

Bridging the Gaps: Recommendations for Improving Safety and Services

Evaluating the Effectiveness of Ohio's
Domestic Violence Programs



Ohio Statewide Needs Assessment Survey Results

January 2026



Thank You

To the 439 survivors who took the time and energy to complete the survey—we are beyond grateful. Your voices guide our work and sharpen our strategy. We honor your experiences and will work to continue to improve services in Ohio to ensure that all survivors who reach out to domestic violence programs can access the support they need. Your harrowing experiences of life-threatening violence continue to inspire our urgent policy, resource, and systems advocacy agendas.

Thank you to advocates at our 76 domestic violence programs across the state working every day to ensure survivors have what they need in a crisis and beyond. We greatly appreciate the domestic violence programs that distributed the survey to survivors in their networks—thank you for your work to elevate survivor voices.

The Ohio Domestic Violence Network is grateful to the Ohio Office of Criminal Justice Services, which provided resources for the survey and report.

About ODVN

The Ohio Domestic Violence Network, the federally designated membership coalition of Ohio's 76 domestic violence service providers, advances the principle that all people have the right to live free of oppression and violence. To make that vision a reality, we work for needed change in our economic, social and political systems and collaborate with community programs to provide leadership, expertise and best practices.

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Executive Summary

Ohio Domestic Violence Network (ODVN) conducted a statewide needs assessment survey funded by the Office of Criminal Justice Services (OCJS) to evaluate how Ohio's domestic violence hotlines and programs are serving survivors and their families. The survey identified barriers to existing services, and priorities for additional resources, systems advocacy, technical assistance and training. ODVN also collected quantitative and qualitative data on the lethal violence survivors face and the impacts of that violence. All 439 survey respondents are survivors of domestic violence.

The survey aimed to provide in-depth answers to the broad questions:

- What are survivors' experiences of life-threatening violence and abuse?
- And what are the survivor-identified strengths, barriers, and gaps in Ohio's domestic violence services?

The Findings

Effective, trauma-informed services offer survivors and their children support from crisis to stability. Programmatic, staffing, and coordination strengths shine throughout the report, especially in survivors' own words. Survivor respondents expressed gratitude for the life-saving, expert support they and their children received from empathetic, flexible, and respectful staff. Responses include a strong emphasis on being heard, seen, and treated with kindness. For the most part, survivors quickly accessed the services they requested.

Stigma and divergence from best practices create barriers to safety and undermine equitable access to services. Survey data revealed several recurring program or staff-level barriers in accessing services, such as stigma and discrimination, particularly related to addiction, disability, and mental health. Survivors identified disability, mental health, and language needs that were not addressed, as well as limits in accessibility. Respondents also shared concerns about divergence from best practice in service standards such as referral practices, information sharing, and staff treatment of survivors.

Resource driven gaps threaten survivors' access to lifesaving services. Many gaps identified are resource driven, such as shelter capacity limits, a lack of alternatives to shelter, and a lack of transportation. Wait times were particularly distressing to survivors in crisis and danger, as well as a shortage of specialized services such housing, legal, financial and mental health support.

Ohio survivors are at high risk for ongoing violence, with lasting impacts. Survivors shared harrowing accounts of the violence they endured, often time after time. Many survivors suffer the long-term impacts of ongoing abuse, especially those related to traumatic brain injury and strangulation.

The Numbers—Total Respondents: 439

- 80% of survey respondents called an Ohio domestic violence program within the last five years and reached out for services after the most recent incident of domestic violence.
- 83% of survey respondents had not ever been denied access to Ohio's domestic violence services, while 12% of total survey respondents had been denied services.
- Almost 60% of those survivors who entered domestic violence shelter were provided shelter immediately (130 of 220 respondents).
- Almost a third of all survey respondents reported having a disability.
- 73% of total survey respondents had children and 74% of those with children were seeking services with their children.
- Of the 305 survivors who said they had been victims of strangulation, 70% reported repeated strangulations.
- Of the 337 survivors who reported head trauma, 82% reported repeated incidents.

Introduction

As the coalition working to prevent and end domestic violence, the Ohio Domestic Violence Network (ODVN) launched a survey funded by the Ohio Office of Criminal Justice Services to find out how Ohio's domestic violence hotlines and programs serve survivors and their families, identify barriers to services, and develop priorities for additional resources, systems advocacy, technical assistance and training. ODVN also collected quantitative and qualitative data on the lethal violence survivors face and the impacts of that violence for them and their children.

Methodology

Advocates at 26 ODVN member programs across the state distributed the voluntary and confidential survey to survivors in their programs or networks. The survey was available online and in paper. ODVN and select programs also shared the online survey via social media to reach survivors who were not connected to domestic violence service providers. A total of 439 survivors completed the survey, including 48 survivors who were reached via social media, between June 24 and September 15, 2025. Survivors who completed the survey received \$50 gift cards, except for those reached through social media, who received \$25 gift cards.

Translating into Action

Survivors' lived experiences, documented in this report, will shape and refine ODVN's strategic approach to preventing and ending domestic violence in Ohio. ODVN will use these results, especially survivors' experiences of service barriers and best practices, to modify training and technical assistance. Survey data will inform ODVN's development of policy, resources, and advocacy priorities with a focus on addressing gaps survivors have identified.

“ Shelter staff helped me so much. I went from a broken woman with no voice, no dream, no spark, no credibility. Now, I have a career, I am working on my credit score, and I paid debt down. They helped me set goals and I've accomplished so many of them, thanks to them. ”

Survivors' Hotline Experiences

Contacting a crisis line is often the first step a survivor will take to begin the process of escaping a violent relationship. Staff who answer the crisis lines play a critically important role connecting survivors to shelter services and other resources. Many advocates who field crisis line calls help callers begin the safety planning needed to leave their abusers. In 2025, Ohio's 76 domestic violence programs answered 107,780 crisis calls, texts and chats—an average of 295 a day, nearly 12 per hour.

Eighty percent of total survey respondents (439) had called an Ohio domestic violence program about the abuse they experienced in the last five years. Of survivors who responded via social media outreach, 94% (or 48 survivors) had contacted a hotline in the last five years.

A survivor conveyed the risks inherent in calling for help and why it is crucial that callers receive immediate and effective help:

“The fear, you cannot explain everything over the phone when hiding and when you get caught on the phone trying to get help it gets worse.”

Another survivor shared the benefits of well-trained, supportive hotline workers:

“The experience I had with the hotline was very supportive and the staff were wonderful. I can't think of any suggestions for improvement.”

Survivors called to request help and assistance with:

When calling the hotline, what services were you seeking?	Percentage of Survey Respondents
Emergency shelter	49%
Counseling/mental health assistance	43%
Housing assistance (transitional housing, rental assistance, etc.)	41%
Legal/court assistance (divorce, custody, protection order, etc.)	36%

General advocacy/case management	30%
Support group	27%
Financial assistance	24%
Referrals to other social service agencies	21%
Moving assistance	19%
Transportation assistance	19%
Other assistance that would allow me to remain in my home (lock changes, security cameras, etc.)	15%
Hotel stay	13%

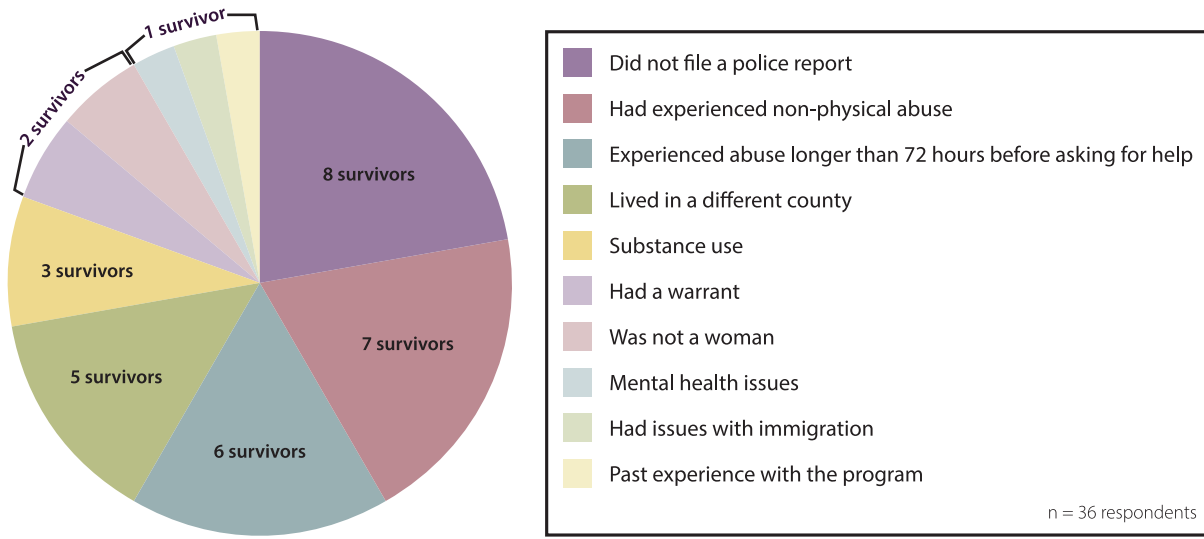
Hotline Interpreter. Language access is uniquely critical at the first help-seeking juncture. Of the 136 survivors who identified a need for an interpreter, over 85% reported receiving those services, reflecting a longstanding best practice and priority for ODVN. However, 15% of the 136 respondents who identified a need for an interpreter did not receive one.

Understanding Service Denial on the Hotline. Most survey respondents (87% of 439 survey respondents) had not ever been denied access to Ohio’s domestic violence services, indicating that Ohio’s hotlines are usually screening survivors *into* services. During a vulnerable and dangerous time, most survivors shared that the domestic violence programs were responsive and helpful.

However, approximately 12% of the 439 survey respondents had been denied services. Those 52 survivors were asked to share the reason or reasons for their service denial:

- Almost two-thirds said “shelter was full” was the reason for denial;
- About 23% reported that they were not given a reason for being denied shelter; and
- A fifth reported that they “didn’t meet the criteria.”

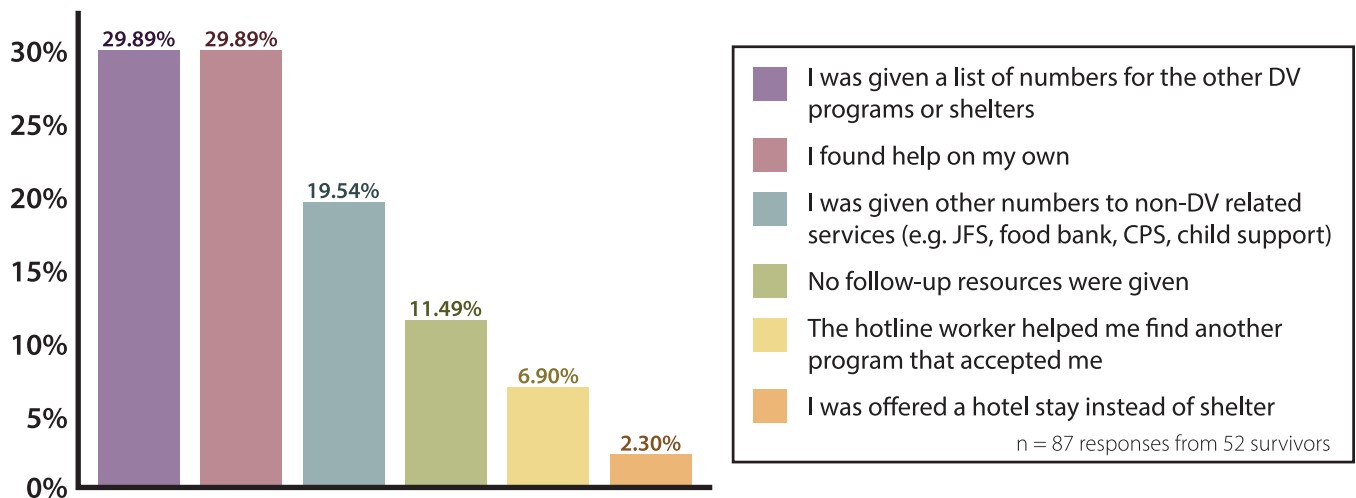
Among those 52 survivors, several shared additional concerning reasons for service denial that indicate stigma and possible discrimination in the screening process. Those reasons include that they:



Denials were higher for those survivors who answered via social media—23% of those 48 survivors had faced a denial of service.

Survivors were asked: *If you were denied services, what happened after the denial?* Survivors selected one or more responses that described their experience.

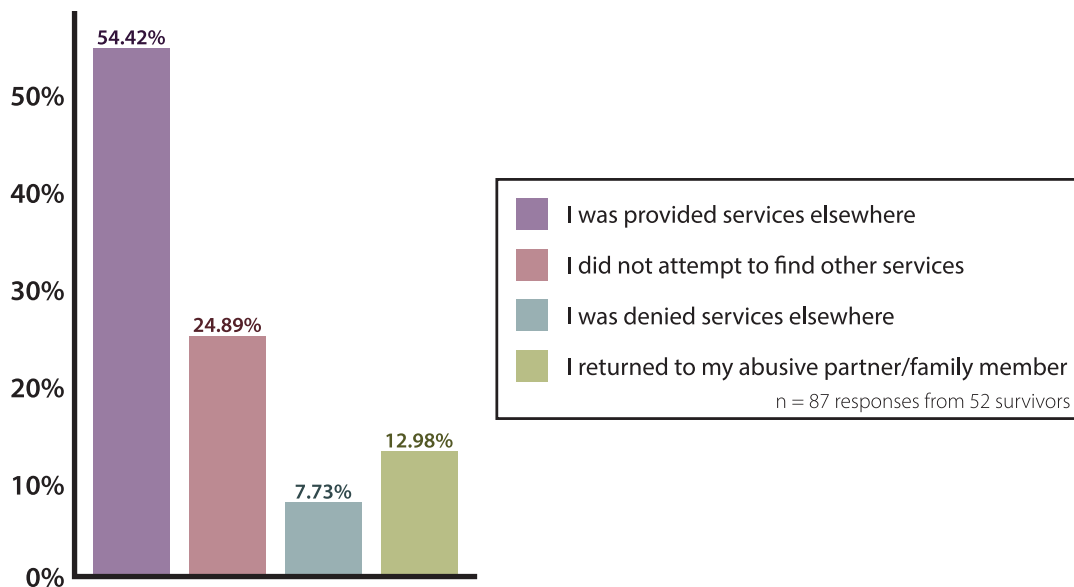
If you were denied services, what happened after?



When a survivor is denied services, a best practice is for the hotline advocate to help the survivor find another program. However, too few survivors received this support. One survivor shared why the practice is so essential:

“ *Instead of just providing other resources after denying, try helping us—that one call might be our only chance to call.* ”

Survivors were asked if they received a referral, where did the referral lead?

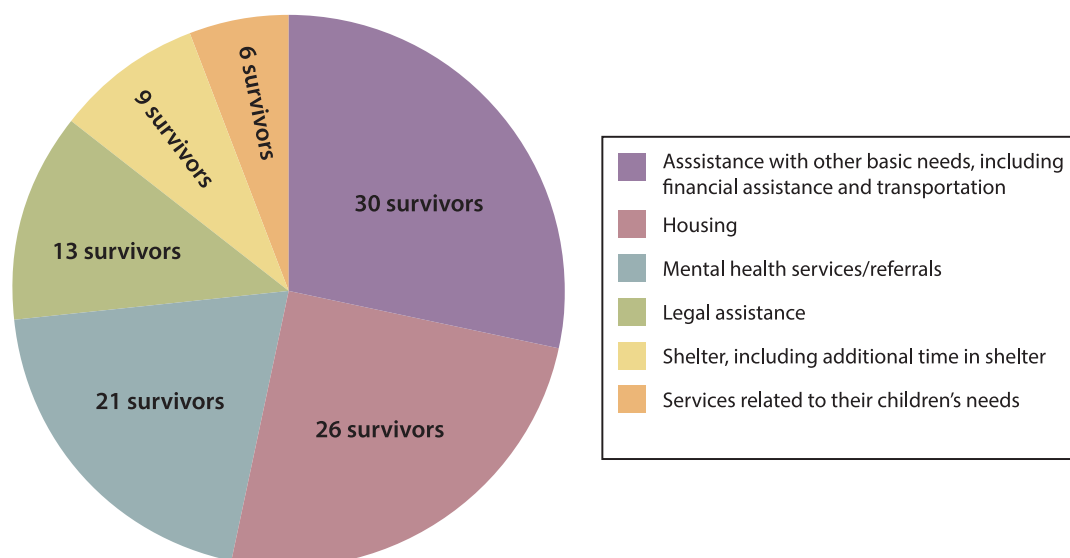


Impact of Denial. Without access to services, 29% of survey respondents said the abuse escalated and 32% said the abuse stayed the same—the violence continued.

Referral Outcomes. Survivors were asked an open-ended question: *If you received a referral after a denial, where were you referred?* Out of 142 responses, approximately 50% reported that they were referred to another domestic violence program. The remaining 50% were referred to housing, legal services, other social services, law enforcement, and children’s services.

Two hundred and thirty-two (232) survivors provided qualitative responses to the question: *What other services or support do you wish you had been offered but were not?* Over 100 of those survivors shared that they received all the services they wanted or needed.

Other survivors *wish* they had been offered:



Survivors also shared the need for more information about the types of services available and the need for longer-term access to services.

The quotes below reflect the sentiments shared by dozens of survivors sharing positive stories about the excellent services they received:

“The program and ODVN helped me so much. My life has been saved because of them. Advocates went to great lengths to help me start and maintain my safety.”

“The service I received was excellent and went above and beyond to make sure my needs and my children’s were met and that fact that the shelter kept my family safe from violence and abuse, made our transition at the shelter stay peaceful and smooth as we moved into our own apartment.”

When asked: *What would have made the hotline experience more supportive for you?*, dozens of survivors took the time to share their valuable written responses to the open ended question. Survivors recommended:

- Employing trauma-informed hotline staff who are non-judgmental, active listeners;
- Creating shorter wait times or alternatives to shelter to address urgent safety concerns;
- Providing digestible information on available resources;
- Implementing warm referral processes (an introduction from the referring agency) and consistent advocacy during the fleeing process;
- Enhancing accessibility via language interpretation and text options; and
- Increasing the availability of resources such as shelter, housing, and counseling.

One survivor shared the impact of not receiving services:

“The fear you feel when deciding to leave becomes a reality when you have nowhere to go. I felt abandoned.”

Survivors' Experiences in Shelter and with Non-Residential Services

While more than 80% of the 439 respondents had reached out to services after their most recent incident of domestic violence, 8% did not.

Over 280 survivors responded to the open-ended question: *Did you have any difficulties getting help from a domestic violence shelter or program?*

Positive experiences. Seventy-two percent (72%) of the respondents to this question said they had no difficulty accessing domestic violence shelter or services. In fact, many shared positive stories of getting all the help they needed from responsive staffers.

“ I feel good at the shelter—helped, understood, and given plenty of tools to help me heal as well as confidently move forward in my life. ”

“ The advocate made sure I was safe and secured a police escort to the shelter after I received a death threat via telephone call. ”

“ They accepted me instantly. I will forever be so grateful for the shelter staff. ”

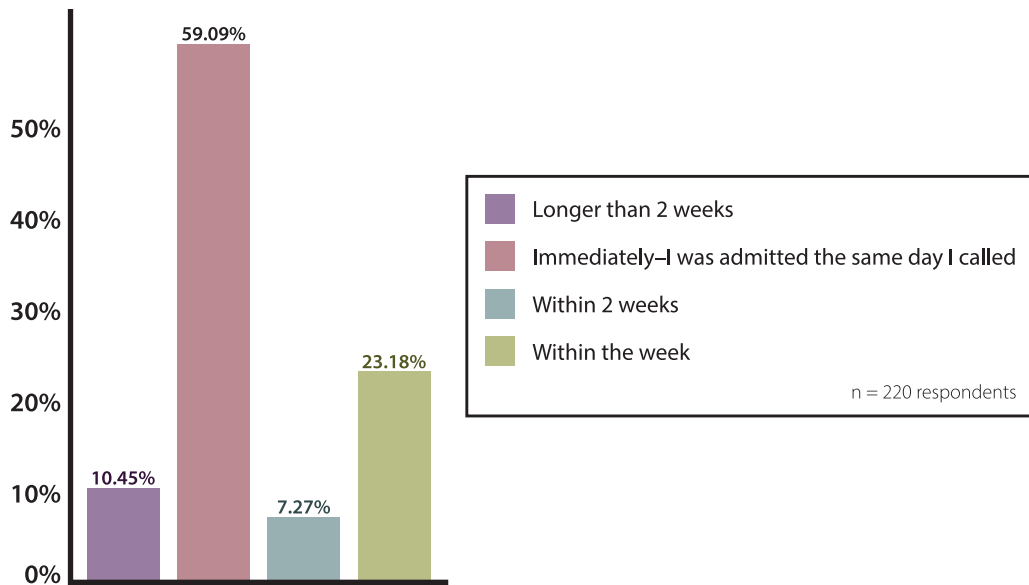
“ Getting help was fast and easy. The call went perfect and the transition into the shelter was the best it could be. ”

Survivors experiencing challenges accessing services. Of the 284 survivors who responded to this question, just over a quarter (75) described difficulties they experienced trying to get help.

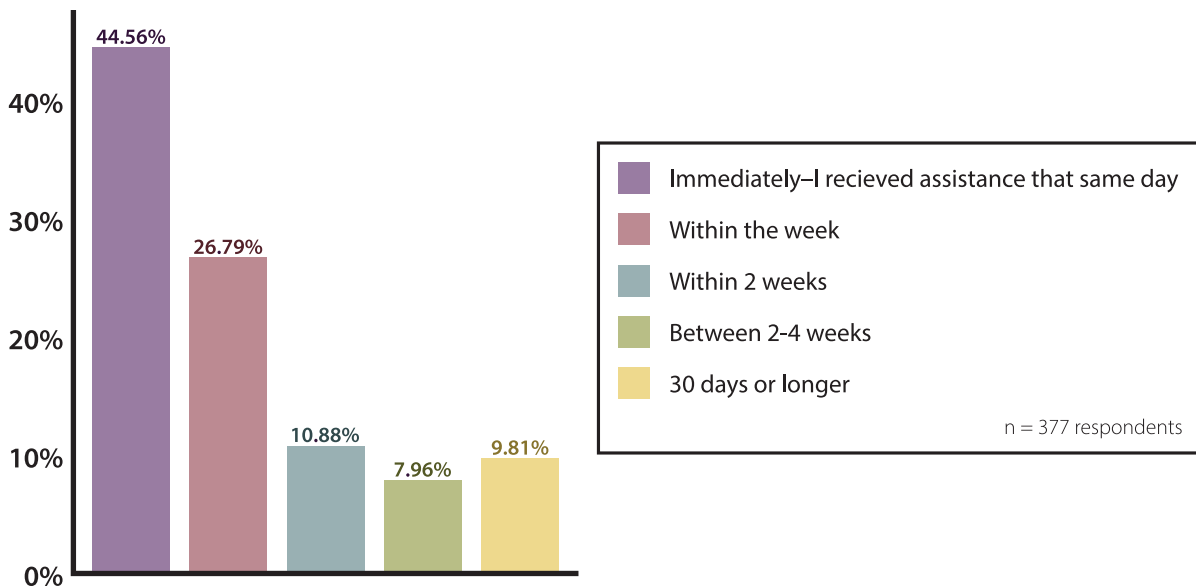
- Thirty-five survivors shared that limitations in shelter capacity or a program's lack of resources made accessing support challenging.
- Twenty survivors discussed the impact of wait lists or wait times on their ability to access shelter or programs
- Twenty retold their disappointing experiences with staff or programmatic deficiencies, such as conflict with staff, issues around communication, or feeling judged or dismissed.

Wait times. Ideally, survivors would receive immediate shelter and support when they are fleeing violence. Survivors had a variety of experiences, outlined in the following two charts.

How long did it take to be admitted to shelter?



How long did it take to receive non-residential assistance?



Survivors shared the many types of services, supports, and assistance they were provided by a domestic violence shelter or program, depicted in the chart below. Individual survivors often receive multiple types of services; therefore, survivors were asked to select all services they received.

Types of services, supports, and assistance provided	Percentage of Survey Respondents
Emergency shelter	51%
Housing assistance (transitional housing, rental assistance, etc.)	40%
Counseling/mental health assistance	39%
General advocacy/case management	36%
Legal/court assistance (divorce, custody, protection order, etc.)	33%
Support group	30%
Transportation assistance	26%
Financial assistance	22%
Moving assistance	16%
Other assistance that would allow me to remain in my home (lock changes, security cameras, etc.)	12%
Hotel stay	10%
Youth advocacy/child-related supportive services	10%
Mobile/community-based advocacy	10%
Supervised visitation/safe-exchange services	4%

Shelter/alternative. Survivors were asked about their preference for shelter or an alternative.

More than half of the 439 respondents wanted to enter a shelter, because they felt they would be safe there. Almost 30% of the respondents indicated a preference for an alternative to shelter, including staying in their own home (15%) or a longer-term housing option (14%). Data in this section aligns with findings in the hotline section that indicate a need for additional options for immediate safety and non-congregate living.

Exits. Of the 439 respondents, 28 (or 6%) reported they had been exited from or asked to leave a domestic violence shelter or program. While the percentage of survivors who have been exited is small, the reasons they were exited are often contrary to established best practices and low barrier services.

Of the 28 survivors who were exited:

- Thirteen survivors (28%) shared that they were exited because they had reached the maximum length of stay, contrary to funding requirements that prohibit limits on shelter stays;
- Nine survivors (20%) said they did not find housing quickly enough; and
- Nine survivors (20%) said they were not given a reason for their exit.

Four survivors reported that they were exited for each of the following reasons: fighting with other residents; their mental health status; drug or alcohol use; not meeting with program staff as required; or threatening another survivor. When asked to share if they believed other reasons factored into their dismissal from the program, survivors added that they felt their physical or cognitive disability may have been a factor. These survivors' experiences reveal unacceptable stigma and discrimination and indicate a need for additional training.

Other factors. Survivors were asked to share all factors that initially kept them from attempting to access help from a domestic violence program.

Of the total survey respondents (439):

- More than a quarter indicated concerns about further harm from the abuser and 15% shared concerns for safety within the program;
- A quarter said they feared the program would not accommodate their mental health needs/concerns;
- More than one-fifth said concerns about their children kept them from seeking services; and
- Between 2% and 4% reported use of drugs or alcohol, cultural barriers, and language barriers also made them reluctant to seek help.

All survivors should have access to immediate, equitable, and low-barrier services. These findings reveal barriers to services that should be addressed in training, cross-system collaboration, and public awareness.

Addressing the Needs of Families

Addressing children's needs and safety is a well-documented high priority for survivors. Of the 439 respondents, 320 (nearly three-quarters, or 73%) had children. Of those with children, 72%, (or 233), accessed services with their children, including 44% (141) who had their children with them in shelter.

Treatment of children and parents in shelter and services. Survivors with children reported that shelter staff provided the following critical services:

- Supported their role as parents (35%, or 153 survivors);
- Offered activities for children (19%, or 86 survivors);
- Helped with other issues related to the children (16%, or 69 survivors); and
- Helped enroll children in school (15%, or 68 survivors).

Survivors' voices. Regarding care for children, 64 survivors answered the open-ended qualitative question: *Is there anything else you would like us to know about you and your children while working with a domestic violence shelter or program?* Forty shared positive experiences, many describing caring and excellent services for themselves and their children.

Staff are amazing. They truly care about my child's well-being and betterment. I am truly thankful I made the decision to come here. We are on the road to a great life and I am excited to get there.

The shelter made sure that my kid's school was informed of the housing situation and provided school with information and updates about the protection order that was then in place and active. The shelter did everything to keep my children safe and secured. They are excellent people!

They've treated my baby like she's part of the family. She wasn't talking much before we got here. Now her vocabulary has opened and she wakes up to look for them and they greet her with so much love and excitement.

Staff are very kind and respectful, and I always had assistance and support no matter the time of day there is always someone available to help without anyone judging me or my kids.

“ I have grown so much as a parent during my stay at the shelter. I also have also gained financial stability. ”

“ Having my children with me made safety and stability even more important, and I really appreciated staff who treated us with care and understanding. ”

Some survivors shared examples of the challenges of communal living and wrote that some staff were not warm towards their children. Many survivors wanted additional legal support to address custody issues. Additional children’s programming and services were requested.

Understanding How Well We Serve Survivors with Disabilities

According to End Abuse of People with Disabilities, a project of Activating Change, people with disabilities are three times more likely to face violent victimization. Survivors with disabilities face physical, communication and attitudinal barriers, which impact their ability to fully participate and receive support.

Survivors with disabilities. Almost a third of 439 total survey respondents reported having a disability, underscoring the importance of accessible programming and facilities. Those with disabilities were asked to share the type of their disability or disabilities. The 142 survivors with disabilities reported the following, often co-occurring disabilities: mental health (80%), physical health/mobility (49%), cognitive (17%), developmental (15%), and substance use (12%).*

Building accessibility and supports for survivors with disabilities. Of the 142 survivors with disabilities, 85% shared that the building they needed to use to access services was physically accessible. The data showed that domestic violence programs helped survivors with disabilities in these ways:

- With physical accommodations in service buildings, in long-term placements and by providing mobility aids;
- With mental health services including individual therapy and support groups;
- With help for cognitive challenges and completing complex, multi-step tasks;
- With support for accessing benefits and doctors; and
- With financial support and transportation.

“They made my apartment physically accessible. They helped make appointments and provided assistance filling out paperwork, sent me reminders on things I could not remember and they assigned additional accessible parking spaces.”

Substance and alcohol use. While 81% of total survey respondents shared that they were not actively using drugs or alcohol while working with the program, 7% of total survey respondents (30 people) were actively using drugs or alcohol. Survivors were asked: *Did you feel safe sharing your use of drugs or alcohol with domestic violence program staff?* Of the 46 responses to that question, 64% said yes, indicating that staff were good listeners, non-judgmental, open, supportive, and offered clear and direct help to address addiction. However, 34% of respondents said they did not feel safe disclosing their use to staff, citing lack of trust, and concerns about being denied services. That only 7% of respondents shared they were actively using drugs or alcohol suggests survivors feared disclosing their substance use.

* The percentages add up to more than 100% because respondents could select multiple answers.

Substance use resource awareness. Over the last 3 years, domestic violence programs in Ohio have had access to lifesaving NARCAN and fentanyl test strips, but the majority of survivors shared that their domestic violence program did not provide easy access to these resources or that they were unsure whether the program had them. In 2023, ODVN developed three resources for survivors dealing with addiction or substance use issues—Safer Use Plan, Recovery Safety Plan, and Recovery Readiness Questionnaire. Between 16% and 21% of the 439 total survey respondents shared that they had been given one or more of these resources.

Survivors' Life-Threatening Experiences

Domestic violence perpetrators subject survivors to dangerous, escalating, and dehumanizing violence and abuse. Across the country, thousands of survivors are killed each year by current or former intimate partners. ODVN's 10th annual Ohio Domestic Violence Fatality Report (2025) found that there were 157 intimate partner relationship fatalities in 108 cases from July 1, 2024, to June 30, 2025—a 37% increase over the previous year. Understanding survivors' experiences of life-threatening violence helps programs tailor their services and helps ODVN target its advocacy and training.

Of the 439 survey respondents, 79% shared that they were physically assaulted or physically abused by a current or former partner or family member.

Additionally, respondents were asked to indicate whether they had experienced any of the following types of abuse:

Have you experienced any of the following from your current or former partner? (Check all that apply)	Percentage of Survey Respondents
They are extremely jealous or try to control where I go and who I see	51%
They have followed, stalked, or constantly called/texted me	40%
They have threatened to kill me or someone I care about	39%
They have tried to choke or strangle me	36%
They did things to make me think I was going "crazy" or "losing my mind"	33%
The abuse has gotten worse or more frequent	30%
They have used or threatened to use a weapon against me (e.g., gun, knife, other object)	26%
They have threatened suicide or said they have nothing to live for	22%
I am afraid they might seriously hurt or kill me	16%

They have said things like, "If I can't have you, no one can"	51%
They have forced me to do sexual things I didn't want to do	40%
They have harmed or threatened to harm my children, pets, or others close to me	39%
They threatened to tell children's services, probation, the courts, or the police about my mental health disability	36%
They threatened, harmed or killed the family pet	33%
They prevented me from seeking treatment for my substance use or mental health	30%
They forced me to use drugs when I didn't want to or in a way I didn't want to (e.g. forced to use needles)	26%
They kept my mental health medication from me	22%
Other	16%
They threatened to tell children's services, probation, the courts, or the police about my substance use	40%
They forced me to transport or sell drugs for them	39%
They withheld drugs from me which put me in withdrawal	36%
They forced me into sex or labor trafficking in order to get drugs or make money	33%
They reported my substance use to children's services, probation, the courts, or the police	30%
They threatened to tell children's services, probation, the courts, or the police about my mental health disability	26%

These harrowing experiences of abuse often indicate a lethal risk for survivors. Strangulation and head trauma are specifically identified as life-threatening, and survey results help us understand the severity of abuse survivors in Ohio are facing.

Strangulation. Survivors were asked about their experience being strangled by a current or former intimate partner or family member. 88% of survivors who had been physically assaulted reported being strangled. Of those 305 respondents who had been strangled, 70% reported either “a few times” (45%) or “too many times to count” (25%). Under 30% of survivors reporting strangulation reported it happening only once.

Head, neck, or facial trauma. 97% of survivors who has been physically assaulted reported being hit or hurt in the head, neck or face. Of the 337 survivors whose current or former partner, or a family member, has hit or hurt them in the in the head, neck, or face, 82% reported the frequency of violence as “a few times” (46%) or “too many times to count (36%).”

Impacts. Between 120 and 202 survivors reported serious impacts after experiencing strangulation or head trauma. In descending order, survivors reported they felt dazed and confused, dizzy or lost their balance, they saw stars or spots, felt like they were in a fog, had trouble seeing clearly, or had memory loss. And 141 survivors reported new or worsening symptoms after they were strangled, hit or hurt in the head including emotional, physical, and executive functioning problems.

Seeking help. After experiencing life-threatening abuse and symptoms, survivors sought help from police, hospitals, advocacy/social services, medical centers, and courts. Domestic violence programs seemed well-trained and ready to address survivors who had experienced strangulation or head trauma. Other systems often re-traumatized survivors, mis-identifying the survivor as the perpetrator, and dismissing survivors’ concerns due to misunderstanding that their behavior was related to their brain injury.

Recommendations

Building upon survivor-identified strengths and working to address survivor-identified barriers and gaps, ODVN recommends the following:

Training and technical assistance to reduce unnecessary barriers

Several strengths and best practices were evident in the data. Many survivors praised the expertise of domestic violence staff members, describing them as being caring and trauma-informed, and credited domestic violence programs with supporting them and their children. Many were sheltered or helped immediately, and were connected to lifesaving resources. However, the responses also revealed serious divergence from best practices, making clear the need for additional training, technical assistance, and accountability.

Staffing. Programs should ensure front line staff are empathetic, trauma-informed, non-judgmental, and active listeners with great problem-solving and conflict resolution skills. All program staff should attend anti-discrimination and cultural humility training. Program eligibility, admission and denial policies should be clearly stated and available to those seeking services.

Improved protocols for denials and referrals on hotlines and within programs. Survivors calling the hotline often are in crisis, so it is imperative the first call is answered by trauma-informed staff. Survivors shared a need for clear communication and digestible information. When a survivor is facing a denial of shelter or services, hotline staff should work with the survivor to find an alternative and provide a warm hand off to another program or source of services. Making calls with or on behalf of survivors is a best practice.

Substance use. Programs should work to actively de-stigmatize substance and alcohol use, employ empathetic, non-judgmental staff, and share information on lifesaving substance use mitigants (NARCAN and Fentanyl Test Strips) and ODVN's vital substance use resources. Domestic violence service providers are encouraged to work with ODVN's Substance Use/Mental Health program team to increase capacity to address the needs of survivors with substance use and mental health issues.

Disability and Limited English Proficiency. Language barriers and limited English proficiency prevented some survivors from understanding their rights or available resources. ODVN has developed a Meaningful Access Policy to ensure domestic violence programs provide equitable language access to programs and hotlines.

Investing in lifesaving programs to address identified gaps

Expanded Shelter and housing. The number one reason for service denial was shelter capacity—a stubborn and persistent reality across Ohio and the nation.

Consider that in 2025, ODVN member programs sheltered 10,834 survivors and their children. But the programs turned away 6,343 individuals who needed help. In other words, for every survivor who got shelter, another survivor was told the shelter was full.

Flexible financial assistance. Throughout the survey data, the need for flexible financial assistance is clear. In 2024, ODVN used federal funds to operate a Mobile Advocacy project that provided \$1.1 million in financial assistance to meet 1,104 survivor requests. The highly impactful and low-cost program could be continued with existing resources by expanding eligible activities and via new resources to meet an urgent need.

Investments in legal services. Survivors indicated a high demand for legal services throughout the survey. ODVN's legal assistance program served 133 survivors, while member programs assisted more than 26,000 survivors in 2025. Expanded resources for these services would allow survivors to address a wide range of legal issues to help them build safer lives.

Mental health supports. The data show a serious demand for mental health support and survivors spoke to the life-changing efficacy of accessing mental health services. ODVN's CARE Connection Health Access project provided 229 survivors with access to therapy or counseling since it began in January 2024. Funding such projects allows survivors to rebuild their sense of selves in the aftermath of trauma.

Transportation. Survivors repeatedly cited a lack of transportation as a barrier to accessing services, leaving the abuse, getting to work and to important appointments. Flexible financial assistance and additional investments in transportation could transform survivors' safety. Domestic violence programs should work toward providing transportation, if they do not currently provide the service.

Policy and system advocacy

Homicide prevention. Survivors described escalating and dangerous violence, which could be lethal and certainly creates life-long negative impacts. Domestic violence programs seemed well-trained and ready to address survivors who had experienced strangulation or head trauma. The law enforcement system, however, often re-traumatized survivors, mis-identifying survivors as perpetrators, failing to recognize the symptoms of strangulation and head trauma, and dismissing survivors' concerns due to their symptomatic behaviors. First responders, law enforcement, prosecutors, judges and others in the criminal justice system play a critical role in assessing and supporting survivors who have experienced life-threatening violence. Continued and additional training and cross-collaborations will ensure the criminal justice system has the tools it needs to support survivors.

Conclusion

Findings in the report shine a light on the strengths of Ohio’s domestic violence programs, while revealing key areas for focused improvement. ODVN looks forward to advancing the survivor-identified priorities in this report—toward the day where all survivors have access to the trauma-informed, expert support they need as they and their children strive to live free from oppression and violence.