December 2012

Strategic Planning Committee
Georgia Commission on Family Violence

Georgia State Plan for Ending Family Violence

Georgia Commission on Family Violence

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Performance Vistas, Inc.

Georgia State Plan for Ending Family Violence

December 7, 2012

Prepared for:
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Georgia Commission on Family Violence

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Executive Summary

The Georgia Commission on Family Violence (GCFV) was established by the Georgia Legislature in 1992. It was charged with developing a comprehensive state plan for ending family violence in O.C.G.A. Section 19-13-31. To fulfill this charge, the Commission convened a Strategic Planning Committee and Working Groups to undertake an eighteen-month process to produce a plan for the State of Georgia. This Plan offers a broad framework for agencies and policymakers to set priorities and select strategies for ending family violence that are consistent with their missions, responsibilities and resources.

To begin the process, the Planning Committee visualized what Georgia *should* be*,* forming a vision for the Plan. That shared vision for Georgia's future anticipates that families will have healthy, resilient methods of solving problems so that violence is not tolerated. It expects that people will nurture and help families excel, so that our children are healthy, resilient individuals who do not use violence to solve problems. It appeals to public leaders to promote policies that encourage respectful relationships, equality, and healthy and safe family living. It dreams of a time when Georgians will experience less violence, have more healthy relationships and enjoy the economic vitality that arises from these culture shifts.

Family violence, as defined by statute in O.C.G.A. Section 19-13-1, is broad in nature. Given the historical work of the Commission and its partners, the Planning Committee focused its efforts on three areas of family violence: Domestic violence as defined by the Office of Violence Against Women (OVW), teen dating violence and children exposed to domestic violence. The definition from OVW includes physical abuse, sexual abuse, economic abuse, and psychological abuse. Teen dating violence became a priority because of the unique challenge it poses for Georgia: 30% of the fatalities reviewed by the Georgia Domestic Violence Fatality Review Project involved victims who were between the ages of 15 and 24 when they began their dating relationship with the person who killed them. Children exposed to domestic violence are also a priority because in 19% of the fatality cases reviewed children were present when the victim was killed; in 43% of the fatality cases children were in the vicinity when the victim was killed.

When we examined the data on family violence in Georgia, one system priority became obvious: Georgia's fragmented array of family violence planning data should be better integrated. The judicial system, the Departments of Public Health, Human Services, Juvenile Justice, and the Division of Behavioral Health, Addictive Disease and Developmental Disabilities all maintain unique geographic divisions. Their key definitions (and as a result their data sets) are unique as well. Also unclear still are any associations of family violence with other public health priorities such as motor vehicle accidents, prescription and illicit drug abuse, suicide, and exposure to multiple episodes of violence. Not surprisingly, the accuracy and completeness of the necessary planning information varies as well. All these factors make strategic planning for ending family violence infinitely more difficult. To supplement the existing data, the FV Planning Committee used a rigorous case study process that provided a base of practice wisdom for interpreting the needs data. That approach produced a more comprehensive and integrated framework of strategic strategies than would have been permitted without it. But the reader

will notice that the Plan addresses the shortfalls in planning data with recommendations for improving and coordinating data sets, data collection and planning partnerships among agencies. That strategy alone should ensure a more comprehensive and nuanced picture of family violence for future planning efforts.

The Planning Committee was large, to ensure broad representation and support. To accomplish the work, the Committee formed work groups to gather data, analyze and interpret its meaning, and to report findings to the Planning Committee. The Committee provided the leadership, offering feedback and direction as the work progressed. The Needs Assessment Work Group identified five findings of need to be addressed in the Plan:

1. Violence prevention;
2. Equitable access to resources;
3. Community connections and support;
4. Interventions with people who are abusive; and,
5. Effective system responses.

The Resource Inventory Work Group examined these needs and conducted an analysis of the resources in Georgia. Those findings guided strategy selection for the Plan. The Committee concluded that access to resources matters in the prevention of deaths related to domestic violence. For example, the FV death rates corresponded with geographic patterns of poverty – not because of poverty, but because a limited range of supportive resources leaves victims without alternatives. Similarly, there was no evidence to suggest a higher death rate among non-English speaking families, but language is often a barrier to safety and services for those who do not speak English. In short, domestic violence is not a problem in isolation, but an issue that must be addressed in the context of individual, family, community and societal assets and liabilities. Stress and isolation increase risk at the individual and family levels; at the community and societal levels risks increase where tolerance for abuse is part of the culture.

The Strategy Work Group identified significant portions of Georgia that are experiencing higher FV death rates while suffering a lack of essential family violence resources. These areas included rural south Georgia, a portion of northeast Georgia and a part of central Georgia. In order to reach underserved populations including teens and children exposed to violence, resources must be focused on these populations and these geographic areas. Funding must *not* come at the expense of those agencies and partners in other geographic areas with recent lower death rates; safety is directly related to access to services and support, and so the Plan would not advise shifting limited resources and exposing higher concentrations of people to risk. Another high priority is educating the public at large about risks and warning signs of domestic violence, as well as efforts to change attitudes about domestic violence.

There is a high priority on services for people who are abusive, to reduce the rate of continued victimization among those known to be abusers. The Plan also places priority on resources to

strengthen collaboration among a family's natural support structures, such as its faith community, and to encourage community connections for families.

The Planning Committee identified ten strategies that became the framework of the Plan:

1. Develop additional resources in south Georgia, including advocacy/safety services, Task Forces, and FVIPs.
2. Enhance access to needed services in Georgia, including child care, legal services, housing, language interpretation and transportation, where these are hard to find.
3. Develop and improve access to services for underserved populations, including children exposed to IPV and teen dating violence.
4. Develop resources that strengthen collaboration, including cross-training and coordinated protocols among law enforcement, prosecutors, judges, advocates, and DFCS workers.
5. Promote approaches that encourage community connections for families at risk (or victims) of family violence (e.g., support for faith-based services, alternatives to removal).
6. Develop a strategic statewide approach for enhancing public awareness and promoting social norms that insist on safety, equality and respect for all people in Georgia.
7. Improve collaboration and develop practices, protocols and tools for gathering and using Family Violence data to assist with future state planning in Georgia.
8. Improve access to coordinated, trauma-informed mental health, substance abuse, and domestic violence services statewide (e.g., partnership with accountability courts, criminal justice reform).
9. Enhance existing resources for people who are abusive, and develop new resources where family violence is high but services for offenders are scarce.
10. Develop a strategic statewide approach for educating the public about the risks and warning signs of IPV, and what to do about it.

The Planning Committee's passion for this work was evident throughout the process. The conversations were often hard and frank. We recognized that alienating any group from the process would put the lives of Georgians at risk.

The Commission has expressed its profound appreciation to the Planning Committee members and Work Group members who devoted many hours to this process, engaged in candid discussions during the meetings, and dedicated themselves to drafting the plan. They performed these tasks in addition to the many responsibilities that fall on the shoulders of each of them at work, at home and in the community. Thank you so much for your leadership and investment in this process.

The result produced by this dedicated group of passionate leaders is a well formed Plan to guide the future of Georgia.

Together we shall end family violence in Georgia.

Judge Stephen Kelley
Chair, Georgia Commission on Family Violence
Judge, Superior Court of Glynn County

Judge Peggy Walker
Strategic Planning Committee Chair, GCFV
Judge, Juvenile Court of Douglas County

Chapter One: GCFV's STRATEGIC PLANNING PROCESS

Legislative Charge:

"There is created a State Commission on Family Violence which ***shall be responsible for developing a comprehensive state plan for ending family violence."*** OCGA 19-13-31

Background:

In June 2011 the Commission on Family Violence began facilitating a rigorous family violence state planning process under the guidance and direction of Judge Peggy Walker, GCFV Chair ('10-'12). Judge Walker made this a high priority and charged Greg Loughlin, Executive Director, with building the collaborative, conducting the research, and producing a high quality planning document. The Commission engaged Doug Bailey of Performance Vistas, Inc., a senior planner experienced in facilitating decisions involving both child protection and domestic violence programs in Georgia, to facilitate the process. Judge Walker made it clear that the process might take some months, but that it must produce a broad consensus on data-driven and evidence-sensitive strategies – without threatening the planning processes and mandates of the many agencies engaged in dealing with family violence in Georgia.

The process has taken eighteen (18) months. This plan, generated by participants from over 20 agencies, offers an extensive array of long-range prevention, early intervention, crisis and legal services for ending family violence in Georgia. It is based on a thorough analysis of the surveillance data that could be identified in Georgia and the US. It reflects the best practices of a wide variety of practitioners and agencies, and conforms to evidence-based literature on the effectiveness of these approaches as best the working committee could determine. The plan is long range and measurable, while remaining flexible for guiding the planning of a host of agencies with often conflicting missions and funding sources and in possession of strategic plans of their own.

From the beginning, Judge Walker and the staff at GCFV fully understood that any plan would be ineffective without a shared vision and commitment among partners, including leadership among all three branches of government and key community stakeholders. Throughout the recruitment of the planning partners, Judge Walker made it clear that GCFV would be the *convener and facilitator* of the planning process for Georgia entities involved in family well-being, private non-profit and governmental. GCFV is not the "owner" of the plan. It does not consider itself the exclusive agency "expert" on family violence, nor the agency that will "execute" the actions outlined by the Plan.

This is a plan for Georgia, not a plan for GCFV. Each agency working on FV is encouraged to use the plan to guide its own priority-setting, selecting strategies that fall within its own statutory mission while contributing to the accomplishment of priorities important to all the other entities that have endorsed this state plan. GCFV encourages its planning partners and other agencies to implement parts of the plan that make sense to them and fall within their missions – as their resources permit. *The State Plan to End Family Violence* offers a framework and a starting point for those entities.

The Plan is designed to identify strategies that will respond to the needs of family violence victims *as well as* to the needs of a FV response system that is itself striving to improve. The plan recognizes existing resources and approaches, acknowledging the work that is already being done by partner agencies to end family violence. The priorities reflected in the Plan are not intended to be supported at the expense of those plans and initiatives that are already under way and working. In particular,

support for new initiatives should not divert resources away from Georgia's current funding for domestic violence agencies and victim advocacy services.

On many occasions while the Planning Committee debated desirable directions and feasible strategies, it came back to these two fundamental assumptions for guidance:

- "What's best for Georgia?" (Not "what's possible from where I stand…")
- "What do our best-practice guidelines and the data say about the dilemma?"

Again, the Plan to End Family Violence in Georgia is advisory. The strategies contained in Chapter Four should be considered by funding and policy decision-makers to be the fact-based recommendations of those who endorse the plan.

Project GOALS:

The goals of this strategic planning process were to:

1. Engage collaborators in a lasting partnership built on effective communication and deepening trust;
2. Recognize and build on the strategies and activities of the entities that play a part in reducing family violence in Georgia;
3. Identify a vision for a continuous reduction of family violence in Georgia that is shared by partners aligned behind the goals and objectives of a plan generated through consensus;
4. Specify goals and objectives for family safety and well-being that all partner agencies would be willing to acknowledge, contribute to, or take the lead on accomplishing;
5. Construct a strategic plan that is acceptable to its partners, and that will enable GCFV and its partners to measure, monitor and evaluate progress toward its accomplishment.

Project ASSUMPTIONS:

During the initial "planning-to-plan" phase, in the summer of 2011, the Planning Committee discussed the following points. They provide context for the use of the Plan today:

- The mandate to "end" family violence, while a worthy cause, poses a dilemma. Although family violence is extremely complex and entrenched, it is not inevitable. It took decades of dedicated collaboration to reduce smoking and deaths from suicide, drunk driving and lack of seatbelts. A balance of strategies can also end family violence – with a long, dedicated period of collaboration. This plan is not naïve in thinking that family violence can be solved quickly. It recognizes that *ending* family violence requires a continuous commitment to *reducing* family violence over decades.
- The plan focuses on producing end states or conditions (i.e., desirable outcomes) in which strength or resiliency has been achieved. Its vision goes beyond the mere *absence* of violence, to produce a transformed future, where intergenerational cycles of violence have been broken, where family members use healthy practices to solve problems without violence, and where the community demands healthy approaches to managing tension and conflict.
- The plan recognizes the importance of primary prevention for true transformation of the society. It balances strategies for primary prevention, secondary prevention (i.e., early or crisis intervention) and tertiary prevention (i.e., legal and remedial intervention) in much the way the CDC visualizes a three-legged stool. The plan addresses the broadest realm, societal outcomes, as well as targeting changes in our communities, families/support groups, and individuals. Public health participants may be challenged by those strategies that reduce recidivism among batterers (at the tertiary end of the spectrum), but criminal justice people must also see the importance of social norming strategies (at the primary prevention end). This plan addresses a full range of strategies from primary through tertiary.

- Embracing prevention required that the plan hold loosely the notion of deadlines for accomplishing end conditions. It contains very few demands that a particular action be completed by an end date.
- The plan does, however, build in outcome measurement and the monitoring of progress, which should direct future refinements of the plan. However, measurement is different from evaluation research; the attribution of results is extremely difficult to determine, especially in the formative stages of a new system. Strategies implemented under the State Plan should specify intended outcomes, and capture data on both progress and results. Strategy 7 makes provisions for outcome measurement as part of the priority on improving the ability of the entire family violence arena to use actionable data for future direction setting.
- The end product of this planning – the Plan – is designed to be comprehensive and complex. The reader will find it most valuable for policy planning and program development. Although the Executive Summary is intended to support public education, the Plan is so detailed that it can be intimidating unless it is broken down into goals, objectives and action steps. It is intended to be flexible, so it can be useful. Please consider it a working document. It ought to be consulted at any time the question is on the table about which direction an initiative might go, or how it might be best integrated with the initiatives of other agencies. The Strategic Planning Committee sincerely hopes it will not merely sit on a shelf.
- The Strategic Planning Committee recognized the absolute necessity of embracing the existing approaches (mandates, plans, goals, strategies, etc.) of partner agencies. The planning partners insisted on a process that placed a premium on *inclusivity.* The Planning Committee threw the net wide, inviting many partners to join them throughout the full 18-month process. The existence of a shared vision on page 7 attests to the nature of the collaboration. It developed from an open and honest process that acknowledged the realities of agency "turf" without allowing turf to become an obstacle to agreement.

What do we mean "Strategic Planning?" The planning committee prepared the State Plan to End Family Violence in Georgia by following a carefully chosen strategic planning process. "Strategic" planning refers to changes that are longer in range and broader of scope. There is a definite difference between "strategic plans" and tactical or administrative action plans. The State Plan is strategic – it offers an over-arching agreement that harnesses the plans already in existence so they are pulling in a common direction, along with strategies for filling in the gaps among the existing plans for under-served populations. Some characteristics of the State Plan to End Family Violence in Georgia:

- It is **broad-based and long range**: It offers a direction to move toward, a vision of how things ought to be, with strategies for getting there.
- It addresses **three basic questions** with several follow-up questions, such as…
  1. ***Where are we now?*** Strategies are based on an environmental scan that addresses:
     - *What are the **Strengths and Weaknesses** of the current network of family violence prevention, early intervention and longer-range intervention?*
     - *What **Opportunities and Threats** are posed by the external environment to the success of that network?*
  2. ***Where do we want to be in the future?*** It tests assumptions and aligns partners behind a vision:
     - *What is **The Vision** for the future of family violence in Georgia?*
     - *What strategies ought to be pursued to fill in any gaps in the network?*
  3. ***How will we get there?*** It generates consensus on how to articulate actionable targets:
     - *What goals and objectives are needed for the favored strategies?*
     - *What action plans are needed for achieving those goals and objectives?*
     - *What measures of success ought to be tracked to demonstrate progress?*

The Approach: The project required eighteen months, from June 2011 through December 2012. The task listing we used to organize our work appears in the Gantt chart in Appendix B. It shows the progress made by the Committee month-by-month. In general, the project team used a basic public health research and planning model, as presented by Planning Committee member Lisa Dawson to her fellow members on April 17, 2012:

- Gather quantitative and qualitative data.
- Define the problem (terms are important).
- Identify causes, both direct and indirect.
- Develop and evaluate the possible interventions.
- Implement and disseminate those interventions.
- Engage in ongoing surveillance, keeping in mind a socio- ecological approach from individual to community to society at large.

The Strategic Planning Committee and Working Groups: GCFV identified potential planning partners beginning in June 2011. The Commission staff mailed invitation letters to a core of known partners in August 2011. Director Loughlin interviewed and oriented potential members to join the initiative and to identify other potential partners. A pre-planning group met on August 23, 2011 to discuss the planning project, to set some parameters, and to articulate some assumptions about the task. The Planning Committee grew to include 20 members by the fall of 2011.[1] Among the 34 who joined in the process, reviewed the work of the smaller groups, and debated the merits of the proposed directions were representatives from:

- Governor's Office on Children and Families
- Georgia Criminal Justice Coordinating Council
- Georgia Coalition Against Domestic Violence
- Georgia Network to End Sexual Assault
- YWCA of Northwest Georgia
- NOA's Ark, Inc.
- Rape Crisis Center of the Coastal Empire
- Men Stopping Violence
- Georgia Prosecuting Attorneys Council
- Georgia Administrative Office of the Courts
- Georgia Council of Superior Court Judges
- Georgia Department of Public Health
- Georgia Department of Behavioral Health and Developmental Disabilities
- Georgia Department of Human Services: Divisions of Family & Children Services and Aging Services
- Georgia Legal Services Program
- Governor's Office of Planning and Budget
- House Majority Whip and Counsel to House Judiciary Committees
- Office of the Lieutenant Governor
- Valdosta State and Georgia State Universities
- Centers for Disease Control and Prevention

The Planning Committee expressed a desire to engage family violence survivors in the dialogue about needs and resources. The Committee decided that although involving survivors was desirable, the project had too little time or resources to reach out properly to such representatives, and instead

[1] The Strategic Planning Committee grew throughout the planning process, but the final composition of the Committee appears in the table in Appendix A.

elected to rely on the wisdom and insights of the family violence survivors among the professionals on the Committee. The group noted that strategies under the plan should make provision for engaging victims and survivors in future revisions to the plan.

The Planning Committee met again in October 2011 to brainstorm a vision statement. In December 2011 it focused its work on essential definitions. At that meeting the Committee recognized that it had become so large that decision-making had become challenging. The Committee decided to use Committee members as volunteers to serve on working groups as the "staff" of the larger Committee. The smaller working groups conducted the research, reviewed the literature, met to discuss findings and recommendations. The working groups' members worked alone, in pairs and small teams, and met roughly monthly to discuss their progress. The groups then prepared and presented briefings for the Planning Committee to discuss. The Committee would set the direction and assign the next work group tasks. The approach relied heavily on collaboration as defined by Schrage: "The process of shared creation: two or more individuals with complementary skills interacting to create a shared understanding that none had previously possessed or could have come to on their own. Collaboration creates a shared meaning about a process, a product, or an event. In this sense, there is nothing routine about it. Something is there that wasn't there before."[2] The table below describes the important meetings of the working groups and their interactive sessions with the larger Planning Committee.

Calendar of Important Planning Meetings:

Meetings of the Planning Committee	**Meetings of the Working Groups**
August 23, 2011: State Bar Building – set parameters of the planning project. "Planning to Plan." **October 18, 2011:** Romae Powell Justice Cntr – brainstorm vision, roles, process for planning. **December 2, 2011:** Romae Powell Justice Cntr – determine types of violence and definitions to focus on; make role assignments for Needs Assessment work group.	**November 30, 2011:** GCADV offices – Needs Assessment work group discusses Dec 2 presentation **December 19, 2011:** GOCF offices - Resources Inventory work group identifies documentation to collect. **January 13, 2012:** GCADV offices – Needs Assessment work group meets to discuss surveillance data and set parameters on case scenarios. **January 27, 2012:** GOCF offices - Resources work group meets to discuss the inventorying/cataloging task. **February 3, 2012:** GCADV offices – NA work group meets to discuss data, case scenarios, and models for integrating cases with data and CDC/PH models **March 6, 2012:** GCADV offices – NA and RI joint work group meeting to brief one another, prepare for next Planning Committee presentation. **March 19, 2012:** GOCF offices – RI work group

[2] Michael Schrage, *Shared Minds,* Random House 1990.

April 17, 2012: Romae Powell Justice Cntr - Planning Cmte was briefed on status of work groups & the needs analysis; analyzed strengths & weaknesses, gaps; approved next steps for work groups. **June 8, 2012:** Romae Powell Justice Cntr – Presentation of needs analysis and resource inventory to Commission on Family Violence. June 28, 2012: Planning Cmte meeting postponed to allow more time for RI work group. **July 31, 2012:** State Bar Bldg – Planning Cmte meets to discuss priority directions; forms draft strategies and assigns strategy work group. **September 24, 2012:** Macon Conference – Judge Walker and team present the process & Planning Comte strategies at a workshop. That evening GCFV Commission meets to discuss the strategies and approves the preparation of the Plan based on those strategy recommendations. **November 7, 2012:** GCFV distributes draft State Plan for review by Planning Cmte. **November 9, 2012:** Conference call to answer Planning Cmte questions about the draft State Plan. **November 30, 2012:** Conference call to answer questions from Commission members about the draft State Plan. **December 7, 2012:** GCFV team presents final State Plan to Commission for final approval.	reviews progress, troubleshooting, tasks. **May 18, 2012:** GOCF offices – RI work group meets to review progress, discuss formatting inventory. **May 31, 2012:** GCADV offices – NA work group meets to discuss case scenarios, formatting the needs analysis, drafting the analysis of needs data. **June and July 2012:** Work groups submit data which are converted into geo-maps and data analyses for review and comment; refinements made. **August 14, 2012:** YWCA of NW GA - Strategies work group meets to discuss needs and strategy ideas. **September 10, 2012:** GCFV distributes DRAFT strategies to Planning Cmte for review & comment. **September and October 2012:** Strategy work group refines strategies and includes goals, objectives, key initiatives, action plans and measures of success. Review and refine maps. Draft State Plan prepared for distribution to Planning Cmte review. **November 23, 2012:** Revisions to State Plan completed for review by GCFV Commission. **December 6: 2012:** Revisions to State Plan completed to reflect comments from November 309 reviews.

The Planning Committee's working groups pushed the progress forward. These individuals performed admirably with a tremendous workload in addition to their daily professional responsibilities. They deserve special recognition here:

- **Needs Assessment Working Group:**
  - Julia Perilla, Georgia State University
  - Nicole Lesser, Georgia Coalition against Domestic Violence
  - Lisa Dawson, Georgia Department of Public Health
  - Angie Boy, Georgia Coalition against Domestic Violence
  - Dawn Fowler, Centers for Disease Control and Prevention
  - Kim Washington, DHS, Division of Family and Children Services
- **Resource Inventory Working Group:**
  - Dahlia Bell Brown, Governor's Office on Children and Families
  - Katie Jo Ballard, Governor's Office on Children and Families
  - Stephanie Lopez-Howard, Georgia Criminal Justice Coordinating Council
  - Kim Washington DHS, Division of Family and Children Services

- Travis Fretwell, Department of Behavioral Health and Developmental Disabilities, Prevention
- Jennifer Thomas, Georgia Commission on Family Violence

- **Strategies Working Group:**
  - Christopher Church, Georgia Administrative Office of the Courts
  - Holly Comer, YWCA of Northwest Georgia
  - Elisa Covarrubias, YWCA of Northwest Georgia
  - Lisa Dawson, Georgia Department of Public Health
  - Dawn Fowler, Centers for Disease Control and Prevention
  - Vickie Kimbrell, Georgia Legal Services Program, Inc.
  - Nicole Lesser, Georgia Coalition against Domestic Violence
  - Eesha Pandit, Men Stopping Violence
  - Julia Perilla, Georgia State University
  - Chuck Spahos, Georgia Prosecuting Attorneys Council
  - Robert Thornton, Georgia Criminal Justice Coordinating Council
  - Brian Walker, Aide to Majority Whip, Re. Edward Lindsey
  - Kim Washington DHS, Division of Family and Children Services

Vision for the Future of Georgia:

On October 18, 2011 the Planning Committee brainstormed the characteristics of a Georgia society they could envision in the long term. It consisted of five major categories of change. Each was edited into a narrative for review and comment by the group. This vision guides and motivates the strategies that were included in the State Plan. ***We envision a future in which…***

1. **…the public appreciates that we all benefit when families practice healthy, resilient methods of solving their problems. There is a broad-based expectation that violence will not be tolerated.** Georgians believe that all our people are valued, and are considered equal and trustworthy, regardless of gender, faith, or cultural differences. Using power over weaker people is not an acceptable means of settling differences. People speak up when they see others abused or hurt by violence. Georgians ask for help in violent or potentially violent situations, because the responses they receive are helpful and culturally competent. As a result, there is no shame in reporting violent events. A plea for help leads to support and concern without the victim blaming that tends to keep victims of violence quiet.

2. **…families in Georgia take care of their members, nurturing each other and helping one another to excel.** They love and respect each other, and as a result, people are safe and healthy at home. Families use effective methods of resolving conflicts, and they ensure that their members remain physically and mentally healthy. Physical and emotional abuse in families is declining in prevalence and severity.

3. **… children in Georgia are growing up to be healthy, resilient individuals who do not use violence to solve problems.** Children are excelling in school. There is less truancy than ever before, and children have the opportunity to learn, mature, and explore their options in life – without devoting so much energy to survival or protecting themselves.

4. **…Georgia's public leaders promote policies that encourage healthy and safe family living.** Community-based interventions are considered effective because they engage families early, before crises break down the fabric of family bonds. Georgians rely on each other to identify and solve conflicts, and do not turn first to the criminal justice system for solutions. In fact, the law enforcement and the courts are usually the last people called, because families are supported by

people who can help reduce the need for enforcement. If Georgia needs structural changes to enhance the well-being of its families, there are leaders willing to work together to generate reforms (e.g., limits on access to firearms by people with histories of violence or immigration policy).

5. **…Georgia is experiencing less violence, more healthy relationships, and economic vitality as a result of these cultural changes.** Our economy is stronger, and Georgians of all income ranges view the system as fair and equitable. The community's attention to fair play has led to downward trends in oppression and discrimination. People who have had the hardest time obtaining support from the community now have equal access to safety and care. Religious discrimination, at least as an institutionalized practice, has become a thing of the past. The crime rate is lower; homicides are on the decline. Television and other forms of entertainment reinforce messages of accountability and social responsibility, and are no longer the greatest promoters of violence. The rates of alcohol and drug use or abuse are also sharply declining. There is a noticeable trend toward better physical and emotional health among our people; people even seem to be less angry! Georgians need fewer state social services, which has freed up resources for other forms of support for families, such as schools and preventive care. The greatly reduced frequency of family violence has eliminated the most severe and longest lasting forms of damage, and that in turn has set into motion a spiral of diminishing violence.

Chapter Two describes the Needs Assessment findings that drove the resources inventory, gap analysis and selection of strategies.

Chapter Two: NEEDS ASSESSMENT

Introduction:

The State Plan to End Family Violence is based on an environmental scan of Georgia's existing data on the needs of victims and survivors of family violence. This chapter describes how the effort was focused, summarizes the surveillance data and discusses some of its limitations, offers case studies to supplement the existing data, and presents the case for the scope and distribution of Georgia's needs.

Definition of Family Violence:

As it sorted through its early deliberations the Planning Committee acknowledged the power of language, and recognized that it was using some important terms vaguely. Left unattended the use of "shorthand" terminology threatened to undermine any agreements that might have resulted from the process. Therefore Committee's first task was to clarify its definitions.

"Family violence" defined in Statute: "As used in this article, the term 'family violence' means the occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household:

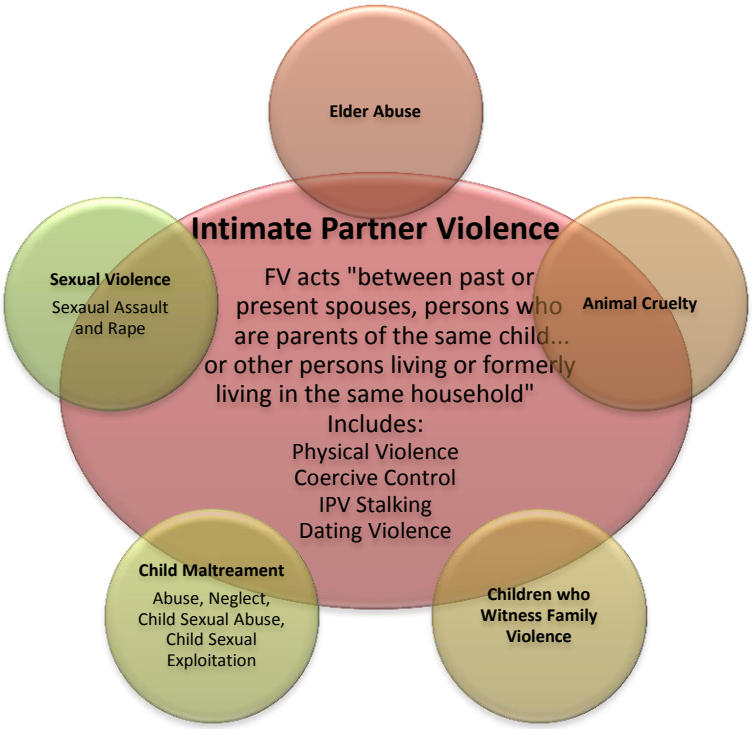
(1) Any felony; or

(2) Commission of offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass.

The term 'family violence' shall not be deemed to include reasonable discipline administered by a parent to a child in the form of corporal punishment, restraint, or detention." *OCGA § 19-13-1*

Examples of some related abuses that might have been included in the definition of family violence are pictured in the diagram below, developed by the group and based on Georgia statute OCGA § 19-13-1.

Figure 1. Intimate Partner Violence and a Range of Related Abuses



The Planning Committee soon realized that some forms of abuse, even some that meet the statutory definition of "family violence," extend beyond the parameters of the current state planning process and the expertise of many planning committee members. For example, a brother fighting a brother may be family violence, but focusing on that issue would have stretched the Committee's limited resources dangerously thin. Similarly, there were spheres of abuse that went beyond the scope of the Planning Committee in the areas of sexual violence (e.g., non-familial), animal cruelty and child maltreatment when unrelated to intimate partner violence – represented in the diagram by the smaller circles overlapping the central definition of "Intimate Partner Violence."

Given GCFV's historical mandate, the missions of GCFV's partner agencies, and the need to set parameters for the planning process, the Planning Committee decided in December 2011 to focus its efforts on three areas of intimate partner violence:

1. Domestic violence as defined by the Office of Violence Against Women http://www.ovw.usdoj.gov/domviolence.htm (OVW, US DOJ);
2. Teen dating violence; and
3. Children exposed to domestic violence.

Domestic Violence Definition by the Office of Violence Against Women[3]: First, the Planning Committee adopted the definition of Domestic Violence developed by the funding source of many of the Georgia agencies participating in the planning. It is as follows:

"We define domestic violence as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

- *Physical Abuse:* Hitting, slapping, shoving, grabbing, pinching, biting, hair pulling, etc. are types of physical abuse. This type of abuse also includes denying a partner medical care or forcing alcohol and/or drug use upon him or her.
- *Sexual Abuse:* Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes, but is certainly not limited to, marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner.
- *Emotional Abuse:* Undermining an individual's sense of self-worth and/or self-esteem is abusive. This may include, but is not limited to constant criticism, diminishing one's abilities, name-calling, or damaging one's relationship with his or her children.
- *Economic Abuse:* Is defined as making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding one's access to money, or forbidding one's attendance at school or employment.
- *Psychological Abuse:* Elements of psychological abuse include - but are not limited to - causing fear by intimidation; threatening physical harm to self, partner, children, or partner's family or friends; destruction of pets and property; and forcing isolation from family, friends, or school and/or work.

[3] *Sources: National Domestic Violence Hotline, National Center for Victims of Crime, and WomensLaw.org. http://www.ovw.usdoj.gov/domviolence.htm Office of Violence Against Women (OVW, US DOJ). 2012*

Domestic violence can happen to anyone regardless of race, age, sexual orientation, religion, or gender. Domestic violence affects people of all socioeconomic backgrounds and education levels. Domestic violence occurs in both opposite-sex and same-sex relationships and can happen to intimate partners who are married, living together, or dating.

Domestic violence not only affects those who are abused, but also has a substantial effect on family members, friends, co-workers, other witnesses, and the community at large. Children who grow up witnessing domestic violence are among those seriously affected by this crime. Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems, but also teaches them that violence is a normal way of life - therefore, increasing their risk of becoming society's next generation of victims and abusers."

Definition of Teen Dating Violence: Broadly defined, TDV is a pattern of abuse or the threat of abuse against teenaged dating partners. The Centers for Disease Control and Prevention define TDV as the physical, sexual, or psychological/emotional violence within a dating relationship, which includes stalking. It can occur in person or electronically and may occur between a current or former dating partner.[4] TDV occurs across diverse groups and cultures. It takes different forms, including verbal, emotional, physical, sexual, and digital abuse. The experience of being a victim of TDV has both immediate and long term effects on young people.[5] Although the dynamics of TDV are similar to domestic violence among adults, the experiences of teen dating violence – as well as the challenges in seeking and providing services – make the problem of TDV unique. According to the latest CDC Youth Risk Behavior Surveillance (YRBS), Georgia ranks as the worst state in the nation for teens experiencing dating violence: One in six teen respondents to the YRBS (16%) indicates he or she has experienced some form of this abuse.[6] Teen dating violence can also have long term consequences. Georgia's most recent Domestic Violence Fatality Review Report[7] indicates that over one quarter (30%) of adult DV fatality victims were 15 to 24 years old when they began their relationship with the person who eventually killed them.

Definition of Children Exposed to Domestic Violence: Currently there is no consensus on what constitutes "children exposed to violence," since the organizations concerned with child well-being track it in unique ways. The Safe Start Initiative[8] defines children's exposure to violence as the "*direct and indirect exposure to violence in the home, school, and community."* Children's Health Care of Atlanta (CHOA) describes exposure as a situation where a child simply *lives in a home where domestic violence occurs.* State statutes and federal law are unclear about the difference between being a victim of child abuse or neglect and being *exposed* to intimate partner violence. Experts are quick to point out that while exposure to DV can be considered a form of emotional abuse/neglect, each case is unique.

The 2011 Georgia Domestic Violence Fatality Review Report indicates that children were killed in 4% of the DV fatality cases reviewed by the project. In 19% of the cases children had witnessed the homicide, and in 43% of the cases children were in the vicinity. In cases where children witness or are present at

[4] CDC Injury Center for Violence Prevention, Teen Dating Violence, http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/teen_dating_violence.html
[5] 2012 VAWnet. http://www.vawnet.org/special-collections/TDV.php#100
[6] CDC Youth Risk Behavior Surveillance System. http://www.cdc.gov/HealthyYouth/yrbs/index.htm
[7] "Georgia Domestic Violence Fatality Review Annual Report." Georgia Commission on Family Violence and Georgia Coalition Against Domestic Violence, 2011. www.fatalityreview.com
[8] http://www.safestartcenter.org.

the time of the homicide, they rarely receive specialized trauma and grief counseling or other necessary wraparound services.

Surveillance Scan: Data Selection and Analysis Process

The Planning Committee established that the Needs Assessment working group would have time and resources only to identify and work with *existing* data. There was no time or budget to conduct primary research – surveying, key informant interviewing, etc. The Planning Committee assigned responsibility to the NA working group to identify the "owners" of the needed data, obtain those data, and conduct the analysis. The working group built on recent analyses completed by the Emory University School of Law, as well as the work of the GCFV and GCADV on fatalities in Georgia. GCFV also found a small budget to support an analysis of the existing data sets by the GCADV during the winter of 2012.

By defining family violence narrowly, the Planning Committee concentrated the needs assessment. The NA working group met first to discuss the strengths and limitations of existing data sets. The group conceptualized the intersection of the data with models for planning.[9] Essentially, the model recognizes an analytical approach to examining the existing data (upper left quadrant of the diagram), and filters those data through the CDC's socio-ecological model (the ovals) for visualizing the needs of individuals in the context of their families, their communities and their society. Such a model is essential for integrating objectives for long-range prevention as well as immediate intervention into family violence.

The group decided that the approach required case scenarios to strengthen the existing data. It set parameters for developing case scenarios that would be used to supplement the existing data. (See the lower left quadrant of the diagram for the manner with which the group framed the cases it needed to illustrate primary, secondary and tertiary needs at the levels of individuals, families, communities and the society.) Finally, the conceptual model called for examining those cases with the existing surveillance data to support an analysis of the literature on risk and protective factors (upper right quadrant of the diagram). The experience of the working group members provided knowledge of best practices and effective service models that informed the Planning Committee's recommendations for strategies at all levels and timeframes. The NA work group met again in February to discuss the surveillance data and to prepare a briefing for the Planning Committee. It met on three other occasions to discuss case scenarios, complete the analysis, and on at least one occasion to coordinate with the Resource Inventory working group.

Existing Data Sources Examined:

Primary Crime and Needs Data Sets: GCFV engaged GCADV to prepare a summary of the data sources. The group considered the following 16 as primary data sources containing Georgia-specific data sets.

- Georgia Crime Information Center (GBI)
- Georgia Violent Death Reporting System (DPH)
- TPO Data from the Administrative Office of the Courts (AOC)
- GA Domestic Violence Fatality Review Project (GCADV and GCFV)
- Hospital Discharge Data (DPH)
- National Domestic Violence Hotline (NDVH)
- National Intimate Partner and Sexual Violence Survey (CDC)
- OASIS (DPH)
- Pregnancy Risk Assessment Monitoring System

[9] Please see Appendix C for a snapshot of this conceptual model to illustrate the explanation here.

- Violence Policy Center
- Youth Behavioral Risk Factor Surveillance System (CDC)
- Governor's Office for Children and Families – Shelter data
- GA Criminal Justice Coordinating Council – Victim needs assessment
- National Network to End Domestic Violence – Shelter census
- GA Department of Family and Children's Services (DHS)
- GA Division of Aging Services – Adult Protective Services (DHS).

GCADV's summary and critiques of these sets appear in Appendix F. Other data sets and secondary literature examined during the planning process appear in Appendix D.

Summary of Existing Data on Family Violence:

Women are disproportionally affected by sexual violence, intimate partner violence and stalking.[10] According to the U.S. Department of Justice, about 4 in 5 victims of intimate partner violence were female from 1994 to 2010. Most intimate partner violence was perpetrated against females. In 1994, 85% of intimate partner violence victims were female and the remaining 15% were male. These distributions remained relatively stable over time.[11]

Nearly 3 in 10 women in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner. The medical care, mental health services, and lost productivity (e.g., time away from work) cost of IPV constituted an estimated $5.8B in 1995, which equals $8.3B when updated to 2003.[12]

Public Health Implications of IPV: Some background perspective on the effects of domestic violence:
- Women who are violence survivors are more likely to report asthma, diabetes, and irritable bowel syndrome, as well as other health consequences.
- IPV is associated with other risks, including: substance abuse, HIV, child maltreatment, multiple exposures to violence, poverty, homicide.
- The effects and impact of IPV disproportionately affect certain subpopulations.
- IPV resulted in 2,340 deaths in 2007; of these IPV victims, 70% were females.[13]

Surveillance Scan of Georgia: *Surveillance is the ongoing, systematic collection, analysis, and interpretation of data essential to planning, implementation, and evaluation of practice/programs, closely integrated with the timely dissemination of these data….* Our scan of existing data revealed:
- Georgia is currently ranked 6th in the nation for rate of men killing women.
- IPV is a leading cause of injury for girls and women between the ages of 15 and 44.
- Children were in the vicinity during a homicide in 43% of cases reviewed, and actually witnessed the homicide in 19% of the cases (GA Fatality Review Project).
- IPV along with substance abuse and mental illness are three major underlying problems in abuse and neglect cases petitioned in the Juvenile Court. These problems, particularly IPV, are often not

[10] CDC, NISVS Survey, 2010 Data. http://www.cdc.gov/ViolencePrevention/pdf/NISVS_FactSheet-a.pdf
[11] DOJ, Bureau of Justice Statistics, Special Report on Intimate Partner Violence, 1993-2010. http://www.bjs.gov/content/pub/pdf/ipv9310.pdf
[12] *Black et al., 2011; CDC, 2012.*
[13] *Whitaker & Lutzker, 2009; Black & Breiding, 2008; Whitaker & Reese, 2008; Gilbert et al., 2006*

identified at the time children are removed to foster care. (Judge Peggy Walker, Juvenile Court of Douglas County).

- According to the latest CDC Youth Risk Behavior Surveillance (YRBS), Georgia ranks as the worst state in the nation for teens experiencing dating violence: One in six teen respondents to the YRBS (16%) indicates he or she has experienced some form of this abuse.[14] GA respondents were more likely than the U.S. population to report being hit.
- Georgia is seeing increasing numbers of Domestic Violence fatalities since 2008.
- In 2009, law enforcement responded to 62,156 DV incidents in Georgia. (GCFV)
- In the past three years, family violence incidents rose while violent crime rates decreased; reported rates of DV increased, but numbers of arrests decreased. (GCFV, CJCC)
- In 2010 (GCFV):
  - 71,212 crisis calls were made to Georgia's certified DV agencies.
  - 23,013 protective and stalking orders issued, though 13 Georgia counties reported ***no*** TPOs.
  - 7,544 survivors and children received DV shelter; 2,636 were turned away for lack of space.

Decision to Use Death Data for Mapping: As noted above, over 16 sources exist for GA-specific family violence data. The data are useful, but they have limitations. (See ***Limits of the Family Violence Incidence Data in Georgia*** section below.) For the purpose of mapping needs, the Needs Assessment group chose to focus on death data from two sources: the GA Domestic Violence Fatality Review Project and the GA Violent Death Reporting System (GVDRS). The Fatality Review Project – conducted by GCADV and GCFV – generates death data through analysis of a comprehensive news scanning service and direct reports from GA domestic violence programs. The GVDRS dataset – maintained by DPH – combines law enforcement and coroner/medical examiner information. These death data, while they do have limits, were deemed to be the most reliable for use when mapping.

Note: The Planning Committee understands that family violence is multi-faceted, and that most abuse does not lead to death. Therefore, we cannot conclude that the distribution and rates of domestic violence-related deaths indicate the true prevalence and distribution of family violence in Georgia. Still, the Committee chose to focus on death data as a starting point to guide our work. Other data such as shelter calls, shelter services accessed and temporary protective order do exist – but they are not nearly as complete or accurate as available death data. Because other data are not as complete or reliable, mapping on those data points was not undertaken at this point. However, the Plan includes recommendations for improving and coordinating data sets in the future. Planners should use more data sets in the future to generate a more comprehensive and nuanced picture of family violence in Georgia in future planning processes.

The data from the Fatality Review Project and the GVDRS were analyzed in January and February 2012. Frequencies were converted into rates using 2010 census data for the counties. County numbers were grouped into health districts because we used DPH data. Because individual county numbers are smaller, we chose to combine counties into health districts and calculate rates based on district population using 2010 census data. This allowed for comparison by health district while accounting for larger populations in the metro-Atlanta area. In addition, for the Fatality Review data, we have also provided a map indicating death rates and numbers for individual counties over a three year period.

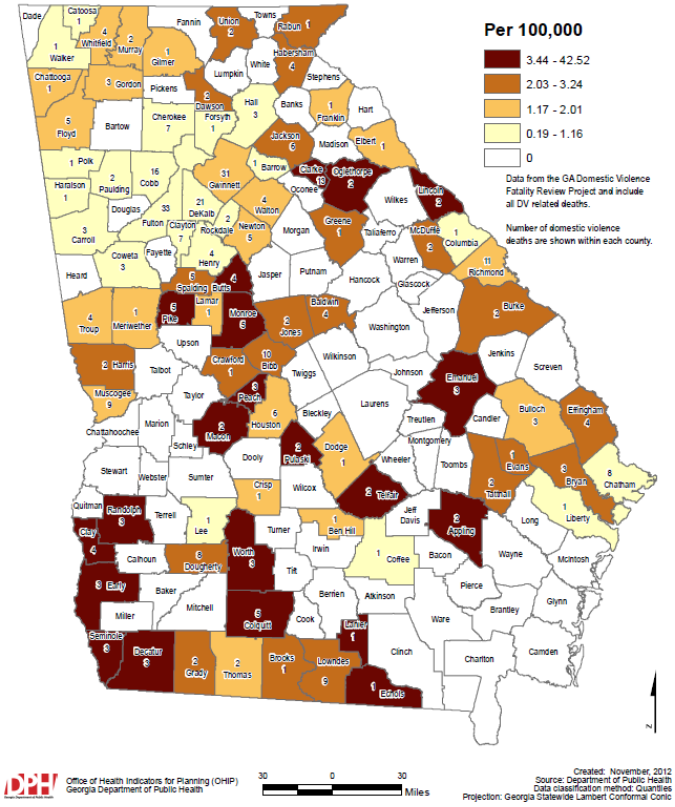
The three maps that follow in Figures 2, 3, and 4 appear again in Appendix F, starting on page 46. These maps are larger for those who wish to study them more closely.

[14] CDC Youth Risk Behavior Surveillance System. http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Regional and County Distributions of Domestic Violence-Related Deaths (Source: GA Domestic Violence Fatality Review Project): The yellow and brown map at right illustrates where the highest rates of ***all*** domestic violence-related fatalities occurred in Georgia for the most recent three-year period, 2009-2011. These are state public health districts.

Figure 3.

Domestic Violence Death Rate, 2009-2011

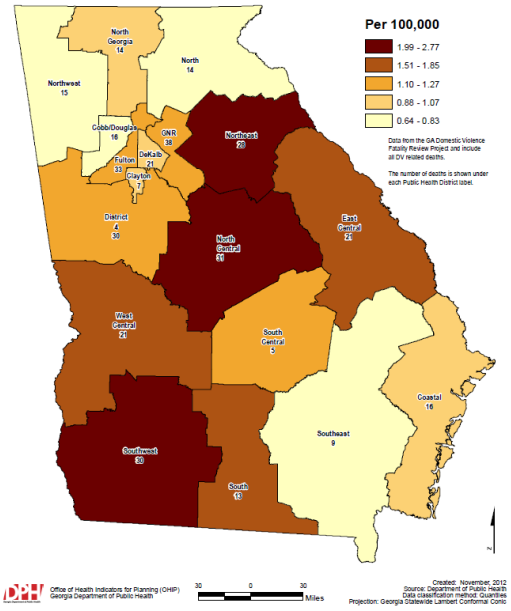


Therefore, counties showing no DV deaths over the last 3 years may have had DV deaths that were not recorded through this methodology. In addition, DV deaths vary greatly from year to year on the county level. Some of the counties showing no DV deaths on this map have had DV deaths in 2012 and/or in the recent past before 2009. Please consult the 2012 GA Domestic Violence Fatality Review Report for more information about DV deaths per county over a longer period of time.

IPV-Related Femicide Rates per 100,000 Population 2006-2009 (Source: GA Violent Death Reporting System). The third, blue map (Figure 4) depicts IPV-related homicides of

Figure 2.

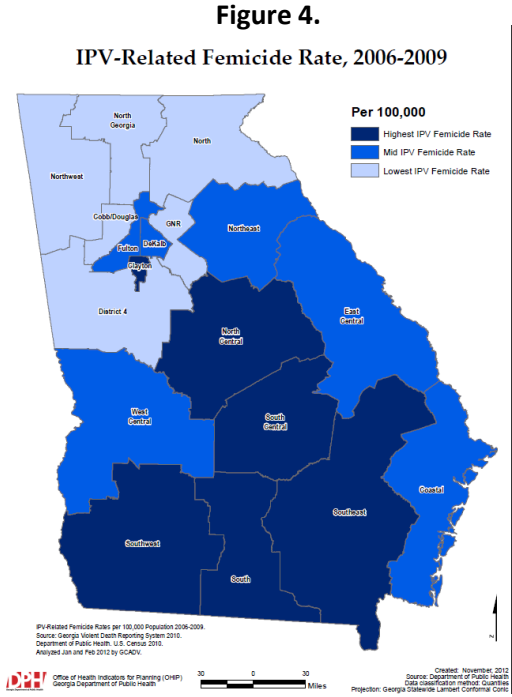
Domestic Violence Death Rate, 2009-2011



At left are the same DV death data plotted by county, and include the total number of DV deaths recorded in each county from 2009-2011. Note: This map is generated from data obtained through a systematic analysis of statewide media reports and direct reports from domestic violence programs. This methodology likely leads to an undercount of DV deaths since not all DV deaths are reported by the media or known by DV program advocates.

Figure 4.

IPV-Related Femicide Rate, 2006-2009



women only (i.e., femicides) and is drawn from DPH's GVDRS dataset, which combines law enforcement and coroner/medical examiner information.[15]

These three maps – drawn from two datasets generated independently from different sources of information - show remarkable similarities in distributions among the population. Notice the band of highest rates per 100,000 population occurring from the northeast to the southeast and south-central portions of the state. Higher rates of DV-related deaths indicate the need for resources and attention to prevention efforts in those areas. These areas coincide with the state's highest rates of poverty, unemployment, and inaccessible social supports like public transportation, domestic violence programs and social services.[16]

Limits of the Family Violence Incidence Data in Georgia:

An ideal planning process depends on trustworthy information for making decisions about priorities. The information available for the Plan was challenging to obtain, and sometimes not as reliable as the working group would have preferred. There are legitimate reasons for this. Many factors come into play when people interact with our protective systems; and each system records those interactions in unique ways. Organizations collect data to help accomplish their unique purposes or missions, and that affects how their data are collected and compiled. In Georgia, a variety of public and private agencies – including criminal justice, advocacy organizations, and public health entities – collect data on domestic violence. Some count *acts* or *incidents* of domestic violence (e.g., crime reports of family violence); others count the numbers of individual *victims served* (e.g., DFCS abuse reports) or *units of service* rendered (e.g., nights of shelter care). Still others count the *consequences of the violence* (e.g., emergency room injury data).

Organizations also vary in the consistency with which they collect their data. Most practitioners and researchers in this arena believe that the existing incidence data on family violence represent radical under-counts of the number of these events in Georgia. There are numerous systemic reasons, ranging from poor reporting rates to inadequate training and documentation among first responders. But even if the existing incidence data are radically under-stating the need, they still attest to a major problem in Georgia, and one that demands immediate attention.

It has become apparent that Georgia's family violence data are not reliable enough by themselves for supporting decisions on programming priorities. Each dataset has weaknesses that affect one's ability to see the full impact of domestic violence on victims and service organizations. The challenges that came with so many disparate and uncoordinated data systems led the NA working group to be cautious about the statistics in existing reports on family violence problems and needs. That does not mean it had to discard the data, but it did take care when interpreting and using the data for making planning decisions. The working group decided to utilize a variety of sources to obtain as reliable a picture as possible of the impact of domestic violence in Georgia.

More information is needed in Georgia: Any strategies designed to end family violence should include provision for better data collection and a partnership among agencies that will ensure a comprehensive picture of the family violence situation in Georgia. That comprehensive data picture can be used in conjunction with the voices of victims and advocacy organizations to develop policies that can lead to

[15] Source: Georgia Violent Death Reporting System 2010. Department of Public Health. U.S. Census 2010. Analyzed Jan and Feb 2012 by GCADV.

[16] A list of the geo-mapped data generated by the project appears in Appendix E.

better prevention and intervention efforts. Please refer to Strategy 7 later in the Plan. Among the data sets the working group found missing were frequencies and distributions of:

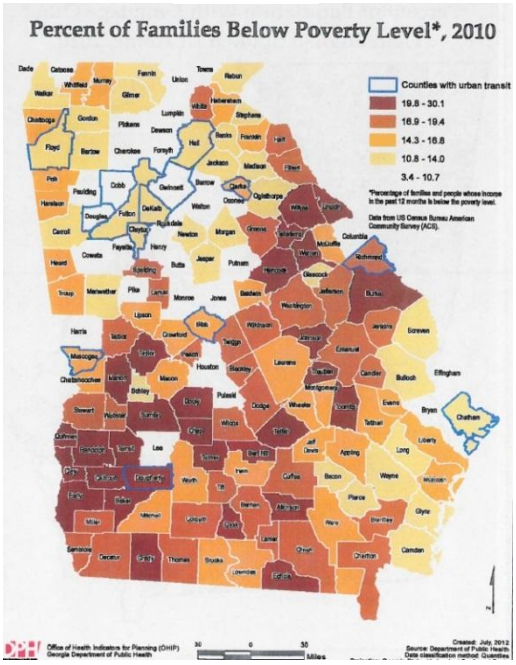
- Women-perpetrated violence;
- IPV among same-sex relationships;
- Underserved populations and gaps in the service system ;
- Association of IPV with other public health priorities, such as motor vehicle accidents, prescription and illicit drug abuse, suicide, and exposure to multiple episodes of violence.

Demographic Data for Georgia:

The working group identified a huge amount of data from the Census records that place the patterns of family violence in context with other societal patterns and trends. Many of those the group looked at are included in Appendix E. Three that were especially important were:

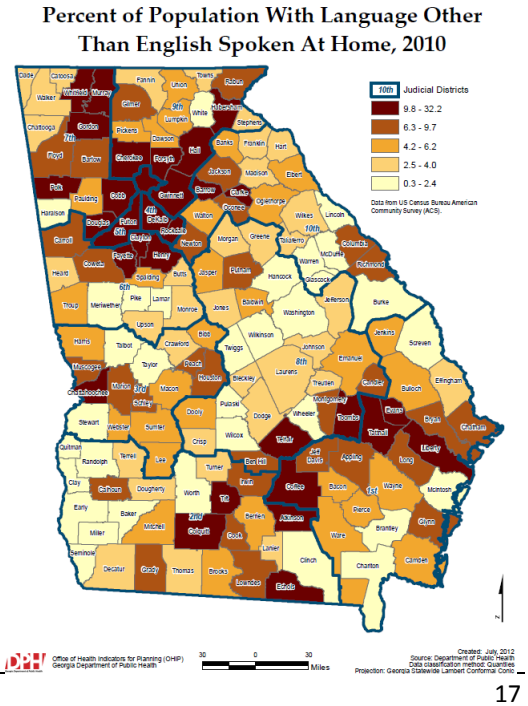
- *Poverty:* Poverty does not cause domestic violence; IPV and abuse occur in all segments of society. But the demographic data do indicate a lack of access to resources, which *is* a risk factor for DV-related homicide. When the group compared the highest per capita rates of poverty with the patterns of highest fatality rates, the risks appear to be highest in the same swath of Georgia already noted at highest risk for family violence. See map to the right (Figure 5).

Figure 5.



- *Access to Transportation:* Fourteen (14) of Georgia's 159 counties offer access to public transportation. Six of these are considered metro Atlanta counties (Cobb, Clayton, DeKalb, Douglas, Fulton, and Gwinnett), and the rest are located in the other eight metropolitan areas of the state (e.g., Savannah, Augusta, Macon, etc.). They are highlighted in blue on the poverty map above, in order to illustrate the shortage of transportation available to victims in the range of counties with the highest rates of poverty and highest rates of family violence.

Figure 6.



- *Population speaking other than English at home:* Access to supportive services can also be affected by language barriers, especially in those areas that are lacking bilingual services. Families in Georgia that primarily speak other languages than English at home are mostly concentrated in the north-central metropolitan counties – although there are also higher concentrations in parts of the southeast, south and northwestern portions of the state. Figure 6 at the right illustrates those areas where the highest-density of non-English-speaking people lives in Georgia. It indicates potential areas where additional resources for language-sensitive and culturally competent services might need to be targeted, (e.g., in the southeastern counties off the coast). Additionally, this map is noteworthy in that, contrary to stereotypes

about non-English speakers, the distribution of non-English speakers does not appear to correspond with the DV death rate patterns tracked in Figures 2, 3, and 4.

Case Studies to Supplement Data:

One method the project used to supplement the datasets of quantitative data was to develop a "library" of typical family violence cases for a careful review of common areas of need. Practice experts serving as members of our Needs Assessment working group drew on their agencies' case files to summarize typical (actual) cases that illustrated the needs of people who have been victims of family violence, or who are vulnerable to family violence. The work group members then reviewed those case scenarios, looking for patterns of need that could be used to supplement the quantitative data collected from existing data sets. The following organizations submitted typical cases for the Needs Assessment Committee to consider:

- *Caminar Latino – 2 cases*
- *Department of Family & Children Services – 2 cases*
- *Adult Protective Services – 1 case*
- *Georgia Coalition Against Domestic Violence – 2 cases*
- *Georgia Commission on Family Violence – 3 cases*
- *United 4 Safety – 1 case*
- *Rape Crisis Center of Savannah – 1 case*

There was a structured approach to developing and reviewing these cases. Cases first were selected to illustrate the needs of a range of victims, survivors and people *at risk of family violence* – by type (e.g., physical abuse, emotional, sexual, etc.). All the cases were reviewed in draft by the peer group to ensure their comprehensive nature. Cases demonstrated the risks of childhood exposure to family violence and child sexual abuse, mental health, drug and alcohol problems, and poverty or insecurity with limits on transportation, housing, childcare, etc. Other risk factors that were identified included isolation, shame, silence, victim blaming (societal and interpersonal), trauma, and access to firearms.

The cases also addressed *protective factors*, such as when a victim has supportive family members, the concern of others, and access to hospital support groups, DV centers, or a sensitive advocate and a supportive faith position or community. Similarly, these cases documented the risks and needs created by societal beliefs, such as dominant beliefs about violence, male entitlement and superiority, respect, and equality, cultural insensitivity, biases, and institutional barriers to safety for underserved and marginalized communities, the appreciation and support for victim service centers, as well as the society's willingness to engage in relationship building and to educate its youth about the risks and protective factors involving family violence. Underlying all these case factors were the following shared values, drawn by the work group's experts from the practice literature:

- *The public has an ethical responsibility to protect all people in Georgia.*
- *Sometimes this responsibility includes protecting family members or dating partners from each other.*
- *Family violence thrives when families and victims are isolated from meaningful support and resources.*
- *Sometimes well-meaning individuals and formal systems attempt to intervene in ways that further isolate families and victims.*
- *Families, friends, co-workers, and others must look for avenues to help Georgians in ways that are truly helpful and supportive of people being abused (and their children), and that require*

accountability and change for people who choose to use a pattern of abuse and coercive control with their family members.

- *In family violence situations, the wellbeing of the children and of the mother or non-abusive caregiver are inseparable. Any successful intervention must strengthen the relationship between the victim and her children and increase the safety and wellbeing of both.*
- *If our interventions are flexible and nuanced enough to help the most marginalized families and individuals, then all families in Georgia will be safer.*

Summary of Findings on Needs: Consolidated Categories Adopted by Planning Committee

Based on the best available data and the case scenarios, the Needs Assessment Working Group developed five major categories of NEED.[17] The Planning Committee reviewed these categories and adopted them on June 8, 2012. The needs are grounded in the CDC socio-ecological model.

A. VIOLENCE PREVENTION: Beliefs and norms that promote safety, equality and respect for all people in Georgia.

B. EQUITABLE ACCESS TO RESOURCES: Includes immediate safety planning and safety, but also includes fair access to economic, legal, affordable and healthy housing, transportation, health care including substance abuse and mental health treatment, and supervised visitation resources. These resources are not seen as "extras" but as investments in safe, healthy communities.

C. COMMUNITY CONNECTIONS AND SUPPORT: Safety is connection with community rather than removal from it.[18] To the extent possible, these resources and opportunities are available in a way that allows families and individuals in Georgia to stay connected to their chosen communities rather than face removal and disconnection.

D. INTERVENTIONS WITH PEOPLE WHO ARE ABUSIVE: Primary focus is on men using DV against women as defined by OVW. Responses must be flexible and nuanced enough to respond effectively and appropriately to teens using DV, women who resort to violence against their abuser, female batterers, male victims, and other family members.

E. EFFECTIVE SYSTEM RESPONSES: Responses need to be culturally and linguistically competent, comprehensive, respectful, user friendly, well trained in domestic violence dynamics, flexible, accessible, and trauma-informed. Responses are protective and avoid re-victimization and minimize the chances of negative consequences for asking for help.

The Findings on Need were combined with the Resources Inventory to support a gap analysis, both of which are described in Chapter Three.

[17] Sources: *Needs Assessment Preliminary Needs Categories (April 17, 2012); Planning Committee Wall Charts (April 17, 2012); draft Vision Statement (11/08/2011); the list of needs developed in December 2011 by GCADV. and case scenarios developed by the NA Work Group (04/12). Reviewed and edited by Needs Assessment Work Group on May 31, 2012. Additional edits completed by Julia Perilla, Dawn Fowler, Angie Boy, and Nicole Lesser.*

[18] A group of DV experts, in reviewing the draft Plan, suggested that planners use caution in addressing this need. While victims of DV do need a supportive relationship with their communities, many have been harmed by people who were acting on a misinformed notion of "support" – harming instead of helping victims and their children by blaming victims or encouraging them to submit to their abusers. Community connections must be seen as a goal that applies on a case-by-case basis in a community that is informed and sensitive to the needs of victims.

Chapter Three: RESOURCES INVENTORY AND GAP ANALYSIS

Introduction:

The Needs findings approved by the Planning Committee organized the Resource Inventory working group's search for resources designed to meet these needs in Georgia. The objective of this exercise was to examine the distribution of services provided in Georgia, in order to gain insight into service needs that are being under-addressed by existing family violence programming. The Resources Inventory group conducted surveys of their agency partners and regions to locate data on the locations and services offered by providers of the services needed. The members of the working group logged the results of these surveys in Excel spreadsheets, coded by addresses to support geo-mapping.

The Search for Needed Services:

The GCADV research team engaged by GCFV's director identified three primary sources of existing data on the services accessed or requested by victims in Georgia: the Governor's Office for Children and Families, the National Hotline, and the National Network to End Domestic Violence. CJCC was conducting its own needs assessment at the time of the inventorying work, and an attempt was made to coordinate with that effort. Once the working group had reviewed the preliminary findings of that work, the group decided that the assessment was focused on conditions and circumstances that did not coincide with the FV planning assessment.

The working group found that each of these datasets had been built for different purposes, and contained information with different foci. To supplement the analysis of those three sets of resources data, the working group invited leads from the Planning Committee, then surveyed these and their own partners in the following networks:

- GOCF-Funded DV Shelters;
- Georgia Coalition Against Domestic Violence;
- GCFV Family Violence Task Forces and FV Intervention Programs;
- Georgia Criminal Justice Coordinating Council Domestic Violence Programs;
- DFCS Trauma-Informed IPV Services and Public Awareness Campaigns;
- BHDD Substance Abuse Treatment Providers; and
- BHDD Therapeutic Mental Health Services.

The resources inventory surveys attempted to identify services offered by existing agencies, sorted by several essential categories drawn from the needs assessment: Prevention, Basic Services (e.g., transportation, child care, housing, legal services, etc.), Community Connections (e.g., faith-based partners, support groups, DV task forces, fatherhood programs for men, etc.), Intervention Services (e.g., FVIPs, offender job skills, substance abuse treatment, etc.), and System Responses (e.g., safety planning, emergency shelter, support groups, advocacy, mental health and substance abuse treatment). Where the respondents' data permitted logging detailed services offerings, those were plotted. However, the data left many non-uniform gaps in services details; the working group therefore eliminated these details from the inventorying exercise. Future planning efforts should attempt to build somewhat more detailed catalogues of the services available and eligibility requirements for family violence victims and people at risk.

Agency Locations Mapped by the Working Group:

The survey respondents supplied information on the names and locations of their service centers, which the group tracked with spreadsheets. Volunteers from the Department of Public Health and the Criminal Justice Coordinating Council used address data from these spreadsheets to develop geo-maps

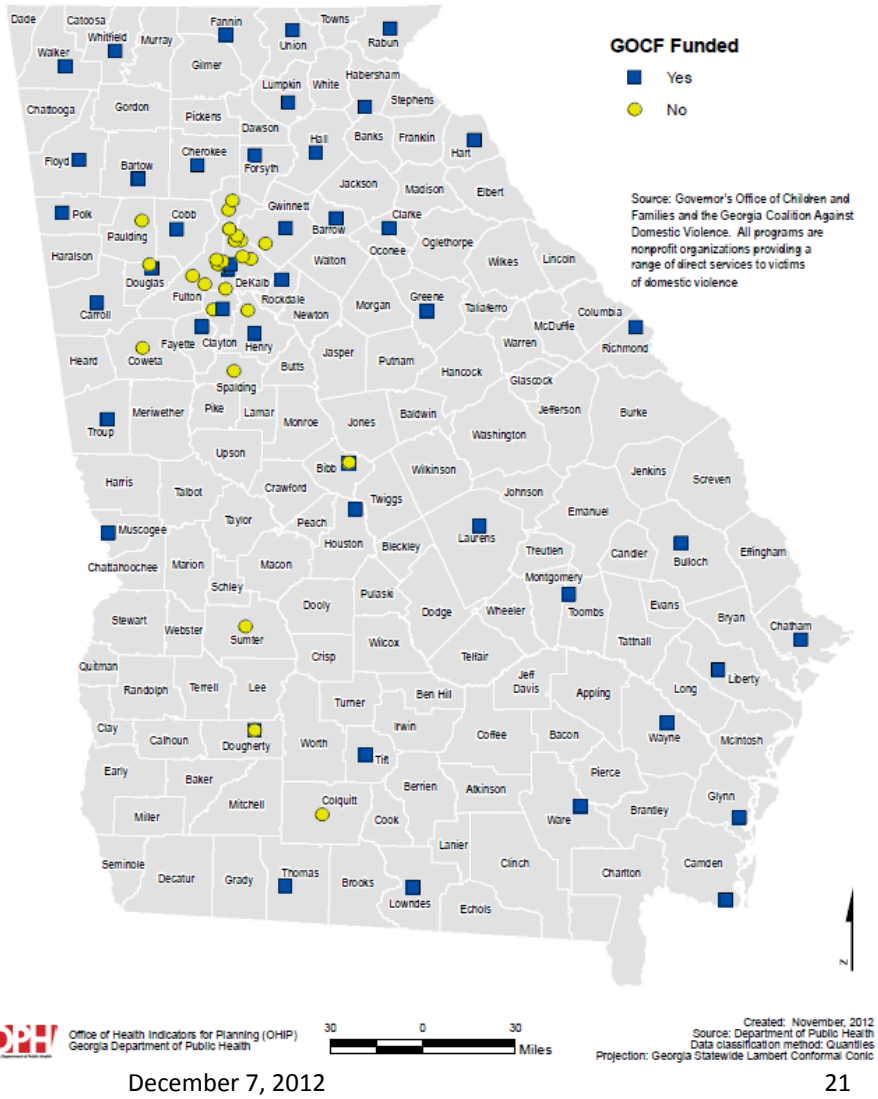
showing the distribution of services and access issues for the needs categories. The group plotted distributions of the services by zip code of the agency's declared locations; those maps are available for future analysis. The project's needs data had been analyzed by county and public health district, and therefore the unit of inquiry for the resources inventory was decided to be the county. Most DV programs serve more than one county, and under better circumstances the analysis would have plotted the agencies' coverage areas, not simply their mailing addresses. Time and resource limits on the study prevented what would have been a more rigorous approach. Still, while it is broadly understood that DV programs will serve clients in need from any county, distance is a barrier to service provision across multiple counties, especially in rural areas, as transportation becomes more difficult. In addition, advocates and service providers may have fewer resources and community relationships as they move farther away from the communities where their DV program is located.

Data on Service Provision:

The maps here provide the plotted data on the locations of existing services. A careful comparison of these locations indicates a concentration of services where one might expect them to be: in and around Georgia's metropolitan communities. For example, more bilingual services offerings are located in the metro area, plus Hall, Forsyth, Cherokee and Richmond Counties.

Figure 7.

Georgia Domestic Violence Programs 2012



Locations of the Existing Domestic Violence Programs: The locations of the state's DV programs known to GCADV and GOCF appear in the map to the right. The blue squares indicate DV programs funded by GOCF, the Governor's Office for Children and Families. The yellow circles indicate programs that do not receive GOCF funding. DV programs, as defined here, are community based nonprofit organizations that offer a range of free services to domestic violence victims, including safety planning and advocacy.

Overlapping this distribution of existing DV resources with the patterns of needs mapped in Chapter Two demonstrated remarkably clearly to the group where the gaps in service availability

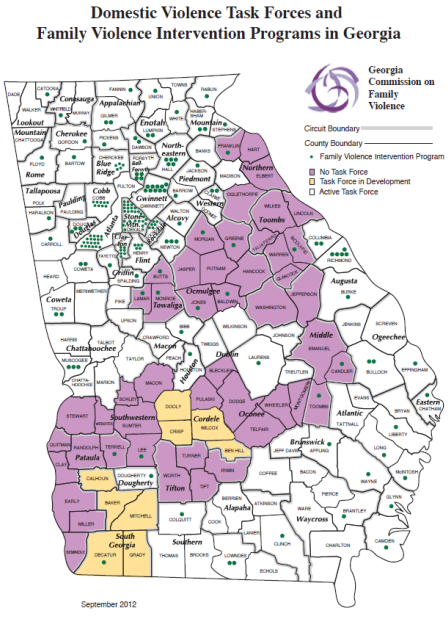
exist in Georgia: The swath of counties with the highest per capita DV deaths cuts across the state from the Northeast and East Central health districts (north of and surrounding Augusta) toward the southwest, into the southwestern-most corner of the state.

Georgia Districts with Highest DV Death Rates and Fewest DV Programs: The group analyzed the data on those health districts showing the highest rates of DV-related deaths per 100,000 population.[19] The working groups and the Planning Committee examined several maps that plotted known addresses for a range of DV programs. The map above plots the locations of DV programs in Georgia known to GOCF and GCADV. Examining this map with the maps on page 15 (and reproduced in greater detail in Appendix F) revealed the following basic observations, which later served as the basis for strategies encouraging the development of future DV services in the southern and other rural parts of the state:

- The three districts called Northeast, North Central and Southwest by the Georgia Department of Public Health have the highest per capita rates of DV deaths and the second-fewest funded DV programs per county: seven programs for 37 counties (i.e., averaging 5 counties per program). That includes three funded programs for ten counties, two programs for 13 counties, and two programs for 14 counties respectively.
- The three districts showing the second-highest rate of DV deaths, the East Central, the West Central and the South, have a combined four state-funded programs for 39 counties (i.e., averaging 10 counties per program). That includes one funded program for 13 counties, one for 16 counties, and two for ten counties respectively.
- The four health districts with the *lowest* rates of DV-related deaths per 100,000 population have 15 state-funded (GOCF) programs for 39 counties (i.e., averaging 2.6 counties per program). That includes four funded programs for 10 counties in the Northwest, four programs for 16 counties in the Southeast, and seven for 13 counties in the North).

In the metro Atlanta area counties, there appear to be a large number of DV programs that are NOT funded by the state GOCF (see Figure 7). Three of these programs are located in southern health districts that have the highest DV-related death rates per 100,000 population. **Figure 8.**

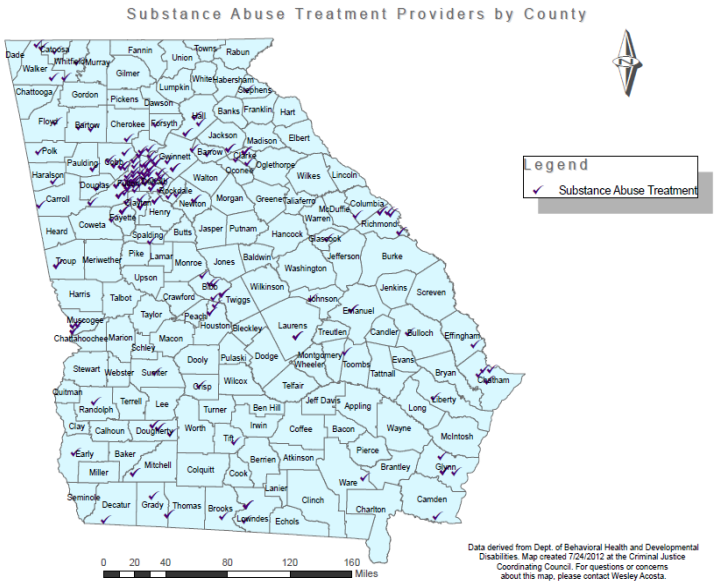
While our analysis cannot draw conclusions about cause-and-effect, and we do not know about the capacity of any of these programs, it is not unreasonable to believe that the availability of these programs to vulnerable populations could be contributing to the lower rates of DV deaths. **It was for this reason that the Planning Committee came to the conclusion that developing new programming in the southern parts of Georgia should NOT come at the price of losing resources where the death rates are currently lower.**



[19] Refer to Figures 2, 3, and 4 on page 15. The working group used the 2010 U.S. Census and data from the 2009-2011 Georgia Domestic Violence Fatality Review Project, including all DV-related deaths, and DV program address data provided by GOCF and GCADV in November 2012. GA Department of Public Health, November 2012.

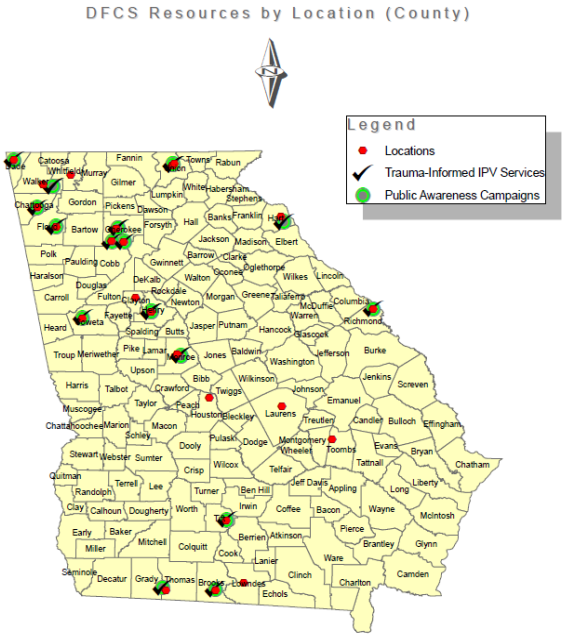
Forces are shown in purple. Orange areas indicate where Task Forces are in formation. Figure 8 was included to illustrate the general pattern. That is, FVIP resources are concentrated in the metro Atlanta area and other metropolitan centers of the state; there are few Task Forces or FVIPs in the swath of Georgia from the north central to the southwest (i.e., there are none in the shaded portions of the map). Conspicuously, the shaded portions of the map coincide strongly with those health districts that have been demonstrated to have the highest per capita rates of DV deaths in the state. This was a cause of concern for the working group, which recommended that the Plan contain action steps for improving accessibility in those areas of the state. Nine counties in the southwest are currently developing Task Forces, and that is an encouraging trend.

Figure 9.



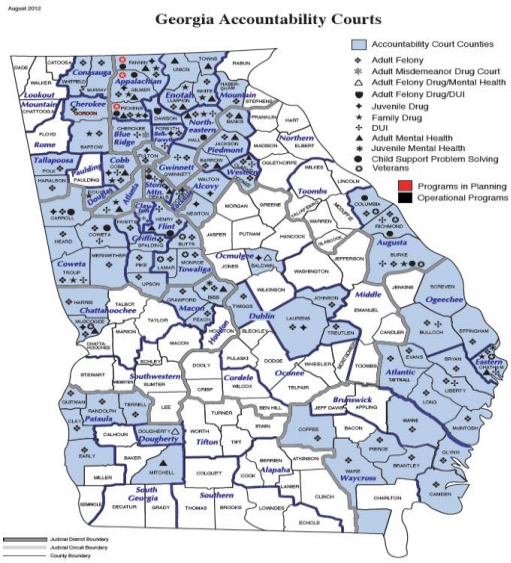
The working group also analyzed similar maps showing the distributions of the other agencies and program types hosted by the Department of Behavioral Health and Developmental Disabilities and the DHS Division of Family and Children's Services. The DBHDD map to the left (Figure 9) plots substance abuse treatment providers. It suggests a pattern similar to that depicted in the FVIP map, with gaps in accessibility in the corridor subject to the highest rates of DV-related deaths with fewest state-funded resources.

Figure 10.



The DFCS map to the right (Figure 10) confirms this pattern of coverage and gaps in the service network. DFCS maintains seven offices in the half of the state from Macon south, and fifteen above that line. Centers offering Trauma-Informed Intimate Partner Violence Services (which would be helpful for children who have witnessed DV or been victims of teen dating violence) number 13 above that line, and three below it.

Figure 11.



The locations of Georgia's Accountability Courts are plotted in the blue map to the left (Figure 11), from data supplied by the Georgia Administrative Office of the Courts in 2012. Coverage of the counties compares favorably with the distribution of DV programming across the state, and accountability courts are expected by the Planning Committee to play significant roles in future attempts to reduce family violence. One of the strategies described in Chapter Four takes into account the availability of future accountability courts in the state.

According to the legend, most of the courts in the southern half of the state are adult felony courts. Courts focusing on mental health, family drug abuse, and other drug courts are mostly located in the northern portions of the state.

Strengths and Weaknesses of the System of Services:

On July 31, 2012, following briefings by the needs assessment and resources inventory working groups, the Planning Committee discussed the Needs maps showing unmet and under-met needs, and the Resources maps on service availability. The Committee then conducted its gap analysis.

Gap Analysis: The objective was to identify targets for strategic priorities. The Committee examined its observations of the gaps and brainstormed strengths and weaknesses of the system. The highest priorities for developing new DV resources, it decided, should fall in those counties where fewer formal resources exist. Overlapping the distribution maps for all these service offerings demonstrated with remarkable clarity where the services that are needed already exist. And more importantly for state planning priorities, the *absence* of existing service locations illustrated where access is extremely difficult for victims and survivors of family violence.

Conclusions: Four major conclusions resulted from the gap analysis:

- Access to resources matters when it comes to preventing DV-related deaths.
- Georgia's domestic violence death rates appear to correspond with geographic patterns of poverty, where there is also a limited range of supportive resources – not only the traditional DV "shelters," advocates and FVIPs, but also more fundamental family supports (e.g., transportation, employment, mental health and substance abuse treatment, and general health services). The project's needs and resource inventory maps suggest that some families experiencing DV are probably also facing many other barriers as well. Poverty leads to a host of other problems, and all tend to increase the stress and challenge a family's ability to cope. If Georgia hopes to end family violence, the state will have to address these other challenges as a means of preventing DV. Simply focusing on domestic violence in isolation – as if those other problems do not exist – will prove to be a formula for unacceptable rates of DV and DV-related fatalities.
- Despite stereotypes to the contrary, domestic violence death rates do not appear to be associated with non-English speaking families. Planners must be cautious about attributing higher rates of DV to people of other cultures.

- This gap analysis led the working group to conclude that the plan's strategies would have to address developing resources in the districts or counties where few or none exist – and those tend to lie in the swath from north-central Georgia to southwestern Georgia. New resources for under-served areas would make more accessible the DV agencies, Task Forces, FVIPs, and additional legal assistance needed in south Georgia. BUT, planners also should consider these factors:
    - Where money is tight decision makers can build on existing community strengths to enhance local support. For example, bringing faith communities, Family Connections partnerships, and local mental health/substance abuse service delivery systems into collaborative partnerships can be effective where formal DV programs do not exist.
    - Planners should look for innovative, holistic service delivery options. For example, Caminar Latino works with whole families. Program developers should make it a priority to find examples of faith communities and existing organizations that are already providing protection with limited resources; then they should highlight, connect, build on, strengthen, and learn from these holistic approaches that are already in use among underserved areas and populations.
    - **Caution! It would be shortsighted and mistaken to de-fund programs in north Georgia or the metro Atlanta area in order to send more resources to south Georgia.** There are reasons the DV fatality rates are lower per capita in the north, and these are not totally understood at this time. But it would be a tragedy to learn in a decade that the DV homicide rate skyrocketed in metro Atlanta and north Georgia when program funding was diminished in the northern portions of the state. The priority on innovative avenues for service delivery could apply to the northern sections of the state as well.
    - The project's case scenarios also clarified the need for Georgia to focus some resources and interventions on marginalized communities, wherever they are located on the map. The needs assessment working group was unanimous in declaring: ***If our interventions are flexible and nuanced enough to help the most marginalized people, then everyone will be safer.*** Example: A police officer becomes so well trained at primary aggressor assessments that she can successfully do a primary aggressor assessment when two women are fighting. That officer will be able to use the same skill and knowledge to assess a situation correctly when a woman injures her husband. Or when any other nuanced situation transpires. It is precisely this observation that underscores the strategies for building first responder skills and knowledge and the ability to respond with cultural competence, or to deal with language and other barriers.

Findings for Strategic Priorities:

The Planning Committee determined that the areas of highest priority are the following:

- Rural south Georgia, where family violence death rates appear to be high.
- Other areas of the state with a shortage of essential family violence resources.
- Under-served populations, including children exposed to IPV and teen dating violence.
- Georgia's public at large: information about the risks and warning signs of family violence, and social norming efforts to change attitudes.
- Services for people who are abusive.
- Resources that strengthen collaboration and encourage community connections for families.

No sequence is implied in this list. The Committee asked the Strategic Planning working group to formulate draft strategies with major initiatives for it to review at its next planning session.

In Chapter Four the Plan identifies strategic priorities, each with a range of major initiatives for accomplishing the goals of the plan.

Chapter Four: Strategic Priorities, Goals, Objectives and Major Initiatives

The Planning Committee charged its Strategic Planning working group to meet and discuss existing recommendations on strategic priorities, and to develop recommendations for the Planning Committee to consider. The working group members used their program experience and knowledge of best practices to identify these ten evidence-sensitive strategies:

1. Develop additional resources in south Georgia, including advocacy/safety services, Task Forces, and FVIPs.

2. Enhance access to needed services in Georgia, including child care, legal services, housing, language interpretation and transportation, where these are hard to find.

3. Develop and improve access to services for underserved populations, including children exposed to IPV and teen dating violence.

4. Develop resources that strengthen collaboration, including cross-training and coordinated protocols among law enforcement, prosecutors, judges, advocates, and DFCS workers.

5. Promote approaches that encourage community connections for families at risk (or victims) of family violence (e.g., support for faith-based services, alternatives to removal).

6. Develop a strategic statewide approach for enhancing public awareness and promoting social norms that insist on safety, equality and respect for all people in Georgia.

7. Improve collaboration and develop practices, protocols and tools for gathering and using Family Violence data to assist with future state planning in Georgia.

8. Improve access to coordinated, trauma-informed mental health, substance abuse, and domestic violence services statewide (e.g., partnership with accountability courts, criminal justice reform).

9. Enhance existing resources for people who are abusive, and develop new resources where family violence is high but services for offenders are scarce.

10. Develop a strategic statewide approach for educating the public about the risks and warning signs of IPV, and what to do about it.

The full Planning Committee and GCFV Commission ratified these strategies, and then charged the working group with developing goals, objectives, and major initiatives related to those strategies. The summary of the working group's recommendations are in the table that follows. *Note:* The working group developed a 22-page detailed logic model tying Community Needs with Target Populations, Goals, Objectives (intended outcomes), Major Initiatives, Major Prerequisites, and Action Plans. The logic model, Appendix H, can be obtained for review by requesting a copy from GCFV.

A prerequisite for each of the proposed Major Initiatives below will be the engagement of key partners coming together to determine the feasibility of that initiative. Multiple organizations and agencies are named in the initiatives and action steps, but some of those entities still need to be approached to solicit their involvement, buy-in, feedback, etc. before additional steps can be taken. The Logic Model does a good job of laying out prerequisite steps necessary before beginning any initiative, but the Needs, Strategies, and Major Initiatives table below does not.

As a result, the Major Initiatives proposed below should be considered flexible. They are designed to "move the needle" in addressing the needs identified in the Plan. However, there are multiple avenues that could be employed within each strategy to address the needs of families in Georgia. If any of these initiatives is not feasible for whatever reason, other approaches will need to be developed to address the underlying needs.

Note: GCFV distributed the draft plan document widely to solicit input and feedback prior to ratification. During that process, Task Forces and key stakeholders identified several new and exciting Major Initiatives for consideration. Since there was not time for the Planning Committee to review many of those recommendations, they are included as Appendix I and will be considered in future planning processes.

Accessing Resources for Immediate Safety and Long Term Health	**Strategy #1: Develop additional resources in south Georgia, including advocacy/safety services, Task Forces, and FVIPs.** **Strategy #2: Enhance access to needed services in Georgia, including child care, legal services, housing, language interpretation and transportation, where these are hard to find.** **Strategy #3: Develop and improve access to services for underserved populations, including children exposed to IPV and teen dating violence.** **Strategy #5: Promote approaches that encourage community connections for families at risk (or victims) of family violence (e.g., support for faith-based services, alternatives to removal).** **Strategy #8: Improve access to coordinated, trauma-informed mental health, substance abuse, and domestic violence services statewide (e.g., partnership with accountability courts, criminal justice reform)**	
GOALS OF THE STRATEGY	**INTENDED RESULTS (OUTCOMES) OF THE STRATEGY (objectives)**	**MAJOR INITIATIVES**
Focus Area: Underserved Populations and Areas 1. Develop new resources for community-based service provision where they do not exist (e.g. faith-based organizations, community-based organizations, family resource centers, schools, local businesses, etc.) 2. Increase the effectiveness of culturally competent, community- and faith-based networks. 3. Educate community leaders and the public in	1.1. Access to services for victims and perpetrators in underserved populations will increase. 1.2. The volume of services provided for victims and perpetrators in underserved populations will increase. 1.3. Families and individuals will have access to resources and opportunities for safety and accountability within their chosen communities. 2.1. The effectiveness of community-based services for underserved populations will increase. 2.2. Informal systems (e.g. faith communities, schools, healthcare, etc.) will utilize best practices that promote victim and family safety and enhance perpetrator accountability when engaging with families and individuals. 3.1. A network of key faith-based and other opinion leaders who	Funders and judicial leaders support AOC's Language Access Initiative to assist courts in better serving deaf and non-English speakers through in person interpreters, improved signage, bench cards, and training. GCADV conducts a gathering/summit of culturally competent, holistic, community and faith-based Georgia providers for mutual support, cross-pollination of ideas, development of best-practices, and to educate the broader community. The GA DV Fatality Review Project

underserved areas and populations about IPV.	live in underserved communities, including south Georgia, will be knowledgeable about the dynamics of IPV. 3.2 That network of key leaders will take a public stand in stopping family violence within their communities. 3.3 Community knowledge and understanding of IPV will increase over time. 3.4 Community support for local resources will increase over time.	revitalizes its Faith Initiative, focusing efforts on south GA. OPB coordinates state entities in pursuing all available federal, state and private funds available for the purpose of serving underserved populations as allowable by VAWA and FVPSA.
4. Educate mainstream service providers and decision-makers about innovative, effective practices being used by culturally competent, community and faith-based networks.	4.1. The mainstream service providers integrate community-based, culturally competent strategies into their services for underserved populations. 4.2. Mainstream community leaders will express an appreciation for services that are sensitive to the language, religion, cultural differences of victims and people at risk in their communities. 4.3. Trust and relationships will increase between informal and formal systems	Where state entities are limited, community and faith-based entities are supported in pursuing federal and private funding sources for serving underserved populations as allowable by VAWA and FVPSA.
5. Enhance understanding among policy makers and funders that safety and protection for underserved populations is essential for the safety and protection of all families in Georgia.	5.1. Georgia will obtain and distribute increased resources from federal, state and private sources for IPV-related services for underserved populations. **Summative Outcome: The incidence of domestic violence fatalities will decline.**	
Focus Area: Emergency Services and Intermediate Supports 6. Enhance the availability of safety planning and advocacy services provided to DV victims. 7. Enhance the availability of legal services provided to DV victims.	6.1. Victims of IPV will have access to free, culturally competent safety planning, advocacy, support groups, and shelter provided by domestic violence program advocates. 7.1. Victims of IPV will have access to available and affordable legal services.	The Legislature and funders will increase resources for domestic violence programs across the state. GLSP, the State Bar, and the AOC will collaborate to increase access to lawyers trained in DV dynamics in rural areas.

8. Enhance the availability of trauma-informed mental health and substance abuse services for both DV victims and abusers.	8.1. Victims and perpetrators will have access to the mental health and substance abuse services they need. **Summative Outcome: The number of DV fatalities will decrease over time.**	Funders will support Family Law Information Centers in underserved areas as an economical approach to help pro se litigants. GCFV will support the Governor's Office, the Legislature, the Judicial Council, CJCC, the AOC, and DBHDD in increasing access to trauma-informed mental health and substance abuse services for both DV victims and abusers through the Accountability Court initiative.
Focus Area: Long-Term Supports 9. Encourage policy makers to participate actively in long-range planning processes that ensure victims and children will have access to the opportunities they need to thrive over time (i.e., jobs, transportation, childcare, etc.).	9.1 Over time more families will be thriving because they report having reasonable access to child care, legal services, jobs, housing, language interpretation, transportation and other support services. **Summative Outcome: Resources for emergency services AND for long-term, sustainable family support services will result in fewer people with needs reporting they have no place to get help.**	The Child Support Commission, GCADV and GCFV will continue to provide trainings to increase access to child support for DV victims and their children ICJE, GCFV, and NCJFCJ will collaborate with Judicial Councils to provide judicial trainings related to options for financial support for DV victims and children CJCC and GCADV will to provide training and resources for criminal justice personnel on enhancing economic support and autonomy for survivors and their children.
Coordinated Community Response	**Strategy #4: Develop resources that strengthen collaboration, including cross-training and coordinated protocols among law enforcement, prosecutors, judges, advocates, and DFCS workers.**	
GOALS OF THE STRATEGY	**INTENDED RESULTS (OUTCOMES) OF THE STRATEGY (objectives)**	**MAJOR INITIATIVES**

Focus Area: Task Force Development 1. Domestic Violence (DV) Task Forces ensure a consistent, coordinated local response to IPV, teen dating violence, and children exposed to DV. 2. DV Task Forces enhance the ability of domestic violence agencies to educate the public about local resources and supports. 3. Task Forces are effective at improving victim safety and batterer accountability.	1.1. Task Forces will exist in every Judicial Circuit in Georgia. 1.2. Local communities will have built a broad agreement on what a consistent, coordinated response will be in their community. 1.3. Plans exist in each Judicial Circuit for improving IPV services. 1.4. There will be at least one point of contact in each community for better communication & coordination among community partners. 2.1. The public and local leaders will understand the scope/patterns of IPV in their communities. 2.2. The public and local leaders will know about and utilize available local services, when appropriate. 3.1. Task Forces will be evaluated and best practices will be identified. 3.2. Victim safety and abuser accountability will increase in areas where Task Forces are active and using best practices. 3.3. The number of Task Forces implementing best practices will increase.	GCFV will partner with judicial organizations and local judges to actively promote judicial leadership in developing Task Forces in every Judicial Circuit, with an initial focus on south Georgia. GCFV will realign staff and obtain additional resources to support Task Force development, improvement, and evaluation. GCFV will engage in a long-term Task Force evaluation process.
Focus Area: Cross-Training and Collaboration 4. Local DV Task Forces facilitate cross-training and collaboration among local housing departments, legal services, DV programs, transportation providers, schools, child care providers, mental health services, hospitals and medical providers, the business community, criminal justice, law enforcement, court personnel, substance abuse providers, DFCS, interpretation services, abuser services, and community-based organizations.	4.1. Local service providers and community-based networks will improve their degree of collaboration and coordination, diminishing existing barriers that undermine victim safety and batterer accountability.	Local DV Task Forces mobilize and facilitate cross-training and collaboration sessions that attract partners from around the state.

5. Statewide agencies and organizations representing the disciplines noted above collaborate and encourage cross-training and collaboration.	5.1. State level agencies and organizations will improve their degree of collaboration, coordination, and cross-training.	
Focus Area: Targeted Training for Law Enforcement[20], Victim Advocates, Judges, Prosecutors, and DFCS workers 1. Improve the knowledge and cooperation of law enforcement, victim advocates, judges, prosecutors and DFCS workers involved in FV cases. 2. Ensure that law enforcement, victim advocates, judges, prosecutors, and DFCS workers are adequately trained to make appropriate decisions in FV cases.	1.1. Law enforcement, victim advocates, judges, prosecutors and DFCS workers responding to IPV incidents will know how to avoid re-victimizing victims. 1.2 Law enforcement, victim advocates, judges, prosecutors and DFCS workers who respond to IPV incidents will be conscious of their effect on the situation. 1.3. Law enforcement, victim advocates, judges, prosecutors and DFCS workers who respond to IPV incidents will be empathetic with people who are abused and their children, and more tolerant of differences. 2.1. Law enforcement, victim advocates, and DFCS workers will understand the detailed information that prosecutors need to make appropriate charging decisions in FV cases. 2.2. Law enforcement, advocates, DFCS and judges will identify children exposed to IPV early, and respond appropriately, including referring them to appropriate resources. 2.3. Cooperation among law enforcement, community-based advocates, and prosecutors in the case will provide detailed information that leads to an increase in appropriate charging decisions and conviction rates when the prosecution decides to move forward.	DFCS continues to collaborate with DV leaders on statewide webinars and trainings re: DV for DFCS personnel. PAC obtains resources to hire a DV prosecutor/trainer to assist in training prosecutors, advocates, law enforcement and judges. GCFV contracts with GCADV, the WOC Network, and others to provide technical assistance, analysis, and development of training tools re: unintended consequences of criminal justice responses, including disparate impacts on communities of color and women who use violence. GCFV incorporates information into Annual Conference and other trainings. GOCF, DECAL, GCFV, ICJE, and the Supreme Court's Committee on Justice for Children partner to provide training on children exposed to DV for judges across various classes of court. GCFV collaborates with Judges' Councils, ICJE, NCJFCJ and BWJP to provide training resources and tools for judges and court personnel on DV

[20] Probation and Parole Officers are considered law enforcement officers for the purpose of this section.

	Summative Outcome: Victims and their advocates will express greater confidence in DFCS, law enforcement, and prosecution. **Summative Outcome: The quality of protection for victims will improve over time.** **Prosecution success rates on these cases improve; more offenders are held accountable.**	GCFV collaborates with Judges' Councils, AOC, ICJE, NCJFCJ, BWJP, the Child Support Commission, and GCADV to provide training and tools for judges and court personnel on DV issues, including: a. Enhancing economic support and autonomy for survivors and their children; b. Cultural issues; c. Custody issues in DV situations; d. Removing barriers to the protection order process; and, e. Compliance hearings, FVIPs, and firearms removal. GCFV will engage with Criminal Justice Reform and Accountability Court initiatives to integrate IPV information and to develop models of collaboration and cross training among a broad range of services providers.
Prevention and Early Intervention	**Strategy 6: Develop a strategic statewide approach for enhancing public awareness and promoting social norms that insist on safety, equality and respect for all people.** **Strategy 10: Develop a statewide approach for educating the public about the risks and warning signs of IPV, and what to do about it.** **From Strategy 3: Focus on children exposed to IPV and teen dating violence (TDV).**	
GOALS OF THE STRATEGY	**INTENDED RESULTS (OUTCOMES) OF THE STRATEGY (objectives)**	**MAJOR INITIATIVES**

Focus Area: Public Awareness Campaign 1. Change public beliefs and attitudes about violence and abuse. 2. Increase public knowledge of risks factors, incidence of DV, and available resources. 3. Change public behaviors on disclosure, reporting, and responding to abuse.	1.1. Beliefs that support family violence will decrease, i.e. beliefs about entitlement, male superiority, provocation, etc. 1.2. Beliefs that support equality and healthy, respectful relationships will increase. 1.3. Public consciousness about the dynamics of family violence will increase, empathy for victims will increase, and tolerance for family violence will decrease. 2.1. Public knowledge of FV dynamics (e.g., power & control) & red flags (for example, separation, suicide threats) will increase. 2.2. Public knowledge of resources and what one can do to help will increase. 3.1. The number of disclosures and reports will increase. 3.2. Across a spectrum of ages, communities and systems, people, especially men, will engage with abusers to say, "Stop. We require change." 3.3. Across a spectrum of ages, communities and systems, people will shift the focus from blaming the victim to requiring change from perpetrators. Communities will get involved in holding batterers accountable. **Summative Outcome: The incidence of FV declines.** **Summative Outcome: The rate of FV declines.** **Summative Outcome: The rate of DV fatalities decreases.**	GCADV will obtain funding to pull together partners and experts to design and implement a comprehensive, integrated media campaign, with well promoted community events, seminars and trainings.
Focus Area: Children Exposed to DV 1. Increase collaboration and trust between domestic violence and child welfare communities.	1.1. Understanding will increase among Child Welfare and DV workers that the wellbeing of our children is inseparable from the well-being of the mother or non-offending caregiver. 1.2. Understanding will increase among Child Welfare and DV workers that the fate of the abusive parent often matters to the children and non-abusive parent.	DFCS, GCADV, the Barton Law Clinic, and GCFV will partner to successfully implement the new DFCS Domestic Violence protocol in 5 pilot locations and then statewide. DFCS invites DV partners to participate on DFCS staffing calls re:

2. Create opportunities for youth to influence policy and practice related to IPV	2.1. DV and Child Welfare policies change to become more effective, responsive and accessible to the needs of youth.	child deaths. Georgia Family Connection Partnership and GCFV foster connections between local DV Task Forces and local Family Connection Collaboratives to leverage resources and coordinate responses to Georgia families. GCFV and the Georgia Family Connection Partnership collaborate to present DV info to the Partnership's regional peer to peer groups.
Focus Area: Teen Dating Violence (TDV) 1. Increased awareness of TDV and need for prevention.	1.1. Policy makers and funders will understand that TDV must be addressed early in adolescence in order to eliminate such abuse and onset of adult IPV. 1.2. Resources to assist TDV victims will be increased. 1.3. Resources to assist teens at risk of abusing will be increased.	GCADV will coordinate with DOE, the Legislature, GOCF, GCFV and the Governor's Office to promote Teen Dating Violence Prevention GCADV will partner with DOE to integrate TDV information into existing bullying, health curriculum and school climate initiatives
2. Increase in education for adolescents about healthy relationships and how to recognize and prevent adolescent relationship abuse.	2.1. Teens will become healthy adults with knowledge of relationships and the influence of relationships on health. 2.2. Teens will understand how to interrupt inappropriate and abusive behavior by their peers. 2.3. Teens will have the skills to develop and practice healthy relationships.	DOE and GCADV collaborate to provide TDV training to Regional Education Services Agencies, educational associations, and System of Care conferences.
3. Increase in school-based opportunities for adolescents to practice healthy relationship and peer behavior.	3.1. Schools will access the resources necessary to implement policy, train teachers/ liaisons, and educate students, parents and community. **Summative Outcome: Teens and children exposed to IPV at**	DOE, GCADV, Start Strong partner to review various TDV curriculum options and to expand the use of evidence-informed TDV curriculum in middle schools

	risk of future violence are safer. **Summative Outcome: The rate of re-abuse for teens and children exposed to IPV will decrease.** **Summative Outcome: The rate of future TDV perpetration and victimization will decrease.**	Each school district adopts policy and school protocols for addressing TDVP Workshops for parents and community members are sponsored by schools and partners to educate teen influencers (older teens, parents, community organizations).
Evaluating Progress	**Strategy #7: Improve collaboration and develop practices, protocols and tools for gathering and using Family Violence data to assist with future state planning in Georgia.**	
GOALS OF THE STRATEGY	**INTENDED RESULTS (OUTCOMES) OF THE STRATEGY (objectives)**	**MAJOR INITIATIVES**
1. Increase access to reliable and accurate family violence data in Georgia. 2. Develop a multi-agency strategic planning cycle, including for annual updates on strategic assessment, priority-setting and outcome evaluation. 3. Improve understanding of the prevalence and patterns of family violence in Georgia's communities.	1.1. A committee or task-force will exist, comprised of GA-based partners with FV data ownership and interests. Collaboration across agencies with family violence data sources will be the norm. 1.2. Multi-agency data-sharing agreements will be formalized and will be working routinely. 2.1. A standardized family violence surveillance system for collecting family violence data and assessment tools will exist. 2.2. The surveillance system will be capable of aggregating and analyzing data on needs and resources that address the prevalence of domestic violence in Georgia 3.1. Partners in the system will provide technical assistance to assist community leaders in understanding the prevalence of Family Violence in their communities. 3.2. Partners in the system will provide feedback to professionals working in family violence on the prevalence of family violence in their communities.	GCFV establishes and coordinates a Family Violence Data Collaboration Committee, comprised of GA-based partners with data ownership and interests (e.g., GBI, Kids Count, DPH, CJCC's Statistical Analysis Center, GOCF, AOC, GCADV) to improve family violence data collection and use. The Family Violence Data Collaboration Committee (DAC) will establish a group to serve as a Data Collaboration Forum, intended to strengthen multi-agency planning partnerships. DAC will facilitate improved access to multi-agency data (or build shared collection platforms). DAC will explore the possibility of linking data-sets across government agencies, where appropriate. Identify and tap into relevant existing family

	3.3. Opinion leaders and agencies involved with victims of FV in their communities will understand the data on the prevalence, patterns and trends of family violence in Georgia. 3.4. Partners in the system will all measure data on the risks of family violence, and will contribute to an ongoing evaluation of victim safety and the risks to vulnerable people.	violence data sources in Georgia. DAC will identify measureable outcomes, process measures, and proxy measures to compute from data sources.
Interventions with People Who Are Abusive	**Strategy #9: Enhance existing resources for people who are abusive, and develop new resources where family violence is high but services for offenders are scarce.**	
GOALS OF THE STRATEGY	**INTENDED RESULTS (OUTCOMES) OF THE STRATEGY (objectives)**	**MAJOR INITIATIVES**
1. Ensure that criminal and civil legal systems are requiring positive changes from people who are abusive. 2. Enhance community access to appropriate resources for abusers. 3. Strengthen communities' understanding, and build the community infrastructure and relationships necessary to hold abusers accountable without further victimizing or endangering victims of family violence.	1. Criminal and civil legal consequences for abusers will be consistent, swift and effective no matter where in Georgia FV occurs. 2. Family Violence Intervention Programs (FVIP) will be accessible, affordable, and effective. 3.1. Community opinion leaders will make decisions that communicate clearly to stakeholders that abuse is not acceptable. 3.2. Community leaders will make decisions that require people who are abusive to change. 3.3. FVIPs will be embedded within Family Violence Task Forces and will have close relationships with their local domestic violence agencies. 3.4. DV-informed substance abuse and mental health services will be accessible, affordable, and work in collaboration with FVIPs to support accountability and change. 3.5. Strong connections will exist between diverse community groups, service providers and government entities involved with batterers to ensure culturally competent delivery of services.	LE and judicial training agencies will provide training and incentives to law enforcement and the courts to encourage removal of weapons from abusers as allowable by law. Judicial training entities and will ensure that compliance hearings are promoted as a common practice for ensuring that abusers' weapons were actually removed, that they are attending FVIP programming, and that they are honoring their child support agreements. GCFV will institute a system for routinely evaluating FVIPs to establish the effectiveness of the programming. The Judicial Council's Accountability Court Initiative will improve abusers' access to DV and trauma-informed mental health and substance abuse services across Georgia. GCADV's prevention campaign (outlined in the Prevention and Early Intervention section above) will include

	3.6. Underserved populations and resources will be connected with each other to foster support and cross-pollination of ideas about community accountability.	community and by-stander accountability interventions that engage community leaders (especially men) who will say "Stop the abuse." GCADV's prevention campaign will speak to boys and young men about equality and respect, and will focus on places where boys and young men are heavily involved, i.e. faith communities, sports, and schools.

APPENDIX A. Members of the Strategic Planning Committee with Work Group Assignments

Judge Peggy Walker, GCFV Chair, *Douglas County Juvenile Court*	**Vicky O. Kimbrell** (S) GA Legal Services Program, Inc
Greg Loughlin (N, R, S) *GA Commission on Family Violence*	**Nicole Lesser** (N, S) GA Coalition Against DV
J. Douglas Bailey (N, R, S Facilitator) Performance Vistas, Inc.	**Rep. Edward Lindsey,** GCFV Exec. Committee House Majority Whip
Katie Jo Ballard (R) Governor's Office on Children & Families	**Stefanie Lopez-Howard** (R) GA Criminal Justice Coordinating Council
Marina Barron NOA's Ark, Inc.	**Brenda Maysonet Becker** Trevelino/Keller for Verizon
Brandi D. Bazemore Counsel to House Judiciary Committees	**Mary McAlister** Rape Crisis of the Coastal Empire
Jennifer Bivins GA Network to End Sexual Assault	**Judge Arch W. McGarity** Superior Court of Henry Co
Dr. Angie Boy (N) GA Coalition Against Domestic Violence	**Marla Moore** GA Administrative Office of the Courts
Dahlia Bell Brown (R) Governor's Office on Children & Families	**Irene Munn** Office of the Lieutenant Governor
Christopher E. Church (S) GA Administrative Office of the Courts	**Eesha Pandit** (S) Men Stopping Violence
Holly Comer (S) YWCA of Northwest Georgia	**Barbara A. Pastirik** GA Div of Aging Services
Elisa Covarrubias (S) YWCA of Northwest Georgia	**Dr. Julia Perilla** (N, S) Department of Psychology, GSU
Lisa Dawson (N, S) Injury Prevention, DPH	**Chuck Spahos** (S) Prosecuting Attorneys' Council
Debbie Dlugolenski-Alford Governor's Office of Planning & Budget	**Jennifer Thomas** (R) GA Commission on Family Violence
Dr. Dawnovise Fowler (N, S) Centers for Disease Control & Prevention	**Robert Thornton** (S) GA Criminal Justice Coordinating Council
Travis Fretwell (R) GA Department of Behavioral Health & Developmental Disabilities, Office of Prevention Services	**Brian Walker** (S) Aide to the Majority Whip
	Kim Washington (N, R, S) GA DHS/DFCS
George Kaigler Governor's Office of Planning & Budget	**Shannon Weathers** Council Superior Court Judges
Judge Stephen Kelley, Incoming Chair, GCFV Superior Court of Glynn County	**Dr. Mary Eleanor Wickersham** Valdosta State University

Key: N = Needs Assessment work group. R = Resources Inventory work group. S = Strategies work group.

APPENDIX B. Project Gantt Chart – *Major Stages of the Family Violence Planning Process*

x = Task completed

TASKS	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
PHASE I: PLANNING TO PLAN, DATA COLLECTION & ANALYSIS																		
1.0. Planning to plan.																		
1.1. Meet w/ GCFV planning team to decide approach:	07-14	x	x	x	x			x										
1.2. Formulate ideas for whom to invite to serve on the work group:	X	x	x															
1.3. Meeting #1 with pre-planning group to discuss the approach:		23-Aug																
1.4. Identify candidates for the Planning Committee:		x	x															
1.5. Invite candidates and form the Planning Committee:			x															
2.0. Conduct literature review.																		
2.1. Identify potential sources and conduct an online lit review:	x		x	x														
2.2. Prepare a summary of the literature for use by the planning team:			x	x														
2.3. Present and discuss the literature search findings with the work group:																		
3.0. Prepare the Planning Committee for its roles and responsibilities.																		
3.1. Prepare for the initial Planning Committee session				x	x													
3.2. Facilitate initial Planning Committee:				x														
3.3. Follow up the initial Planning Committee meeting:					x													
4.0. Conduct preliminary needs assessment/analysis.																		
4.1. Coordinate with a Planning Committee working group					x	x	x	x										
4.2. Identify unmet and under-met needs with recs for Planning Committee					x	x			x									
4.3. Prepare summary for working group to present to Planning Committee					x				x									
5.0. Inventory the assets and resources of the state system.																		
5.1. Coordinate with a Planning Committee working group:					x	x	x	x										
5.2. Identify gaps in resources with recs for Planning Committee									x	x								
5.3. Prepare summary for working group to present to Planning Committee												x						
5.4. Present to state planning committee					x	x												

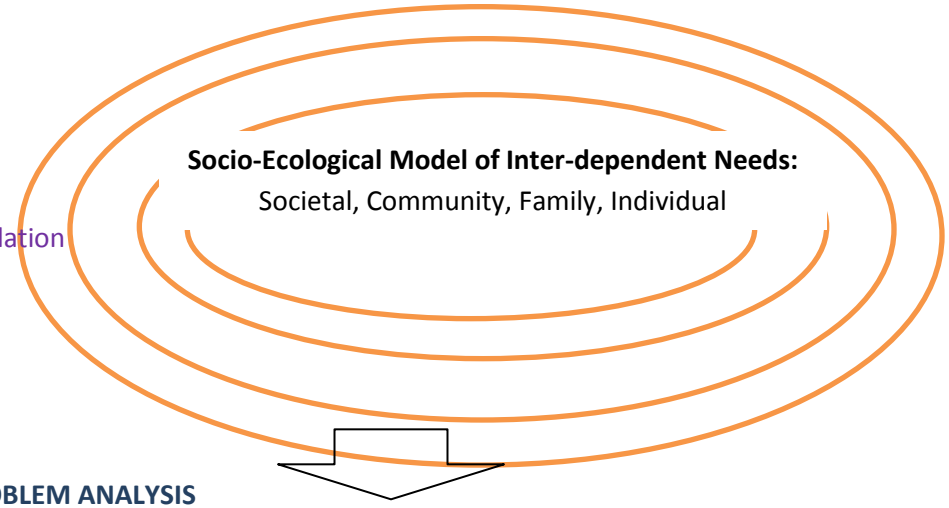
TASKS	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
PHASE II: IDENTIFYING STRATEGIES, CLARIFYING GOALS AND OBJECTIVES, NEGOTIATING MEASURES OF SUCCESS																		
6.0. Plan for & conduct 3 sessions of Planning Committee, facilitate decision making.																		
6.1. Prepare for the second Planning Committee session										x		x						
6.2. Facilitate second Planning Committee session: Strategies										x		x	x					
6.3. Prepare for and facilitate third Planning Committee: Goals and Objectives												x	x					
6.4. Prepare for and facilitate fourth Planning Committee: Measures & Evaluation													x					
PHASE III: FINALIZING THE STRATEGIC PLAN, PUBLISHING AND CIRCULATING IT																		
7.0. Develop a DRAFT version of the Strategic Family Violence Reduction Plan.																		
7.1. Combine decisions of Planning Committee into draft for review by working group (from Task 6.4.3.).													x	x				
7.2. Circulate draft Plan, obtain written reviews & comments. Edit draft.													x			x		
7.3. Send draft to Planning Committee for preview and prep for final session																x		
8.0. Plan for & conduct a final session of the Planning Committee, and facilitate decision making.																	x	
8.1. Prepare for and facilitate fifth Planning Committee																	x	
8.2. Produce and submit the final draft of the Strategic Family Violence Reduction Plan																	x	x
9.0. Publish the Strategic Family Violence Reduction Plan and distribute it to GCFV stakeholders																		x

APPENDIX C. Conceptual Model for Analyzing Needs Data and Planning for Strategies

DATA

Basic epidemiology
Define the Problem
Homicide/Age/Race/Gender
Location/Socio Demographics
Categorical List of Data Sets/Limitations:

- OASIS: Vital records, ER, HIDD, Population
- GBI: Family Violence, Homicide
- GVDRS: Homicide, Assault, Rape
- Fatality Review: CFR, DV
- GOCF: DV Services



RESEARCH ADDRESSING RISK & PROTECTIVE FACTORS

PRIORITIZE BY VARIABLES:
> Incidence
> Prevalence
> Severity
> Cost
> Political will

PROBLEM ANALYSIS

Scenarios illustrate typical cases*	PRIMARY				SECONDARY				TERTIARY			
	I	F	C	S	I	F	C	S	I	F	C	S
DV outreach a												
DV outreach b												
DV shelter a												
DV shelter b												
Comty-based a												
Comty-basedb												
Child exposure												
Etc: other cases												

Therefore, what are the NEEDS?

* Cases representative of reality, based on caseloads in services, but not generalizable to statewide population numbers.

APPENDIX D. Other Data Sets and Secondary Literature on Planning Examined by the Project:

- "Domestic Violence in Georgia. DV Fatalities Fact Sheet: 2010." Georgia Commission on Family Violence. www.gcfv.org
- "Georgia Domestic Violence Fatality Review Annual Reports" for 2007 and for 2011. Georgia Commission on Family Violence and Georgia Coalition Against Domestic Violence. 244 Washington Street, SW, Suite 300 Atlanta, GA 30334 May 2011. 16 pgs. Georgia Fatality Review Project (GCADV/GCFV): Personnel from both organizations review newspaper articles to identify domestic violence related fatalities. They meet quarterly to compare numbers. GCADV surveys domestic violence programs each year to add additional information or fatalities.
- "IPV-Related Death Rates per 100,000 Population, 2006-2009 IPV-Related Death Rates per 100,000 Population 2006-2009." Georgia Violent Death Reporting System (GVDRS) Data Summaries for 2006-2009 Homicides and suicides in Georgia. http://health.state.ga.us/epi/cdiee/gvdrs.asp Part of the National Violent Death Reporting System, a state-based public health surveillance system in 18 states. Data are drawn from law enforcement, coroners and medical examiners, vital statistics, and crime labs.
- "Teen Dating Violence and Children Exposed to IPV in Georgia," Margaret Riley, Emory University School of Law, January 2012.
- Administrative Office of the Courts (TPO Data): Data collected from Superior Court reports on temporary protective orders. Clerks of court enter information from TPO rulings. Does not match data from GCIC registry for reasons still not clear.
- OASIS – GA Dept. of Public Health Web Query: Online searchable database on vital statistics, hospital discharges, motor vehicle crashes, and ER visits. Data for 2002-2010 allows yearly comparisons. ER Visits includes "external causes" but violence or domestic violence are not currently coded. Domestic violence at an ER visit may not be properly recognized or coded. Pregnancy Risk Assessment Monitoring System (PRAMS) Survey of women who recently delivered a baby; asks about violence but not emotional or psychological abuse during pregnancy (only pregnant women).
- Georgia Crime Information Center (GCIC): Crime statistics from local law enforcement compiled directly from summary offense and arrest reports; temporary protective order (TPO) database.
- "Georgia Summary: Domestic Violence Counts, 2011." National Network to End Domestic Violence. "State Report: Georgia. Based on Hotline Calls Documented in First Half of 2012." National DV Hotline. 2012.
- "2012 Statewide Victim Needs Assessment, Findings and Funding Priorities or Implications." Lopez-Howard, Ballard and Acosta, GA Criminal Justice Coordinating Council. 2012.
- Violence Policy Center – Homicide Data: FBI Supplemental Homicide Reports from states reports on case outcomes (not initial reports used by other datasets). Only counts single victim homicides, missing DV cases with bystander victims. Only counts men killing women, and cases are not separated by domestic violence vs. other types of homicides.
- Hospital Discharge Data: DPH personnel maintain data management system, but it is not an online searchable database like OASIS.
- National Domestic Violence Hotline: Hotline statistics shared with state DV coalitions on a regular basis. Provides information on types of abuse and type of help requested.
- "National Intimate Partner and Sexual Violence Survey (NISVS), 2010 Summary Report," Frieden, Degutis, Spivak. National Center for Injury Prevention and Control, Division of Violence Prevention, Centers for Disease Control and Prevention: Ongoing national telephone survey conducted by the CDC. Women and men 18 years and older describe experiences of sexual violence, stalking and intimate partner violence. Only one year of GA data available.

- Youth Behavioral Risk Factor Surveillance System: Survey of high school students on health behaviors such as victimization and perpetration of violence, dating violence (but not emotional or psychological abuse). Not be representative of high-risk populations who are not in school.
- Adult Protective Services (APS) Data are not specifically domestic violence related (only 12% of perpetrators identified as spouse).
- "2010 DFCS Family Violence Data on Substantiation, Diversion and other dispositions." Department of Family and Children's Services (DFCS): Data are not specific to adult domestic violence. Reporting on child witnessing DV varies from county to county.
- "Domestic Violence Expert Analysis Meeting, Quantitative Data Packet, April 2012." The Governor's Office for Children and Families (GOCF)
- "Fact Sheet: Domestic Violence in the State of Georgia, October 2011" GOCF. DV Shelter data on demographics, types of abuse experienced and services accessed. Only data on victims who access services from state-certified DV programs; each program enters data slightly differently.
- "State of Georgia 2011-2013 Services*Training*Officers*Prosecution (STOP) Violence Against Women Act (VAWA) Implementation Plan." Lateefah Raheem and Stefanie Lopez-Howard, Criminal Justice Coordinating Council
- "Domestic Violence Fact Sheet 2011" National Council of Juvenile and Family Court Judges.
- "VAWnet.org: National Online Resource Center on Violence against Women." http://www.vawnet.org
- "The Crime Victims Bill of Rights Statewide: Survey to Chiefs, Sheriffs, and Victim Witness Assistance Personnel." The Crime & Violence Prevention Policy Initiative, Georgia State University. Criminal Justice Coordinating Council of Georgia. 2010. 50 pages
- "Promoting Respectful, Nonviolent Intimate Partner Relationships through Individual, Community, and Societal Change: Strategic Direction for Intimate Partner Violence Prevention." CDC National Center for Injury Prevention and Control, Atlanta, GA.
- "Exposure Reduction or Retaliation? The Effects of Domestic Violence Resources on Intimate-Partner Homicide." Law & Society Review. Dugan, Laura; Nagin, Daniel S.; Rosenfeld, Richard. Research funded by grants from the National Institute of Justice and the National Consortium on Violence Research. March 1, 2003. 24 pages.
- "Impact of Batterer Intervention Programs on Survivors: A Qualitative Study in Georgia." Lindsey M. Siegel; Julia L. Perilla, Department of Psychology, Georgia State University; Kirsten S. Rambo. Georgia Commission on Family Violence. July 2011. 43 pages
- "Strategic Planning Session Findings." The National Center for Juvenile Justice & Family Violence Department of the National Council of Juvenile and Family Court Judges. Patricia E. Campie, Ph.D., Director NCJJ, and Maureen Sheeran, Director, Family Violence Department of the National Council of Juvenile and Family Court Judges. Georgia Commission on Family Violence (GCFV). October 2009. 36 pages.
- "The Survival of Batterer Programs? Responding to 'Evidence-Based Practice' and Improving Program Operation." Edward W. Gondolf, Director of Research Mid-Atlantic Addiction Research and Training Institute, Indiana University of Pennsylvania. Indiana, PA 15705. November 19, 2009. 11 pages.
- "Forward to a Domestic-Violence Free Wisconsin, Statewide Plan for the Primary Prevention of Domestic Violence." Bruce Ambuel, Ph.D., Medical College of WI; Jennifer Obinna, Ph.D., World Bridge Research; and Susan Ramspacher, Project Coordinator, Wisconsin Coalition Against Domestic Violence (WCADV). Governor's Council on Domestic Abuse Prevention Committee, Wisconsin Coalition Against Domestic Violence, and the Centers for Disease Control & Prevention. 2010. 24 pages

- “National Domestic Violence Hotline Unveils 10-Year Blueprint to Significantly Reduce Domestic Violence in America.” U.S. Newswire Laurie Parker of Elizabeth Christian Public Relations, for National Domestic Violence Hotline. October 3, 2007. 4 pages.
- “Orientation to Violence Prevention: The Public Health Approach.” PowerPoint slideshow, PREVENT, Violence Prevention Centers for Disease Control and Prevention. University of North Carolina, 2004. 40 slides.
- “Addressing Domestic Violence, Child Safety and Well-being: Collaborative Strategies for California Families, 2010. Recommendations from the California Leadership Group on Domestic Violence and Child Well-being.” Rosewater, A., and Moore, K. 2010.
- “Georgia Census Snapshot 2010,” The Williams Institute. Gates & Cook, UCLA School of Law.

APPENDIX E. List of Data Maps Available *(BOLD = distributed to Planning Committee):*

General

1. **Georgia Counties and Judicial Districts 2010, with county seats - 2010 Census ACS**
2. **Urban and Rural (counties < 35,000 population) Georgia 2010 - 2010 Census ACS**
3. Georgia Population 2010 (counties and judicial districts) – 2010 Census ACS
4. Georgia Population Ages 65+ 2010 (counties and judicial districts) – 2010 Census ACS
5. Georgia Population Ages 65+ 2010 (counties and judicial districts) – 2010 Census ACS
6. Georgia Population Ages 21-64 2010 (counties and judicial districts) – 2010 Census ACS
7. Georgia Population Ages 13-20 2010 (counties and judicial districts) – 2010 Census ACS
8. Georgia Population Ages 6-12 2010 (counties and judicial districts) – 2010 Census ACS
9. Georgia Population Ages 0-5 2010 (counties and judicial districts) – 2010 Census ACS

Fatalities

10. **DV Death Rate 2009-2011 (counties) - GA Domestic Violence Fatality Review Reports**
11. **DV Death Rate 2009-2011 (public health districts) – GA Domestic Violence Fatality Review Reports**
12. **IPV Femicides 2006-2009 (public health districts) - GA Violent Death Reporting System**

Demographics (U. S. Census)

13. **Percent of Families below Poverty Level 2010 (counties & jud dist) with or without urban transit**
14. **Percent of Population speaking other than English at home 2010 (county & judicial districts)**
15. Percent of Population < 9th Grade Education 2010 (county & judicial districts)
16. Percent of Population only English at home 2010
17. Percent of Population speak other than English: Spanish 2010
18. Percent of Population speak other than English: other Indo-European 2010
19. Percent of Population speak other than English: Asian & Pacific Islander 2010
20. Percent Families below Poverty Level 2010
21. Percent Population below Poverty Level 2010
22. Percent Families Female Householder below Poverty Level 2010
23. Percent Families Female Householder w/ Children < 18 2010
24. Percent Families Male Householder w/ Children < 18 2010
25. Percent Families Married Couple w/ Children < 18 2010

Services Agencies Inventory

26. **DV Program Locations (county) – GCADV and GOCF inventory 2012**
27. **DFCS Trauma-informed IPV Services & Public Awareness campaigns by county – coordinators 2012**
28. **Family Violence Intervention Program Locations (county) – GCFV inventory 2012**
29. **Substance Abuse Treatment Providers (county) - BH&DD inventory 2012**
30. **Therapeutic MH Services (county) - BH&DD inventory 2012**
31. **GCFV Task Forces and FVIPs – GCFV Inventory 2012**
32. Trauma-Informed Services (county) – BH&DD inventory 2012
33. Limited English Proficiency Assistance (county) – BH&DD inventory 2012
34. Victim MH Assessment Services (county) - BH&DD inventory 2012
35. Victim MH Referral Services (county) - BH&DD inventory 2012
36. Support groups (county) - BH&DD inventory 2012
37. Financial Assistance Services (county) - BH&DD inventory 2012
38. GOCF-Funded DV Shelters and Transitional Housing – GOCF inventory 2012

APPENDIX F. Analysis of Domestic Violence Incidence Data[21] and Copies of Figures 2-4

Introduction to the Domestic Violence Data

Planners and administrators use DV data for a variety of reasons, such as planning, priority setting, policy making, enhancing the quality of services and program evaluation. Some of our more formal systems collect data consistently over long periods (e.g., law enforcement, criminal justice, and public health). Other entities use less structured methods, and periodically such as when the need arises, or as a by-product of some other endeavor (e.g., victim services provider agencies might count clients for accountability reports or for fund-raising).

The quality of the planning data will be influenced by their method of collection. For example, surveys are notoriously affected by response rates, which are in turn affected by the technology used. (Paper forms distributed by mail are seldom returned, but not every respondent has a computer to complete an online tool.) Some issues are just harder to examine than others. Issues that are sensitive – considered by some to be a "private" matter, such as parenting practices or sexual attractions – are inevitably more difficult to measure. If the only way to obtain those sensitive data is for someone affected by it to report it, the quality of those data may be limited. And if sensitive data must be interpreted by someone strongly affected by it, the result can be highly subjective analysis and decision-making.

Self-reporting and subjective interpretation are especially prevalent in family violence data collection and analysis. That makes data on family violence particularly difficult to collect and interpret. Even the definition of family violence can itself add to the difficulty in gathering and using data reliably. "Family violence" is a broad term; it encompasses adult domestic/intimate partner violence, child abuse and neglect, exploitation and abuse of elderly members of a family.

Analysis of Datasets

The pages that follow outline the varied sources of family violence data available in Georgia. While the legal family violence definition for Georgia includes intimate partner violence, child abuse and elder abuse, the datasets presented here only address data related to adult violence between current or former intimate partners (in keeping with the charge for the Planning Committee). Other sources of data related to family violence are not included here. This analysis does not discuss those datasets that contain information not specific to Georgia, are not related to adult domestic violence, or are duplicative of data collected in larger datasets. For organizational purposes the datasets are presented alphabetically by designation (either organizational name or name of dataset).

[21] Prepared by GCADV August 2012.

GEORGIA BUREAU OF INVESTIGATION

Georgia Crime Information Center (GCIC)

Methods:

- GCIC staff maintain crime statistics from local law enforcement
- Compiled directly from summary offense and arrest reports
- Maintains temporary protective order (TPO) database from court records

Strengths:

- County-by-county comparison available
- Provides data on family violence in several categories

Weaknesses:

- Reliant on law enforcement response, requires subjective interpretation of the situation – interpretations may not be consistent across the state
- Reports on family violence crimes, data are not only adult domestic violence
- Does not include information about other victims who do not contact law enforcement
- TPO registry is not easily accessed and includes stalking orders and DV protection orders

Example of Data Collected:

Fulton County, All Months (2010)

Family Violence Aggressor By Sex		
Abuse Type	**Male**	**Female**
FATAL INJURY	1	0
PERMANENTLY DISABLED	0	0
TEMPORARILY DISABLED	13	1
BROKEN BONES	9	2
GUN/KNIFE WOUNDS	19	21
SUPERFICIAL WOUNDS	1265	393
PROPERTY DAMAGE	98	35
THREATS	151	39
ABUSIVE LANGUAGE	236	52
SEXUAL ABUSE	2	1
OTHER ABUSE	1591	451
Total	**3385**	**995**

Note: Not all Family Violence Incidence Reports contain the sex of the aggressor.

Weapons Used in Family Violence	
Weapons Type	**Occurrences**
FIREARM	39
CUTTING/KNIFE	111
HAND/FIST	1376
OTHER WEAPONS	3023
Total	**4549**

Relationship of Offender to Victim	
Relationship	**Victims**
PRESENT SPOUSE	512
FORMER SPOUSE	73
CHILD	209
PARENT	203
STEPPARENT	19
STEPCHILD	11
FOSTER PARENT	0
FOSTER CHILD	3
LIVES SAME HOUSEHOLD OR DID	989
NONE OF THE ABOVE	2530
Total	**4549**

Police Action Taken		
Action Type		**Action Taken**
	ARRESTED	1166
	CITATION	130
	SEPARATION	153
	MEDIATION	183
	OTHER	698
	NONE	2219
Total		**4549**

Georgia Violent Death Reporting System (subset of the National Violent Death Reporting System)

Methods:

- Abstractors at the Department of Public Health pull data from law enforcement and medical examiner/coroner's reports for all violent deaths in GA
- Data entered using Centers for Disease Control and Prevention guidelines

Strengths:

- Multiple sources of data
- Federally funded and supported
- Variety of demographic and situational data collected
- Allows for data comparison across years, counties and states

Weaknesses:

- Delay in data reporting (18 months)
- Requires positive identification of domestic violence on either law enforcement or medical examiner/coroner – since data collected are used in an initial report only, domestic violence may not be accurately documented
- Data can only be accessed through cooperative research agreement with GA Dept. of Public Health

Example of Data Collected (Chart from 2009 Georgia Data Summary):

TOP HOMICIDE CIRCUMSTANCES, 2006

Involved other argument, abuse, or conflict	37%
Intimate partner violence	22%
Precipitated by another crime	21%
Drug-related	14%

Administrative Office of the Courts (TPO Data)

Methods:

- Data collected from Superior Court reports on temporary protective orders
- Clerks of court enter information from TPO rulings

Strengths:

- County level data available

Weaknesses:

- Data on domestic violence not easily usable – information does not match the GCIC registry
- Reason for mismatch with GCIC registry not easily identified

Fatality Review Project (GCADV/GCFV Joint Project)

Methods:

Personnel from both GCADV and GCFV review newspaper articles to identify domestic violence related fatalities

The two organizations meet quarterly to compare numbers

GCADV surveys domestic violence programs each year to add additional information or fatalities

Strengths:

- Current year data, reported and tracked at the county level
- Some background information usually available
- Multiple sources of data available for clarification
- Cases identified at local level by domestic violence experts

Weaknesses:

- Lack of reporting in some areas makes total number of homicides less reliable
- Data do not accurately compare to other more formal sources
- While in existence since 2003, data has only been systematically tracked since 2009

Example of data reported (From 2010 Fatality Review Report):

How Were the Victims Killed?

Chart 4: Cause of Death 2004-2010

CAUSE OF DEATH	Aggregate % for 2004-2010
Gunshot	55%
Stab wounds / Stab wounds and lacerations	26%
Strangulation	10%
Blunt or sharp force trauma	6%
Asphyxiation due to smoke inhalation	1%
Multiple traumatic injuries	1%

Chart 4 Key Point

▶ Firearms continue to be the leading cause of death for victims in reviewed cases, greater than all other methods combined, indicating the urgent need to use all legal means possible to remove firearms from the hands of perpetrators.

Hospital Discharge Data

Methods:

- Data on hospital visit sent from hospitals to state Dept. of Public Health for analysis
- Data entered by DPH personnel into data management system

Strengths:

- Available on a statewide basis
- Would potentially allow for tracking of severity of cases

Weaknesses:

- More difficult to obtain – not an online searchable database like OASIS
- These data would only be as accurate as the ICD-10 and CPT codes (diagnosis and treatment codes) entered by hospital staff

National Domestic Violence Hotline

Methods:

- Staff from National Domestic Violence Hotline collect information from callers
- Statistics sent to state coalitions on a regular basis
- Counts all people who call, not just people who call law enforcement or go to a state-certified shelter

Strengths:

- Good demographic breakdown of callers
- Provides information on types of abuse experienced and type of help requested

Weaknesses:

- Only tracks the information of those calling national hotline – does not show complete picture of victimization

Example of Data Collected (From CY 2010 Calls from Georgia Report)

Types of Abuse

	Callers from GA	National Avg
Emotional	54%	55%
Physical	42%	41%
Sexual	4%	4%

Caller Situations

	Callers from GA	National Avg
Legal Challenges	40%	42%
Family Violence	29%	32%
Economic Abuse	29%	25%
Custody Disputes	11%	15%
Stalking	7%	9%
Immigration	9%	7%
Rural Locations	9%	6%

National Intimate Partner and Sexual Violence Survey (NISVS)

Methods:

- Ongoing national telephone survey conducted by the CDC
- Collects information from women and men 18 years and older about their experiences of sexual violence, stalking and intimate partner violence

Strengths:

- Nationally representative data, can do state-by-state comparisons
- Wide variety of information on violence-related topics
- Provides data for prevention efforts
- Spanish-speaking participants included

Weaknesses:

- Broad definitions of partner violence are used by researchers
- Only one year of state data is available – hard to get an accurate picture of victimization by state with only one year (CDC even recommends NOT using state data for comparison)

Example of Data Collected: (From NISVS National Report)

Table 7.4
Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner by State of Residence—U.S. Women, NISVS 2010

State	Weighted %	95% Confidence Interval	Estimated Number of Victims	95% Confidence Interval
United States Total	35.6	(34.1-37.1)	42,420,000	(40,310,000-44,529,000)
Georgia	35.1	(27.5-43.5)	1,310,000	(970,000-1,649,000)

OASIS – GA Dept. of Public Health Web Query

Methods:

- Data collected from a variety of sources including Vital Statistics, hospital discharges, motor vehicle crashes, and ER visits
- Data collected by GA Dept. of Public Health personnel and maintained in an online searchable database

Strengths:

- Will provide information by county, public health region or the state as a whole
- Mutiple years of data 2002-2010 allowing for yearly comparisons
- ER Visits is a searchable category

Weaknesses:

- ER Visits includes a category called "external causes" but violence or domestic violence is not a currently coded category
- Data can only be tracked if properly identified and coded by hospital staff
- Without training around screening for domestic violence during the ER visit, it is unlikely cases would be properly recognized and coded
- Even with proper coding, this set of data only takes into account ER visits. It will only give a partial (small) picture of the scope of the problem in Georgia. It will not take into account those victims prevented from receiving care by their partner, those who seek care from a source other than the emergency room or those not injured or not injured severely enough to seek care

Example of Data Collected: (From OASIS Website)

ER Visits and ER Visit Rate, Homicide, Race: All Races, Ages: All Lifestages, Sex: Female, Payor: All Payors

	2008		2009		2010		SELECTED YEARS TOTAL	
	ER VISITS	ER VISIT RATE	ER VISITS	ER VISIT RATE	ER VISITS	ER VISIT RATE	ER VISITS	ER VISIT RATE
Fulton Health District	1,467	285.4	1,366	260.4	1,282	271.4	4,115	272.4

Pregnancy Risk Assessment Monitoring System (PRAMS)

Methods:

- National project that Georgia participates in
- Survey sent to to women who have recently delivered a baby asking about behaviors during pregnancy
- Violence during pregnancy is a standard question

Strengths:

- Federally funded and supported
- Representative of the statewide situation for pregnant women
- Questions have been thoroughly validated
- Multiple years of data allowing for comparison

Weaknesses:

- Only asked of pregnant women – will miss experiences of those women not pregnant
- Data not available until at least two years after questions are asked
- Questions may change from cycle to cycle
- Questions are specific to certain behaviors – does not assess for emotional or psychological abuse

Example of Data Collected: (From 2004-2006 Surveillance Data Report)

Physical Abuse During Pregnancy: Between 2004 and 2006, 4.1% (3.4-4.9) of women who delivered a live birth in Georgia experienced physical abuse during pregnancy.

The percentage of women who experienced physical abuse during pregnancy appears ***highest*** among:

- Black women
- Women younger than 30 years old
- Women with a household income less than $15,000 during the year prior to their most recent delivery
- Non-married women
- Women whose delivery was paid for by Medicaid

Sub-groups in which the percentage of women who experienced physical abuse during pregnancy appears to be ***decreasing***:

- Black women
- Women whose highest level of education is completion of high school
- Hispanic women
- Non-married women
- Women whose delivery was paid for by Medicaid

Sub-groups in which the percentage of women who experienced physical abuse during pregnancy appears to be ***increasing***:

- No sub-group had a trend that appeared to be increasing

Violence Policy Center – Homicide Data

Methods:

- Data collected from FBI Supplemental Homicide Reports from each state
- Violence Policy Center personnel compile data into yearly report

Strengths:

- Fully reported data – supplemental homicide report provides more data on case outcomes than initial reports used by other datasets
- Multiple years of data available
- State-by-state comparisons available

Weaknesses:

- Only counts single victim homicides - many domestic violence cases have secondary (bystander) victims
- Only men killing women – cases are not separated by domestic violence vs. other types of homicides
- Data is at least 18 months old (usually 24 months) when reported

Example of Data Collected: (From 2009 Violence Policy Center Report)

90 females were murdered by males in Georgia in 2009
The homicide rate among females murdered by males in Georgia was
1.80 per 100,000 in 2009
Ranked 6th in the United States

Victim/Offender Relationship

For homicides in which the victim to offender relationship could be identified, 93 percent of female victims (82 out of 88) were murdered by someone they knew. Six female victims were killed by strangers. Of the victims who knew their offenders, 57percent (47 victims) were wives, common-law wives, ex-wives, or girlfriends of the offenders. Among the female intimates who were murdered, 62 percent (29 victims) were killed with guns; 76 percent of these (22 victims) were shot and killed with handguns.

Youth Behavioral Risk Factor Surveillance System

Methods:

- Survey given to high school students each year
- Variety of health behaviors included including victimization and perpetration of violence

Strengths:

- Provides Georgia-specific data – allows for state-by-state comparison
- Asks specific questions around dating violence and forced sexual activity

Deficits:

- Only asked of high-school students – may not be representative of high-risk populations that are not in school
- Georgia survey does not ask the question about forced sexual activity
- Question on dating violence is behavior-specific, does not address emotional or psychological abuse

Example of Data Collected: (From YBRS 2011 State and National Report)

High School Youth Risk Behavior Survey						
Question	**Georgia 2011**	**United States 2011**	**p-value**	**Georgia 2011 More Likely Than United States 2011**	**United States 2011 More Likely Than Georgia 2011**	**No Difference**
Unintentional Injuries and Violence						
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (during the 12 months before the survey)	16.1 (12.7–20.3)	9.4 (8.6–10.3)	0.00	●		
Ever physically forced to have sexual intercourse (when they did not want to)	—	8.0 (7.3–8.8)	~			

Footnotes

‘ – ’ = Data not available

Additional Datasets

The following datasets provide information on child abuse and elder abuse. While they do not provide direct information on adult domestic violence, some of the information collected could be used to provide information on the burden of domestic violence in a community. Because of the limitations on the data collected, these datasets should only be used in combination with other datasets whose sole focus is adult domestic violence.

Adult Protective Services

Methods:

- Suspected cases of elder abuse investigated by APS staff
- Investigative staff enter data on confirmed cases into statewide database

Strengths:

- Provides information about victim and perpetrator and types of abuse experienced
- Demographic data collected
- Recent data – usually only one year old

Weaknesses:

- Data not specifically domestic violence related (only 12% of perpetrators identified as spouse)
- APS system identifies all elder abuse cases – each case may or may not be cases of domestic violence
- Data difficult to access

Department of Family and Children's Services

Methods:

- Cases of suspected child abuse entered by county child protective services personnel
- Box to check whether DV was indicated – box can be checked at intake phone call or by investigation
- Data pulled from DFCS statewide case management system (SHINES)

Strengths:

- Recent data (current year), multiple years of data available
- County-by-county data available for comparison, demographics can be collected
- Can report whether case was substantiated or unsubstantiated

Weaknesses:

- Focus of DFCS is not specific to adult domestic violence
- Data are difficult to interpret, data are related to child witnessing of domestic violence (also – not sure if this is correct – child could also be the recipient of domestic violence)
- Definition of child witnessing (the data I provided are not limited to child witnessing) of family violence may vary from county to county

Figures 2, 3, and 4 from page 15 are reproduced below for a more detailed examination of the maps.

FIGURE 2: **Regional Distribution of Domestic Violence-Related Deaths**
(Source: GA Domestic Violence Fatality Review Project) Reproduced from page 15.

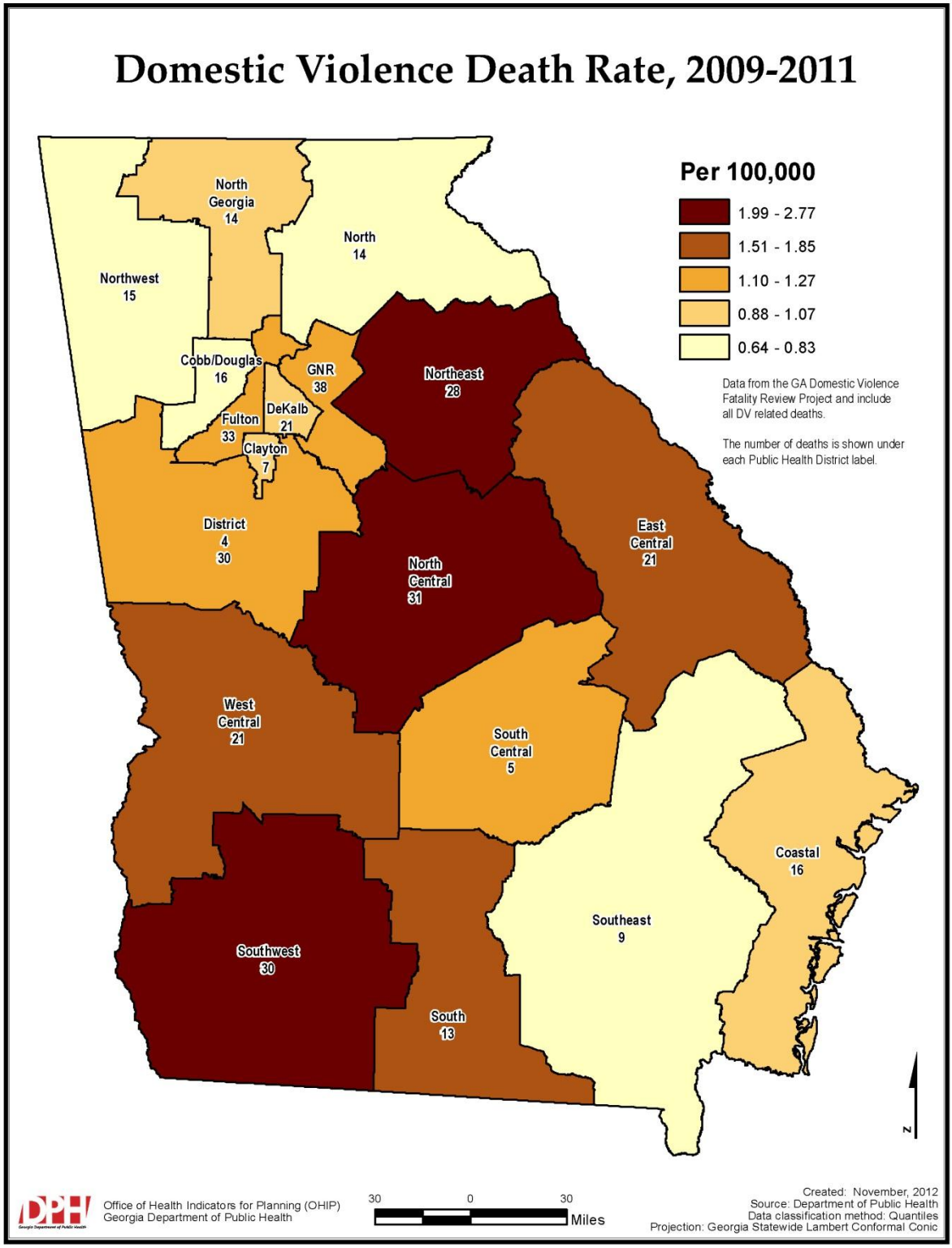


FIGURE 3: **County Distribution of Domestic Violence-Related Deaths**
(Source: GA Domestic Violence Fatality Review Project) Reproduced from page 15.

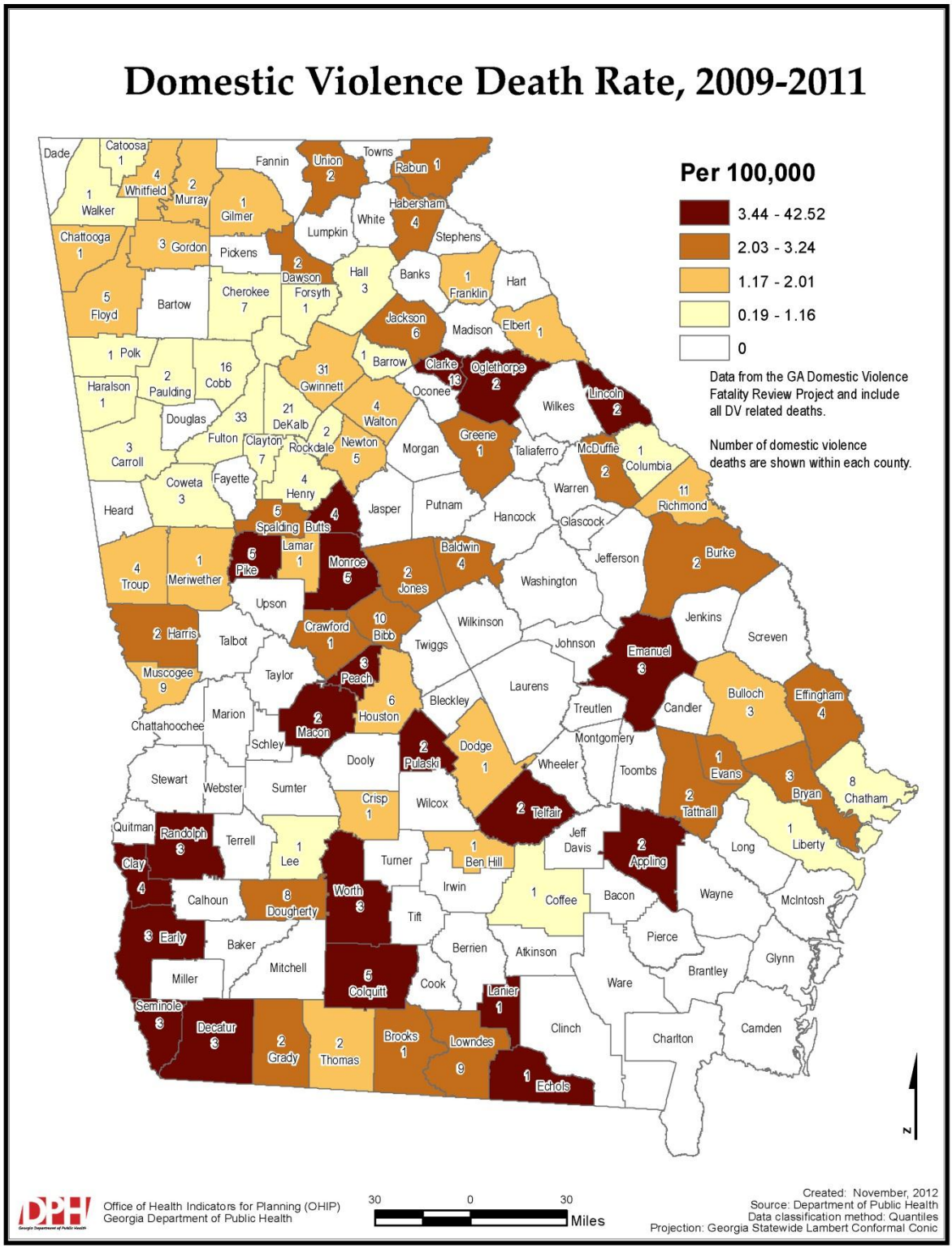
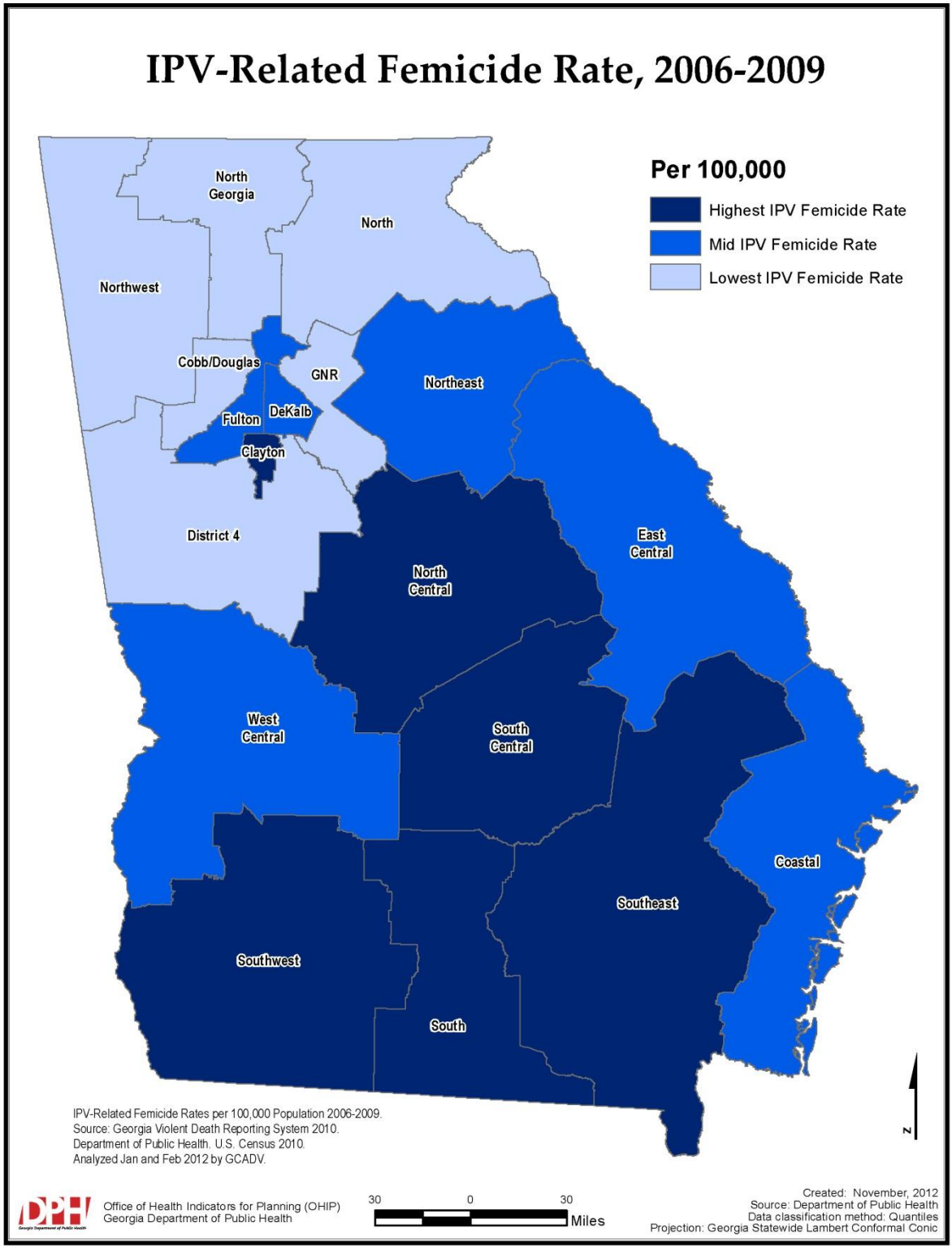


Figure 4: **IPV-Related Femicide Rates per 100,000 Population 2006-2009**
(Source: GA Violent Death Reporting System) Reproduced from page 15.



APPENDIX G: Analysis of Services Data Sets

Governor's Office for Children and Families (GOCF) – Shelter Data

Methods:

- Information on clients is collected by shelter staff during intake process or hotline call
- System collects information on demographics, types of abuse experienced and services accessed
- Data available in aggregate form

Strengths:

- Statewide system, some standardization of data collection
- Data available for multiple years

Weaknesses:

- Only collects data on victims who access services from state-certified domestic violence programs
- Consistency may be an issue – each program enters data slightly differently

National Network to End Domestic Violence Shelter Census

Methods

- DV programs nationwide respond to a 24-hour census request providing a one-day snapshot of services used
- The census documents numbers of individuals served, types of services provided, needs unmet, and issues and barriers victims faced

Strengths:

- Multiple types of DV programs surveyed – not just shelter programs
- Broad overview of service utilization in the states
- Can see situation in Georgia and compare with other states

Weaknesses:

- Only captures one day in time, may miss critical information
- Relies on self-reporting – DV program staff may identify needs differently than victims
- Only identifies needs of those who access services

Example of Data Collected: (From 2011 Domestic Violence Counts Georgia Summary)

This chart shows the percentage of programs that provided the following services on the Census Day.

Services Provided by Local Programs:	Sept. 15
Individual Support or Advocacy	98%
Children's Support or Advocacy	91%
Transportation	68%
Bilingual Advocacy (services by someone who is bilingual)	45%
Childcare/Daycare	41%
Transitional Housing	36%
Job Training/Employment Assistance	27%
Advocacy/Support to Teen Victims of Dating Violence	7%

507 Hotline Calls Answered

Domestic violence hotlines are a lifeline for victims in danger, providing support, information, safety planning, and resources. In the 24-hour survey period, Georgia programs answered more than 21 hotline calls every hour.

APPENDIX H: Strategy Details – Goals, Objectives, Key Initiatives, Action Plans

The reader should contact GCFV for an even more exhaustive Strategy Details Logic Model

APPENDIX I: Feedback from Key Stakeholders for Consideration in Next Planning Process

During the review and edit process as the Final Plan was prepared, the working group received excellent feedback from several Task Forces and individuals. Because this feedback came outside the planning process they were not added to the Strategies. However, there were a number of good ideas to be considered as future plans are formulated.

The feedback items are listed here:

- Increase collaboration with suicide prevention efforts;
- Increase collaboration with the military and services for returning vets;
- Develop training on how to respond when law enforcement officers are the abusers;
- Collaborate with Fatherhood Initiatives;
- Include information about fatherhood and the effects of DV on children within FVIPs;
- Increase the emphasis on child welfare and custody processes that penalize battered women and further endanger children;
- Collaborate with prison reentry initiatives;
- Increase efforts to create safe spaces for women and children within communities: The DV shelter personnel GCFV spoke with were concerned about the Plan's statement that safety should be viewed as dependent upon a connection to the victim's community. For most of the women they worked with, the community had betrayed the victim on many levels. Therefore, these DV shelter persons believe that "connection to community" should be seen as a long term goal. In the shorter term, simply having safe spaces within communities – where women and children could be supported and not blamed – would be a necessary first step.