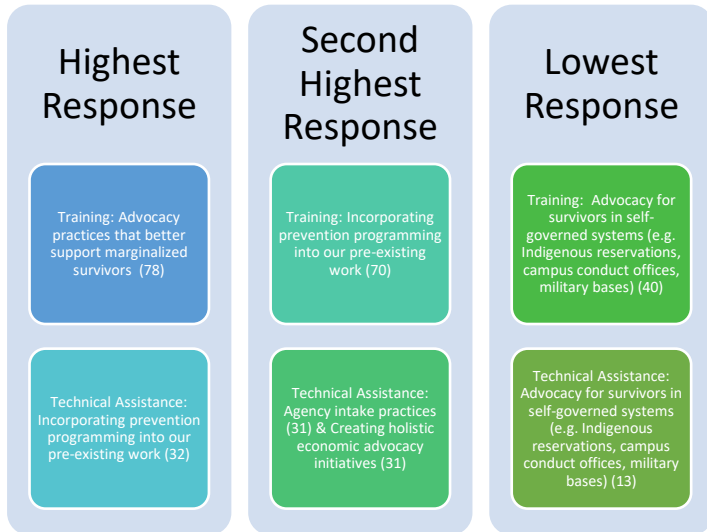


Major Trends:

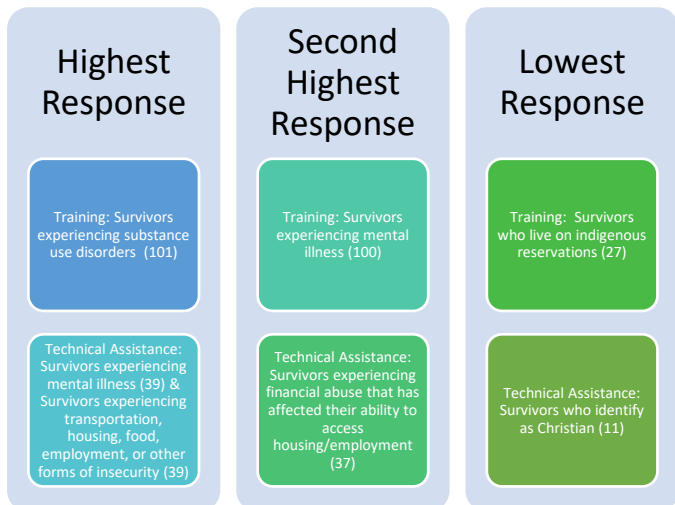
- High Response Rates for needing Training and Technical Assistance:**
 - Survivors experiencing substance use disorders
 - Survivors experiencing mental illness
- Ranking of Second Highest based on Response Rates for needing Training and Technical Assistance:**
 - Survivors experiencing transportation, housing, food, employment, or other forms of insecurity
- Low Response Rates for needing Training and Technical Assistance:**
 - Advocacy for survivors in self-governed systems (e.g. Indigenous reservations, campus conduct offices, military bases)

Training and Technical Assistance (TA) Areas:

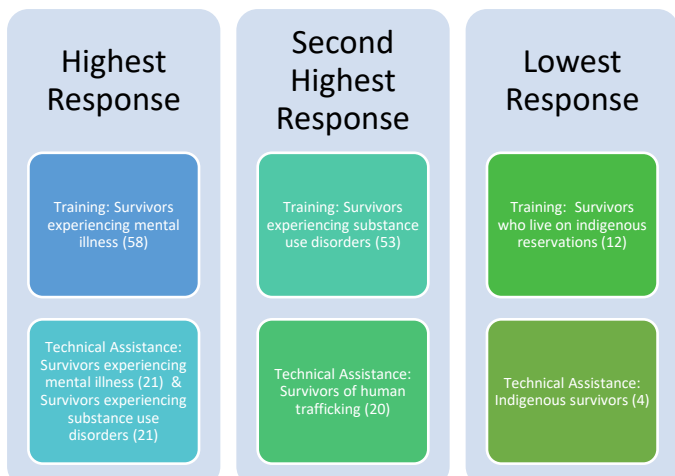
Advocacy service provision areas that you would like training and TA to improve, expand, or adjust:



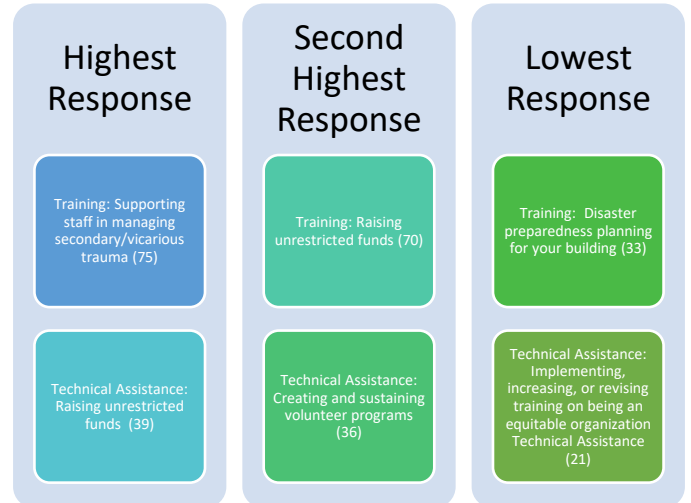
Training/TA needs for your advocacy service provision (OTHER than shelter services):



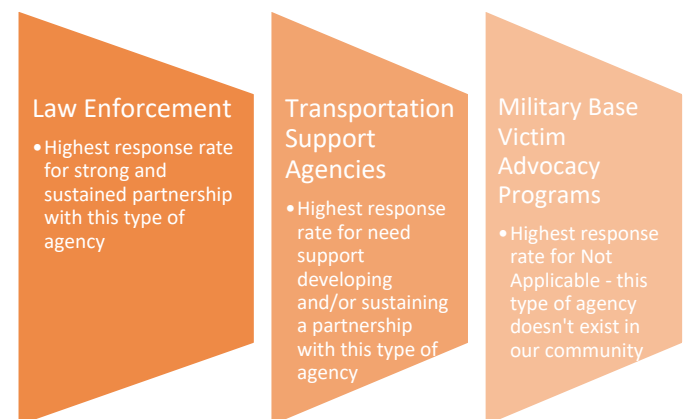
Training/TA needs specifically for shelter services:



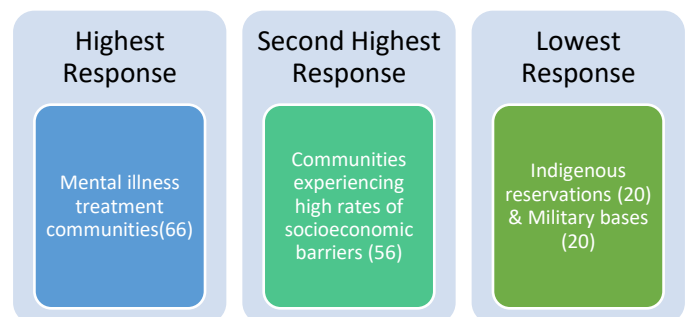
Internal Training/TA:



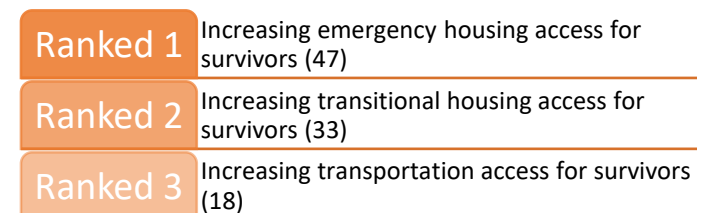
Community Partnerships:



Improving Community Outreach to these Communities:

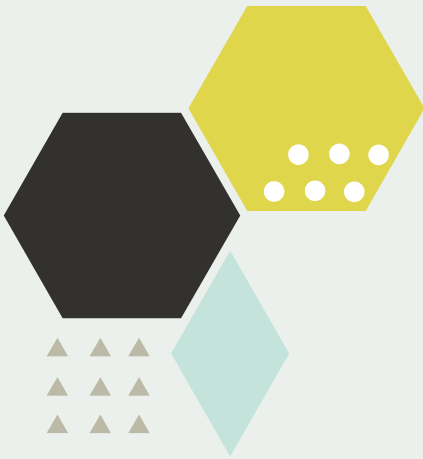


Prioritized Long-Term Survivor Outcomes:



Areas of Support for Disaster Preparedness and Recovery:





Appendix B: Staff Directory





This directory is a guide to help you reach out to the staff of NCCADV with greater ease. You'll find a list of common areas of interest and questions on pages 1 and 2, and on pages 3 and 4 a full staff directory with contact information and pronoun directives.

WE LOOK FORWARD TO HEARING FROM YOU!

MEMBERSHIP

- NCCADV membership, including benefits, cost, status, and how to join: Natalie Pickett
- Coalition Manager Membership Database including how to login, add staff, and register for trainings: Beth Chartrand, Alexana Garcia

TRAINING

- Information about NCCADV's training program and trainers: Nicole Feehan
- Request an onsite training: Nicole Feehan
- Training logistics and issues with training registrations: Marcelle Clowes

TECHNICAL ASSISTANCE

- College campuses: Taylour Neal
- Data collection and reporting for grant reports: Beth Chartrand
- Economic advocacy and justice (non-lawyer): adé Oni
- Evaluation: Kari Thatcher
- Executive Directors and other managers/supervisors: Carolina Alzuru
- Grant writing, reporting, and management: Beth Chartrand
- Healthcare: Cassandra Rowe, Marcella Camara

- Housing: Cassandra Rowe, Deena Fulton
- Language access: Esperanza Castillo
- Legal: Sherry Honeycutt Everett, Nisha Williams, Kathleen Lockwood
- Medicaid transformation: Cassandra Rowe, Trishana Jones, Deena Fulton
- Organizational capacity, equity practices, survivor-centered services and programming: Carolina Alzuru
- Prevention: Rebecca Swofford, Jenny Lor
- Shelter Practices: Carolina Alzuru
- Underserved populations: improving services, outreach, and ensuring your organization is a friendly space for survivors, staff, and volunteers who identify as:
 - o African, Black, and/or Caribbean: Olivia Bass
 - o Children and teens: Trishana Jones, Jazmin Monroe-Richards
 - o Latinx and/or immigrant: Esperanza Castillo
 - o LGBTQ: Molly Marcotte
- General technical assistance that falls outside the content expertise of other staff: Jessica Perkins-Thompson



NCCADV FINANCE & OPERATIONS

- Making a donation to advance our mission:
Alexana Garcia
- Contract payments and bills: Bonnie Louthan
- If you are a funder with questions about reports that NCCADV submitted to you: Alexis Kralic
- Funder Questions: Alexis Kralic

LEGAL & POLICY ISSUES

- NCCADV's legislative work, or systemic legal issues impacting survivors in your community:
Sherry Honeycutt Everett
- Legal domestic violence referrals in Orange County: Kathleen Lockwood
- Legal domestic violence referrals in Durham or Granville Counties: Nisha Williams

OTHER QUESTIONS & FEEDBACK

Please reach out to Carianne Fisher with questions or feedback about NCCADV, including:

- Help with anything you need, that isn't covered by the other experts on our staff
- Happenings at NCCADV
- Fundraising and development
- Interest in joining the NCCADV Board of Directors
- Interest in developing new partnerships that fall outside the expertise of the staff members listed above

All other questions, or if you're not sure who to contact: Alexana Garcia



Carolina Alzuru

Director of Statewide Capacity
calzuru@nccadv.org
919-956-9124, ext. 204
she/her/hers



Oliva Bass

African, Black, and Caribbean
(ABC) Services Coordinator
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Marcella Camara

Healthcare Program Specialist
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Esperanza Castillo

Latinx and Immigration
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ella/she/hers



Beth Chartrand

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Marcelle Clowes

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Sherry Honeycutt Everett

Legal & Policy Director
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Nicole Feehan

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Alexis Kralic

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Kathleen Lockwood

Staff Attorney
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Interim LGBTQ Services Specialist
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Taylour Neal
Campus Services Specialist
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adé Oni
Economic Justice Specialist
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they/them/theirs & she/her/hers



Jessica Perkins-Thompson
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MariSol Rivera
Financial Specialist
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Cassandra Rowe
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Rebecca Swofford
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she/her/hers



Kari Thatcher
Prevention & Evaluation Specialist
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Nisha Williams
Staff Attorney
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