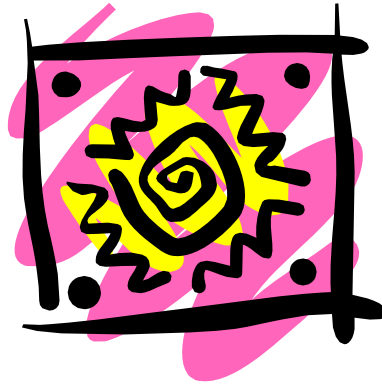


**A Community Needs/Asset Assessment of
Services for Victims of Domestic and Sexual Violence
in New Hampshire**



June 2006

Conducted by the
**New Hampshire Governor's Commission
on Domestic and Sexual Violence**

Prepared by:



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We also wish to thank the following members of the Survey Committee of the New Hampshire Governor's Commission on Domestic and Sexual Violence (NHGCDSV): Nicole Tower, Dr. Katherine Little, Grace Mattern, Sandra Matheson and Jane Stapleton. These committee members reviewed assessment tools, coordinated the distribution of surveys, and reviewed findings. We also would like to acknowledge the professional services of Marian Wolfsun of Meridian Consulting, the project's principal evaluator, who designed and refined the survey and assisted in compiling this report. Other Meridian Consulting staff pivotal to this evaluation included Sharon Vardatira, who wrote this report, and Kate Banigan-White and Carolyn Lee-Davis, both of whom compiled and analyzed data.

This evaluation was made possible through a grant from the New Hampshire Endowment for Health. Without this funding, we could not have conducted an assessment of this scope.

Ultimately, it is our hope that these findings enhance our ability to create a seamless, effective, and accessible continuum of support for victims of domestic and sexual violence throughout New Hampshire.

Agencies/Organizations of Survey Respondents

*Alexandria-Hebron
Shared Ministry
Arlington Street United
Methodist Church
Belknap County Attorney
Bethany Chapel
Boynton Middle School
Brian's House
Candia Police Department
CareNet Pregnancy
Center
Carroll County Attorney
Cawley Middle School
Charlestown Middle
School
Cheshire County Dept. of
Corrections
Cheshire County Sheriff's
Office
Chichester Central School
Child Health Services
Church of the
Messiah/Diocese of NH
City of Berlin Welfare
Department
Claremont Middle School
Claremont Police
Department
Colebrook Elementary
School
Community Action
Program Belknap-
Merrimack
Community Church of
Harrisville and Chesham
Community Partners
Concord Area Trust for
Community Housing
Concord High School (2)
Concord Hospital
Concord Hospital and
Concord Hospital EAP
Concord School District -
Broken Ground School*

ABOUT THE RESEARCHER

Meridian Consulting designs and delivers customized training and consultation to local, state, regional, and national non-profit agencies and health care providers. Meridian Consulting helps organizations increase private and public support, plan for the future, streamline systems, identify community need, evaluate programming and organizational capacity, build a motivated and energized staff, and respond strategically to community opportunities. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment of needs, evaluation of community goals and development of appropriate responses.

This community needs/asset assessment is a prime example of a needs assessment focused on particular services within the community - in this case, services to victims of domestic and sexual violence. Its goal is to stimulate dialogue about emerging trends and to encourage informed strategies for shaping future policies and effective actions.

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Coos County Attorney's Office
Coos County Department of Corrections
Coos County Family Health Services
Dartmouth Hitchcock Medical Center
Dartmouth Hitchcock Medical Center, OBGYN Department of Health and Human Services (3)
Dept. of Children, Youth & Families (2)
Diocese of Manchester Division for Children, Youth, and Families
Division of Elderly and Adult Services
Division of Family Assistance
Dover District Court
Dover Police Department
East Derry Memorial Elementary School
Easton Police Department
Emerge Family Advocates
Exeter Hospital
Exeter Pediatric Associates
Exeter United Methodist Church
Families First
Families in Transition
Family Strength
Farmington High School
Fellowship Housing Opportunities
First Congregational Church – United Church of Christ (2)
First Congregational Church of Swanzey
Fremont Police Department
Frisbie Memorial Hospital
Genesis Behavioral Health

INTRODUCTION

The New Hampshire Governor's Commission on Domestic and Sexual Violence (NHGCDSV) consists of committed volunteers who work on issues that impact the incidence of domestic and sexual violence in the State of New Hampshire. In early 2003, NHGCDSV appointed a Survey Committee to coordinate a statewide survey to document the community's perception of services and treatment for victims of domestic and sexual violence in New Hampshire. The results of this effort, which included statewide distribution of a written survey are documented in this report.

The only other comparable survey to the one documented in this report had been initiated by the New Hampshire Coalition Against Domestic and Sexual Violence in 1996. The survey used for this report incorporated design elements from this earlier survey, while also expanding the inquiry through a variety of questions designed to explore access issues – and particularly access for specific populations - in more detail. The survey findings provide a picture of what key stakeholders perceive regarding services for and treatment of victims of domestic and sexual violence in New Hampshire

Although needs assessment sometimes implies priority setting and evaluation, the assessment described in this report is an *initial step* in determining the type of outreach, programs, and services that are currently needed in communities throughout New Hampshire. As the basis for formulating statewide priorities and planning, these findings will be used to focus the energy of NHGCDSV and help planners assess and adjust direction in response to a changing environment. Moreover, we hope that this assessment will encourage dialogue, networking, coalition-building and strategic planning between and among those who work with, respond to, and provide services for victims of domestic and sexual violence.

*Gilford Elementary School
Gilford High School
Gonic Elementary School
Grace Counseling Center
Grafton Family Division
Grantham School District
Grantham Police
Department
Greenfield Police
Department
Hallsville Elementary
School
Harvest Christian
Fellowship, Jaffrey
Foursquare Gospel
Church
Haverill District Court
Health & Human Services
Division of Child Support
Health and Human
Services
Health First Family Care
Center
Henry W. Moore School
Henry Wilson Memorial
School
Hillsborough County
Superior Court North
Hinsdale Police
Department
Hopkinton Police
Department
Inter Lakes School District
Jaffrey Grade School
John Fuller Elementary
School
Josiah Bartlett
Elementary School
Keene Police Dept. (2)
Kenneth E. Brett School
Laconia Police
Lakes Region General
Health Care (2)
Lincoln Street School
Lin-Wood Public School,68
Litchfield Community
Church Presbyterian*

WHAT IS A COMMUNITY ASSESSMENT?

A community assessment is an exercise by which an organization gathers information to achieve one or more of the following:

- Identify the current strengths, concerns, and conditions of a particular group of people;
- Assess community capacity to meet the needs of a particular group of people; and/or
- Identify community assets and challenges related to meeting the needs of a particular group (or groups) of people.

The needs assessment outlined in this report gathered data from key stakeholders in order to understand what they think about victim service effectiveness and treatment of victims in New Hampshire. In this context, stakeholders included individuals with experience working directly with victims of domestic and sexual violence (such as workers in a shelter for battered women) as well as individuals that are likely to come into contact with victims of domestic and sexual violence (such as teachers or clergy).

This report draws no conclusions about how to meet the needs identified. However, information has been provided regarding suggested solutions or services *as identified by participants through the assessment survey*. This community assessment is not a large-scale, scientifically-based research project, but an attempt to understand how service providers, law enforcement, medical personnel, and other professionals view services to victims of domestic and sexual violence.

Littleton Family Court
Manchester Community Health Center
Manchester Community Resource Center
Manchester District Court
Manchester Police Department
Manchester Police Department Domestic Violence Unit
Manchester School District
MAPS Counseling Services
Marguerite's Place, Inc.
Marlborough School Memorial Elementary School
Merrimack County Corrections
Merrimack County Division Center
Merrimack County Superior Court
Merrimack County Visitation Center
Merrimack Valley School District
Milford Police Department
Monadnock Center for Violence Prevention
Nashua City Welfare
Nashua High School North
Nashua Mediation
Nashua Police Department
Nashua Presbyterian
Nashua School District - Nashua High School
Newport Police Department
NH Association for the Blind
NH Department of Corrections (2)
NH Dept. of Education

ASSESSMENT DESIGN

The needs/asset assessment described in this report seeks to document the community's perception of services provided for and treatment of victims of domestic and sexual violence, including effectiveness of services, access barriers, and community resources/strengths. Data collection was accomplished through a written survey of targeted stakeholder populations. Unlike a more typical needs/asset assessment, this study does not describe the breadth, type, or quantity of targeted services being provided across the state, nor does it seek to identify areas of actual need. Rather, it focuses on *perceived* needs and assets – this information is particularly valuable because it helps planners understand how perception of services impacts access. For example, if a family therapist is unaware of local services for children of domestic violence, she is unlikely to refer a parent to those services – the existence of such services is only relevant if people know about the services, believe in the efficacy of the services, and understand how to access those services.

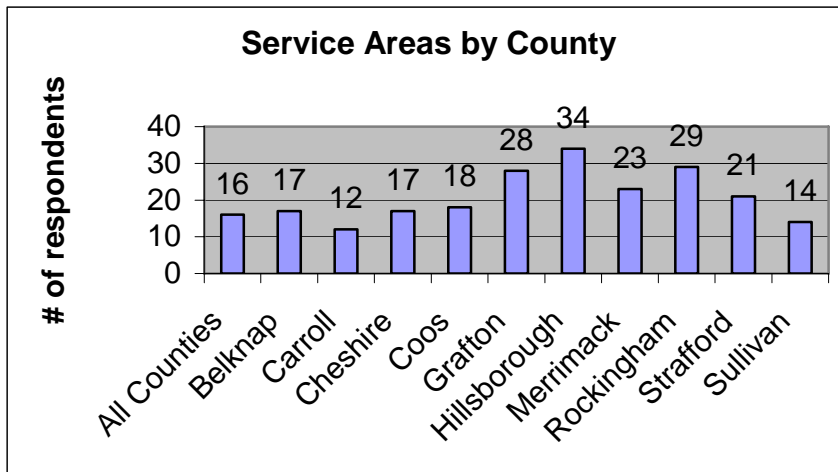
Strategically timed follow-up surveys may be implemented subsequent to this assessment, on a regular basis, to assess changes in community perception about available services and to understand the evolution of how stakeholders feel about the effectiveness, quality, and impact of these services.

NH District Court
NH Div. of Child Support Enforcement Services
NH Division for Children and Youth
NH Division of Elderly and Adult Services
NH Helpline
NH Hospice (2)
NH Legal Assistance
NH Legal Assistance/ Domestic Violence Advocacy Project
NH State Police (3)
NH State Prison for Women
NH Women's Lobby
NHCTC
NHS North, Nashua
North County Health Consortium
Northeast Deaf and Hard of Hearing Services
Northern NH Mental Health and Disabilities Community Services Ctr.(2)
Peabody Home
Plymouth Congregational, United Church of Christ
Plymouth District Court
Plymouth Elementary
Plymouth Family Court
Plymouth High School
Plymouth Police
Plymouth State University
Portsmouth Family Practice
Pro Bono Referral Program – New Hampshire Bar Association
Rape and Domestic Violence Crisis Center
Robert Howard Law Office
Rochester Child Care Center

GEOGRAPHIC DISTRIBUTION

Over 2,000 surveys were distributed throughout New Hampshire to a variety of agencies and individuals, including multi-service providers, law enforcement personnel, health and mental health care providers, court personnel, educators, clergy, workers in agencies serving victims of domestic and sexual violence, and other professionals likely to come into contact with victims of domestic and sexual violence. Completed surveys were received from 204 individuals, representing 181 different agencies and institutions (see sidebar, pages 1-7).

When asked to identify agency service areas, respondents gave a wide variety of answers, ranging from a single school or town to multiple counties and even states. Respondents' agencies serve the following counties:



It is worth noting that many of these agencies (approximately half) serve only part of a county – in many cases, one or two towns. At the same time, a number of agencies serve multiple counties, explaining why the total number of counties served (229) exceeds the total number of respondent agencies (181). Sixteen agencies provide services throughout New Hampshire. One agency, located in Grafton County, also serves a significant proportion of individuals from Vermont.

Rochester City Welfare
Rochester Police Department
Salem Visitation Center
Sanborn Regional School District
SAU #3
SeaCare Health Services
Seacoast Mental Health
Seacoast Mental Health Center (5)
South School
Southern New Hampshire University
Southside Middle School
Speare Memorial Hospital
St. Anthony Church
St. Catherine of Siena
St. Joseph Roman Catholic Church
St. Mary of the Assumption
State of NH Division of Child Support (2)
State of NH Judicial Branch
Strafford County Attorney's Office
Strafford County Domestic Violence Unit
Strafford Network
Sullivan County Partners in Health Center
Sullivan County Sheriff's Department
Sunapee Elementary School
Sunshine Soup Kitchen
The Center for Life Management
The Upper Room, a Family Resource Center
The Youth Council
The Youth Council, Nashua School District
Thornton Police Department
Tuftonboro Police Dept.

THE COMPLEXITIES OF ADDRESSING NEED

At seven pages long, the needs assessment survey contained 16 questions, many with multiple components. Together, Meridian Consulting and members of the NHGCDSV Survey Committee determined which issues to explore based on our cumulative experience, results from the previous assessment, and the potential impact of the issues being explored. By necessity, the number of questions was limited in order to balance the need for information with the need to have individuals complete the survey.

All of the questions pertaining to services – such as training, access to services, and populations receiving specific services – were divided by domestic and sexual violence in order to cull information specific to each of these categories.

In addition to providing a thorough analysis of all the survey results, this report also highlights the most significant, unusual, or notable findings within each topic area. In addition to reporting findings that affect a large proportion of victims, we have also reported findings that impact small numbers of victims in a significant way. For example, although the immigrant population makes up a relatively small percentage of all New Hampshire residents, a lack of linguistically and culturally appropriate services is potentially devastating to victims in this group, who are often isolated and facing multiple challenges including language barriers, lack of information, lack of familiarity with legal and medical systems, etc.

There are a number of circumstances, most beyond the control of the Survey Committee or evaluator, which may have influenced certain outcomes. In analyzing and interpreting the survey responses, it is important to bear in mind that these factors may potentially influence or lessen the reliability of particular findings. Circumstances impacting findings include:

- *Geographic Distribution of Respondents.* Taken together, the survey respondents represent a cross-section of New Hampshire towns and communities, and the findings reflect a cumulative analysis of all these responses. It is worth noting, however, that perception is likely to differ from one community to the next because services differ from one community to the next. Indeed, close to half of respondents work with groups or agencies that serve small areas within a county, such as one school or one or two towns within a county. Thus, one cannot assume that a finding related to lack of transportation applies equally to all communities. Lack of transportation, which may be a significant barrier for residents in rural communities, may be less of a challenge in an area with frequent public transportation. Also, because some counties (such as Hillsborough and Rockingham) had proportionately more

*United Methodist Church
University of NH
Cooperative Extension (2)
Wentworth Douglass
Hospital
William Allen School (2)
Women's Support Services
YGM Counseling Services*

respondents than other counties (such as Carroll and Belknap), it is likely that findings are somewhat weighted towards those counties with more respondents.

- *Small Group of Participants.* The survey response of over 200 individuals is a sufficiently large enough sample to provide valid results with respect to deriving a statewide picture of how stakeholders view domestic violence and sexual assault services. By county, however, the pool of respondents was much smaller, varying from 12 respondents serving Carroll County to 34 serving clients in Hillsborough. Also, because a significant percentage of respondents did not answer several questions, these findings became even smaller – sometimes disappearing entirely - when analyzed by county. Moreover, within the same county, there were anywhere from 2-5 respondents from the same agency or in the same field of work. In other words, the total number of respondents in any given county was not large enough or diverse enough to provide statistically valid and reliable data by which to derive county-by-county data. In addition, as mentioned in the previous point, even those respondents delivering services in the same county were likely to be serving different towns and groups of people within that county.
- *Differing Levels of Respondent Expertise.* Survey respondents came from a wide variety of agencies and work experiences, from sexual assault advocates and police trained to respond to domestic violence, to elementary school teachers and ministers. While respondent perspectives are equally valid and important in revealing the breadth of community perceptions about services for victims, it is also true that a number of respondents – particularly those with less familiarity with domestic and sexual violence – were more likely than other respondents to skip questions about barriers to service or populations most in need of services. Over 60% of all the respondents *did not answer* questions 12-14 (access to services and resources needed), and close to half had no information about training on domestic and sexual violence.

Despite these challenges, the study revealed a great deal about barriers to service for different populations, resources lacking (or perceived to be lacking), areas that need to be strengthened, and ways in which victim services are making a meaningful difference in communities across New Hampshire.

THE FINDINGS

Who Responded?

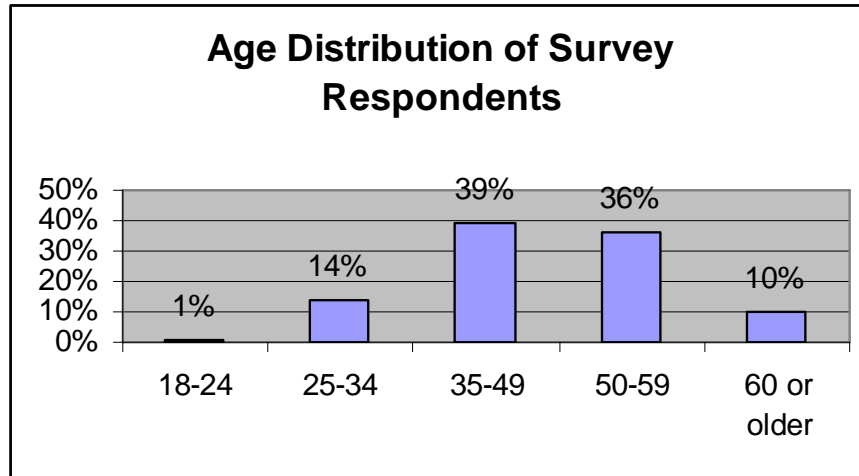
The 204 individuals who responded to the written survey work for a wide spectrum of agencies, institutions and groups. The largest single group of respondents – at just over one-fifth of all respondents (or 43 individuals) - is K-12 school administrators and teachers. Staff from public safety agencies, legal services, general social service agencies, behavioral health centers, and churches each represent approximately one-tenth of the pool of respondents. The following chart shows a detailed breakdown of all the survey respondents by the primary purpose of their agency:

Purpose Of Organization	Percentage of Respondents	Number of Respondents
K-12 school	21%	43
Public safety agency	12%	25
Legal services	12%	24
General social service agency	11%	22
Behavioral health center	10%	20
Church	10%	20
Family support center	6%	12
Hospital	5%	11
Health care provider	3%	6
Correctional facility or program	3%	6
Health clinic	2%	4
Sexual assault and/or domestic violence crisis center	1%	3
College or university	1%	2
Cooperative extension site	1%	2
Substance abuse provider	1%	2
Lobbying organization	.5%	1
Violent offender program	.5%	1
TOTAL	100%	204

Well over half of the respondents (56%) have worked in their field for more than 10 years; 22% have 5-10 years of work experience in their field; 12% have 3-4 years of experience; 8% have 1-2 years of experience; and only 4 individuals (2%) have less than 1 year of experience working in their field.

Over three-quarters of respondents (77%) are female, and 23% are male. With respect to race/ethnicity, the vast majority (94%) of respondents identify as white. The remaining six percent include 2% French American; 1% Black/African-American; and 1% Hispanic/Latino. Two percent of respondents did not answer the question regarding race/ethnicity.

Not surprisingly, the majority of respondents are between 25-59 years of age, with the largest group of respondents between 35-49. The age distribution of respondents is shown on the following chart:



The Agencies

As discussed earlier, the 204 survey respondents represent 181 different New Hampshire agencies and institutions. The following chart shows the distribution of the respondents' agencies by the counties in which they deliver services and by their target populations. The total of all these agencies (229) exceeds the total number of respondents (204) because agencies that serve more than one county have been categorized separately for each county. Agencies that serve the entire state were given their own section. As noted previously, many of these agencies (approximately half) serve only part of a county – in many cases, one or two towns. Even those agencies that serve more than one county rarely serve the entire area. Some agencies focus on two adjoining towns (in different counties) or smaller geographic regions within those counties.

Belknap County

Target Population Served by Respondents' Agencies/Groups/Institutions:

Target Population	# of Agencies/Groups/ Institutions
1. Multi-service/multi-age programs for adults and/or children	5
2. K-12 students	4
3. General public (including police and health care facilities)	4
4. Adults and/or children with mental health and/or behavioral issues	1
5. Custodial parents	1
6. Religious (church)	1
7. Defendants	1
TOTAL BELKNAP COUNTY	17

Carroll County

Target Population Served by Respondents' Agencies/Groups/Institutions:

Target Population	# of Agencies/Groups/ Institutions
1. K-12	5
2. Adult victims of domestic and/or sexual violence and/or offenders	3
3. People in need of legal services (elderly/low income & felony defendants)	2
4. Multi-service/multi-age programs for adults and/or children	1
5. General public (police)	1
TOTAL CARROLL COUNTY	12

Cheshire County

Target Population Served by Respondents' Agencies/Groups/Institutions:

Target Population	# of Agencies/Groups/ Institutions
1. General public (including 4 police)	5
2. Religious (churches)	4
3. Offenders	2
4. K-12	2
5. Low income population	1
6. Adults and/or children with mental health and/or behavioral issues	1
7. Victims of domestic and/or sexual violence	1
8. People with physical disabilities and elderly	1
TOTAL CHESHIRE COUNTY	17

Coos County

Target Population Served by Respondents' Agencies/Groups/Institutions:

Target Population	# of Agencies/Groups/ Institutions
1. General public (including 2 police)	5
2. Low income, elderly, disabled	5
3. K-12	2
4. Families dealing with domestic and/or sexual violence	2
5. Victims of domestic and/or sexual violence	1
6. Multi-service agency	1
7. Child victims of sexual abuse, physical abuse and/or neglect	1
8. Adults and/or children with mental health and/or behavioral issues	1
TOTAL COOS COUNTY	18

Grafton County

Target Population Served by Respondents' Agencies/Groups/Institutions:

Target Population	# of Agencies/Groups/ Institutions
1. General public (including 3 police)	7
2. Religious (churches)	4
3. Families/individuals in crisis or transition	4
4. Low income, disabled, elderly	3
5. K-12	3
6. Families dealing with domestic/sexual violence	2
7. Families dealing with domestic and/or sexual violence	2
8. Multi-service/multi-age programs	1
9. Adult victims of domestic and/or sexual violence	1
10. Adults and/or children with mental health and/or behavioral health needs	1
TOTAL GRAFTON COUNTY	28

Hillsborough County

Target Population Served by Respondents' Agencies/Groups/Institutions:

Target Population	# of Agencies/Groups/ Institutions
1. K-12	8
2. Low income families/individuals	6
3. Religious (churches)	6
4. General public (including 3 police)	5
5. Adult victims of domestic and sexual violence	4
6. Families in transition/crisis	2
7. Adults and/or children with mental health and/or behavioral health needs	1
8. Child victims of sexual abuse, physical abuse and/or neglect	1
9. People with disabilities and elderly	1
TOTAL HILLSBOROUGH COUNTY	34

Merrimack County

Target Population Served by Respondents' Agencies/Groups/Institutions:

Target Population	# of Agencies/Groups/ Institutions
1. K-12	6
2. General public (including 1 police)	4
3. Individuals charged with crimes	2
4. Adults and/or children with mental health and/or behavioral health needs	2
5. Adult victims of domestic and sexual violence	2
6. Religious (church)	1
7. Older youth and young adults	1
8. Low income families/individuals	1
9. Families in transition/crisis	1
10. Families dealing with domestic and/or sexual violence	1
11. Disabled, elderly	1
12. Adult and/or child victims of domestic and sexual violence	1
TOTAL MERRIMACK COUNTY	23

Rockingham County

Target Population Served by Respondents' Agencies/Groups/Institutions:

Target Population	# of Agencies/Groups/ Institutions
1. Adults and/or children with mental health and/or behavioral health needs	7
2. Families in transition/crisis	5
3. K-12	5
4. General public (including 3 police)	5
5. Low income, disabled, elderly	3
6. Religious (church)	2
7. Children in need of health care	1
8. Adult and child victims of domestic violence	1
TOTAL ROCKINGHAM COUNTY	29

Strafford County

Target Population Served by Respondents' Agencies/Groups/Institutions:

Target Population	# of Agencies/Groups/ Institutions
1. General public (including 3 police)	5
2. K-12	4
3. Low income, disabled, elderly	3
4. Adult victims and perpetrators of domestic and sexual violence	2
5. Adults and/or children with mental health and/or behavioral health needs	2
6. Adult victims of domestic and sexual violence	1
7. Children 0-12	1
8. Children/youth in crisis	1
9. Dying and organizations that support the dying	1
10. Families in transition/crisis	1
TOTAL STRAFFORD COUNTY	21

Sullivan County

Target Population Served by Respondents' Agencies/Groups/Institutions:

Target Population	# of Agencies/Groups/ Institutions
1. K-12	4
2. General public (police)	3
3. Adult and child victims of domestic and sexual violence	2
4. Adults and/or children with mental health and/or behavioral health needs	1
5. Domestic violence offenders	1
6. Families in transition/crisis	1
7. Low income, disabled, elderly	1
8. Religious (church)	1
TOTAL SULLIVAN COUNTY	14

Agencies Serving All Counties in NH

Target Population Served by Respondents' Agencies/Groups/Institutions:

Target Population	# of Agencies/Groups/ Institutions
1. Offenders and/or inmates and their families	3
2. Low income, disabled, elderly	3
3. General public	2
4. Students and schools in NH	1
5. Students (higher education)	1
6. Legislative/public policy	1
7. General public (health care for women and adolescents)	1
8. General public (children, youth, and families)	1
9. Families/individuals dealing with domestic violence	1
10. Adults and/or children with mental health and/or behavioral health needs	1
11. Adult victims of domestic and sexual violence	1
TOTAL ALL COUNTY	16

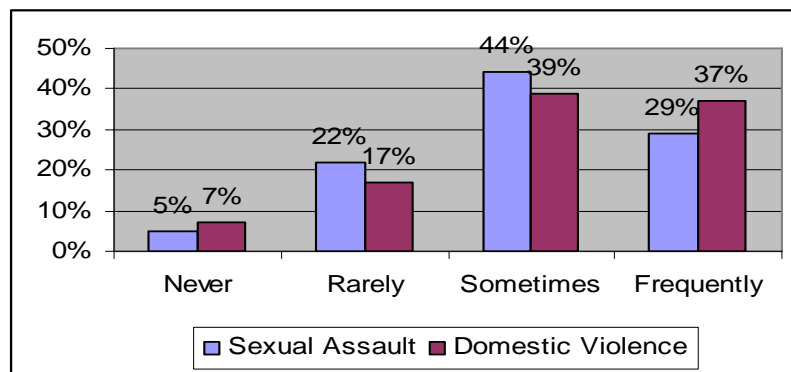
The following chart shows the statewide totals, which represent the combined county-by-county target populations. Statewide, the highest percentage of respondents are from agencies or institutions that serve the general public, followed closely by schools and other groups that work with students from kindergarten through high school. A significant proportion of agencies that serve the general public are local and state police departments, general health care facilities, and hospitals.

Statewide

Target Population	# of Agencies/Groups/ Institutions
1. General public (including 21 police)	46
2. K-12	43
3. Low income, disabled, elderly	28
4. Adult and/or child victims of domestic and/or sexual violence	20
5. Religious (churches)	19
6. Adults and/or children with mental health and/or behavioral health needs	18
7. Families in transition/crisis	13
8. Low income families/individuals	8
9. Multi-service/multi-age programs for adults and/or children	8
10. Families dealing with domestic and/or sexual violence	7
11. People in need of legal services (elderly/low income & felony defendants)	6
12. Adult victims and perpetrators of domestic & sexual violence	5
13. Offenders	2
14. Children 0-12	1
15. Children in need of health care	1
16. Children/youth in crisis	1
17. Custodial parents	1
18. Dying and organizations that support the dying	1
19. Older youth and young adults	1
TOTAL STATEWIDE	229

The extent of agencies' work with survivors of domestic violence and sexual assault follows a similar pattern, as demonstrated in the following chart:

Extent to Which Agencies Work with Survivors of Domestic and Sexual Violence



What Respondents Perceive: Services to Victims of Domestic Violence & Sexual Assault

The written survey presents a series of questions designed to gather information on survey respondents' knowledge about services to victims of domestic and sexual violence. Throughout this section of the survey, a significant percentage (%) of respondents did not respond or answered the question with a question mark ("?"). Given the constituency answering these questions, including school personnel, clergy, and other individuals that serve the general public, it is surprising that a high percentage had little information. These individuals are likely

to interact frequently with victims of domestic violence and sexual assault, and they have the potential to play an important role in helping victims gain access to services.

When asked to specify agencies in their community that provide specific services for victims of sexual assault and domestic violence, a high percentage (ranging from 26%-45% depending on the service) did not answer the question and/or did not know. As shown on the following chart, respondents were most likely to know about crisis line services, and least likely to know about hospital accompaniment services.

SERVICE	SEXUAL ASSAULT		DOMESTIC VIOLENCE	
	Knows of Service	"?"/No Response	Knows of Service	"?"/No Response
Crisis Line	71%	11%/18%	74%	9%/17%
Shelter	61%	19%/20%	70%	13%/17%
Support Groups	65%	16%/19%	67%	14%/19%
Court Advocacy (for DV); Criminal Justice Advocacy (for SA) ¹	62%	17%/21%	66%	15%/19%
Hospital Accompaniment	55%	24%/21%	56%	23%/21%

In general, respondents were slightly more likely to know about domestic violence services. When asked to give specific names of agencies that provide different services to victims of domestic and sexual violence, respondents cited 28 different agencies across the state. However, there was a high degree of consistency among respondents, with many of the people who did answer this question citing many of the same agencies and institutions.

Agency Name	Crisis Line (# of times cited) DV/SA	Shelter (# of times cited) DV/SA	Support Groups (# of times cited) DV/SA	Court Advocacy (DV)/Criminal Justice Advocacy (SA)	Hospital Accompaniment (# of times cited) DV/SA
A Safe Place	18/10	30/17	25/19	21/21	10/10
Angie's Shelter		1/-			
Bridges	12/12	12/12	13/11	11/11	13/12
CASA				5/5	
County Attorney's Office				15/15	
Crisis Line DCYF/DEAS	5/-				
Families First			2/2		
Friends' Program/Shelter		1/-			
Hospitals, local					13/9
Marguerite's House		4/4			
McKenna House		4/3			
Monadnock Center for Violence				-/3	

¹ DV (Domestic Violence); SA (Sexual Assault)

Agency Name	Crisis Line (# of times cited) DV/SA	Shelter (# of times cited) DV/SA	Support Groups (# of times cited) DV/SA	Court Advocacy (DV)/Criminal Justice Advocacy (SA)	Hospital Accompaniment (# of times cited) DV/SA
Prevention					
New Beginnings	12/12	11/11	10/11	12/12	12/12
NH Helpline	15/21	2/-	4/2		
NH Legal Assistance				-/3	
RDVCC	11/11	11/11	10/9	9/9	11/11
Response	13/13	20/20	12/12	10/9	13/11
Safe Houses		-/3			
SASS	-/21	-/18	-/19		
Starting Point	7/7	7/7	9/10	6/6	7/7
Support Center Against Domestic Violence	3/-	2/-	2/-	4/-	3/-
Victim Witness Program				12/10	
Voices Against Violence	11/11	10/10	11/11	9/9	11/11
Whole Village Agencies			-/2		
WISE	4/4	4/3	6/6	6/7	4/2
Women's Crisis Center	4/4	5/5	3/3	4/3	4/5
WSS	15/15	11/10	11/7	12/7	11/8
YWCA	17/12	12/15	16/15	10/11	17/13

What Respondents Perceive: Access to Services

In the survey, respondents were asked to reflect on the ability of specific population groups to access services for victims of sexual assault and domestic violence. Specifically, respondents were asked to identify populations that are underserved, as well as reasons why they think each of their identified groups is underserved. Respondents were given four possible reasons and the option of writing other reasons why a group might be underserved.

A full 60% of those surveyed (122 individuals) did not respond to this question. Of the remaining 40% (82 individuals) almost all represent agencies with direct experience working with victims of domestic and sexual violence, including legal services personnel, staff with domestic violence and sexual assault programs, hospital personnel, police victims' units, and offender programs. In the following summary of findings related to access issues, percentages are based only on the individuals who actually answered this question.²

² Percentages are based on the 82 individuals who answered this question. Thus, for example, 5% of respondents is equivalent to 4 individuals.

- People with Disabilities

With respect to domestic violence, people with disabilities rank first among all the population groups with respect to facing the most barriers to access. With respect to barriers to accessing sexual assault services, people with disabilities rank second only to immigrants/refugees. As might be expected, accessibility issues are seen as most significant for this population, with 29% of respondents feeling that domestic violence services are inaccessible, and 35% feeling that sexual assault services are inaccessible. Lack of staff expertise in serving people with disabilities is seen as a barrier, particularly for domestic violence services; 20% of respondents feel that “domestic violence staff don’t have the expertise to serve people with disabilities,” compared to 7% of respondents citing this as an issue for sexual assault providers. With respect to both domestic violence and sexual assault, fifteen percent (15%) of respondents also feel that prejudice and discrimination pose barriers to people with disabilities. One-fifth of respondents (20%) feel that inadequate transportation is an obstacle to accessing domestic violence services, and 15% feel it is an obstacle to accessing sexual assault services. “Victim denial” was cited as a barrier by one respondent.
- Immigrants/Refugees

Like people with disabilities, immigrants and refugees are seen as facing multiple and formidable barriers to access. The most significant barrier is lack of accessibility (with respect to language), cited as an issue by 33% of respondents for both domestic violence and sexual assault services. Lack of staff expertise and prejudice/discrimination was cited by 17% and 15% of respondents, respectively – again, for both sexual assault and domestic violence services. Inadequate transportation also was cited as a barrier by 10% of respondents.
- Adolescents

In general, respondents feel that adolescents face more barriers with respect to sexual assault than domestic violence, but, in both cases, the barriers to access are seen as significant. Lack of staff expertise is seen as the most significant barrier; 35% of respondents cited this as a barrier with respect to sexual assault, and 25% cited this as a barrier with respect to domestic violence. Lack of accessible services was cited by 15% of respondents, for both sexual assault and domestic violence. Under the “other” category, six respondents (7%) cited “underreporting” as an issue for both domestic and sexual violence. And 5% of respondents feel that discrimination/prejudice also poses a barrier.
- People with Mental Illness

Respondents feel that the most significant barrier facing people with mental illness is lack of staff expertise in working with this population (cited by 35% of respondents with respect to sexual assault and 22% of respondents with respect to domestic violence). In addition, 20% of respondents see lack of accessible services as a barrier with respect to domestic violence, and 15% see this as a barrier with respect to sexual assault. Ten percent (10%) of respondents cited prejudice/discrimination as a barrier to access and 5% cited inadequate transportation. One person wrote in “lack of money” as another barrier to access.
- Children

Again, as with both adolescents and people with mental illness, respondents feel that the most significant barrier facing children is lack of staff expertise in working with this population (cited by 35% of respondents with respect to domestic violence and 29% of respondents with respect to sexual assault). Lack of accessible services and inadequate transportation was

cited by 15% and 7% of respondents, respectively, for both sexual assault and domestic violence services. As with adolescents, under the “other” category, six respondents (7%) cited “underreporting” as an issue for both domestic and sexual violence.

- People 60 Years and Older

Lack of accessible services, inadequate transportation, and lack of staff expertise are seen as the most significant barriers to access for elders, particularly with respect to domestic violence. One-quarter of respondents (25%) see lack of accessible services as a barrier for elders dealing with domestic violence, compared to 12% that see this as an issue for elders dealing with sexual assault. Inadequate transportation is seen as a barrier to domestic violence services by 15% of respondents, and to sexual assault services by 12% of respondents. Likewise, lack of staff expertise and prejudice/discrimination is seen as a barrier to domestic violence services by 12% and 10% of respondents, respectively; 7% of respondents see these as barriers with respect to sexual assault. Under the “other” category, six respondents (7%) cited “underreporting” as an issue for both domestic and sexual violence, and one person wrote “secrecy and shame” as another barrier.

- Limited English Proficiency

With respect to both sexual assault and domestic violence, respondents feel that the most significant barriers facing people with limited English proficiency are inaccessible services (cited by 27% of respondents); lack of staff expertise in working with this population (cited by 15% of respondents); and prejudice/discrimination (cited by 10% of respondents). One person also cited inadequate transportation as a barrier to accessing domestic violence services.

- People with Alcohol/Chemical Dependency

By a *slight* margin, respondents feel that the most significant barrier facing people with alcohol/chemical dependency is prejudice and discrimination. This is particularly true when dealing with domestic violence; 20% of respondents feel this is a barrier with respect to domestic violence, compared to 15% who feel this is a barrier with respect to sexual assault services. Likewise, 15% of respondents feel that lack of staff expertise is a barrier with respect to domestic violence, with 7% feeling that this is a barrier with respect to sexual assault. With respect to both sexual assault and domestic violence, respondents feel that other barriers include inaccessible services (cited by 15% of respondents), and inadequate transportation (cited by 7% of respondents).

- Transgender

Respondents feel that prejudice and discrimination are the most significant barriers faced by transgender people; 35% of respondents feel this is an issue with respect to sexual assault, and 25% feel this is an issue with respect to domestic violence. In fact, the 35% response is one of the highest responses with respect to barriers *across all population groups*, matched only by inaccessible services (people with disabilities, SA); and lack of staff expertise (people with mental illness, adolescents, and children, all SA). With respect to both sexual assault and domestic violence, 12% of respondents feel that staff don’t have the expertise to serve this population, and 5% of respondents feel that services are inaccessible.

- Rural Residents

With respect to both sexual assault and domestic violence, respondents feel that the most significant barriers facing rural residents are inadequate transportation (cited by 29% of

respondents); and inaccessible services (cited by 10% of respondents). Ten percent of respondents also feel that rural residents affected by sexual assault face prejudice or discrimination. Only one person feels that staff lack expertise in dealing with this population.

- Men

The most significant barrier facing men is seen as prejudice and discrimination (cited by 20% of respondents with respect to both sexual assault and domestic violence). Lack of staff expertise was cited by 12% of respondents, and inaccessible services by 7% of respondents. Under the “other” category, six respondents (7%) cited “stigma” as an issue for both domestic and sexual violence, and one person cited “no shelter” as an additional barrier for men dealing with domestic violence.

- Lesbian/Gay³

The most significant barrier facing both lesbians and gay men is seen as prejudice and discriminatory attitudes (cited by 25% of respondents with respect to sexual assault and by 20% of respondents with respect to domestic violence). With respect to sexual assault, staff are somewhat less likely to be seen as having expertise serving lesbians, with 15% of respondents citing this as a barrier to accessing services for lesbians, and 10% citing this as a barrier for gay men. With respect to domestic violence, lack of staff expertise was cited as a barrier by 10% of respondents for both gay men and lesbians. Lack of accessible services was cited by 5% of respondents for both domestic and sexual violence, and for both gay men and lesbians.

- Racial Minorities

Compared to all other population groups listed in the survey, racial minorities – specifically Hispanic/Latino, Asian-American/Pacific Islander, American Indian/Alaskan Native, and Black/African-American – are seen as facing the fewest *cumulative* obstacles. Within these four groups, Hispanic/Latino individuals are seen as facing the most barriers and Blacks/African Americans the least. When identifying barriers to access for racial minorities, respondents made no distinction between domestic violence and sexual assault services – their responses were the same in both categories. The biggest distinction between the four groups is that Hispanic/Latino individuals are seen as facing more barriers with respect to accessible services (presumably language) than other groups: 10% of respondents cited this as an issue for Hispanic/Latino individuals, compared to 7% that cited this as an issue for Asian Americans/Pacific Islanders and American Indians/Alaskan Natives. One only person cited accessibility as an issue for Blacks/African-Americans. Six individuals (7%) cited prejudice and discrimination as a barrier facing all four groups equally. Four respondents also feel that staff lack the expertise to deal effectively with Hispanic/Latino individuals, compared to only one person who feels this is true for individuals in the other three groups.

The following chart shows the *total* percentages of respondents (n=82) that cited any barrier to access with respect to domestic violence and sexual assault⁴ The totals were sorted in descending order to give a broad overview as to which populations are perceived to be facing the most significant and/or multiple barriers to access.

Barriers to Access: A Cumulative Overview

³ Questions related to lesbians and gay men were posed separately, but have been consolidated here because the findings are similar.

⁴

Population	DV	SA
People with disabilities	85%	72%
Immigrants/refugees	75%	75%
Adolescents	57%	67%
People with mental illness	58%	65%
Children	58%	64%
People 60 years+	68%	44%
Limited English proficiency	54%	52%
People with alcohol/chemical dependency	57%	44%
Transgender	42%	52%
Rural residents	43%	51%
Men	48%	46%
Lesbians	35%	45%
Gay men	35%	40%
Hispanics/Latinos	22%	22%
Asian-Americans/Pacific Islanders	16%	16%
American Indians/Alaskan Natives	16%	16%
Blacks/African-Americans	11%	11%
French/Canadians	2%	2%
Whites/Caucasians	2%	2%

The following four charts provide an overview, by each barrier to access, of the populations *seen by at least 20% of respondents* as being most affected by these obstacles.

BARRIER: STAFF DON'T HAVE THE EXPERTISE TO SERVE THEM	
Population	% of respondents citing this as a barrier
1. Adolescents (sexual assault)	35%
2. People with mental illness (sexual assault)	35%
3. Adolescents (domestic violence)	25%
4. People with mental illness (domestic violence)	22%
5. People with disabilities (domestic violence)	20%

BARRIER: PREJUDICE OR DISCRIMINATORY ATTITUDES TOWARDS THIS POPULATION	
Population	% of respondents citing this as a barrier
1. Transgender (sexual assault)	35%
2. Lesbians (sexual assault)	25%
3. Transgender (domestic violence)	25%
4. Gay men (sexual assault)	25%
5. People with alcohol/chemical dependency (domestic violence)	20%
6. Men (domestic violence)	20%
7. Men (sexual assault)	20%
8. Gay men (domestic violence)	20%
9. Lesbians (domestic violence)	20%

BARRIER: SERVICES NOT ACCESSIBLE (IN TERMS OF DISABILITY, LANGUAGE, ETC.)	
Population	% of respondents citing this as a barrier
1. People with disabilities (sexual assault)	35%
2. Immigrants/refugees (domestic violence)	33%
3. Immigrants/refugees (sexual assault)	33%
4. People with disabilities (domestic violence)	29%
5. Limited English proficiency (domestic violence)	27%
6. Limited English proficiency (sexual assault)	27%
7. People 60 years old or older (domestic violence)	25%
8. People with mental illness (domestic violence)	20%

BARRIER: INADEQUATE TRANSPORTATION TO WHERE SERVICES ARE PROVIDED	
Population	% of respondents citing this as a barrier
1. Rural residents (sexual assault)	29%
2. Rural residents	29%
3. People with disabilities	20%

What Respondents Perceive: Resources Lacking in the Community

Survey respondents were asked to complete a series of questions designed to help identify the degree to which five specific resources might be lacking for different populations. The question was divided into two parts, sexual assault and domestic violence. Each part then focused on the degree to which housing, civil legal services, mental health counseling, crisis intervention, and substance abuse treatment is lacking for specific population groups.

As with the prior question, a high percentage of individuals surveyed (66% or 133 individuals) did not respond to this particular question. Even among the 71 individuals that did respond, all but a few failed to answer a follow-up, multiple choice question about why resources might be lacking.⁵ Again, it is important to note that all of the individuals that responded to this question represent agencies with direct experience working with victims of domestic and sexual violence, including legal services personnel, staff with domestic violence and sexual assault programs, hospital personnel, police victims units, and offender programs. In the following summary of findings related to community resources, percentages are based only on the individuals who actually answered this question.⁶

The findings are organized below, according to type of service.

- **Housing Services**

In general, lack of housing is seen as affecting victims of domestic violence more than victims of sexual assault, although 17% of respondents feel that housing services are lacking for children who are victims of sexual assault. With respect to domestic violence, lack of housing is seen as having the greatest impact on victims with alcohol/chemical dependency, followed by adult male victims and victims with disabilities.

Population	% of respondents that believe HOUSING services are lacking for this population	
	Domestic Violence	Sexual Assault
Adult Female Victims	8%	8%
Adult Male Victims	23%	3%
Children Who Are Victims of Sexual Assault		17%
Teens	11%	3%
Significant Others of Victims of DV/SA	8%	3%
Victims 60 Years Old and Older	17%	3%

⁵ This information has not been included in this report because so few people (2) responded.

⁶ Percentages are based on the 71 individuals who answered this question. Thus, for example, 8% of respondents is equivalent to 6 individuals.

Population	% of respondents that believe HOUSING services are lacking for this population	
	Domestic Violence	Sexual Assault
Victims with Disabilities	23%	6%
Victims with Alcohol/ Chemical Dependency	28%	8%
Children Who Witness Domestic Violence	6%	
Adult Survivors of Child Sexual Assault		3%
Victims of DV/SA with Limited English Proficiency	8%	3%

- Civil Legal Services

The vast majority of respondents do not feel that civil legal services are lacking. In fact, for most of the population groups, only two respondents (3%) cited this resource as lacking. There is a *slight* increase in the number of respondents who feel this resource is lacking for victims with disabilities and children who witness domestic violence.

Population	% of respondents that believe CIVIL LEGAL SERVICES are lacking for this population	
	Domestic Violence	Sexual Assault
Adult Female Victims	3%	3%
Adult Male Victims	3%	3%
Children Who Are Victims of Sexual Assault		3%
Teens	3%	3%
Significant Others of Victims of DV/SA	3%	3%
Victims 60 Years Old and Older	3%	3%
Victims with Disabilities	11%	3%
Victims with Alcohol/ Chemical Dependency	3%	3%
Children Who Witness Domestic Violence	6%	
Adult Survivors of Child Sexual Assault		3%
Victims of DV/SA with Limited English Proficiency	3%	3%

-

- Mental Health Counseling

One-quarter of respondents feel that mental health counseling is lacking for adult survivors of child sexual assault and sexual assault victims with limited English proficiency. In addition, many respondents also feel that mental health counseling is lacking, in particular, for children who are victims of sexual assault and children who witness domestic violence.

Population	% of respondents that believe MENTAL HEALTH COUNSELING is lacking for this population	
	Domestic Violence	Sexual Assault
Adult Female Victims	8%	11%
Adult Male Victims	11%	8%
Children Who Are Victims of Sexual Assault		17%
Teens	11%	6%
Significant Others of Victims of DV/SA	3%	3%
Victims 60 Years Old and Older	3%	3%
Victims with Disabilities	11%	3%
Victims with Alcohol/ Chemical Dependency	6%	8%
Children Who Witness Domestic Violence	17%	
Adult Survivors of Child Sexual Assault		25%
Victims of DV/SA with Limited English Proficiency	8%	25%

- Crisis Intervention

The vast majority of respondents do not feel that crisis intervention services are lacking. In fact, for most of the population groups, only two respondents (3%) cited this resource as lacking. There is a *slight* increase in the number of respondents who feel this resource is lacking for adult female victims of both domestic violence and sexual assault, as well as children who witness domestic violence.

Population	% of respondents that believe CRISIS INTERVENTION is lacking for this population	
	Domestic Violence	Sexual Assault
Adult Female Victims	11%	11%
Adult Male Victims	3%	3%
Children Who Are Victims of Sexual Assault		3%
Teens	3%	3%
Significant Others of Victims of DV/SA	3%	3%
Victims 60 Years Old and Older	3%	3%
Victims with Disabilities	3%	3%
Victims with Alcohol/ Chemical Dependency	3%	3%
Children Who Witness Domestic Violence	6%	
Adult Survivors of Child Sexual		3%

Population	% of respondents that believe CRISIS INTERVENTION is lacking for this population	
	Domestic Violence	Sexual Assault
Assault		
Victims of DV/SA with Limited English Proficiency	3%	3%

- Substance Abuse Treatment

Although, in general, most respondents feel that this resource is not lacking for most population groups, fully one-quarter of respondents feel that substance abuse treatment *is* lacking for adult female victims of domestic violence and sexual assault victims with alcohol/chemical dependency. Also, slightly more than 10 percent (7 individuals) feel that this resource is lacking for adult female victims of sexual assault.

Population	% of respondents that believe SUBSTANCE ABUSE TREATMENT is lacking for this population	
	Domestic Violence	Sexual Assault
Adult Female Victims	23%	11%
Adult Male Victims	8%	3%
Children Who Are Victims of Sexual Assault		3%
Teens	3%	3%
Significant Others of Victims of DV/SA	3%	3%
Victims 60 Years Old and Older	3%	3%
Victims with Disabilities	3%	3%
Victims with Alcohol/Chemical Dependency	3%	25%
Children Who Witness Domestic Violence	3%	
Adult Survivors of Child Sexual Assault		3%
Victims of DV/SA with Limited English Proficiency	3%	3%

Notable findings related to lack of resources include:

- Of the five resources, housing is most likely to be seen as lacking, particularly for domestic violence victims with alcohol/chemical dependency, adult male victims of domestic violence, and victims of domestic violence with disabilities. In addition to these groups, many respondents also feel that children who are victims of sexual assault lack housing options.
- Of the five resources, civil legal services *is least likely* to be seen as lacking, followed closely by crisis intervention.
- One-quarter of respondents feel that substance abuse treatment is lacking for adult female victims of domestic violence and sexual assault victims with alcohol/chemical dependency.
- One-quarter of respondents feel that mental health counseling is lacking for adult survivors of child sexual assault and sexual assault victims with limited English proficiency. A significant

percentage (17%) also feels that counseling resources are lacking for children who witness domestic violence.

Training: What Has Happened and What is Needed

The final survey question asked respondents to identify the extent to which their agencies have participated in trainings on the following topics: domestic violence, sexual assault, stalking, sexual harassment, and cultural competency. In addition, respondents were asked to provide detailed information about each training, including the training date and topics of all past trainings.

Half of those surveyed (50% or 103 individuals) responded to this question. As with the two prior questions, percentages have been calculated in relation to the total number of individuals that responded. The vast majority of trainings received by respondents were conducted between 2000 and 2004. Only 6 trainings had been conducted between 10 and 20 years ago, and these were not included in this analysis.

The following chart shows the percentage of respondents that have had and/or feel the need for more training.

Training Topic	Please check if you <i>have had</i> training on this	Please check if you <i>need more</i> training on this
Domestic violence	74%	39%
Sexual assault	60%	34%
Stalking	34%	33%
Sexual Harassment	55%	31%
Cultural Competency	37%	32%

The list of actual trainings (see APPENDIX for detail on sites trained) shows that, with only a few exceptions, the vast majority of the trainings on domestic violence, sexual assault, stalking, and cultural competency took place at programs working directly with victims of domestic and sexual violence, including law enforcement organizations (such as the Attorney General’s office and police departments), domestic violence and sexual assault programs (such as A Safe Place, YWCA, Response, NH Coalition Against Domestic and Sexual Violence, etc.), legal services and courts, and hospitals and health care centers. Only one religious group and one school system (Nashua) reported participating in domestic violence training; likewise training for religious groups was only cited once (and for schools not at all) for training related to sexual assault. Several school districts reported participating in training related to sexual harassment.

Over one-third of respondents indicated a need for more training on specific topics, as summarized in the following chart:

TRAINING AREA	TRAINING TOPICS
Domestic Violence	<ul style="list-style-type: none"> • Laws, resources • How to work with children in this environment • How to assess, how to intervene • Information on local DV resources • Effective referrals • "DV101" - a "regional" training for local agencies
Sexual Assault	<ul style="list-style-type: none"> • Laws, resources • How to assess, how to intervene • Training focused on date rape • Effective referrals
Stalking	<ul style="list-style-type: none"> • Training for emergency staff • What to look for, keeping victims safe • Laws • How to assess, how to intervene
Sexual Harassment	<ul style="list-style-type: none"> • Reporting laws • How to deal with clients who cross boundaries • How to assess, how to intervene
Cultural Competency	<ul style="list-style-type: none"> • How to deal with and understand Hispanic people • Training for ER, RNs and physicians • Diversity issues

SUMMARY OF FINDINGS

- Survey respondents included 204 individuals representing 181 different New Hampshire agencies and institutions. The largest single group of respondents – at just over one-fifth of all respondents (or 43 individuals) - was K-12 school administrators and teachers. Staff from public safety agencies, legal services, general social service agencies, behavioral health centers, and churches each represented approximately one-tenth of the pool of respondents.
- Almost all (90%) of survey respondents have worked in their field for more than three years; half have worked in their field for more than 10 years.
- More than three-quarters of respondents or respondents' agencies (76%) work "frequently" to "sometimes" with survivors of domestic violence; and almost as many (73%) work "frequently" to "sometimes" with survivors of sexual assault.
- When asked to specify agencies in their community that provide specific services for victims of sexual assault and domestic violence, respondents were most likely to know about crisis line services, and least likely to know about hospital accompaniment services.
- The vast majority of the trainings on domestic violence, sexual assault, stalking, and cultural competency in the past few years took place at programs working directly with victims of domestic and sexual violence.
- Respondents identified people with disabilities and immigrants/refugees placed in the top two categories, respectively, with respect to facing the most barriers to access. Ranked according to the survey, other groups seen as facing significant barriers to access include: adolescents; people with mental illness; children; people 60 and older; people with alcohol/chemical dependency; transgender; rural; men; lesbians and gay men.
- Lack of staff expertise in dealing with their needs was seen by survey participants as a particular barrier for adolescents, people with mental illness, and adolescents.
- Prejudicial or discriminatory attitudes by service providers or the general population was seen by survey participants as a particular barrier for transgender people, lesbians, gay men, people with alcohol/chemical dependency, and men.
- Inaccessible services (in terms of disability, language, etc.) was seen by survey participants as a particular barrier for people with disabilities, immigrants/refugees, people with limited English proficiency, people 60 years or older, and people with mental illness.
- Inadequate transportation was seen by survey participants as a particular barrier for rural residents and people with disabilities.
- Of all the possible services, lack of housing was seen as one of the most problematic challenges facing victims.
- A significant percentage of survey respondents felt that substance abuse treatment is lacking for adult female victims of domestic violence and sexual assault victims with alcohol/chemical dependency.
- A significant percentage of survey respondents felt that mental health counseling is lacking for adult survivors of child sexual assault, sexual assault victims with limited English proficiency, and children who witness domestic violence.

CONCLUSION

Every year, service providers, schools, religious groups, law enforcement organizations, health care providers, counseling agencies, shelters, and many other organizations and individuals in New Hampshire are in a unique and privileged position to impact the lives of thousands of victims of domestic and sexual violence and others impacted by these issues. We have an obligation to assess the needs of our community, and to design programs and find solutions that will be most effective in helping victims heal, find justice and safety, achieve independence, raise their children without violence, and maximize their potential to move from victim to capable, resilient survivor. We also have an obligation to make this information known to groups throughout the community and to work with all community resources to seek solutions to the identified problems.

We support strategies that use the resources and strengths of our entire community to address the needs of marginalized and critically underserved victims. Although this community assessment has focused on different challenges and diverse population groups, we recognize that effective interventions must be comprehensive and integrated rather than piecemeal and must build on individual and community strengths. And we recognize victims and survivors of domestic and sexual violence as partners in creating, rather than passive recipients of, service improvements that are driven by this assessment and planning process.

The benefits of this assessment process to victims of domestic and sexual violence can only be realized if providers and groups throughout New Hampshire continue to work together to improve access to all of our programs and to ensure that these programs are not eliminated or cut back. The critical nature of the work of our community partners, in areas such as health care, housing, counseling, criminal justice, and education, cannot be overemphasized. Our ability to cooperate and work together will directly influence the well-being of our community for decades to come.

Service providers are often pressed into designing programs and delivering services without a complete picture of the community and the people whose needs we are diligently striving to address. This assessment was conducted to help add to that picture by exposing the challenges facing diverse groups of victims of domestic and sexual violence.

It is our hope that these findings will inform our continuing efforts to maximize the impact and relevance of our programs, to mobilize communities, to foster collaboration and connection, and to bring us together to help support victims of domestic and sexual violence throughout New Hampshire.

APPENDIX

**NH DOMESTIC VIOLENCE AND SEXUAL ASSAULT
A. NEEDS ASSESSMENT SURVEY**

The New Hampshire Governor’s Commission on Domestic and Sexual Violence is seeking information on your experience with available resources for victims of domestic and sexual violence in our state. Your answers to the following questions will inform the statewide plan on the provision and development of services for victims of domestic and sexual violence. We recognize that your time is valuable and hope that you will take a few minutes to answer the following questions. Thank you in advance for your time and consideration of this important survey instrument.

Please make as many copies as possible and distribute them to other staff and/or professionals who you feel may also be able to answer the questions.

Should you have any questions or concerns, please feel free to contact Grace Mattern at the New Hampshire Coalition Against Domestic and Sexual Violence at (603) 224-8893 or Nicole Tower at the YWCA Crisis Service at (603) 625-5785.

Please return the materials **BY JANUARY 2** in the enclosed postage paid envelope to:
SURVEY, NHCADSV, P. O. Box 353, Concord, NH 03302-0353

Please choose the category that best describes the primary purpose of the organization you work for?

- | | |
|--|---|
| <input type="checkbox"/> Sexual Assault and/or Domestic Violence Crisis Center | <input type="checkbox"/> Cooperative Extension Site |
| <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> Public Safety Agency |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> General Social Service Agency |
| <input type="checkbox"/> Health Clinic | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> K-12 School | <input type="checkbox"/> Correctional facility or Program |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Substance Abuse Provider |
| <input type="checkbox"/> Behavioral Health Provider | <input type="checkbox"/> Violent Offender Program |
| <input type="checkbox"/> Family Support Center | <input type="checkbox"/> Other: (Please specify) |

How many years have you worked in this area?

- Less than 1 year
- 1-2 years
- 3-4 years
- 5-10 years
- Over 10 years

1. The name of the organization you work for is _____
2. Which county do you serve? If smaller or other than a county, please list individual towns in your service area. _____
3. Who does your organization primarily provide services to; in other words, who is your *target population*? _____

4. To what extent do you or your agency work directly with survivors of Domestic Violence (DV)?
 Never Rarely Sometimes Frequently
5. To what extent do you or your agency work directly with survivors of Sexual Assault (SA)?
 Never Rarely Sometimes Frequently
6. What is your age?
 18 - 24
 25 - 34
 35 - 49
 50 - 59
 60 or older
7. What is your gender?
 Male
 Female
 Transgender
8. Which of the following categories do you think best describes your racial/ethnic background?
 American Indian/Alaska Native
 Asian-American/Pacific Islanders
 Black/African-American
 Hispanic/Latino
 White/Caucasian
 French Canadian
 Other: _____
9. What services are available to victims of domestic violence and sexual assault in **YOUR** community?

Domestic Violence			Sexual Assault		
Please write in the name of the agency that provides <i>each of</i> these services in your community	I don't know if this is available in my community	Service Activity	Please write in the name of the agency that provides <i>each of</i> these services in your community	I don't know if this is available in my community	Service Activity
		Crisis Line			Crisis Line
		Shelter			Shelter
		Support Groups			Support Groups
		Court Advocacy			Criminal Justice Advocacy
		Hospital Accompaniment			Hospital Accompaniment

The following question is about services provided by your local domestic violence crisis center.

10. Please check any of the populations that aren't receiving the DOMESTIC VIOLENCE (DV) services they need, and why *you* think each of the populations is underserved.

Population	Please check if Under served?	Staff don't have the expertise to serve them	Prejudice or discriminatory attitudes towards this population	Services not accessible (in terms of disability, language etc)	Inadequate transportation to where services are provided	<i>Other reason</i> (please specify)
People 60 years old or older						
People with disabilities						
People with alcohol/chemical dependency						
People with mental illness						
Adolescents						
Children						
Men						
Lesbian						
Gay						
Transgender						
Limited English proficiency						
Immigrants/Refugees						
Rural residents						
American Indian/Alaskan Native						
Asian-American/Pacific Islanders						
Black/African-American						
Hispanic/Latino						
White/Caucasian						
French-Canadian						
Other? (please specify)						

The following question is about services provided by your local crisis center for victims of sexual assault.

11. Please check any of the populations that aren't receiving the SEXUAL ASSAULT (SA) services they need, and why *you* think each of the populations are underserved.

Population	Please check if Under served?	Staff don't have the expertise to serve them	Prejudice or discriminatory attitudes towards this population	Services not accessible (in terms of disability, language etc)	Inadequate transportation to where services are provided	Other reason (please specify)
People 60 years old or older						
People with Disabilities						
People with alcohol/chemical dependency						
People with mental illness						
Adolescents						
Children						
Men						
Lesbian						
Gay						
Transgender						
Limited English Proficiency						
Immigrants/Refugees						
Rural residents						
American Indian/Alaskan Native						
Asian-American/Pacific Islanders						
Black/African-American						
Hispanic/Latino						
White/Caucasian						
French-Canadian						
Other (please specify)						

The following question is about general services provided in your community.

12. In your work with victims and survivors of DOMESTIC VIOLENCE (DV), please identify which, if any, or the following resources are lacking in your community.

Population	Type of Services	Have looked for it and couldn't find it	Heard or thought that it doesn't exist	Other reason (please specify)
Adult female victims	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Civil Legal Services			
	<input type="checkbox"/> Mental Health Counseling			
	<input type="checkbox"/> DV Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Adult male victims	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Civil Legal Services			
	<input type="checkbox"/> Mental Health Counseling			
	<input type="checkbox"/> DV Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Teen Victims	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Civil Legal Services			
	<input type="checkbox"/> Mental Health Counseling			
	<input type="checkbox"/> DV Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Significant Others of Victims of Domestic Violence	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Civil Legal Services			
	<input type="checkbox"/> Mental Health Counseling			
	<input type="checkbox"/> DV Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Victims 60 years old and older	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Civil Legal Services			
	<input type="checkbox"/> Mental Health Counseling			
	<input type="checkbox"/> DV Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Victims with Disabilities	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Civil Legal Services			
	<input type="checkbox"/> Mental Health Counseling			
	<input type="checkbox"/> DV Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Victims with alcohol/chemical dependency	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Civil Legal Services			
	<input type="checkbox"/> Mental Health Counseling			
	<input type="checkbox"/> DV Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Children who witness domestic violence	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Civil Legal Services			
	<input type="checkbox"/> Mental Health Counseling			
	<input type="checkbox"/> DV Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Victims of DV with Limited English Proficiency	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Civil Legal Services			
	<input type="checkbox"/> Mental Health Counseling			
	<input type="checkbox"/> DV Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			

The following question is about general services provided in your community.

13. In your work with victims and survivors of SEXUAL ASSAULT (SA), please identify which, if any, or the following resources are lacking in your community.

Population	Type of Services	Looked for it and couldn't find it	Heard or thought that it doesn't exist	Other reason (please specify)
Adult female victims	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Criminal Justice			
	<input type="checkbox"/> Mental Health			
	<input type="checkbox"/> SA Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Adult male victims	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Criminal Justice			
	<input type="checkbox"/> Mental Health			
	<input type="checkbox"/> SA Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Children who are victims of sexual assault	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Criminal Justice			
	<input type="checkbox"/> Mental Health			
	<input type="checkbox"/> SA Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Teen Victims	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Criminal Justice			
	<input type="checkbox"/> Mental Health			
	<input type="checkbox"/> SA Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Significant Others of Victims of Sexual Assault	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Criminal Justice			
	<input type="checkbox"/> Mental Health			
	<input type="checkbox"/> SA Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Victims 60 years old and older	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Criminal Justice			
	<input type="checkbox"/> Mental Health			
	<input type="checkbox"/> SA Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Victims with Disabilities	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Criminal Justice			
	<input type="checkbox"/> Mental Health			
	<input type="checkbox"/> SA Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Victims with alcohol/chemical dependency	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Criminal Justice			
	<input type="checkbox"/> Mental Health			
	<input type="checkbox"/> SA Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Adult survivors of child sexual assault	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Criminal Justice			
	<input type="checkbox"/> Mental Health			
	<input type="checkbox"/> SA Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			
Victims of SA with Limited English Proficiency	<input type="checkbox"/> Housing			
	<input type="checkbox"/> Criminal Justice			
	<input type="checkbox"/> Mental Health			
	<input type="checkbox"/> SA Crisis Intervention			
	<input type="checkbox"/> Substance Abuse			

16. The following grid includes a list of Domestic Violence, Sexual Assault and associated trainings. We're interested in which trainings your agency has already conducted and how recently, and if you think additional training is needed.

<i>Training topic</i>	Please check if you <i>have had</i> training on this	Who provided the training?	Date of training	Brief description of training	Please check if you <i>need more</i> training on this	<i>Please give us a brief description of your specific training needs</i>
Domestic violence						
Sexual assault						
Stalking						
Sexual Harassment						
Cultural Competency						
Other (please specify) <hr/>						

THANK YOU!

B. TRAININGS

The following list documents trainings and training topics presented at the agencies of survey respondents in the past five years.

Domestic Violence

1. A Safe Place
 2. AG office/NH Training Academy
 3. AG, annual conference, 2003
 4. AG's office, 2003
 5. AG's office, district court, 2001 and 2004
 6. AG's office, ongoing
 7. Americorp, AG's office, several dates
 8. ASP
 9. Attorney General's office, 2004
 10. Bridges, available resources, 2003
 11. Bridges, ongoing
 12. BU School of Medicine, 2003
 13. City Attorney
 14. DCY, on-going
 15. DCYF, 2003
 16. DHHS, DV issues pertaining to elders
 17. Domestic Violence Task Force, screening for DV, 2004
 18. DOVE program/NHLA, 2000
 19. DV Interdisciplinary Team, 2003
 20. DVP/County Attorney, yearly
 21. Hospital social services and VAV, DV101 to nursery staff, 2000
 22. In-house (Police Department)
 23. Jennifer Pierce-Weeks, what behavior to watch for and reporting to DCYF, 2004
 24. Manchester Police Department, determining primary aggressors, 2004
 25. Marjorie Waters, RDVCC, viewed "Prisoners of Wedlock" & discussed, 2003
 26. Nashua Crisis Center Coalition and RDVCC, 2001 and 2004
 27. Nashua School District
 28. New Beginnings, 2004
 29. New Beginnings, 2004
 30. NH Coalition
 31. NH Coalition, 2003
 32. NH Police Standards and Training, ongoing
 33. NHBA, DOVE program, CLES, ongoing
 34. NHDHHS, 2003
 35. PSC, SASS
 36. PSU and Grafton County Attorney office, legalities, videos, survivor speakers, 2003
 37. RDVCC, 2003
 38. RDVCC, 2003
 39. RDVCC, crisis line volunteer, 2002
 40. Response
 41. Response, 2003
 42. RI DV Council
 43. SAS, 2003
 44. SASS/A Safe Place, 2003
 45. State of NH, ongoing
 46. State of NH, ongoing
 47. Taskforce/CASA, 2000
 48. Training for Pastors
 49. Victim Assistance Academy/National Center for Victims of Crime, 2004
 50. Voices, 2001
 51. WE Pastoral Institute, 2004
 52. WSS (2)
 53. WSS/Law Enforcement, 2 hour class on role of first responder, 2004
 54. Youth Council, Bridges, child assault prevention
 55. YWCA, 2002 and 2003
-

Sexual Assault

1. AG, annual conference, 2003
 2. AG's office, 2003
 3. AG's office, district court, 2001 and 2004
 4. AG's office, ongoing
 5. Americorp, AG's office, several dates
 6. Attorney General's office, 2003
 7. Bridges
 8. Bridges, ongoing
 9. BU School of Medicine, 2003
 10. DCYF, 2003
 11. DHHS and private trainers
 12. Governor's Council, 2001
 13. In-house (Police Department) (two of these)
 14. Jennifer Pierce-Weeks, what behavior to watch for and reporting to DCYF, 2004
 15. New Beginnings, 2004
 16. NH Attorney General
 17. NH Coalition
 18. NH Coalition, 2003
 19. NH DOVE program, ongoing
 20. NH Police Standards and Training, ongoing
 21. NH Training Academy
 22. NHCC, 2003
 23. PF, overview of SA kit, documentation, court process, 2004
 24. PSC, SASS
 25. PSU and Grafton County Attorney office, legalities, videos, survivor speakers, 2003
 26. Rape Crisis Hotline/CASA, 1999
 27. RDVCC, 2003 (two of these)
 28. Response
 29. Response, 2003
 30. SANE, 2004
 31. SAS, 2003
 32. SASS
 33. SASS and in-house, ongoing
 34. Seminar at Mt. Washington, 2002
 35. Training for Pastors
 36. Victim Assistance Academy/National Center for Victims of Crime, 2004
 37. Voices, 2001
 38. WSS (two of these)
 39. WSS/Law Enforcement, 2 hour class on role of first responder, 2004
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Stalking

1. A female detective
 2. AG, annual conference, 2003
 3. AG's conference
 4. AG's office, 2003
 5. AG's office, district court, 2001 and 2004
 6. AG's office, ongoing
 7. Americorp, AG's office, several dates
 8. Bridges
 9. DVP, SCA, yearly
 10. Governor's Conference, 2003
 11. In-house (Police Department)
 12. In-house (Police Department)
 13. NH Coalition
 14. NH Police Standards and Training, ongoing
 15. NHBA
 16. Ongoing training and workshops
 17. Seminar at Mt. Washington, 2002
 18. US Attorney's Office, 2002
 19. Victim Assistance Academy/National Center for Victims of Crime, 2004
 20. Voices, 2001
 21. YWCA, overview of issues/services, 2002
-

Sexual Harassment

1. AG's office, district court, 2001 and 2004
 2. AG's office, ongoing
 3. DCYF, 2003
 4. DHHS, 2004
 5. DHHS, ongoing mandated departmental training
 6. DHHS, yearly
 7. EAP Respectful Workplace trainings
 8. HPD in-service, policy training, 2003
 9. In-house (Police Department)
 10. In-house (Police Department)
 11. In-house (Police Department), annually
 12. Legal team, sexual harassment in the workplace, 2003
 13. Nashua School District
 14. Nashua School District, 2001-2004
 15. NH Coalition
 16. NH Municipal Association
 17. NH Police Standards and Training, ongoing
 18. NHCC, 2003
 19. NHDHHS
 20. NHDHHS, every year
 21. SASS
 22. SAU, annually
 23. School counselor, ongoing
 24. School districts
 25. Sexual Assault Services, train the trainer, 2002
 26. Staff orientation, ongoing
 27. State of NH, 2003
 28. State office
 29. Taskforce/CASA, 2000
 30. Victim Assistance Academy/National Center for Victims of Crime, 2004
 31. Voices, 2001
 32. WSS, 2002
-

Cultural competency

1. A Safe Place/SASS
2. At various conferences - minimal
3. Bienstar
4. College, 2003
5. Cultural Diversity Training Program - Pinkerton Academy, 2000
6. DCYF, 2003
7. DHHS, 2004
8. DHHS, ongoing mandated departmental training
9. DHHS, yearly
10. Division of Juvenile Rehabilitation
11. Manchester Police Department, 2004
12. NH Coalition
13. NH Police Standards and Training, ongoing
14. NHDHHS
15. NHTI, discussion of what is culture, cultural barriers, 2004
16. Praxis/Office of Violence Against Women
17. PRIMER, yearly
18. SAU Diversity Committee, 2002
19. State of NH, 2003
20. Varied community resources, ongoing
21. Victim Assistance Academy/National Center for Victims of Crime, 2004
22. Voices, 2001
23. Women Against DV

