

Many Voices ND

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

September 2023



Presented by:

GLOBAL RIGHTS
for **WOMEN** *Justice for*
Victims of Violence

caus
NORTH DAKOTA

ending sexual and domestic violence

Many Voices ND

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

INTRODUCTION

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

-A Survivor

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

-A Survivor

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

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

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

Services Act Grant, the federal funding stream dedicated to the support of emergency shelters and related assistance for victims of domestic violence and their children.¹

Global Rights for Women (GRW) is an international non-governmental organization (NGO) based in Minneapolis, Minnesota that advances legal reform and systemic change to end violence against women and girls. GRW partners with women’s organizations and other leaders to strengthen their efforts to identify, intervene, and prevent gender-based violence by centralizing safety for victims and accountability for offenders. As authors of the UN Women guidance document, *Safe Consulting with Survivors of Violence Against Women and Girls*² GRW’s program’s team brought specialized expertise to this project.

METHODS

The needs assessment was conducted from January 2023 to September 2023 and organized into four phases of work:

1. collaboration and design;
2. information gathering;
3. data analysis; and
4. review and report writing.

Through three facilitated meetings with the CAWS sponsored project planning committee (hereinafter ‘the Committee’); GRW identified the following three overarching questions to guide the assessment:³

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

The Committee also identified learning from unserved or underserved⁴ populations and their advocates about the current response system as a primary goal. The following groups were identified:

- Rural/remote isolated women with children;
- Indigenous/tribal community members;

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

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

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

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

- Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex, Asexual, and Two-Spirit (LGBTQIA2S+) persons;
- Latines⁵/Hispanic community members;
- Survivors with disabilities (as time permitted); and
- Male survivors⁶ (as time permitted).

Ultimately, the complete analysis and findings for the capacity issue identified above in item 3 was set aside for a FVPSA phase 2 project by mutual agreement between CAWS and GRW.⁷ This was due to a few factors, including extending the data collection phase into August to allow for additional listening sessions with survivors and advocates. However, with the data already collected, results show that survivors and advocates see many of the same issues. Thus, advocates' insights into each theme have been incorporated throughout the report. Further analysis and discussion on these findings, and possible action steps, has been reserved for a follow-up project and analysis.

Engaging Participants:

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

To facilitate outreach to LGBTQIA2S+ survivors, GRW also created informational flyers to share with attendees of the June 17, 2023 North Dakota PRIDE Festival at the table hosted by CAWS North Dakota. QR codes directed individuals to a webpage describing the project and an on-line self-scheduling calendar. Ultimately 8 programs hosted listening sessions for survivors and/or advocates: six programs

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

⁶ While men were a focus of our assessment we do not include them under the status of marginalized identities. Men can hardly be described as peripheral and the social, economic, political, and cultural structures that create our society have largely been built by men. This does not mean that men's needs are being met. In many respects, men are struggling in society today. It does mean that the gap that is created in their needs is not due to their peripheral nature or men's systemic exploitation.

⁷ This decision to set-aside item 3 was due, in part, to extending the data collection phase into August 2023 to allow for additional listening sessions with survivors and advocates. Nonetheless, preliminary results show that survivors and advocates see many of the same issues and thus advocates' insights have been incorporated throughout the report. Further analysis and discussion on these findings, and possible action steps, has been reserved for a follow-up project and analysis.

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

⁹ April 13, 2023 CAWS Rural Issues Committee Meeting and May 9, 2023 CAWS Membership Meeting.

in eastern North Dakota (i.e. Lisbon, Grand Forks, Grafton, Devil's Lake, Fargo, and Spirit Lake Nation) and two in western North Dakota (i.e. Dickinson and Williston). Programs were asked to focus their invitations to survivors who might identify with one or more of the underserved groups. GRW made every effort to interview every survivor who indicated an interest in sharing their experience. Interviews ended on August 30, 2023.

Participant Breakdown:

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

- 13 rural/remote women (including those with children);
- 3 Indigenous/Tribal Community members;
- 5 who identified as LGBTQIA2S+;
- 9 Latines/Hispanic Community members;
- 8 persons with disabilities; and
- 3 men.

FINDINGS

Systems Gaps and Strengths for Underserved Survivors

In this report, GRW focused its analysis on survivors' needs and the gaps and strengths in the systems they reported turning to for help. Six themes emerged as current areas of high need for survivors:¹⁰

1. safe and affordable housing;
2. transportation;
3. access to appropriate mental health care;
4. economic security for themselves and their children;
5. legal assistance; and
6. advocacy.

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

Systems and institutions most often discussed in interviews focused on the safety and accountability mechanisms of the criminal justice system, including batterer intervention programs,¹¹ and the degree to which linkages (e.g. coordination) and informal assistance can address survivors' needs. In general, advocates emphasized successful coordination between agencies as a key factor in successfully addressing survivors' needs.¹²

Each theme is discussed below in four sections:

1. Why it matters;
2. What we heard;
3. Distinct challenges noted by an underserved group; and
4. Examples of effective responses and resources.

In the "Why it matters" section, the authors draw upon over twenty years of practitioner-based expertise to quickly summarize the relevance of the theme for the lived experience of survivors of domestic violence. In sections 3 and 4, only direct examples provided to GRW were included.¹³ Footnotes provide attribution to demonstrate the range of voices heard. However, if in GRW's judgment an attribution could jeopardize a source's anonymity, the attribution was not included.

COMMON NEEDS IDENTIFIED BY SURVIVORS & ADVOCATES

Safe and Affordable Housing

Why it matters: Domestic violence is consistently identified as a significant factor in homelessness, especially for women, children, families, and LGBTQ2S+ individuals. Domestic violence is often life threatening. Survivors must often flee their homes to escape danger, yet do not have the means to secure independent safe or permanent housing. Complex relationships exist between housing insecurity, domestic violence, and power. Homelessness and domestic violence often affect the most vulnerable members of society. When access to basic needs such as housing and safety are compromised, individuals can experience heightened risks of violence. Shelters provide only temporary housing for survivors escaping domestic violence. Advocates and survivors identify housing as a primary need of survivors and a critical component in survivors' long-term safety and stability.

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

¹² Advocacy Listening Session, Group Interview #4

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

What we heard: Housing is insufficient for many survivors in communities across North Dakota because:

- There isn't enough accessible temporary, transitional or long-term housing.
- What is available may not be affordable.
- Crucial financial assistance to support housing access runs out or entails long waitlists and paperwork that discourages many.

Communities that do not have domestic violence shelters, often facilitate hotel stays and others have designated apartments for short-term or transitional housing. Many survivors noted how shelters were essential for them. However, survivors also described concerns and issues with access (e.g. someone who had not called police yet) and suitability (e.g. known location makes unsafe for some, lack of private room difficult for survivors with complex trauma history). A trafficking survivor noted that even convictions that result from victimization (e.g. prostitution) bar a survivor from getting an apartment for up to five years.¹⁴ Finally, some survivors want additional ways to safeguard their identities and location so as not to be found by an offender.¹⁵

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

Distinctive challenges noted by underserved groups:

Rural women--Lack of options to care for animal care,¹⁷ and confidentiality and privacy concerns¹⁸ often deter rural women from seeking alternative housing.

Indigenous/Tribal Community members--Seeking safety, survivors often seek housing off the reservation but encounter long waiting lists. Since Indigenous/Native women are victimized at higher rates than non-native women,¹⁹ Native survivors often face complex trauma which compounds other challenges like finding safe housing and staying in shelters (e.g. shelters often lack private spaces; traffickers sometimes send women to shelters to find a survivor).²⁰

¹⁴ Survivor Listening Session, Group Interview #1

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

¹⁶ Survivor Listening Session, Group Interview #1

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

¹⁸ Advocacy Listening Session, Group Interview #4

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

²⁰ Survivor Listening Session, Group Interview #1

LGBTQIA2S+ --A trans survivor noted that no shelter they approached would take them because of this identity.²¹

Latines/Hispanic survivors--Language barriers exist for non-English speakers, and recent migrants or immigrants do not know of area resources.

Persons with disabilities --Homelessness severely compounds challenges for survivors with disabilities in that their mental, physical and emotional health may deteriorate more rapidly than other survivors as they may lose access to familiar surroundings, medication or assistive devices, and find it more challenging to re-establish stable housing that impacts their ability to be with their children.

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

-An Advocate

Examples of effective responses and resources:

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

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

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

²²Advocacy Listening Session, Group Interview #2.

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

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

²⁵Survivor Listening Sessions, Group Interview #1

²⁶Survivor Listening Sessions, Group Interview #3

TRANSPORTATION

Why it matters: Transportation can be a huge barrier for domestic violence survivors when they leave their offenders and also when they are at shelters trying to move forward with their lives.

Unfortunately, restricting or denying access to personal transportation is a common tool used by abusive partners to isolate women from addressing basic needs for health care, getting to safe people and places, holding a job, and accessing assistance from community services, family and friends. Transportation, or the lack thereof, can therefore be a highly influential factor in whether survivors can move to safety and rebuild their lives.

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

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

-A Survivor

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

-An Advocate

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

²⁷ Survivor Listening Sessions, Group Interview #1

²⁸ Advocacy Listening Session, Group Interview #3

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

Distinctive challenges noted by underserved groups:

Rural women--Rural women survivors are likely to live miles from the services they need, including law enforcement;³⁰ and bus routes between some cities do not exist, making it difficult for women to travel to safety or services.³¹

Indigenous/Tribal Community members --One survivor noted that the lack of transportation increases a woman's vulnerability to those traffickers willing to offer her a ride.³²

LGBTQIA2S+--A trans person noted that they did not have transportation to get to the one shelter in North Dakota they understood would take them.³³

Latines/Hispanic survivors--An undocumented survivor or one whose offender takes their documentation is likely to depend upon others—including the offender for transportation, or simply cannot travel.³⁴

Examples of effective responses and resources:

- funding for advocates to purchase transportation for survivors as needed;
- assistance from an advocacy program to get a license back;³⁵ and
- police being willing to transport survivors³⁶ to services (even across county lines).

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

ACCESS TO APPROPRIATE MENTAL HEALTH CARE

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

What we heard: Survivors and advocates in North Dakota described:

- a lack of access to sufficient and adequate mental health care;
- long wait times to get appointments for mental health;
- and an increasing number of survivors possessing complex mental health issues.³⁸

³⁰ Advocacy Listening Session, Group Interview #4

³¹ Advocacy Listening Session, Group Interview #1

³² Survivor Listening Session, Group Interview #1

³³ Survivor Listening Session, Group Interview #4

³⁴ Survivor Listening Session, Group Interview #6

³⁵ Advocacy Listening Session, Group Interview #4

³⁶ Advocacy Listening Session, Group Interview #1

³⁷ Survivor Listening Session, Group Interview #1

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

This was also noted as a trend and is discussed in more detail in the section, *Identified Trends and Impact of the COVID-19 Pandemic* below, page 20. Many survivors described advocates as being the most accessible to address their emotional support needs. Some advocacy programs employ therapists, but can only offer a limited number of sessions³⁹ and struggle with keeping counselors due to lower wages in the nonprofit sector.⁴⁰ A lack of insurance or Medicaid,⁴¹ can also be a barrier for many survivors.

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

*And so [the horrific abuse] mentally and emotionally [took] me up to a point where I grew an addiction 'cause I just wanted to drown myself in drugs. So, I did. And it, it, it took me to a deep, deep, ugly place. I'm 60 days sober. So, um, I'm getting back on my feet. Um, my kids can see that, like, I'm starting to, I'm starting to go toe to toe with my demons and with the mental demons of, you know, wondering what did I do that...made him be that way or why because he took me to some ugly places. You know, my children got to see some ugly things and, [yet]...today I'm smiling, you know? I'm happy to be alive. I'm happy to talk about it.*⁴³
-A Survivor who received care

Distinctive challenges noted by underserved groups:

Rural women--Rural North Dakota faces a severe shortage of mental and behavioral health care workers, prompting the use of guidelines that severely limit who gets care.⁴⁴ For survivors, this translates into extended periods spent on waiting lists, further delaying essential services.

Indigenous/Tribal Community members-- Historical trauma and colonization lead many indigenous survivors to distrust government or institutional care settings.⁴⁵

Persons with disabilities--Survivors with disabilities, particularly those facing mental health challenges, endure persistent frustration, insecurity, and a pervasive sense of being marginalized.⁴⁶

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

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

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

⁴² Advocacy Listening Session, Group Interview #2

⁴³ Survivor Listening Session, Group Interview #2

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

⁴⁵ Survivor Listening Session, Group Interview #1

⁴⁶ Survivor Listening Session, Group Interview #2

Examples of effective responses and resources:

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

A human connection. Because that's the one thing that I didn't really like about staff and treatment. I felt like I was just a resident pretty much. Or a patient. And the ones that—there were very few—but the ones that did [provide a human connection], I really got comfortable with and I felt like I could share things⁵⁰ -A Survivor, about her stay in a mental health treatment facility

CHILDREN AND ECONOMIC SECURITY

Why it matters: One of the greatest barriers preventing survivors of domestic violence from leaving abusive partners is the financial ability to support themselves and their children. Specifically, many survivors express the need for affordable, flexible, and reliable child care, housing, and transportation to create a pathway to safety and stability for themselves and their children. Survivors face many unique challenges in achieving economic security, and those with children have the additional problems finding and affording child care. One of the main reasons survivors can't leave an abusive partner is that they are unable to financially support themselves or their children.

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

⁴⁷ Survivor Listening Session, Individual Interview #1

⁴⁸ Survivor Listening Session, Group Interview #2

⁴⁹ Survivor Listening Session, Individual Interview #5

⁵⁰ Survivor Listening Session, Individual Interview #5

⁵¹ Survivor Listening Session, Individual Interview #1

⁵² Survivor Listening Session, Individual Interview #1

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

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

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

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

Distinctive challenges noted by underserved groups:

Rural women-- A lack of daycare options in general, and affordable day care leads some survivors to place their children with unlicensed caregivers,⁵⁷ or face financial challenges⁵⁸ that may prolong their stay in unhealthy relationships or shelters.⁵⁹ Expensive or insufficient childcare options can confine survivors to working during school hours or compel them to give up career opportunities.⁶⁰

Indigenous/Tribal Community members-- One advocate noted there is no daycare available on the reservation where she works.

Latines/Hispanic survivors-- Offenders sometimes take identity documents making it difficult for a survivor to access assistance or get a job.⁶¹ racism and threats that her undocumented status would be reported to the police kept one survivor from working for a time,⁶² another survivor's lack of language and system familiarity made it difficult for her to contest her offender's placement of all his assets in his parents' names prior to a divorce proceeding.⁶³

⁵³ Survivor Listening Session, Individual Interview #2

⁵⁴ Survivor Listening Session, Group Interview #5

⁵⁵ Advocacy Listening Session, Group Interview #2

⁵⁶ Survivor Listening Session, Individual Interview #1

⁵⁷ CAWS North Dakota Rural Issues Committee. (2023)

⁵⁸ Advocacy Listening Session, Group Interview #4

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

⁶⁰ Survivor Listening Session, Individual Interview #2

⁶¹ Survivor Listening Session, Group Interview #6

⁶² Survivor Listening Session, Group Interview #6

⁶³ Survivor Listening Session, Group Interview #6

Persons with disabilities-- One survivor went back to her offender when she was told that her son would not be allowed to live with her alone due to her disability.⁶⁴

Men--One participant mentioned challenges with having lawyers assume he wanted less custody of his child. Background literature on abused men suggest substantial fears surrounding retaining custody when reporting abuse. All men who were interviewed eventually received 50/50 custody arrangements.

Examples of effective responses and resources:

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

CIVIL JUSTICE SYSTEM

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

What we heard: A lack of attorneys and financial assistance to meet survivors' legal needs;⁶⁸ private legal help is cost prohibitive for all but a few survivors and they often go into debt to afford it; existing legal assistance organizations are understaffed and have experienced significant turnover,⁶⁹ very few advocacy programs can employ an attorney;⁷⁰ poor outcomes for survivors result when they lack representation (especially when offenders have representation), including adverse decisions about protection orders, child custody/visitation, and asset allocations; a judge's failure to order a civil

⁶⁴ Survivor Listening Session, Group Interview #4

⁶⁵ CAWS North Dakota Rural Issues Committee. (2023).

⁶⁶ Survivor Listening Session, Group Interview #5.

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

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

⁶⁹ Advocacy Listening Session, Group Interviews #2 and #3. Advocates do work to connect survivors to existing networks, but some noted high staff turnover for Legal Services of North Dakota and the ALL ND program as a barrier to consistency in representation. One program noted that they worked with a law school for assistance on some cases, but the school has since shifted away from assistance in family law cases.

⁷⁰ Advocacy Listening Session, Group Interview #2.

protection order because a criminal no-contact order was already in place;⁷¹ and a desire for more legal-aid attorneys to be based in advocacy programs.⁷²

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

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

Distinctive challenges noted by underserved groups:

Indigenous/Tribal Community members--A lack of knowledge by non-Native service providers of jurisdictional issues and Tribal legal systems;

Latines/Hispanic survivors--specialized legal issues associated with immigration or recovery of documents, residency and work permits;⁷⁵

Men--perceptions that men cannot be victims impedes access to preventative legal orders or advice.⁷⁶

Examples of effective responses and resources:

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

ADVOCACY

Why it matters: There are many ways that advocates in North Dakota see systems and institutions fail to meet the needs of survivors. This is the fundamental reason why advocacy is needed. For example, if every survivor who went to court to get a protective order were able to get the help they needed in filling out the order, the protective order itself was always enforced, and it was completely successful in

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

⁷² Advocacy Listening Session, Group Interviews #2 and #3.

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

⁷⁴ Survivor Listening Session, Group Interview #1

⁷⁵ Survivor Listening Session, Group Interview #1

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

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

⁷⁸ Advocacy Listening Session, Group Interview #4

stopping the domestic violence experienced by the survivor, then she would not need advocacy. Systemic advocacy focuses on how institutions and related systems - such as law, social welfare, and medical systems - process survivors' experiences of domestic violence as "cases." Much of the work that advocates do with individual survivors involves helping them through the processing of her case. Systemic advocacy, however, is about creating new pathways that will change the response for all survivors, in contrast to working with an individual survivor through the path that already exists in systems.

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

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

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

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

Distinctive challenges noted by underserved groups:

Rural women --a lack of anonymity/privacy in small communities is a barrier for some women to reach out for help.⁸⁰

Indigenous/Tribal Community members-- a lack of understanding by non-Native service providers of Tribal law, jurisdictional issues, and ways Native people communicate, lead some survivors to call the Tribal service program even when abuse happens off the reservation.

LGBTQIA2S+-- law enforcement's minimization of abuse or misidentification of a predominant aggressor meant that some LGBTQIA2S+ survivors did not receive referrals for needed advocacy.⁸¹

Latines/Hispanic survivors--Without access to bilingual advocates,⁸² non-English speakers may not be able to share their experience as completely, resulting in delayed or incomplete assistance.

⁷⁹ Survivor Listening Session, Group Interview #1

⁸⁰ Survivor Listening Session, Individual Interview #1

⁸¹ Survivor Listening Session, Group Interview #4

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

Persons with disabilities--private spaces in shelter for persons with a mental health disability and complex trauma are important, but rarely available.⁸³

Men--common perceptions that men are offenders, not victims, interferes with their help-seeking; one survivor said he would not have gone to the service agency without a referral, as he did not associate his experience with the name of the service agency.⁸⁴

Examples of effective responses and resources:

- competent, connected, and compassionate staff;
- staff who are patient, creative and knowledgeable in addressing survivors' challenges;⁸⁵
- advocacy programs with resources to address a survivor's short- and long-term needs.

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

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

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

CRIMINAL JUSTICE SYSTEM

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

⁸³ Survivor Listening Session, Group Interview #1

⁸⁴ Survivor Listening Session, Individual Interview #3

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

⁸⁶ Survivor Listening Session, Group Interview #3

⁸⁷ Survivor Listening Session, Individual Interview #1

⁸⁸ Survivor Listening Session, Group Interview #1.

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

What we heard: Offender accountability is undermined and the severity of abuse is minimized by: a lack of arrests for violence; insufficient charging⁸⁹ (or a significantly reducing charges in plea agreements⁹⁰), ordering minimal or no jail time;⁹¹ significant problems with orders to limit contact (e.g. not issuing an order;⁹² not arresting or sufficiently prosecuting violations (e.g. bundling violations into one misdemeanor); and the limited efficacy of some programs for offenders (e.g. no programming in counties,⁹³ not enough sessions for participants in BIPs, insufficient follow-up on participants when they fail to complete/comply with the BIP requirements).⁹⁴ Many survivors experience harassment directly (even from abusers who are detained)⁹⁵ or through third parties, despite having no contact orders in place, and some were criminalized for actions they felt compelled to take when authorities disbelieved them and failed to stop the violence.⁹⁶ Other survivors described how offenders weaponize the system against them.⁹⁷ Interactions with police varied with some survivors experiencing competent and professional police who believed them and provided effective referrals, offered transport, and made themselves available for future needs; while others described feeling ‘harassed,’ and as if police ‘didn’t care’.⁹⁸ Advocacy agencies also reported varied experiences with law enforcement, as some generally have constructive relationships with their local police departments,⁹⁹ while others describe a law

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

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

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

⁹² Advocacy Listening Session, Individual Interview #2

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

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

⁹⁵ Advocacy Listening Session, Group Interview #4

⁹⁶ Survivor Listening Session, Group Interview #4

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

⁹⁸ Survivor Listening Session, Group Interview #4

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

enforcement response that can vary dramatically from case to case (even by the same officer).¹⁰⁰ Advocates and survivors alike want more training for courts and other criminal justice system personnel.¹⁰¹

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

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

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

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

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

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

¹⁰⁰ Survivor Listening Session, Group Interview #4

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

¹⁰² Advocacy Listening Session, Group Interview #4

¹⁰³ Advocacy Listening Session, Group Interview #4

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

¹⁰⁵ Advocacy Listening Session, Group Interview #4

¹⁰⁶ Advocacy Listening Session, Group Interview #4

¹⁰⁷ Survivor Listening Session, Group Interview #4

Distinctive challenges noted by underserved groups:

Rural women--Close knit communities can lead to bias: a survivor noted that law enforcement refused to arrest an offender since he had known him since childhood.¹⁰⁸ Additionally, rural areas are often vast spaces,¹⁰⁹ impacting accessibility for the survivor and response time for law enforcement.

Indigenous/Tribal Community members--lack of knowledge of tribal law and jurisdictional issues may mean some survivors are not well supported or served;¹¹⁰ Tribal officers from the Bureau of Indian Affairs move around Indian Country, and do not often know the local advocates or even local addresses well.

LGBTQIA2S+--law enforcement did not believe that an intersex person could be on their period and accused them of planting a sanitary napkin as evidence.¹¹¹ A queer survivor who experienced police discounting her report of domestic violence, believed it was due to her being gay and her partner looking more feminine.¹¹² One hospital did not separate a same-sex abusive partner from their victim so there was no chance to disclose abuse.¹¹³

Latines/Hispanic survivors--Advocates reported that not all courts are providing interpretation, leaving attorneys and victims to figure it out.¹¹⁴ Women avoided interaction with the more formalized system due to unfamiliarity with the system in itself and fear of deportation.¹¹⁵

Persons with disabilities--An adult survivor requested that law enforcement interview them at work, but the officer showed up at their home (survivor lived with their parents as part of their disability management).¹¹⁶

Men--One male survivor stated law enforcement disbelieved him based on his physique, and refused to report that the survivor was hurt.¹¹⁷

*When they accused me of planting evidence, when actually I just have my period. The police don't have to understand my biology to accept what I'm saying is true. I don't have to...I shouldn't be expected to give them a biology lesson.*¹¹⁸ -A Survivor

*Like, uh, everybody knows everybody...the cops came and they looked at her and 'cause she was more femme, 'cause obviously I'm gay...they judge you. And I think that's, that's one of the ways it feels.*¹¹⁹ -A Survivor

¹⁰⁸ CAWS North Dakota Rural Issues Committee. (2023)

¹⁰⁹ Advocacy Listening Session, Group Interview #4

¹¹⁰ Advocacy Listening Session, Individual Interview #1

¹¹¹ Survivor Listening Session, Group Interview #4

¹¹² Survivor Listening Session, Group Interview #4

¹¹³ Survivor Listening Session, Group Interview #4

¹¹⁴ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

¹¹⁵ Survivor Listening Session, Group Interview #6

¹¹⁶ Survivor Listening Session, Group Interview #2

¹¹⁷ Survivor Listening Session, Group Interview #1

¹¹⁸ Survivor Listening Session, Group Interview #4

¹¹⁹ Survivor Listening Session, Group Interview #4

Examples of effective responses and resources:

- law enforcement officers making arrests on violations,¹²⁰ patrolling around a survivor's home more frequently, effectively coordinating with advocacy and other organizations, and connecting well with survivors;¹²¹
- prosecutors and judges who do take actions on a protection order violation;¹²²
- funds to help with changing locks when a protection order was denied;
- judges who understand the context of domestic violence and significance of repeated violations; and
- effective coordination between agencies (see *Facilitative Linkages and Informal Assistance Below*).

They understood that, you know, when I didn't want to press charges, they were still there. There was this one officer, [officer's name], she was very nice. She gave me her card and she said... I could call her anytime. And there was this one time that I did call her and she was there for me. She picked me up... and she was there for me. There was another time that I went, she was off duty, but she did come and she did help me out.¹²³

-A Survivor

I screenshot [the message from my ex] and I brought it right to the police station and filed a report, because that's a strike on them. That's violating the protection order. My ex violated my protection order three times to the point where now he can't come near me until my child's 18. And that third strike was the judge telling him: You violate one more time, you will sit 10 years in prison without possible parole.¹²⁴ -A Survivor

FACILITATIVE LINKAGES AND INFORMAL ASSISTANCE

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

¹²⁰ Survivor Listening Session, Group Interview #2.

¹²¹ Survivor Listening Session, Group Interview #3, including sharing an app that would allow the survivor to know when her offender would be released from incarceration.

¹²² Survivor Listening Session, Group Interview #2.

¹²³ Survivor Listening Session, Group Interview#3

¹²⁴ Survivor Listening Session, Group Interview #2.

reaching out to formal systems. Increased levels of informal support can also increase a survivors' sense of support¹²⁵ and reduce the risk of further victimization.

What we heard:

Linkages--In many instances, agencies coordinate well to deliver services to survivors. Law enforcement officers, health care and social services workers, medical personnel, and friends provide referrals and/or accompaniment to connect survivors to advocacy services. Yet referrals are not consistently made¹²⁶ or may be inappropriate (e.g. a trafficking survivor was held in a psychiatric unit despite no history of mental health issues); survivors are overwhelmed with the paperwork required from all the agencies they need to access assistance;¹²⁷ high rates of staff turnover and burnout have disrupted linkages made through personal connections and formal coordination efforts (see *Identified Trends and Impact of the COVID-19 Pandemic*, below page 20); the state's shift to centralized intakes for child abuse and neglect disrupted key linkages, leading to most reports being "filtered out"; local social workers unaware that a report was filed, and advocates noting that children are 'slipping through the cracks.'¹²⁸

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

It's a full-time job just to get help.¹²⁹ -A Survivor

Informal assistance-- family, friends, and churches¹³⁰ provide emotional support, referrals, coping strategies, and tangible assistance such as money, transportation, moving assistance, and even protection for some survivors;¹³¹ for others, family members are abusive or complicit with the abuse¹³² making it dangerous to seek help from informal networks. Being belittled or disbelieved by clergy,¹³³ friends, or family members caused some survivors to doubt themselves and reinforced the offender's power over them, complicating their efforts to get help.

¹²⁵ Survivor Listening Session, Group Interview #2. Interestingly some survivors reported that participating in the focus group discussion with others who had been out of the abuse for longer, gave them hope and strength.

¹²⁶ Survivor Listening Session, Group Interview #4 and North Dakota Health and Human Services. (2023). *STOP Needs Overview*. In one case three visits to a hospital for injuries did not trigger a referral; in others disbelieving and minimizing meant law enforcement did not refer for services.

¹²⁷ Survivor Listening Session, Group Interview #1.

¹²⁸ Advocacy Listening Session, Group Interview #1; North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

¹²⁹ Survivor Listening Session, Group Interview #1

¹³⁰ Survivor Listening Session, Group Interview #1

¹³¹ Survivor Listening Session, Group Interview #1

¹³² Survivor Listening Sessions, Individual Interview #2 and Group Interviews #4 and #5

¹³³ Survivor Listening Session, Group Interview #1

Distinctive challenges noted by underserved groups:

Rural women-- privacy and confidentiality concerns can make coordination challenging in rural areas where many people know each other.¹³⁴

Indigenous/Tribal Community members-- jurisdictional issues result in survivors and tribal-based advocacy services needing to rely on the willingness of outside agencies (e.g. federal victim/witness service providers, prosecutors) to coordinate effectively, noting that some are helpful and some are not.¹³⁵

Examples of effective responses and resources:

- coordinated community response teams¹³⁶, interagency agreements for coordination across agencies or jurisdictions (e.g. ambulance transport to a different exam site, tribal and off-reservation services);¹³⁷
- a lethality assessment card for use by law enforcement that includes a prompt to call an advocate;¹³⁸
- engaging system leaders to advocate for change (e.g. a local medical director was surprised to learn of the long distances survivors needed to travel for medical-forensic exams);¹³⁹
- strong linkages between police and advocacy organizations for the men who were interviewed;
- community presentations to elevate the visibility of domestic violence and services available;¹⁴⁰
- a property manager who provided extra security for a survivor in transitional housing;¹⁴¹ and
- family, friends, and faith communities that are prepared to provide tangible and non-judgmental support.

*Ruralness' is both our greatest gap and also our greatest strength, right? Things happen not so often not because of the systems in place, but because of the relationships that people have with other people in their communities.*¹⁴² -An Advocate

*[We got] her a safety plan for if, just in case he were to break the protection order and [that included] first and last month's [rent] and deposit paid for her through us and multiple churches. She is now doing good. She's got a job. She's got daycare. She is self-sufficient and happy. And so, we definitely consider that a success and a strength of how our agency and the victim/witness [advocate] and prosecutor all work together to make that happen for her.*¹⁴³ -An Advocate

¹³⁴ Advocacy Listening Session, Group Interview #1

¹³⁵ Advocacy Listening Session, Individual Interview #1

¹³⁶ Advocacy Listening Session, Group Interview #2

¹³⁷ Advocacy Listening Session, Group Interview #1

¹³⁸ CAWS North Dakota Rural Issues Committee. (2023)

¹³⁹ Advocate Listening Session, Group Interview #1

¹⁴⁰ Advocate Listening Session, Group Interview #1

¹⁴¹ Survivor Listening Sessions, Group Interview #2

¹⁴² Advocacy Listening Session, Group Interview #4

¹⁴³ Advocacy Listening Session, Group Interview #4

So, the next day I called some friends of mine and I said, "I'm sorry, I can't do this. I don't know what to do. I don't know how to do it. I don't know how my family will react to me. I'm scared." So, they took me that day and I went [into] hiding, for lack of [better] words. They hid my car and then they got me into [the domestic violence shelter]. Cause I had no idea [what to do].¹⁴⁴ -A Survivor

We were at the door; we were fighting over the door and I got it open and I ran out. It was like around six thirty in the morning. There was a lady, a couple trailers down from me. She was warming up her car 'cause it was winter. And I just told her if she can just take me to my mom's. So, she said yes—she wanted me to go to the sheriff's—but I just told her I just couldn't go there right now.¹⁴⁵ -A Survivor

Trends and Impact of the COVID-19 Pandemic

KEY TRENDS

Identifying trends that impact how service providers and survivors connect, was the study's second overarching question. The Committee also requested an analysis of how the COVID-19 pandemic impacted survivors' access to services in North Dakota. Advocates with experience ranging from 23 years to less than 1 year were the primary sources for these insights. A few grant summary reports provided by CAWS were also key references.

Three key areas marked the trends GRW heard:

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

SPECIFIC IMPACTS OF THE COVID-19 PANDEMIC

The COVID-19 pandemic caused disruption to both individuals and communities. To protect the health and wellbeing of staff and survivors, domestic violence service providers were required to make both administrative and operational changes. In addition to changes in their own households, survivors faced

¹⁴⁴ Survivor Listening Session, Group Interview #1

¹⁴⁵ Survivor Listening Session, Group Interview #3

a relatively sudden and significant shift in the services available to them. For example, survivors who had been receiving private transportation by rural advocates, lost this service.¹⁴⁶ Public transportation, if available, felt unsafe to many and walking to appointments was no longer possible when the weather turned cold.¹⁴⁷ Advocates report that some survivors were simply unable to reach out for help.¹⁴⁸

Other operational changes programs made during this time included:

- shutting down services (e.g. support groups, in-person visits at the visitation center, rural advocacy outreach/visits);
- altering shelter practices (e.g. move to half occupancy for the shelter, staggering cooking/meal prep, client interaction only over phone, request clients stay in their own rooms and only leave in emergencies);
- adjusting outreach and advocacy due to restrictions imposed by other agencies (e.g. hospital accompaniment difficult or prohibited).

At the same time, programs reported working hard to create new avenues for connection—purchasing technology (e.g. laptops, VPNs), developing remote work policies, and becoming proficient at ‘mobile advocacy’ to provide another method for reaching and supporting survivors.¹⁴⁹

COVID related financial assistance, and a stay on evictions, did help stabilize housing for many North Dakotans, including those who had lost employment during the pandemic. However, even that assistance ran out early for some, leading them to scramble for other support. When these assistance measures ended, advocates reported homelessness increased for their clients, exacerbated by unemployment and a lack of affordable housing. As noted above, the lack of safe alternative housing can force some survivors to stay with or return to an offender.

During and post-pandemic, some advocates also reported seeing more domestic violence¹⁵⁰, more severe kinds of abuse¹⁵¹ and more complex mental health challenges in the survivors coming to them for assistance:

The level of violence is substantially [accelerated] through the roof... somebody [came] to the door [recently] who was beat with a meat cleaver and had stitches everywhere and staples. And she was like, “I just need some help.” Like, it was no big deal. We had somebody who was shot in

¹⁴⁶ Advocacy Listening Session, Group Interview #4 and North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

¹⁴⁷ North Dakota Health and Human Services. (2023). *STOP Needs Overview*.

¹⁴⁸ See Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration*, implication 13.4.

¹⁴⁹ Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration*. North Dakota Health and Human Services. (2023). *STOP Needs Overview*, and CAWS North Dakota. (2021). *FVPSA Supplemental Objectives and Activities Narrative*. Some of the ways CAWS assisted this transition for some programs included: purchasing equipment, sharing information on good practices relating to moving communications on-line, hiring a communications manager, connecting programs to national guidance and holding remote check in meetings.

¹⁵⁰ North Dakota Health and Human Services. (2023). *STOP Needs Overview*. Also note that the portion of domestic violence victims served increased 7% to 10% from 2020 to 2022 and remained steady.

¹⁵¹ Survivor Listening Session, Group Interview #4. Two survivor reports also specifically mention increased violence around this time, for example “He lost his second job that was his favorite and he started, well, he started treating me like I wasn’t actually human.”

*the face. We had one whose face was smashed in front of a bar with a steel-toed boot. Like the level of violence, I would say as long as I've been here within the last year and a half, it has substantially increased.*¹⁵² -An Advocate

*Post COVID...it just seems like the amount of mental health problems that we see now is just way beyond what we've ever dealt with before. And then you add addiction to that and then it's really bad.*¹⁵³ -An Advocate

This was happening at the same time that other community services were overwhelmed, changing,¹⁵⁴ or ending. In at least three different communities, multidisciplinary coordinating groups¹⁵⁵ stopped meeting or changed their practices during the pandemic due to personnel turnover¹⁵⁶ or procedural changes. Some report it hasn't been the same since.

*There is nothing but turnover everywhere...And so you're retraining, reestablishing your culture. Getting to, to talk about what we're doing and what we're supposed to be doing. And we have some different things in place that we do with both law enforcement and medical that we've kind of had to go, okay, we have an MOU about that we need to get back on track.*¹⁵⁷ -An Advocate

*Basically, they had a complete turnover of nurses. All of the nurses became traveling nurses and went to Fargo, Sanford, and made beaucoup bucks. [They would] come home for two weeks and go back for two weeks. And so, all of the nurses that we had gotten to know and who we could call and all that went right out the door.*¹⁵⁸
-An Advocate

As these external changes were happening, program personnel faced personal and organizational dilemmas in protecting the health and safety of themselves and their loved ones. Even staff within the same organization had different needs based on how they were differently situated: living alone or with others, varying health risks (e.g. pregnant, high risk factors), directly impacted by school and child care

¹⁵² Advocacy Listening Session, Group Interview #3

¹⁵³ Advocacy Listening Session, Group Interview #3

¹⁵⁴ For example, court sessions went on-line necessitating new practices for advocates such as ensuring on-line privacy protections for survivors.

¹⁵⁵ Advocacy Listening Session, Group Interview #4, Advocacy Listening Session, Group Interviews #2 and #3

¹⁵⁶ Advocacy Listening Session. In Western North Dakota, advocates report a massive turnover in agency leadership started during the oil boom in that area (2006-2012) which led to a significant loss in institutional knowledge. The impact on interagency practices and agreements was still recovering when the pandemic hit. *The Seventh Biennial Report: Health Care Issues for the State of North Dakota* notes that managing the COVID pandemic put a strain on health care workers that led many to leave the field, doubly impacting rural and western North Dakota which have had a shortage of health care workers since statehood (page xvii).

¹⁵⁷ Advocacy Listening Session, Group Interview #1

¹⁵⁸ Advocacy Listening Session, Group Interview #3.

closures or not, differing mental and emotional support needs, and different needs and desires around work arrangements (e.g. not being at home, varied schedules, exempt vs. non-exempt, etc.).¹⁵⁹

Programs attempted to manage these variables and address staff well-being by:

- getting outside help (e.g. consulting an HR professional, joining in CAWS' sponsored sessions),
- adding daily meetings with leadership,
- shifting funds to purchase technology, cleaning supplies, masks, etc.;
- adjusting team structures to better fit the moment,¹⁶⁰ and
- finding new and different ways to connect with one another (e.g. preferencing video calls over emails; more frequent well-being check-ins, Zoom-based social activities like cookouts and painting classes, and creating outdoor activities when the weather turned nicer).¹⁶¹

These efforts notwithstanding, productivity was impacted by challenges to mental health and emotional well-being¹⁶² and there has been turnover in staff in several programs.¹⁶³ As one advocate put it, "I think COVID changed a lot of people's decision making around work...we can't pay very much here."¹⁶⁴ Additional conversations with advocates are needed to explore ways to address or mitigate staff turnover, and other insights from this period.

RECOMMENDATIONS

Time and resource constraints made it impossible to fully investigate the project's third overarching question and sub-questions.¹⁶⁵ This part of GRW's project would have explored the capacity for CAWS, member programs, and other key stakeholders to take action on insights gained in this needs assessment. GRW recommends this exploration be done in the next phase of FVPSA assessment work. This should include soliciting feedback from providers and stakeholders on the insights shared in this report, listening for places of agreement on what can and needs to be done to address identified gaps and build on identified strengths.

While GRW and CAWS made numerous attempts to engage survivors from the underserved groups identified by the planning committee, GRW did receive feedback that the timeline for engagement felt too short. GRW recommends additional outreach in the next phase of work with as much notice to participants as possible, and time to nurture connections and engagement. In particular, GRW highly recommends additional listening sessions with Indigenous/Native survivors, advocates, and tribal

¹⁵⁹ See Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration*.

¹⁶⁰ See Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration*, participants noted examples of creating executive cabinets as a subset of full leadership, and A/B teams as a way of managing staffing.

¹⁶¹ See Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration*.

¹⁶² See Global Rights for Women (May 9, 2023). *Implications Wheel® Exploration results* specifically implication 14.6.

¹⁶³ North Dakota Health and Human Services. (2023). *STOP Needs Overview*, page 8. "Providing outreach to local shelters, jails, detention centers, and schools has been a challenge due to staff turnover rates."

¹⁶⁴ Advocacy Listening Session, Group Interview #2.

¹⁶⁵ See the full text of the question in the appendices.

communities. While GRW deeply appreciates the participation of the Indigenous/Native survivors and advocates who did speak with us during this project, we recognize many more voices and perspectives are needed to better define, understand, and address the systemic challenges and individual barriers that Native survivors and Tribal communities face in a way that does no further harm.¹⁶⁶ More generally, listening sessions with service providers and stakeholders who specialize in serving any of the underserved groups may also facilitate new insights into facilitative linkages and wise solutions.

Based on the information gathered in this phase of work alone, GRW recommends further exploration and discussion of at least the following topics:

- promoting effective linkages and coordination in the face of staffing shortages, high staff turnover, and the state’s move to centralization for intake in social services;
- putting resources into systemic advocacy—as a means for addressing gaps and for building on what’s going right—both locally and statewide;
- finding ways to address or mitigate gaps in rural health care—including ensuring advocacy expertise is brought into statewide work on rural health care issues;
- identifying ways to increase competency around interacting with survivors of domestic violence including, but not limited to, training; and
- ending the criminalizing of some survivors when the context of the abuse is not fully understood or identified.

An exploration of the themes of this report, like the one GRW recommends for a future assessment, will surface other topic areas and hopefully identify which areas hold energy for action.

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

¹⁶⁶ Noting that due to colonization and historical abuse by U.S. federal and state governments, solutions coming from organizations that are non-Native are often not culturally competent and can be retraumatizing.

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APPENDICES

Appendix A—Interview Questions

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

Questions:

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

Appendix B–Listening Sessions Listing

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

	Group Interview #4	Semi-structured Group Interview	Advocacy Interviewees 15-27	In-person
	Individual Interview #1	Narrative Interview	Advocate Interviewee 28	In-person

Appendix D—Overarching Questions

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

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

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

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

Acknowledgements

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

A special thank you to the staff of CAWS North Dakota and the Needs Assessment Planning Committee for their confidence, partnership and support. CAWS and the Planning Committee collaborated on the project design and actively worked to engage advocacy programs to host listening sessions and shared background data.

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

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

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

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

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

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

CAWS NORTH DAKOTA

CAWS North Dakota is North Dakota’s statewide domestic violence and sexual assault coalition. We support and present a unified voice for nineteen crisis intervention centers across North Dakota. From training and educational materials, to public awareness and legislative policy change, we work to provide our communities with the best tools and information in order to better support victims/survivors and prevent future violence.

Our work includes:

Education

We encourage communities to start talking about domestic and sexual violence—how to identify it, how to get help, and how to prevent it. We provide training, resources, and technical assistance (TA) to domestic violence/sexual assault advocacy agencies and their communities. CAWS North Dakota also informs public policy changes and supports laws that help victims and hold offenders accountable.

Connection

CAWS North Dakota works to strengthen connections. We focus our energy and resources on connecting victims of domestic violence, sexual assault, dating violence, and stalking to supportive services in their community. We also connect diverse partners from across the state—such as social and legal services, law enforcement, and legislators—to training and information on domestic violence/sexual assault in order to better serve victims.

Prevention

Our goal is to end domestic and sexual violence by creating a culture of respect, consent, and nonviolence. We promote healthy relationships and ways to support survivors through educational resources, social media, publications, news media, and by coordinating statewide awareness campaigns.

COALITION FAMILY VIOLENCE, DOMESTIC VIOLENCE, AND DATING VIOLENCE GRANT PROJECTS

CAWS North Dakota currently employs six full-time and one part-time staff. Our annual budget (as of September 2023) is \$1,482,036.72. This includes funding from both federal and state grant programs dedicated to coalition projects focusing on family violence, domestic violence, and dating violence.

US Department of Justice, Office on Violence Against Women (OVW) State Domestic Violence Coalition

Goals/Activities:

Addressing accessibility and coordinated statewide response to victims of domestic violence; Increasing outreach and support to local service provider programs; Resources development; Strengthening thorough training and TA provision to state and local entities on topics/issues including improved criminal justice response, services for underserved communities, and economic justice and financial advocacy for victim/survivors.

OVW Legal Assistance for Victims

Goals/Activities:

Enhance safety and economic-independence for victims of domestic/sexual violence, dating violence, and stalking across North Dakota; Enhancing access to legal advice/representation of domestic violence, dating violence, and stalking victims in rural communities; Enrich collaborative efforts and legal advocacy response across North Dakota.

OVW Rural Domestic Violence, Dating Violence, Sexual Assault, and Stalking Program

Goals/Activities:

Expanding rural service provider's capacity to assess and respond appropriately to victims and children of domestic violence, dating violence, sexual assault, and stalking; Increasing culturally responsive advocacy services for underserved Native American women and Hispanic/LEP victims and their families; Establishing mobile advocacy services delivery models to bridge transportation gaps and provide advocacy and outreach services to rural and remote victims.

OVW STOP (Services, Training, Officers, and Prosecutors) Violence Against Women Formula

Goals/Activities:

Continuing the efforts of the ND Alliance to End Partner Abuse (ND AEPA) to uphold ND Battering Intervention Standards utilizing the evidence-based Duluth Model and a standards review committee assessing a program every two years to foster support of standard-compliant program; Providing training for beginning facilitators and ongoing mentoring to all facilitators on topics including women's use of force curriculum; Coordinating ND Battering Intervention Standards Review Committee and supporting delivery of standards.

OVW Victims of Crime Act (VOCA)

Goals/Activities:

Enhancing access and availability of trauma-informed civil legal remedies to crime victims across the state of ND, including a statewide Civil Legal Remedies Collaborative that will continue to improve access to the civil legal needs of crime victims, strengthen member networks and provide vital quality training to attorneys and victim service providers across the state of ND working with crime victims; Enhancing the ALL ND Victims line by further developing meaningful connections with attorneys and victim service providers across the state; Training and supporting mental health clinicians and other

provers to increase complex trauma victims' access to relevant, victim centered services and improve equal access to services.

US Department of Health and Human Services (USDHHS) Administration for Children and Families, Family Violence Prevention and Services (FVPSA) State Domestic Violence Coalition

Goals/Activities:

Providing training and TA to local family violence, domestic violence, and dating violence service programs, and to providers of direct services to encourage appropriate and comprehensive responses to family violence, domestic violence, and dating violence against adults or youth in the state, including training and TA to ensure programs are welcoming and accessible to underserved populations; Conducting a Statewide Needs Assessment and Annual Update that includes member and non-member programs that provide direct services to encourage appropriate and comprehensive responses to family violence, domestic violence, and dating violence and representation from underserved populations and culturally and linguistically specific populations in the state; Participating in the planning and monitoring of the distribution of FVPSA state subgrants and subgrant funds as well as the administration of FVPSA state-funded grant programs and projects; Collaborating with service providers and community-based organizations to address the needs of family violence, domestic violence, and dating violence victims, and their dependents, who are members of underserved populations and culturally and linguistically specific populations; Collaborating with and providing information to entities in such fields as housing, health care, mental health, social welfare, or business to support the development and implementation of effective policies, protocols, and programs that address the safety and support needs of adult and youth victims of family violence, domestic violence, or dating violence; Working with judicial and law enforcement agencies to encourage appropriate responses to cases of family violence, domestic violence, or dating violence against adults or youth; Working with family law judges, criminal court judges, child protective service agencies, and children's advocates to develop appropriate responses to child custody and visitation issues in cases of child exposure to family violence, domestic violence, or dating violence and in cases in which family violence, domestic violence, or dating violence is present and child abuse is present; Providing information to the public about prevention of family violence, domestic violence, and dating violence, including information targeted to underserved populations; Collaborating with Indian tribes and tribal organizations to address the needs of Native American victims of family violence, domestic violence, or dating violence as applicable in the state; Supporting the development of policies, protocols, and procedures to enhance domestic violence intervention and prevention in the state including those related to maintaining shelter and supportive services for victims of domestic violence and their dependents; Serving as an information clearinghouse, primary point of contact, and resource center on domestic violence for the state; Supporting Trauma-Informed Programming, including assessing all member programs annually to identify those needing additional training, TA, and support on trauma-focused intervention strategies that address lifetime exposure to violence.

FVPSA State Coalition American Rescue Plan (ARP)

Goals/Activities:

Assisting domestic violence survivors through local crisis providers by providing access to supportive services, shelter options and supplies, which will reduce the exposure and risk of COVID-19; Assessing needs of survivors, implementing training, information, and assistance that meets the needs assuring the continuity of services; Ensuring a continuity of services during a public health crisis which will include responding to issues requiring an adaptive and creative response.

FVPSA ARP COVID-19 Testing, Vaccines, and Mobile Health Units Access Supplemental Funding

Goals/Activities:

Strengthening partnerships (with state partners and First Nations Women's Alliance Tribal Coalition) and coalition capacity to provide training and TA to domestic violence service provider programs; Distributing COVID-19 information and education through TA and training; Assessing and planning toward implementation of COVID response; Exploring workforce and policy development regarding COVID 19.

FVPSA Formula

Goals/Activities:

Providing legal issues trainings on the domestic violence protection order process for advocates; Updating federal and state reports and providing TA to ensure domestic violence agencies are entering accurate data for state and federal reporting.

NORTH DAKOTA DOMESTIC VIOLENCE FACTS

In 2022, our state's domestic violence/sexual assault programs served 6,128 new victims of domestic violence (an increase of 12% from 2021):

- 85% of the victims were women, and 85 of those women were pregnant at the time they were assaulted.
- At least 15% of the victims were under the age of 25; 4% were under the age of 18.
- 8% of new victims were people with disabilities. Of those, 18% were people with developmental disabilities, 37% had physical disabilities, and 52% were people with mental health disabilities.
- At least 59% of victims served were physically abused.
- Weapons were used in at least 11% of the cases identified. Guns were used in 19% of cases and knives were used in 18% of the cases involving weapons.
- In at least 33% of cases, the abuser had a history of abusive behavior with other adults, including prior partners.
- Alcohol use by the abuser was indicated in 18% of the new cases. Alcohol use by both victim and offender was indicated in 4% of the cases.

- At least 4,032 children were directly impacted by these incidents.
- 30% of the victims were self-referred to domestic violence programs; 22% were referred by law enforcement.
- Domestic violence programs provided victim assistance with 574 emergency protection orders.

COALITION MEMBER PROGRAMS

CAWS North Dakota’s Coalition membership includes seventeen community-based and two tribal domestic violence/sexual assault service provider programs.

Program	Service Area	Family Violence, Domestic Violence, Dating Violence Services
Abused Adult Resource Center, Bismarck	Burleigh, Morton, Grant, Sioux, Sheridan, Kidder, Emmons Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs, medical care, housing, child care, educational training, financial assistance, social services • Civil legal advocacy (Domestic Violence Protection Orders [DVPOs], engagement with the criminal or civil legal systems) • Emergency shelter, transitional housing, permanent housing • Support group • Referrals to therapy/counseling • Community education/presentations • Supervised visitation and exchange • Domestic violence offender intervention programming
Family Crisis Center, Bottineau	Bottineau County	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Referrals to therapy/counseling • Community education/presentations
Safe Alternatives for Abused Families, Devils Lake	Benson, Ramsey, Towner, Eddy, Wells Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Support group • Referrals to therapy/counseling

		<ul style="list-style-type: none"> • Community education/presentations • Supervised visitation and exchange • Domestic violence offender intervention programming
Domestic Violence and Rape Crisis Center, Dickinson	Stark, Dunn, Billings, Golden Valley, Slope, Bowman, Hettinger, Adams Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Support group • Referrals to therapy/counseling • Community education/presentations • Supervised visitation and exchange • Domestic violence offender intervention programming
Kedish House, Ellendale	Dickey, LaMoure, Logan, McIntosh, Sargent Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Referrals to therapy/counseling • Community education/presentations
Rape and Abuse Crisis Center, Fargo	Cass, Traill Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Support group • Therapy/counseling • Community education/presentations • Supervised visitation and exchange • Domestic violence offender intervention programming
Domestic Violence and Abuse Center Inc, Grafton	Walsh, Pembina, Cavalier Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Support group • Referrals to therapy/counseling • Community education/presentations • Domestic violence offender intervention programming

Community Violence Intervention Center, Grand Forks	Grand Forks, Nelson Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter, transitional housing • Support group • Therapy/counseling • Community education/presentations • Supervised visitation and exchange • Domestic violence offender intervention programming
Safe Shelter, Jamestown	Stutsman, Foster Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Support group • Therapy/counseling • Community education/presentations
Abuse Resource Network, Ransom Co./Lisbon	Ransom, Sargent Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Support group • Therapy/counseling • Community education/presentations
McLean Family Resource Center, McLean Co./Washburn	McLean County	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Food pantry • Referrals to therapy/counseling • Community education/presentations
Women's Action and Resource Center, Mercer Co./Beulah	Mercer, Oliver Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Food pantry

		<ul style="list-style-type: none"> • Referrals to therapy/counseling • Community education/presentations
Domestic Violence Crisis Center, Minot	Ward, Renville, McHenry, Pierce Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter, transitional housing • Support group • Therapy/counseling • Community education/presentations • Domestic violence offender intervention programming
Spirit Lake Victim Assistance, Fort Totten	Spirit Lake Nation	<ul style="list-style-type: none"> • On-call crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy (Tribal Court Protection Orders, Tribal Court custody agreements) • Emergency shelter • Referrals to therapy/counseling • Community education/presentations
Domestic Violence Program NWND, Stanley	Mountrail, Burke Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Referrals to therapy/counseling • Community education/presentations
Hearts of Hope, Belcourt	Turtle Mountain Reservation	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy (Tribal Court Protection Orders, Tribal Court custody agreements and divorces, elder advocacy) • Emergency shelter • Support group • Referrals to therapy/counseling • Community education/presentations • Supervised visitation and exchange
Abused Persons Outreach	Barnes, Griggs, Steele Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy

Center, Valley City		<ul style="list-style-type: none"> • Emergency shelter • Support group • Referrals to therapy/counseling • Community education/presentations
Family Crisis Shelter, Williston	Williams, McKenzie, Divide Counties	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Support group • Referrals to therapy/counseling • Community education/presentations • Supervised visitation and exchange • Domestic violence offender intervention programming
Three Rivers Crisis Center, Wahpeton	Richland County	<ul style="list-style-type: none"> • 24-hour crisis line, intervention and advocacy, safety planning • Information and referrals for immediate needs • Civil legal advocacy • Emergency shelter • Therapy/counseling • Community education/presentations • Supervised visitation and exchange • Domestic violence offender intervention programming

NORTH DAKOTA DEMOGRAPHICS

North Dakota currently has 780,588 residents living in 53 counties. Our state’s population expanded by more than 106,000 people between 2010 and 2020. Estimates show that ND's population will reach 1 million persons by 2040 (*World Population Review, 2023*).

Rurality

North Dakota is the 19th largest state in the country, but it is sparsely populated. Our state’s surface area is 70,700 square miles, and there is an average of just 9.7 people per square mile. Anywhere from 49 to all of ND’s counties (depending on the definition source) are designated as rural, and 38 counties are designated as frontier or remote (the most sparsely populated and isolated areas of the state) with less than 7 persons per square mile. Our rural population is 40% of the state’s total, and about half of all ND residents live in rural areas (*World Population Review, 2023*; Center for Rural Health, University of ND School of Medicine & Health Sciences, 2020).

Sex and Age

Male persons are 51.4% of our state's total population and female persons are 48.6%. ND is one of the few states where males outnumber females overall, which is most likely due to the number of jobs available in the state's oil and energy development and manufacturing sectors.

The median age across populations residing in ND is 35.2. Persons under 5 years are 6.4% of ND's total population, persons under 18 years are 23.5%, and persons age 65 and over are 16.7%. By the year 2025, the number of aging/older adults is expected to be 18% of our state's population. As the Baby Boom generation ages, this dramatic demographic shift will affect our state's workforce, health and human services agencies, and beyond (U.S. Census Bureau; *ND Compass*, 2023).

Race/Ethnicity

North Dakota's current population growth rate is 1.99%, ranking our growth as 2nd in the nation. Persons of color moving to our state is driving much of this growth; the increase in ND's non-White population is by far the greatest percentage change of any state. A massive influx of new residents, spurred on by a booming oil industry and an expanding base of immigrants has made ND more racially diverse than ever. About 4.4% of our population are foreign born persons and 6.3% of ND's residents report speaking a language other than English at home (*ND Compass*, 2022; *Fargo Forum*, 2021).

ND's racial/ethnic populations include:

White alone, 86.6%. Most residents from North Dakota are of Northern European ancestry and the most common ancestries include: German (47.2%), Norwegian (30.8%), Irish (7.7%), Swedish (4.7%), Russian (4.1%) and French (4.1%) (*U.S. News & World Report*, 2019).

Black or African American alone, 3.6%. ND's Black community is one of the fastest-growing in the US this decade. The majority of ND's Black residents live in our 10 larger cities, including both U.S. citizens who came to work in the western ND Bakken Oil Patch and immigrants/New Americans from Somalia, Liberia, and Sudan (*USA Facts*, 2022).

American Indian/Native American, 5.4%. There are about 36,591 American Indian/Native American persons living in ND, making them the largest minority population in the state. Census data estimates that this statewide population will increase to 59,000 by 2025. Five federally recognized tribes and one Indian community are located (at least partially) within our state. These include the Mandan, Hidatsa, & Arikara (Three Affiliated Tribes), the Spirit Lake Nation, the Standing Rock Sioux Tribe, the Turtle Mountain Band of Chippewa Indians, and the Sisseton-Wahpeton Oyate Nation. About 54.6% of ND's American Indian/Native American population is living on reservations and 45.4% living off reservations (ND Indian Affairs Commission).

Latine/Hispanic, 4.6%. Between the years of 2010 and 2020, North Dakota has seen its Latine/Hispanic population more than double with a growth of nearly 150%—the biggest Latine/Hispanic population growth in the country. Latine/Hispanic workers from around the country are arriving for the

opportunities amid our oil development and construction boom and continue to move here with their families. Counties in western ND, where the Bakken oil field is located, are seeing much of the Latine/Hispanic growth; McKenzie Co. had an increase of 1002%, which is over 1,300 Latine/Hispanic persons since 2010, and Williams Co. has had a 794% increase. There is also Latine/Hispanic population growth in other ND counties, especially in eastern ND as individuals and families move here to work in manufacturing, large-scale retail warehouse/shipping facilities, and in agriculture (Pew Research Center; NBC News, 2021; *Latino USA*, 2022).

Ukrainian. In response to the state’s western area oilfields workforce shortage, the ND Petroleum Council (a group representing oil and natural gas companies in ND) is bringing workers from Ukraine to the Bakken region as part of a new program called Bakken GROW (Global Recruitment of Oilfield Workers). The recruitment is being coordinated through the new federal Uniting for Ukraine (U4U) streamlined immigration process that provides Ukrainian citizens fleeing Russia's invasion an opportunity to come to the U.S. and work. There is a strong likelihood that these Ukrainian workers’ families will be joining them, with the federal Uniting for Ukraine program agreeing to help them find work, health care, schools for their children, and safe and affordable housing (*Fargo Forum*, 2023; *Politico*, 2023).

Lesbian/Gay/Bisexual/Transgender/Queer-Questioning (LGBTQ+)

ND has the smallest LGBTQ+ population in the country with just 20,000 LGBTQ+ residents, or 2.7% of the state’s total population. While ND’s LGBTQ+ persons do live in areas all across the state, the majority of these individuals and families are located in Fargo and Grand Forks—communities in eastern ND with large state universities and more socially progressive beliefs and attitudes (*LGBTQ Map*; *Stacker*, 2022).

Persons with Disabilities

About 153,922 or 1 in 4 adults in North Dakota have a disability. The percentage of adults in ND living with select functional disabilities includes 10% mobility, 11% cognition, 5% independent living, 8% hearing, 3% vision, and 3% self-care (CDC Disability and Health Promotion).

Religion

The North Dakota population is spread across 77% Christian based faith affiliations, 3% non-Christian based faith affiliations, and 20% of the population identify as unaffiliated with any particular religion or faith. Protestants are the largest Christian denomination (51%) followed by Roman Catholics (26%) and other Christian faiths (*World Population Review*, 2023).

Education and Economy

ND is ranked 8th in the U.S. for its high school graduation rate. High school graduates make up over 93% of our state’s age 25+ population, and 31.1% of residents hold bachelor’s degrees or higher.

ND is ranked 1st in the nation for low rates of unemployment, with a rate of just 2.4%. However, we rank 26th in the nation in hourly average wages, well below the national average (*World Population Review*, 2023; KFYR, 2022).

Our state’s median household income is \$68,131. Even with the high number of jobs available, about 11.5% of North Dakota residents and 10.1% of children are living in poverty (incomes below the poverty line of \$25,926 for a family of four). The percentage of women in ND ages 18-44 who live below the poverty level is 15.7%. Working women in North Dakota who have incomes below the poverty line is 12.2% and working men is 10.6%. The poverty rate by race/ethnicity is African American at 16.6%, Asian American at 31.8%, Latino at 18.8%, Native American at 28.4%, and White at 8% (U.S. Census Bureau, 2023; *Welfare Info*, 2023).

Housing

There are about 316,542 households in North Dakota, with an average of 2.3 persons per household. The median value of owner-occupied housing units in ND is \$281,550 and the owner-occupied housing unit rate is 63%. Home prices in ND have increased 22% since 2019, with a 7.1% increase between 2021 and 2022. Median rent in our state is \$936/month. Across North Dakota, there is a critical shortage of rental homes and apartments affordable and available to low income individuals and households, particularly in rural areas. Many of these households are severely cost burdened, spending more than half their income on housing. They are also more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay rent, and to experience housing instability such as evictions (U.S. Census Bureau, 2023; National Low -Income Housing Coalition).

Childcare

There are 14 North Dakota counties (all rural) that meet less than 60% of the childcare demand for working families. In 2020, ND experienced a net loss of 60 licensed childcare providers and 381 slots, further limiting access to licensed childcare during and after the COVID-19 pandemic. As of 2020, families paid between \$7,600 and \$9,500 on average for childcare. Families seeking care for non-traditional hours also struggle with access to care, with only 3% of licensed programs open during the weekends, 4% open during evenings, and 25% open during early morning hours. In communities without enough childcare, parents are left to make difficult decisions about how or if to return to work. This was particularly evident during the pandemic, where mothers of young children left the labor force at a higher rate than women without children. Labor force participation in ND for mothers with young children dropped 7% between 2019 and 2020 (*Kids Count North Dakota*).

Legal Assistance

Only about 2% of small law practices are in small towns and rural areas around the U.S. Most of North Dakota is considered a “legal desert”, which is less than one attorney per 1,000 people in population. ND has large stretches of rural areas and counties with few lawyers in them—or no lawyers at all. Many rural residents are forced to travel long distances to find lawyers to handle matters that affect their everyday lives, including matters involving domestic violence, divorce, and child custody cases. Our state

does have the legislatively created Rural Attorney Recruitment Program to assist counties and municipalities in recruiting attorneys to the more rural areas of the state (State of ND Courts; KFYZ, 2023).

Health and Healthcare

Compared to those living in urban areas, North Dakota's rural residents tend to be older and at higher risk for poor health outcomes and chronic conditions. They are also more apt to die from heart disease, cancer, stroke, and chronic respiratory disease. Rural residents are also more likely to be at risk for obesity, food insecurity, poor physical activity, and smoking.

People in rural North Dakota are at greater risk of poor health due to various factors, including significant barriers to accessing healthcare. Most of our state is medically underserved (with rural residents having to travel long distances for healthcare) and we continue to grapple with a major healthcare delivery challenge: providing statewide services now and in the future with a supply of physicians and other healthcare providers that has not always kept pace with growing demand. ND's rural hospitals are closing or converting to providing services other than inpatient care. There are 36 critical access hospitals (CAHs) in ND and only six acute care hospitals that are not CAHs. The problem is exacerbated by the strain on healthcare workers from the COVID-19 pandemic, leading to burnout and departure of vital healthcare providers from the healthcare field.

The need for healthcare workers is particularly important in rural and western parts of North Dakota where there has been a shortage of primary care providers. Although primary care physicians in North Dakota are more likely to practice in rural areas compared with specialist physicians, they still are twice as likely to be found in urban regions rather than rural areas. The majority of full-time nurses in ND are licensed as RNs or APRNs; however, the percent of RNs employed full-time declined from 74% in 2018 to 69% in 2022. While there is some nursing presence in the isolated rural and frontier areas of the state, the majority of nurses in ND work in the urban areas (NIHCM, 2023; *Seventh Biennial Report/2023, Health Issues for the State of North Dakota*).

North Dakota is also a state with the 6th highest number of women (21.1% of White Women and 36% of Native American women) living in "maternal healthcare deserts", counties with no hospitals providing obstetric care, OB/GYNs, or certified nurse-midwives. Maternal healthcare deserts have a disproportional impact on women ages 15-44 who can get pregnant, with Native American women in particular experiencing an even greater impact. Native American women in North Dakota are less likely to receive maternal care in the first trimester, and at least 6% of pregnant Native Americans received no prenatal care at all. Additionally, Native American infants in ND are twice as likely to die than white infants (*Nowhere to Go: Maternity Care Deserts Across the U.S., 2022 Report*).

In April 2023, North Dakota adopted one of the strictest anti-abortion laws in the country, banning the procedure throughout pregnancy with slim exceptions up to six week's gestation. In those early weeks, abortions are only allowed in cases of rape or incest, or in medical emergencies. After six weeks, rape and incest victims cannot get abortions. Abortions to treat some medical emergencies, such as ectopic pregnancies, are allowed at any stage of pregnancy. ND law continues to include requirements that

pregnant women must undergo a mandatory 24-hour waiting period, biased counseling, and be given the offer of having and viewing an ultrasound; as well as prohibitions on public funding and private insurance coverage. Our state continues to require that both living parents, legal guardians, or a judge consent to a minor’s abortion. ND no longer has any abortion clinics. Last summer, the state’s only facility, the Red River Women’s Clinic, shut its doors in Fargo and moved operations a short distance across the state border to Moorhead, Minnesota, where abortion remains legal (NPR, 2023).

COVID-19

A total of 292,065 COVID-19 cases and 2,232 COVID-related deaths have been reported in North Dakota since March 2020 (when the state and federal agencies began tracking the numbers). COVID-19 case numbers were highest in January 2022 when 15,934 cases were reported. Case numbers reached a lower point in June 2023 and are now, as of September 2023, again trending upward.

While some people in our state are at a higher risk for serious infection if they catch the coronavirus that causes COVID-19 (people age 65+, women who are pregnant, people with certain underlying conditions and/or illnesses), COVID-19 hospitalization and fatality rates in North Dakota do also differ by race. As of May 2023, 9.3% of all COVID-19 deaths in the state were of people of color—despite this population composing only 14.3% of the state’s total. The greatest COVID-19 hospitalization and fatality burden is among ND’s Native American residents, at a level higher than the U.S. national level. In May 2023, the federal government ended the COVID-19 Public Health Emergency (PHE). Though the PHE has ended, many of the surveillance, therapeutic, and immunization efforts continue (*USA Facts*; KX News, 2023; ND Health & Human Services).

Behavioral Health and Healthcare

Mental health indicators and consequences for mental health have increased in recent years, and North Dakotans struggle to get the mental health help they need. In ND, about 108,000 adults live with a mental health condition (such as major depressive disorder), and 28,000 have a serious mental illness. Over 81% of communities in ND do not have enough mental health professionals to serve residents. Federal Health Professional Shortage Area (HPSA) designations indicating unmet mental health care needs show that of ND’s 53 counties, 46 counties (mostly rural) have a significant shortage of core mental health providers. Of the 30,000 adults who did not receive mental health care in 2020, 34% did not because of the cost. Residents in our state are also over 5x more likely to be forced out-of-network for mental health care than for primary health care—making it more difficult to find care and less affordable due to higher out-of-pocket costs (*Mental Health in North Dakota*, National Alliance on Mental Illness, 2021).

Suicide is the 9th leading cause of death in North Dakota. In 2021, there were 156 suicide deaths in our state. ND has seen a significant rise in suicide rates—the suicide rate climbed 84% from 10.4 deaths per 100,000 people in 2000 to 19.4 deaths per 100,000 people in 2018. Suicide rates also increased faster in rural areas of the state than the larger urban/metro areas, and rural areas are also more likely to have fewer mental health resources. Firearms are also highly accessible in ND, especially in rural areas. About

77% of all firearm deaths in ND are suicides, and about 57% of suicides are by firearms (American Foundation for Suicide Prevention).

Excessive alcohol consumption is a problem in North Dakota. In 2017, ND adults (21+) reported consuming 42% more alcohol than the national average. In 2018, 68.9% of North Dakota adults aged 18-25 consumed alcohol at least once in the last month, which is higher than the national rates of 55.7% for the same age group. North Dakota also reported a larger percent of current alcohol use (within the past 30 days) than the national average among adults aged 26 and older. Heavy or binge drinking (a harmful pattern of 5 or more drinks consumed on an occasion for men or 4 or more drinks for women) is also a critical issue. Our state ranks 4th in the nation for binge drinking or binge alcohol use, with adult binge drinking rates (2015-2018) higher than the national rate; 22% as compared to 16.2% at the national level. North Dakotans of all ages reported higher levels of binge drinking at least once in the past month compared to national rates. Among those between the ages of 18-25, ND rates were approximately 30% higher than the national average. ND adults aged 18 to 24 and 25 to 34 have consistently reported the highest rates of binge drinking compared to other age groups, and ND adult males (18+) have consistently reported higher rates of binge drinking than females (*North Dakota Epidemiological Profile, 2020*).

Drug abuse is also a concern in North Dakota. Marijuana is illegal for recreational use but is still one of the most used drugs in our state. Methamphetamine is also a problem, and our state is flooded with it. Meth is the most popular hard drug in ND, both in rural towns and urban areas, and amphetamines are the 2nd most cited cause of admissions to state facilities. Opioid use (including synthetic opioids like fentanyl) has reached epidemic levels, and our overdose deaths are reaching crisis levels. Opioid overdoses in 2020 were the highest ever with 118 people suffering drug-related deaths. Minot saw a six-fold increase in overdose deaths, and in Bismarck, opioid overdoses went from 36 in 2019 to 102 in 2020. In Mandan, overdoses jumped from 15 to 27. In 2021, 19 people in Bismarck died from overdoses, and police responded to many more overdose calls. As of 2022, data suggests the overdose numbers are continuing to grow, with our state's drug overdose deaths in rural counties much higher than in urban counties (Bureau of Justice Assistance, 2023; SAMHSA, Center for Behavioral Health Statistics and Quality, *National Survey on Drug Use and Health; KFVR, 2022*).