

Understanding Indiana's Lethality Trends

WARNING SIGNS ARE INCREASING ACROSS THE HOOSIER STATE.



Indiana Coalition
Against
Domestic Violence

Prevention • Awareness • Advocacy
Until the Violence Ends.

Contents

Executive Summary **3**

High-Lethality Trends **4**

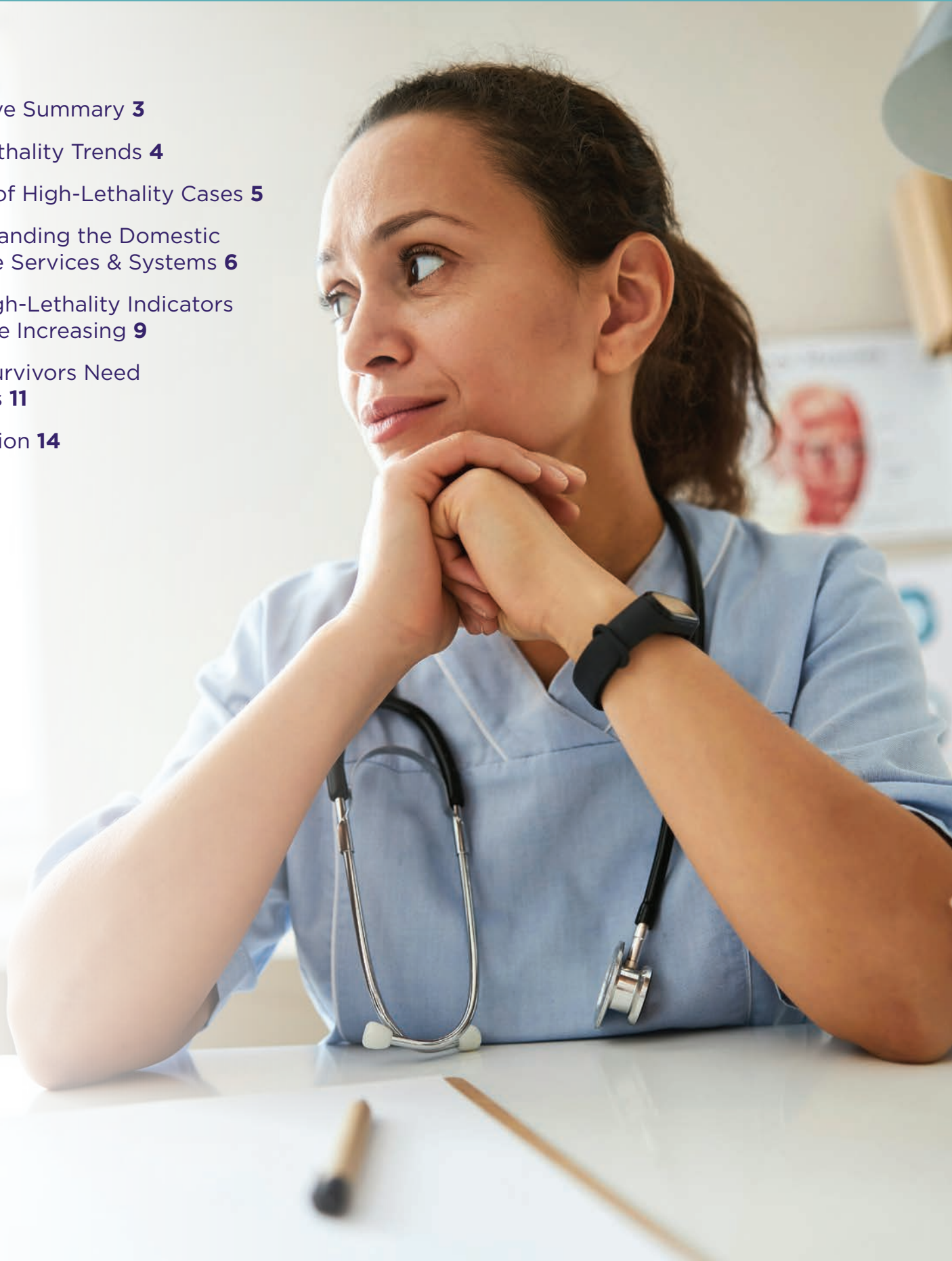
Impact of High-Lethality Cases **5**

Understanding the Domestic
Violence Services & Systems **6**

Why High-Lethality Indicators
Could Be Increasing **9**

What Survivors Need
From Us **11**

Conclusion **14**



Executive Summary

Throughout 2025, domestic violence programs across the state reported to the Indiana Coalition Against Domestic Violence (ICADV) a perceived increase in high-lethality cases.¹ As a result, in the spring of 2026, ICADV conducted a statewide assessment of perceived high-lethality trends among frontline stakeholders serving survivors. Respondents included domestic violence advocates, prosecutors, victim assistance advocates, and nurses and medical staff across all 92 Indiana counties.

Nearly 70% of respondents are reporting a perceived increase in the frequency of cases involving high-lethality indicators.² Almost 70% of respondents are also reporting an increase in “non-fatal strangulation or choking” on their cases. This is alarming as the presence of “non-fatal strangulation or choking” increases the likelihood of a lethal outcome for survivors by 750%.³ Respondents also described these cases as increasingly resource-intensive, requiring more staff time, coordination, safety planning, and community resources to support survivors’ safety.

This reported increase and need for resources is occurring as Indiana is experiencing a rapid decrease in victim service funding. In the summer of 2026, the state of Indiana experienced a \$24 million cut in Victims of Crime Act (VOCA)⁴ funding. This includes \$6 million in funding cuts for domestic violence programs directly. Many respondents in this assessment rely primarily on government funding, including VOCA, to maintain staffing and services.

THESE ARE TWO TREND LINES MOVING IN OPPOSITE DIRECTIONS. AS HIGH-LETHALITY CASES BECOME MORE COMMON AND COMPLEX, THE SERVICES AND SYSTEMS SURVIVORS DEPEND ON FOR SAFETY ARE EXPERIENCING SIGNIFICANT REDUCTIONS IN CAPACITY.

Already Indiana experienced a record-high in domestic violence fatalities when 100 Hoosiers lost their lives in 2025.⁵ According to the Indiana Domestic Violence Fatality Review Team (DVFRT), Indiana may outpace that record again with 44 deaths resulting from domestic violence as of May 2026.

Survivors need our help. The findings in this report point to the need for sustained investment in the interconnected services and systems survivors rely on for their safety.

70%

OF RESPONDENTS REPORT A PERCEIVED INCREASE IN THE FREQUENCY OF CASES INVOLVING HIGH-LETHALITY INDICATORS

70%

OF RESPONDENTS REPORT AN INCREASE IN NON-FATAL STRANGULATION OR CHOKING (the most predictive indicator for domestic violence fatalities)

100

HOOSIER LIVES LOST TO DOMESTIC VIOLENCE IN 2025

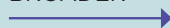
44

HOOSIER LIVES LOST TO DOMESTIC VIOLENCE SO FAR THIS YEAR (as of May 2026)

\$6M

REDUCTION IN DOMESTIC VIOLENCE SERVICES

WITHIN A BROADER



\$24M

REDUCTION IN VOCA FUNDING STATEWIDE

¹ “High-lethality” cases = Domestic violence cases involving evidence-based high-lethality indicators.

² “High-lethality indicator(s)” = Evidence-based metrics for predicting likelihood of fatality or escalation of severity of violence.

³ Glass, et al (2008). Non-fatal strangulation is an important risk factor for homicide of women. The Journal of Emergency Medicine, 35(3), 329-335.

⁴ “Victims of Crime Act” = Federal fund, reliant on criminal fines and penalties, to support, in part, community-based organizations and non-profits providing direct support to victims of crime.

⁵ <http://icadvinc.org/wp-content/uploads/2026/04/ICADV-Fatality-IG-2025-Digital.pdf>

High-Lethality Trends

ICADV distributed the survey to four different respondent groups to measure evidence-based indicators for high-lethality domestic violence outcomes. The survey asked respondents to report their perceived trends for each evidence-based indicator as well as high-lethality cases overall.

The survey had 223 respondents between the four respondent groups:

- Prosecutors (42)
- Non-Governmental Domestic Violence Advocates (106)
- Nurse and Medical Staff (51)
- Governmental Victim Advocates (24)

All 92 counties were represented in the survey.

HERE IS WHAT THEY ARE REPORTING:

CATEGORY	INCREASE (Significant, Slight)	NO CHANGE	DECREASE (Significant, Slight)	UNSURE/ INSUFFICIENT EXPOSURE TO ASSESS
Non-fatal strangulation or choking	69.82% (25.68%, 44.14%)	17.57%	1.8% (0%, 1.8%)	10.81%
Escalating severity of assaults	69.37% (23.87%, 45.5%)	20.72%	0.90% (0%, 0.90%)	9.01%
Survivor reports threats by their partner to kill them and/or their children	59.91% (13.06%, 46.85%)	29.73%	0.90% (0%, 0.90%)	9.46%
Survivor directly expressed belief that their partner may kill them	51.13% (13.57%, 37.56%)	36.2%	1.81% (0%, 1.81%)	10.86%
Abuser access to firearms	45.29% (16.14%, 29.15%)	39.91%	1.79% (0%, 1.79%)	13%
Partner has used a weapon (anything other than a body part) while assaulting the survivor.	43.5% (10.76%, 32.74%)	42.6%	3.14% (0%, 3.14%)	10.76%
Overall Frequency of Cases Involving High-Lethality Indicators	69.06% (21.08%, 47.98%)	18.39%	2.69% (0.45%, 2.24%)	9.87%

Impact of High-Lethality Cases

ICADV asked respondents to report the impact of high-lethality cases on their work. Across all respondents, these were the major themes.

RESOURCE STRAINS AND SERVICE GAPS

Respondents across systems and roles are consistently describing increased strain on resources to address domestic violence including staffing, capacity, shelter, and housing access. They report adapting their practices and services in response to increasing high-lethality cases, including increasing cross-system coordination, but note this does not resolve lack of resources.

“High-lethality cases over the past two years have significantly impacted our work, increasing both the intensity and complexity of the services we provide. We are seeing more clients facing immediate, life-threatening danger, which requires rapid safety planning, higher staff engagement, and more coordination with community partners.” - DV ADVOCATE

“It requires more attention, as it should. However, that requires more resources that we don't have because it pulls me away from other cases in order to handle these cases correctly.” - PROSECUTOR

“More injuries, more complicated patients, higher need for shelters, more concern for children.” - NURSE/MEDICAL STAFF

RESPONDENTS REPORT INCREASED FEAR, TRAUMA, AND EMOTIONAL STRAIN AFFECTING BOTH SURVIVORS AND THEMSELVES.

“These cases also take an emotional toll on staff, contributing to burnout and secondary trauma, while stretching already limited resources and highlighting the urgent need for expanded capacity and support.” - DV ADVOCATE

“I feel helpless when trying to provide resources because they are limited.” - NURSE/MEDICAL STAFF



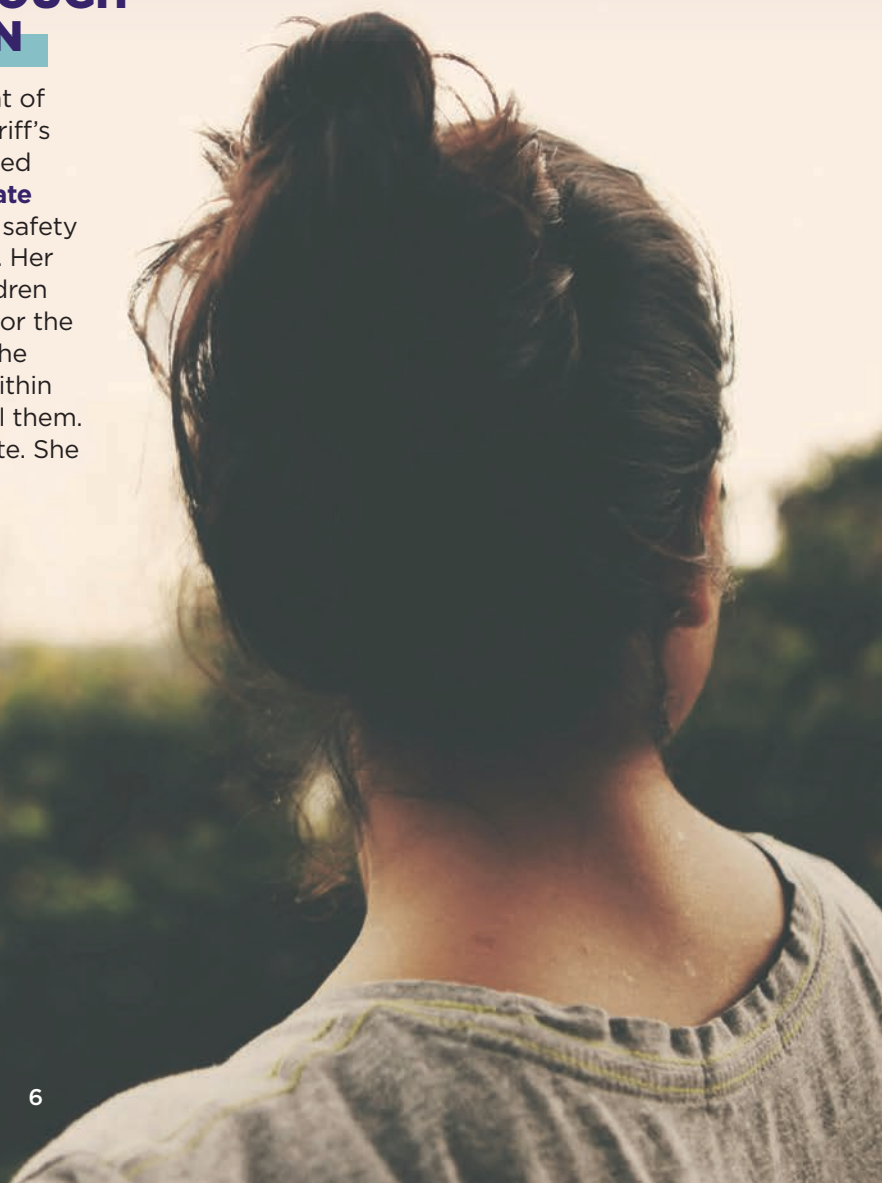
Understanding the Domestic Violence Services & Systems

Why These Trends Are Alarming

The reported trends described by respondents would be concerning on their own, but the added loss of VOCA funding creates additional concerns because many of the services and systems represented by the respondents depend on one another to support survivor safety. Loss of capacity in one part of the system affects every other part. The survivor's story below is a representative case study illustrating how, when victim services are appropriately funded, these services and systems work together to support a survivor experiencing a high-lethality domestic violence situation.

A SURVIVOR'S JOURNEY THROUGH A HIGH-LETHALITY SITUATION

Margo has just been assaulted by her husband in front of her 2-year-old child and newborn baby. The local sheriff's department arrives on the scene after a neighbor called 911. They arrest Margo's husband and a **victim advocate** from the sheriff's department arrives on the scene to safety plan with her. Margo reveals that she fears for her life. Her husband has been threatening to kill her and her children since she announced she wanted a divorce. Tonight, for the first time ever, her husband strangled her in front of the children. Margo fears that if her husband posts bail within the next 24 hours that he will get his handgun and kill them. She can stay with her mother, but she lives out of state. She doesn't have the means to get there.



The victim advocate identifies several high-lethality indicators present in Margo's story and gives her several options, including connecting with a local domestic violence shelter. There a **domestic violence advocate** can help her ensure they will be safe while figuring out their next steps. Margo calls the shelter with the victim advocate and agrees to go to the shelter. A domestic violence advocate arrives and transports Margo and her children to safety.

Since Margo was strangled, the local **prosecutor** tells his detective that they need a forensic exam to gather evidence. They do not have much initial evidence outside of Margo's statement and the neighbor's report. A **victim advocate** reaches out to Margo at the shelter to ask if she will complete a forensic exam with a local health provider. Margo agrees and is transported by her domestic violence advocate at the shelter to meet with a **forensic nurse**.

The nurse has been specially trained to identify and document signs of strangulation for evidentiary purposes. She is the only nurse in the county that can perform such an exam. At first glance, there are no visible signs of injury, but the nurse notices after close examination signs of petechiae (pinprick bruises that correlate with strangulation injury). This, in addition to Margo's complaints of headaches, helps her document evidence of strangulation for the prosecutor.

Fast forward a year, the victim advocate and domestic violence advocate collaborated to support Margo to meet her and her children's immediate and long-term needs. This included her staying at the shelter for several weeks while they secured funding from the local community foundation to fly Margo and her children to her mother's home to help rebuild their lives. In the meantime, the evidence collected by the nurse in addition to witness statements provided sufficient evidence for the prosecutor to ensure Margo's husband faced accountability for his actions.

WHY MARGO'S STORY MATTERS

Margo's story illustrates how survivors experiencing high-lethality domestic violence situations often interact with multiple systems over time. At every step, Margo's safety depends on another professional, another organization, and another resource. No single service or system can meet all her needs alone. Margo's story represents a functional system operating as it should to support survivor safety—especially in the most lethal circumstances.

This is where the reported increase in high-lethality cases coupled with decreased funding is so dangerous for survivors like Margo. The loss of \$24 million in victim services funding means survivors have fewer services available at the very moment respondents are reporting increasingly dangerous and resource-intensive cases. **Systems cannot provide support to survivors when services no longer exist.**

For domestic violence services alone, the VOCA funding cuts have put 7 domestic violence programs and 100 domestic violence advocates at risk of closure and loss. This would result in nearly 46,000 survivors losing access to domestic violence services. These service gaps emerge following a year where 68% of survivors were denied services due to lack of sufficient resources.⁶

The loss of a domestic violence advocate and program in Margo's journey could have meant no shelter and no assistance with getting to her mother's home for long-term safety. This would have been disruptive enough, but the VOCA funding cuts impact more than domestic violence programs.

The cuts will result in fewer victim services across the board for survivors.

$$\begin{array}{ccccc} 7 & + & 100 & = & 46,000 \\ \text{DOMESTIC VIOLENCE} & & \text{DOMESTIC VIOLENCE} & & \text{SURVIVORS COULD LOSE} \\ \text{PROGRAMS MAY} & & \text{ADVOCATE POSITIONS} & & \text{ACCESS TO DOMESTIC} \\ \text{CLOSE} & & \text{MAY BE LOST} & & \text{VIOLENCE SERVICES} \end{array}$$

⁶ Indiana Criminal Justice Institute (ICJI), "Annual (July 2024-June 2025) DVPT Report."

Many law enforcement agencies rely on VOCA funding to fund their victim assistance advocates. They play a critical role by improving victim participation in prosecution⁷ and providing resources prosecutors and law enforcement officers cannot provide such as resource navigation.⁸ When survivors are facing high-lethality circumstances, the victim assistance advocate serves as the criminal justice system's primary point of support to ensure their needs are supported from the violent incident through adjudication. The loss of a victim assistance advocate in Margo's story would have meant she would have had nobody to help her connect to resources that could help ensure her safety.

VOCA funding cuts mean less funding for medical forensic exams, including funding for training nurses to become forensic examiners. Non-fatal strangulation results in visible injury only 50 percent of the time, with only about 15 percent of those able to be photographed for evidentiary purposes.⁹ Forensic nurses are specially trained in and proficient at screening and documenting signs and symptoms of strangulation that can be commonly missed. The loss of this specialized skill will result in the loss of critical evidence collection around one of the most predictive factors for a domestic violence fatality.

Prosecutors rely on victim assistance and nurse examiners to help ensure survivors are supported and to collect evidence they need to hold perpetrators of abuse accountable—especially when there are high-lethality indicators involved in the case. Prosecutors cannot hold perpetrators, like Margo's husband, accountable without the evidence to do so, nor the support to help survivors participate safely.

Funding cuts have also affected additional services all respondents rely on to support survivors like Margo. Survivors need access to services and systems that can support their long-term safety and stability. This includes social services like mental health and substance abuse treatment. This includes systems like affordable housing and concrete assistance programs like Supplemental Nutrition Assistance Program (SNAP) and Child Care and Development Fund (CCDF) vouchers. The reduction in the availability of these resources, means that professionals serving survivors have fewer tools to help ensure their safety and stability.



SURVIVORS NEED ACCESS TO SUSTAINABLE DOMESTIC VIOLENCE SERVICES. THIS INCLUDES THE DIRECT DOMESTIC VIOLENCE PROGRAMS AS WELL AS THE OTHER FRONTLINE PROFESSIONALS AND SYSTEMS PROVIDING DOMESTIC VIOLENCE SUPPORT.

⁷ Camacho, C. M., & Alarid, L. F. (2008). The significance of the victim advocate for domestic violence victims in municipal court. *Violence and victims*, 23(3), 288–300. <https://doi.org/10.1891/0886-6708.23.3.288>

⁸ De La Rue, L., Ortega, L., & Rodriguez, G. C. (2023). System-based victim advocates identify resources and barriers to supporting crime victims. *International review of victimology*, 29(1), 16–26. <https://doi.org/10.1177/02697580221088340>

⁹ Pritchard, A., Reckdenwald, A., Nordham, C., & Holton, J. (2015) Nonfatal Strangulation as a Part of Domestic Violence: A Review of Research. *Trauma, Violence & Abuse*. 1-18.



Why High-Lethality Indicators Could Be Increasing

In addition to asking respondents about the patterns of violence they were observing in their work, they were asked to share their opinions about the reasons that high-lethality indicators were changing. Respondents were asked to describe the “why” behind offenders’ behaviors based on their own observations and information provided to them by survivors.

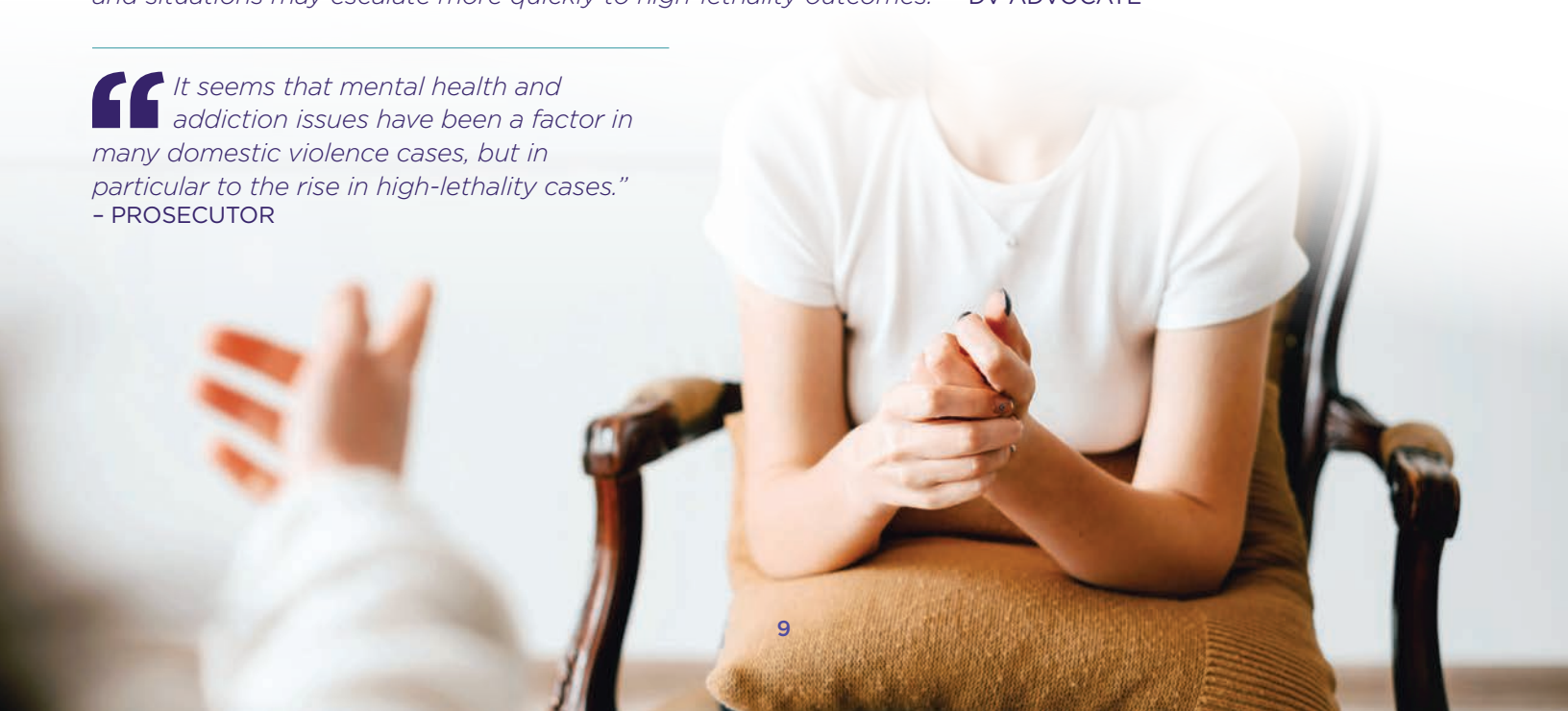
It is important to note that these themes reflect respondents’ observations and perceptions rather than causal findings from this assessment. However, understanding the impact of increasing high-lethality cases also requires understanding the broader conditions respondents believe are contributing to these trends.

PHYSICAL AND EMOTIONAL HEALTH NEEDS

Respondents described increasing prevalence of substance use and mental health needs within their communities. Many reported that support and treatment programs lacked the capacity to effectively respond to these needs. Respondents believed that untreated mental health and addictions drove escalations in violence and made it more difficult for victims to safely separate from an abusive relationship.

“ *The lack of accessible mental health services...In rural areas such as X County, there are often few providers, long waitlists, and limited crisis intervention resources. This gap means that individuals experiencing severe mental health challenges, trauma, or escalating behavior may not receive timely support, increasing the risk of violence reaching a lethal level. Together, these factors—economic instability, limited mental health access, and transportation challenges create an environment where stressors compound, resources are harder to reach, and situations may escalate more quickly to high-lethality outcomes.”* – DV ADVOCATE

“ *It seems that mental health and addiction issues have been a factor in many domestic violence cases, but in particular to the rise in high-lethality cases.”*
– PROSECUTOR



ADVERSE ECONOMIC CONDITIONS

Respondents identified poverty and challenging economic conditions as drivers for conflict and abuse; they also identified economic instability as a barrier to separation for survivors.

“ *One of the most significant is economic stress. The rising cost of living, combined with lower-paying jobs and limited access to stable, well-paying employment with benefits, creates chronic financial strain for individuals and families. This stress can escalate conflict in already volatile relationships and make it harder for victims to safely leave abusive situations.”*
- DV ADVOCATE

“ *Cutting funding to social welfare programs like SNAP, Medicaid, childcare and housing increases dependence on violent partners making it near impossible for victims to leave.”*
- DV ADVOCATE

CRIMINAL JUSTICE SYSTEM

Many respondents reported that offenders were emboldened to escalating levels of violence due to limited accountability within the criminal justice response systems including limited enforcement, investigations, prosecution and sentencing. Other respondents believed that more high-lethality cases were recognized because systemic partners were doing a better job of identifying high-lethality behaviors through screenings and investigations.

“ *We also don't have a judiciary in our county who will hold offenders accountable. If some of the first-time offenders were given actual punishment, perhaps we wouldn't have as many repeat offenders. Offenders know that no matter what they do to a partner, they are going to get probation or an extended amount of MCCC. I'm not a trial deputy to know why/how this occurs. I do know that when I file repeat offender cases, I see terms of probation/MCCC ended due to repeat violations. It seems the court rewards them for bad behavior rather than sentencing them to their suspended time when they violate.”* - PROSECUTOR

“ *Limited resources and systemic gaps make it harder to intervene early, allowing situations to escalate to more dangerous levels.”* - DV ADVOCATE

SOCIAL NORMS THAT TOLERATE VIOLENCE

Some respondents reported that cultural conflicts, prominent figures modeling aggressive behavior, and the increased prevalence of violence had resulted in an increased normalization and tolerance of abuse. Respondents described concerns that violence is increasingly viewed as acceptable, that people are becoming numb to violence, and that offenders are becoming bolder in their behavior.

“ *Offenders are getting bolder because of what they see online on TV with people in power, so they feel they can do this stuff and not be punished, and they honestly do.”* - DV ADVOCATE

“ *Increase in violence in society—increase of violence seen as acceptable—a numbing of the senses to such violence in essence.”* - DV ADVOCATE

“ *I think there is an ever-increasing acceptance of societal and interpersonal violence”*
forensic nurse.” - NURSE/MEDICAL STAFF

What Survivors Need From Us

Regardless of the specific factors contributing to these trends, respondents consistently identified several areas where strengthening services and systems would improve survivor safety. Many of these areas already have efforts underway across Indiana while others represent opportunities for continued investment and collaboration. The following recommendations reflect findings from this assessment and themes consistently identified by respondents.

SUSTAINABLE DOMESTIC VIOLENCE AND VICTIM SERVICES

Respondents consistently described increasing complexity, workload, and resource demands associated with high-lethality cases. Survivors need domestic violence services with sufficient staffing, funding, and capacity to provide crisis response, shelter, advocacy, safety planning, and long-term support. They need services like forensic exams and victim assistance.

WHAT SURVIVORS NEED

Restore funding across victim services systems statewide and invest an additional \$12 million in DVPT funds over the biennium.

ALREADY IN PROGRESS

Coordinating regional domestic violence service models to prioritize resource efficiency, policy advocacy, public awareness efforts.

WHO CAN HELP

Funders, policymakers, domestic violence organizations, victim services, and community partners.

One important note: without sustainable domestic violence and victim services, the rest of what survivors need from these findings will be difficult to deliver.

ACCESS TO SERVICES AND SYSTEMS SURVIVORS NEED

Respondents noted that survivors escaping high-lethality cases need access to a wide variety of services and systems that meet survivors' long-term needs. Services include access to mental health providers or substance abuse treatment. Many individuals navigating mental health disorders or substance abuse disorders are also survivors of domestic violence.¹⁰ Services can also include aftercare and treatment for children exposed to domestic violence. Systems to provide concrete assistance like affordable housing, Supplemental Nutrition Assistance Program (SNAP), and Child Care and Development Fund (CCDF) vouchers were also identified as vital. Respondents repeatedly identified economic instability as both a barrier to leaving abuse and a factor contributed to increased risk. 99% of survivors experience economic abuse and 73% of survivors report staying in an abusive relationship because they worried about supporting themselves or their children financially.¹¹ Survivors need access to concrete assistance to circumvent economic abuse and ensure survivors can leave.

¹⁰ Nathanson, A. M., Shorey, R. C., Tirone, V., & Rhatigan, D. L. (2012). The Prevalence of Mental Health Disorders in a Community Sample of Female Victims of Intimate Partner Violence. *Partner abuse*, 3(1), 59-75. <https://doi.org/10.1891/1946-6560.3.1.59>

¹¹ Cynthia Hess and Alona Del Rosario, *Dreams Deferred: A Survey on the Impact of Intimate Partner Violence on Survivors' Education, Careers, and Economic Security*, Institute for Women's Policy Research, 2018, <https://iwpr.org/iwpr-publications/report/dreamsdeferred-a-survey-on-the-impact-of-intimatepartner-violence-on-survivors-education-careersand-economic-security/>

WHAT SURVIVORS NEED

Protection and expansion of concrete assistance in programs like HUD, SNAP, and CCDF to support their short-to-long term financial needs for escaping domestic violence. Concurrently, investment in efforts that address the underlying drivers of violence like reducing housing instability and increasing access to childcare.

ALREADY IN PROGRESS

ICADV and domestic violence program's utilization of economic justice funds to address survivors' safety needs.

WHO CAN HELP

Funders, policymakers, domestic violence organizations, and community partners.

STRENGTHEN COORDINATED COMMUNITY RESPONSES

Respondents emphasized that survivor safety increasingly depends on shared responsibility and coordination across systems. Survivors benefit when communities have strong relationships, clear referral pathways, coordinated responses, and shared approaches to addressing high-lethality risk. As cases become more complex and resource-intensive, no single system can effectively respond alone.

WHAT SURVIVORS NEED

Frontline professionals and systems working together, formally and informally, to keep survivors safe by making the most of their collective resources and expertise.

ALREADY IN PROGRESS

Many respondents described increasing collaboration and stronger relationships between domestic violence programs, healthcare providers, law enforcement, prosecutors, and other stakeholders. There are formal examples of this in coordinated community responses (CCRs), sexual-assault response teams (SARTs), memorandum of understandings (MOUs) between partner organizations, and lethality assessment protocols (LAP). Informally, respondents described creating and strengthening their relationships with the local frontline professionals.

WHO CAN HELP

Domestic violence organizations, healthcare providers, prosecutors, law enforcement agencies, community coalitions, and social service organizations.

IMPROVE EFFECTIVE IDENTIFICATION OF HIGH-LETHALITY RISK

Around 23% of respondents (including 50% of prosecutors and 31% of nurse/medical staff) reported not having a formal process for assessing lethality risk. Research has demonstrated the utilization of a formal evidence-based assessment tool helps to increase safer outcomes for survivors. With respondents reporting increasing high-lethality indicators, they need to ensure they are effectively assessing for risk.



WHAT SURVIVORS NEED

Consistent and effective identification of high-lethality indicators to support appropriate responses for survivor safety.

ALREADY IN PROGRESS

ICADV facilitates free and accessible trainings for adopting evidence-based assessment processes like the Strangulation Protocol and Lethality Assessment Protocol.

WHO CAN HELP

Domestic violence organizations, healthcare providers, prosecutors, law enforcement agencies, and social service organizations.

FRONTLINE PROFESSIONAL PROTECTION

Nearly 72% of respondents have been in their current role for 3 or more years; nearly 32% of respondents have been in their current role 10 or more years. Survivors have access to an experienced workforce providing strong service quality and organizational knowledge. However, respondents are reporting burnout, secondary trauma, emotional exhaustion, and increasing demands on their time and capacity. Sustaining the domestic violence workforce is critical to ensuring survivors continue to have access to experienced professionals capable of responding to increasingly complex and high-risk situations.

WHAT SURVIVORS NEED

Continued access to an experienced workforce.

ALREADY IN PROGRESS

While funding continues to be a challenge, organizations are continuously trying to refine their practices that support staff retention, wellness, and sustainable workloads while maintaining critical services for survivors. This includes innovative collaborations with social service organizations to provide accessible therapeutic services.

WHO CAN HELP

Funders, policymakers, domestic violence organizations, social service organizations, and community partners.

Conclusion

ICADV will continue to monitor changes in lethality trends and to support the allied partners, organizations, and communities that make up the services and systems survivors rely on for safe, accessible, and competent services. The current reality is grim. Those on the frontline of supporting survivors will continue to help in the best ways they can, but the loss of funding and staff is reducing the capacity of the services and systems survivors rely on. As the respondents emphasized themselves, now is a time for greater collaboration where no or little collaboration currently exists, and for the fortification of funding for the services and systems on the frontlines of keeping survivors safe.

ICADV CALLS ON EVERYONE, FROM FUNDERS TO DONORS, FROM POLICYMAKERS TO FORMAL PROVIDERS, FROM SURVIVORS TO LOVED ONES OF SURVIVORS, TO IDENTIFY THEIR ROLE IN DELIVERING WHAT SURVIVORS' NEED IN THIS CURRENT REALITY OF DECREASED FUNDING AND INCREASED LETHALITY.

In closing, thank you to all 223 respondents who participated in this assessment process for helping Hoosiers better understand the trends and impacts while continuing to serve survivors in the most unsafe and complex circumstances on a day-to-day basis.



Prevention. Awareness. Advocacy.

Until the violence ends.



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