

The 2018 Colorado Domestic Violence Needs Assessment

Organizations' Training Needs and Survivors' Experiences

**Report prepared by:
Echo Rivera, PhD
CRC, LLC**

**For: Violence Free Colorado and
The Domestic Violence Program
of the Colorado Department of Human Services**

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Core Committee (Alphabetical Order)

Shannon Day

Training & Technical Assistance Manager (at the time of the project development)
Violence Free Colorado

Brooke Ely-Milen, MPA

Director, Domestic Violence Program
Colorado Department of Human Services

Amy Miller

Executive Director
Violence Free Colorado

Jacque Morse

Technical Assistance Specialist (at the time of the project development)
Violence Free Colorado

Amy Pohl

Associate Director
Violence Free Colorado

Echo Rivera, PhD

(Independent Evaluator)
Owner, Creative Research Communications LLC

Liz Stuewe

Training & Technical Assistance Manager
Violence Free Colorado

Brandy Walega

Technical Assistance and Training Specialist
Violence Free Colorado

Community Consultants (Alphabetical Order)

Avi Haimowitz

Advocate/Executive Director, Deaf Overcoming Violence through Empowerment (DOVE)

Xajés Martinez

Executive Director, Survivors Organizing for Liberation

Ashlee Lewis

Executive Director, The Initiative

Silvia Gamboa

VISTAS Program Director, Servicios de La Raza

Jody Curl

Director of Programs, The Crisis Center

Julie Olson, MSW (Executive Director) and
Crystal Young, MA (Advocacy Director)

Advocate Safehouse Project

Lisel Petis

Executive Director, Advocates Building Peaceful Communities

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Executive Summary

Background

This is the final report of a statewide needs assessment in Colorado. In 2018, we conducted a needs assessment with two Colorado populations: (a) adult domestic violence (DV) survivors who accessed DV-specific services and (b) staff, advocates, and volunteers who work at a DV-specific organization.

Three research questions guided the study: (1) What are the current training & technical assistance needs of DV advocates in Colorado? (2) What barriers do DV survivors encounter that make it difficult for them to access support? How do they address these barriers? (3) In which areas are advocates already providing quality services? Which areas could use some improvement? The project team was interested in the perspectives of both survivors and advocates for research questions (RQ) 2 and 3. The goal was to develop and pilot a new survey that Violence Free Colorado could use after this project to collect trend data over time.

Method

The project team was interested in the perspectives of both survivors and advocates on the same topic, therefore two online surveys were developed. Some questions were nearly identical on both surveys to allow for comparisons between survivors and advocates. For example, survivors were asked to report their experiences, whereas advocates were asked to report on how they think survivors felt about their experiences. In addition, the advocate survey included questions about their training and technical assistance needs.

To answer RQ3, both surveys included revised questions from an existing measure that was specifically designed to evaluate DV services—the Trauma Informed Practices Scale (TIPS; Sullivan & Goodman, 2015). Community consultants provided feedback on the survey, and there were versions in English and Spanish for the survivor surveys. Once the surveys were finalized, all DV organizations in Colorado were emailed with information and materials about the survey and asked to help recruit survey respondents. All adult DV survivors who were working with an advocate were eligible to take the survey. Survivors who completed the survey would receive a \$10 electronic gift card for Target. The survivor survey was open from September 13, 2018 to November 8, 2018, and we received 32 responses. Because we received fewer survivors completing the survey than anticipated, the incentives for advocates was a \$20 electronic gift card for Target. Once the survey in English was published, we emailed all DV organizations in the state with the link. The advocate survey was open from October 18, 2018 to November 8, 2018 and we received 114 responses.

Advocate training & technical assistance needs

Advocates were provided with a list of potential training and technical assistance (TTA) topics and, for each topic, asked whether they would be interested in training, technical assistance, both training and technical assistance, or neither. The topics were broadly categorized as follows: (a) achieving client outcomes, (b) specialized populations and topics, (c) organizational practice, and (d) community and systems advocacy. Advocates were also provided with an open-ended question to write additional training and technical assistance topics of interest.

Overall, most advocates were interested in every topic. The lowest percentage was 59% for “write compelling grant and funding opportunities.” All other topics received a 60- 96% endorsement rate as a TTA need.

Colorado survivors’ barriers to seeking support

Both survivors and advocates were shown a list of potential barriers that prevented survivors from seeking DV services in the past. The barriers were broadly categorized as follows: (a) safety concerns or personal worries, (b) practical and logistic issues, (c) concerns about negative experiences, and (d) concerns about unfair treatment or discrimination.

Safety concerns and personal worries were the biggest barriers reported by survivors, across all categories. The largest two barriers for survivors (75% for both) were worries (a) about their financial situation if they left the abusive partner (e.g., might become homeless, not have enough money to pay bills); and (b) that they might be judged or put down for being a victim/survivor.

The top **practical or logistical barrier**—identified by both survivors (53%) and advocates (59%)—was that survivors could not find the time to reach out because of other things they had to do (e.g., work, taking care of children). **Concerns about potential negative experiences were also major barriers reported by survivors.** The top two concerns in this category related to shelter environments. Specifically, 53% did not want to stay in a shelter environment, and 44% of survivors were worried about the negative impact shelter would have on their children. Finally, both were asked about **worries about unfair treatment or discrimination on the basis of several identity and demographic factors.** The top three concerns among survivors related to religious or spiritual beliefs (22%), disability (19%), and race/ethnicity/nationality (16%). However, it is important to note that these percentages are impacted by the demographics of our survey (e.g., mostly white, English-speaking, non-disabled women). Additional barriers were shared in the **open-ended section** and include not knowing what to expect, being worried about the type of people who were staying in the shelter, full shelters, and short shelter stays.

Strategies for overcoming barriers varied and included receiving a quality referral from a community partner or law enforcement, conducting community outreach, having bilingual staff, and having quality services.

Quality of services

This portion of the survey was a modified version of the Trauma Informed Practices Scales (TIPS; Sullivan & Goodman, 2015). Overall, survivors who completed this survey reported a generally positive experience. **However, due to the low response rate, results should be interpreted with caution.** The primary goal was to develop and pilot a survey that could be used for ongoing data collection. Our pilot did confirm that the survey is a practical tool that does not take long to complete, and that the questions do still work across organizations (even ones without shelter). This survey, therefore, is recommended for ongoing use.

Recommended next steps

Based on the survey findings and project team discussion, it is recommended that Violence Free Colorado focus on **reducing staff burnout/turnover and removing barriers for survivors accessing services** by creating TTA resources that will improve (a) DV organization shelter stay policies, (b) salary and benefits of DV organization staff, (c) DV organizations' community advocacy skills, and (d) DV organizations' outreach strategy.

Specifically, some actions to consider include, (1) explore the pros and cons of limiting shelter stays to 30 – 60 days; (2) engage with shelters to explore how they can coordinate to increase access to safe shelter and support that addresses housing needs; and (3) research and develop a “salary and benefits” standard and work with organizations to improve staff salary and benefits; (3) develop a TTA program that builds community and systems advocacy skills; and (4) develop TTA resources to help organizations improve their outreach approach and content.

It is recommended that Violence Free Colorado use the survey to gain feedback from survivors across the state. The survey for survivors could be used as is, and adjustments to the recruitment procedure and incentives would likely improve response rates. The advocate survey could also be used again, once per year or every other year. Violence Free Colorado could include all sections developed during this project (i.e., TIPS, barriers, and TTA needs), or choose which of the three to include, based on their information needs.



Background

This is the final report of a **statewide needs assessment in Colorado**. In 2018, we conducted a needs assessment with two Colorado populations: (a) adult domestic violence (DV) survivors who accessed DV-specific services and (b) staff, advocates, and volunteers who work at a DV-specific organization.

The **initial project team** included three staff from Violence Free Colorado, one from the Colorado Domestic Violence Program/Colorado Department of Human Services, and an independent evaluator (CRC). In addition, seven **community consultants** with expertise in DV provided feedback on and edits to the survey used in this study.

All sections in the report have been **abbreviated** for **brevity**. Most sections have a **corresponding appendix** with additional details.

This report begins with the guiding research questions and a summary of prior studies that informed this project, followed by the methods and results. The report concludes with recommended next steps.

In this report, **the term “advocate/s” refers to** DV advocates, staff, volunteers, service providers, interns and all others who work at a DV-specific organization.



Research Questions

The following research questions guided the needs assessment:

RQ 1

What are the current **training & technical assistance needs** of DV advocates in Colorado?

RQ 2

What **barriers** do DV survivors encounter that make it difficult for them to access support? How do they address these barriers?

RQ 3

In which areas are advocates already providing **quality services**? Which areas could use some improvement?

The project team was interested in the **perspectives of both survivors and advocates** for research questions 2 and 3. The goal was to **develop and pilot a new survey** that Violence Free Colorado could continue to use after this project, to collect trend data over time.



Studies that Informed the Needs Assessment

CRC conducted a literature review to find previous studies that could inform the needs assessment method. Key findings are in this section, and more details are provided in Appendices A and B.

DV organizations face several challenges when providing services to DV survivors, including being **under-resourced** and **underfunded** (Kulkarni, Bell, & McDaniel Rhodes, 2012). Advocates report that they do not have access to adequate **training** to provide culturally relevant services (ETR, 2014; Pennsylvania Commission on Crime and Delinquency [PCCD], 2013). Staff **burnout** is also a challenge, particularly in shelter settings (Kulkarni et al., 2012).

The reasons **DV survivors** do not seek support are quite varied. In some cases, they did not **identify** their experiences as abuse or bad enough to seek services (ETR, 2014; Fugate, Landis, Riordan, Naureckas, & Engel, 2005), or they had significant **safety concerns** about accessing services (Fugate et al., 2005; Simmons, Farrar, Frazer, & Thompson, 2011). Survivors also reported that they **did not know** how to access services or find out about available services (Fugate et al., 2005; PCCD, 2013; Simmons et al., 2011). Survivors also had concerns about **receiving poor treatment** (e.g., being shamed, criticized, or would not receive help) (Calton, Bennett Cattaneo, & Gebhard, 2015; Fugate et al., 2005; Overstreet & Quinn, 2013). **Historically marginalized survivors**, in particular, shared specific obstacles (Calton et al., 2015; Gillum, 2009; Ingram, 2007; Reina & Lohman, 2015; Simpson & Helfrich, 2014). More outreach to, and programs in, marginalized communities could potentially address some of these obstacles (Gillum, 2009; Simpson & Helfrich, 2014). There is also a critical need for more culturally relevant community services (Calton et al., 2015; Gillum, 2009; Reina & Lohman, 2015; Simpson & Helfrich, 2014).

The **key needs of survivors** who accessed services include advocates who listen and maintain professionalism in a non-judgmental, non-victim blaming environment (Kulkarni et al., 2012; Pajak, Ahmad, Jenney, Fisher, & Chan, 2014). Survivors need **fewer and more flexible rules** that allow them to maintain autonomy and closeness to their children and support system (Glenn & Goodman, 2015).

These studies were **not specific to DV survivors in Colorado**. It is likely that Colorado has unique geographical and community barriers. The goal of this needs assessment is to understand the needs and perspectives of Colorado advocates and DV survivors.



Method

Because the project team was interested in the **perspectives of both survivors and advocates on the same topic**, two online surveys were developed. Some questions were nearly identical on both surveys to allow for comparisons between survivors and advocates. Survivors were asked to report their experiences whereas advocates were asked to report on how they think survivors felt about their experiences. In addition, the advocate survey included questions about their training and technical assistance needs.

For a more **detailed description** of the method and for project materials (e.g., survey and recruitment materials), please see Appendices C-F.

To answer RQ 2 and 3, the project team created new survey questions based on the literature scan and experience in the field. To answer RQ3, both surveys included revised questions from an existing measure that was specifically designed to evaluate DV services—**the Trauma Informed Practices Scale (TIPS)**; Sullivan & Goodman, 2015). Community consultants provided feedback on the survey, and survivor surveys were developed in both English and Spanish. Once the surveys were finalized, all DV organizations in Colorado were emailed with information and materials about the survey.

All adult DV survivors who were working with an advocate were eligible to take the survey. Survivors who completed the survey would receive a \$10 electronic gift card to Target. **Survey participation was very slow for the survivor survey.** The survivor survey was open from September 13, 2018 to November 8, 2018, and we received 32 responses. Several emails were sent to the email list throughout the data collection period, and we did notice a small “bump” in responses within the first few days after each email. In addition, a representative from Violence Free Colorado called each organization to discuss the study. In some cases, the Target card incentive was ineffective because there was no Target store in the area where the DV survivor was accessing services. **Generally, however, most organizations stated that they were sharing information about the study with participants.**

Because fewer survivors completed the survey than anticipated, the incentive for advocates was a \$20 electronic Target gift card. Once the survey in English was live, we emailed all DV organizations in the state with the link. Survey participation was fast for the advocate survey. The advocate survey was open from October 18, 2018 to November 8, 2018 and we received 114 responses.



About the survey participants

Survivor demographics

In all, 49 DV organizations were invited to share our survey with the survivors accessing their services, and 11 (22%) organizations recruited at least one survivor to complete the survey. The number of responses per organization ranged from 1-9 survivors (see table below).

Organization	<i>n</i>	%
A	9	28%
B	7	22%
C	4	13%
D	3	9%
E	2	6%
F	2	6%
G	1	3%
H	1	3%
I	1	3%
J	1	3%
L	1	3%

The final sample size for this survey was 32 survivors. We received 31 surveys in English and one survey in Spanish. This is a small sample, so only descriptive statistics are reported. These results should **not be seen as necessarily representative of all survivors in Colorado**, and results should be interpreted with some caution.

Survivors **were between 26 and 54 years old**, and the average age was 36 years old. Most participants were **parents**, of either minor children (*n*=24) or adult children (*n*=2).

Not all survey questions were required and some survivors skipped questions. However, levels of missing data were, overall, acceptable¹.

Survivors were asked **how many times they worked with or talked to an advocate** in the program. Results were “just once” (12.5%; *n*=4); **“a few times/2-5 times” (34.40%; *n*=11)**; “A lot of times/6-15 times” (21.88%; *n*=7); and “More than 15 times” (31.25%; *n*=104).

Of the 30 participants who reported their **race/ethnicity**, 60% (*n*=18) were white, 13% biracial or multiracial (*n*=4), 10% Latinx (*n*=3), 10% Black (*n*=3), 3% Native American/American Indian (*n*=1), and 3% Asian (*n*=1). Most participants spoke English for their primary **language** (90%; *n*=27), with two participants speaking Spanish and one participant speaking Russian.

32

DV survivors

11

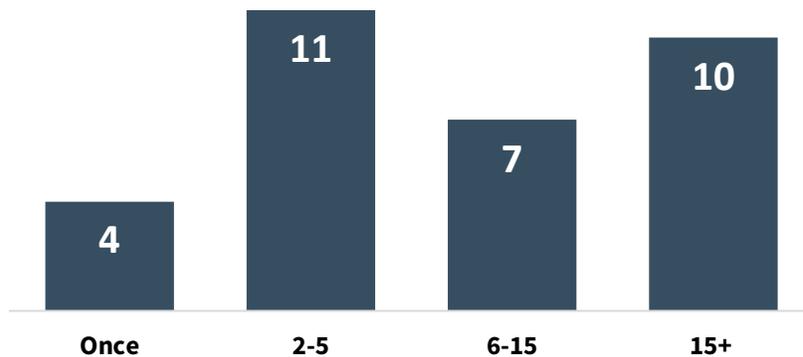
DV organizations

36

Average age

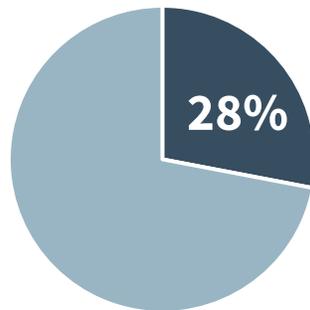
¹ Unless otherwise specified, missing responses were excluded from percentage calculations, so percentages were calculated based on how many answered the question.

Most survivors who completed the survey had at least two contacts with an advocate.

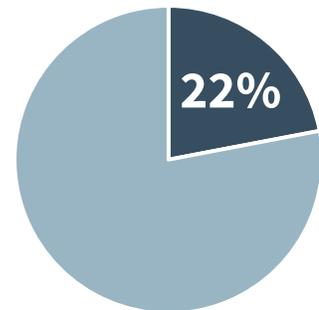


Although we asked for **gender** (as an open-ended question) most reported their sex. In all, 29 (91%) wrote in “female” and the remaining three (9%) left this question blank. For their **sexual orientation**, most participants were straight (76.67%; $n=23$). The remaining participants were bisexual (16.67%; $n=5$), lesbian (3%, $n=1$) or asexual (3%, $n=1$).

Reported having a mental health disability.



Reported having a cognitive disability.



Participants were also asked to provide information about whether they had a **disability**. Respondents were instructed to “*check all that apply*,” so they could choose more than one. About a quarter (28%) of participants reported having a **mental health** disability such as major depressive disorder or schizophrenia, or **cognitive** disability (21.9%) such as ADHD, learning disability or traumatic brain injury. A smaller percentage reported a **physical** disability (6.2%) such as muscular dystrophy, cerebral palsy, or multiple sclerosis; **low vision** (3.1%); or **hard of hearing** (3.1%).

Advocate demographics

The final sample size for this survey was **114 advocates**. Like with the survivor survey, not all questions were required and there are acceptable levels of missing data for individual questions throughout the survey².

114

Advocates

In terms of **role at the organization**, most respondents were paid advocates or service providers who worked directly with survivors (58.9%; $n=63$). The second largest role was leadership or supervisory staff (30.8%; $n=33$). The remaining participants were volunteers or interns (5.6%; $n=6$) or administration, evaluation, outreach, and financial staff (4.7%; $n=5$).

Advocates who completed the survey were between **18 and 68 years old**, and the average age was 36 years old—the same average age as the survivor survey.

36

Average age

Of the 105 participants who reported their **race/ethnicity**, **56.2%** ($n=59$) were white, 32% Latinx ($n=34$), 5.7% biracial or multiracial ($n=6$), 3.8% not listed above ($n=4$), 1% Black ($n=1$), and 1% Native American/American Indian. Most participants spoke English for their **primary language** (90.7%; $n=97$), with seven participants speaking Spanish, two American Sign Language, and one who spoke Spanish and English equally.

Advocates were also asked to provide information about whether they had a **disability**. Again, this was a “*check all that apply*” question, so advocates could choose more than one. A small percentage (6.1%) reported a mental health disability such as major depressive disorder or schizophrenia; 3.5% a physical disability such as muscular dystrophy, cerebral palsy, or multiple sclerosis; 1.8% a cognitive disability such as ADHD, learning disability, traumatic brain injury; 1.8% as deaf; 1.8% as hard of hearing; and 1% as low vision.

Although we asked for **gender** (as an open-ended question) most advocates reported their sex. Most (86%; $n=98$) wrote “female,” ten left the question blank or wrote “prefer not to say,” three wrote “woman,” and three wrote “male.”

As for their **sexual orientation**, most participants were straight (83.96%; $n=89$), nine (8.49%) were bisexual, three (2.8%) were lesbian, two (1.89%) were gay, two were queer (1.89%), and one person wrote “transsexual” (3%).

² Unless otherwise specified, missing responses were excluded from percentage calculations, so percentages were calculated based on how many answered the question.

RQ1

Advocate Training & Technical Assistance (TTA) Needs

Advocates were provided with a list of potential training and technical assistance topics they would like Violence Free Colorado to provide. **The topics were broadly categorized as follows:** (a) achieving client outcomes, (b) specialized populations and topics, (c) organizational practice, and (d) community and systems advocacy. Advocates were also provided with an open-ended question to write additional training and technical assistance topics of interest.

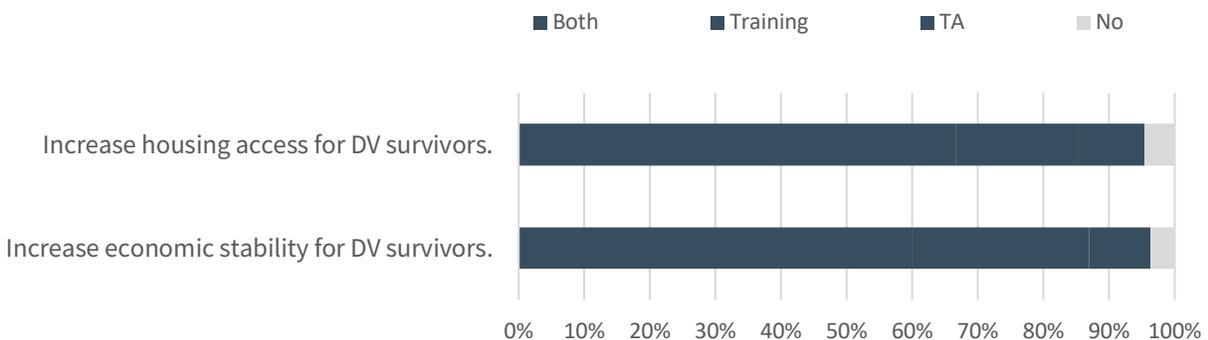
For each topic, they were asked to choose whether they would like: (a) both training and technical assistance, (b) training only, (c) technical assistance only, or (d) neither. For all topics, more advocates chose “both” than one or the other. In most cases, training only was preferred over technical assistance only. Due to small differences between these preferences, the graphs below show all positive categories combined. Please see Appendix G for breakdowns of each of the positive categories.

TTA Categories

- Achieving client outcomes.
- Specialized populations and topics.
- Organizational practice.
- Community and systems advocacy.
- Additional (write-in).

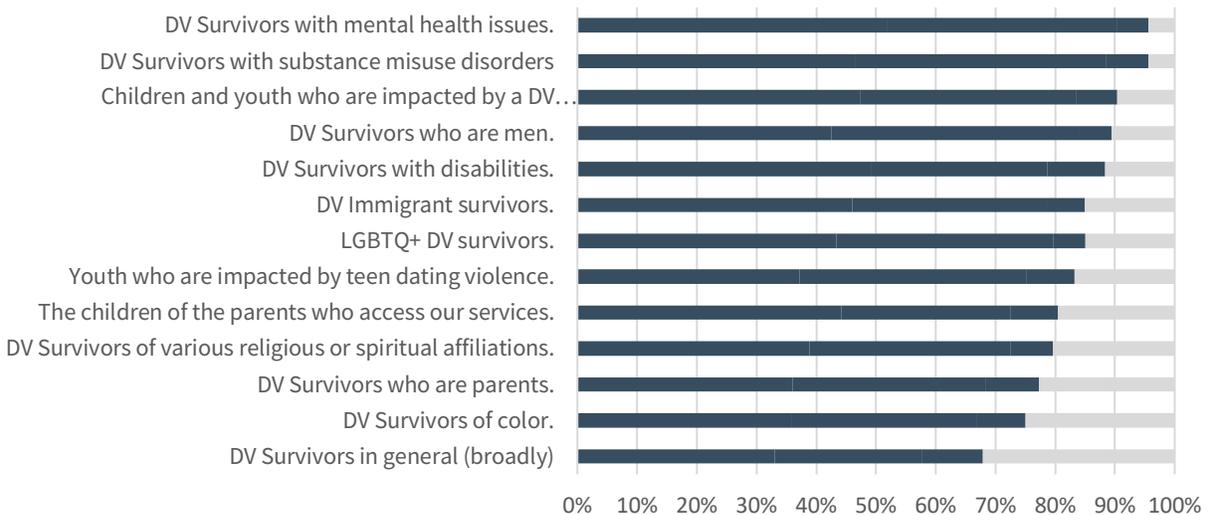
Achieving client outcomes

Overwhelmingly, most advocates wanted some form of TTA for both **housing access** (95.4%) and **economic stability** (96.4%).



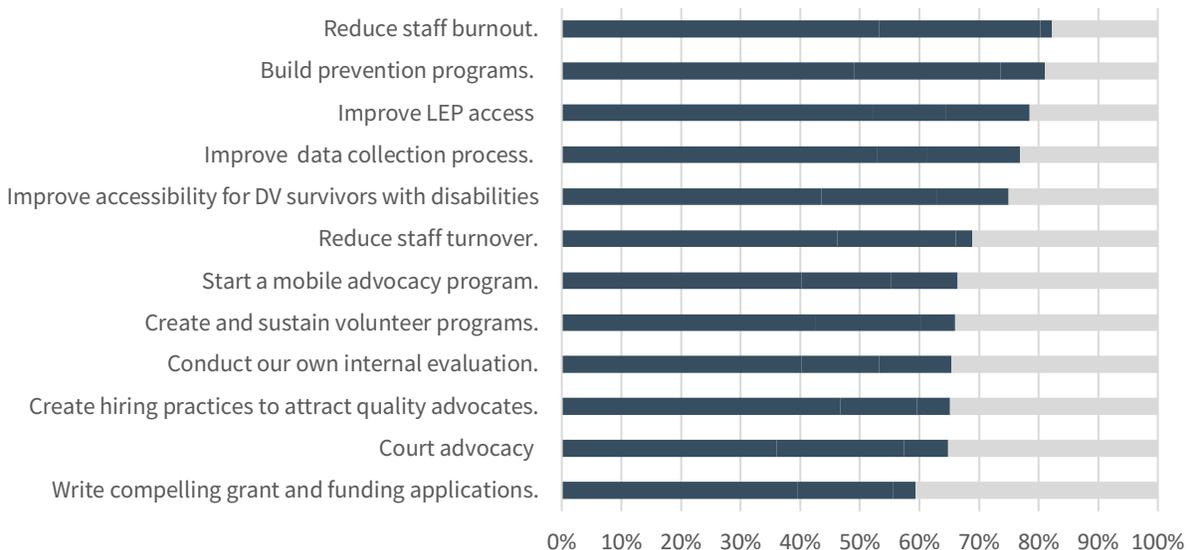
Specialized populations and topics

The literature scan found that many advocates had an interest in better training to work with historically marginalized or specialized populations; this was also the case in Colorado. Most advocates reported an interest in training and/or technical assistance for all specialized populations. **Indeed, the lowest percentage of interest for any of these populations was 67.90% (DV survivors in general).** The top three populations were: DV survivors with **mental health** issues (95.7%), DV survivors with **substance misuse** disorders (95.60%), and **children/youth** impacted by a DV perpetrator parent (90.4%).



Organizational practice

Advocates were also asked about their interest in specific changes to, or improvements in, their organizational practice. Relatively fewer advocates reported a widespread interest in



these topics as compared to the previous section. Still, the lowest percentage was 60% (write compelling grant and funding applications), which indicates that advocates are interested in these topics. The top interests for organizational practice were: reduce **staff burnout** (82.3%), build **prevention** programs (81.1%), and improve **language access** for survivors with Limited English Proficiency (78.4%).

Community and systems advocacy

Once again, there was widespread interest among advocates to receive support for community and systems level advocacy. The lowest interest was 71% for building relationships with other community organizations. The top three areas of interest to advocates in systems advocacy were: Building relationships with other community members to **address community barriers** that survivors face (e.g., landlords, business owners) (82.4%); **engaging men** in the work (81.5%); and challenging systems of **racism, oppression, and privilege** (81.2%).



Additional training & technical assistance needs

At the end of this section in the survey, respondents were offered a chance to further explain, clarify, or add additional needs. The following quotes are responses that provided actionable feedback or ideas to help Violence Free Colorado plan future TTA materials:

“**Housing First** practices inside the shelter.”

“**Technology** enabled abuse and stalking.”

“Having a **mobile app** to provide help for DV survivors would be helpful.”

“The capacity of our agencies to get involved in **politics** with respect to our limitations as 501c3 orgs.”

“Ways to bring **inclusiveness** into our organization **internally**.”

“Strategies to support when there has been **financial abuse**; Ways to get more funding and just more **financial assistance** opportunities for survivors. Especially emergency rental assistance.”

“**Criminal activity in survivors**/Clients involved in the court system for criminal issues.”

“Serving **Native Clients**.”

“The leadership has not and still does not understand what it means to be **victim centered**. If a victim reaches out to them, they are given words or made promises that they cannot keep, or no help at all.”

RQ2

Colorado Survivors' Barriers to Seeking Support

Both survivors and advocates were shown a list of potential barriers that prevented survivors from seeking services in the past. **Survivors** were asked, “Please tell us about barriers you encountered before participating in this program or organization.” For each potential barrier, survivors chose: (a) Yes, this was a barrier for me or (b) No, this was not a barrier for me. Barriers were grouped into three categories: (a) practical and logistical issues, (b) safety concerns or other personal worries, and (c) concerns about negative treatment.

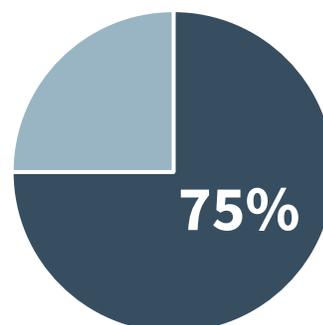
Advocates were provided with the same list of potential barriers, but were asked “For each category, choose the top two most common barriers for survivors at your organization.” **Both** advocates and survivors were provided with an open-ended question to clarify or add additional barriers that were not on the list. They were also asked what eventually helped survivors overcome those barriers.

Safety concerns or other personal worries

Safety concerns and personal worries were the biggest barriers reported by survivors, across all categories. The largest two barriers for survivors (75% for both) were worries (a) about their **financial situation** if they left the abusive partner (e.g., might become homeless, not have enough money to pay bills); and (b) that they might be **judged or put down** for being a victim/survivor.

While advocates correctly estimated that financial worries would be a barrier for survivors (62% of advocates chose this as a top barrier for survivors), **only 16% chose that survivors would be worried about being judged.** However, this could be due to differences in sample sizes and we were unable to sub-group advocates and survivors by organization—these results are grouped and include all organizations across Colorado.

Note. We were unable to group data by organization due to small sample sizes. Advocate data likely reflects an organization that was not represented in the survivor survey and vice versa.



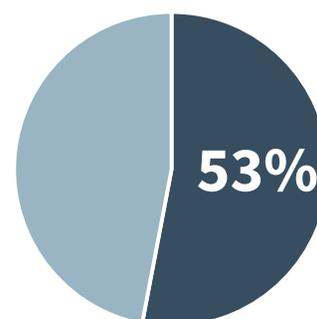
75% of survivors were worried about their **financial situation** if they left & 75% were worried they would be **judged or put down** for being a victim/survivor.

Safety Concerns or Other Personal Worries	Survivor			Advocate (n=up to 114)
	Yes, a barrier	Not a barrier	Skipped question	Chose as top 2 barrier
I didn't want others to judge me or put me down for being a victim/survivor.	75.0%	15.6%	9.4%	15.8%
I was worried about how my financial situation might change if I left (for example, I might become homeless or not have enough money to pay bills).	75.0%	12.5%	12.5%	62.3%
I wasn't sure if my situation was serious enough to ask for help.	71.9%	21.9%	6.2%	28.1%
I was worried about my safety .	65.6%	28.1%	6.2%	16.7%
I was worried about the safety of my children or other people I care about.	56.2%	25.0%	18.8%	17.5%
I was worried about custody or visitation issues , or child protection/child welfare getting involved.	56.2%	15.6%	28.1%	29.8%
I was worried about immigration legal troubles.	12.5%	34.4%	53.1%	23.7%

Practical and logistical issues

The top practical or logistical barrier—identified by both survivors (53%) and advocates (59%)—was that survivors **could not find the time** to reach out because of other things they had to do (e.g., work, taking care of children).

The second barrier in this category was that 50% of survivors **did not know how to get to a DV organization or contact them**. Surprisingly, advocates underestimated how many survivors would report this as a barrier (9.6% of advocates chose this as a top barrier). More advocates (49.1%) chose “didn’t know that services were



53% of survivors **could not initially find the time** to reach out.

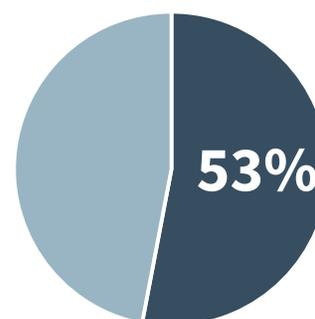
available for DV survivors.” This indicates outreach efforts may be successful in that survivors know they exist, but more work is needed to ensure survivors know *how* to get in touch with organizations.

Practical and Logistical Issues	Survivor			Advocate (n=up to 114)
	Yes, a barrier	Not a barrier	Skipped question	Chose as top 2 barrier
I knew about programs for DV, but I could not find the time to reach out because of other things I had to do, like work, taking care of children, etc.	53.1%	40.6%	6.2%	58.8%
I knew about programs for DV, but didn't know how to get there or contact them.	50.0%	43.8%	6.2%	9.6%
I didn't know that services were available for DV survivors.	37.5%	56.2%	6.2%	49.1%
I knew about programs for DV, but couldn't get there because I didn't have a car, and/or there is no affordable or accessible public transportation.	34.4%	59.4%	6.2%	41.2%
I knew about programs for DV, but couldn't get connected to one because of poor phone or internet service.	15.6%	78.1%	6.2%	14.0%

Concerns about negative experiences

Concerns about potential negative experiences were also major barriers reported by survivors. The top two concerns in this category related to shelter environments. Specifically, 53% **did not want to stay** in a shelter environment, and 44% of survivors were worried about the **negative impact shelter would have on their children.**

This indicates that DV Housing First and other strategies to keep survivors in their own homes, rather than a shelter environment, would help address these barriers for survivors in Colorado.



53% of survivors **did not want to stay in a shelter.**

Concerns About Negative Experiences	Survivor			Advocate (n=up to 114)
	Yes, a barrier	Not a barrier	Skipped question	Chose as top 2 barrier
I did not want to stay in a shelter environment .	53.1%	18.8%	28.1%	52.6%
I was worried about the negative impact shelter would have on my children.	43.8%	12.5%	43.8%	21.1%
I was worried that I would be forced to leave my partner to get help.	40.6%	46.9%	12.5%	29.8%
I've had a negative experience at a different DV program before.	25.0%	37.5%	37.5%	30.7%
I didn't know if they would have accessible services for my disability.	9.4%	28.1%	62.5%	5.3%
I didn't know if they would be able to speak my language or communicate directly with me.	3.1%	40.6%	56.2%	32.5%

Concerns about unfair treatment or discrimination

This section asked survivors if they were worried about unfair treatment or discrimination on the basis of several identity and demographic factors. The top three concerns related to **religious or spiritual beliefs** (22%), **disability** (19%), and **race/ethnicity/nationality** (16%). However, it is important to note that these percentages are impacted by the demographics of our survey (e.g., mostly white, English-speaking, non-disabled women).

Concerns About Unfair Treatment or Discrimination	Survivor			Advocate (n=up to 114)
	Yes, a barrier	Not a barrier	Skipped question	Chose as top 2 barrier
<i>I was worried I would experience unfair treatment or discrimination because of my/I...</i>				
...religious or spiritual beliefs	21.9%	62.5%	15.6%	6.1%
...disability	18.8%	40.6%	40.6%	10.5%
...race, ethnicity, and/or nationality	15.6%	65.6%	18.8%	19.3%
...don't speak English very well or at all	3.1%	40.6%	56.2%	50.9%
...gender identity or expression	6.2%	56.2%	37.5%	20.2%
...sexual orientation	6.2%	53.1%	40.6%	7.0%
...undocumented immigrant	3.1%	40.6%	56.2%	56.1%

Additional barriers

A summary of open-ended responses and selected quotes related to survivors' barriers are presented in this section. For a more comprehensive list of original quotes, please see Appendix H.

Survivor responses

At the end of the survey, survivors were able to share additional barriers they experienced. **Not knowing what to expect** or how to “qualify” for services was an initial barrier. Some responses also hint at possible **internalized negative attitudes or stereotypes** about women and/or DV survivors.

“I was **scared**, I didn't know what to expect, I didn't feel like I should be in this situation—I have a master's degree. I thought I should be smarter than to be in my situation. **I didn't know that DV affects people from all levels of society**. I felt **shameful** about it, I felt **isolated**, I thought it was **my fault**. I didn't see or hear about other women like me who were experiencing DV. I thought it was an issue that only affected other communities. I was somewhat in **denial** that it was as serious of a problem as it was.”

“**I did not know what to expect**, and am used to being more **independent**, and not asking for assistance, no matter how much I may actually need it.”

“I was scared that the shelter would be **dirty, grimy, and filled with emotionally unstable women**. I was heartbroken at the thought of being absolutely alone in the world, as if no one cared if I was even alive. I didn't know what was going to happen, what services were potentially available, or if they would accept me without having children.”

Advocate responses

Advocates also reported additional barriers they had heard about from survivors. Most comments were about community barriers, such as lack of affordable housing, court policy, lack of public transportation, or geographical barriers.

“Can't **afford** an attorney for something they know they will need in the end (divorce/custody case after they leave abuser).”

“**Living in a small town/rural area**, **fear** of discovery by abuser and/or community is a big barrier regardless of program efforts to ensure privacy and confidentiality.”

“Obtaining **transportation** while in shelter.”

“**Fear of Court System**, having to see their Abuser in Court.”

“The **fear** of leaving their housing situation for shelter and not being able to find **affordable housing** or having anywhere to go after their stay is up at shelter.”

Several advocates also mentioned **barriers** that are created due to DV organizational policy or other organizational factors. For example, there were comments related to inability to house pets in shelter, full shelters, short-term stays, lack of interpretive services, an inconvenient location, or too many rules while staying in shelter.

“DV shelters are usually full. That is the **BIGGEST** barrier by far, in my opinion.”

“**Shelter is far** from their work and school making it very inconvenient especially if they don’t have a car.”

“Shelters have many **rules** which are difficult for some survivors.”

“Another barrier is feeling like they **don’t have enough time** at the shelter.”

Some advocates also mentioned survivors’ fears or personal concerns about seeking support. For example, one advocate mentioned positive feelings like “love and hope,” whereas others mentioned fear of legal retribution, exclusion from their community, judgment, criticism, and shame.

“People fear **legal** retribution, or often still love their partner and don’t want to **label** them or **punish** them.”

“With some clients, there is **fear** of being excluded from their (general and/or spiritual community if they reach out for help).”

“Often people are reluctant to reach out to police or family members due to **fear of judgment and criticism, or shame.**”

Overcoming barriers: Survivor responses

At the end of the survey, survivors were invited to describe what helped them overcome or address the barriers they experienced. A summary of open-ended responses and selected quotes related to survivors’ barriers are presented in this section. For a more comprehensive list of original quotes, please see Appendix H.

External processes and community support or involvement

Several responses focused on how community support or involvement was helpful. Most comments were about other community professionals, such as counselors and doctors. People in their social network (e.g., family) were also mentioned by some survivors.

“I got **pamphlet** from a counselor and was able to **use their phone** and called and made an appointment to come in.”

“The first time I went to [DV organization] I used the public transportation, **then they gave me free tickets for public transport which was very helpful** because I did not have a job or sources of money. I got to know about the [DV organization] because I went to the psychologist through my medical insurance and they gave me that option because I **could not afford the copays for every appointment**. At the [DV organization], the advocates and therapist gave me several resources to start overcoming the difficult situation. They even helped me to get a car when the winter was coming.”

“My **therapist** thought [DV organization] would be a good place for me to learn about how to take care of myself. And to stop blaming myself for everything that went wrong with my partners that caused the abuse. They helped me get my self-esteem back. Now I’m in college bettering myself because of my caseworker.”

Some comments were about how law enforcement or the legal system were key referral sources for a DV organization.

“They reached out to me based on a **referral from law enforcement/DAs office** after I was assaulted and pressed charges.”

One survivor reported that participation in the DV organization was mandated by child protection services, which is cause for concern given that a core value of advocacy is that services are voluntary.

“CPS stole my son. Never harmed a hair on his head or was aware any one else did. **Just another step to get him back.**”

Internal processes and escalation of abuse

Many responses involved internal changes or a sense of urgency that change was needed right away. This was often tied to an escalation of abuse, that it was “bad enough to seek help,” feeling that they hit “rock bottom,” or safety.

“I finally had to come to a place that I saw it was abuse and that I needed to get out and get help. Finally being honest with **how bad it really was.**”

“I had hit **rock bottom**. No support and was very fortunate to find a place to stay.”

“I finally realized, through the help of my daughter, that abuse was taking place in our home and it was **bad enough to seek help.**”

“I had to let go of my pride, humble myself, and accept that I truly needed more help to survive than anyone in my life could provide.”

“I literally ran for my life and realized if I returned, he would finally kill me. So I had no choice to return and had to look for ways to keep myself and my kids safe.”

Practical changes

A few responses made reference to practical changes they had made so that they could seek support.

“Moved and didn’t tell anyone.”

“Just did it, needed some help.”

“I reworked my schedule so that my children and I get therapy. It was priority.”

Overcoming barriers: Advocate responses

External processes and community support or involvement

Advocates also referred to how community support or involvement is a key aspect to help survivors overcome barriers. In contrast with survivors, **several comments mentioned law enforcement or the legal system as key referrals to their organization.** In some cases, the comment was qualified with a statement that more outreach is needed for this referral source.

“Survivors are often connected with services through law enforcement based advocates.”

“They receive our information in police stations so they become aware of the services we provide.”

“The DART program meets people where they are at the scene of an incident of DV and the advocates on site are able to brainstorm, facilitate, and support survivors in trauma informed ways. We use a language translation service rather than relying on bi-lingual police officers to translate which can help undocumented individuals understand that they deserve support regardless of document status.”

“The contacts we receive are through the police department. I think the police department needs proper training on domestic violence cases.”

There were also several comments about how partner organizations provide referrals.

“**Partner organizations** in the community refer and assure them with regard to our services.”

“Community awareness and appropriate **referral connection**.”

“Through **other community organizations** that provide either language/interpretation services or individual advocates/case workers.”

Word of mouth or social networks were also mentioned by advocates.

“...a **friend/family member** has called to learn more and then told them about us.”

“They **hear from others** about the agency and how they helped them.”

Many advocates referenced the outreach work done by their organization as a key strategy to help survivors overcome barriers to seeking support.

“Being in the school system is both a barrier and helpful. We are able to **meet families where they are at** and provide services that aren’t out of reach but they also think we are part of the school system and will tell others their business.”

“Also, the more we **build relationships in the community**, the more often health care providers, or schools, or co-workers, etc. can let people know we are here and safe for them to contact.”

“We have found our **outreach efforts to be the best way of combatting the barriers**, just education on what we provide, how to access and that we serve everyone no matter gender, race, ethnicity, legal status etc.”

Being mandated into services was also mentioned by one advocate.

“Some survivors are unfortunately put in a position in which they do not feel as if they have a choice regarding whether or not to contact our organization; another program (like CYF) has required them to.”

DV organization practice, policy, and resources

Most comments by advocates included specific practices or policies at their organization that they believed to address barriers. The most common responses were about language access, including interpreters and bilingual staff. In some comments, these services were tied to immigration resources.

“We have **bilingual Spanish staff** and ability to **contract with interpreters.**”

“We utilize a **language service** to try to eliminate that barrier, we also have an **accessible room** and do our best to accommodate those with physical limitations.”

Another common response was about their 24-hour helpline, and that their first response ensured callers about the inclusive nature of services at the organization.

“We have a **24/hr hotline**, an **online presence**, **social media** is also available, and community partners are aware of our services and location.”

“Most services are initiated through our **crisis line**, so when a survivor calls and is able to speak to an advocate who is able to answer questions about our program, **then they feel more comfortable.**”

Staff also mentioned the quality of their services and how staff treat survivors who access services. For example, some mentioned that their services are “inclusive” and “accepting to all.” Others mentioned practical strategies such as a willingness to “meet with clients at flexible times,” or providing transportation.

“Often times it takes just doing the motions and a friendly face at the door to ultimately feel like they made the right choice for their safety. **Advocates treat them with fairness, dignity and respect.**”

“Our advocates can **meet a client in the town that they live in**, so that clients don’t have worry about transportation.”

“Our staff that provide direct services are great and have taken many steps to be **accessible, culturally sensitive, and trauma informed.**”

Internal processes and escalation of abuse

Advocates also referred to survivors’ internal changes or a sense of urgency that change was needed right away.

“Sometimes, some victims just need to **take the leap of faith** and ask for help.”

“The desire to be safe and healthy **outweighs their fears.**”

“**Making the first call to the organization is something that I hear a lot from victims/survivors.** They want to hear about the program and want to know they can come to friendly people.”

RQ3

Quality of Services

Both survivors and advocates reported on the quality of services provided by the DV organization. Survivors were asked to report on their experiences with the DV organization, whereas advocates were asked to rate their own DV organization. These were modified subscales from the Trauma Informed Practices Scales (TIPS; Sullivan & Goodman, 2015). TIPS is a set of questions designed by and for DV organizations to evaluate the quality of DV services. This section provides a visual overview of the findings. **However, due to the low response rate, results should be interpreted with caution.** The primary goal was to develop and **pilot** a survey that could be used for ongoing data collection. **This section can serve as one model for how results can be shared, over time and in the future.** For all the TIPS responses and exact percentages, see Appendix I.

Note. Scores range from 1 (not at all true) to 4 (very true)

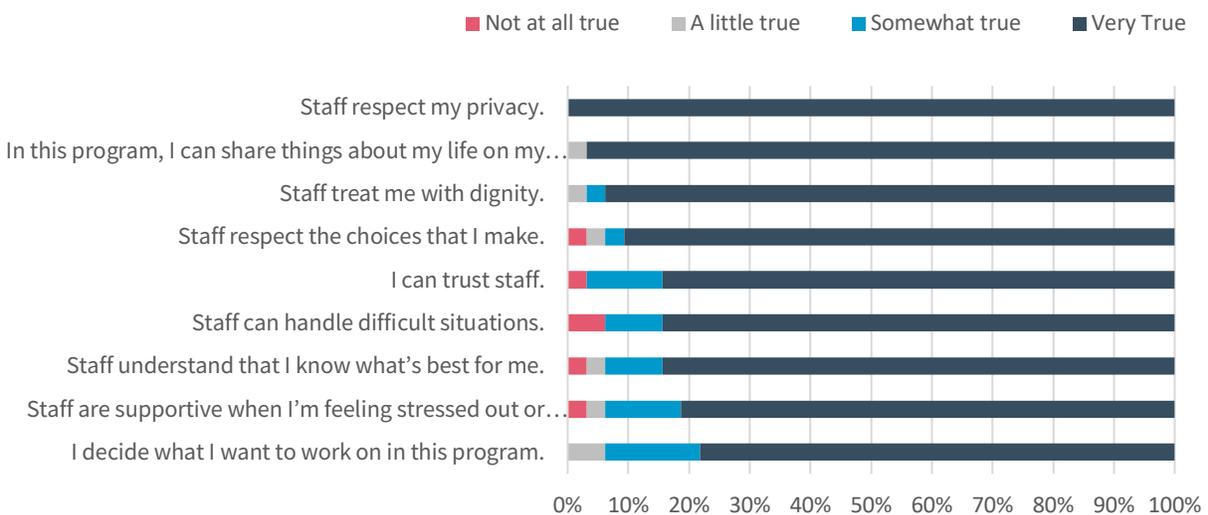
We were unable to group data by organization due to small sample sizes. Advocate data likely reflects an organization that was not represented in the survivor survey and vice versa.

Environment of agency and mutual respect

This set of questions measured how much “survivors feel that the program and its staff respect their agency and autonomy by offering opportunities for choice and control.” (Sullivan & Goodman, 2015, p.3).

Survivor ratings

The average score is high at 3.81 (4.00 is the maximum) and most survivors chose “Very True” or “Somewhat True” for all questions.



The average score did not differ much based on how much contact they had with staff.

Amount of contact with advocates	Average score
Just once	3.91
A few times (2-5 times)	3.79
A lot of times (6-15 times)	3.90
More than 15 times	3.71

There are some areas for improvement. Although the percentages were small, with about 1-2 survivors choosing them, some do have a “not at all true” rating. Specifically, these were:

- Staff respect the choices that I make.
- I can trust staff.
- Staff can handle difficult situations.
- Staff understand that I know what’s best for me.
- Staff are supportive when I’m feeling stressed.

Although most survivors reported positive experiences with advocates in the above categories, these are the areas that may be useful to target in training and technical assistance materials.

Advocate ratings

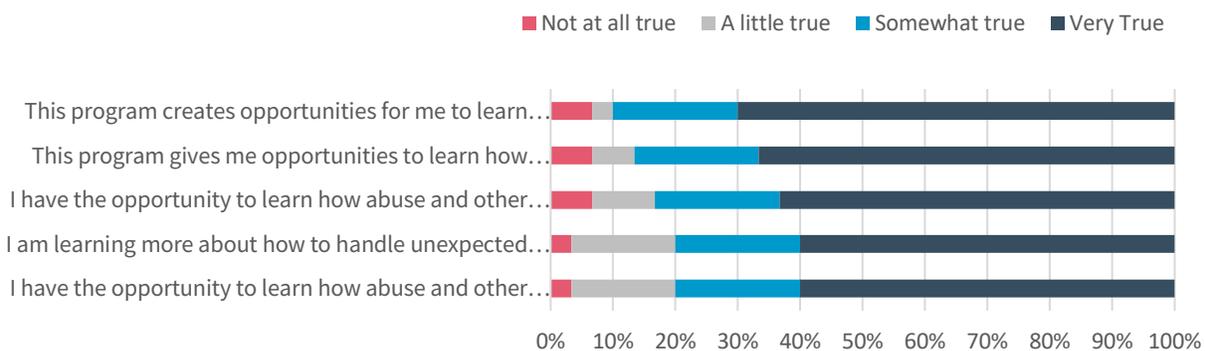
Advocates were slightly harder on themselves when asked to report on the same set of questions. Whereas the average score from survivors was 3.81, advocates rated their organization with a 3.73. Interestingly, however, advocates underreported how many survivors would choose “not at all true.” Specifically, no advocates chose that option for any question, whereas some survivors did.

Access to Information on Trauma

This set of questions measured how much “survivors feel that staff offer information that increases their understanding of trauma and coping skills.” (Sullivan & Goodman, 2015, p.3).

Survivor ratings

The average score is 3.43 and most survivors chose “Very True” or “Somewhat True” for all questions. There were more ratings for “not at all true” and “a little true” compared to the previous sections. However, some programs are referral-based and may not have a shelter. The sample size was too small to break these data up by whether this was the case.



The average score did not differ much based on how much contact they had with advocates.

Amount of contact with advocates	Average score
Just once	3.65
A few times (2-5 times)	3.22
A lot of times (6-15 times)	3.49
More than 15 times	3.51

Advocate ratings

The average score from survivors was 3.43 and the average score from advocates was 3.40. More advocates chose “not at all true” for this question, however this is likely because their program does not include services related to that item.

Opportunities for Connection

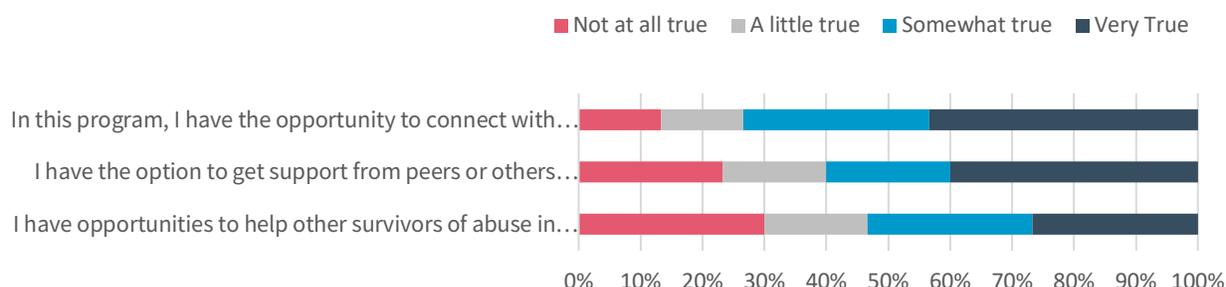
This set of questions measured to what degree “survivors perceive the program as one that creates opportunities for developing and strengthening mutually supportive relationships” (Sullivan & Goodman, 2015, p.3).

Survivor ratings

Overall, the average score is relatively low at 2.77. Although most survivors chose “Very True” or “Somewhat True” for all questions, there were more ratings for “not at all true” compared

to both of the previous sections. Again, this may be because some programs are referral-based and may not have a shelter. The sample size was too small to break these data up by whether this was the case.

Specifically, **30%** of survivors said it was not at all true that “*I have opportunities to help other survivors of abuse in this program*” and **23%** said it was not at all true that “*I have the option to get support from peers or others who have had experiences similar to my own.*”



Unlike previous scales, the average appeared to slightly differ based on how much contact they had had with advocates. However, due to a small sample size, we could not conduct statistical significance testing to determine whether this was statistically significant. These differences may be due to the sample sizes in each category. For example, “A few times” has the lowest mean, but also most participants fall into this category so there is more room for differences between survivors.

Amount of contact with advocates	Average score
Just once	3.50
A few times (2-5 times)	2.23
A lot of times (6-15 times)	2.67
More than 15 times	3.11

Advocate ratings

Advocates slightly overestimated how positively survivors would rate this section. Whereas the average score from survivors was 2.77, advocates rated their organization with a 3.09.

Cultural Responsiveness & Inclusivity

This set of questions measured how much “survivors regard staff as understanding of and responsive to various aspects of their identity, including culture, religion, sexual orientation, socioeconomic status, and immigration status.” (Sullivan & Goodman, 2015, p.3).

Survivor ratings

This set of questions included an “I don’t know” as a response option. It is important to include this in the results because some survivors truly may not know how to answer this

question. **Indeed, “I don’t know” was the second-most common answer behind “very true.”** The full results are presented in Table 1.

Of those who felt they could answer, the average score is 3.65. Most survivors chose “Very True” or “Somewhat True” for all questions, if they didn’t choose “I don’t know.” There were, however, some ratings for “not at all true” that are worth additional consideration. The top two areas with low ratings were: (a) treating people who face physical or mental health challenges with compassion and (b) understanding what it means to be in survivors’ financial situation.

Advocate ratings

The average score from survivors was 3.65, and the average rating by advocates was 3.64. Notably, a common TTA need reported in the earlier section was to receive TTA to address oppression, racism, and privilege. These areas may be particularly helpful to focus on to address this TTA need.

Parenting Support

This set of questions measured how much “survivors feel the program helps them strengthen their relationship with their children through support and education.” (Sullivan & Goodman, 2015, p.3).

Survivor ratings

Only survivors with children answered these questions. Non-parents were skipped to the next section. This set of questions also included an “I don’t know” as a response option. Of those who answered, the average score was 3.13. Although most survivors chose “Very True” or “Somewhat True” for all questions, **this section had the highest ratings for “not at all true” and “a little true” compared to all previous scales.** However, advocates appear to be aware of this gap in services, as **90.4% reported they wanted support from Violence Free Colorado to provide services to children and youth impacted by DV.** The full results are presented in Table 2.

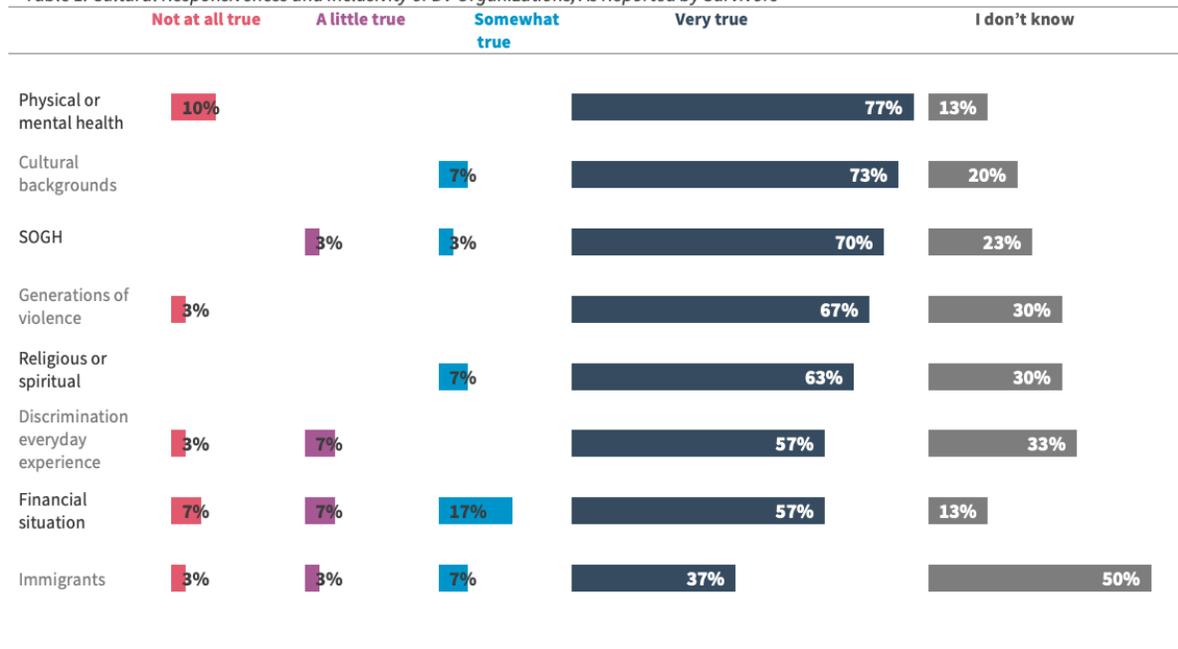
The average appeared to slightly differ based on how much contact they had with advocates. However, due to a small sample size, again we could not do statistical significance testing to determine whether this was statistically significant and these differences may be due to how many survivors are in each category.

Amount of contact with advocates	Average score
Just once	3.67
A few times (2-5 times)	2.60
A lot of times (6-15 times)	3.13
More than 15 times	3.44

Advocate ratings

Advocates slightly overestimated how positively survivors would rate this section. Whereas the average score from survivors was 3.13, advocates rated their organization with a 3.26.

Table 1. Cultural Responsiveness and Inclusivity of DV Organizations, As Reported by Survivors



SOGH = Sexual orientations & gender expressions

Table 2. Parenting Support Provided by DV Organizations, As Reported by Survivors





Discussion

The project team met in February 2019 to discuss an early draft of the report and develop initial ideas for an action plan. This section provides a summary of this discussion. Suggested actions based on this discussion are provided in the “Recommendations” section.

Advocate TTA needs

A clear pattern emerged as a result of this needs assessment: **domestic violence is a robust field where ongoing and comprehensive TTA is needed.** This was evident because most advocates reported an interest for every topic proposed in the survey. While, at first, this might seem unhelpful, the project team connected this finding to staff burnout and retention—a common struggle in the DV field.

Reducing staff burnout received one of the relatively higher endorsements (82%) as a TTA need among advocates. Taking everything together, the project team discussed that maybe **advocates feel like they need to know everything about domestic violence and associated areas (e.g., housing, mental health, substance abuse, immigration, criminal justice, civil courts) to do this work well, which could be contributing to their burnout.**

Reducing staff burnout and turnover is foundational and a potential focus for the action plan. The team discussed several initial ideas to address staff burnout in ways that might also address other needs and concerns that emerged during the project.

Salary and benefits standards

A likely contributor to burnout is relatively low salary and benefits for DV staff and/or salary inequity within organizations. One idea to overcome this is to develop “**salary and benefits standards**” for DV organizations in Colorado.

This set of standards would address key questions such as:

- What core benefits are needed to retain staff?
- What are appropriate salaries, based on position and role?
- What does it take to have a sustainable organization?
- How much budget should there be for a large or small organization?
- How much funding should organizations be raising on their own?
- How much funding is state or federal responsibility?

TTA for community and systems advocacy

Localized community and systems advocacy may be a critical component to address staff burnout and turnover, as well as survivors' barriers to seeking support. Community advocacy could (a) change harmful community policies, such as mandated participation in DV services by child welfare agencies, (b) increase community resources and supports, and (c) increase community partnerships that could ultimately reduce the workload of DV advocates. **Thus, Violence Free Colorado could focus on two key areas: (1) improving housing access; and (2) engaging with local child welfare agencies to establish meaningful collaborations that both reduce barriers and increase survivors' safety.**

TTA that helps DV organizations do more **community-based housing advocacy** will inform them on how to address local barriers, connect with other organizations in the community, and outreach to key players in housing access (e.g., landlords). TTA that helps **DV organizations do more advocacy within child welfare** would also help them reduce harmful practices, such as mandated participation in DV services. Although DV services are voluntary and confidential, CPS may mandate survivors into DV services and do so in ways that conflict with confidentiality. One step towards addressing this is already underway. At the 2019 Colorado Advocacy in Action Conference, there will be a two-part workshop on child protection services. DV advocates will learn more about the child protection process so that advocates feel more informed and, hopefully, more likely to reach out to a child welfare worker.

Continued outreach of current projects and initiatives

The project team also discussed concerns that **DV organizations may not be taking full advantage** of Violence Free Colorado's projects and initiatives. Violence Free Colorado hosts conference workshops, Brown Bag webinars, an Online Learning Center, and other online resources for many of the topics that advocates rated as a TTA need. For example, Violence Free Colorado provides housing advocacy resources, but this area remained a high TTA need among advocates in this survey. The Special Housing Project ended in December 2018, and the goal is to use that data to encourage other DV organizations to take advantage of the housing advocacy resources currently available.

Specialized or dedicated Staff

Another way to reduce staff burnout is to help DV organizations leverage more specialized or dedicated positions. For example, advocates expressed an interest in TTA about child advocacy and providing parental support. This may be another reason staff burnout is a significant problem, as in some organizations one advocate is responsible for many roles. Violence Free Colorado may want to consider ways to help DV organizations hire staff for these specialized positions, where feasible.

Addressing Barriers

A surprising finding was the high percentage of survivors who did not initially seek support because they were worried about being judged and because they did not know how to contact the DV organization. Survivors also reported concerns over what the shelter environment would be like and some of their own comments indicated survivors believed some common myths or stereotypes about survivors. This, in turn, likely contributed to their fear of being judged. **Outreach efforts that specifically address these issues would likely help address survivors' barriers to seeking support.**

TTA to help organizations expand referral systems

The results from this project provide some insight that law enforcement is a major source of referral. Relying on law enforcement for referrals likely adds a significant barrier for getting survivors to find and contact a DV organization. Not all DV survivors access law enforcement as a resource, which means organizations may not be reaching other survivors who need support. Additionally, because survivors do not come into contact with law enforcement until a situation has escalated, this also means that DV organizations are working with a high number of survivors in crisis. This, in turn, could also be contributing to staff burnout. Outreach and referrals that focus more on early intervention and referrals outside of law enforcement, may have several benefits for both survivors and staff.

The team also discussed how more contact options could be helpful. If survivors could text, email, or contact a DV organization in other ways besides calling, that may increase the number of survivors who contact a DV organization.

TTA to help organizations improve outreach efforts

DV organizations reported a large amount of outreach. Yet, many survivors reported that they knew about an organization, *but did not know how to contact them*. Violence Free Colorado could create TTA resources that help organizations improve their outreach approach, format, and content. Some ideas brainstormed during the meeting were that DV organizations could:

- Expand **where** they conduct their outreach.
- Improve the **content** of their outreach to include less about DV 101 and more about what it is like to seek support and what the shelter environment is like.
- Be creative with how they **frame** their outreach.
- Be creative with **who** they outreach to, and how they do it.
- **Counteract some of the negative stereotypes and myths** people have about survivors.

Some examples discussed during the meeting included: not labeling outreach events as “DV focused.” Simply getting people together in a safe environment tends to encourage

participants to discuss their romantic relationships, which can be an opportunity for an advocate to provide outreach more organically. Some examples of events like this include spa days or classes on financial literacy, knitting, and cooking. One DV organization invites community partners into the shelter once per month to give a tour. The purpose is to get community partners familiar with the environment so they can provide referrals that specifically address these fears. They can provide clients with a mental picture of the environment. Pictures of the shelter environment in a presentation could have a similar impact.

TTA to help organizations improve shelter stay lengths and policies

The project team also discussed how short-term shelter stays are another barrier for survivors. Currently, most shelters only allow a 30-60 day stay, however it is unclear why this is the case. It may be because DV organizations are hoping this policy means they can help more survivors. However, if survivors are just moving from one shelter to another, or if the short-term shelter stay is not enough to help survivors gain housing stability, then it is unlikely there is a “net positive” as a result of short-term stays. Outreach would likely be more effective if DV organizations could show the long-term support that is available, and how it helps survivors obtain housing stability.

Addressing this issue may also reduce staff burnout and turnover. Extending the shelter stay limit would allow advocates to build rapport with survivors and explore how best to help them in the long-term versus focusing on getting them “out” in 30–60 days.

Violence Free Colorado is currently developing a course on emergency and transitional housing and have plans to research this shelter limit further. Ultimately, the plan is also to work with programs to provide more long-term housing support.

There was also brief mention of addressing other housing policies that may add barriers for survivors. One example was the prohibited practice of requiring a Release of Information if survivors are moving from one shelter to another. Another example was that more DV organizations should use systems like the Safe Shelter Collaborative, so survivors do not need to call multiple shelters when they are in crisis and need emergency shelter.

Violence Free Colorado may want to consider exploring the needs of survivors who currently access shelter. For example, what proportion of survivors have only housing needs versus survivors with immediate safety needs (and what is the overlap)? This information would be useful in determining whether shelters are meeting the goal of supporting survivors with immediate safety concerns, or are they an extension of homeless shelters for survivors?



Recommended Next Steps

Based on the survey findings and project team discussion, it is recommended that Violence Free Colorado focus on **reducing staff burnout/turnover and removing barriers for survivors accessing services** by creating TTA resources that will improve (a) DV organization shelter stay policies, (b) salary and benefits of DV organization staff, (c) DV organizations’ community advocacy skills, and (d) DV organizations’ outreach strategy.

Action	What this action could potentially address
Explore why the 30-60 day shelter rule exists & develop online course material or tip sheets to help DV organizations extend this timeframe (if possible).	A barrier for survivors seeking support (no long-term plan after emergency shelter). Reduce staff burnout and turnover.
Research & develop a “salary and benefits standard.”; provide TTA to DV organizations to improve salary and benefits.	Reduce staff burnout and turnover.
Develop a TTA program that builds DV organization’s capacity to do community & systems advocacy.	Community & systems advocacy could (a) change harmful policies, such as mandated participation, (b) increase community resources, and (c) increase community partnerships that will ultimately: Address barriers to survivors seeking services or survivors gaining economic and housing stability. Reduce staff burnout and turnover.
Develop new TTA resources to help organizations improve their outreach approach and content.	A barrier for survivors seeking support. Reduce staff burnout and turnover.

How to use this survey in the future

Through this project, we demonstrated that the survey will be useful for long-term data collection in Colorado. It is recommended to be used, as is, for ongoing evaluation. This section provides some instructions for using the survey in the future and some strategies to improve response rates.

Using the survivor survey results & survey for ongoing assessments

It is important to emphasize that **any evaluation of services should center and prioritize survivors' voices**. Due to the low response rate of the survey, TIPS results from this project should be interpreted with caution and viewed more as a pilot of the survey itself. Overall, evidence of this pilot indicates that **this survey is a feasible and practical tool that can be used to survey trends in DV services over time**. With more organizations participating in recruitment, and with longer data collection time frames, it is reasonable to expect larger samples in future assessments.

It is recommended that no changes are made to the survey itself. The survey is relatively quick to complete. The typical time to complete the survivor survey was **11 minutes**. It is also important that every organization uses the exact same survey so that all data can be merged and analyzed together. There were also some concerns that TIPS would not be applicable to organizations who mostly see survivors only once and/or provide only referrals. However, for most scales, **the average scores did not vary much for those who had only one contact**. However, with a small sample, we could not conduct statistical significance testing on these variations. Future projects should keep this question and continue to analyze results based on how much time survivors spent with an advocate.

It is highly recommended to make changes to the recruitment protocol. The biggest challenge we faced in this project was getting survivors to complete the survey. Our initial goal was at least 100 survivors, but we only received 32 responses. Violence Free Colorado may want to meet with each organization to discuss ways to increase this response rate. One idea is for Violence Free Colorado to create a brochure or “welcome packet” that is to be given to every DV survivor who seeks support at a DV organization. Ideally this would also be included in any “exit” packet that a DV organization provides. The surveys for this project were created in Survey Monkey, and bit.ly was used to shorten the url to something easy to type in a browser. That brochure could include a short link to the survey with details about the survey length and incentive.

Only 26% of the organizations asked to help were able to recruit at least one survivor. A key factor for a higher response rate will be to have more organizations participate. Due to the limited timeframe of the project, and because we had to focus on developing the survey, our request for help was relatively passive. For this pilot, one contact person (typically the executive director) on file was sent an email with attachments and asked to forward the email to other staff. We mailed each organization a packet of flyers and instructions, and a representative from Violence Free Colorado called each organization to discuss the project. In the future, it is recommended that Violence Free Colorado spend more time connecting with each DV organization and advocates within organizations to talk about the survey. Violence Free Colorado should provide **clear communications about how the evaluation will**

benefit the organization taking part and/or survivors in Colorado. In light of concerns about staff burnout, the “ask” of advocates should also be weighed with other administration or evaluation tasks they are required to complete.

The survey was only available in English and Spanish. There was an initial interest to translate this survey into **American Sign Language**. Survey Monkey allows videos to be added to surveys, so this is possible. However, due to a lack of planning, timeline, and budget, we did not have an ASL version available. Future versions should build in time and resources to allow for ASL as well as other translations.

The gift card amount was too low and not useful for all survivors. The incentive was relatively low (\$10 per person) due to budget constraints. Another downside of the incentive for this project was that it was an electronic gift card for Target, and participants had to wait a couple months to receive it. In the future, gift cards should be about \$20-25 and should be available for more stores than Target.

Survey Section	Recommendations for Future Assessments
TIPS section	Leave as is.
Barriers section	Leave as is.
Demographics section	Leave as is.
Recruitment & incentives	<p>Leave as open online survey; include link in “welcome” and “exit” packets, if possible.</p> <p>Increase incentive to \$20-25.</p> <p>Create options for gift card locations.</p> <p>Submit gift card payments monthly. Consider the option of mailing physical gift cards.</p>

It is recommended that the surveys remain as online surveys instead of paper surveys. In addition, it is important that Violence Free Colorado maintain the database and process the gift card payments on a monthly basis. Violence Free Colorado may want to consider allowing survivors to submit their mailing address to have a physical gift card mailed to them. Additional safety protocols will likely be needed for this option.

Why Violence Free Colorado* Should Maintain the Database & Submit Gift Card Payments

A key reason Violence Free Colorado* should manage the survey and incentives is because they will remain the only ones who know which survivors did or did not participate. If DV organizations deliver physical gift cards to clients who completed the survey, that means they will (a) need some type of “proof” the survivor completed the survey and/or (b) keep internal records of who completed the survey. Ultimately, this may make some survivors feel coerced into participating (or not participating) and could significantly bias the data received.

** Or, at least, an independent third party that is not a community-based DV organization*

Using the Advocate Survey Results & Survey for Ongoing Assessments

Given that most advocates were interested in most topics, **it is advisable to remove the questions about TTA needs from the survey.**

There were major differences in the barriers mentioned by survivors and advocates and this provided helpful information for the project team. For example, many advocates reported that they addressed survivors’ barriers through outreach. Yet, even with this small sample, several survivors mentioned that they did not know how to contact the DV organization or were worried about what the environment would be like. This led the project team to decide that helping DV organizations with their outreach approach may be useful. **Therefore, it is recommended to keep these questions for future assessments.**

Although, on average, advocate and survivor means on the TIPS were similar, the individual responses varied. Generally, advocates chose fewer “very true” responses compared to survivors; however, **advocates also chose fewer “not at all true” responses compared to survivors.** Violence Free Colorado may want to use results from the advocate survey as a starting point for a future training presentation. **That some survivors chose “not at all true” could be a surprising result that may stimulate conversation and problem-solving discussions.**

In the future, it is recommended that the survey be given to advocates again **once per year, or once every other year**, to do a “deep dive” into topics that may need TTA resources. The typical time to complete this survey was **15 minutes** and, with the TTA needs questions removed, this will likely take less time. The incentive worked well for advocates, as we reached over 100 responses very quickly. Therefore, it is recommended to maintain the incentive amount for future surveys.

Survey Section	Recommendations for Future Assessments
TTA needs section	Remove.
TIPS section	Leave as is.
Barriers section	Leave as is.
Demographics section	Leave as is.
Recruitment & incentives	Leave as online survey. Survey once per year or once every other year. Leave incentive as is.

Other ways to hear from survivors

Surveys are helpful to have high-level data that can show patterns over time. However, quantitative data often leaves many questions and does not always provide the in-depth information needed to fully understand an issue or develop an action plan to address it. Should Violence Free Colorado be interested in a more in-depth look at survivors’ barriers and experiences, then it is recommended they conduct **one-on-one interviews with survivors**. This could be, perhaps, part of a site visit.

Incentives are higher for in-person interviews than for online surveys. A one-hour interview should be about a **\$35-\$60 cash incentive**, depending on the types of questions asked. More personal, or potentially triggering questions, would be on the higher range of this incentive. In addition, child care is something to consider or have arranged. Interviews are typically more expensive than surveys, but fewer interviews are typically needed when compared to a survey. The general goal is to conduct interviews until you no longer hear new information for about 3-5 interviews. At that point, you have likely reached “saturation” and can begin analyzing data.

Wrap up & conclusion

Overall, this needs assessment achieved its core goals. Violence Free Colorado now has a survey for both survivors and advocates that can be used on a regular basis. In addition, Violence Free Colorado obtained useful information to develop an action plan for TTA resource development.

APPENDIX A: Literature Review

Barriers to providing quality services

Findings based on data from advocates

There are several challenges to providing quality services to survivors. A focus group study, utilizing four focus groups, of 24 advocates reported that burnout was a particular challenge when working directly with clients, in settings such as a shelter. Advocates also reported that organizations do not have the adequate funding or staff capacity required to provide quality services. Advocates are further hindered by lack of integration with other community services. Without cooperation from other community organizations, advocates are often unable to make referrals for additional services that their DV organizations do not provide. Advocates report that they lack training on how to understand survivors' physical, mental health, or similar needs (Kulkarni et al., 2012).

It is important to understand the complexity of DV survivors' lives in order to provide quality service. For example, in a survey of 80 DV/Sexual Assault (SA) program directors, directors reported that the following information is helpful to collect at intake (Macy, Martin, Nwabuzor Ogbonnaya, & Rizo, 2018):

- Knowledge of particular topics (safety planning, legal services, etc.)
- The extent of violence and trauma experienced by survivors
- Survivor's health and physical functioning
- Substance use/abuse
- Ability to carry out everyday tasks
- Coping strategies
- Social support
- Parenting
- School or employment status
- Housing status
- Demographic characteristics
- Intellectual and developmental/physical disabilities
- Religion/religious practices
- Legal or criminal status
- Immigration status

These studies indicate that advocates have a variety of needs which must be properly understood by staff to ensure adequate services are provided to survivors. Their needs include additional training in a range of areas, as well as additional material support (e.g., funding, properly staffed services, adequate facilities).

Reasons DV survivors do not seek support from a DV organization

DV survivors report various reasons for not seeking support from DV organizations. Some survivors perceived abuse as “normal”, especially if the abuse did not involve physical violence (ETR, 2014; Fugate et al., 2005). Similarly, some survivors felt the abuse was “not serious enough” for them to seek services (Fugate et al., 2005).

Even when survivors decided to seek services, they experienced additional barriers which kept them from attaining those services. Mainly, survivors did not know how to access services available in their community (Fugate et al., 2005; Simmons et al., 2011; PCCD, 2013), how to find out about available services (Fugate et al., 2005; PCCD, 2013), or who to contact about accessing services (Fugate et al., 2005).

Even when survivors knew about available services, they had significant concerns regarding the services themselves, particularly in terms of their safety. In some cases, abusive partners prevented survivors from seeking services (Fugate et al., 2005), or survivors were skeptical about whether accessing services would keep them safe from abusive partners (Simmons et al., 2011). These issues present a significant problem for DV organizations which are trying to improve their outreach.

Another significant issue that deterred survivors from seeking services were fears that they would encounter poor treatment by staff. This fear was often due to cultural stigmatization surrounding intimate partner violence which is internalized by survivors (Overstreet & Quinn, 2013). Survivors were concerned they would not receive the help that they needed (Fugate et al., 2005), and thought they would have to end relationships with their abusers (Simmons et al., 2011). Other survivors were concerned with the negative outcomes that would arise from possible economic burdens from seeking help (due to economic abuse) (Simmons et al., 2011). Additionally, survivors were worried they would be shamed and criticized for being abused (Fugate et al., 2005; Overstreet & Quinn, 2013) or had legal concerns (e.g., child custody) (Simmons et al., 2011).

Along with the reasons widely cited by survivors, in general, survivors who also belonged to marginalized groups gave additional reasons for not seeking services from DV organizations. For example, LGBTQ survivors often worried they would be stigmatized by staff (Calton et al., 2016). They also reported inadequate outreach to LGBTQ survivors and a lack of knowledge of

the LGBTQ friendly agencies that existed. Additionally, agencies did not do enough to advertise their inclusiveness of LGBTQ survivors. Another barrier for some LGBTQ survivors was having to seek services outside of their neighborhoods in order to not be identified as LGBTQ by people in their communities (Simpson & Helfrich, 2014).

Black survivors also reported inadequate outreach from agencies (Gillum, 2009). Survivors living in predominantly black, low-income residential areas also reported facing problems finding agencies located in the areas where they lived (Simpson & Helfrich, 2014).

Latinx survivors cited economic abuse from abusive partners and feared their relationships would end if they sought help (Reina & Lohman, 2015). Some Latinx survivors also cited worries about their immigration status and related problems as reasons for not seeking support from DV agencies (Reina & Lohman, 2015; Ingram, 2007).

Immigrant survivors of various ethnicities often did not seek support from DV organizations due to fear of problems arising from immigration status, as well as a lack of knowledge of the legal system and their rights (e.g., worried they will be deported/their status is dependent on the abuser's citizenship) (Reina & Lohman, 2015; Ingram, 2007). Others reported not knowing agencies existed, and they did not seek help because they were told by their abusive partners that they would be deported. Also, speaking English as a second language often caused communication struggles for survivors when seeking services (Reina & Lohman, 2015). Immigrants often faced unstable residency status, even with legal immigration status (Ingram, 2007).

Survivors also faced issues related to economic inequality, limited educational resources, and often lacked the credentials or opportunities to achieve upward social mobility, particularly while they were attempting to recover (Reina & Lohman, 2015). Survivors that were "more acculturated" or more able to navigate the systems that were in place were more likely to seek help (Ingram, 2007).

Survivors' needs once they seek support from a DV organization

Survivors' reports

Once survivors receive help from DV organizations, they require compassion and understanding from advocates, as well as advocates who are willing to listen to survivors (Kulkarni et al., 2012; Pajak et al., 2014). Survivors need advocates that maintain confidentiality and professional attitudes (Kulkarni et al., 2012). They also need a non-victim blaming and non-judgmental environment, a supportive environment to make decisions for themselves and increase their autonomy, along with helpful guidance from advocates

(Kulkarni et al., 2012; Pajak et al., 2014). Rules regarding safety are sometimes necessary for DV organizations, but extremely strict rules or unyielding implementation of rules can cause more stress and inflexible living conditions for survivors, potentially replicating the feelings caused by their abusers (Glenn & Goodman, 2015). Orientation into shelters, which includes being briefed on the rules, is helpful to integrate survivors into their new environment (Glenn & Goodman, 2015). Survivors also need basic resources, such as toys for their children, hairbrushes, makeup, toothpaste, and other items they might not have been able to bring with them in crisis situations (Kulkarni et al., 2012).

Advocates' perspectives

Advocates recognize the need for improvement in a range of areas. For example, advocates cited the need for DV organizations to provide them with culturally specific training (ETR, 2014; PCCD, 2013). Providing access to mental health services for survivors and their families was also suggested by advocates as a potentially helpful improvement (ETR, 2014). Economic services that would allow survivors to access basic items for themselves and begin to regain independence would be helpful for survivors' recoveries, as well (PCCD, 2013). Affordable housing solutions were often mentioned by advocates and survivors as another improvement that would benefit survivors (ETR, 2014). Finally, advocates noted that improved collaboration between services would provide a more well-rounded experience for survivors, and support groups for survivors would be beneficial for their recoveries (PCCD, 2013; Kulkarni et al., 2012).

Areas for improvement/Survivors' experiences with advocacy

There are many needs commonly identified in terms of improving DV advocacy services to better serve survivors. Generally, extremely strict rules and inflexible services kept survivors from feeling in control or empowered to take control of their recovery, and also tended to cause feelings of isolation and depression (Glenn & Goodman, 2015). Survivors were often separated from their children while they were staying in a shelter due to shelter rules, which prohibited children from attending shelter-wide meetings or mandated that children stay in their rooms while tasks were being done by their parents (Glenn & Goodman, 2015). Some shelters made survivors detach from their informal support systems, such as family and friends they often relied on for child care, especially in domestic violence-related crisis situations (Glenn & Goodman, 2015). Having to follow strict and inflexible rules made it difficult for survivors to be able to work or caused them to change or skip work hours at a financial loss (Glenn & Goodman, 2015). Additionally, shelter staff often separated themselves from survivors, which made survivors feel neglected or disrespected by staff (Glenn & Goodman, 2015).

Services for Latinx survivors were reported to be inadequate when they were not culturally sensitive, appropriate, relevant, or specific and/or staff did not speak their language (Reina & Lohman, 2015; Gillum, 2009).

LGBTQ survivors often felt stigmatized, misunderstood, or mistreated by services staff. Some LGBTQ survivors reported being turned away by shelters or being pressured to leave due to negative attitudes of staff and other residents toward LGBTQ people. In order to avoid potential conflicts, some survivors had to seek services outside of their neighborhoods in order to not be identified as LGBTQ by people in their communities (Simpson & Helfrich, 2014).

Many shelters and DV services were not culturally sensitive or promoted things, such as specific religious and cultural practices, uncommon in the African American community. Black survivors received inadequate help accessing services or tools to help leave abusive relationships. Black survivors felt welcomed and more comfortable when in culturally specific agencies. Black survivors need better outreach and assistance in accessing services at culturally specific agencies (Gillum, 2009).

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APPENDIX C: Initial Project Committee and Consultants

Initial Project Committee

Shannon Day

Training & Technical Assistance Manager
(at the time of the project)
Violence Free Colorado

Brooke Ely-Milen, MPA

Director, Domestic Violence Program
Colorado Department of Human Services

Amy Miller

Executive Director, Violence Free Colorado

Jacque Morse

Technical Assistance Specialist (at the time
of the project)
Violence Free Colorado

Echo Rivera, PhD (Independent Evaluator)
Owner, Creative Research
Communications LLC

Community Consultants

The following individuals were consultants on this project. We thank each individual for their time and their thoughtful feedback and edits on early drafts of this survey.

Avi Haimowitz

Advocate/Executive Director, Deaf
Overcoming Violence through
Empowerment (DOVE)

Xajés Martinez

Executive Director, Survivors Organizing
for Liberation

Ashlee Lewis

Executive Director, The Initiative

Silvia Gamboa

VISTAS Program Director, Servicios de La
Raza

Jody Curl

Director of Programs, The Crisis Center

Julie Olson, MSW (Executive Director) and
Crystal Young, MA (Advocacy Director)
Advocate Safehouse Project

Lisel Petis

Executive Director, Advocates Building
Peaceful Communities

APPENDIX D: Detailed Method Development

Survivor Survey

The committee reviewed existing scales that might address the research questions. The team identified that the Trauma Informed Practices Scales (TIPS; Sullivan & Goodman, 2015) would appropriately measure research question 3, and decided to develop new questions to answer research question 2 (barriers to seeking support). The team drafted a list of potential barriers that survivors might encounter before and during their seeking of services at a DV agency. This list was based on the literature review and the core committee's combined years of experience in DV.

Once a full draft of the entire survey in English was ready, the core committee chose eight organizations to contact about being a community consultant. Priority was given to advocates who worked at culturally-specific or specialized organizations. The community consultant would be paid a stipend of \$100.00 for (a) providing feedback on this first draft and, (b) providing feedback on the revised version. This was approximately 1-2 hours of work per consultant who completed both rounds of feedback. Specifically, the invited organizations work with:

- Survivors with disabilities (two invited)
- Survivors who are Latinx
- Survivors from the LGBTQ community
- Rural populations (two invited)
- Mainstream, urban
- Survivors who are Asian American, Native Hawaiian, Pacific Islander, immigrants, or refugees

In all, advocates from seven organizations were community consultants. Their feedback significantly helped and improved the survey. Once the surveys were finalized, they were translated into Spanish by an independent company. Due to lack of planning, timeline, and budget we were unable to translate the survey into American Sign Language.

Once the survey was online, all DV organizations in the state were emailed with information about the survey and the recruitment materials to be provided to the survivors they were working with.

All adult DV survivors who were working with an advocate were eligible to take the survey. Survivors who completed the survey would receive a \$10 electronic gift card to Target.

Survey participation was very slow for the survivor survey. The survivor survey was open from September 13, 2018 to November 8, 2018, and we received 32 responses. Several emails were sent to the email list throughout the data collection period, and we did notice a small “bump” in responses within the first few days after each email. In addition, a representative from Violence Free Colorado called each organization to discuss the study. In some cases, the Target card incentive was ineffective because there was no Target in the area. **Generally, however, most organizations stated that they were sharing information about the study with participants.**

DV Advocate Survey

Once the survivor survey was opened, the committee drafted the advocate survey. To answer research question 1 (TTA needs), the team brainstormed and revised potential training and technical assistance topics. This list was also based on the literature review and the core committee’s combined years of experience in the field.

To answer research questions 2 and 3, the team revised language from the TIPS and barriers sections from the survivor survey. This would allow the evaluator to directly compare responses between survivors and advocates. For example, one question in the survivor survey was worded as, *“In this program, I have the opportunity to connect with other survivors”*, and for the advocate survey it was changed to *“In this program, survivors have the opportunity to connect with other survivors.”*

Because we received fewer survivors completing the survey than anticipated, the incentives for advocates was a \$20 electronic Target gift card. Once the survey in English was live, we emailed all DV organizations in the state with the link. Survey participation was fast for the advocate survey. The advocate survey was open from October 18, 2018 to November 8, 2018 and we received 114 responses.

APPENDIX E: Recruitment Materials

CONTENTS:

Survivor Survey - Flyers & Cards

Survivor Survey – Instructions Sent to Organizations

Survivor Survey - Flyers & Cards



We want to Hear From YOU!

¡Queremos escuchar tus comentarios!



Complete a **10-15 minute online survey** about your experiences with this program for a **\$10 Target gift card***. Must be at least **18 years old and a survivor of domestic violence**.

Por favor contesta esta **encuesta por internet** sobre tus experiencias con este programa y recibe **una tarjeta de regalo de \$10 de Target***. Contestar la encuesta tarda entre 10 y 15 minutos. Debes tener por lo menos **18 años** de edad y una sobreviviente de violencia doméstica.



*The first 100 participants will receive the gift card
* Los primeros 100 participantes recibirán la tarjeta de regalo.



This survey is being conducted by an independent research consultant, Dr. Echo Rivera.

Esta encuesta la realiza la Dra. Echo Rivera, una asesora independiente especializada en estudios de investigación.



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Questions? ¿Preguntas? Email: echo@echorivera.com

LEARN MORE / OBTÉN DETALLES:

English

bit.ly/namegoeshere

Español

bit.ly/namegoeshere



Together we can end relationship abuse

English bit.ly/english-exp-survey
Español bit.ly/espanol-exp-encuesta



We want to hear FROM YOU! ¡Queremos escuchar tus comentarios!

Complete a 10-15 minute online survey about your experiences with this program for a \$10 Target gift card*. Must be at least 18 years old & a domestic violence survivor.

Por favor contesta esta encuesta por internet sobre tus experiencias con este programa y recibe una tarjeta de regalo de \$10 de Target*. Contestar la encuesta tarda entre 10 y 15 minutos. Debes tener por lo menos 18 años de edad y una sobreviviente de violencia doméstica.



*The first 100 participants will receive the gift card
* Los primeros 100 participantes recibirán la tarjeta de regalo.



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Questions? ¿ Preguntas? Email: echo@echorivera.com



LEARN MORE:

English

<https://bit.ly/english-exp-survey>

OBTÉN DETALLES:

Español

<https://bit.ly/espanol-exp-encuesta>



We want to hear FROM YOU! ¡Queremos escuchar tus comentarios!

Complete a 10-15 minute online survey about your experiences with this program for a \$10 Target gift card*. Must be at least 18 years old & a domestic violence survivor.

Por favor contesta esta encuesta por internet sobre tus experiencias con este programa y recibe una tarjeta de regalo de \$10 de Target*. Contestar la encuesta tarda entre 10 y 15 minutos. Debes tener por lo menos 18 años de edad y una sobreviviente de violencia doméstica.



*The first 100 participants will receive the gift card
* Los primeros 100 participantes recibirán la tarjeta de regalo.



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Questions? ¿ Preguntas? Email: echo@echorivera.com



LEARN MORE:

English

<https://bit.ly/english-exp-survey>

OBTÉN DETALLES:

Español

<https://bit.ly/espanol-exp-encuesta>



We want to hear FROM YOU! ¡Queremos escuchar tus comentarios!

Complete a 10-15 minute online survey about your experiences with this program for a \$10 Target gift card*. Must be at least 18 years old & a domestic violence survivor.

Por favor contesta esta encuesta por internet sobre tus experiencias con este programa y recibe una tarjeta de regalo de \$10 de Target*. Contestar la encuesta tarda entre 10 y 15 minutos. Debes tener por lo menos 18 años de edad y una sobreviviente de violencia doméstica.



*The first 100 participants will receive the gift card
* Los primeros 100 participantes recibirán la tarjeta de regalo.



Voluntary & Confidential / Voluntaria y confidencial



Questions? ¿ Preguntas? Email: echo@echorivera.com



LEARN MORE:

English

<https://bit.ly/english-exp-survey>

OBTÉN DETALLES:

Español

<https://bit.ly/espanol-exp-encuesta>

Survivor Survey – Instructions Sent to Organizations

Instructions & Information

What do you need from us?

We are hoping to get about 100 responses in a short amount of time. We're modeling this off the NNEDV census model so we can reach that number quickly. Every (adult) domestic violence survivor at your organization is eligible and we'd like for you to tell them all about the study.

When you reply to confirm your program/organization will participate, please include your mailing address so we can mail the attached materials to you ASAP! In the meantime, to get things started, feel free to:

- (1) Please post the attached flyers in areas where survivors will see them and have a chance to privately write down the link or take a tag (bathroom stalls are perfect)!
- (2) Please print the card template, cut out the cards, and hand a card to every adult (18+) domestic violence survivor. **Here's a sample script you can use:**

"Here is some information about an online survey you can take, if you want. It's short and the first 100 participants get a \$10 Target gift card. You don't have to do it, and it's being run by an independent researcher. We'll never know if you did or didn't participate, and we'll never know what you say."

It may also be helpful to remind them of online/internet safety protocols at this point (e.g., clearing their browser history after finishing the survey), if needed.

If they have questions, there is more information on the first page of the survey (before it begins), and they can email Dr. Rivera at echo@echorivera.com

Who is eligible to take this survey?

Adult (18+) domestic violence survivors who accessed any domestic violence-related service at your organization, and feel comfortable completing a survey in English or Spanish.

It doesn't matter if it's their first and only time there – please still tell them about the study! It also doesn't matter what type of support they received.

How long will the survey be open?

It's hard to say. Our goal is 100 surveys and how quickly we reach that will depend on how many organizations participate and how many adult domestic violence clients/survivors they see during that time. We're hoping that we can reach this number in one week, but it might take a little longer than that. We will email each participating organization when we've reached the goal.

Can we help them take the survey?

No. It's required that domestic violence clients/survivors complete the survey on their own, in private, with no assistance or help from anyone at your organization. This is important for confidentiality reasons, and to ensure that survivors feel they can be 100% honest when taking the survey.

Can we email the link to domestic violence clients/survivors, or tell them the link over the phone?

Sure! You can use the sample script above: Here is some information about an online survey you can take, if you want. It's short and the first 100 participants get a \$10 Target gift card. You don't have to do it, and it's being run by an independent researcher. We'll never know if you did or didn't participate, and we'll never know what you say.

English: <https://bit.ly/english-exp-survey>

Spanish: <https://bit.ly/espanol-exp-encuesta>

What questions are on the survey?

In this survey, we ask domestic violence clients/survivors to share the barriers they encountered before reaching out to your organization, as well as some demographic information. In addition, we ask them to share their experiences with accessing advocacy services. There will also be the option for survivors to include their email address for the \$10 gift card, if they want.

How will this information be used? Why should we help?

This survey is part of the FVPSA needs assessment requirement for state coalitions. Violence Free Colorado is seeking actionable information to help us create or revise their training and technical assistance materials and services. In addition, this information will provide Colorado-specific data about barriers that survivors encounter across the state, to help inform how to address those barriers.

Who will have access to this data?

The survey is hosted on Dr. Rivera's *Survey Monkey* account, and only Dr. Rivera has access to this account. Individual responses will never be shared and will remain strictly confidential.

Who is Dr. Echo Rivera?

Dr. Rivera is an independent research and evaluation consultant who specializes in the area of domestic violence. She has been involved in the anti-relationship violence movement for about 12 years. She started as a volunteer shelter advocate in Chicago and sexual assault medical advocate in Michigan before focusing on community research and evaluation.

What if I have more questions or concerns?

Please email Dr. Rivera directly as she is coordinating the data collection, analysis, and reporting. She is copied on this email, and her email address is echo@echorivera.com. Dr. Rivera is also more than happy to set up a video or phone call if you are interested.

APPENDIX F: Surveys

CONTENTS:

Survivor Survey – English

Survivor Survey – Spanish

Advocate Survey – English

Survivor Survey – English

Survivor Survey Information & Informed Consent

Thank you for your interest in taking this survey about your experiences with this domestic violence program. This section includes information about the survey and asks for your consent to participate.

Your responses will help Violence Free Colorado (formerly known as the Colorado Coalition Against Domestic Violence) develop new training resources for programs to improve the services provided by programs in Colorado.

This survey is being conducted by an independent research consultant, Dr. Echo Rivera. Your individual responses will never be shared with the program. **It is confidential and completely voluntary.** The organization or program you worked with (or are still working with) and their staff will never know if you did or did not participate. You do not have to take this survey to continue getting services. The only question that will require an answer is which program gave you information about this survey. Otherwise, you can skip any question you want.

You must be at least 18 years old to participate. The survey is available in English and Spanish. If you prefer to take the Spanish version, [click here](#). If you prefer to take the English version, [click here](#).

This survey will take about 10-15 minutes to complete. You cannot save and come back later, so please only start this survey if you can finish it now. The questions in the survey ask you to share what it was like to participate in this program. You will also be asked to share some reasons you did not access services in the past. Finally, you will also be asked about your experiences with other programs (if applicable). Your responses will be combined with other survivors who take this survey and shared in reports and presentations. No one will be able to read these and identify an individual person.

A \$10 Target Amazon gift card will be provided to the first 100 participants who (1) provided their email address, and (b) answered at least 90% of the questions. Email addresses will be temporarily included with your data just to confirm you meet these 2 criteria. Once gift cards are sent, email addresses will be completely separated from the data. We are unable to mail gift cards.

By continuing, you agree to all of the above.

Contact information: Echo Rivera, echo@echorivera.com

I. How Do You Feel About This Program or Organization?

1. First, please tell us which program gave you the link to this survey?

2. How many times have you worked with or talked to a staff person/volunteer from this program? (CHOOSE ONE)

- Just once
- A few times (2-5 times)
- A lot of times (6-15 times)
- More than 15 times

Section A

We would like to ask you some questions about how it feels to participate in this program. We are especially interested in the extent to which staff at this program recognize your challenges and difficulties, as well as your strengths and coping strategies. Please let us know how true the following statements are as you think about your interactions with staff* in this program on a scale from 0 to 3. You may feel different ways about different staff members. Please respond with your overall impression of the staff as a whole.

Nos gustaría hacerle algunas preguntas sobre cómo se siente al participar en este programa. Estamos especialmente interesados en la manera en que el personal de este programa reconoce sus desafíos y dificultades, así como las fortalezas que usted tiene para lidiar con estos. Por favor díganos qué tan ciertas son las siguientes afirmaciones cuando piensa en como es el con el personal de este programa, en una escala de 0 a 3. Usted puede sentirse de diferente manera sobre diferentes miembros del personal. Por favor responda con la opinión general que usted tiene del personal. Esta imagen le puede ayudar a pensar sobre eso:

**Note: "Staff" includes anyone you worked with at the program, including advocates, volunteers, and other staff members*

**Each question will have the options of: Not at all true // A little true // Somewhat true // Very true*

**Each question will have the options of: No es cierto // TBD // TBD // Nuy cierto*

1. Staff respect my privacy.
2. Staff are supportive when I'm feeling stressed out or overwhelmed.
3. I decide what I want to work on in this program.
4. Staff treat me with dignity.
5. Staff understand that I know what's best for me.
6. Staff respect the choices that I make.
7. In this program, I can share things about my life on my own terms and at my own pace.
8. Staff can handle difficult situations.
9. I can trust staff.

1. El personal respeta mi privacidad.
2. El personal me apoya cuando me siento estresado/a o agobiado/a.
3. En este programa yo decido en lo que quiero trabajar.
4. El personal me trata con dignidad.
5. El personal comprende que yo sé lo que es mejor para mí.
6. El personal respeta las elecciones que hago.
7. En este programa, puedo compartir cosas sobre mi vida en mis propios términos y a mi propio ritmo.
8. El personal puede manejar situaciones difíciles.
9. Puedo confiar en el personal.

10. I have the opportunity to learn how abuse and other difficulties affect people's bodies.
11. I have the opportunity to learn how abuse and other difficulties affect people's mental health.

12. This program creates opportunities for me to learn how abuse and other hardships affect people's relationships.

13. This program gives me opportunities to learn how abuse, and other difficulties affect peoples' ability to think clearly and remember things.

14. I am learning more about how to handle unexpected reminders of the abuse and difficulties I have endured.

10. Tengo la oportunidad de aprender cómo el abuso y otras dificultades afectan las respuestas del cuerpo.

11. Tengo la oportunidad de aprender cómo el abuso y otras dificultades afectan la salud mental de las personas (por ej. depresión, ansiedad, etc.).

12. Este programa crea oportunidades para que yo pueda aprender cómo el abuso y otras dificultades afectan las relaciones entre las personas.

13. Este programa me da la oportunidad de aprender cómo el abuso y otras dificultades afectan la capacidad de las personas para pensar claramente y recordar cosas.

14. Estoy aprendiendo más sobre cómo manejar cosas inesperadas que me recuerdan del abuso y las dificultades por las que he pasado.

15. In this program, I have the opportunity to connect with other survivors.

16. I have opportunities to help other survivors of abuse in this program.

17. I have the option to get support from peers or others who have had experiences similar to my own.

15. En este programa, tengo la oportunidad de conectar con otros/as.

16. En este programa, tengo la oportunidad de ayudar a otros/as sobrevivientes de abuso.

17. Tengo la opción de recibir apoyo de otros/as personas que han tenido experiencias similares a las mías.

Section B

The next set of statements are also about your experience with this program. Please let us know how true the following statements are on a scale from 0 to 3. Also note that you may feel different ways about different staff members. Please respond with your overall impression of the staff.

El próximo grupo de afirmaciones también son sobre su experiencia con este programa. Por favor díganos qué tan ciertas son las siguientes afirmaciones en una escala de 0 a 3. Esta imagen le puede ayudar a pensar sobre eso. Note que al pensar en estas afirmaciones, usted tiene la oportunidad de marcar “No sé”. También note que usted puede sentirse de diferente manera sobre diferentes miembros del personal. Por favor responda acerca e la opinión general que usted tiene del personal.

**Each question will have the options of: Not at all true // A little true // Somewhat true // Very true // I don't know*

**Each question will have the options of: No es cierto // TBD // TBD // Muy cierto// No se*

1. Peoples' cultural backgrounds (for example: their race, ethnicity, or nationality) are respected in this program.
2. Peoples' religious or spiritual beliefs are respected in this program.
3. Staff respect peoples' sexual orientations and gender expressions (*Gender expression is the external appearance of one's gender, usually shown through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.*)
4. Staff understand what it means to be in my financial situation.
5. Staff understand the challenges faced by people who are immigrants.
6. Staff understand how discrimination impacts peoples' everyday experience.
7. Staff recognize that some people or cultures have endured generations of violence, abuse, and other hardships.
8. This program treats people who face physical or mental health challenges with compassion.

Section C

Do you have children?

**IF NO >> automatically skip this section*

**IF YES >> Show this section*

Please let us know how true the following statements are as you think about your interactions with staff in this program on a scale from 0 to 3. Note that as you think about these statements, you have the option to circle “I don't know.” You may feel different ways about different staff members. Please respond with your overall impression of the staff.

Por favor díganos qué tan ciertas son las siguientes afirmaciones cuando piensa como es el trato que tiene con el personal de este programa, en una escala de 0 a 3. Usted puede sentirse de diferente manera sobre diferentes miembros del personal. Por favor responda acerca de la opinión general que usted tiene del personal. Esta imagen le puede ayudar a pensar sobre eso:

**Each question will have the options of: Not at all true // A little true // Somewhat true // Very true // I don't know*

1. I am learning more about how children react emotionally when they have witnessed or experienced abuse.
2. Staff help me explore how children's relationships can be affected by witnessing or experiencing abuse.
3. I am learning more about how my own experience of abuse can influence my relationships with my children.
4. The program provides opportunities for children to get help dealing with the abuse and other hardships they may have experienced or been affected by.
5. Staff support me to strengthen my relationships with my children.

1. Estoy aprendiendo más sobre cómo los niños reaccionan emocionalmente cuando han presenciado o sufrido abuso u otras dificultades.
2. El personal me ayuda a explorar cómo las relaciones de los niños pueden ser afectadas al presenciar abuso u otras dificultades en la vida.
3. Estoy aprendiendo más sobre cómo mi propia experiencia con el abuso puede influir en mi relación con mis hijos.
4. El programa provee oportunidades para que los niños reciban ayuda para lidiar con el abuso u otras dificultades que hayan experimentado o por las cuales hayan sido afectados.
5. El personal me ayuda a fortalecer la relación con mis hijos.

2. Please tell us about barriers you've encountered before participating in this program or organization.

Now we'd like to learn more about what your situation was like before you called or came to this program for the FIRST TIME. We know that for some survivors, it can take a long time before they participate in a program like this, and there are many reasons for that. Please review this list and check the box if ANY of these were EVER a reason that you did NOT contact this program when you wanted to.

Yes, this was a barrier for me // No, this was not a barrier for me

1. Practical and logistic issues:

- a) I didn't know that services were available for domestic violence survivors.
- b) I knew about programs for domestic violence, but didn't know how to get there or contact them.
- c) I knew about programs for domestic violence, but couldn't get there because I didn't have a car, and/or there is no affordable or accessible public transportation.
- d) I knew about programs for domestic violence, but couldn't get connected to one because of poor phone or internet service.
- e) I knew about programs for domestic violence, but I could not find the time to reach out because of other things I had to do, like work, taking care of children, etc.

2. Safety and other personal issues or worries:

- a) I wasn't sure if my situation was serious enough to ask for help.
- b) I was worried about my safety.
- c) I was worried about the safety of my children or other people I care about.
- d) I didn't want others to judge me or put me down for being a victim/survivor.
- e) I was worried about how my financial situation might change if I left (for example, I might become homeless or not have enough money to pay bills).
- f) I was worried about immigration legal troubles.
- g) I was worried about custody or visitation issues, or child protection/child welfare getting involved.

3. Worries about how the program would treat you or that it wouldn't be a positive experience:

- a) I did not want to stay in a shelter environment.
- b) I was worried about the negative impact shelter would have on my children.
- c) I didn't know if they would be able to speak my language or communicate directly with me.
- d) I didn't know if they would have accessible services for my disability.
- e) I've had a negative experience at a different domestic violence program before.
- f) I was worried that I would be forced to leave my partner to get help.

- g) I was worried that I would experience unfair treatment or discrimination because of my religious or spiritual beliefs.
- h) I was worried that I would experience unfair treatment or discrimination because of my disability.
- i) I was worried that I would experience unfair treatment or discrimination because of my race, ethnicity, and/or nationality.
- j) I was worried that I would experience unfair treatment or discrimination because I don't speak English very well or at all.
- k) I was worried that I would experience unfair treatment or discrimination because of my gender identity or expression.
- l) I was worried that I would experience unfair treatment or discrimination because of my sexual orientation.
- m) I was worried that I would experience unfair treatment or discrimination because I am an undocumented immigrant.

4. Please use this space below to describe how you were able to address these barriers so that you were able to contact your DV organization.

5. Please use this space below to type in any other reason that you did not call or come to this program when you wanted to:

3. Please tell us a little bit more about yourself and your current situation.

This is the last section of the survey and includes some questions about you. This information is not to identify you personally. This information will be used to help us understand how organizations can improve their services for survivors of various identities and backgrounds.

Do you have children? (choose one)

- No
- Yes, and at least one is younger than 18 years old
- Yes, and ALL are over the age of 18 years old

Current Age (number)

Gender (write in)

Race or Ethnicity (choose one or write in)

- Asian
- Black or African American
- Native American or American Indian
- Alaska Native
- Native Hawaiian or Pacific Islander
- Latino/a/x or Hispanic
- White
- Biracial or Multiracial
- Not listed above (write in)

First or primary language / the language you prefer to speak in (choose one or write in)

- English
- Spanish
- German
- Vietnamese
- American Sign Language (ASL)
- Not listed above (write in)

Sexual Orientation (choose one or write in)

- Heterosexual/Straight
- Lesbian
- Gay
- Bisexual
- Ace/Asexual
- Not listed above (write in)

Do you have or identify with any of the following disabilities? (Check all that apply and/or write in)

- Deaf
- Hard of hearing
- Blind
- Low vision
- Health-related disability (such as cancer or HIV/AIDS)
- Physical disability (such as muscular dystrophy, cerebral palsy, multiple sclerosis)
- Mental health-related disability (such as schizophrenia, major depressive disorder)
- Cognitive disability (such as ADHD, learning disability, traumatic brain injury)
- Not listed above (write in)

consentimiento informado

Muchas gracias por tu interés en contestar esta encuesta sobre tus experiencias con el programa de violencia doméstica. Esta sección incluye información sobre la encuesta y te pide que aceptes participar.

Tus respuesta ayudarán a la organización Violence Free Colorado (antes conocida como Colorado Coalition Against Domestic Violence) a desarrollar recursos de capacitación para mejorar los servicios de los programas en Colorado.

La Dra. Echo River, una asesora independiente especializada en estudios de investigación, está llevando a cabo esta encuesta. Nunca se compartirán tus respuestas individuales con el programa. **La encuesta es confidencial y totalmente voluntaria.** La organización o el programa en el que participaste (o estás participando todavía) y sus empleados nunca sabrán si participaste o no en la encuesta. No tienes que contestar esta encuesta para seguir recibiendo servicios. La única pregunta que debes contestar es el nombre del programa que te dio información sobre esta encuesta. Del resto de las preguntas, contesta las que quieras.

Debes tener por lo menos 18 años de edad para participar. La encuesta está disponible en español e inglés. Si prefieres contestar la versión en inglés, haz clic [aquí](#). Si prefieres tomar la versión en español, haz clic [aquí](#).

Contestar esta encuesta tarda entre 10 y 15 minutos. No puedes guardar tus respuestas a medio camino y seguir contestando la encuesta después. Por favor solo empieza a contestarla si puedes terminarla ahora. Las preguntas en la encuesta te piden que compartas tus experiencias participando en este programa. También te preguntan las razones por las que no obtuviste servicios antes. Por último, también habrá preguntas sobre tus experiencias participando en otros programas (si corresponde). Tus respuestas se combinarán con las de otras personas que sobrevivieron a la violencia doméstica y que contesten esta encuesta y se compartirán en informes y presentaciones. Nadie podrá leer estos informes y presentaciones e identificar individualmente a una persona.

Los primeros 100 participantes recibirán una tarjeta electrónica de regalo de \$10 de Target que proporcionen su dirección de correo electrónico y que (b) contesten por lo menos el 90% de las preguntas. Tu dirección de correo electrónico se incluirá temporalmente con tus datos solo para confirmar que cumples con estos dos requisitos. Después de que se envíen las tarjetas de regalo, las direcciones de correo electrónico se separarán completamente de los datos. No podemos enviar las tarjetas de regalo por correo postal.

Si eliges continuar, estás aceptando todo lo descrito anteriormente.

Información de contacto: Echo Rivera, echo@echorivera.com

Survivor Survey – Spanish

I. ¿Qué piensas sobre este programa u organización?

1. Primero, por favor dinos: ¿qué programa te dio el enlace para contestar esta encuesta?

2. ¿Cuántas veces has recibido servicios de o hablado con un empleado/voluntario de este programa? (POR FAVOR ELIJE UNA RESPUESTA)

- Solo una vez
- Un par de veces (2 a 5 veces)
- Muchas veces (6 a 15 veces)
- Más de 15 veces

Sección A

We would like to ask you some questions about how it feels to participate in this program. We are especially interested in the extent to which staff at this program recognize your challenges and difficulties, as well as your strengths and coping strategies. Please let us know how true the following statements are as you think about your interactions with staff* in this program on a scale from 0 to 3. You may feel different ways about different staff members. Please respond with your overall impression of the staff as a whole.

Nos gustaría hacerte algunas preguntas sobre cómo se siente participar en este programa. Nos interesa particularmente saber hasta qué punto reconoce el personal en este programa tus desafíos y dificultades, al igual que tus fortalezas y estrategias para sobrellevar/superar esos desafíos y dificultades. Por favor dinos qué tan ciertas/verdaderas son las siguientes frases mientras piensas sobre tus interacciones con el personal* de este programa. Usa un número entre *el no es cierto* y *el muy cierta*. Quizás pienses diferente de un/a empleado/a que de otro/a. Por favor responde con tu opinión en general sobre el personal en conjunto.

**Importante: El “personal” incluye a cualquier persona con la que interactuaste en el programa, incluidos los promotores/defensores, voluntarios y otros empleados.*

No es cierto // Un poco cierto // Algo cierto // Muy cierto

1. Staff respect my privacy.
2. Staff are supportive when I’m feeling stressed out or overwhelmed.
3. I decide what I want to work on in this program.
4. Staff treat me with dignity.
5. Staff understand that I know what’s best for me.
6. Staff respect the choices that I make.
7. In this program, I can share things about my life on my own terms and at my own pace.
8. Staff can handle difficult situations.
9. I can trust staff.

I. El personal respeta mi privacidad.

2. El personal me apoya cuando me siento estresada/o o agobiada/o.
3. En este programa yo decido en lo que quiero trabajar.
4. El personal me trata con dignidad.
5. El personal entiende que yo sé lo que es mejor para mí.
6. El personal respeta las decisiones que tomo.
7. En este programa, puedo compartir cosas sobre mi vida en mis propios términos y a mi propio ritmo.
8. El personal puede manejar situaciones difíciles.
9. Puedo confiar en el personal.

10. I have the opportunity to learn how abuse and other difficulties affect people's bodies.
11. I have the opportunity to learn how abuse and other difficulties affect people's mental health.
12. This program creates opportunities for me to learn how abuse and other hardships affect people's relationships.
13. This program gives me opportunities to learn how abuse, and other difficulties affect peoples' ability to think clearly and remember things.
14. I am learning more about how to handle unexpected reminders of the abuse and difficulties I have endured.

10. Tengo la oportunidad de aprender cómo el abuso y otras dificultades afectan el cuerpo de una persona.
11. Tengo la oportunidad de aprender cómo el abuso y otras dificultades afectan la salud mental de las personas (por ejemplo, depresión, ansiedad, etc.).
12. Este programa crea oportunidades para que yo aprenda cómo el abuso y otras dificultades afectan las relaciones entre las personas.
13. Este programa me da la oportunidad de aprender cómo el abuso y otras dificultades afectan la capacidad de las personas para pensar claramente y recordar cosas.
14. Estoy aprendiendo más sobre cómo manejar recuerdos inesperados sobre el abuso y las dificultades por las que he pasado.

15. In this program, I have the opportunity to connect with **other survivors.**
16. I have opportunities to help other survivors of abuse in this program.
17. I have the option to get support from peers or others who have had experiences similar to my own.

15. En este programa, tengo la oportunidad de conectarme con **otras personas que han sobrevivido a la violencia doméstica.**
16. En este programa, tengo la oportunidad de ayudar a otras personas que han sobrevivido a la violencia doméstica.
17. Tengo la opción de recibir apoyo de otras personas que han tenido experiencias similares a las mías.

Section B

The next set of statements are also about your experience with this program. Please let us know how true the following statements are on a scale from 0 to 3. Also note that you may feel different ways about different staff members. Please respond with your overall impression of the staff.

Las siguientes frases también son sobre tu experiencia con este programa. Por favor dinos qué tan ciertas son las siguientes frases usando un número entre el 0 y el 3. Esta imagen te puede ayudar a pensar sobre esto. Por favor toma en cuenta que, al pensar en cómo responder a estas frases, tienes la oportunidad de contestar “No sé”. Quizás pienses diferente de un/a empleado/a que de otro/a. Por favor responde con tu opinión en general sobre el personal como grupo.

No es cierto // Un poco cierto // Algo cierto // Muy cierto// No sé

1. Peoples’ cultural backgrounds (for example: their race, ethnicity, or nationality) are respected in this program.
2. Peoples’ religious or spiritual beliefs are respected in this program.
3. Staff respect peoples’ sexual orientations and gender expressions (*Gender expression is the external appearance of one’s gender, usually shown through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.*)
4. Staff understand what it means to be in my financial situation.
5. Staff understand the challenges faced by people who are immigrants.
6. Staff understand how discrimination impacts peoples’ everyday experience.
7. Staff recognize that some people or cultures have endured generations of violence, abuse, and other hardships.
8. This program treats people who face physical or mental health challenges with compassion.

1. En este programa, se respetan los orígenes culturales de una persona (por ejemplo: su grupo racial o étnico, o su nacionalidad).
2. En este programa, se respetan las creencias religiosas y espirituales de las personas.
3. El personal respeta las orientaciones sexuales y expresiones de género de las personas (*La expresión de género es la apariencia externa del género de una persona, la cual usualmente se demuestra a través del comportamiento, la ropa, el corte de pelo o la voz, y que quizás no concuerde con los comportamientos y las características masculinas o femeninas que define la sociedad.*)
4. El personal entiende lo que significa estar en mi situación financiera.
5. El personal entiende los desafíos que tienen las personas inmigrantes.
6. El personal entiende cómo la discriminación afecta las experiencias diarias de las personas.
7. El personal reconoce que algunas personas o culturas han pasado por generaciones de violencia, abuso y otras dificultades.
8. Este programa trata con compasión a las personas que tienen desafíos físicos o mentales.

Section C

Do you have children?

**IF NO >> automatically skip this section*

**IF YES >> Show this section*

¿Tienes hijos?

**IF NO >> automatically skip this section*

**IF SÍ >> Show this section*

Please let us know how true the following statements are as you think about your interactions with staff in this program on a scale from 0 to 3. Note that as you think about these statements, you have the option to circle “I don’t know.” You may feel different ways about different staff members. Please respond with your overall impression of the staff.

Por favor dínos qué tan ciertas son las siguientes frases cuando piensas sobre tus interacciones con el personal de este programa y usa un número entre el 0 y el 3. Por favor toma en cuenta que, al pensar en cómo responder a estas frases, tienes la oportunidad de contestar “No sé”. Quizás pienses diferente de un/a empleado/a que de otro/a. Por favor responde con tu opinión en general sobre el personal como grupo:

No es cierto // Un poco cierto // Algo cierto // Muy cierto// No sé

1. I am learning more about how children react emotionally when they have witnessed or experienced abuse.
2. Staff help me explore how children’s relationships can be affected by witnessing or experiencing abuse.
3. I am learning more about how my own experience of abuse can influence my relationships with my children.
4. The program provides opportunities for children to get help dealing with the abuse and other hardships they may have experienced or been affected by.
5. Staff support me to strengthen my relationships with my children.

1. Estoy aprendiendo más sobre cómo los niños reaccionan emocionalmente cuando han presenciado o sufrido abuso.
2. El personal me ayuda a explorar cómo las relaciones de los niños pueden verse afectadas al presenciar o sufrir abuso.
3. Estoy aprendiendo más sobre cómo mi propia experiencia con el abuso puede afectar mi relación con mis hijos.
4. El programa ofrece oportunidades para que los niños reciban ayuda lidiando con el abuso y otras dificultades que han pasado o los han afectado.
5. El personal me ayuda a fortalecer mi relación con mis hijos.

2. Por favor cuéntanos sobre los obstáculos que enfrentaste antes de participar en este programa u organización.

Ahora nos gustaría saber más sobre cuál era tu situación antes de llamar o venir a este programa por PRIMERA VEZ. Sabemos que para algunos/as sobrevivientes de la violencia doméstica, puede pasar mucho tiempo antes que decidan participar en un programa por muchas razones. Por favor lee esta lista y marca la casilla si CUALQUIERA de estas razones fue ALGUNA VEZ una razón por la cual NO te pusiste en contacto con este programa aunque querías hacerlo.

Sí, esto fue un obstáculo para mí. // No, esto no fue un obstáculo para mí

I. Practical and logistic issues:

- a) I didn't know that services were available for domestic violence survivors.
- b) I knew about programs for domestic violence, but didn't know how to get there or contact them.
- c) I knew about programs for domestic violence, but couldn't get there because I didn't have a car, and/or there is no affordable or accessible public transportation.
- d) I knew about programs for domestic violence, but couldn't get connected to one because of poor phone or internet service.
- e) I knew about programs for domestic violence, but I could not find the time to reach out because of other things I had to do, like work, taking care of children, etc.

I. Obstáculos prácticos y de logística:

- a) No sabía que había servicios disponibles para personas que han sobrevivido a la violencia doméstica.
- b) Sabía que había programas para la violencia doméstica, pero no sabía cómo llegar ahí o comunicarme con ellos,
- c) Sabía que había programas para la violencia doméstica, pero no pude ir a donde estaban porque no tenía automóvil o no había transporte público económico o accesible.
- d) Sabía que había programas para la violencia doméstica, pero no pude comunicarme con uno porque no tenía buen servicio telefónico o de internet en mi hogar.
- e) Sabía que había programas para la violencia doméstica, pero no encontré el tiempo para comunicarme con uno por otras cosas que tuve que hacer, como trabajar, cuidar a mis hijos, etc.

2. Safety and other personal issues or worries:

- a) I wasn't sure if my situation was serious enough to ask for help.
- b) I was worried about my safety.

- c) I was worried about the safety of my children or other people I care about.
- d) I didn't want others to judge me or put me down for being a victim/survivor.
- e) I was worried about how my financial situation might change if I left (for example, I might become homeless or not have enough money to pay bills).
- f) I was worried about immigration legal troubles.
- g) I was worried about custody or visitation issues, or child protection/child welfare getting involved.

2. Seguridad y otros obstáculos o dudas personales:

- a) No estaba segura/o de si mi situación era lo suficientemente grave como para pedir ayuda.
- b) Me preocupaba mi seguridad.
- c) Me preocupaba la seguridad de mis hijos u otros seres queridos.
- d) No quería que otras personas me juzgaran o menospreciaran por ser una víctima o sobreviviente.
- e) Me preocupaba que mi situación financiera cambiara si me iba (por ejemplo, quedarme sin hogar o no tener suficiente dinero para pagar las facturas).
- f) Me preocupaba tener problemas legales debido a mi situación migratoria.
- g) Me preocupaba tener problemas por la custodia o derechos de visitación de mis hijos, o que la agencia de protección/bienestar infantil se involucrara.

3. Worries about how the program would treat you or that it wouldn't be a positive experience:

- a) I did not want to stay in a shelter environment.
- b) I was worried about the negative impact shelter would have on my children.
- c) I didn't know if they would be able to speak my language or communicate directly with me.
- d) I didn't know if they would have accessible services for my disability.
- e) I've had a negative experience at a different domestic violence program before.
- f) I was worried that I would be forced to leave my partner to get help.
- g) I was worried that I would experience unfair treatment or discrimination because of my religious or spiritual beliefs.
- h) I was worried that I would experience unfair treatment or discrimination because of my disability.
- i) I was worried that I would experience unfair treatment or discrimination because of my race, ethnicity, and/or nationality.
- j) I was worried that I would experience unfair treatment or discrimination because I don't speak English very well or at all.
- k) I was worried that I would experience unfair treatment or discrimination because of my gender identity or expression.
- l) I was worried that I would experience unfair treatment or discrimination because of my sexual orientation.
- m) I was worried that I would experience unfair treatment or discrimination because I am an undocumented immigrant.

3. Dudas sobre cómo te trataría el programa o de que no sería una experiencia positiva:

- a) No quería quedarme en un refugio (*shelter*).
- b) Me preocupaba que quedarnos en un refugio afectara negativamente a mis hijos.
- c) No sabía si podrían hablar mi idioma o comunicarse directamente conmigo.
- d) No sabía si tendrían servicios de accesibilidad para personas con mi discapacidad.
- e) Tuve una experiencia negativa en el pasado con otro programa de violencia doméstica.
- f) Me preocupaba que me obligaran a dejar a mi pareja para recibir ayuda.
- g) Me preocupaba que me trataran injustamente o discriminaran debido a mis creencias religiosas o espirituales.
- h) Me preocupaba que me trataran injustamente o discriminaran debido a mi discapacidad.
- i) Me preocupaba que me trataran injustamente o discriminaran debido a mi grupo racial o étnico o mi nacionalidad.
- j) Me preocupaba que me trataran injustamente o discriminaran porque no hablo inglés muy bien o para nada.
- k) Me preocupaba que me trataran injustamente o discriminaran debido a mi identidad o expresión de género.
- l) Me preocupaba que me trataran injustamente o discriminaran debido a mi orientación sexual.
- m) Me preocupaba que me trataran injustamente o discriminaran porque soy un/a inmigrante indocumentado/a.

4. Please use this space below to describe how you were able to address these barriers so that you were able to contact your DV organization.

4. Por favor usa el siguiente espacio para describir cómo pudiste resolver estos obstáculos para comunicarte con tu organización de violencia doméstica.

5. Please use this space below to type in any other reason that you did not call or come to this program when you wanted to:

5. Por favor usa el siguiente espacio para escribir cualquier otra razón por la cual no llamaste o fuiste a esta organización aunque querías hacerlo:

3. Por favor cuéntanos un poco más de ti y de tu situación actual.

Esta es la última sección de la encuesta e incluye algunas preguntas sobre ti. Esta información no es para identificarte personalmente. Esta información se usará para ayudarnos a entender cómo las organizaciones o los programas pueden mejorar sus servicios para las personas de varias identidades y orígenes que han sobrevivido a la violencia doméstica.

Do you have children? (choose one)

- No
- Yes, and at least one is younger than 18 years old
- Yes, and ALL are over the age of 18 years old

¿Tienes hijos? (por favor elije una respuesta)

- No
- Sí, y por lo menos uno es menor de 18 años
- Sí, y TODOS son mayores de 18 años

Current Age (number)

Tu edad actual (en números)

Gender (write in)

Tu género (por favor escríbelo)

Race or Ethnicity (choose one or write in)

- Asian
- Black or African American
- Native American or American Indian
- Alaska Native
- Native Hawaiian or Pacific Islander
- Latino/a/x or Hispanic
- White
- Biracial or Multiracial
- Not listed above (write in)

Tu grupo racial o étnico (por favor elije uno o escríbelo)

- Asiático
- Negro o afroamericano
- Nativo americano o indoamericano
- Nativo de Alaska
- Nativo de Hawái o de las Islas del Pacífico
- Latinx o hispano
- Blanco

- Mestizo (mezcla de dos grupos raciales) o multirracial
- No aparece en esta lista (por favor escríbelo)

First or primary language / the language you prefer to speak in (choose one or write in)

- English
- Spanish
- German
- Vietnamese
- American Sign Language (ASL)
- Not listed above (write in)

Tu lengua materna o idioma principal / el idioma que prefieres hablar (por favor elije uno o escríbelo)

- Español
- Inglés
- Alemán
- Vietnamita
- Lenguaje de señas norteamericano (ASL, por sus siglas en inglés)
- No aparece en esta lista (por favor escríbelo)

Sexual Orientation (choose one or write in)

- Heterosexual/Straight
- Lesbian
- Gay
- Bisexual
- Ace/Asexual
- Not listed above (write in)

Orientación sexual (por favor elije una o escríbela)

- Heterosexual
- Lesbiana
- Gay
- Bisexual
- Asexual
- No aparece en esta lista (por favor escríbelo)

Do you have or identify with any of the following disabilities? (Check all that apply and/or write in)

- Deaf
- Hard of hearing
- Blind
- Low vision
- Health-related disability (such as cancer or HIV/AIDS)
- Physical disability (such as muscular dystrophy, cerebral palsy, multiple sclerosis)
- Mental health-related disability (such as schizophrenia, major depressive disorder)

- Cognitive disability (such as ADHD, learning disability, traumatic brain injury)
- Not listed above (write in)

¿Tienes o te identificas con cualquiera de las siguientes discapacidades? (por favor marca todas las que correspondan o escríbelas)

- Sordera
- Dificultad para oír
- Ceguera
- Poca visión
- Discapacidad relacionada con la salud (como el cáncer o el VIH/SIDA)
- Discapacidad física (como la distrofia muscular, la parálisis cerebral, la esclerosis múltiple)
- Discapacidad relacionada con la salud mental (como la esquizofrenia o un trastorno depresivo serio)
- Discapacidad cognitiva (como el trastorno de déficit de atención e hiperactividad (ADHD, por sus siglas en inglés), una discapacidad que afecta el aprendizaje, una lesión cerebral traumática)
- No aparece en esta lista (por favor escríbelo)

(OPCIONAL) Por favor escriba su dirección de correo electrónico si desea recibir la tarjeta eGift de \$10 en Target. La tarjeta de regalo se le enviará por correo electrónico en aproximadamente 1-2 meses, si usted es uno de los primeros 100 participantes que completaron el 90% de la encuesta. Por favor revise su carpeta de spam si no la recibe dentro de 2 meses.

Antes de hacer clic en "enviar", verifique que la ortografía sea correcta.

Información de contacto: Echo Rivera, echo@echorivera.com

Advocate Survey – English

I. What Are Your Needs for Training and Technical Assistance?

Violence Free Colorado is currently planning on revising or creating new training and technical assistance materials to help domestic violence organizations across the state. Your responses below will help them prioritize these activities and create material that will be the most helpful across the state of Colorado.

Please note that we use the terms “program” and “organization” interchangeably.

Which of the following topics would you be most interested in learning about? Which topics do you think your organization could use more training and/or technical assistance about?

*Each question will have the options of:

- *Training*
- *Technical Assistance*
- *Both*
- *Neither (No support needed)*

Improve our organization’s practice to provide trauma-informed, accessible, and culturally-relevant **advocacy services** for:

Survivors in general (broadly)

Survivors with substance misuse disorders

Survivors with mental health issues.

Survivors who are parents.

Survivors with disabilities.

LGBTQ+ survivors.

Immigrant survivors.

Survivors of color.

Survivors with disabilities.

Survivors of various religious or spiritual affiliations.

Survivors who are men.

Youth who are impacted by teen dating violence.

Children and youth who are impacted by a domestic violence perpetrator parent.

The children of the parents who access our services.

Improve, expand, or adjust our organizational practice:

Start a mobile advocacy program.

Court advocacy (civil/family court and criminal justice advocacy)

Improve accessibility for survivors with disabilities

Improve language access for DV survivors with limited English proficiency.

Create and sustain volunteer programs.

Conduct our own internal evaluation.

Improve our data collection process. For example, identify ways to speed up the process, reword questions, reduce paperwork, or remove unnecessary questions.

- Build prevention programs.
- Write compelling grant and funding applications.
- Create hiring practices to attract quality advocates.
- Reduce staff turnover.
- Reduce staff burnout.

Revise or improve our organization's written policies to provide trauma-informed, accessible, and culturally-relevant advocacy to:

- Survivors in general (broadly)
- Survivors with substance misuse disorders
- Survivors with mental health issues.
- Survivors who are parents.
- Survivors with disabilities.
- LGBTQ+ survivors.
- Immigrant survivors.
- Survivors of color.
- Survivors with disabilities.
- Survivors of various religious or spiritual affiliations.
- Survivors who are men.
- Youth who are impacted by teen dating violence.
- Children and youth who are impacted by a domestic violence perpetrator parent.
- The children of the parents who access our services.

Achieve the following client outcomes:

- Increase economic stability for survivors.
- Increase housing access for survivors.

Leverage community partnerships and expand our reach.

- Do community outreach to increase the diversity of survivors who come to our organization.
- Engage men into the work.
- Build relationships with other non-profit community organizations (e.g., homelessness organizations).
- Build relationships with other community members to address community barriers that survivors face (e.g., landlords, business owners).
- Engage in effective systems or policy advocacy.
- Challenge racism, oppression, and privilege.

OTHER: Please use this space to write in additional topics that you are interested in.

2. Please tell us a little bit more about yourself and your current situation.

This is the last section of the survey and includes some questions about you. This information is not to identify you personally. This information will be used to help us understand how organizations can improve their services for survivors of various identities and backgrounds.

1. What is your role at the organization?

- Leadership or supervisory
- Administrative, evaluation, or financial
- Paid advocate
- Volunteer or student intern
- Volunteer advocate

2. How much of your time at the organization is spent providing direct advocacy and support to survivors of domestic violence?

- None or very rarely
- Less than 20% (Up to 8 hours/week in a 40-hour workweek; up to 4 in a 20-hour workweek)
- Between 20-40% (Up to 16 hours/week in a 40-hour workweek; up to 8 in a 20-hour workweek)
- Between 40-60% (Up to 24 hours/week in a 40-hour workweek; up to 12 in a 20-hour workweek)
- Between 60-80% (Up to 32 hours/week in a 40-hour workweek; up to 16 in a 20-hour workweek)
- Between 80-100%

Current Age (number)

Gender (write in)

Race or Ethnicity (choose one or write in)

- Asian
- Black or African American
- Native American or American Indian
- Alaska Native
- Native Hawaiian or Pacific Islander
- Latino/a/x or Hispanic
- White
- Biracial or Multiracial
- Not listed above (write in)

First or primary language / the language you prefer to speak in (choose one or write in)

- English

- Spanish
- German
- Vietnamese
- American Sign Language (ASL)
- Not listed above (write in)

Sexual Orientation (choose one or write in)

- Heterosexual/Straight
- Lesbian
- Gay
- Bisexual
- Ace/Asexual
- Not listed above (write in)

Do you have or identify with any of the following disabilities? (Check all that apply and/or write in)

- Deaf
- Hard of hearing
- Blind
- Low vision
- Health-related disability (such as cancer or HIV/AIDS)
- Physical disability (such as muscular dystrophy, cerebral palsy, multiple sclerosis)
- Mental health-related disability (such as schizophrenia, major depressive disorder)
- Cognitive disability (such as ADHD, learning disability, traumatic brain injury)
- Not listed above (write in)

3. How Do DV Survivors Feel About Your Program or Organization?

Section A

We would like to ask you some questions about how you think it felt for survivors to participate in your organization/program. We are especially interested in the extent to which you think staff* at this program recognized survivors' challenges and difficulties, as well as their strengths and coping strategies. Please let us know how true the following statements are as you think about survivors' interactions with staff in this program on a scale from "not at all true" to "very true". Survivors likely felt differently about different staff members. Please respond with your overall impression survivors' experiences as a whole. **Note: "Staff" includes anyone at the program, including advocates, volunteers, and other staff members*

*Each question will have the options of: *Not at all true // A little true // Somewhat true // Very true*

Staff respect survivors' privacy.

Staff are supportive when survivors are feeling stressed out or overwhelmed.

Survivors decide what they want to work on in this program.

Staff treat survivors with dignity.

Staff understand that survivors know what's best for themselves.

Staff respect the choices that survivors make.

In this program, survivors can share things about their life on their own terms and at their own pace.

Staff can handle difficult situations.

Survivors can trust staff.

10. Survivors have the opportunity to learn how abuse and other difficulties affect people's bodies.

11. Survivors have the opportunity to learn how abuse and other difficulties affect people's mental health.

12. This program creates opportunities for survivors to learn how abuse and other hardships affect people's relationships.

13. This program gives survivors opportunities to learn how abuse, and other difficulties affect people's ability to think clearly and remember things.

14. Survivors are learning more about how to handle unexpected reminders of the abuse and difficulties they have endured.

15. In this program, survivors have the opportunity to connect with other survivors.

16. Survivors have opportunities to help other survivors of abuse in this program.

17. Survivors have the option to get support from peers or others who have had experiences similar to theirs.

Section B

The next set of statements are also about survivors' experiences with your organization/program. Please let us know how true the following statements are on a scale from "not at all true" to "very true". Again, survivors likely felt differently about different staff members. Please respond with your overall impression survivors' experiences as a whole.

**Each question will have the options of: Not at all true // A little true // Somewhat true // Very true // I don't know*

People's cultural backgrounds (for example: their race, ethnicity, or nationality) are respected in this program.

People's religious or spiritual beliefs are respected in this program.

Staff respect people's sexual orientations and gender expressions (*Gender expression is the external appearance of one's gender, usually shown through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.*)

Staff understand what it means to be in survivors' financial situations.

Staff understand the challenges faced by people who are immigrants.

Staff understand how discrimination impacts people's everyday experience.

Staff recognize that some people or cultures have endured generations of violence, abuse, and other hardships.

This program treats people who face physical or mental health challenges with compassion.

Section C

[For survivors who had children] Please let us know how true the following statements are as you think about survivors interactions with staff in this program on a scale from "not at all true" to "very true". Note that as you think about these statements, you have the option to circle "I don't know." Again, survivors likely felt differently about different staff members. Please respond with your overall impression survivors' experiences as a whole.

**Each question will have the options of: Not at all true // A little true // Somewhat true // Very true*

Survivors learn more about how children react emotionally when they have witnessed or experienced abuse.

Staff help survivors explore how children's relationships can be affected by witnessing or experiencing abuse.

Survivors learn more about how their experiences of abuse can influence their relationships with their children.

The program provides opportunities for children to get help dealing with the abuse and other hardships they may have experienced or been affected by.

Staff support survivors to strengthen their relationships with their children.

4. Please tell us about barriers encountered by survivors who access services at your organization.

Similar to the previous section, we would like you to estimate the most common barriers experienced by the survivors who ultimately accessed services at your organization. You will be presented with a few sets of questions about barriers they encountered before coming to your organization. For each set of questions, choose the TOP 2, most common barriers of survivors at your organization.

1. Practical and logistic issues: (Choose 2)

They didn't know that services were available for domestic violence survivors.

They knew about programs for domestic violence, but didn't know how to get there or contact us.

They knew about programs for domestic violence, but couldn't get there because they didn't have a car, and/or there is no affordable or accessible public transportation.

They knew about programs for domestic violence, but couldn't get connected to one because of poor phone or internet service.

They knew about programs for domestic violence, but could not find the time to reach out because of other things they had to do, like work, taking care of children, etc.

2. Safety and other personal issues or worries: (Choose 2)

They weren't sure if the situation was serious enough to ask for help.

They were worried about their safety.

They were worried about the safety of their children or other people they care about.

They didn't want others to judge or put them down for being a victim/survivor.

They were worried about how their financial situation might change if they left (for example, becoming homeless or not having enough money to pay bills).

They were worried about immigration legal troubles.

They were worried about custody or visitation issues, or child protection/child welfare getting involved.

3. Worries about how the program would treat them or that it wouldn't be a positive experience: (Choose 2)

They did not want to stay in a shelter environment.

They were worried about the negative impact shelter would have on their children.

They didn't know if we would be able to speak their language or communicate directly with them.

They didn't know if they would have accessible services for my disability.

They've had a negative experience at a different domestic violence program before.

They were worried that they would be forced to leave my partner to get help.

They were worried that they would experience unfair treatment or discrimination because: (Choose 2)

- ...of their religious or spiritual beliefs.
- ... of their disability.
- ... of their race, ethnicity, and/or nationality.
- ...they don't speak English very well or at all.
- ... of their gender identity or expression.
- ... of their sexual orientation.
- ... they are an undocumented immigrant.

4. Please use this space below to describe how survivors are often able to address these barriers, and ultimately contact your DV organization.

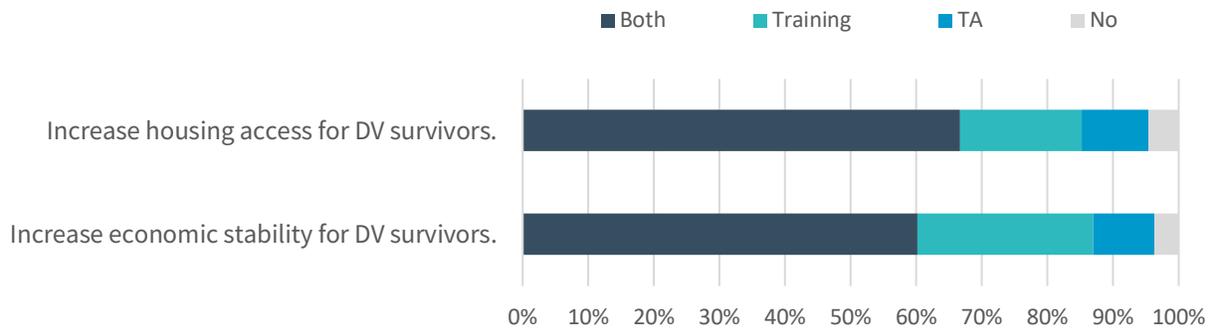
5. Please use this space below to type in any other top common barriers that were not listed earlier.

Appendix G: Additional Data for TTA Needs of Advocates

Achieving Client Outcomes

	Both	Training Only	TA Only	Neither needed
Increase economic stability for DV survivors.	60.2%	26.9%	9.3%	3.7%
Increase housing access for DV Survivors.	66.7%	18.5%	10.2%	4.6%

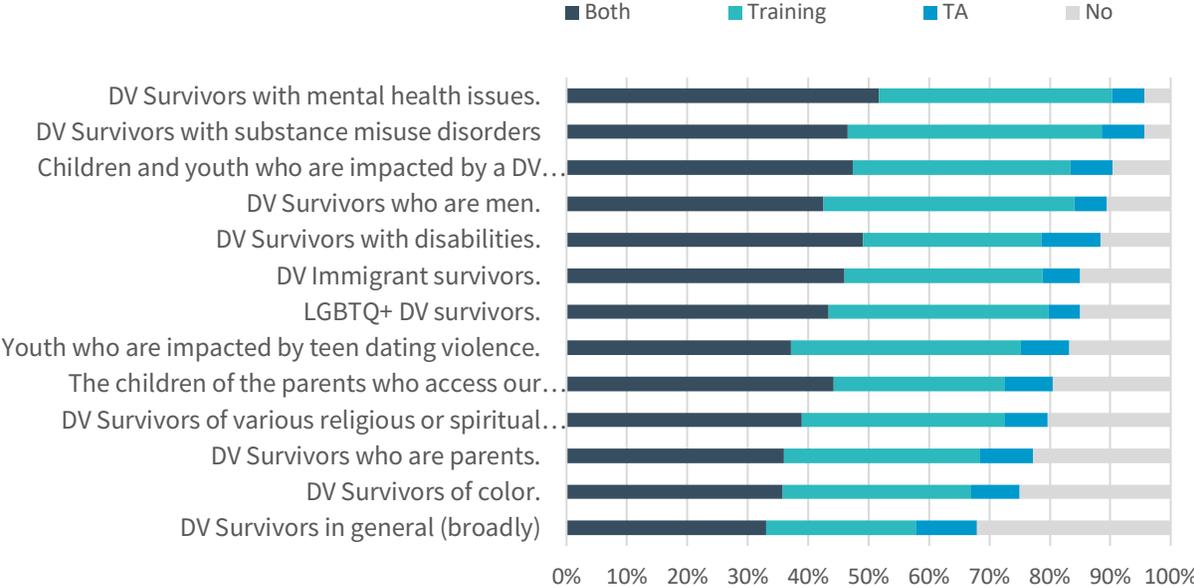
The graphs in the main body of the report focus on whether advocates were interested in a specific topic and combined “both,” “training only,” and “TA only” into one category. For all topic areas, there was a strong preference for both training and technical assistance. **This section in the appendix shows the breakdown of responses by these three categories. A smaller subset of advocates had a slight preference for training only over TA only.**



Specialized Populations and Topics

	Both	Training Only	TA Only	Neither needed
DV survivors with mental health issues.	51.8%	38.6%	5.3%	4.4%
DV survivors with substance misuses disorders,	49.1%	29.5%	9.8%	11.6%
Children and youth who are impacted by a DV perpetrator parent.	47.4%	36.0%	7.0%	9.6%
DV survivors who are men.	46.5%	42.1%	7.0%	4.4%
DV survivors with disabilities.	46.0%	32.7%	6.2%	15.0%
DV immigrant survivors.	44.2%	28.3%	8.0%	19.5%
LGBTQ+ DV survivors.	43.4%	36.3%	5.3%	15.0%
Youth who are impacted by TDV.	42.5%	41.6%	5.3%	10.6%
Children of parents who access our services.	38.9%	33.6%	7.1%	20.4%
DV survivors of religious/spiritual affiliations.	37.2%	38.1%	8.0%	16.8%
DV survivors who are parents.	36.0%	32.5%	8.8%	22.8%
DV survivors of color.	35.7%	31.2%	8.0%	25.0%
DV survivors in general (broadly)	33.0%	24.8%	10.1%	32.1%

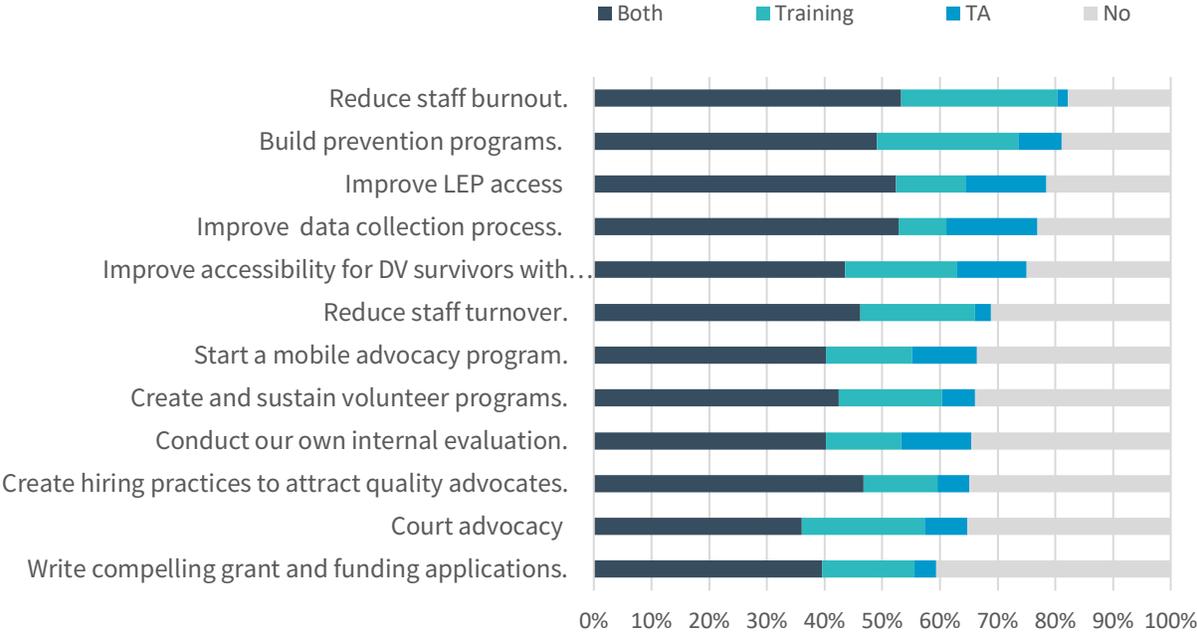
Of those who did not choose “both” as an option, most preferred training only over TA only.



Organizational practice

	Both	Training Only	TA Only	Neither needed
Reduce staff burnout.	53.3%	27.1%	1.9%	17.8%
Build prevention programs.	49.1%	24.5%	7.5%	18.9%
Improve LEP access	52.3%	12.1%	14.0%	21.5%
Improve data collection process.	52.8%	8.3%	15.7%	23.1%
Improve accessibility for DV survivors with disabilities	43.5%	19.4%	12.0%	25.0%
Reduce staff turnover.	46.2%	19.8%	2.8%	31.1%
Start a mobile advocacy program.	40.2%	15.0%	11.2%	33.6%
Create and sustain volunteer programs.	42.5%	17.9%	5.7%	34.0%
Conduct our own internal evaluation.	40.2%	13.1%	12.1%	34.6%
Create hiring practices to attract quality advocates.	46.8%	12.8%	5.5%	34.9%
Court advocacy	36.1%	21.3%	7.4%	35.2%
Write compelling grant and funding applications.	39.6%	16.0%	3.8%	40.6%

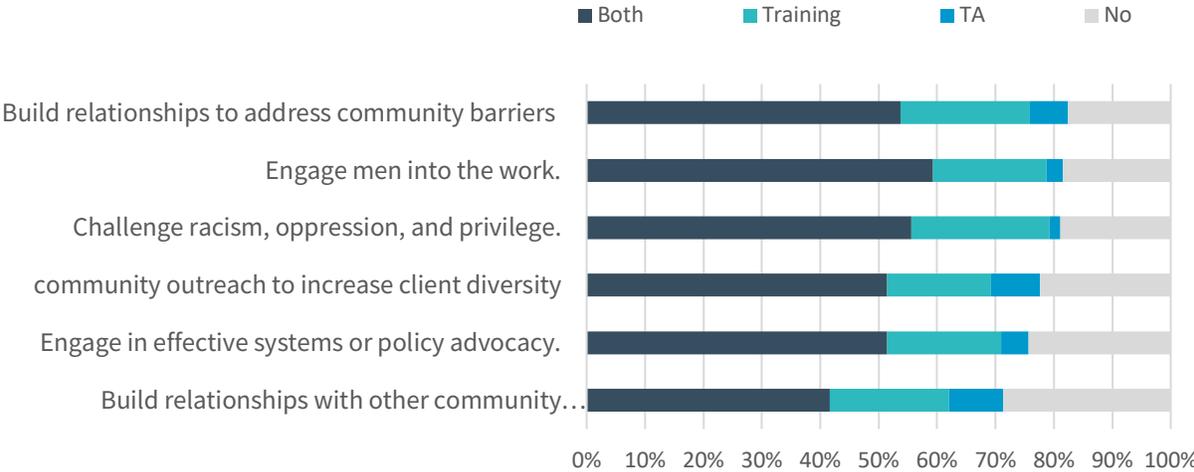
In contrast to the previous section, TA only had more interest than training only, particularly for topics related to evaluation and data collection.



Community and systems advocacy

	Both	Training Only	TA Only	Neither needed
Build relationships to address community barriers	53.7%	22.2%	6.5%	17.6%
Engage men into the work.	59.2%	19.4%	2.9%	18.4%
Challenge racism, oppression, and privilege.	55.7%	23.6%	1.9%	18.9%
community outreach to increase client diversity	51.4%	17.8%	8.4%	22.4%
Engage in effective systems or policy advocacy.	51.4%	19.6%	4.7%	24.3%
Build relationships with other community organizations	41.7%	20.4%	9.3%	28.7%

Of those who did not choose “both” as an option, most preferred training only over TA only.



Appendix H: Original Quotes from Survivors and Advocates About Barriers

A summary of open-ended responses is provided in the main section of the report. Original quotes are presented in this section for further reading.

Additional barriers

Survivor responses

At the end of the survey, survivors were able to share additional barriers they experienced. Most responses repeated or added clarification to the options from this section, and **not knowing what to expect** or how to “qualify” for services was an initial barrier. Some responses also hint at possible **internalized negative attitudes or stereotypes** about women and/or DV survivors.

“I’m not familiar with the Denver area.”

“I wasn’t sure if I qualified for help because my **children were grown.**”

“My initial reason for not calling was that I **did not know** these kind of resources were available. The second one was that I had **not completely realized** that I had a serious problem, I did not know anything about abuse. The third one was because I did not have **transportation or money** to afford public transportation.”

“I did not call because I was thinking that DV organization **would not help me.**”

“I was **scared**, I didn’t know what to expect, I didn’t feel like I should be in this situation—I have a master’s degree. I thought I should be smarter than to be in my situation. **I didn’t know that DV affects people from all levels of society.** I felt **shameful** about it, I felt **isolated**, I thought it was **my fault**. I didn’t see or hear about other women like me who were experiencing DV. I thought it was an issue that only affected other communities. I was somewhat in **denial** that it was as serious of a problem as it was.”

“I **did not know what to expect**, and am used to being more **independent**, and not asking for assistance, no matter how much I may actually need it.”

“I was scared that the shelter would be **dirty, grimy, and filled with emotionally unstable women**. I was heartbroken at the thought of being absolutely alone in the world, as if no one cared if I was even alive. I didn’t know what was going to happen, what services were potentially available, or if they would accept me without having children.”

Advocate responses

Advocates also reported on additional barriers they’ve heard about from survivors. Many comments restated the options from the survey or included general comments about the community response to DV. Comments related to barriers are provided below.

Most comments were about community barriers, such as lack of affordable housing, court policy, lack of public transportation, or geographical barriers:

Can’t **afford** an attorney for something they know they will need in the end (divorce/custody case after they leave abuser)

It would be nice if we had funding to help individuals who truly can’t get to us for help due to no car, gas etc. Sometimes the wait list for transportation assistance is long.

Being in a **rural** community and having personal connections to staff.

Living in a small town/rural area, fear of discovery by abuser and/or community is a big barrier regardless of program efforts to ensure privacy and confidentiality.

Access to services. There are some counties in the area I work in that have families who live “off the grid” where law enforcement doesn’t patrol and other agencies won’t go out there either.

Obtaining **transportation** while in shelter.

Fear of Court System, having to see their Abuser in Court.

The **fear** of leaving their housing situation for shelter and not being able to find **affordable housing** or having anywhere to go after their stay is up at shelter.

There is often frustration around the **lack of overall services** that are in the community. The thought of why should I leave? **You won’t be able to guarantee** that I will be able to get a home, be financially stable and make sure my family is safe. We are a short term band-aid to a much larger problem