



# Understanding *the Shifting Needs* of Survivors

Victims of Violence  
Intervention Program  
**2020 NEEDS ASSESSMENT**



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# Introduction

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## **Overview of Artemis House**

The Victims of Violence Intervention Program, also known as the Artemis House is a non-profit 501(c)(3) organization that provides emergency shelter and advocacy to survivors of domestic violence and sexual assault in Harding, Lawrence, and Butte counties. Services provided by the Artemis house includes one-on-one advocacy that includes but is not limited to: listening and offering support; accompanying survivors when seeking protection orders and/or medical attention following a sexual assault; provide referrals to other services and agencies; offer weekly support group meetings; assist with finding affordable housing, employment, and transportation; and provide guidance with setting and attaining goals for a violence free life.

## **Mission Statement**

Providing services impacted by domestic and sexual violence and offering education, advocacy, and awareness to the community.

## **Purpose of Needs Assessment**

The purpose of this needs assessment was to identify whether there are groups of individuals at-risk for domestic violence and sexual assault in Butte, Harding, and Lawrence Counties, South Dakota who are not receiving services through the Artemis House. If groups are identified, then efforts will be made to reach out to those populations to ensure they have access to necessary services.

## Needs Assessment Goals and Phases

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### Needs Assessment Phase 1

In the first phase of the needs assessment, researchers examined the extant research and statistics in order **to identify populations** who are most at-risk of experiencing domestic violence and / or sexual assault (DV/SA) at both the national and state level.

After identifying the populations with the highest risk of DV/SA, researchers examined county-level data **to identify the prevalence** of these at-risk populations in Butte, Harding, and Lawrence Counties in South Dakota.

After identifying the prevalence of these at risk-populations, researchers examined intake data collected by the Artemis House to **identify populations of individuals served** between June 1, 2018 to June 1, 2019.

A **gap analysis** was then conducted to determine whether estimates based on state and national data were consistent with the populations served by Artemis House over the past year.

### Needs Assessment Phase 2

The second phase of the needs assessment consisted of interviews with professionals in local entities that provide services to victims of domestic violence and sexual assault. These entities consisted of law enforcement agencies, emergency health services, non-profit organizations, and organizations that serve Native Americans. Data from interviews were collected and analyzed to **assess the validity of the gap analysis** from Phase 1 of the needs assessment and to identify any additional at-risk populations. Additional information was collected regarding other pertinent information regarding the provision of services to survivors of DV/SA.

# Brief Overview of Methodology

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## Phase 1 Methodology

### *Literature and Statistics Search*

Relevant research examining population differences in domestic violence and sexual assault was identified through searching several scholarly databases, *Google Scholar* and *PSYCHInfo*. Additional studies were identified through examination of reference lists of relevant studies as well as through forward searching (i.e., identifying more recent studies that cite a relevant study).

In addition to reviewing peer-reviewed research on this topic, national and state-wide statistical databases were also identified and reviewed.

### *Collection of Demographic Information*

**State Level Data.** The United States Census Bureau offers several online tools by which the public can access demographic data. One such tool utilized by the authors of this report is the [American FactFinder](#), a searchable website that includes data derived from the decennial census and the American Community Survey (ACS). The decennial census is a U.S. Constitution-mandated count of all people residing in the United States of America that occurs every ten years. The American Community Survey is distributed to a sample of the U.S. population as part of the decennial census and outside of the census. The ACS continuously collects more specific demographic information about “jobs and occupations, educational attainment, veterans, whether people own or rent their homes, and other topics” ([U.S. Census Bureau 2019](#)). Demographic data from either source, the decennial census or the ACS, may be sought at the national, state, county, and city levels via the American FactFinder. As with any social science data collection method, the decennial census and ACS are subject to various forms of error (e.g. non-response, sampling error, etc.). Certain groups of people, including legal *and* unauthorized immigrants, may be less likely to respond to the census or ACS and therefore be undercounted. When attempting to ascertain visibility of these populations via community needs assessment, it is important to be conscious of nonresponse and the minority groups who are undercounted by the census or other official counts. Whenever possible, community needs assessments should be strengthened by a mixed-method approach that utilizes official demographic data along with other methods that provide better access to undercounted populations (e.g. interviews or other original data collection method). Overlapping factors such as legal immigration status, stigma, fear, and the cultural and political context of the community may well provide clues regarding which



populations lack visibility in official data and therefore require other methods of engagement.

**Artemis House Data.** Information received from the Artemis House were coded on clients' demographic information: age range, race/ethnicity, sex, county and state of residence, and whether they had a mental/physical disability. Data were also collected on county and state of residence. Data were double-entered by the researchers to ensure accurate entry prior to data analysis. SPSS was used to analyze the data by calculating the observed frequencies for each variable.

### *Gap Analysis*

A gap analysis was conducted in which national, state, and local data were examined in conjunction with one another. Specifically, Artemis House data were examined in the context of local demographic data obtained through the Census Bureau as well as national and state rates of domestic violence and sexual assault to identify potential gaps in provided services.

## Phase 2 Methodology

Researchers conducted Interviews with stakeholders that in some way provided advocacy to survivors of domestic violence and sexual assault. More specifically, interviewees consisted of medical professionals, law enforcement and legal personnel, and non-profit workers. Interviewees were chosen based on a list compiled by Artemis House staff and were contacted by the Artemis House via email or telephone. Appointments were arranged to either meet face-to-face, or to speak over the phone. A list of questions was tailored to assess the validity of Phase 1, and to inquire as to the needs and obstacles that face survivors and the community (e.g. "Based on your professional experience, what is the largest obstacle for survivors of DV/SA seeking resources and emergency services").

## Phase 1: Key Findings (Literature Search)

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### Identification of At-Risk Populations

Based on the review of peer-reviewed literature and national and statewide statistics, the following populations have been identified as being at high risk of victimization:

#### *1. LGBTQ Community*

Members of the LGBTQ community experience sexual assault and domestic violence at higher rates relative to heterosexuals (Freedner et al., 2002; Martin-Story 2015). Between 27 – 33% of gay men reported being victimized by their partner compared to 11% of heterosexual males. Results for females follow the same pattern. Specifically, 32 – 39% of lesbian women reported experiencing partner violence compared to 20 – 22% of heterosexual women (Goldberg & Meyer, 2013). Interestingly, bisexual individuals are 2.6 times more likely to experience intimate partner violence relative to heterosexual women (Brown & Herman, 2015).

#### *2. Multiracial and American Indian Women*

American Indian women are shown to have some of the highest rates of rape, physical assault and stalking with Asian and Pacific Islander women having the lowest rates. (Grossman & Lundy, 2007; Shen et al., 2017). According to the National Intimate Partner and Sexual Violence Survey (Shen et al., 2017), multiracial women experience the highest lifetime prevalence of rape (32.3%) and other sexual violence (64.1%). The next highest prevalence is observed in American Indian and Alaska Native women with a lifetime prevalence of rape (27.5%) and other sexual violence (55.0%). African American and Caucasian women exhibit similar lifetime prevalence of rape (21.2% to 20.5%, respectively). However, Caucasian women are more likely to experience other types of sexual violence (46.9%) compared to African American women (38.2%). Hispanic women showed the lowest lifetime prevalence of rape (13.6), but similar lifetime prevalence as African American women regarding other sexual violence (35.6%)

#### *3. People Living with Severe Mental Illness*

Individuals living with a severe mental illness (SMI) are at dramatically higher rates of being victimized than individuals with no mental illness (Khalifeh et al., 2015). Women with a SMI experience over twice the rate of domestic violence compared to women with no SMI (69% vs. 33%). Similar results were observed for family violence for both women (61% vs. 32%) and men (65% vs. 41%) as well as sexual assault for women (61% vs. 21%) and men (23% vs. 3%). This issue may be

particularly problematic for individuals who are under on-going care as they are 2 – 8 times more likely to experience sexual and domestic violence.

#### *4. Rural Populations*

A final population that has been identified as high risk for physical and sexual intimate partner violence are women who live in rural settings. Research examining rates of sexual assault in Pennsylvania were found to be higher in rural counties compared to urban counties (Ruback & Menard, 2001). More recently, these results have been found elsewhere in the United States. For example, research has shown that women in small rural and isolated areas are at significantly higher risk than their urban counterparts (22.5% and 17.9% vs. 15.5% (Peek-Asa et al., 2011).

#### *5. Hospital Admissions*

Although hospital admissions do not entail a single population, we believe it is important to include as it is a centralized location in which many survivors of DV/SA visit. Based on the most recent 2019 Community Health Needs Assessment by Regional Health, a significant proportion of patients seeking services through Regional Health (now Monument Health), experienced domestic violence (Black Hills Knowledge Network, 2019). In 2018, results from the community needs assessment reported that slightly more than 13% of Regional Health's clients, on average, experienced violence at the hand of an intimate partner in the past year.

## Phase 1: Demographic Data

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### Summary of Census Data for Butte, Harding, and Lawrence Counties (Tables 1 – 3)

Reported demographics were selected based on available data collected through the Artemis House as well as data relevant to at-risk populations. A summary of data are presented below.

#### *Population Density*

According to the Census Bureau, the population of Butte, Harding, and Lawrence counties totaled 35,462, with Lawrence County being the most populated of the three counties. All 3 counties are considered “non-metropolitan” areas (i.e., rural geographic regions) according to the U.S. Department of Agriculture (2019). Significant differences were observed in population density across the three counties, with Harding County being the least densely populated (0.5 residents per square mile) and Lawrence County being the most densely populated county (30.1 residents per square mile).

#### *Poverty*

While the estimated poverty status was similar across the three counties, ranging from 11.1 to 12.9%, there were significant differences between the percentage of occupied housing units and owner-occupied housing units across counties. The percentage of occupied housing units in each county ranged from 73.7% to 90% and the percentage of these occupied homes that were owned by the occupants ranged from 64.3% to 73.5%. This discrepancy in rates of ownership is likely attributable, at least in part, to the fact that Black Hills State University is located in Lawrence County.

It is important to note that many clients reported living in Oglala Lakota County in South Dakota, which is a nearby county falling outside of the Artemis House’s designated service area. According to the U.S. Census Bureau (2018), the poverty rate in this county exceeded 30%, making it one of the highest poverty rates in the nation.

### *Age, Race, and Gender*

The largest age range in all 3 counties was between the ages of 25 and 59 (44.2% to 49%). Residents over the age of 60 made up the next largest age group in all 3 counties (21.2% to 23.0%). The largest discrepancy in populations was observed for the age group of 20 to 24, with Lawrence County having a significantly higher percentage of residents in this age group (9.2%) compared to Butte (3.6%) and Harding (5.2%) Counties.

Residents of Butte, Harding, and Lawrence Counties were overwhelmingly Caucasian (94.2 - 95.9%). Native Americans and Hispanic residents made up the next largest percentage of the population in each of the three counties (ranging between 1.5% and 3.0% of the counties populations).

The percentage of males and females in each county was approximately equal at 50%. Butte and Harding Counties had slightly over 50% males, with Lawrence County having slightly more than 50% females.

# Butte County

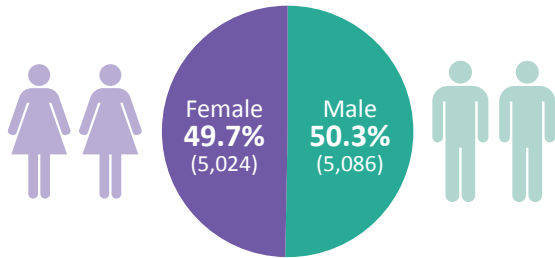
## DEMOGRAPHIC DATA

**10,110**  
TOTAL POPULATION

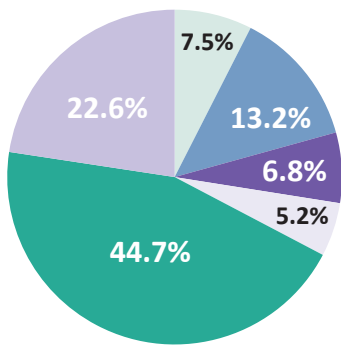


**4.5**  
/SQ. MILE

### GENDER



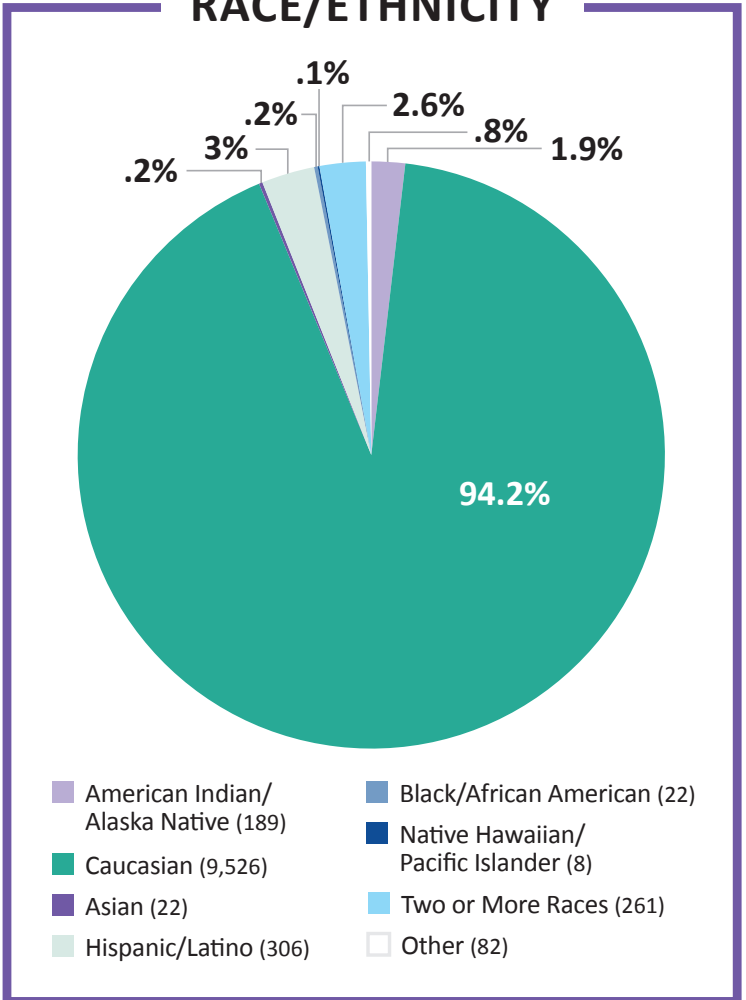
### AGE




- Less than 5 (756)
- 5 to 14\* (1,337)
- 15 to 19 (688)
- 20 to 24 (521)
- 25 to 59\* (4,524)
- 60+\* (2,284)

\* Age groups collapsed to reflect Artemis House Intake data.

### RACE/ETHNICITY



- American Indian/Alaska Native (189)
- Black/African American (22)
- Caucasian (9,526)
- Asian (22)
- Hispanic/Latino (306)
- Black/African American (22)
- Native Hawaiian/Pacific Islander (8)
- Two or More Races (261)
- Other (82)

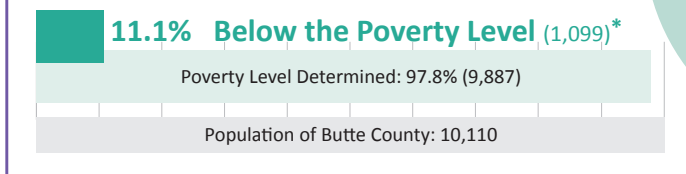


**Disability STATUS (767)\*\* | 7%**

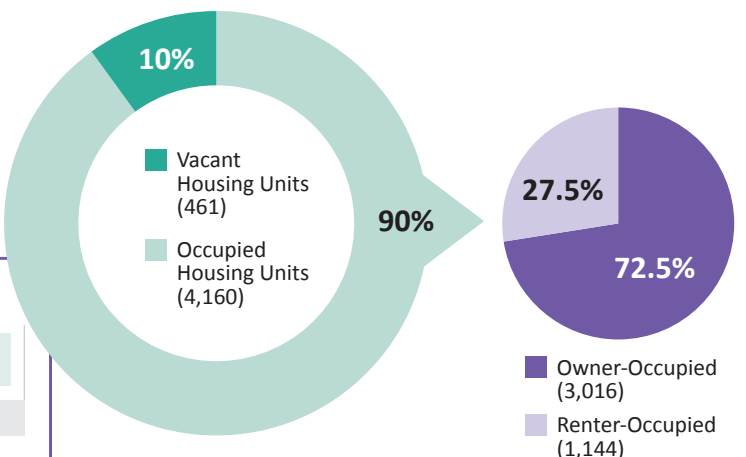


**Veteran STATUS (839)\*\* | 8%**

### POVERTY STATUS



### HOUSING INFORMATION



\*\* These figures are an estimate based on data provided.

# Harding County

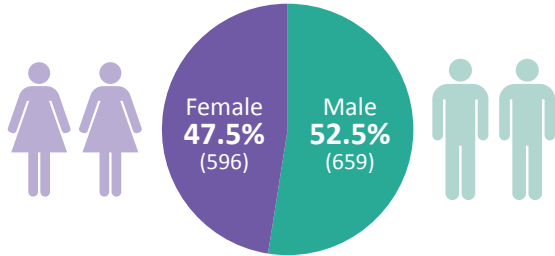
DEMOGRAPHIC DATA

**1,255**  
TOTAL POPULATION

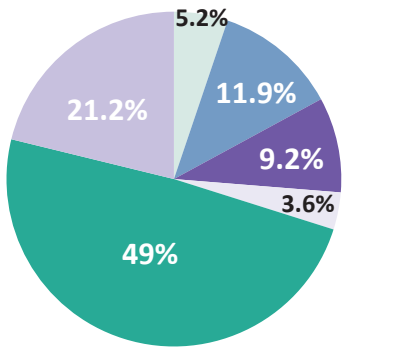


**.5**  
/SQ. MILE

## GENDER



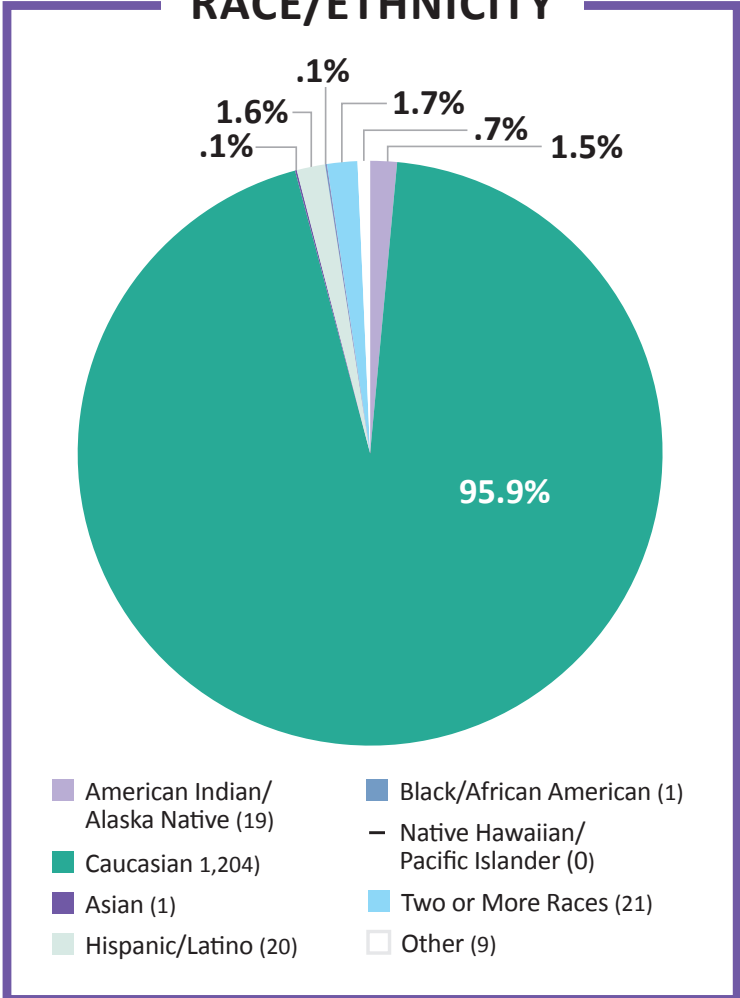

## AGE



- Less than 5 (65)
- 5 to 14\* (149)
- 15 to 19 (116)
- 20 to 24 (45)
- 25 to 59\* (614)
- 60+\* (266)

\* Age groups collapsed to reflect Artemis House Intake data.

## RACE/ETHNICITY

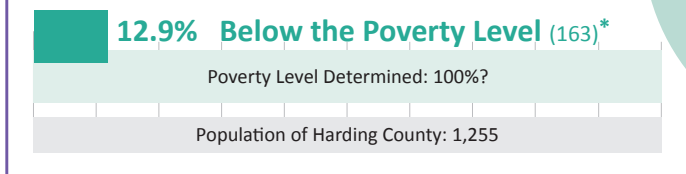



**Disability**  
STATUS (49)\*\* | **4%**

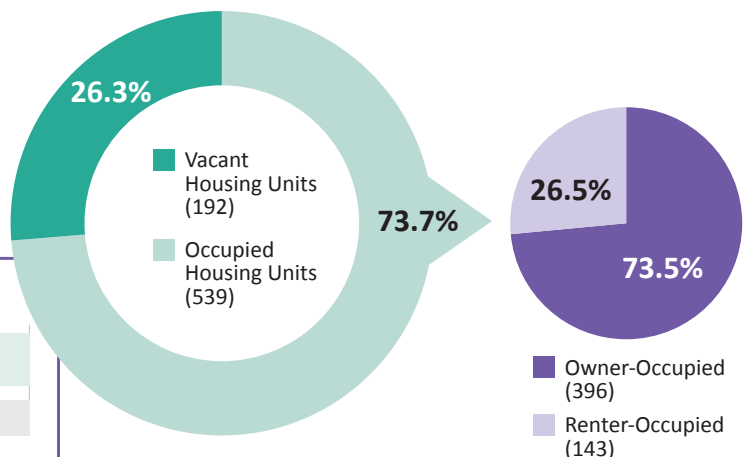


**Veteran**  
STATUS (75)\*\* | **6%**

## POVERTY STATUS



## HOUSING INFORMATION



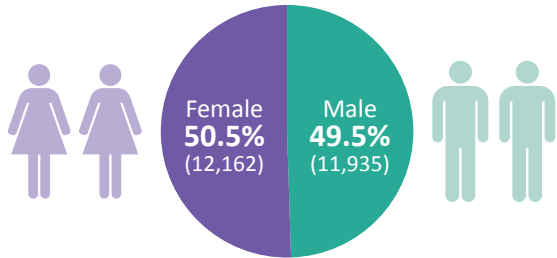
\*\* These figures are an estimate based on data provided.

# Lawrence County

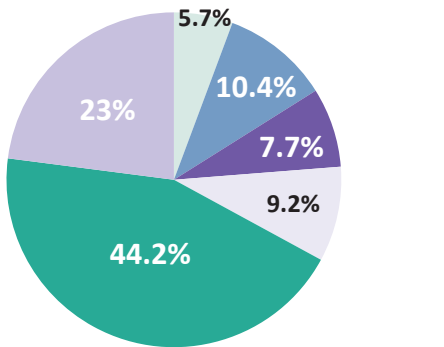
DEMOGRAPHIC DATA

**24,097** TOTAL POPULATION  **30.1** /SQ. MILE

## GENDER



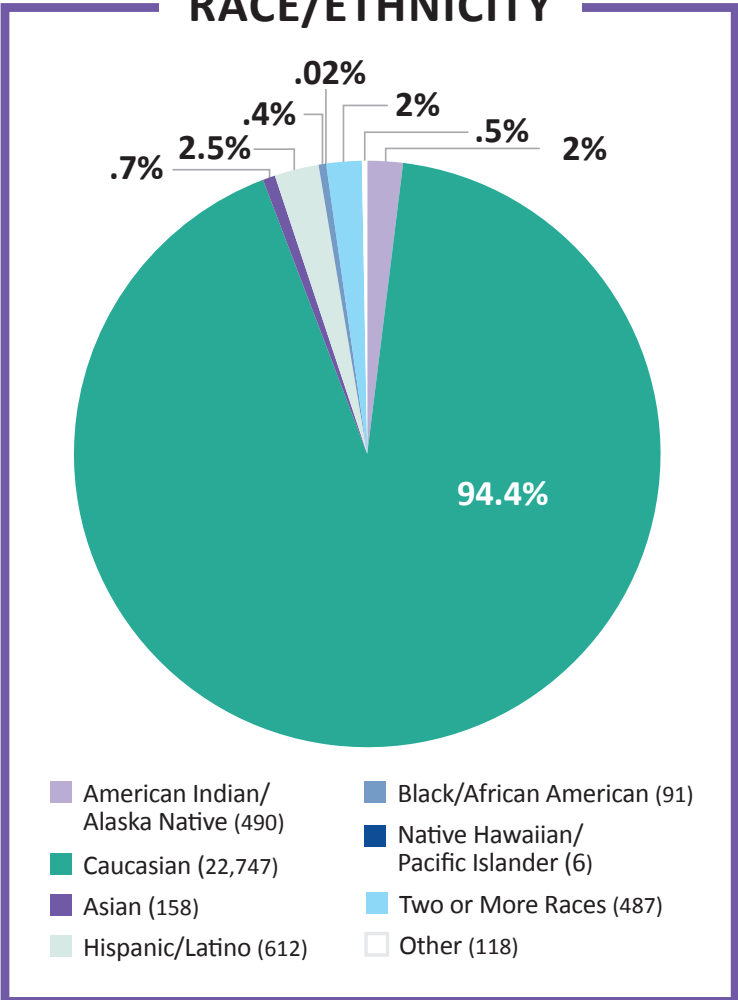
## AGE




- Less than 5 (1,375)
- 5 to 14\* (2,499)
- 15 to 19 (1,844)
- 20 to 24 (2,208)
- 25 to 59\* (10,627)
- 60+\* (5,544)

\* Age groups collapsed to reflect Artemis House Intake data.

## RACE/ETHNICITY

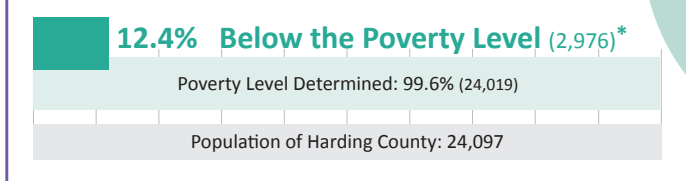


- American Indian/Alaska Native (490)
- Black/African American (91)
- Caucasian (22,747)
- Asian (158)
- Hispanic/Latino (612)
- Native Hawaiian/Pacific Islander (6)
- Two or More Races (487)
- Other (118)

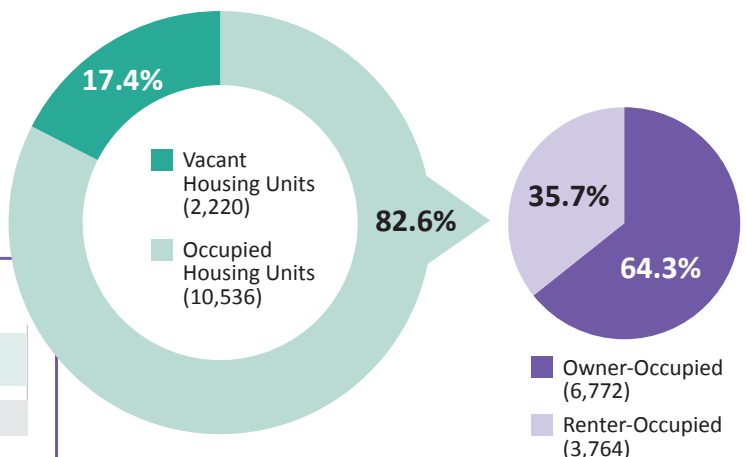
 **Disability STATUS (1,755)\*\* | 7%**

 **Veteran STATUS (2,187)\*\* | 9%**

## POVERTY STATUS



## HOUSING INFORMATION



\*\* These figures are an estimate based on data provided.



## Summary of Artemis House Data (Tables 4 – 7)

### *Population Density*

The largest percentage of clients receiving services through the Artemis House reported living in Lawrence County (34.1%). Butte and Pennington Counties were relatively equally represented at 14.4% and 17.7%, respectively.

### *Age, Race, and Gender*

A majority of clients served by the Artemis House were between the ages of 25 and 59 (62.9%). Children between the ages of 0 and 6 was the next most commonly observed age group (14.1%) followed by individuals between the ages of 18 and 24 (11.7%).

Caucasians (52.4%) and Native Americans (44.0%) made up a majority of clients receiving services through the Artemis House.

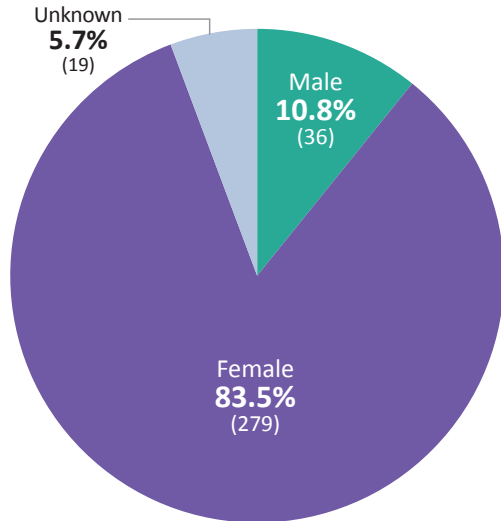
Most of the clients receiving services through the Artemis House were females (83.5%). This number represents the lowest estimate of females as data on gender are unknown for 5.7% of individuals receiving services.

# Victims of Violence Intervention Program

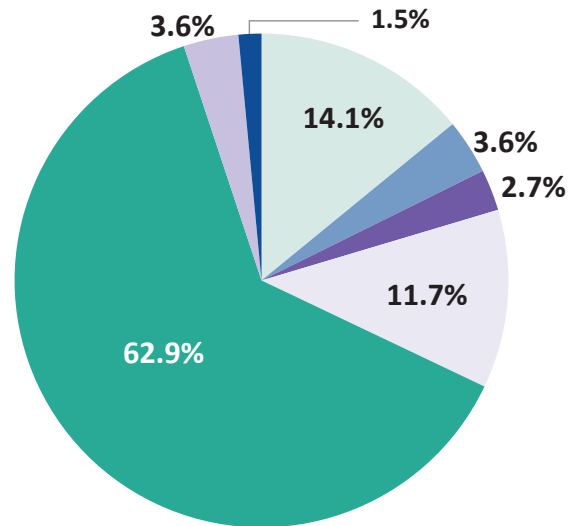
## DEMOGRAPHIC DATA (cont.)

Demographic data for individuals receiving services through the Artemis House are shown below.

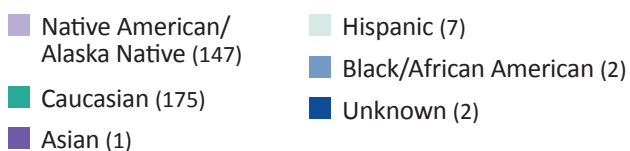
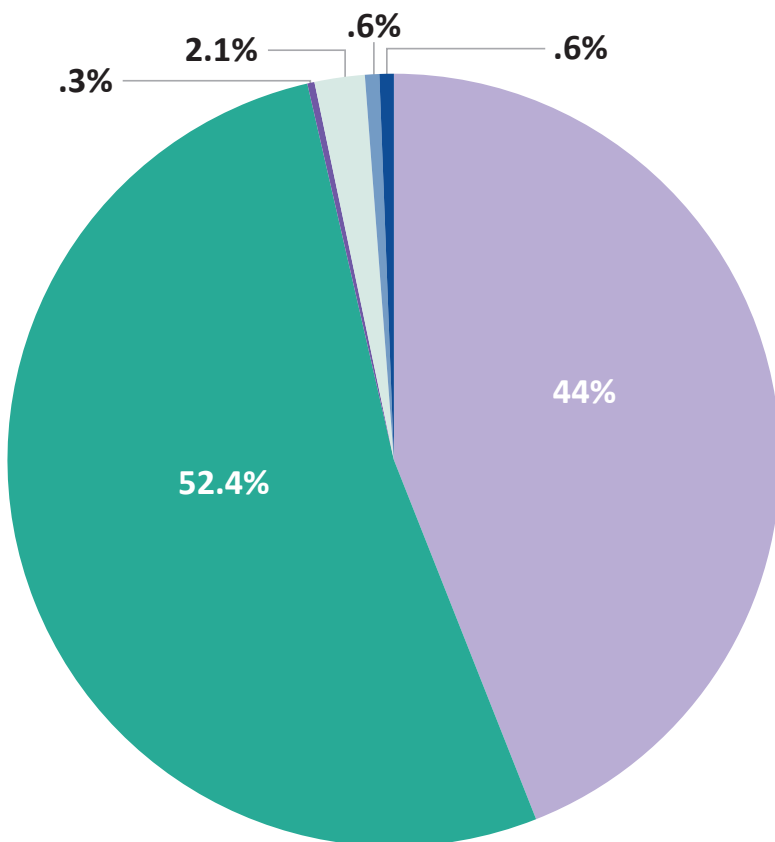
### GENDER



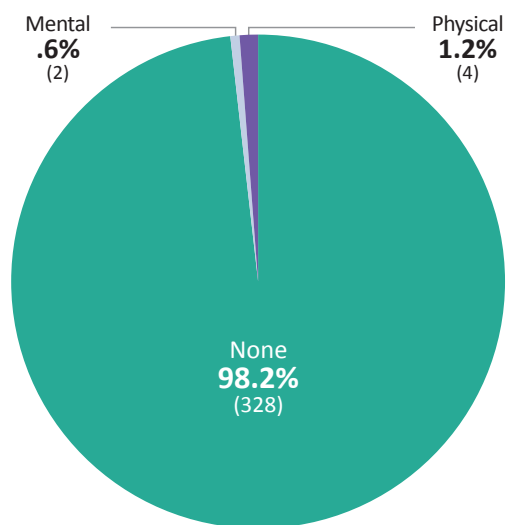
### AGE



### RACE/ETHNICITY



### DISABILITY



# Victims of Violence Intervention Program

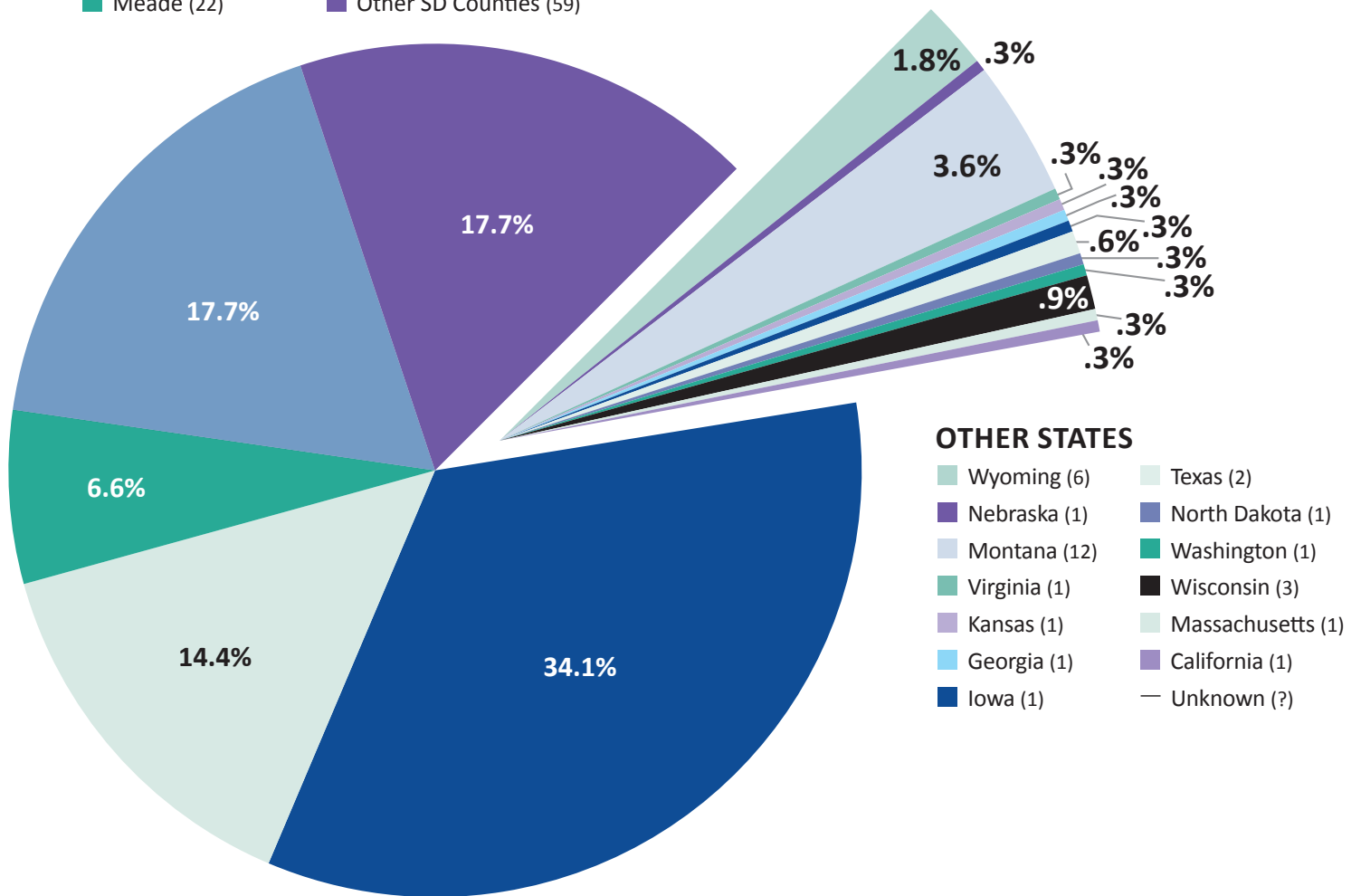
## DEMOGRAPHIC DATA (cont.)

Demographic data for individuals receiving services through the Artemis House are shown below.

### MOST RECENT LOCATION OF CLIENTS SERVED

#### SOUTH DAKOTA (COUNTIES)

- Lawrence (114)
- Butte (48)
- Meade (22)
- Harding (0)
- Pennington (59)
- Other SD Counties (59)



#### OTHER STATES

- Wyoming (6)
- Nebraska (1)
- Montana (12)
- Virginia (1)
- Kansas (1)
- Georgia (1)
- Iowa (1)
- Texas (2)
- North Dakota (1)
- Washington (1)
- Wisconsin (3)
- Massachusetts (1)
- California (1)
- Unknown (?)

# Victims of Violence Intervention Program

## DEMOGRAPHIC DATA (cont.)

Demographic data for individuals receiving services through the Artemis House are shown below.

### GENDER by SOUTH DAKOTA COUNTY

GENDER	Lawrence	Butte	Meade	Pennington	Other SD Counties	TOTAL
Male	14	7	0	1	9	31
Female	100	40	22	48	44	254
Unknown	0	1	0	10	6	17
<b>TOTAL</b>	<b>114</b>	<b>48</b>	<b>22</b>	<b>59</b>	<b>59</b>	<b>302</b>

### AGE by SOUTH DAKOTA COUNTY

AGE	Lawrence	Butte	Meade	Pennington	Other SD Counties	TOTAL
0 to 6	11	7	1	11	14	44
7 to 12	4	2	1	2	2	11
13 to 17	1	1	1	1	3	7
18 to 24	19	7	1	3	6	36
25 to 59	71	28	17	42	30	188
60	8	3	1	0	0	12
Unknown	0	0	0	0	4	4
<b>TOTAL</b>	<b>114</b>	<b>48</b>	<b>22</b>	<b>59</b>	<b>59</b>	<b>302</b>

### RACE by SOUTH DAKOTA COUNTY

RACE	Lawrence	Butte	Meade	Pennington	Other SD Counties	TOTAL
NA/AN	25	13	4	45	45	132
White	83	35	18	13	12	161
Asian	1	0	0	0	0	1
Hispanic/ Latino	4	0	0	1	1	6
Black	0	0	0	0	1	1
Unknown	1	0	0	0	0	1
<b>TOTAL</b>	<b>114</b>	<b>48</b>	<b>22</b>	<b>59</b>	<b>59</b>	<b>302</b>

## Phase 1: Key Findings (Gap Analysis)

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### Key Finding #1: Gender

Despite accounting for approximately 50% of the population in Butte, Harding, and Lawrence Counties, the majority of individuals served by Artemis House were females (83.5%). These numbers are consistent with national data on domestic violence victimizations which suggests females are significantly more likely to be victims compared to males (Truman & Morgan, 2014). Interestingly, only 10.8% of individuals receiving services from the Artemis House were males. This percentage is consistent with results from the CDC's *National Intimate Partner and Sexual Violence Survey 2010-2012* (Smith et al., 2017), but is below some other estimates of abuse in men which puts the rates between 18 and 24% (Truman & Morgan, 2014). It is important to note that of the 36 males receiving services through the Artemis house, 75% were below the age of 18 and almost half (47.2%) were between the ages of 0 and 6.

### Key Finding #2: Race

An overwhelming majority of individuals who received services through the Artemis House reported being either Native American / Alaskan Native (44%) or Caucasian (52.4%). These data are consistent with national and state data on the rates of domestic violence and sexual assault among Native Americans and Caucasians, which show high prevalence in both groups.

Despite being consistent with national and state data, important findings emerged when these data were examined in the context of local demographics. Based on the most recent census data, Caucasians accounted for approximately 95% of population in Butte, Harding, and Lawrence Counties, whereas Native Americans accounted for between 1.5 – 2.0% of the population in these counties. Of people receiving services from these counties, approximately 73% were Caucasian and 22 – 27% were Native American. A significantly higher percentage of Native Americans receiving services (approximately 76%) come from Pennington and other South Dakota Counties (i.e., Oglala Lakota and Todd Counties).

### Key Finding #3: Harding County

During the period of data collection, no services were provided to individuals in Harding County. This is surprising for several reasons. First, although the population of Harding County is significantly smaller than Butte and Lawrence Counties (i.e., Harding County is 3.5% of the population), the demographic percentages of Harding County are similar to those observed in Butte and Lawrence Counties. Given that the percentages of these demographic risk factors

(e.g., gender, race) are similar, it is surprising that no one from Harding County received services. When comparing census data to the percentages of individuals receiving services, the percentages are roughly equivalent for both Lawrence and Butte Counties. Specifically, Lawrence County accounted for 70.3% of individuals receiving services through the Artemis House and accounted for 68% of the population of the 3 counties. Similar results emerged for Butte County (i.e., 29.7% of those receiving services vs. 28.5% of the population of the 3 counties).

Second, Harding County is the most rural of the three counties (i.e., population density of Harding County is under 1 person per square mile). Research examining domestic violence and sexual assault has identified individuals living in such regions to be *at least as* likely to experience domestic violence or sexual assault. Therefore, rates of domestic violence and sexual assault should be expected to be similar, if not higher, in Harding County.

#### Key Finding #4: Disability

Individuals with severe mental illness are at a significantly higher rate for sexual assault compared individuals who do not have a severe mental illness. Interestingly, only 2 individuals receiving services from Artemis House reported having a mental illness (1.2%). When examining the estimated rates of disability in Butte, Harding, and Lawrence Counties, this number is significantly lower than those estimates, which range from 3.9% to 7.6%. Therefore, it is possible that this population is underrepresented in the services received. It is important to note that the population estimates of disability are not exclusive to those with severe mental illness.

## Key Findings from Phase 2

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### Key Finding #1: Prevalence of DV/SA

Interviews with stakeholders from Butte, Lawrence, and Harding Counties revealed that DV/SA is a significant issue in the three counties. Moreover, interviews suggested the number of individuals reporting DV/SA is growing in several of the local counties in the Artemis House service area, with reports in 2020 already exceeding those in 2019.

Stakeholders in the community believed that DV/SA was a significant problem for all members of the community, however they did identify several groups who were more likely to experience DV/SA. First, all interviewees reported that DV/SA is disproportionately experienced by young women and children. Furthermore, stakeholders believed individuals with limited financial resources were more likely to experience DV/SA. Finally, interviewees identified drug and alcohol as key factors in DV/SA episodes. One stakeholder believed that only “one in five responses to DV/SA calls did **not** involve drugs or alcohol” and highlighted the high prevalence of methamphetamine use in these situations.

### Possible Non-Reporters

It was also the opinion of those interviewed that other groups are likely to be victims of domestic violence and sexual assault. Specifically, stakeholders identified both males as well as the elderly population as to potential groups that experience domestic violence and sexual assault but report at significantly lower rates than women and children. Several reasons as to why these groups may report less were offered: 1) stigma and 2) misinformation. Regarding stigma, males may not report being victimized because domestic violence and sexual assault is seen as a predominantly female issue whereas for the elderly population, there may be stigma associated with divorce and marital separation. Regarding misinformation, one stakeholder reported that “some service providers were told that Artemis House does not allow or provide services to men.” Although this view was not shared by other stakeholders, it highlights the importance of reaching out to service providers as well as community members to make sure they know that services are available to all DV/SA survivors.

## Comparison to Phase 1 Demographic Data

Data collected during interviews indicated that domestic violence and sexual assault is a significant problem in the service area and appears to be growing in terms of reporting. Specifically, over 13% of patients receiving treatment at regional hospitals experienced domestic violence within the previous year (United Way Needs Assessment, 2019). Furthermore, between June of 2018 and June 2019 over 300 individuals receive services through the Artemis House. It was also found that domestic violence and sexual assault predominantly affected young females as well as children, which is consistent with Artemis House Data obtained during Phase 1 of the needs assessment. During June 2018 and June 2019, over 80% of the individuals receiving services from the Artemis House were female and approximately 20% of those receiving services were below the age of 18.

The fact that males and the elderly population composed a smaller proportion of individuals receiving services through the Artemis House (approximately 11% and 4%, respectively) is consistent with the community perception that these populations do experience domestic violence and sexual assault. However, data collected during this needs assessment cannot determine whether this is an issue of under-reporting or reflective of a lower prevalence rate of domestic violence and sexual assault in these populations. The percentage of males receiving services through the Artemis House is consistent with some national data on this issue (Smith et al., 2017), although it is important to note that only 9 of the 26 males were 18 or older. In other words, only 2.7% of those receiving services through the Artemis House were adult males, which is significantly lower than national estimates. National data on the elderly suggests that only 1 in 24 cases of elder abuse is actually reported (American Psychological Association, 2012). Given that residents over the age of 60 account for over 20% of the populations of Butte, Harding, and Lawrence Counties, but only 4% of those served by Artemis House, it is possible that the elderly may be underreporting instances of DV/SA.

## Key Finding #2: Community Services

### Availability and Referrals to Services

A number of services were reported as being available to survivors of DV/SA. All stakeholders interviewed reported being aware of the Artemis House as a resource. The Artemis House provides numerous advocacy and support services to help survivors of DV/SA navigate through the process including serving as an emergency shelter, providing basic needs (hygiene, financial resources, cell phones, transportation) as well as referrals to



other resources (e.g., counseling, medical , legal). In 2020, Artemis House will also begin offering Moral Reconciliation Training : a cognitive-behavioral educational program that confronts batterer’s beliefs and behaviors especially focusing on power and control issues.

The community members also discussed other services available in the local communities. Specifically, the Northern Hills Sexual Assault Response Team (SART) was mentioned as a resource. SART is composed of law enforcement, victim advocates, hospital resources, and prosecutors. Not only do each of these agencies provide their own unique services (e.g., intervention in DV situations, forensic analysis, basic legal information), SART also offers community education and outreach services. Ministerial support were also mentioned as a significant resource. These services include providing emotional support, as well as short-term financial resources to provide victims of DV/SA shelter, transportation (e.g., bus tickets, gas money), and utilities. Additional financial resources were reported as being available through the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).

### Needed / Desired Services

Stakeholders identified a number of services that were needed / desired by survivors of DV/SA. The most common need reported for survivors of DV/SA was physical safety. This need included removing individuals from the dangerous situation and securing emergency shelter. Furthermore, basic needs such as personal hygiene products, transportation, food, financial resources and communication (i.e., cell phones) were also mentioned as highly important. Several respondents mentioned that counseling services to assist with survivors’ emotional and spiritual needs was also a highly desired service. One respondent emphasized the importance of “get[ting] a team behind them [survivors]” to help provide both emotional support, but also to provide tangible assistance (e.g., housing, transportation) and promote feelings of safety and independence for survivors. These basic needs and the development of a support system are also critical in promoting long-term independence of survivor, which was also mentioned as a significant need in the community.

### Available vs. Needed Services

The two most important needs for survivors of DV / SA were physical safety and basic needs which were reported to be available through existing resources in the local communities. Although these needs are currently available, stakeholders agreed that resources are limited and may not be adequate for meeting the growing demand in the area. Therefore,

individuals called for the expansion of current resources as well as the creation of additional services in the area (e.g., new emergency shelters). Furthermore, a concentrated effort by service organizations in the area to help survivors of DV/SA develop a strong support system was listed as an important need to assist individuals. Consistent with this idea was the call to expand educational outreach to members of the community for the purposes of making individuals aware of the problem that domestic violence and sexual assault pose to local communities and to inform them of resources available in order to assist themselves or others.

### Key Finding #3: Obstacles facing Survivors of DV/SA

#### *Availability of Resources*

The greatest obstacle facing survivors was the availability of resources in the area. While there are services available to survivors of DV/SA, challenges such as the limited availability as well as ease of access of resources (i.e., far distances and lack of transportation) pose significant barriers to obtaining services. This obstacle is compounded by the fact that many individuals are dependent on the abusive partner because they lack the resources necessary to support themselves and others (e.g., dependent children) outside of the abusive relationship (i.e., financial, transportation, and social needs). Another limited resource in the area that was raised was mental health resources as well as treatment facilities for alcohol and drug use.

#### *The Offender*

A second obstacle that was reported during interviews was the abusive partner themselves. As previously mentioned, survivors of DV/SA may have a high level of dependence on their abuser regarding basic needs. For example, the survivor may not have a bank account because their abuser may take care of all the finances, which in turn creates financial dependence. In addition to relying on the abuser for basic needs, stakeholders reported that survivors of DV/SA often have an emotional connection to the abuser which creates problems when the survivor attempts to leave the situation. This issue is enhanced by the fact that the abuser often maintains “access” to the survivor during separation. For example, many survivors still use their same cell phone during this time which allows the abuser remain in contact.

#### *The Process*

Stakeholders in the community believed that survivors of DV/SA may also have difficulties understanding how to navigate accessing resources, and understanding the legal process. Furthermore, there is a perceived fear of “taking the first step” to leave the abusive situation and seek out resources. Reasons for this fear include stigma as well as family pressure. In addition, the fear of re-victimization prevents some victims from seeking services. Specifically, stakeholders reported that victims of DV/SA fear not being believed as well as a lack trust in service providers which creates problems for individuals to enter the process.

### *Law Enforcement*

Specific obstacles were raised in relation to law enforcement. First, high rates of turnover in some law agencies can contribute to a lack of experience and knowledge about how to handle DV/SA situations. A second issue that was raised was that there were difficulties in following up with victims.

### *Group Differences in Obstacles*

When asked about whether the obstacles facing survivors of DV/SA were similar across groups, stakeholders did report that these obstacles were similarly observed across demographics. Many stakeholders reported that they believed that the maintenance of power and control within relationships was similar across populations. However, despite that similarity, there were several groups identified who may experience obstacles to a greater degree.

*Financially Challenged.* Individuals who are not financially independent were reported as facing more difficulties when it comes to accessing available resources.

*Children.* Children, and individuals who have children, were groups identified by community stakeholders as facing unique challenges. It was reported that young children themselves face the difficulty of understanding the situation and may be used by one partner for the purpose of manipulating the other. Also, individuals responsible for raising children often have to consider custody issues and may have the additional burden of trying to maintain the daily routine independent of the abusive partner. While such responsibilities may add to the challenges of this group, needing to care for children independently may cause additional financial burdens.

*Elderly.* The elderly was another population identified as possibly having unique obstacles. First, elderly individuals in long-term relationships may not want to face the challenge of “starting over” by leaving an abusive partner. Furthermore, elderly may have to cope with family pressures as well as the stigma surrounding separation or divorce.

*Native Americans.* A fourth population identified as having additional obstacles was Native Americans. First, stakeholders raised the issue of distrust between Native Americans and some service providers given the impact of colonialism across generations. Historical trauma was reported as something that affects Native American survivors. Abuse for instance, is sometimes contextualized as a fixture of patriarchal domination . The historical context of genocide, relegation, and assimilation are passed from generation to generation, affecting the way violence is perceived and services are sought. Finally, stakeholders believed that there was a disconnect between federal policymakers and the tribal territories which may be particularly problematic for Native American survivors trying to access resources. The disconnect contributes to an inconsistency in funding available to Tribal Lands, affecting how non-profits function. This inconsistency in funding ultimately translates to an inconsistency in services that are offered to survivors of DV/SA.

## Key Finding #4: Training for Service Providers

### *Trainings Received by Service Providers*

Through community interviews, it became evident that all service providers receive at least some training in dealing with instances of DV/SA. Although each group of service providers are familiar with elements of DV/SA such as power and control, there are differences between the types of training received.

*Law Enforcement.* Individuals in law enforcement reported receiving a day of training while completing the Police Academy. This training included review of laws and statutes relevant to DV/SA as well as training scenarios. After joining a Police Department, additional trainings include watching a video every 2 years. Additional trainings / workshops are available throughout the year at various locations.

*Ministerial Services.* Members of the clergy reported receiving training during their seminary school training on how to support survivors as well as how to identify instances of DV/SA. Clergy members also reported attending formal workshops on various issues including DV/SA. Church members who provide services are also trained to “pick up on key words” to identify possible victims of abuse.

*Artemis House.* Employees of the Artemis House are mandated to complete an employee training checklist which includes documents reviewed for staff training on client orientation procedures, client services, safety, and confidentiality. Staff responsible for Victims’ Services reporting, fiscal management, and grant writing are required to read the VSMS User’s Manual as part of their training. Continued training is encouraged, and is compensated at no expense to employees of the Artemis House.

*Sexual Assault Response Team.* Members of the Sexual Assault Response Team (SART), receive the training mandated by their specified field. For example, SANE nurses receive training to become a SANE nurse, States Attorneys have their own training regarding sexual assaults, etc. Additional training is not mandated to continue a formal membership in SART.

### *Obstacles Related to Trainings*

While service providers do receive trainings, there are several obstacles that were identified. Regarding law enforcement, while trainings are offered throughout the year, limited resources (e.g., small departments) may prevent individuals from attending their trainings as doing so would create problems with staffing (i.e., reduced police availability to the community). Another training obstacle was related to culturally-specific trainings. Although service providers are aware that there are cultural differences, there is not much, if any, “official” training on this matter. This lack of training may contribute to difficulties for Native Americans seeking services as the environments where services are offered do not feel safe to the survivors.

## Recommendations

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Based on the data collected during this needs assessment, the following recommendations are made:



### Recommendation 1: Work with stakeholders in Harding County to increase accessibility of services to county residents.

One key finding from this needs assessment is that none of the service recipients were from Harding County. While a lower number of recipients may be expected due to low population of the county (i.e., less than 1,500 residents, less than 3.5% of the overall population of Butte, Harding, and Lawrence Counties), it is surprising that 0% of those served by the Artemis House resides in Harding County.

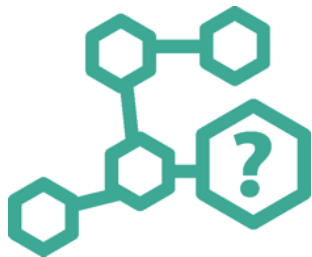
A specific issue that emerged was the issue of transportation. Given the distance between Harding County and the Artemis House, it would be beneficial to identify ways to increase the availability of transportation to residents of Harding County so residents would have more accessibility to services provided by the Artemis House.



### Recommendation 2: Work with service providers across Butte, Harding, and Lawrence Counties to ensure that potentially underrepresented groups are receiving services.

In addition to residents of Harding County, several other populations were identified as being potentially underserved: 1) the elderly, 2) people with disabilities, and 3) adult males. It is recommended that Artemis House establish connections with local agencies that provide services to these populations to ensure that they are aware of the services available to them in the community. Potential resources in this area would include nursing homes, assisted living facilities, community senior centers, as well as treatment facilities for individuals with disabilities.

Based on the information that over 1 out of 10 patients seeking services through Regional Hospitals recently experienced abuse, we strongly encourage Artemis House to explore opportunities to partner with hospitals to reach out to and identify individuals who are in need of services.



### Recommendation 3: Expand demographic data collection during intake.

During an intake session, the Artemis House collects demographic information on the individual receiving services. While this information is useful, there is information that is not collected which prevented a more accurate assessment of whether the populations known to be at highest risk of domestic violence and sexual assault were receiving services through the Artemis House. For example, members of the LGBTQ community are known to be at elevated risk for domestic violence and sexual assault, yet no data on sexual orientation are collected. A similar situation occurs for individuals with disability, another population known to be at elevated risk. Finally, the age ranges should be changed, specifically, the age range between 25 and 59 should be broken down into smaller ranges given that younger individuals are at greater risk.

Therefore, we recommend changes to the current demographic questions asked during the intake session for the purposes of assessing whether populations known to be elevated risk of domestic violence and sexual assault are receiving services through the Artemis House or whether there are significant gaps in service given regional demographics.



### Recommendation 4: Expand capacity to promote independence of survivors of DV/SA.

A major obstacle that emerged during the needs assessment was the issue of the survivor's dependence on their abuser. Specifically, stakeholders reported that survivors often relied on their abuser for a number of basic needs including finances, transportation, and social needs. We recommend that Artemis House explore ways to expand community resources to promote both the short-term and long-term independence of survivors.

Areas of specific need would include additional shelter resources, availability of child care services, and access to their own phones, or obtain new ones. Finding ways to increase the short-term financial resources available to survivors should also be considered as that would improve accessibility of other resources. Services that promote the long-term financial independence of survivors such as job placement services should also be expanded.

With respect to the issue of expanding access to transportation, it is important to consider two things. First is that increased availability of transportation may be needed by some residents (e.g., Harding County) to access resources themselves. The second is that access to transportation can also promote survivors' ability to carry out activities of daily living (e.g., transporting children to school), thus, decreasing reliance on the perpetrator.



#### **Recommendation 5: Continue community outreach.**

Results of the interviews with stakeholders made it clear that service providers in the area are familiar with and refer to the Artemis House. It is also evident that the reporting of DV/SA is increasing in the local region. Continuing to form strong alliances with other service providers and keeping them informed as to the resources and services provided by the Artemis House will help to maintain and build the social capital available to survivors in the region.



#### **Recommendation 6: Develop opportunities to increase access to trainings for local service providers.**

Service providers reported receiving some formal training on how to intervene in situations of DV/SA. However, some respondents, particularly those in law enforcement, raised significant concerns regarding access to those trainings. Therefore, we recommend that Artemis House seek out ways to increase the accessibility of trainings for all local service providers. Given the rural nature of the area, one inherent problem with accessing training is that it often requires hours of travel time in addition to the time necessary for the training. Therefore, providing trainings that occur locally or online may help to increase accessibility to service providers. This could include development of trainings, creating online trainings, or seeking funding to host a training within the region.



#### **Recommendation 7: Collaborate with local agencies to provide opportunities for culturally-based trainings for local service providers.**

Several key findings emerged from this needs assessment in regards to Native Americans. First, is that Native Americans accounted for 44% of those receiving services from the Artemis House despite accounting for 1.5% to 2.0% of the populations of Butte, Harding, and Lawrence Counties. Second, while service providers are aware that there are cultural differences, no official trainings were provided. Third, one obstacle facing Native



Americans is a lack of trust of some service providers given the historical trauma associated with colonialism.

Taken together, these findings highlight the need for the development of culturally-based trainings for service providers in the area to better provide services to survivors of DV/SA in the Native American community. There are currently several agencies that do provide culturally-based trauma care, so it is recommended that Artemis House work with those organizations to develop and provide such trainings to other service providers in the community.



**Recommendation 8: Collaborate with local agencies to expand culturally-based trauma care to Native Americans.**

In addition to developing trainings for local service providers, it is also recommended that the Artemis House collaborate with local organizations that provide culturally-based trauma care to expand their capacity to provide such care to their clients. Establishing practices as well as a physical environment within the Artemis House in a way that allows Native Americans to engage in cultural practices may help promote feelings of safety that are essential for survivors during this process.



**Recommendation 9: Increase the collaboration between the Artemis House, mental health providers, and providers that offer drug and alcohol abuse treatment.**

Drugs and alcohol were identified as significant contributors to instances of DV/SA. Furthermore, a lack of access to treatment facilities to treat drug and alcohol abuse was also identified through the interview process. As such, we recommend that Artemis House work with those local services that are available to identify ways to expand services. Seeking grant funding may be necessary to help increase the services available in the local communities.

In addition to drug and alcohol abuse treatment, we recommend reaching out to mental health care providers in the community, particularly those with experience related to treatment of trauma, to explore ways to increase accessibility to treatment for survivors.



**Recommendation 10: Collaborate with law enforcement agencies to improve follow-up with survivors.**

One obstacle raised by law enforcement was difficulty in following up with survivors of DV/SA. We recommend that Artemis House work with law enforcement agencies as well as other service providers to explore ways to improve follow-up with survivors following instances of DV/SA.

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