

# 2011

## *Community Response to Violence: Service provider needs and opportunities in Little Rock*



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## **Introduction**

In the fall of 2010, four students from the University of Arkansas Clinton School of Public Service partnered with the non-profit Safe Places to determine the feasibility of developing a coordinated response to community and family violence in the Little Rock area. To this end, we conducted a series of interviews with service providers to assess services for victims of violence and gather ideas on collaboration. This report is a summary of the findings from those interviews, which offer a unique glimpse into the impressions of the people working closely on this issue.

Family and community violence profoundly affects families every day. A 24-hour snapshot of service programs across Arkansas underscores the problem: One day in 2009, 306 adults and children found shelter in transitional or emergency housing in Arkansas. Another 300 adults and children received other forms of service for family and community violence, such as counseling and legal advocacy (Arkansas Coalition of Domestic Violence, 2010). These figures only reflect part of the picture, as family and community violence is historically underreported (Sexual Assault and Relationship Abuse Prevention and Support at Stanford, 2006).

While several of the region's direct service providers, law enforcement, and others have made a substantial impact in the community, a significant need still exists. From fiscal years 2008 to 2009, cases of reported child neglect in Arkansas rose more than 12 percent, while reported cases of child abuse also grew by 17 percent. Sexual abuse cases totaled 3,377 in 2009 (Arkansas Department of Human Services, 2009, p. DCFS-10).

Given the existing levels of violence in Little Rock, part of this project was to assess the services currently provided for victims of community and family violence. During the research phase of our project, we hoped to discover areas of potential collaboration for a more effective response to community and family violence, as well. Over the last six months, we conducted interviews among area stakeholders and have gained a better understanding of the current system.

These interviews have provided us with data ranging from current perceptions among stakeholders in the community to viable solutions. Our recommendations are rooted in the data we collected. We believe they will have a positive impact in curbing community and family violence. This report is intended to be a starting point for a more fruitful conversation about how to best address this issue in the greater Little Rock area. Throughout the remainder of this report, we will discuss our data collection process, report our findings, and provide conclusions and recommendations.

## **Methodology**

The team conducted one-on-one interviews with stakeholders to gain a better understanding of their needs and ideas. The team's approach to the needs assessment and interviews is based on a study by Chinman, Imm, and Wandersman (2004). For this project, it was important that the

proper stakeholders were identified, especially those with power, legitimacy, and urgent need (Mitchell, Agle, & Wood, 1997, 878). When identifying stakeholders to interview, we first established areas to target: law enforcement, shelters, victim advocacy groups, state agencies, courts, education, business and health care groups, and religious organizations. Next, we worked with Safe Places to brainstorm individuals from those sectors to interview. We also asked interviewees for recommendations.

After identifying the stakeholders, the team scheduled interviews and created the interview procedures. In total, fifteen interviews were conducted. Representatives from the sectors identified above were interviewed, except for education and court officials (due to time limitations). Recognizing the need for genuine dialogue, the team used an informal interview style that incorporated standardized questions answered by each respondent (Chinman, Imm, & Wandersman, 2004, Appendix Q-3). The team outlined seven questions that provided a framework for each discussion (see Appendix B, pg. 19). We were interested in gaining an understanding of the types of services provided in and around Little Rock, the needs of service providers, current gaps in services and solutions to the gaps, as well as successes in current efforts to curb community and family violence. Our partner, Safe Places, also asked that we gauge interest in the development of a coordinated community response, or an alliance, that could serve the needs of victims as well as service providers. These questions guided each interview, but also allowed for a free-flowing dialogue between interviewer and respondent. This approach fostered strong and honest conversations, while ensuring that the same topics were covered in each interview. We recorded the interviews whenever agreed upon by the interviewee and took notes to ensure an accurate account of each exchange. Following the interviews, the team reviewed the tapes and notes and identified the major themes from the discussion. This was compiled into a database, and then reviewed to identify community-wide themes. Any identifying information of respondents was removed to guarantee anonymity.

## **Results**

In interpreting the research, it is important to understand the characteristics of our respondents. First, the people we interviewed come from the organizations working most directly on the issue of community and family violence in the Little Rock area. Secondly, while some of them focus on specific services, populations, and/or niches within the overall issue of violence, all are advocates for victims. As a result, they share similar general values as they relate to victims and violence.

Everyone we interviewed exhibited passion for the work they do. Indeed, that was evident in their very willingness to sit down with us and answer questions. Beyond that, however, we saw a deep commitment to addressing community and family violence in each of the individuals we interviewed.

By interviewing a range of stakeholders on the issue of community and family violence, we hoped to survey the breadth of specific needs and gaps present in the community, as well as

solutions, giving a robust understanding of the current landscape of services.

The team categorized responses in seven general categories: *services* (specific services provided by the respondents), *needs* (specific needs respondents see within their organization), *gaps* (gaps in the current landscape of services), *solutions* (ideas on how to best address the issue of community and family violence), *alliance* (potential benefits of forming a coordinated community response to violence), and *alliance barriers* (potential setbacks in forming a coordinated community response to violence).

The respondents as a whole gave a variety of answers in the interviews. For example, we identified 40 distinct answers to our questions about the gaps in services community-wide; 16 different answers about solutions to filling service gaps; 19 different answers to our questions about what individuals and their organizations would prioritize if they had more resources; 18 different answers to our questions about the obstacles of forming and maintaining an alliance; and 17 different answers about what functions an alliance hypothetically should undertake (see Appendix A, pg. 12 for full results). This shows the variety of thought on the topics. At the same time, the data showed some commonality of thought which is noted below.

Following is a compilation of the responses we received.

## **Services**

We asked respondents to give us an overview of the work done by their organization, agency, department, or other entity, including any services they provide.

Our respondents came from a range of sectors within the Little Rock community, including non-profit services, law enforcement, and hospitals. All of the organizations and agencies had some focus on victims of violence. Law enforcement and some nonprofits tended to funnel victims, resources, and support to direct service providers such as shelters and hospitals. Five respondents stated that their organization or agency provided skill and knowledge trainings for employees and/or other service providers in the community. Some of the organizations focused on specific target groups (e.g. immigrants or people with disabilities) or specific issues (e.g. domestic violence or child abuse), while others had broader missions to serve a diversity of victims with a range of challenges.

Examples of specific services that our interviewees said they provide included:

- Providing daycare
- Offering grants to service providers
- Working on policy reform
- Providing shelter for men who are victims of violence
- Running prevention programs for young children in daycare
- Helping victims obtain visas

## Needs

To survey the needs in the community, we asked respondents to identify the top three things their organization would start or improve if they had more manpower, funds and/or other resources. The top four needs identified during the 15 interviews that were conducted, in order of frequency, were: violence prevention education (seven), funding/resources (five), training for service providers and others (four), and more physical space (four).

<b>Answer</b>	<b>Responses</b>
<b>Violence prevention education</b>	7
<b>Funding/resources</b>	5
<b>Training for service providers and others</b>	4
<b>More physical space</b>	4
<b>Public awareness campaign</b>	3

Among those who identified prevention education as a need, there was a general feeling that more effort should be given to educating children to provide them with alternate models for behavior than those they may observe in their homes or communities. As one respondent stated, “We are really good about pulling people out of the river, but not good at keeping them out.” Another respondent suggested remedial education for perpetrators who are unlikely to offend again.

Those respondents who identified funding as a need gave a variety of possible uses, including: prevention efforts, victim follow-up, teaching materials, and more staff. Another tangible need - space - was reported by four respondents. One respondent described the pain of having to turn away families in need of a safe haven, especially those with small children, because of a lack of space. Other respondents said the spaces they currently occupy are old or in poor shape and are too expensive to keep up. In addition to money and tangible resources, four respondents said that trainings are needed for all people who come in contact with victims. One respondent stated that more training about serving people with disabilities is needed within the violence response community.

Other needs prioritized by more than one individual were: public awareness, assistance for victims to find new jobs, language access for victims, more mental health counselors with expertise on treating victims of violence, and relationship building among service providers. Two respondents said language access is an obstacle in serving non-English-speaking victims.

## Gaps

To better understand the current gaps in services, we asked respondents to assess direct services, as well as prevention efforts, in the Little Rock area. Our questions included, “What is provided well, if anything?” and “What is lacking, if anything?”

A total of six respondents identified what they believe is already working. Two of the six respondents said the victim services community’s response to child abuse cases is a strength. One respondent, for example, said service providers collaborate on individual cases of child abuse in an effective way. Three respondents identified Safe Places as a valued resource for entities that refer victims of violence to them, as well as for victims. The other, single-respondent answers were: there are many outlets to seek addiction treatment and the language interpreters at hospitals are good.

Respondents also discussed what services are lacking in the community. The two most frequent responses were money and prevention education (six respondents for each). The second most frequent response was an insufficient number of service providers in the area to help (five).

<b>Answer</b>	<b>Responses</b>
<b>Not enough money</b>	6
<b>Not enough prevention education</b>	6
<b>Not enough service providers to help</b>	5
<b>Lack of wrap-around or comprehensive services for victims or perpetrators</b>	4

Among those who identified money as a gap, one respondent said money is especially needed for daily costs related to victim recovery (to pay hospital bills, for example). Another person said more federal and state funding is needed. Among those who identified prevention education as a gap, one respondent said the funding for it is limited. Another person said: “There has to be work done at the level of the children.” A third respondent said there are not enough prevention programs for adults and in schools.

Respondents also identified a lack of wrap-around or comprehensive services for victims and/or perpetrators as another gap in services related to community and family violence in the Little Rock area. Of the four individuals who discussed wrap-around services, one said: “There’s no funnel - there’s no direct line to services...the first step would be identifying everything that’s there and their capacity, and then focusing on where we need to devote our time to develop resources.” Another individual responded that Arkansas needs a statewide total system of care for victims similar to the coordinating care councils formed to support other populations in the state.

## Solutions

After talking about individual and community needs, then gaps in services, we asked respondents to brainstorm ways to improve the overall service efforts offered in the Little Rock area on community and family violence. While there was a breadth of response topics, the most popular solutions focused on education and prevention.

Of the eight respondents who identified solutions, half said that an important solution to the problem of family and community violence was education and/or prevention services. Direct service providers unanimously included education and/or prevention in their response topics. One service provider said, “We’re so prone to having to clean up everything. If we can catch folks early, it’d be better. People need to know signs and symptoms and warning signs of abuse, because I don’t like cleaning up.” Similarly, two of them said that if education and prevention are to be important solutions, then evidence-based programs are necessary.

<b>Answer</b>	<b>Responses</b>
<b>Start teaching nonviolence early and be consistent through a child's development</b>	3
<b>Fund prevention education</b>	3
<b>Bottom-up community approach</b>	2
<b>Use evidence-based programming</b>	2
<b>Legislative advocacy</b>	2

Two respondents felt that a community-based approach is imperative in the work being done to curb violence. “Getting rid of the violence has to be rooted in the community,” one service provider said. “It can’t be from the top-down.” Other popular solutions were legislative and faith-based action (two respondents each). One respondent said that crime data on violence could be used in the formation of ‘safe zones’ at churches and area faith organizations, in partnership with service providers and other stakeholders.

## Alliance

As noted above, our community partner requested information on the potential of a coordinated community response that could be used to curb community and family violence, and address some of the current gaps in services. As such, we asked a series of questions to gather thoughts on an alliance, what an entity like that might achieve, and what barriers might prevent it from being successful.

<b>Answer</b>	<b>Responses</b>
<b>Collaboration</b>	11
<b>Provide effective trainings</b>	5
<b>Policy-making function</b>	4
<b>Funding</b>	3
<b>Grow capacity of service providers to meet needs of the LR community</b>	3
<b>Information sharing</b>	3
<b>Focus on prevention</b>	3
<b>Have tangible purpose for meetings (i.e. coordinating services, applying for grants, etc.)</b>	3

In eleven of our fifteen interviews, the respondent indicated that an alliance could bolster collaboration among different groups. Collaboration might take many different forms. When asked about potential functions an alliance of this nature might serve, one service provider indicated that a coordinated effort would enhance communication. “We need to be able to keep an open line of communication with one another as service providers. We also need to be able to share information. . . .” Another interviewee stated that “service providers don't know about all the services others are offering, or when new services are added, because there is no channel for that kind of information sharing now.”

Additionally, five of fifteen interviewees noted that an alliance could coordinate to provide trainings. Four out of fifteen respondents mentioned that the alliance might participate in the policy-making process. Some examples that were discussed in our interviews ranged from advocating for higher standards for service providers to making suggestions about where resources should be allocated.

Similarly, respondents said an alliance could provide the following: (1) an opportunity to increase the capacity of each organization; (2) new ways of sharing information; (3) and an opportunity to educate the community on this issue.

### **Potential Barriers to Forming an Alliance**

Although stakeholders interviewed noted value to an alliance group, they also identified potential challenges to an alliance formation. Many respondents stated some of the greatest

challenges to working with other organizations could be a result of personality clashes and a shortage of time to commit.

<b>Answer</b>	<b>Responses</b>
<b>Personality clashes</b>	9
<b>Time commitment</b>	7
<b>Different commitment levels among participants</b>	6
<b>Competition among stakeholders</b>	5
<b>Acknowledging problems is difficult for some</b>	3

Moreover, six out of fifteen respondents indicated that potential problems might arise if there were varying levels of commitment to an alliance. This point was illustrated when one interviewee simply stated: “It won’t work without the full commitment from all partners.”

From organizations having their own agendas to a lack of energy and time, respondents noted that varying commitment levels can adversely influence an alliance’s overall success. Furthermore, some respondents stated that they feel overwhelmed working in the current climate and that it might not be feasible to participate in the alliance.

### **Strategic Implications/Analysis**

Prevention education and funding were areas that respondents overwhelmingly identified as individual organization and community-wide needs, but also identified as solutions. Nearly half of the respondents named prevention education as a service they would add or improve if they had more resources. In addition, six people said that prevention services are lacking community-wide. Six respondents highlighted funding as a need community-wide.

The fact that many respondents identified prevention of community and family violence as an important concern suggests an underlying belief in the success of such efforts if done right. It also suggests that the current community of service providers is of a common mindset in regards to the importance of educating community members and further preventing violence in Little Rock.

Despite this commonality, very few respondents suggested prevention education or joint funding pursuits as functions of an alliance. We are curious why prevention education and joint funding pursuits were commonly identified as needs, gaps and even solutions, but not more frequently suggested as junctures for collaboration.

Prevention education and funding pursuits seem to be natural opportunities for collaboration. A few respondents said that partnerships can sometimes increase the chance of acquiring funding, as funding entities like to see cooperation across the community. Partnerships also make evident more possibilities and avenues for funding.

In addition to funding, partnerships could also improve prevention education efforts. Some respondents noted that prevention efforts are often underfunded due to the difficulty of measuring the effectiveness of such programs. Organizations could collaborate to mobilize existing resources (e.g. technical assistance, manpower) to identify, implement and evaluate prevention efforts that have measurable components on a community-wide scale, which could attract more funding.

Even though prevention education and funding were commonly discussed in our interviews, several other needs, gaps, and solutions were suggested that could be further explored. For example, one third of respondents suggested that trainings could be a function of an alliance, from establishing standards to communicating about existing opportunities to holding trainings for the larger community.

Respondents strongly agreed that an alliance could lead to increased collaboration among stakeholders, specifically among groups with similar goals. While this collaboration could come in different forms, the desire to work closely with one another to serve victims was evident throughout the interviews. By working together, organizations could reallocate staff and resources to other areas where they are greatly needed. As a result, services would be more efficient, which could ultimately lead to more effective care for survivors.

The challenges identified suggest that coordination among stakeholders must be designed to maximize effectiveness and account for possible obstacles. No respondent said coordination is not possible. In fact, most respondents said there was value in coordination, even as they acknowledged challenges associated with it.

## **Recommendations and Next Steps**

We thoughtfully reviewed and analyzed what respondents told us, in an attempt to develop concrete recommendations drawn from the data. What we have from these interviews is a picture of where some stakeholders want to be based on what they told us. It only makes sense, then, that they should develop the road map for getting there.

What we offer here is a framework for developing that road map.

The stakeholders we interviewed provided insight on collaboration in central Arkansas among service providers and other leaders in the area of family and community violence. The team documented and analyzed these responses, seeking to identify themes and patterns. The analyzed results inform the following recommendation.

We recommend that the interviewed stakeholders, as well as their peers, *collaborate* on the key service gaps they have identified, in an effort to better serve those affected by community and family violence and to further meet their own organizational goals. In order to begin that collaboration, we suggest first prioritizing some or all of the following initiatives, which were identified by respondents as areas of growth:

1. Bolster prevention education
2. Find funding and resources
3. Advance training opportunities
4. Develop regular lines of communication
5. Create a system of emotional support for service providers
6. Target and serve specific under-served communities
7. Better serve individual victims with wrap-around care through case management
8. Conduct public outreach and increase community awareness

These recommendations come directly from where our respondents told us they want to be as a community. We understand that challenges to collaboration exist, mostly in the form of limited time due to the important and critical work that service providers in the area of community and family violence are doing. However, our interviews revealed a common passion to serve victims of violence that could lead to strong collaboration.

## **Conclusion**

We hope our results can be a springboard to increase dialogue among the various individuals and organizations working to curb community and family violence. To begin this process, we have organized a facilitated discussion on our findings and recommendations. This is only the beginning of the conversation. Our role in this process is temporary, and we recognize that ultimately any collaboration must be steered by the people we interviewed and their colleagues. The individuals we talked to all exhibited a passion for the work they do. Their combined social capital has the potential to effect great progress in and around Little Rock so that victims are better served and community and family violence is significantly curbed.

## References

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## Appendix A: all data

### Needs

Answer	Responses
Violence prevention education	7
Funding/resources	5
Training for service providers and others	4
More physical space	4
Public awareness campaign	3
Help victims securing jobs	2
Language access	2
More mental health and counseling expertise for victims	2
Build relationships	2
Case management	1
Victim advocacy center	1
Communication between service providers and law enforcement	1
Community/grassroots empowerment and involvement	1
More evidence-based treatment for trauma	1
Government and city leaders awareness and action	1
Help victims with housing	1
Additional manpower	1
Help victims with medication	1
Family reunifications involving immigrant victims	1

## Gaps

<b>Answer</b>	<b>Responses</b>
<b>Not enough money</b>	6
<b>Not enough prevention education</b>	6
<b>Not enough service providers to help</b>	5
<b>Lack of wrap-around or comprehensive services for victims or perpetrators</b>	4
<b>Incompetent victim advocates</b>	3
<b>Not enough shelter beds</b>	3
<b>Lack of counseling for families</b>	3
<b>Not enough outreach and marketing to communities</b>	3
<b>Lack of translation services</b>	3
<b>Lack of access to transportation</b>	3
<b>Few counselors specialized in treating crime victims</b>	3
<b>Trainings offered by statewide coalitions are outdated, repetitive, and incorrect</b>	2
<b>Lack of ADA compliance</b>	2
<b>12-step programs for batterers are not used often enough</b>	2
<b>Lack of services for child victims</b>	2
<b>Lack of services for people with disabilities</b>	2
<b>Lack of services for immigrant victims</b>	2

Lack of services for people with mental health issues	2
Lack of long-term advocacy	1
Lack of community awareness on issue	1
Teenage boys in families complicate placement	1
Lack of training for others who come in contact with victims, like law clerks and judges	1
Less consistency because of counselor burnout	1
There are few services outside of the city	1
Lack of qualified sexual assault nurse examiners in hospitals	1
Lack of support groups	1
No homeless shelter solely for women	1
Not enough individual involvement and donations	1
Job training for victims needed	1
Lack of non-shelter transitional housing	1
Few resources going toward elder abuse	1
Lack of short-term shelter services (longer than a few days, shorter than 9 months)	1
Shortage of advocates	1
Outdated technology	1
Lack of youth programs (violence prevention)	1
Difficult finding shelter placement for large families	1

## Good services

<b>Answer</b>	<b>Responses</b>
<b>Safe Places is a great resource</b>	3
<b>Child abuse is being covered effectively</b>	2
<b>Many outlets to seek addiction treatment</b>	1
<b>Interpreters at hospital are great</b>	1

## Solutions

<b>Answer</b>	<b>Responses</b>
Start teaching nonviolence early and be consistent through a child's development	3
Fund prevention education	3
Bottom-up community approach	2
Use evidence-based programming	2
Legislative advocacy	2
Safe Places needs to be adjunct to law enforcement	1
Work with faith community	1
Advocacy group that seeks funding	1
Licensing requirement for shelters	1
Required certification for workers	1
Reallocate existing government funds	1
Guarantee victims' rights under state law	1
Creation of Safe Zones for victims	1
More funding for shelters	1
Tie substance abuse treatment in with shelter services	1
Regional teams of service providers	1

## Alliance

<b>Answer</b>	<b>Responses</b>
<b>Collaboration</b>	11
Provide effective trainings	5
<b>Policy-making function</b>	4
<b>Funding</b>	3
<b>Grow capacity of service providers to meet needs of the LR</b>	3
Information sharing	3
<b>Could focus on prevention</b>	3
Needs to be tangible purpose for meetings (i.e. coordinating services, applying for grants, etc.)	3
<b>Offer alternatives for spending government money more efficiently</b>	2
Articulating concerns of the service provider community	2
<b>Raise community awareness</b>	2
Establish standards	2
<b>No longer feel alone</b>	2
Educate the community at large	1
<b>Need to develop strategic plan</b>	1
<b>Total system of care</b>	1
<b>Wrap-around services for individual victims and perpetrators</b>	1

## Alliance Barriers

<b>Answer</b>	<b>Responses</b>
Personality clashes	9
Time commitment	7
Different commitment levels among participants	6
Competition among stakeholders	5
Acknowledging problems is difficult for some	3
Organizations have own agenda	2
Lack of energy/sense of being overwhelmed	2
Awareness	1
Agencies and organizations have different levels of freedom to change	1
Lack of communication channel among service providers	1
Without a funded coordinator, alliance won't stay together	1
Not feasible for/organization can't partner with other groups	1
Lack of initial momentum might cause loss of buy-in	1
Lack of money	1
Politics	1
Some members will be funders of other members	1
Lack of trust of other non-profits	1
Different values	1

## Appendix B: Interview Questions

### Services currently provided

Based on our research, we know that the bulk of what you provide is X. Could you tell us in your own words what your organization does? Is there anything that you do that we couldn't capture from the website?

### Needs

If you had more resources (funding, manpower, time, etc.) to invest in this issue, what are the top three services you would provide or improve and why?

Clarification: What is your organization not doing that you wish it were? What is your organization not doing at the level it would like?

Follow-up: What resources do you need to make that happen?

### Gaps in services and how to fill them

First, we want to ask about **direct services** for those experiencing family and community violence, including survivors, perpetrators and families. Please consider the overall services available in the Little Rock area. How would you assess it? What is provided well, if anything? What, if anything, is lacking?

What are ways to improve the overall services offered in the Little Rock area to those experiencing family and community violence?

Now we want to ask about efforts to **prevent** community and family violence in the Little Rock area. How would you assess it? What prevention efforts are working, if any? What is lacking, if anything?

What are ways to improve the overall prevention efforts offered in the Little Rock area on community and family violence?)

### Feasibility and function of an alliance

Generally-speaking, what's been your experience partnering with other organizations?

One idea we're exploring is to form an area-wide group or alliance on community and family violence. What are your thoughts on that? Clarification/follow-up: What kind of an effect would an alliance have on community and family violence in the area?

Would a coordinated community effort benefit your organization's work? If so, how?

What would the barriers and challenges be? And how could they be overcome?

What functions would you want a group like that to have?

Follow-up: What would be the top two or three most important functions from your perspective?

### Conclusion

Are there any other people with knowledge of this problem we should contact? Would it be OK for us to contact you with a follow-up question if we've missed something?