New Mexico Domestic Violence Services Needs Assessment

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Prepared by
UNM PRC

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Introduction

Domestic Violence

In New Mexico (NM), 37.6% of women and 33.3% of men have experienced violence perpetrated by an intimate partner in their lifetimes. Domestic violence (DV) can have immediate impacts including physical injury, anxiety and fearfulness, contraction of sexually transmitted diseases, and unwanted pregnancies. DV can also cause long-term mental and physical health effects including depression, post-traumatic stress disorder (PTSD), chronic pain, and increased risk for development of chronic diseases and substance use disorders.

DV also affects children. In NM, 35% of DV incidents reported to the police were witnessed by children. Witnessing violence in the home is considered an adverse childhood experience and is associated with learning difficulties, symptoms of PTSD, difficulty forming relationships, and higher risk of becoming violent themselves.

Domestic Violence Services

DV agencies provide services to survivors. These services include hotlines, advocacy, counseling and emergency shelters. Access to such services has been shown to reduce risk of additional DV, reduce depression, increase access to resources, and increase self-esteem, coping abilities, and hopefulness.

Overview

The University of New Mexico Prevention Research Center (UNM PRC) conducted a needs assessment of DV services in NM. The needs assessment focused on the capacity, needs and challenges at the organizational and systems levels. The needs assessment consisted of three components, an online survey of programs, interviews with DV service providers, and a geospatial analysis to better understand access to services across the state. This report provides the results of the individual components of this assessment and provides recommendations for the future.

Needs Assessment Survey

The UNM PRC conducted a needs assessment survey with DV agencies in New Mexico. Participants were recruited from a list of 28 DV agency Executive Directors provided by NM CYFD. The UNM PRC invited the Executive Director of each agency, or a chosen delegate, to complete the survey for the organization. The survey was conducted in June 2021. The online survey data were captured using REDCap software and analyzed to better understand organizational and system-level capacity, challenges, and recommendations.

Survey Results

Staffing

Current Staff:
All 23 respondents indicated that their organization had 1 full-time executive director per agency; 6 (26.1%) reported a full-time assistant or deputy director on staff, and 1 organization also indicated they had a part-time assistant director.

All 23 organizations reported that they have full-time advocates on staff. The average number of full-time advocates on staff was 6.04, with a range from 1 to 16. Nearly two-thirds (65.2%) of the organizations reported additional part-time advocates on staff. Eight of the 23 organizations (34.8%) noted that they have full-time therapists on staff; four (17.4%) indicated that they had full-time lawyers on staff and one also reported part-time lawyers on staff. More than two-thirds (69.6%) reported that they have full-time administrative personnel on staff.

Survey Results

Open Staff Positions:
Nearly half (47.8%) of participating organizations indicated that they had at least one vacant position on their staff at the time of the survey. Of these 11 organizations, 4 responded that they had an opening for a full-time executive director; 1 noted an opening for a full-time assistant director; 8 reported openings for full-time advocates; and 2 had openings for part-time advocates. Five organizations reported open positions for full-time therapists; two had openings for full-time lawyers; and, four had current openings for full-time administrative personnel on staff. Additionally, six organizations noted job openings for other positions including: case worker, substance abuse counselor, kitchen service associate, DVOT facilitator, bilingual advocate, and a children's advocacy center forensic interviewer.

The average time to fill a position was 3.65 months, with a range from 1 to 15 months. Nine organizations (39.1%) reported having to restructure their organization in the past two years after failing to fill an open position. The unfilled positions that resulted in a restructuring of these nine organizations included: therapists (three organizations); counselor and counselor director; deputy director, advocates, and administrative staff; clinical supervisor and shelter advocate; child advocate; advocate and office manager; advocate and administrative staff; and administrative staff, advocate and supervisor.

Survey participants provided additional details regarding staffing. Multiple individuals indicated that funding limitations made it difficult to fill positions and retain staff. This included employees who leave for higher pay, but also included restrictions on funding. Survey participants indicated that it is often difficult to support administrative positions because funding dollars typically only support direct client services. One participant stated, "Being supported financially to increase and build capacity would be wonderful".

Survey Results

Service Area:

Most of the NM DV organizations serve people from multiple counties and a majority (60.9%) indicated that they served individuals from tribal lands. Among the organizations serving tribal communities, on average, approximately two-thirds (65.9%) of those seeking services at the organizations were Native American.

Public Transportation:
Only 4 of the 23 DV organizations surveyed (17.4%) indicated that their services could be reached using public transportation. Approximately one-third (30.4%) indicated that there was no available public transportation. The remaining 12 DV organizations (52.2%) indicated that there were some options for public transportation, but that it was limited. Those who were outside the city, in rural areas, or on tribal lands did not have access to public transportation. Some organizations reported providing bus passes or funds for ride-sharing services.

Survey Results

Services and Programs	Organization-Level Average Score	State-Level Average Score
Providing immediate shelter and support services	8.61	7.65
Providing specialized services for abused parents and their dependents	6.91	6.30
Increasing public awareness about domestic and dating violence	6.70	5.57
Providing technical assistance and training related to domestic and dating violence programs	6.09	6.09
Conducting activities and programs for prevention of domestic and dating violence	5.43	5.26

Survey participants consistently scored their own organization's ability to provide services higher, compared to the state as a whole. Providing immediate shelter and support services ranked substantially higher than the other services and prevention programs and activities scored substantially lower. All services provided opportunities for growth. One participant wrote, "More organizational capacity is needed to develop and meaningfully provide access to services, and [to fulfill] administrative requirements for funders". Another survey participant specifically addressed the need for improved prevention stating, "The highest priority in the prevention of domestic violence is rooted in the education system. Many of our victims do not associate violence within intimate relationships as abnormal. When exposed to components of 'healthy' relationships, the paradigm begins to shift." They emphasized support for use of healthy relationship curricula in the school system as one prevention measure.

Survey Results

Survey participants were also asked to rate on a scale of 1 to 10 – in which 1 represents "not well at all" and 10 represents "very well" – how well the state as a whole was doing with collecting relevant data to inform state policymakers and residents of NM about DV. The average score was 6.87. The final item in this section, which used the same scale, asked survey participants to indicate how well they felt the state as a whole was doing with presenting relevant data to inform state policymakers and residents of NM about DV. The average score was 6.65. Survey participants indicated that the NMCADV is a great support of DV programs, but that work was needed to better collect and present meaningful data at the state level.

Survey Results

Populations Served

Survey participants were asked to indicate on a scale of 1 to 10 how well their organization is able to provide services to specific population groups, with 1 representing "not well at all" and 10 representing "very well". The following table indicates the average response for each population across the 23 participating organizations. Additionally, the minimum and maximum values provided for each subgroup are included.

Organizations reported highest capacity with serving women, men, and transgender individuals. The majority of organizations also reported a good ability to serve children who witnessed DV and people with limited English proficiency. There was greater variation, and lower average capacity to serve people of different races and ethnicities, people living with disabilities, and people with mental and behavioral health issues. Organizations expressed a willingness to serve all people, but some organizations, especially in more rural communities, found it challenging to provide services to specific populations.

Survey Results

Populations Served Specific Population Subgroup	Average	Minimum Reported Value	Maximum Reported Value
People who identify as female	9.39	7	10
People who identify as nonbinary, bisexual, transsexual or transgender	8.52	5	10
People who identify as male	8.48	2	10
Children who have witnessed domestic violence	8.35	5	10
People seeking services who have limited English proficiency	8.00	5	10
Other people of color (e.g. Black/African American, Asian/Asian American)	7.96	1	10
People seeking services who have health conditions that limit physical movement (e.g. blindness, deafness, use wheelchairs)	7.70	2	10
People who are Native American	7.48	1	10
People seeking services who have mental health concerns or illnesses	7.39	2	10
Recent immigrants or refugees	7.35	1	10
People seeking services who have behavioral health concerns or illnesses (e.g. persons experiencing alcohol or drug problems)	7.26	1	10

Needs Assessment Interview

The UNM PRC identified and recruited interview participants from a list of DV agency Executive Directors provided by NM CYFD. The UNM PRC invited Executive Directors, or a chosen delegate, to participate in a semi-structured interview about DV service capacity, access, challenges, and priorities. Individuals who agreed to participate were interviewed by phone or Zoom video conferencing during June 2021.

Interview participants
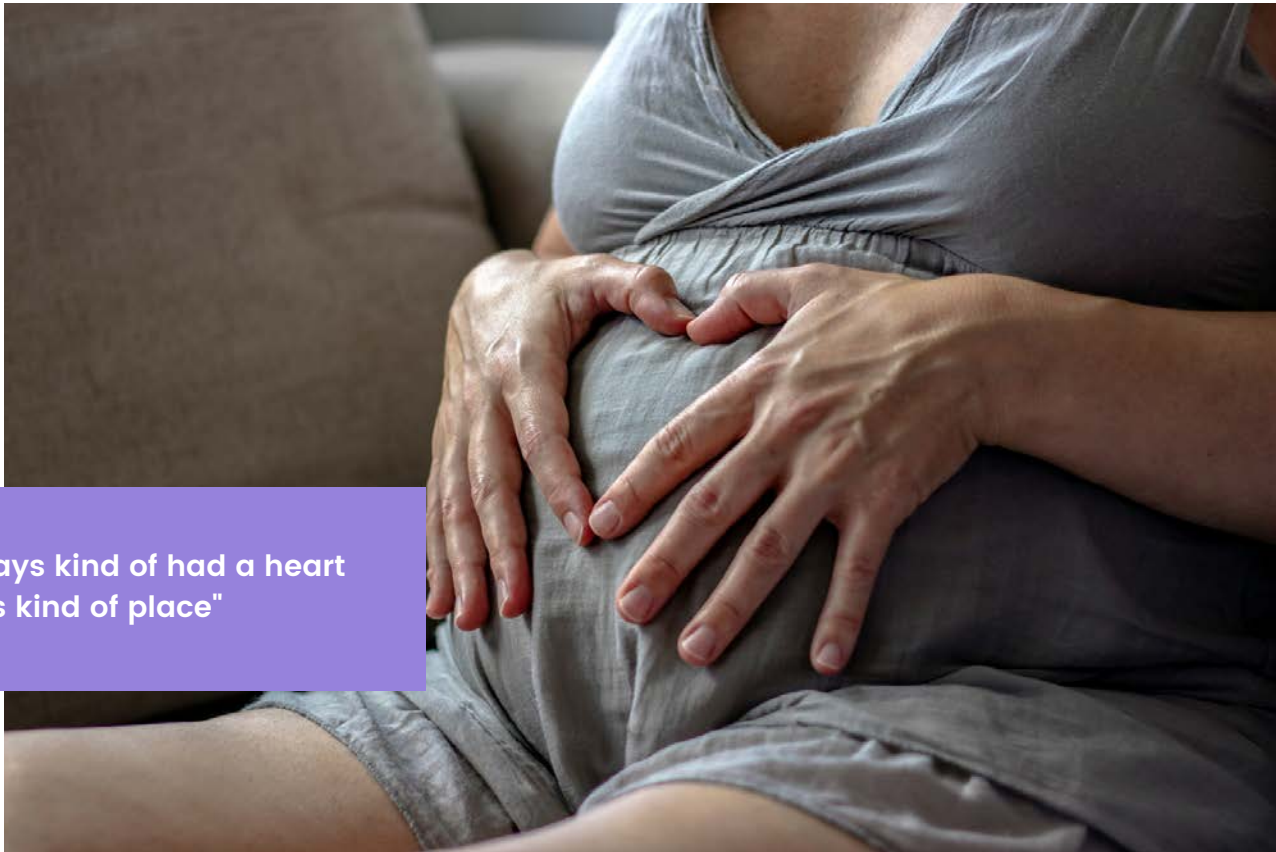
"I always kind of had a heart for this kind of place"

A total of 31 individuals from 28 NM DV organizations participated in the interviews. Most of the interview participants held positions as agency directors or executive directors, although we also spoke to CEO's, financial directors, and intervention services supervisors. While many interview participants had been in their positions for less than five-years, they were overwhelmingly veterans within their organizations in different capacities. The majority had been in their organizations for more than 10 years, with some ranging as high as 30 plus years. Some had occupied as many as five different positions within the organizations. Although many worked previously in the fields of human services and DV, interview participants also came to DV work from other fields including law enforcement, health education, corporate finance, and other types of victim advocacy. Additionally, some came to this work after being volunteers or survivors themselves. As one participant stated, "... I was in a domestic violence relationship. [I] never thought I would work here...or be in that situation, but I always kind of had a heart for this kind of place."

DV Services

Various support and specialized services are offered by the NM DV service organizations. All of them offer victim advocacy and support and a majority of them have emergency shelters for survivors of domestic violence. Some of them offer enhanced legal advocacy, individual counseling with a licensed counselor on staff, and support groups. Nearly half of them have transitional housing available, although it is often difficult to identify locations for transitional housing. Nearly one quarter offer each of the following: substance use counseling, life skills training, specialized programs for children and teens, family advocates that work with childhood trauma, and on-site kennels for companion animals. Also, a few organizations do safety calls, have individual safety planning in place, and offer specific support services like childcare, transportation, financial assistance for food/rent/utilities, laundry services, assistance with food stamps, employment assistance, and therapy for clients with mental health issues.

DV Services Cont.

Several of the DV agencies have specialized programs for specific populations. For example, multiple agencies work with children and teens. These include the Children's Capacity Building Program, Children's Advocacy Centers, team therapists focused on children, family advocates that focus on childhood trauma, and counseling for children ages 5 and up. A few DV agencies also have services focused on Native or immigrant populations. For example, there are DV agencies that work with tribal governments and tribal VAWA programs, as well as agencies that offer immigration status advocacy and language assistance for immigrants with limited English proficiency. DV agencies will also refer people seeking some of these specialized services to other organizations if they do not have the internal capacity to provide a service.

When talking about services, one interviewee stated, "...we try to make sure that the survivors who come into the shelter are welcome and are in a home away from home. And safety is our number one priority. And we try to make the services individualized to fit that person and whatever concerns they might have."

Another echoed the desire to address individual needs stating, "I mean, when the clients come here, we try to do everything we can to get them self-sufficient by the time they leave here, so if it's helping them with jobs, furthering their education, saving money, whatever. I would say that's the most important thing that we do is getting them on their feet and making them feel like they're strong enough to where they don't go back to that situation, and they know they can do it on their own."

Staff Recruitment and Retention

Recruiting people for open positions has been challenging, especially during COVID-19. Challenges have included applicants with a lack of experience or not being able to pass background checks. Other candidates, once hired, found the work not to be for them and left. "Training up" good people from within the organization was one strategy that proved viable. Interview participants discussed the need to make positions more competitive by offering health and retirement benefits, increasing salaries, and identifying ways to increase compensation based on value-added skills such as bilingualism. However, all of these options require additional funding.

Barriers to recruiting staff with advanced degrees, like therapists, counselors, and lawyers, has been especially difficult for all organizations. Agency directors and staff described searching for months, and in some cases years, to fill these positions. In this medically-underserved state, organizations compete with each other for the same pool of potential candidates. When describing their staffing challenges, one participant stated, "I know it has been very difficult for us to hire counselors, therapists, especially in [our] county because it's rural, but we also cannot afford to pay as well as Albuquerque, Bernalillo County and other counties. So that has been extremely difficult for us." A number of interviewees observed that MSW-level clinicians and therapists were opting to go into private practice rather than take employment with nonprofits. One stated, "I have two therapists leaving that will double their incomes immediately" by going into private practice.
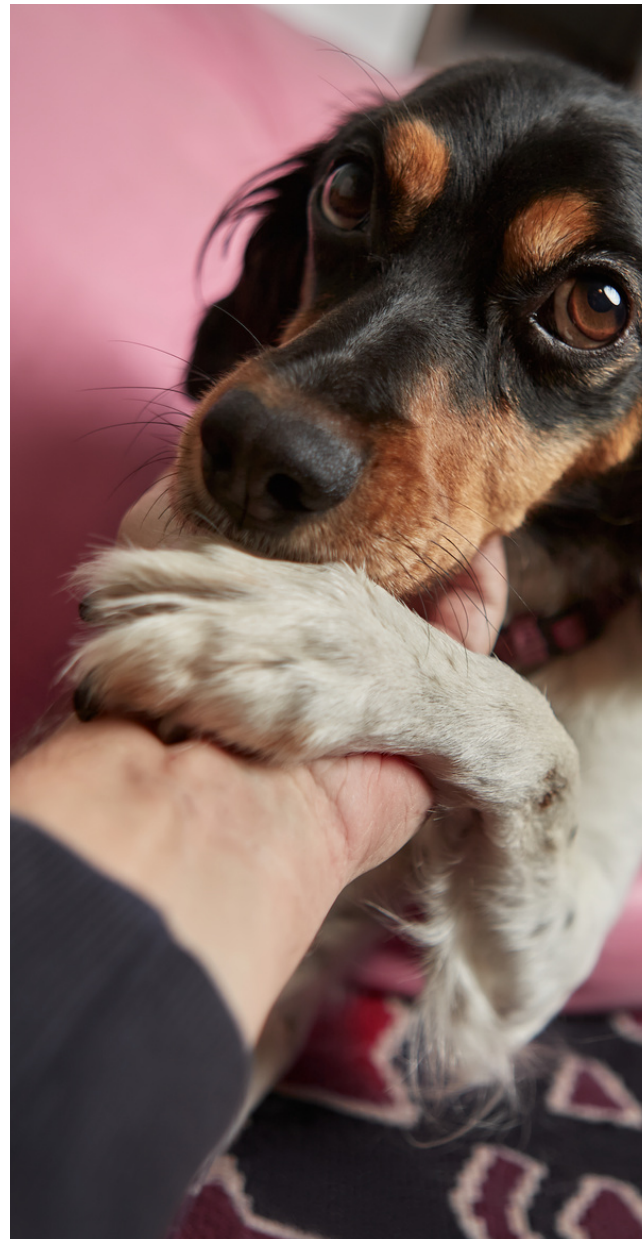
Staff Recruitment and Retention Cont.

Interviewees also acknowledged that providers and other staff do not necessarily want to live in rural or frontier areas. This is exacerbated among professionals that carry debt from earning their degrees. They are often not in a position to take a job that does not help them pay off their loans. Some saw a partial solution in training people from the local community into staff positions. One interview participant stated, "That's why I train a lot…because my staff are usually people who are going to stay here, live here, who've been here, don't plan on ever leaving and that type of thing."

A few agencies also described connections with university programs from which to recruit interns who needed practicum hours. However, the interns rarely sought full time employment with the agencies after completing their degrees.

Only a few agencies mentioned not experiencing any issues with hiring and retaining staff. One participant shared that more than a year ago they were experiencing nearly 70% turnover rates, but that they underwent some changes and now "really see the fruits of those really hard laborious days" where "people feel happy to be here and they're comfortable here. And now, we're just kind of at a point where we don't just hire somebody to fill a position." Another participant said, "We used to have a lot of turnover. And thankfully, over the last few years, we've had very little. We've lost a couple of people due to, just they've moved out of town, or they've quit because they're doing their own business now. That's been the last few people that have left."

Staff Recruitment and Retention Cont.

Volunteer programs for some agencies are currently minimally staffed or non-existent. A few organizations said this was exacerbated due to the pandemic. Organizations that do host volunteers are doing so through an internship or partnership with a local college or university. A few shared that community volunteers often want to do one specific thing only and cannot be accommodated. One participant shared, "So, some of them will say, 'I want to go in there and teach people to crochet.' Well, we might have a group that doesn't want to learn to crochet. And volunteers don't take that easily sometimes... But we can't force, and we won't force, anyone to do something they're not interested in." A few agencies have been utilizing their volunteer programs to support their staff. For example, one participant is considering revising the volunteer program to be focused on handling crisis calls. The goal is to help "better support our day-to-day operations and that [staff members] do not feel burned out."

Another participant shared that a common issue they run into when working with volunteers is that "if someone comes in and they have DV in their history or sexual assault in their history... then this can be a very triggering situation." Some participants from other organizations however believe that recruiting staff, board members, and volunteers who have experienced trauma and violence are critical to the functioning and growth of their organizations. One participant shared that "it was incredibly important [when the organization was growing] to really try and see how can we recruit local people who are dealing with their own experiences of what trauma has been inflicted upon them by white people."

Staff Training

Another theme that came out in the interviews was staff training. DV staff participate in multiple trainings annually, some of which are mandated (e.g., Advocacy in Action) and others that are selected to meet specific needs such as working with children who witness domestic violence. Other training topics mentioned in interviews included: vicarious trauma, cultural awareness, recognizing mental health and substance use, tribal justice, play therapy, trauma-informed treatment, and self-care.

Trainings came from a variety of sources both within and outside the agencies. Trainings offered by the NM Coalition Against Domestic Violence (NM CADV) were mentioned multiple times, and one DV Director emphasized that the recent trainings were particularly high caliber. Numerous organizations also drew on their internal resources for providing training. Examples included presentations by the clinical director and using monthly team meetings as training opportunities. Finally, especially during the pandemic, agencies turned to online trainings.

Specific obstacles to training at different agencies varied but a few themes emerged. Some staff were unable to participate in trainings because there would be no one to staff their position while they were attending the training. This was especially problematic for people who worked in shelters. As one person stated, "Because we're short-staffed at the shelter, it seems like a lot, the training that the staff need, they can't always get. And they also feel like they can't leave the shelter to go do a training because there's so much work to do. So, it's a little bit of the-- the direct service seems to always just consume the training part."

Easy access to training was another barrier. Specifically, a lack of in-person trainings outside the Central Region of the state made attendance difficult for people who had to travel long distances. Additionally, online trainings, particularly during the pandemic, proved challenging to some organizations in areas with poor connectivity.

Several directors suggested making continuing education units (CEUs) available to DV staff. In addition to building capacity, such a strategy could help to alleviate some of the problems associated with recruitment and retention. Recommendations for additional training converged around four topics: (1) cultural awareness and responsiveness; (2) management and leadership; (3) mental health; and (4) prevention.

Staff Support

"you need to have some protection, and you need to have some way to sense when you've been exposed too much. And there needs to be a protocol when that happens to deal with it."

DV directors and staff whom we spoke with described a variety of ways that they supported their staff, especially to address vicarious trauma. These included paid time off, mandated time off, and wellness/self-care opportunities. Wellness opportunities were the most wide-ranging and included anything from an annual unrestricted wellness benefit of $1000 to gym memberships to paid mental health care to onsite relaxation opportunities such as massage, yoga, and reiki.

Many interviewees talked about how they built staff support into their organizational structures and their job descriptions. A few spoke of their use of reflective supervision practices, drawing on the expertise of licensed clinicians at their organizations. One interviewee described how they reorganized their organizational chart to make sure that every staff member had at least one point of contact for supervision and daily training. However, reflective supervision depended on having a licensed clinician available and that is something that was an unfulfilled need at most DV agencies.

Staff Support Cont.

More frequently, directors and staff talked about how they have sought to create a culture where support-seeking was viewed as a strength, not a weakness. They modeled desirable behavior. They talked about vicarious trauma regularly at staff meetings and encouraged others to do the same. They provided trainings about how vicarious trauma happens and how to apply practices of trauma-informed care to themselves and their peers. They emphasized that self-care was part of the job and that one could not help others be strong unless they were strong themselves. One director stated, "We work in a toxic environment...And if we worked at a nuclear power plant, which is also a toxic environment, they give you gear to protect yourself from it. And there's sensors that go off when you've had too much exposure. And there's a protocol if you are exposed. I mean, obviously, we don't have protective gear and all that. But we have to think of it in the same way that there needs to be —you need to have some protection, and you need to have some way to sense when you've been exposed too much. And there needs to be a protocol when that happens to deal with it."

A few participants also mentioned that having well-supported staff meant having well-trained staff. This allowed staff to cover for each other, when needed. One director stated, "... So, I would say, the number one factor here in ensuring that people feel supported is that the people are trained. Training is huge. So, the more people that are trained on something specific, the better off that those people are. [They] will have the support should they need a break, or they can freely ask for personal time off and it's not a big ordeal because we've got other people that can cover."

Harder to Reach Populations

All interviewees identified hard to reach populations with some variation in the specific populations by region. The two most named and discussed populations were Native American and undocumented immigrants. Most interview participants also mentioned a low proportion of men seeking services, as well as transgender people and individuals in same sex couples. Veterans were also mentioned as a hard-to-reach population by some participants, and individuals with cognitive disabilities were also recognized as challenging to serve.

When the interviewees considered why these populations were hard to reach, trust was a commonly recurring theme however it manifested in different ways for the various populations. For indigenous populations, the concept of historical mistrust was brought up and the general lack of trust for organizations outside of the tribal jurisdiction. As one interviewee said, "Native Americans rightfully have a significant distrust of organizations like ours. We might have all the best intentions in the world but how many times has somebody knocked on their door and said, 'We want to help you.' And then turned around and did something harmful?" For undocumented immigrants, trust is also an issue because of their immigration status and belief that DV shelters are reporting agencies. Veterans were also mentioned as a group that may not trust DV agencies, and that this could deter help-seeking.

Harder to reach populations Cont.

In addition to a lack of trust, other barriers to reaching these groups included distance, capacity, stigma, culture, and jurisdiction. Distance as a barrier to reaching these populations occurs two-fold, first, in conducting outreach and second, the distance that people would have to travel to seek services. One interviewee said about the travel distances, "...it's kind of like the Wild West out there." Stigma was discussed as a barrier to men seeking services for domestic abuse. Additionally, interview participants discussed the fact that agencies do not have shelters designated for men specifically.

The issue of jurisdiction was emphasized as a substantial barrier to providing services for Native Americans. Interviewees described the laws surrounding issues of custody. For example, "If you are a female, and you flee the reservation with the children, the reservation wants the children back on the reservation. [The woman] can stay here. But if she goes to the shelter [on the reservation], she gets to keep her children". This issue was mentioned in great length across multiple agencies and was tied to culture. In the future it may be beneficial to find a way to for DV agencies and tribal entities to collectively address gaps or find ways to bridge the different services provided in both tribal and non-tribal lands. One interviewee suggested, "When it comes to the Native American populations...Maybe some of it is cultural, maybe some of it is the Native American populations have different internal structures and maybe we haven't made the proper connections that we need to make with them." Also mentioned, were the different ways that Native American's resolve family issues, primarily through use of elders. "On orders of protection on the reservation, you've got to go through a series of talking with elders".

Harder to reach populations Cont.

Overall, interviewees wanted to learn about solutions, and ways that their services could be tailored to be culturally relevant for these groups. The interviewees offered ways to alleviate the trust barriers that exist in reaching these hard-to-reach populations. This included employing staff members who are a part of the community they are trying to reach. That by having culturally similar persons in outreach, intake, or in crisis intervention, they would be better able to build trust and make connections. This can also facilitate providing services in the preferred languages of the communities. One interviewee stated, "Well, one of the ways we do it is by trying to recruit people who are diverse in nature... And we are trying to sort of break down as many of those cultural barriers internally as we can in the hopes that that improves our ability to connect more meaningfully with people in the different communities in the state. And then we also maintain relationships with as many community organizations as we can so that they can be... the focal point in the community. So, if they trust us and they can give us information about how best to interact with the person, then we have a starting point."
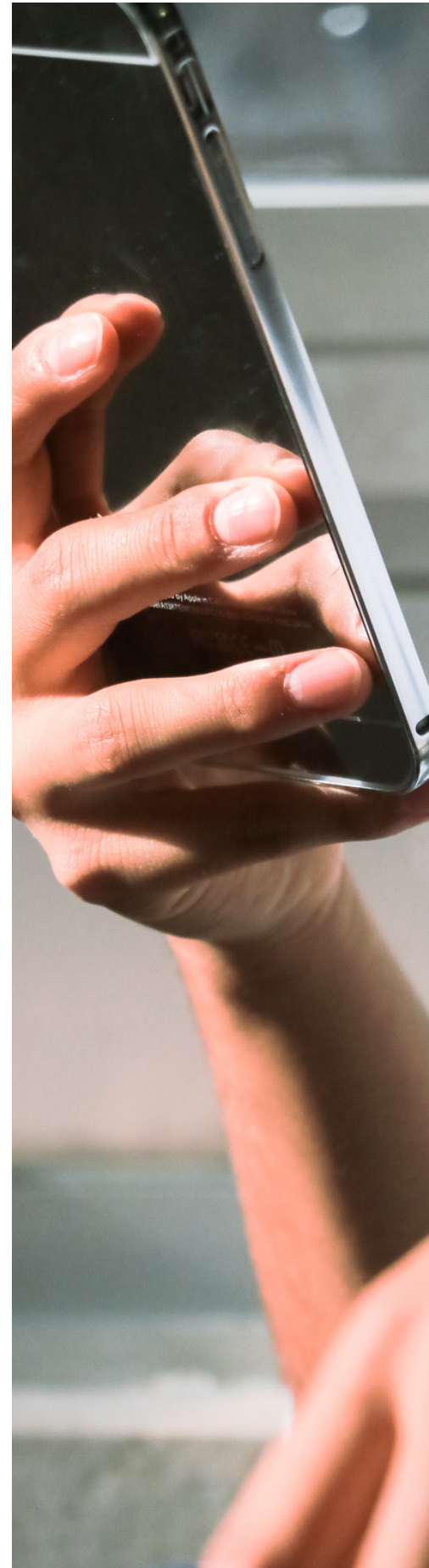
Access to services

Access to services includes physical access to a range of services, but also awareness of available services and a perception that the services are open and available to people. Many interview participants described their services and programs as being accessible to most populations they serve. Despite the COVID-19 pandemic, and associated restrictions, many participants shared that accessibility to their services has not been an issue. Participants talked about working with various local groups and community organizations to increase awareness of their agency's services and programs. One participant shared, "We are becoming much more active within the community... It was mindboggling to me that... this place had been here for years and years and years and nobody knew. So, we're really working hard to kind of turn that around and become more present... and be able to work with those community members and other agencies and providers to, again, to try to fill those gaps in services, as well as let other people know what our program is and what we what we do and how we can help maybe them."

Access to services Cont

Other agencies mentioned networking and establishing partnerships with healthcare facilities, local law enforcement, sexual assault response agencies on military bases, and local companies. A few agencies also work directly with local courts or join community task force or groups to continue communications about their services and programs. One participant shared that they "try to be connected in that way so the community knows we're there." A few organizations even started specialized solutions to increase access to their services, especially for communities where internet capability might be an issue. "Establishing those relationships in those small communities has been helpful for us being able to reach survivors in those areas," related one participant. They were looking into establishing computer access at local libraries or directly providing smartphones to their clients. Social media outreach has been positive for the few agencies that actively and deliberately use them. One participant shared, "So we didn't always do a great job of outreach through social media. In fact, we never had a dedicated person working with social media outreach. All our outreach was in person, going to schools, going to companies, doing educational presentations for groups of people at their staff meetings or whatever. So, because that came to a halt with COVID, we had to really revisit how we were going to manage that... And the connection has been extraordinary. So, in some ways, unfortunately, it took COVID to kind of stretch the imagination. But it has worked beautifully, and I really feel like we're making connections that we would not have otherwise made."

Access to services Cont

Some organizations have increased their online presence and added features to their websites that enable connections to begin anonymously and online. One of these agencies shared, "We have a contact form on our website that seems to generate a lot of traffic where people just in the community can anonymously... be able to contact us and give us a time and a date when we can safely contact them about our program. So, there's a lot of things that we're trying to put in place to kind of shed a bigger light on what we do and the issues within our community."

None of the participants said they limit services to women, however all agencies that offer shelter services say they have very few people who identify as male seeking their services. One participant theorized why this may be the case, "... You know that there are men that are victims, but generally those are in same-sex relationships with another man. So generally, men are the abuser, but men are victims, too. And I think that we don't get them as much. I think men are more embarrassed to come to a shelter and don't want to-- it hurts their masculinity to do something like that."
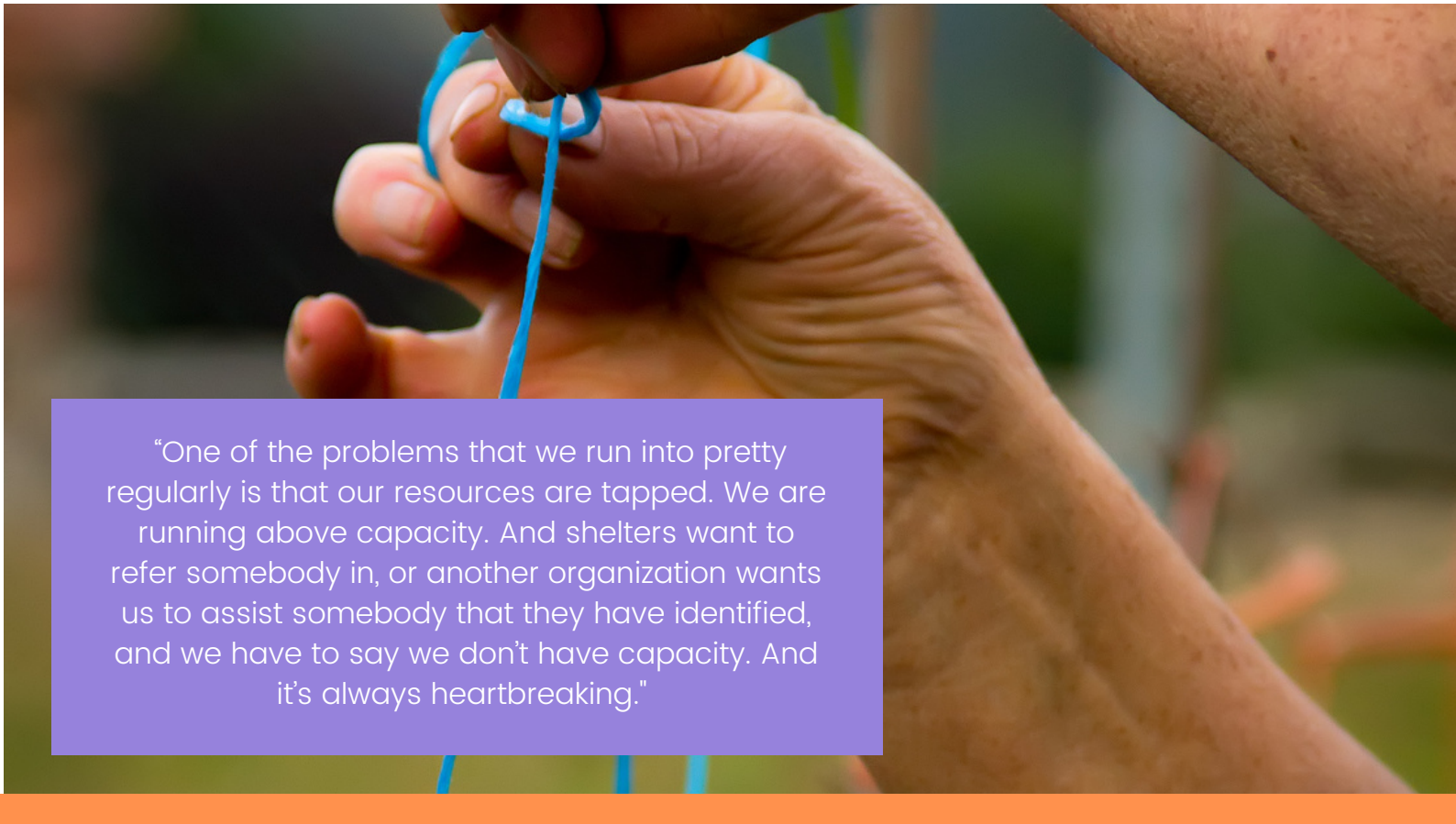
Agencies serving rural areas often experience challenges referring their clients to long-term mental health services or even housing. Some shared that they address these challenges by referring their clients to larger agencies, "encourage people to go to bigger cities to get the resources that they need that we just don't have here." A few smaller agencies, however, get referrals for shelter services from the larger population centers in the state. This would commonly occur "if people prefer to leave their community for safety reasons."

A few agencies shared that the physical location and infrastructure where services are located can be challenging for accessibility. One participant shared the following: "Even where they have their waiting places, our victims have to wait in the corner of the road, and there's the street, it's a very narrow street... We have been fighting this for a while, to put it somewhere else where it's safer..." A few participants also shared that their agencies did not have actual working offices. They were currently working with their board and local community organizations to raise money for a new office to be built or to expand their currently limited infrastructure.

Funding

Challenges around funding were brought up in every interview. Many of the directors we spoke with acknowledged that although they did not want say, "everything comes down to money," that was often the case. Three main areas where funding issues were most troublesome were: (1) recruiting and hiring staff; (2) meeting community needs; and (3) restrictions on how funds could be used.

As noted in the section on Staff Recruitment and Retention, funding limitations curtailed organizations' ability to offer recruits competitive salaries and benefits. Lack of funding also prevented directors from rewarding quality staff with raises and opportunities for advancement. Several directors spoke of the trade-offs they had to make when hiring. Which position would do the most to meet the needs of the community and alleviate the stressors of extant staff? Often there were no good answers to these types of questions. One director, when talking about the overwhelming volume of calls they cannot get to on the crisis hotline, said, "If I had to make a choice between getting that helpline coordinator or putting on another advocate, I would choose to put on another advocate because I get that much more utility from the position."

"One of the problems that we run into pretty regularly is that our resources are tapped. We are running above capacity. And shelters want to refer somebody in, or another organization wants us to assist somebody that they have identified, and we have to say we don't have capacity. And it's always heartbreaking."

Funding Cont.

As the COVID-19 pandemic abates, most directors observed an increase in people seeking services, further straining the capacity of DV organizations to meet the needs in their communities. Some have been able to use funds from the CARES Act to pay for hotels when shelter capacity was reduced due to social distancing restrictions, but these funds are a temporary fix. Multiple agency directors and their delegates noted that insufficient funds resulted in an inability to provide timely services, creating an additional barrier to seeking services in the future. These challenges are more acute in rural and remote parts of the state where directors reported inadequate support to cover the additional expenses due to distance and utility costs.

Most directors talked about cobbling together funds from different sources to build out their organizations to meet the needs in their communities. New sources of funding came with their own restrictions and reporting requirements, resulting in significant administrative burden to administer the funds and stay in compliance. This situation is particularly acute for the smaller DV organizations where everyone, director included, wore multiple hats, depending on where they were needed.

Additional difficulties came from the rigidity of funding and restrictions on what could be used for what purposes. These peculiarities of funding could put agencies in a bind. One director described the situation this way: "Our funding is a little bit, I'll just say, 'hodgepodge.' Our major funder does not give us any money to provide services in [one] county but our state funders expect us to do work in [that county]."

Funding Cont.

Another director described issues with funding restrictions this way: "The outreach efforts and prevention work for us have been behavioral health dollars. It's been funding through the Sexual Assault Services or SAS grants as well as our local grants. And then some of it generated—what didn't get covered through those grants is just fundraising dollars. But like I said, the CYFD grant itself only really covers shelter operations. So, it's the heart and the center of what [we do], and then you have all these grants around it that kind of ..help us meet that need....that's the hard part of really trying to be able to meet the requirements and the needs of what CYFD wants us to do in the community but being limited in the amount of funding that we get. It really just supports direct service in a shelter setting. It doesn't allow us to do the rest of the higher-level kind of movement."

Another director stated, "One of the problems that we run into pretty regularly is that our resources are tapped. We are running above capacity. And shelters want to refer somebody in, or another organization wants us to assist somebody that they have identified, and we have to say we don't have capacity. And it's always heartbreaking. But that leads to a situation where they are reluctant to call us again because we are always at capacity." Unsurprisingly, directors agreed on recommendations to address the funding problem: allocate more money to DV. Loosen up restrictions and make some of those monies flexible so agencies can use them to address the issues that they face locally be it a car to reach people in outlying areas or windows to make the shelter more energy efficient or wellness benefits to keep staff healthy. Another recommendation was to look at the costs from highly siloed services and reconceptualize systems of care to reduce administrative costs and fragmentation of services.

Resource Mapping

Data were collected on DV programs and services in New Mexico and mapped for visual display and spatial analysis. Program office addresses were geocoded and DV services mapped by state, regional, and county levels. Spatial network analyses were then conducted to assess population access to services according to travel distance (miles) to closest DV program location. Designated travel distance service areas of 10, 25, and 40 miles were visualized, and estimates made of the percentage of statewide, regional, and county populations residing outside a DV service area. Average roadway travel distance to closest DV services was also estimated for statewide, regional, and county populations.
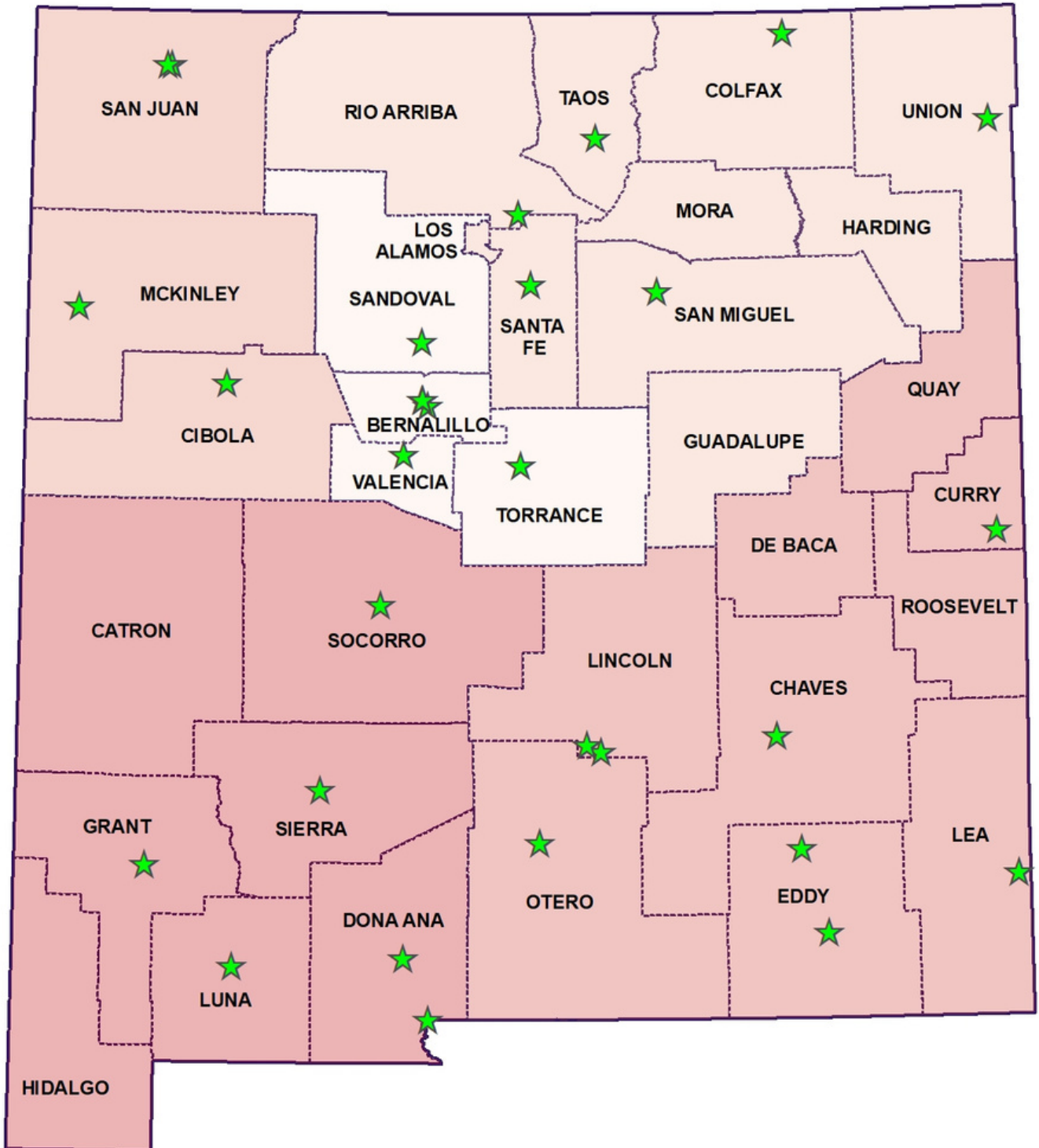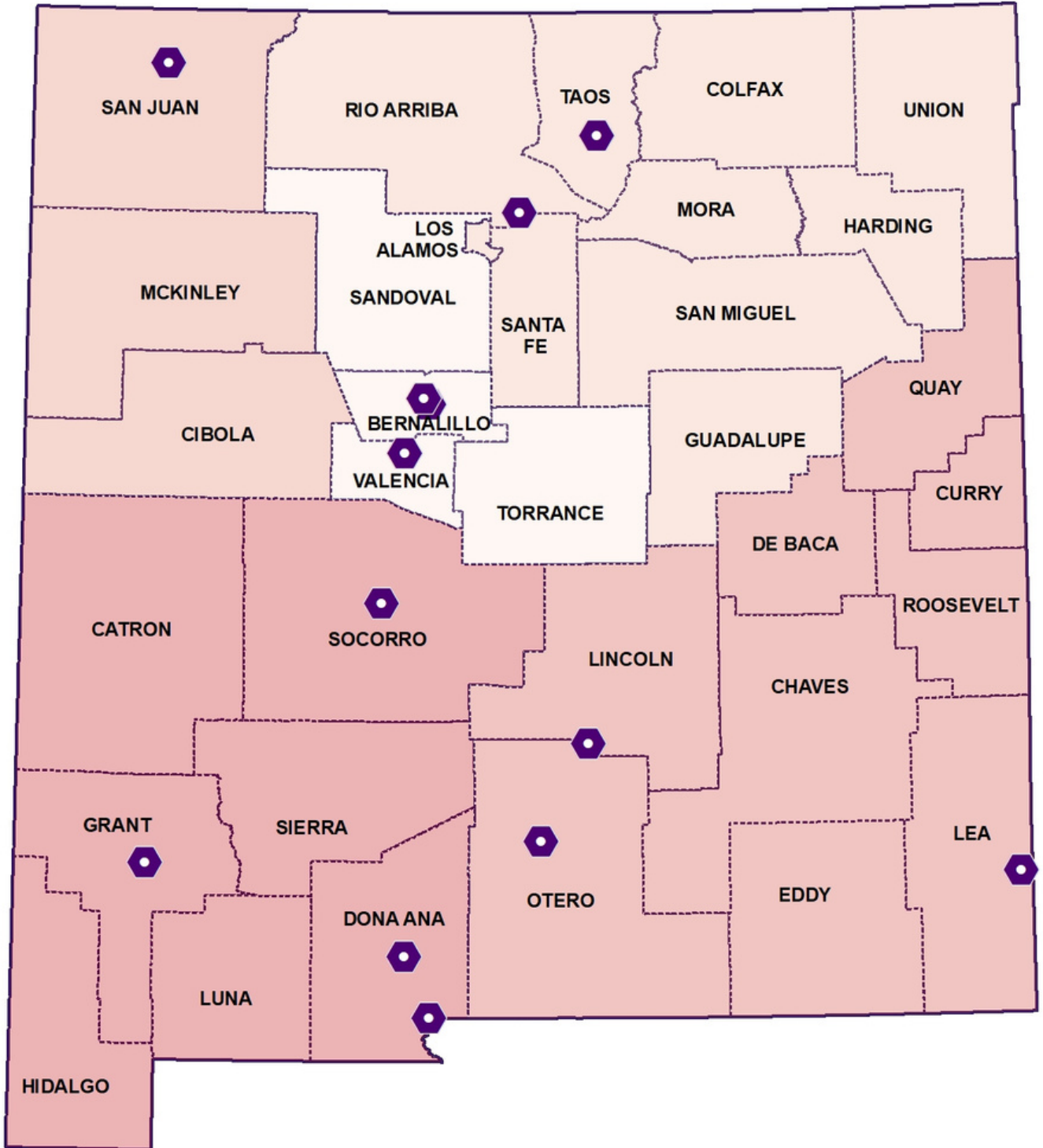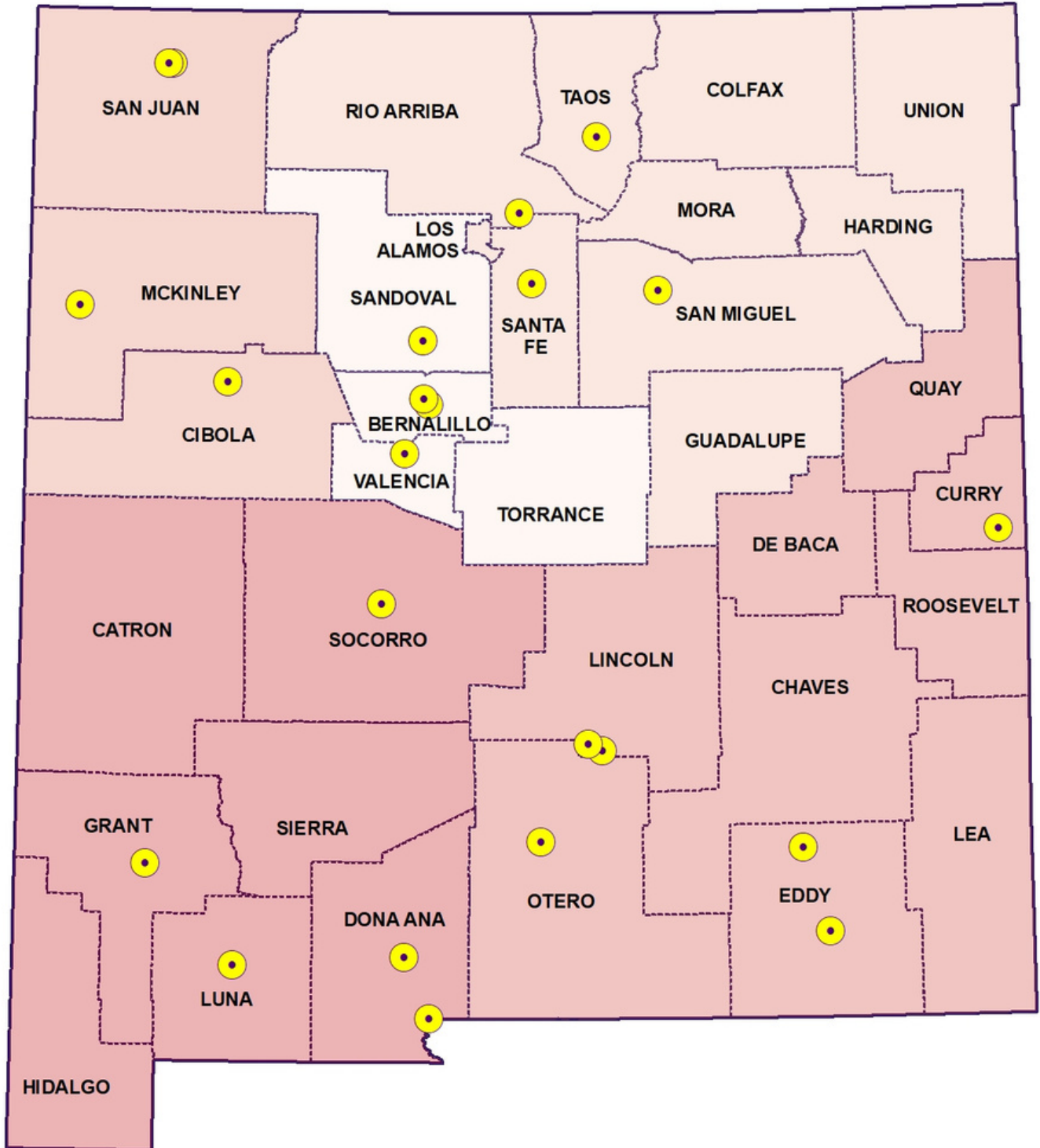
DV Programs
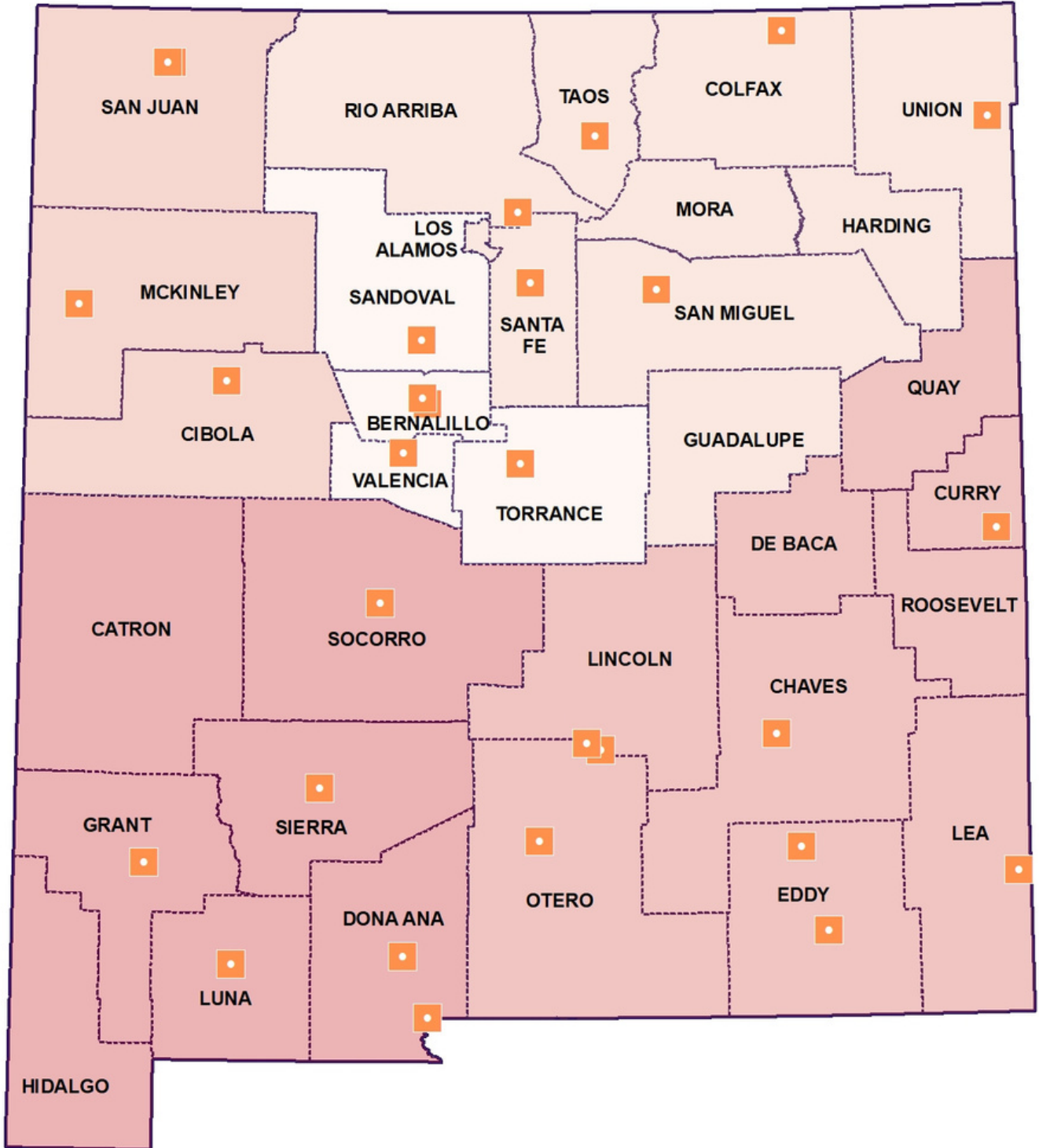
DV Emergency Shelters
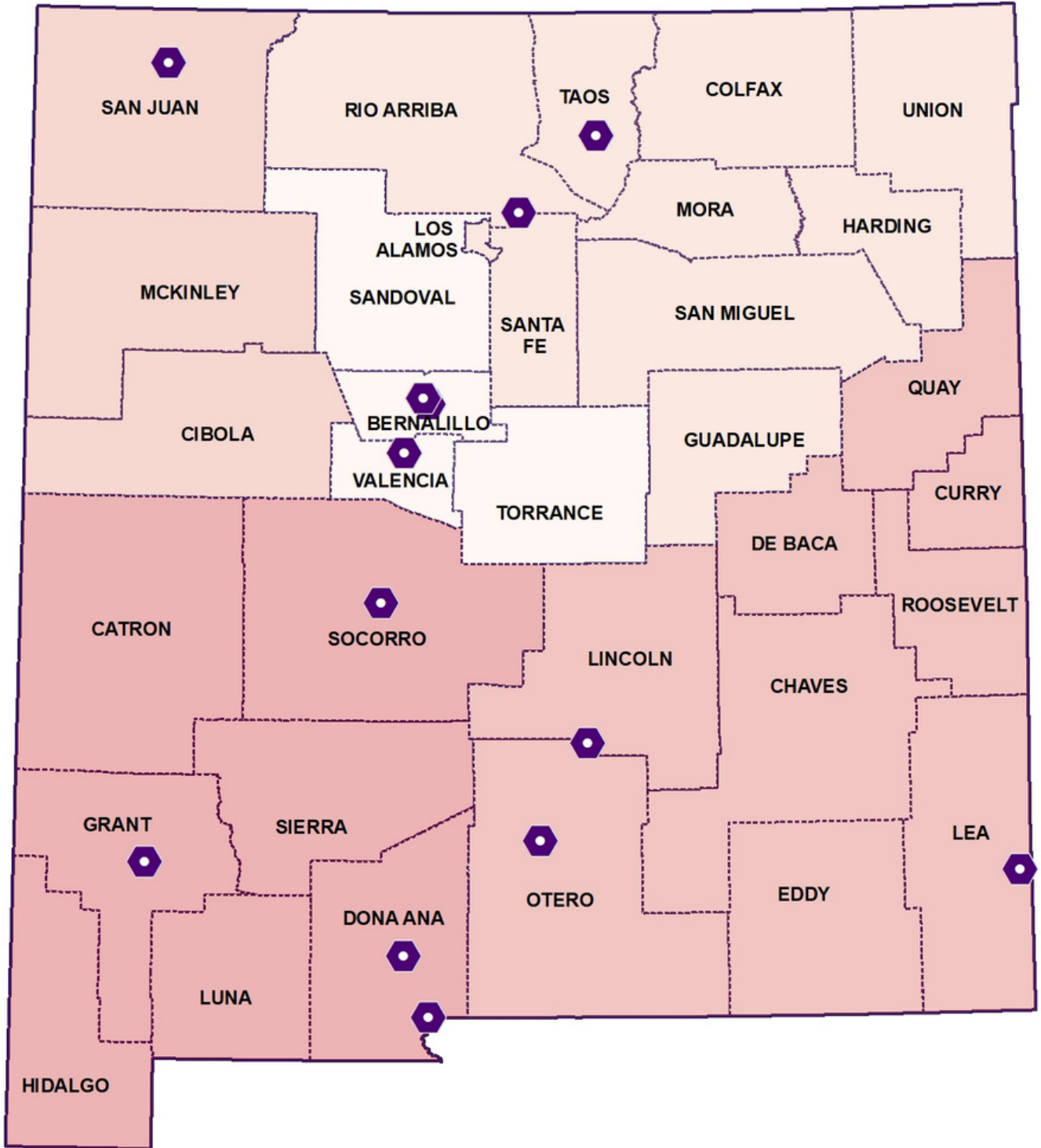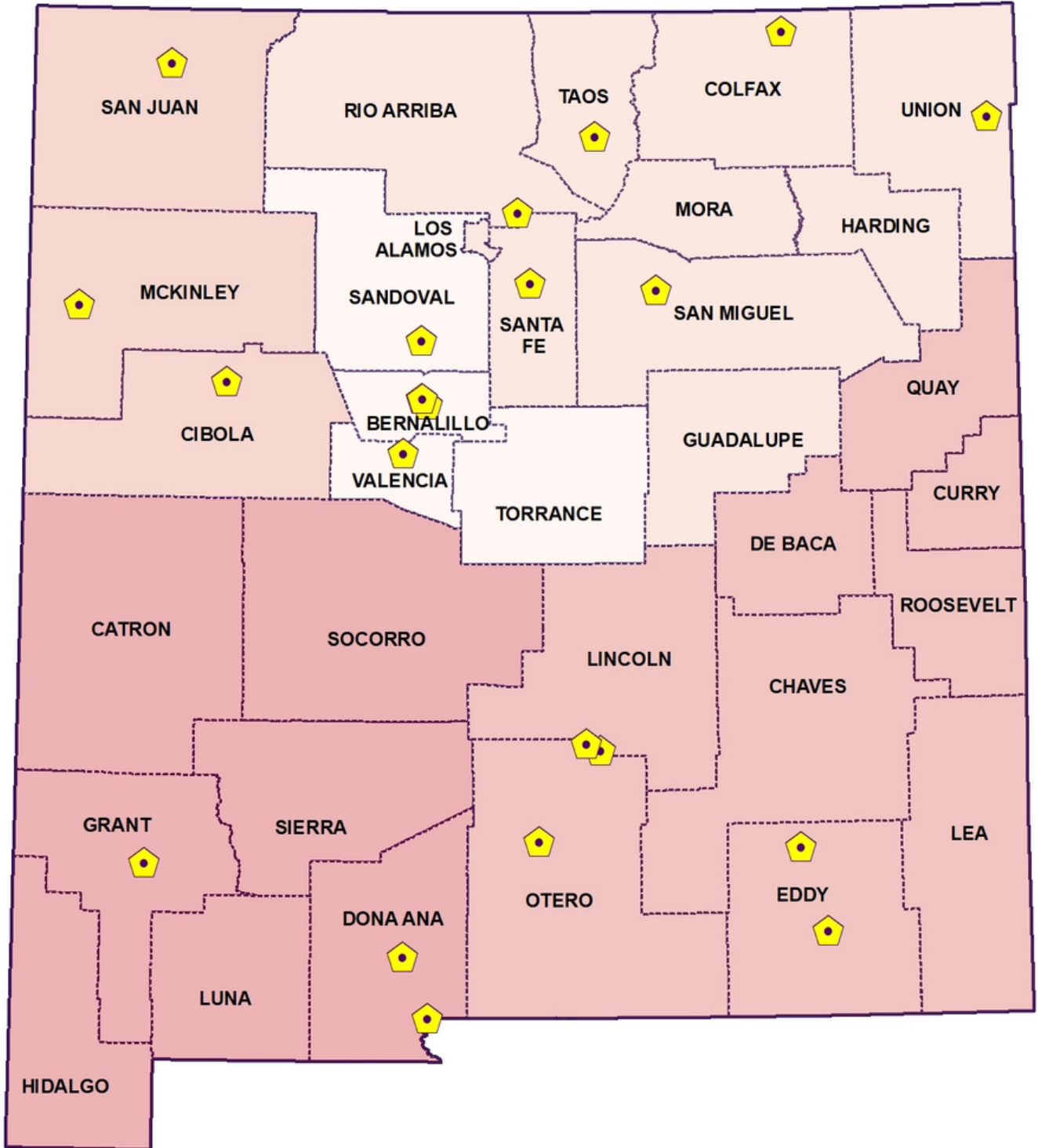
DV Legal Advocacy Services

DV Transitional Housing Locations

DV Individual Counseling

DV Group Counseling

DV Child Programs

DV Teen Programs
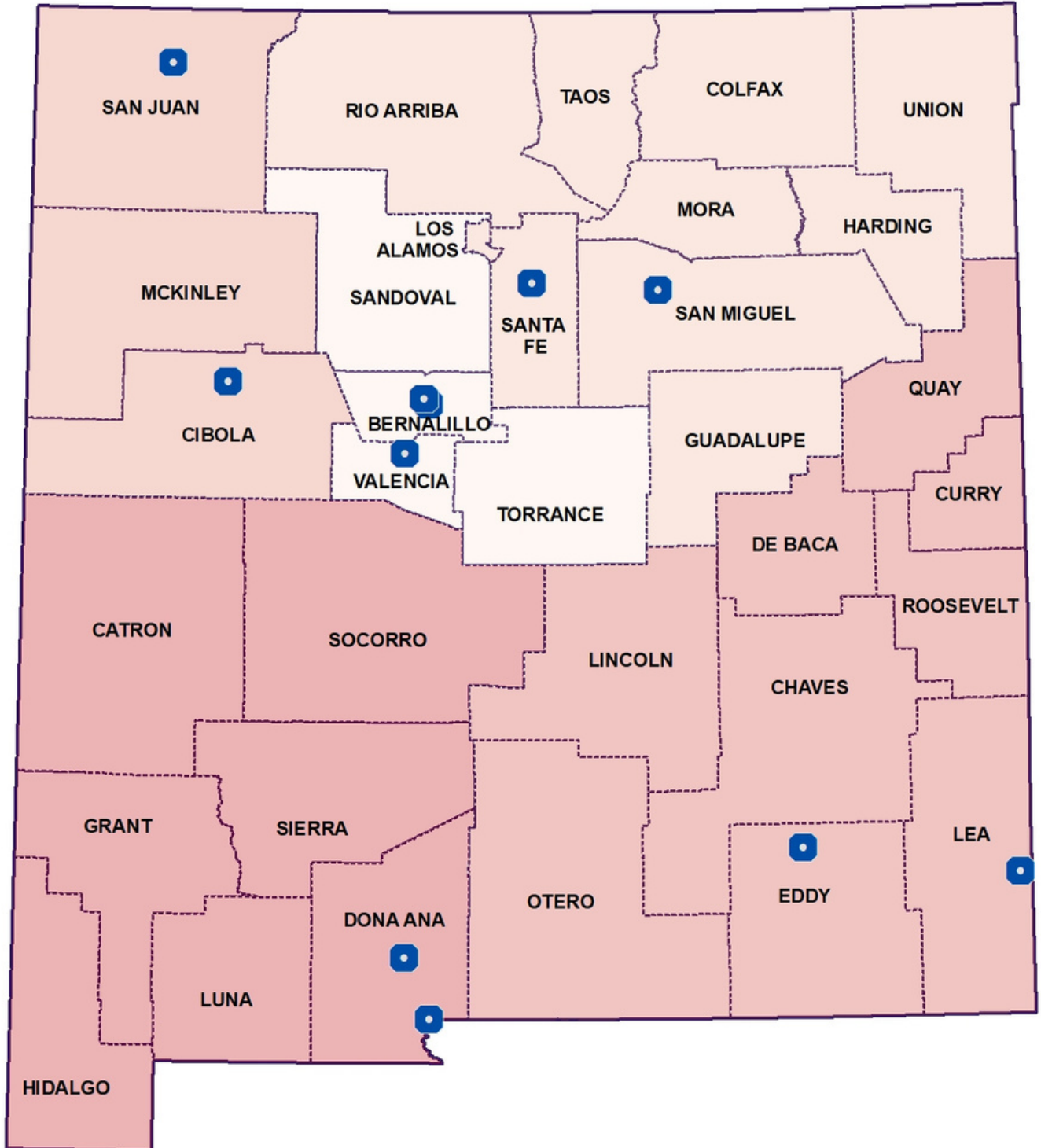
DV Programs with Kennels
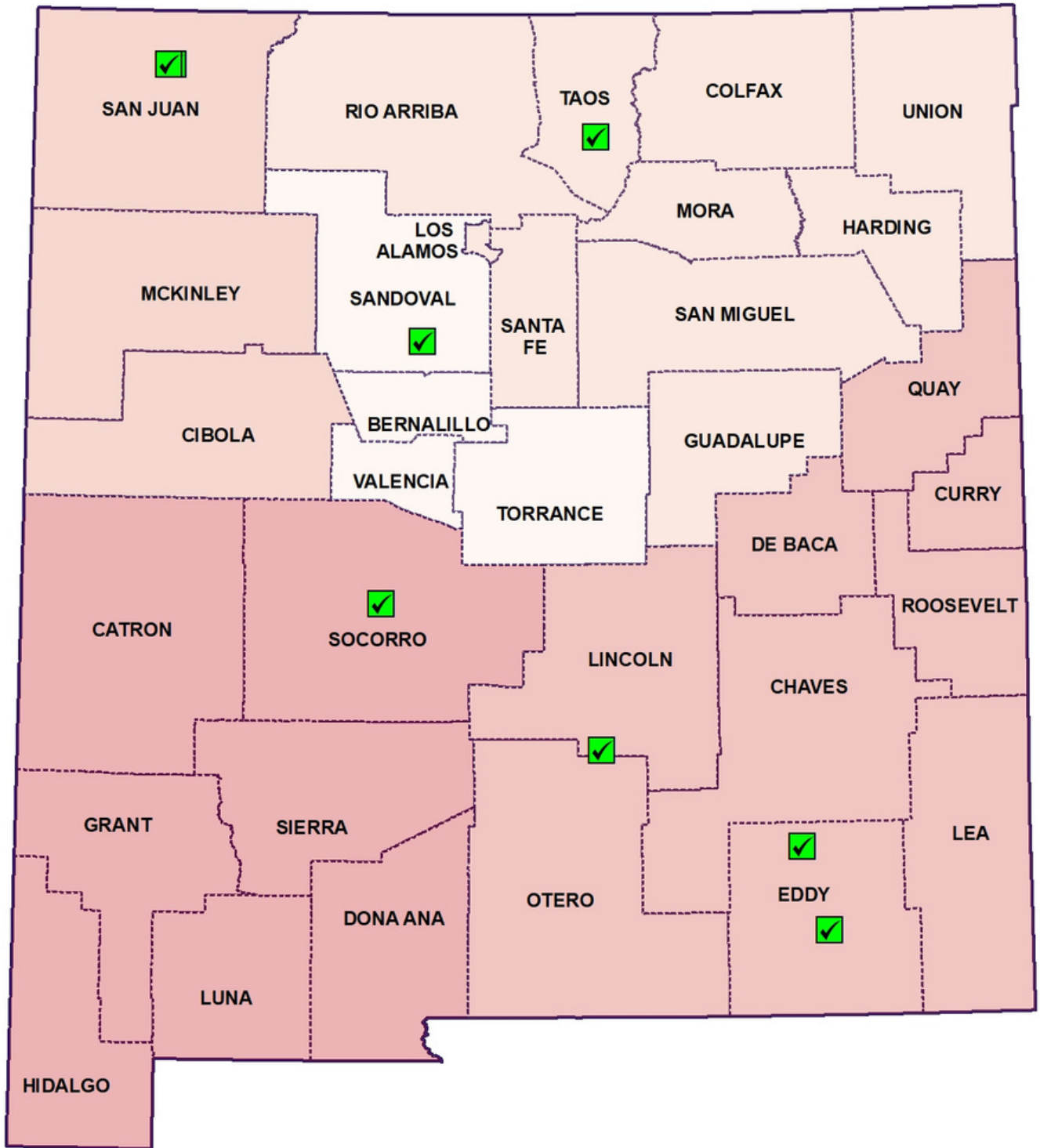
DV Program Services:
Northeast Region
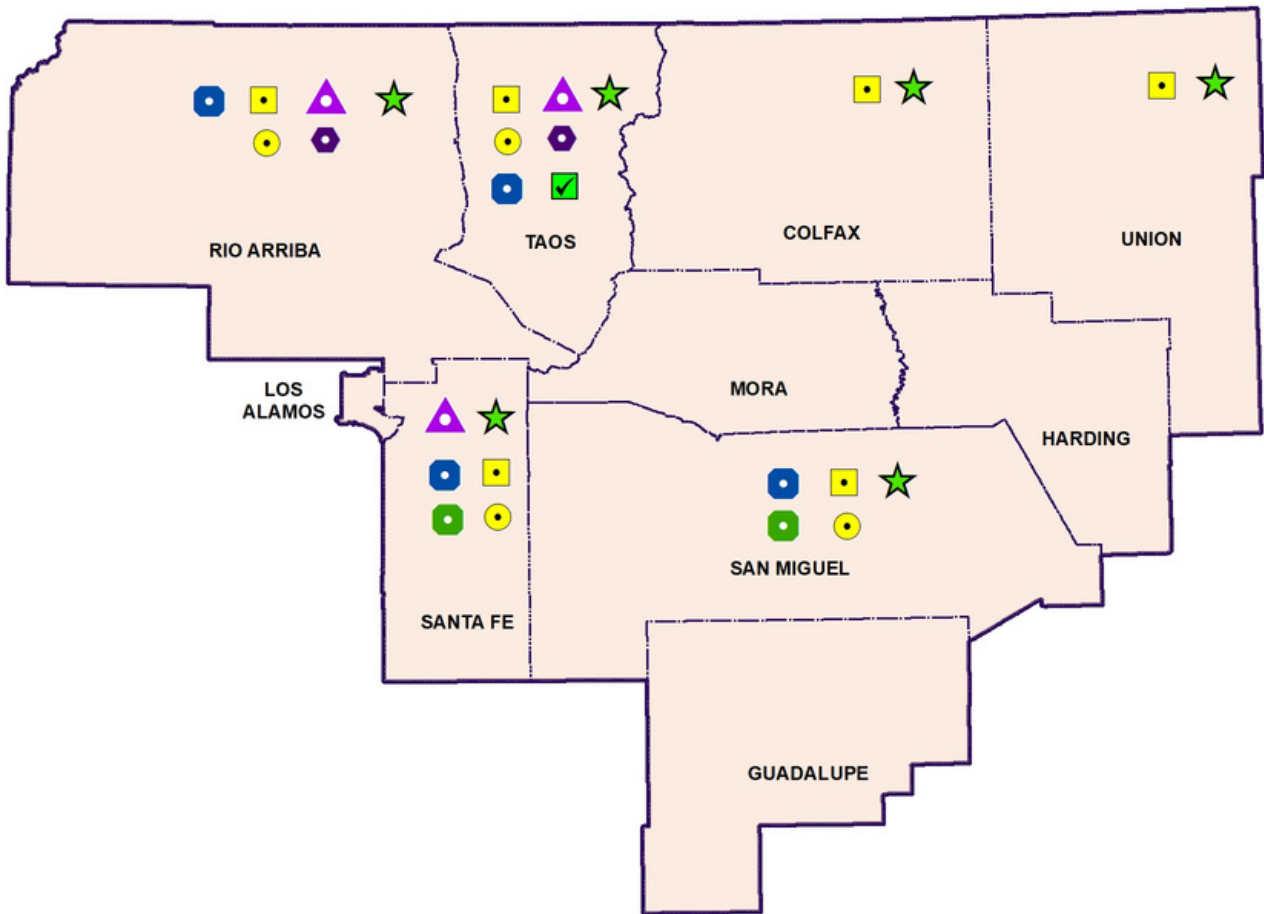
Shelter   Child Programs

Legal Advocacy   Teen Programs

Traditional Housing   Kennels

Individual Counseling

Group Counseling

DV Program Services:
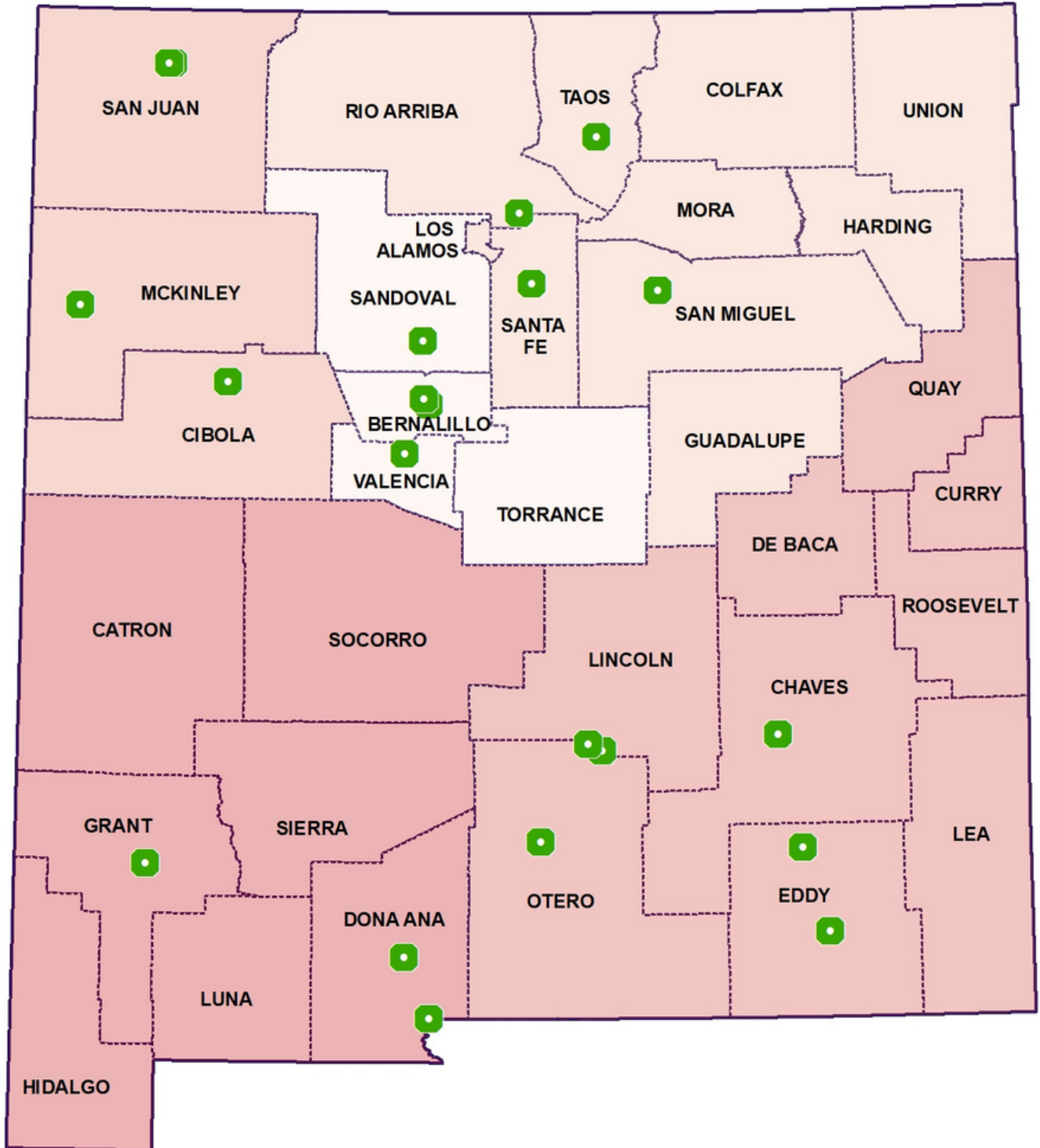# Metro Region

Legend:
- Shelter
- Legal Advocacy
- Transitional Housing
- Individual Counseling
- Group Counseling
- Child Programs
- Teen Programs
- Kennels
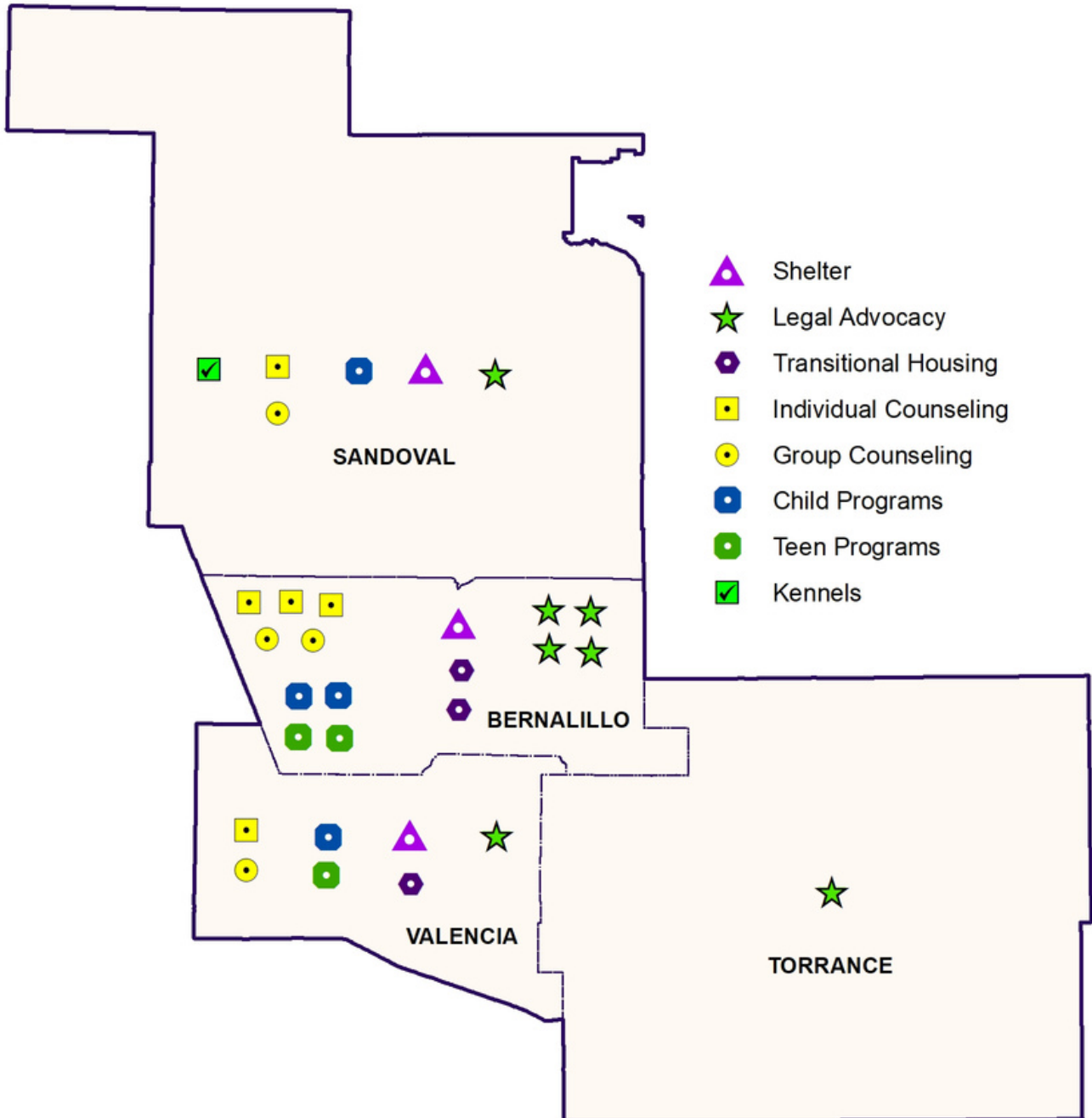
DV Program Services:
Northwest Region

SAN JUAN

MCKINLEY

CIBOLA

Legend:
- ▲ Shelter
- ★ Legal Advocacy
- ▪ Individual Counseling
- ● Group Counseling
- ● Child Programs
- ● Teen Programs
- ☑ Kennels
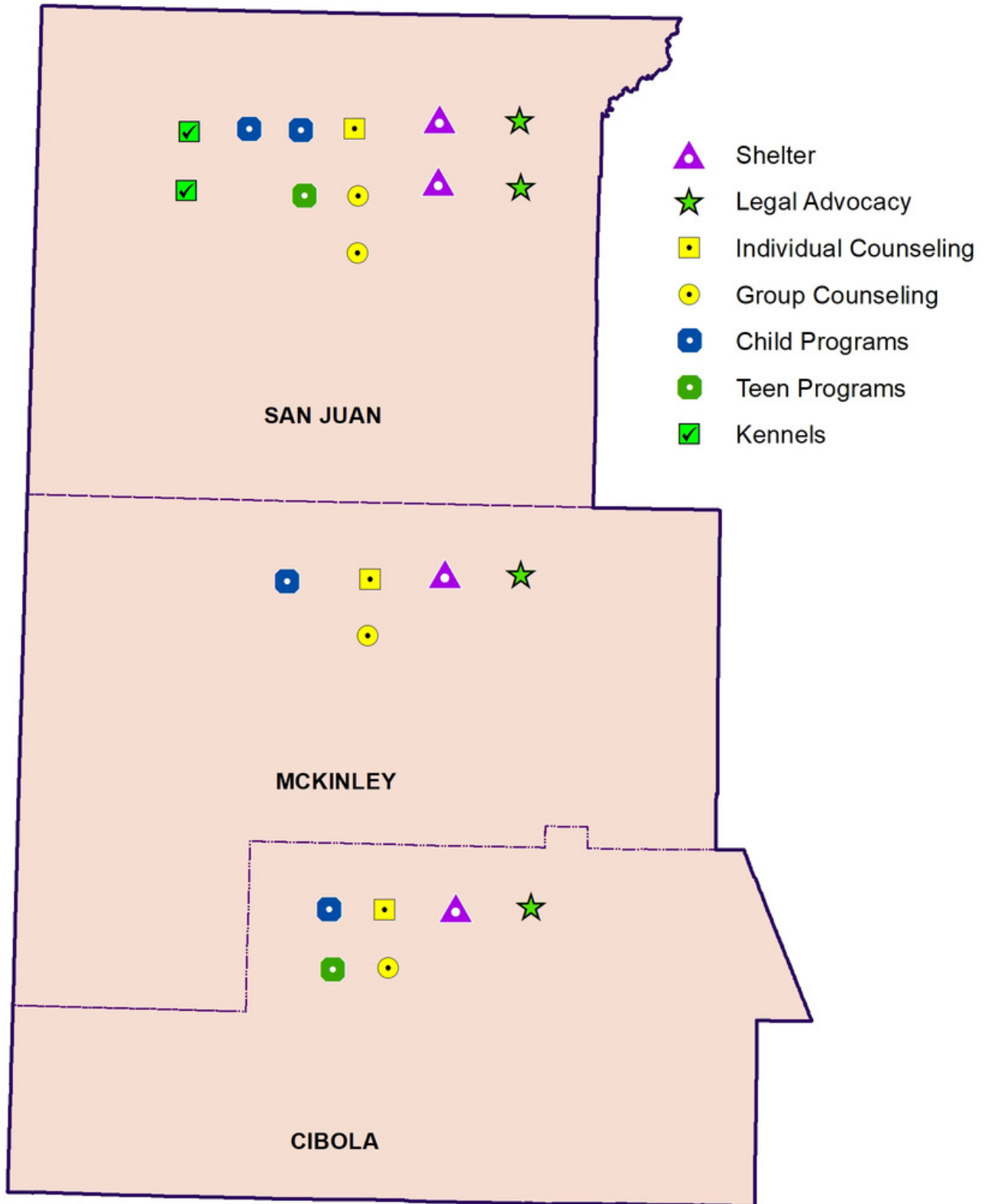
DV Program Services:
Southeast Region

DV Program Services:
Southwest Region

Map of the Southwest Region of New Mexico showing counties: CATRON, SOCORRO, SIERRA, GRANT, LUNA, DONA ANA, HIDALGO, with DV program service icons.

Legend:

Symbol	Service	Symbol	Service
△ (purple triangle)	Shelter	⬡ (blue hexagon)	Child Programs
★ (green star)	Legal Advocacy	⬡ (green hexagon)	Teen Programs
⬡ (purple hexagon)	Transitional Housing	☑ (green check)	Kennels
◻ (yellow square)	Individual Counseling		
◯ (yellow circle)	Group Counseling		

DV Service Area Analysis: Travel Distance 10, 25, 40 Miles
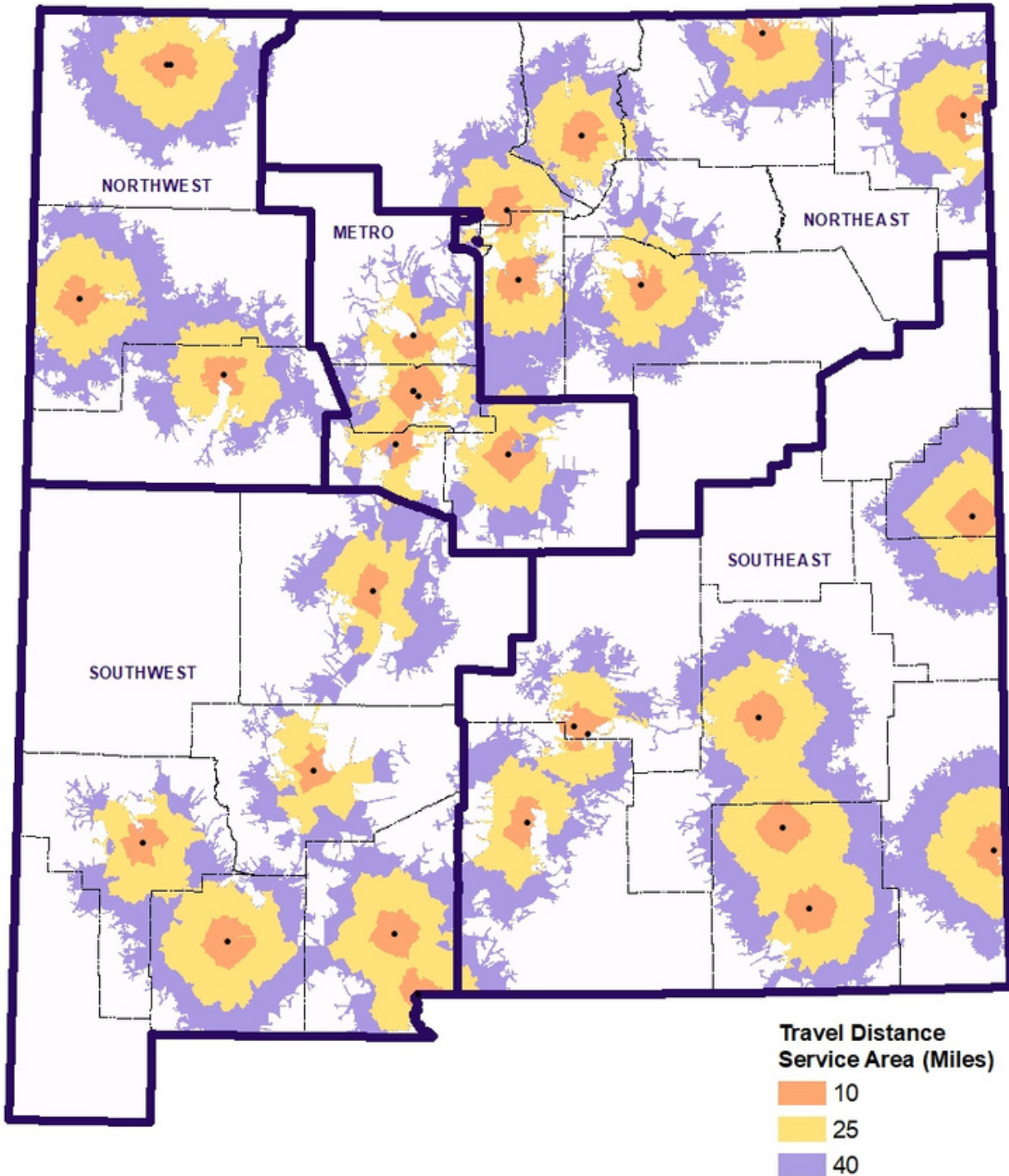
Proportion of population residing more than 10, 25, and 40 Miles from DV Services

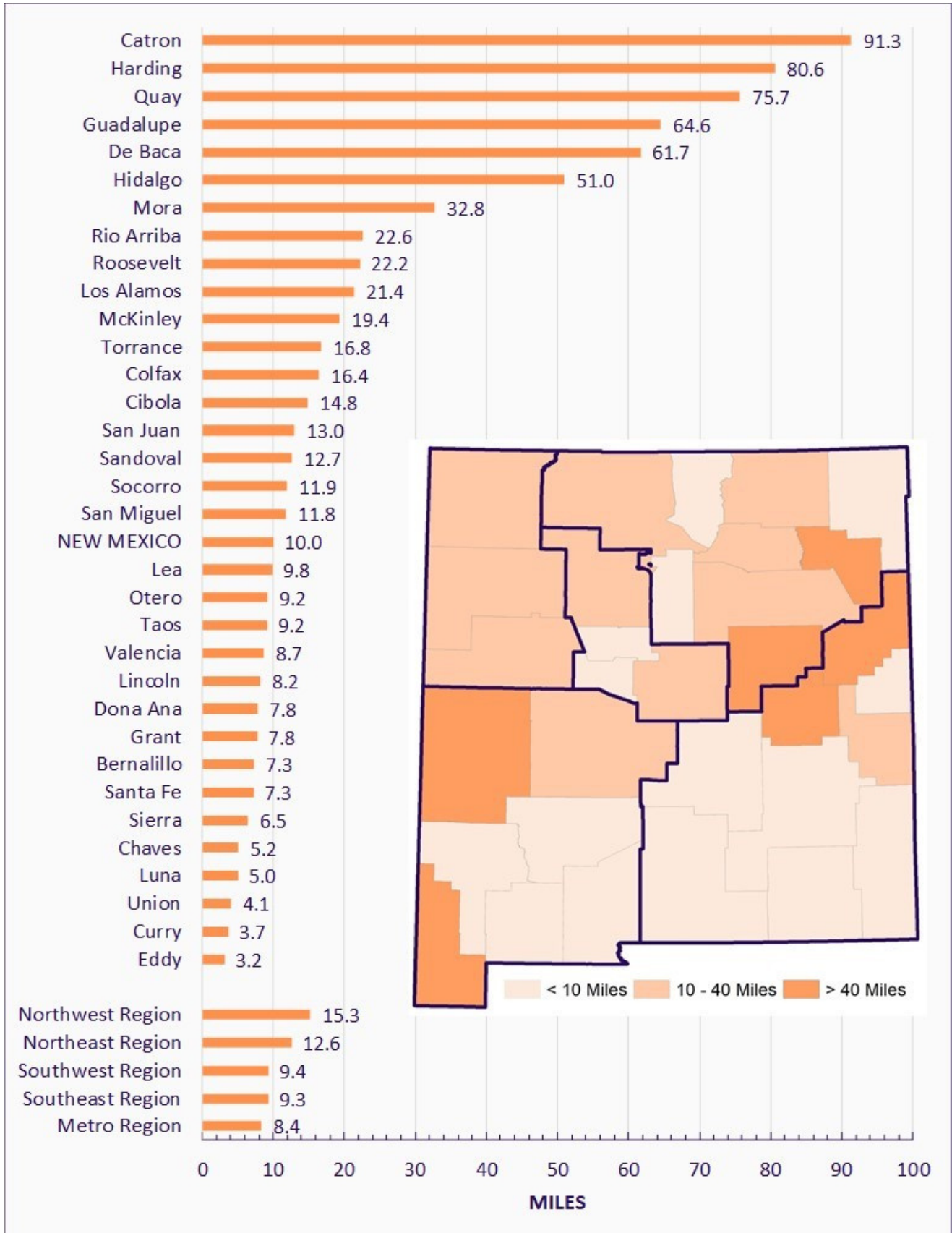| Geographic Level	Name	Total Population (2019)	Percent (%) of Population Outside Designated Travel Distance Service Area		
			10 Miles	25 Miles	40 Miles
State	New Mexico	2,092,454	34%	11%	5%
Region	Metro	912,108	28%	5%	2%
	Southwest	303,533	31%	11%	4%
	Southeast	357,737	30%	7%	6%
	Northeast	293,232	42%	20%	9%
	Northwest	225,844	58%	29%	12%
County	Curry	49,732	8%	0%	0%
	Eddy	57,732	8%	0%	0%
	Union	4,133	37%	0%	0%
	Chaves	65,144	15%	1%	0%
	Dona Ana	216,069	29%	4%	0%
	Luna	24,083	12%	9%	0%
	Sandoval	142,704	54%	11%	0%
	San Juan	126,515	52%	19%	0%
	Torrance	15,519	96%	28%	0%
	Rio Arriba	39,159	42%	39%	0%
	McKinley	72,438	69%	45%	0%
	Taos	32,786	47%	11%	1%
	Bernalillo	677,858	20%	4%	1%
	Santa Fe	149,293	29%	10%	2%
	Valencia	76,027	43%	6%	3%
	Lea	70,277	34%	8%	5%
	Roosevelt	18,888	100%	11%	5%
	Otero	66,137	45%	8%	6%
	Grant	27,669	46%	20%	6%
	Los Alamos	18,625	100%	7%	7%
	Socorro	16,858	32%	32%	8%
	Cibola	26,891	53%	35%	9%
	San Miguel	27,738	51%	40%	10%
	Lincoln	19,461	28%	13%	13%
	Colfax	12,168	48%	36%	19%
	Sierra	11,031	24%	24%	24%
	Mora	4,536	100%	100%	50%
	Catron	3,526	100%	100%	100%
	De Baca	2,040	100%	100%	100%
	Guadalupe	4,353	100%	100%	100%
	Harding	441	100%	100%	100%
	Hidalgo	4,297	100%	100%	100%
	Quay	8,326	100%	100%	100%

Average Number of Miles to DV Services by County and Region

County	Miles
Catron	91.3
Harding	80.6
Quay	75.7
Guadalupe	64.6
De Baca	61.7
Hidalgo	51.0
Mora	32.8
Rio Arriba	22.6
Roosevelt	22.2
Los Alamos	21.4
McKinley	19.4
Torrance	16.8
Colfax	16.4
Cibola	14.8
San Juan	13.0
Sandoval	12.7
Socorro	11.9
San Miguel	11.8
NEW MEXICO	10.0
Lea	9.8
Otero	9.2
Taos	9.2
Valencia	8.7
Lincoln	8.2
Dona Ana	7.8
Grant	7.8
Bernalillo	7.3
Santa Fe	7.3
Sierra	6.5
Chaves	5.2
Luna	5.0
Union	4.1
Curry	3.7
Eddy	3.2
Northwest Region	15.3
Northeast Region	12.6
Southwest Region	9.4
Southeast Region	9.3
Metro Region	8.4

Map legend: < 10 Miles | 10 - 40 Miles | > 40 Miles

MILES

Future Directions

- Provide more training opportunities in multiple regions of the state and online, including trainings that offer continuing education units
- Strengthen recruitment efforts among individuals from typically hard to reach populations
- Provide DV resources and services that better address the needs of same-sex couples
- Consider collaborations among DV agencies that allow for the sharing of some administrative positions
- Look for opportunities to expand services in the online environment, where appropriate, to increase reach and outreach efficiently
- Review the system of care in the state to identify opportunities to reduce fragmentation of services and administrative costs
- Identify mechanisms for more funding, and for more flexible funding, that will allow programs to address local needs
- Identify and support specific strategies for increasing DV prevention efforts
- Conduct a needs assessment with high-risk populations and people seeking services to better understand barriers and facilitators to getting DV services
- Develop a statewide strategic plan that outlines goals, objectives, and tasks to achieve those goals

Conclusion

Domestic violence services have been shown to improve outcomes among people seeking services. The NM Coalition Against Domestic Violence, the NM Crime Victims Reparation Commission and the NM Children, Youth and Families Department are invested in assessing the needs of DV agencies and survivors in order to improve the system and services provided statewide. This needs assessment used survey, interview, and geospatial data to identify both strengths and challenges to providing DV services in the state. Several recommendations were made for future work to improve the system including changes to funding restrictions, opportunities for training, considerations for better reaching some populations, and the need to better fund and support prevention efforts.

Acknowledgements