Domestic Violence Services Needs Assessment: Final Report

Submitted to:

Domestic Violence Program and Violence Free Colorado

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Introduction

In 2012, the National Center for Domestic Violence, Trauma, and Mental Health (NCDVTMH) released a toolkit imploring domestic violence (DV) organizations nationwide to integrate accessible, culturally responsive, and trauma-informed (ACRTI) practices into their organizations and the services they provide to survivors. Recognizing the importance of these principles, the Colorado Department of Human Services' Domestic Violence Program (DVP) and Violence Free Colorado partnered with the Center for Policy Research (CPR) to conduct a statewide needs assessment regarding the adoption of ACRTI practices. The purpose of this needs assessment is to better understand the needs of domestic violence survivors and the network anti-violence organizations that support survivors. It also aims to better understand the use of ACRTI practices by community-based domestic violence organizations and the challenges they face in their efforts to promote its expansion. Another goal of data collection is to inform DVP investments and training activities with its network of domestic violence service providers and strengthen services for domestic violence survivors.

The project consisted of a literature review and three phases of data collection. The literature review highlighted key frameworks for domestic violence advocacy and summarized the evidence for best practices. Frameworks included survivor-defined practices, community-based advocacy, and the ACRTI model. It also highlighted principles underlying the frameworks including survivor defined practices, trauma informed care, culturally relevant practices, accessibility, and inclusivity. A link to the literature review can be found in Appendix A.

Building on the literature review findings, CPR's data collection activities focused on identifying how domestic violence organizations incorporated ACRTI principles in staffing, programming, policies, and coordinated community-based advocacy. Data collection for the needs assessment was structured into three phases, with each phase informing the next. The initial phase involved gathering perspectives via focus groups from leaders of domestic violence organizations across the state. Phase two consisted of interviews and focus groups with advocates from domestic violence organizations. In the third and final phase, focus groups and one interview were held with community organizations that are not domestic violence-specific but work closely with domestic violence organizations and survivors.

This final report summarizes the findings from the literature review and the subsequent three phases of the needs assessment. It begins with a discussion of the methods and recruitment strategies used throughout the assessment. Next, it summarizes findings from the literature review and the results from each phase. The document then highlights consistent key findings across all three phases. Finally, it concludes with recommendations for Violence Free Colorado, DVP, and Colorado domestic violence organizations to consider in their funding,

technical assistance, training, and service provision efforts.

Methods

The below section describes the methods used to recruit participants in each phase of the needs assessment.

Phase 1

In phase 1, staff from CPR conducted four focus groups with 18 leaders from 17 domestic violence organizations. Violence Free Colorado selected the participating leaders in one of two ways: 1) the perceived strength of ACRTI practice at a leader's organization; or 2) the leader's interest in participating in a focus group based on their response to an introductory email sent to all Violence Free Colorado members. CPR staff sent recruitment emails to leaders in organizations selected by Violence Free Colorado, and based on their responses, four focus groups were scheduled.

Before the focus groups, CPR staff developed a guide with questions to direct the conversation. Topics included leadership's definition of ACRTI, their organization's ACRTI practices and policies, challenges in ACRTI implementation, relationships with community partner organizations, and recommended advocates to participate in the next phase of data collection. CPR staff shared the guide with Violence Free Colorado and DVP staff for feedback and edits throughout the process. The final version of the guide used in Phase 1 is available in Appendix B of this report.

Participants were grouped into focus groups based on whether they were from community-based or culturally specific organizations. Two focus groups were held with leaders from community-based organizations and one with leaders from culturally specific organizations. Community-based organizations were defined as those who serve domestic violence survivors from any cultural group. In contrast, culturally specific organizations were defined as those who cater to the unique needs of particular communities, such as the Latinx community or individuals with disabilities.

To gather additional data, CPR staff distributed a pre-survey to participants before the focus groups and received some data on the organizations. (see Appendix C for the full Phase 1 Pre-Survey). The pre-survey collected information on participant demographics, role, organization size and services, and their understanding of ACRTI. DVP data included the organization's location (rural, urban, suburban) and client demographics. This quantitative data helped provide context for the qualitative findings and provided a better understanding of the clients served by each organization.

Phase 2

In Phase 2, CPR staff conducted four focus groups and held four interviews with 20 advocates from 19 domestic violence organizations. It should be noted that some of the advocates in this phase were in management positions, but all were actively providing services to survivors. Advocates were selected in one of two ways: (1) leadership from Phase 1 recommended the advocates, or (2) DVP and Violence Free Colorado suggested additional advocates after reviewing those recommended by leadership. Again, in this phase, organizations were categorized as either community-based or culturally specific. Although focus groups were meant to be organized by agency type, scheduling conflicts resulted in some mixed groups.

Phase 2 focus groups were also conducted with the benefit of a guide drafted by CPR staff and reviewed by Violence Free Colorado and DVP. This guide included topics such as ACRTI definitions, best practices in service provision, staff support, training opportunities, challenges, additional support needed, relationships with community partner organizations, and the community-based organizations that CPR should target for interviews or focus groups in Phase 3 of the project. To see the Phase 2 guide, see Appendix D.

CPR staff also distributed a pre-survey to advocates before the focus groups and interviews. The survey collected demographic data, information about their role and tenure, services provided, knowledge of culturally specific organizations, and their understanding of ACRTI (see Appendix E for the full Phase 2 Pre-Survey). This quantitative data again helped provide context for the qualitative findings from the focus groups and interviews.

Phase 3

In Phase 3, CPR conducted three focus groups and held one interview with staff from nine community organizations that work with domestic violence organizations across the state. These organizations were identified by leadership, advocates, and staff from DVP and Violence Free Colorado. CPR staff compiled a list of key community partners identified in earlier data collection phases and shared it with Violence Free Colorado and DVP. Violence Free Colorado and DVP reviewed this list and added some additional organizations, resulting in a final list of 47 unique organizations to contact.

To start the outreach efforts, CPR staff identified contact information for representatives at each organization by searching their websites for relevant contact information. Staff at the 47 organizations received multiple emails inviting them to participate in an assessment aimed at improving service coordination for domestic violence survivors statewide. The email requested participation in a short screening survey via Qualtrics. For organizations that did not respond after multiple email attempts, CPR staff followed up with phone calls. The phone calls

explained the needs assessment and asked if someone at the organization would be willing to complete the survey.

The screening survey included 11 questions about the organization's location, services, awareness of serving domestic violence survivors, and relationship with local domestic violence organizations (see Appendix F for the full Phase 3 Screening Survey). At the end of the survey, participants were asked if they were interested in joining a one-hour focus group or interview to gather more information. Participants were offered a $35 gift card as an incentive for their involvement.

Those who expressed interest were scheduled for a focus group or interview based on their availability. As a result of this outreach strategy, 18 individuals from 18 organizations completed the screening survey, and 13 expressed interest in participating in a focus group or interview, of which nine ultimately did. As in the previous phase, these focus groups were guided by questions drafted by CPR and edited by Violence Free Colorado and DVP. They focused on partnerships and collaboration with domestic violence organizations, gaps in service, and accessible and trauma informed practices at their organizations. The full Phase 3 guide is shown in Appendix G.

Summary of Results

Phase 1: Leadership Perspectives

Leaders discussed their definitions of ACRTI, its application in services and staff practices, the process of implementing ACRTI and its challenges, and additional support needed. Below is a summary of the findings. For the entire Phase 1 report, please see Appendix H.

Definitions of ACRTI

When asked how they would define ACRTI, leaders shared an overall understanding of its importance and utility. However, there was a difference in how culturally specific and community-based groups defined ACRTI. For culturally specific organizations, ACRTI is central to their organizational values and identity. For community-based organizations, ACRTI is important, but not foundational. Rather, it is viewed as a framework or set of tools for providing services and developing policies.

ACRTI in Service Provision and Staffing

Asked to define ACRTI with clients, leaders highlighted practices promoting accessible, culturally responsive, and trauma-informed care. Related to accessibility, leaders focused on language translation services and disability access. This included hiring multilingual staff, providing materials in multiple languages, and ensuring that communications were in large text and plain language. For disability accessibility, they eliminated proof-of-disability

requirements and added tools such as ADA-compliant rooms and flashing doorbells for those with hearing loss. To ensure cultural relevance, leaders worked to hire staff that represented the communities they serve to better reflect clients' cultures, languages, and lived experiences. For trauma-informed care, they emphasized transparency, hiring staff with lived experience, incorporating survivor voices through surveys, and using survivor-led committees to oversee decisions.

When discussing ACRTI practices with staff, leaders highlighted their efforts to offer generous benefits, create space for reflection through informal open-door policies and regular formalized debrief meetings, and encourage further training opportunities. Examples of benefits provided to staff included wellness benefits such as additional money to spend on self-care, flexible hours, and additional PTO, and connecting staff with mental and behavioral health specialists. Leaders acknowledged that while salaries could be better, they worked hard to ensure salaries were competitive for their staff.

Implementing ACRTI and Its Challenges

As stated earlier, ACRTI principles were already foundational to the culture at culturally specific organizations, and thus, integrating these practices primarily required formalizing policies by writing them down and adding accountability measures. Although leaders from community-based organizations also spoke about establishing formal policies and holding themselves accountable, they needed more time to lay the groundwork for incorporating these policies into program practice. Some leaders also sought external support from Violence Free Colorado or DEI consultants to assist with implementation. Additionally, both groups emphasized that the implementation process should be ongoing, acknowledging that everyone has room to grow. Many also recognized that staff expertise was essential to the implementation process.

Challenges in implementing ACRTI were primarily due to limited funding and resources. There was a need for additional funding for staff benefits and additional resources to enhance accessibility measures for clients. As a result, organizations faced staff shortages, particularly among bilingual staff, along with high workloads and high turnover, which was especially pronounced in rural areas. Additionally, due to their expertise in providing tailored services to specific cultural groups, culturally specific organizations were often overwhelmed with referrals from other domestic violence organizations that lacked these skills. They felt this was an additional burden as they were expected to do more with the same limited resources.

Additional Support Needed

Leaders shared two main areas of needed additional support:(1) more funding and resources and (2) more tailored training. Leaders stressed the need for stable, multi-year funding to

improve staff support and fund more accessibility measures (e.g., building additional ADA-compliant rooms in shelters). The requested areas of training included the intersection of substance abuse and mental health and training to help identify and address microaggressions.

Phase 2: Advocate Perspectives

Advocates play a critical role in the frontline implementation of ACRTI principles within domestic violence organizations. As in the focus groups with leaders, advocates shared their definitions of ACRTI, best practices in service provision, best practices in staff support, implementing ACRTI and its challenges, additional support needed, and community partnership. The section below summarizes those findings. For the entire Phase 2 report, please see Appendix I.

Defining ACRTI

Advocates consistently described ACRTI principles as an approach focused on “meeting survivors where they are.” This perspective highlights the importance of tailoring services to survivors’ unique needs while respecting their cultural and personal contexts. Advocates highlighted accessibility and cultural relevance as key components of their service provision. Emphasis was put on creating services that are accommodating and inclusive, such as providing multilingual materials or offering support in locations that survivors find convenient. Advocates also stressed the importance of trauma-informed practices which involve ensuring that survivors are met with non-judgmental support and an understanding of how trauma shapes their behavior and decision-making.

Best Practices in Service Provision

Advocates identified several strategies that enhance the application of ACRTI principles in their work. One of the primary approaches involved redesigning intake processes to be more inclusive and flexible. Additionally, culturally specific organizations integrated traditional healing methods and culturally relevant practices into their service delivery models, such as offering culturally appropriate meals or involving community members in support networks. Advocates also emphasized the importance of collecting survivor feedback to refine their practices continuously. By actively listening to survivors, organizations could identify and address service gaps, ensuring their approaches remained aligned with survivor needs and expectations.

Challenges in Implementing ACRTI

While advocates demonstrated strong alignment with ACRTI principles, they faced significant challenges in fully implementing them. Resource limitations were a pervasive barrier, restricting their ability to hire culturally competent staff or expand training opportunities. Many advocates reported managing multiple roles within their organizations due to

understaffing, which compromised their ability to provide consistent and trauma-informed support. Advocates described feeling stretched thin, juggling crisis response, counseling, and administrative tasks without adequate support. Accessibility was another critical challenge, particularly in rural areas where survivors often had to travel long distances to access services. Advocates also pointed to gaps in language interpretation resources and ADA-compliant facilities, which further limited their ability to serve diverse survivor populations effectively.

Training and Staff Support

Continuous and specialized training emerged as a key area for improvement. Advocates highlighted the need for advanced training on topics such as implicit bias, mental health intersections, and supporting LGBTQIA+ survivors. While introductory ACRTI training was widely available, advocates noted that it often lacked depth or specificity. They called for applied learning opportunities to better prepare for real-world scenarios. Beyond training, advocates stressed the importance of staff wellness. High burnout rates and a lack of mental health support were cited as major barriers to sustaining ACRTI practices within organizations. To address these issues, advocates recommended consistent initiatives such as mental health days, regular supervisory check-ins, and flexible work schedules to foster a more supportive work environment.

Collaboration and Community Partnerships

Advocates recognized the critical role of collaboration in enhancing service delivery. Forming partnerships with culturally specific organizations and resource-based agencies was seen as essential for bridging service gaps in areas such as housing, childcare, and transportation. Some advocates shared examples of successful collaborations, like cross-agency training programs, which improved coordination and understanding between service providers. However, they also identified gaps in formal referral systems, which sometimes left survivors navigating fragmented services. Advocates recommended creating centralized databases and shared communication platforms to streamline referrals and ensure that survivors could access comprehensive and coordinated care.

Phase 3: Community Partner Perspectives

In the third and final phase of this project, the research team conducted interviews and held focus groups with staff from nine community organizations. As part of this phase, the research team sought to answer three key research questions. The section below summarizes the results for each research question. For the full report sharing community partner perspectives, see Appendix J.

Research Question 1: How do community and domestic violence organizations build relationships and collaborate?

The strength and quality of the relationships between community partners and domestic violence organizations varied substantially across organizations. However, for many community partners, establishing and building a relationship with their local domestic violence organization was important for resource sharing and coordinating care. Many organizations reported positive relationships that benefited survivors through resource sharing, coordinated responses, and joint advocacy. In contrast, some organizations reported they had trouble maintaining relationships with domestic violence organizations. They noted that some domestic violence organizations were siloed and unresponsive leading to fragmented care for survivors. They attributed these silos to factors such as high staff turnover, the organizational structure and policies, and the culture within domestic violence organizations.

Research Question 2: From the perspective of community partners, what are some gaps in the populations served and services provided by their organizations that may not be covered by domestic violence organizations? What challenges exist for these organizations in serving survivors?

Community partners highlighted service gaps dealing with the specific populations served, challenges and limitations associated with providing services, and support needed to improve service delivery. Service gaps were most commonly reported for people with disabilities, members of the LGBTQIA+ community, and individuals in rural communities. Community partners felt that individuals with disabilities needed more coordinated care and case management due to the additional services they may need (e.g., Medicare navigation). For those who identify as LGBTQIA+, community partners shared that domestic violence services needed to be more gender expansive, especially in shelter settings. They also shared that survivors in rural areas face additional logistical barriers such as limited transportation options and fewer resources.

Many community partners felt that their organizations tried to address some of those gaps by providing tailored care to those with disabilities, the LGBTQIA+ community, and rural populations. Despite their efforts, however, community partners reported that they were unable to address certain needs held by all domestic violence clients seeking their services. This included legal resources, emergency shelter, long-term housing, transportation, and resource navigation. Additionally, community partners highlighted how survivors often face confusion and delays when navigating fragmented systems. Like responses from leaders and advocates at domestic violence organizations, community partners shared that limited funding and staffing capacity restrict both domestic violence organizations and community partners from meeting the full scope of survivors' needs. Staff shortages and high turnover

are common struggles among both community partners and domestic violence organizations that lead to the disruption of service continuity and produce critical gaps in care.

Research Question 3: How do domestic violence community partner organizations integrate ACRTI principles in the services they provide?

Community partners said that although they strive to provide care that is accessible, culturally responsive, and trauma informed, they need additional funding, resources, and training to ensure the continuity of these practices and provide better services to domestic violence survivors. They recognize that domestic violence organizations have limited resources, and they struggle to secure the necessary support to assist survivors within the constraints of their own limited capacities. Community partners also stated that they would like more training on the best practices for working with domestic violence survivors.

Cross-phase Themes and Key Insights

Five key themes emerged across all phases of the qualitative data collection. The themes are: (1) knowledge and buy-in of ACRTI, (2) resource limitations, (3) accessibility, (4) training, and (5) collaboration and system coordination. While there were commonalities in how respondents who participated in focus groups and interviews conducted at each phase of this project discussed these themes, there were also differences in the perspectives they held. The section below discusses these themes, and highlights both the shared viewpoints and the ways in which leaders, advocates, and community partners offered different insights on each theme.

Knowledge and Buy-In of ACRTI

Across all focus groups and interviews, there was widespread knowledge and buy-in of ACRTI principles. Leadership, advocates, and community partners across organizations, to varying extents, embraced ACRTI practices and policies, and many recognized the utility of the framework. While the term “ACRTI” was not used by community partners, they were familiar with its components and demonstrated alignment with its principles in their service provision. They primarily focused on providing trauma-informed services, ensuring accessibility and cultural relevancy in the work they do.

However, leaders and advocates differed in their perception of buy-in and implementation of ACRTI practices and policies within their organizations. While leaders reported incorporating ACRTI principles for clients and staff, advocates often did not feel these principles (especially related to trauma-informed care) were applied to them. For example, leadership from most organizations claimed to provide trauma-informed care to staff through policies such as wellness benefits, four-day workweeks, generous paid time off (PTO), and mental health days. However, advocates noted that, despite nominally having more PTO days, they rarely had the

opportunity to use them due to staffing shortages that prevented them from taking time off.

Resource Limitations

All respondents consistently highlighted resource limitations as a significant challenge to the implementation of ACRTI principles. They emphasized two distinct yet interconnected issues: the inadequate level of financial investment in domestic violence programs and the restrictions imposed on the allowable uses of grant funds.

Volume of Financial Investment

Across all focus groups, insufficient overall funding was identified as a critical barrier to advancing ACRTI principles. Participants consistently reported that the lack of stable, multi-year funding prevents organizations from adequately addressing the diverse and evolving needs of survivors. This underfunding affects critical areas such as staffing, training, and the capacity to expand or adapt services to address client needs.

The impact of limited funding is particularly pronounced in culturally specific and rural organizations. Leaders from culturally specific organizations noted that they often bear a disproportionate workload, receiving additional referrals from other agencies without receiving the necessary financial resources to support the increased demand. Similarly, rural organizations face unique challenges stemming from geographic isolation, which limits their access to resources and partnerships. Leaders in rural areas shared that survivors often have to travel significant distances to access services, further exacerbating the need for increased investment.

High staff turnover and burnout were frequently linked to insufficient financial resources, as organizations are unable to offer competitive salaries or wellness initiatives. This turnover disrupts service delivery, creates gaps in training, and reduces the consistency of trauma-informed care. Advocates and community partners reinforced these points, noting that funding shortfalls directly hinder organizations' ability to meet survivor needs, particularly for essential services like housing support, legal advocacy, and transportation.

Allowable Uses of Granted Funds

In addition to the overall lack of funding, the restrictive nature of many funding streams emerged as a significant limitation. Grants are often tied to narrowly defined projects or outcomes, leaving organizations unable to allocate resources toward broader operational needs. For example, while project-specific grants may cover programming costs, they often exclude critical expenses like staff salaries, infrastructure maintenance, or administrative support. This inflexibility forces organizations to prioritize short-term goals at the expense of long-term strategic growth.

Advocates highlighted how these funding restrictions prevent them from addressing critical

service gaps. For instance, one advocate shared a situation where the translation budget for a French-speaking survivor was quickly exhausted, limiting the organization’s ability to provide effective communication and support. Leaders and advocates noted that these restrictions inhibit organizations' capacity to adapt quickly to emerging needs, leaving survivors without timely intervention.

The limitations of restrictive funding also extend to wellness and workforce sustainability. Insufficient financial flexibility means that organizations are unable to invest in staff wellness initiatives or provide competitive salaries, further contributing to high turnover and burnout.

Community partners echoed these concerns, emphasizing that funding gaps and restrictions result in service fragmentation. Domestic violence organizations sometimes lack the ability to provide comprehensive support, such as legal advocacy or transportation, which places an additional burden on community partners to fill these gaps. Rural community partners face particularly severe impacts, as survivors in these areas have fewer options and face logistical challenges accessing services.

Accessibility

Leaders, advocates, and community partners all highlighted the importance of increasing accessibility to ensure clients have access to services. Rural domestic violence organizations and community partners highlighted these challenges as particularly relevant to their organization.

Leadership and community partners pointed out logistical challenges, such as limited transportation options and fewer service providers in rural areas, which impacted access to necessary services. Culturally specific organization leaders stressed the importance of language services and culturally relevant programming to effectively meet the needs of diverse communities.

Advocates reported significant resource gaps, including a lack of language interpretation services, ADA-compliant facilities, and virtual service options, all of which limit access for diverse and underserved populations. Additionally, advocates highlight the rigid intake processes and limited-service hours as further obstacles, particularly for survivors in crisis, who may struggle to navigate these inflexible systems during urgent situations.

Training

All three groups emphasized the need for more advanced, specialized, and ongoing training to effectively implement ACRTI principles. Training was seen as essential for building staff capacity and ensuring that services remain inclusive and trauma-informed. Leadership acknowledged the importance of training but expressed concerns about its effectiveness,

citing issues with repetitive content and a lack of depth. They noted that overly basic and redundant sessions often led to training fatigue.

Advocates also identified a need for specialized, applied training beyond introductory ACRTI principles. They noted a lack of training focused on the needs of specific populations, such as LGBTQIA+ individuals and immigrants, and highlighted the importance of multilingual training and follow-up sessions to reinforce learning.

Community partners stressed the importance of cross-training between domestic violence (DV) organizations and other service providers, pointing out a lack of awareness among non-domestic violence sector staff regarding trauma-informed care and domestic violence-specific protocols.

Collaboration and System Coordination

Fragmented systems and siloed operations were recurring issues identified by all groups as significant barriers to effective service delivery. Community partners especially shared that many domestic violence organizations operate independently, leading to fragmented care. Additionally, advocates highlighted the need to foster relationships with resource-based agencies and culturally specific organizations to reduce service gaps in areas like housing, transportation, and childcare, which were seen as essential for comprehensive survivor support.

Recommendations

Based on the findings and key takeaways discussed above, CPR developed four overarching recommendations: (1) allocating funding and resources to advance ACRTI policies and practices, (2) tailoring training and technical assistance, (3) addressing accessibility barriers and gaps in services, and (4) building community partnerships and increasing system coordination. Each recommendation is discussed in further detail below.

Allocating Funding and Resources to Advance ACRTI Policies and Practices

The first, and perhaps most critical, recommendation to advance ACRTI policies and practices is to allocate sufficient and flexible resources to domestic violence organizations and programs. Stable, multi-year funding would ensure program sustainability, support staff retention, and allow organizations to expand critical services. Flexible funding streams are also necessary to address operational challenges and barriers like language and physical accessibility, enabling organizations to adapt resources to meet community-specific needs.

Funders should consider the distinct needs of culturally specific organizations, which often experience higher rates of referrals and requests for assistance from community organizations but lack the funding to respond in an effective manner. Targeted grants for

rural domestic violence organizations would help them address the unique challenges they face due to geographic isolation and the limited pool of local providers. Another funding initiative might help rural domestic violence programs form stronger collaborations and cultivate partnerships between and among domestic violence programs and community-based providers dealing with housing, mental health care and other critical services.

Finally, to the extent that it is feasible, funders should offer programs flexibility in making operational and budgetary decisions. For example, to achieve diversity benchmarks, hiring criteria should address both formal education as well as lived experience and cultural competence, especially in rural areas.

Tailored Training and Technical Assistance

The second recommendation is to provide continuous and specialized training, coupled with robust technical assistance, to build organizational capacity and improve service delivery. Leaders and advocates have called for advanced training modules tailored to specific survivor populations, such as those addressing intersections of mental health, substance abuse, and disability. Advocates also called for training that addresses systemic issues, including implicit bias and cultural competence, to ensure services are accessible and equitable for all survivors. Providing training in multiple languages, including Spanish, and offering follow-up sessions with applied learning opportunities would ensure practical implementation.

Domestic violence organizations should also provide ongoing training to interested community partners on trauma-informed care and domestic violence protocols to bridge knowledge gaps and improve collaboration. This would foster stronger partnership and help to ensure that survivors receive consistent and coordinated support across different service providers.

Toolkits featuring best practices, sample policies, and case studies would serve as practical resources for domestic violence programs. Additionally, equity assessments and one-on-one coaching could guide domestic violence organizations through the implementation of ACRTI practices, enabling them to overcome systemic barriers and deliver equitable, culturally responsive, and trauma- informed services.

Addressing Accessibility Barriers and Gaps in Services

The third recommendation deals with addressing accessibility barriers and gaps in services. Leaders, advocates, and community partners frequently reported challenges that limited access to services and created gaps in services, especially for certain groups. To improve accessibility, DVP and Violence Free Colorado could prioritize funding for interpretation

services, ADA compliance kits, and mobile accessibility tools (like Speech-to-Text applications). Also, investments in transportation solutions like ride-sharing partnerships or mobile service units can help reach survivors located in isolated areas. Transitioning from appointment-only models to including walk-in services might help survivors access support when it is truly needed. It is equally important to use plain and accessible language in all communications to ensure that services are understandable and usable by all survivors, including those with varying literacy or language proficiency levels. Leveraging technology, such as teletherapy and virtual legal consultations, can provide essential services to survivors regardless of location. Finally, increased funding and resources are necessary to expand housing options and legal advocacy services. Partnerships with legal aid organizations can provide consistent support to survivors navigating the justice system.

Building Community Partnerships and Increasing System Coordination

The fourth recommendation, which was noted by nearly all respondents interviewed for this project, is to promote the building of community partnerships and the increase in system coordination. To accomplish these objectives, DVP and Violence Free Colorado could consider hosting regional networking events with multiple organizations to encourage collaboration and resource- sharing. Additionally, funding joint initiatives and cross-training sessions between domestic violence organizations and local partners could improve service delivery, particularly in underserved areas. Cross-training initiatives can build awareness of domestic violence protocols and foster better organizational collaboration. Domestic violence organizations could provide ongoing training for community partners on topics like the Violence Against Women Act (VAWA), traumatic brain injury (TBI) recognition, and trauma-informed care for domestic violence survivors. Implementing shared communication platforms or forums can also facilitate the exchange of resources, information, and best practices, ensuring that survivors receive consistent and coordinated support. Finally, comprehensive resource directories and referral guides that detail available services and how that can be accessed could be created to improve system coordination.

Appendix A – Domestic Violence Advocacy Literature Review

An initial phase of the domestic violence needs assessment work performed by the Center for Policy Research was the conducting of a literature review regarding community-based advocacy for domestic violence survivors. The literature review sought to identify best practices and best service models for domestic violence response services, including leading strategies for meaningful service delivery to members of historically underrepresented populations.

The Domestic Violence Community-Based Advocacy Literature Review document was completed in April of 2024. The document can be accessed Here or through the link below.

Link: https://drive.google.com/file/d/1WR7lylETYRhK218j6x6kjcgPec7tBzqE/view

Appendix B – Phase 1: Leadership Focus Group Interview Guide

Introduction and Background

Thank you for joining us today. This focus group is for a statewide needs assessment which is focused on the implementation of Accessible, Culturally Responsive, and Trauma Informed (ACRTI) principles at organizations like yours across the state. Domestic Violence Program (DVP) and Violence Free Colorado will use results from this focus group to plan for future training, technical assistance, and policy work.

By agreeing to participate, you will be asked questions about your organization's use of ACRTI in domestic violence service provision. Your answers are voluntary and confidential. Today's meeting will be recorded solely for notetaking and report writing purposes. If you do not agree to be recorded, please let us know. Feel free to share as much or as little as you are comfortable with about yourself and your organization.

To start off, can everyone introduce themselves, share your pronouns, and tell us what organization you are all coming from.

Accessible, Culturally Responsive, and Trauma Informed (ACRTI) Best Practices

1. What does it mean to you to be accessible, culturally responsive, and trauma-informed?
2. To what extent are these principles used in your organization's daily operations?
    a. Can you provide examples?
    b. Can you provide some concrete examples of changes you've made (or tried to make) in programming, hiring, staffing or policies to be more ACRTI focused?
    c. How do these principles impact supervision practices at your organization? How do you stay trauma-informed in your supervision of staff (peer to peer support, debriefing, etc.)?
3. How would you describe the **process of incorporating ACRTI** principles into the services you provide?
    a. Did your organization use external consultants or resources during this process?
    b. Could you elaborate on the timeline of implementing ACRTI principles?
    c. What kinds of training did you give to staff? Do you provide ongoing training?
4. What challenges or obstacles have you encountered when working to implement ACRTI?
    a. Any challenges in staffing, staff retention, and hiring practices?

    b. Any challenges in training staff? Part-time staff?
    c. Any challenges with funding and resources?
5. What advice do you have for other organizations that want to incorporate ACRTI principles into the work they do?
    a. Based on your experience, what key strategies or approaches have been effective in promoting these tenets/principles within organizations?
    b. Are there any lessons learned or pitfalls to avoid when implementing these principles?
6. What **additional support** would be helpful to your organization to become more accessible, culturally responsive, and trauma-informed?
    a. Peer support
    b. Trainings/webinars
    c. Local partnerships
    d. Staffing
    e. Funding
    f. Other resources

Community Partner and Survivor Engagement

7. Does your organization **gather feedback** from survivors regarding their experiences with your services?
    a. How do you collect feedback and how often?
    b. How do you incorporate this feedback into your programming?
8. Who are your **key community partners?** (religious organizations, health agencies, childcare etc.)
9. How does your organization **engage with the community partners** to ensure culturally responsive and accessible services for survivors?

Snowball Sampling

10. As a next step in this needs assessment, we will be talking with community partners that domestic violence organizations work with to provide services to survivors. Can you provide the name and contact information of the community partners you discussed earlier?

Appendix C – Phase 1: Leadership Pre-Survey

Start of Block: Organization and Role

What is your name?

What organization are you with?

What is your role within your organization?

How long have you been working for your organization?

- ○ Under a year
- ○ 1-2 years
- ○ 3-5 years
- ○ 6-10 years
- ○ 10+ years

How long have you been in your current role?

- ○ Under a year
- ○ 1-2 years
- ○ 3-5 years
- ○ 6-10 years
- ○ 10+ years

What is your organization's primary focus? Check all that apply.

- ▢ Domestic violence
- ▢ Sexual violence
- ▢ Both domestic violence and sexual violence
- ▢ Other ____

What types of domestic violence services does your organization provide? Check all that apply.

- ▢ Emergency shelter
- ▢ Mental health care
- ▢ Medical care
- ▢ Safety planning
- ▢ Employment assistance
- ▢ Child care assistance
- ▢ Legal advocacy
- ▢ Other(s) ______________________________

Are you the only domestic violence organization in the area?

- o Yes
- o No (Please list the other organization(s))
- o I'm not sure

How many full-time staff are in the domestic violence programs in your organization?

- o Less than 10
- o 11-20
- o 21-30
- o 31-40
- o 41-50
- o 51+

How many part-time staff are in the domestic violence programs in your organization?

How many volunteers are involved in the domestic violence program in your organization? (fill in the blank)

Which statement best describes your organization?

- o My organization has enough staff to handle the caseload
- o My organization is slightly understaffed
- o My organization is moderately understaffed
- o My organization is severely understaffed

Q16 How concerned are you about the following issues at your organization?

	Not at all concerned	Slightly concerned	Moderately concerned	Extremely concerned
Providing basic services (i.e., mental health care, housing, employment, education etc.) to clients	○	○	○	○
Staff turnover	○	○	○	○
Receiving consistent funding	○	○	○	○
Implementing Accessible, Culturally Responsive, and Trauma Informed (ACTRI) Practices	○	○	○	○
Developing and maintaining community partnerships	○	○	○	○

Are there any other major concerns you have at your organization? If so, what are they (please list)?

End of Block: Organization and Role

Start of Block: ACTRI Introduction

What does it mean to be accessible, culturally responsive, and trauma-informed (ACRTI) focused within your organization?

End of Block: ACTRI Introduction

Start of Block: Snowball Sampling

As a next step in this needs assessment, we will be talking with domestic violence advocates who provide services to survivors. Do you have any recommendations for domestic violence advocates to include in the next round of focus groups? Please provide names and email addresses.

End of Block: Snowball Sampling

Appendix D – Phase 2: Advocate Focus Group Interview Guide

Introduction and Background

Thank you for joining us today. This focus group is for a statewide needs assessment which is focused on the implementation of Accessible, Culturally Responsive, and Trauma Informed (ACRTI) principles at organizations like yours across the state. Domestic Violence Program (DVP) and Violence Free Colorado will use results from this focus group to plan for future training, technical assistance, and policy work.

By agreeing to participate, you will be asked questions about your organization's use of ACRTI in domestic violence service provision. Your answers are voluntary and confidential. Today's meeting will be recorded solely for notetaking and report writing purposes. If you do not agree to be recorded, please let us know. Feel free to share as much or as little as you are comfortable with about yourself and your organization.

To start off, can everyone introduce themselves and tell us your role and what organization you are all coming from.

Accessible, Culturally Responsive, and Trauma-Informed (ACRTI) Best Practices

1. What does it mean to you, as an advocate, to be accessible, culturally responsive, and trauma-informed?
2. How do you **incorporate ACRTI principles into your daily work** with survivors?
    a. Can you provide specific examples of how you apply these principles in your interactions with survivors?
    b. What changes have you noticed in your approach to service delivery since implementing these principles?
    c. How has it been received by clients? Do clients seem to like it?
    d. How does your organization collect feedback from survivors on their experiences with your services?
    e. How do you use this feedback to improve your approach as an advocate?
    f. Are there specific practices that help you stay responsive to the needs of diverse survivors?
3. How do ACRTI principles influence the support and supervision you receive as an advocate?
    a. Are there practices in place for training, peer support, debriefing, or other forms of trauma-informed supervision?
    b. Do you feel that ACRTI principles are applied by your organization's leadership towards staff?

c. Can you provide examples of how leadership supports (or does not support) staff in ways that are accessible, culturally responsive, and trauma-informed?
d. Are there any gaps in how ACRTI principles are applied to staff well-being, support, or professional growth?

4. Let's now talk about the **challenges of implementing ACRTI** principles in your advocacy work and the **things that have helped!**
   a. What challenges have you encountered in applying ACRTI principles in your advocacy work?
   b. Any specific difficulties related to training, staffing, or resource limitations?
   a. How do these challenges impact your day-to-day work with survivors?

5. What **training or professional development** opportunities related to ACRTI have you participated in?
   a. Are these trainings ongoing, and how do they support your work?
   b. What additional training do you feel would benefit your advocacy work?
   c. What types of support would help you better implement ACRTI principles in your advocacy? Peer support, additional training, resources, or other needs?
6. Based on your experience, what advice would you give to other advocates who want to incorporate ACRTI principles into their work?
   a. Are there specific strategies or tools that have been particularly helpful? Any pitfalls to avoid?

Collaborations with Community Partners

7. What community partners do you work with to provide accessible and culturally responsive services?
   a. How do these collaborations support your advocacy work?
   b. Are there any gaps or needs in these partnerships that impact your ability to be ACRTI-focused?

Snowball Sampling

8. As we continue this needs assessment, we'd like to reach out to community partners that domestic violence organizations work with. Can you provide contact information for any community partners you think would be beneficial for us to speak with?

Appendix E – Phase 2: Advocate Pre-Survey

Start of Block: Survey Instructions

Please complete the following survey in preparation for the upcoming DVP domestic violence needs assessment focus group. This survey will supplement the domestic violence needs assessment being conducted by Violence Free Colorado and the Center for Policy Research that will explore the ACRTI (accessible, culturally responsive and trauma informed) principles in your programming, policies, and care of survivors. We expect the survey to take about **5 minutes to complete.** You do not have to answer any questions you do not want to. Your responses will remain confidential, and results will only be presented or shared at the aggregate level.

End of Block: Survey Instructions

Start of Block: Organization and Role

Q1 What is your name?

Q2 What organization are you with?

Q3 What is your role within your organization?

Q4 How long have you been working for your organization?

- ○ Less than a year
- ○ 1-2 years
- ○ 3-5 years
- ○ 6-10 years
- ○ 10+ years

Q5 How long have you been in your current role?

- ○ Less than a year
- ○ 1-2 years
- ○ 3-5 years
- ○ 6-10 years
- ○ 10+ years

Q6 What is your organization’s primary focus? Check all that apply.

- Domestic violence
- Sexual violence
- Both domestic violence and sexual violence
- Other ____

Q7 Which of these services have you provided to domestic violence survivors (not including referrals)? Check all that apply.

- Emergency shelter
- Transitional housing
- Housing assistance
- Immigrant and refugee assistance
- Medical and mental health care
- Safety planning
- Financial assistance
- Employment assistance
- Childcare assistance
- Legal advocacy
- Other(s) ____

Q8 Are you the only domestic violence organization in the area?

- Yes
- No (Please list the other organization(s))
- I'm not sure

Q9 What culturally specific organizations are in your area?

End of Block: Organization and Role

Start of Block: ACTRI Introduction

Q10 What does it mean to be accessible, culturally responsive, and trauma-informed (ACRTI) focused within your organization?

End of Block: ACTRI Introduction

Start of Block: Snowball Sampling

Q11 As a next step in this needs assessment, we'd like to reach out to community partners that domestic violence organizations work with. We are seeking community partners who are engaged practices that are

Accessible, Culturally Responsive, and Trauma Informed. Can you provide contact information for any community partners you think would be beneficial for us to speak with? Please provide names and email addresses.

End of Block: Snowball Sampling

Start of Block: Lived Experience, Demographics, and Sexuality

Q12 Do you bring lived experience as a survivor?

- ○ Yes
- ○ No
- ○ Prefer not to answer

Q13 What is your gender identity?

- ○ Transgender woman
- ○ Transgender man
- ○ Non-binary/non-conforming
- ○ Woman
- ○ Man
- ○ Other ____
- ○ Prefer not to answer

Q14 What is your racial/ethnic identity?

- ○ White
- ○ Black or African American
- ○ Hispanic or Latinx
- ○ Native American or Alaskan Native
- ○ Asian
- ○ Native Hawaiian or Pacific Islander
- ○ Multiple Races
- ○ Other ____
- ○ Prefer not to answer

Q15 What is your sexuality?

- Asexual/Aromantic
- Bisexual/Pansexual
- Lesbian/Gay
- Queer
- Straight (heterosexual)
- Other ____
- Prefer not to answer

End of Block: Lived Experience, Demographics, and Sexuality

Appendix F – Phase 3: Community Partner Screening Survey

Instructions: Your organization was named as one that may work with survivors of domestic violence in your community. CPR contacting you to get more information about your experiences serving survivors of domestic violence and your recommendations for strengthening service delivery. We're asking organizations like yours to complete this short 5-minute survey. You do not have to answer any questions you do not want to. All answers will remain confidential. And if you are interested, you may be able to participate in a brief interview or focus group and earn a $35 Amazon gift card.

1. What county is your organization located in? [write in]

2. List one or two of the main services your organization provides? [write in]

3. Does your organization provide services to domestic violence survivors?
   - Yes
   - No
   - I don't know/Not sure

4. Do these individuals disclose that they are survivors of domestic violence?
   - Yes
   - No
   - I don't know/Not sure

5. How do you know whether any of your clients are survivors of domestic violence?
   - They tell us that they are survivors
   - We ask clients if they have experienced domestic violence
   - It may come up in the course of delivering services
   - Some of our clients are referred by our local domestic violence organization
   - We don't know about the domestic violence status of our clients
   - Other:_____

6. Are you aware of any domestic violence organizations operating in your area?
   - Yes [name them]
   - No
   - I don't know

7. Do you (or others in your organization) have a relationship with your local domestic violence organization(s)?
   - Yes
   - No

- I don’t know

8. How would you describe your organization's relationship with the local domestic violence organization?
    - Very or pretty good
    - Neither good/nor bad
    - Pretty or bad
    - We don't have a relationship

9. Can you describe the nature of your organization's relationship with your local domestic violence organization(s)? [write in]

10. Would you be willing to participate in a 45-minute virtual interview or focus group to help us better understand how community partners work with domestic violence survivors? You will receive a $35 Amazon gift card for your time.
    - Yes
    - No

11. Please provide your contact information (name and email address) for the follow up interview or focus group. [write in]
    - My email address is: ________________________________
    - My telephone number is: ________________________

Appendix G – Phase 3: Community Partner Focus Group Interview Guide

Introduction and Background

Thank you for taking the time to speak with us today. We're conducting a statewide needs assessment to better understand the role community partners play in supporting survivors of domestic violence (DV). This interview will help us learn more about your experiences working with domestic violence survivors and your relationship with local domestic violence organizations.

The information gathered will help shape future training, technical assistance, and policy work for domestic violence organizations. Your participation is voluntary, and your responses will remain confidential. This interview will take approximately 60 minutes and will be recorded for note- taking and report writing purposes. If you have any concerns, please let us know.

Could you start by introducing yourself, your organization, and your role at your organization?

Partnership and Collaboration with Domestic Violence Organizations

1. Can you tell me a little about your **relationship with domestic violence partners**?
   a. Can you describe how this partnership began and how it has evolved over time?
   b. How long have you been a community partner to the local domestic violence organization(s)?
2. Are you **aware** that your organization is serving domestic violence survivors?
   a. How did you become aware of this (referrals, self-disclosure, etc.)?
3. Do you have specific **procedures or protocols** in place to cater to those referred to you from domestic violence organizations?
   a. Can you describe how your team prepares for and responds to referrals from domestic violence organizations?
4. What **challenges/limitations** does your organization face when serving domestic violence survivors?
   a. Limited resources/funding, staffing, training, time constraints, space, legal barriers, cultural responsiveness, trauma-informed practices etc.
5. How do these **limitations impact your ability** to serve domestic violence survivors effectively?
   a. How do you and your organization overcome these challenges?

Services and Support Offered

6. What **gaps in services** are you providing that domestic violence organizations might not cover?
    a. In your experience, why do you think survivors come to your organization instead of the local domestic violence organization? Particularly those from underserved communities.
    b. Are there specific barriers (e.g., cultural, linguistic, logistical) that might prevent these communities from accessing traditional domestic violence services?
    c. What are you offering that's unique from the services offered at local domestic violence organizations?
    d. How do you think these unique services complement the work of domestic violence organizations?
7. Are survivors asking for anything in addition to the service you provide?
    a. Are they revealing unmet needs to you?

Feedback from Survivors (Customers)

8. What type of **feedback** have you received from survivors about the services you provide?
    a. Are there any specific services or support that survivors have praised or critiqued?

The Role of Community Partners

9. In what ways could domestic violence organizations and community partners better collaborate to ensure survivors receive comprehensive support?
10. What kind of support would help your organization better serve domestic violence survivors? (E.g. staff training, additional resources, stronger partnerships with domestic violence organizations, etc.)

Incorporating Accessibility and Trauma-informed Approaches

11. Research finds that services that are sensitive to the trauma domestic violence survivors experience are more effective. Do you think your services accomplish this?
    a. Can you provide some specific examples?
    b. Do you think your local domestic violence org services accomplish that?
12. Research also suggests that making services more accessible to domestic violence survivors ensures more survivors receive needed services. Do you think your services accomplish this?
    a. Can you provide some specific examples?
    b. Do you think your local domestic violence org services accomplish that?
13. Research suggests that making services more responsive to the culture of a survivor

helps survivors to heal. Do you think your services are culturally responsive?

   a. Can you provide some specific examples?
   b. Do you think your local domestic violence org services accomplish that?

14. Is there anything else I didn't ask about but that you feel is important to mention?

Appendix H – Phase 1: Leadership Report

Introduction

In 2012, the National Center for Domestic Violence, Trauma, and Mental Health (NCDVTMH) released a toolkit outlining and imploring domestic violence (DV) organizations nationwide to integrate accessible, culturally responsive, and trauma-informed (ACRTI) practices into their organizations and the services they provide to survivors. Recognizing the importance of these principles, the Colorado Department of Human Services' Domestic Violence Program (DVP) and Violence Free Colorado have partnered with the Center for Policy Research (CPR) to conduct a statewide needs assessment. The purpose of this needs assessment is to evaluate both the successes and challenges organizations face in applying ACRTI principles to their staffing, programming, and policies.

This needs assessment is structured in three phases, each phase informing the next. The initial phase, which has now been completed, involved gathering perspectives via focus groups from leaders of domestic violence organizations across the state. The next phase will involve engaging with advocates who were recommended by leaders in phase one to share their perspectives on their organization's implementation of ACRTI practices. Finally, phase three will involve qualitative data collection from community partners referred to by leaders and advocates in phases one and two.

The current draft overview document presents findings from the phase one focus groups with organizational leadership in Colorado. In this phase, staff from CPR conducted four focus groups with 18 leaders from 17 domestic violence (DV) organizations, each with varying levels of experience or knowledge of ACRTI practices. Violence Free Colorado selected the participating leaders/organizations in one of two ways: 1) the organization's recognized importance in discussing ACRTI in this needs assessment, or 2) the organization's response to a recruitment email sent to all Violence Free Colorado members.

The participants were divided into focus groups based on whether they were community-based or culturally specific. Two focus groups were conducted with leadership from community-based organizations, and one focus group was conducted with leaders from culturally specific organizations. We defined community-based organizations as those that offer services to domestic violence survivors in their community, regardless of cultural group. Culturally specific organizations were defined as organizations established to be culturally responsive and cater to the unique needs of specific cultural communities, such as the Latinx community or individuals with disabilities.

To gather additional data, CPR staff sent out a pre-survey to participants to complete before the focus groups and received reporting data from DVP. The pre-survey asked questions

regarding participant demographics, role in their organization, the size and staffing of their organization, the services provided at their organization, and what ACRTI means to each participant. The data provided by DVP included the location of the organization (i.e., rural, urban, suburban) and the number and demographics of the clients served by each organization. These additional data collection activities were used to provide more context for the qualitative data collected by the focus groups and to better understand the clients served by these organizations.

In this overview, we first examine the characteristics of the leaders and organizations that participated in the phase one focus groups, using data from the pre-survey and DVP. We then explore the themes identified in the qualitative data, many of which were consistent across focus groups. Themes will be discussed broadly, with particular focus on differences between groups where relevant. The topics covered include definitions of ACRTI, ACRTI best practices in service provision, ACRTI best practices with staff, implementing ACRTI, advice, challenges, additional support needed, and community partnerships.

Characteristics of Leaders and Their Organizations

Characteristics of the Organizations

Eighteen leaders from 17 organizations participated in the focus groups for phase one of the ACRTI needs assessment. Of these, 16 organizations are funded by DVP and included in the provided DVP data. The DVP dataset revealed substantial variation in the number of clients served, ranging from 61 to 1,830. On average, 89% of clients were women, and 67% were between the ages of 25-59. Clients primarily identified as white (43%), with 14% reporting a disability, 4% identifying as LGBTQ+, and 11% requiring language services.

Seventeen leaders completed the pre-survey. However, only 16 organizations are represented in pre-survey data. This is because one organization had two survey respondents and another leader from a different organization did not complete the pre-survey. When asked about their primary focus, five leaders indicated their organization focuses only on domestic violence, seven reported a focus on both sexual violence and domestic violence, and four included sexual violence, domestic violence, and other areas (e.g., human trafficking, stalking, other violence risk assessment-related issues) of focus. The most frequently provided services were safety planning (94%), legal advocacy (81%), emergency shelter (75%), housing assistance (69%), and financial assistance (63%). Most organizations had 6-10 full-time staff (38%). The average number of part-time staff was 2.38 (*SD*=2.55). See Table 1 for a detailed breakdown of the organizations’ characteristics.

Table 1.
Overall Organizational Characteristics

	N	Percentage or Mean	Range	SD
Primary Focus	16	-	-	Both DV and SV
Domestic Violence (DV)	5	31%		
Both Domestic Violence and Sexual Violence (SV)	7	43%		
DV. SV and Others	4	25%		
Services (in-house)	16	-	-	Safety Planning
Emergency Shelter	12	75%		
Transitional Housing	6	38%		
Housing Assistance	11	69%		
Immigrant and Refugee Assistance	5	31%		
Medical/Mental Health Care	8	50%		
Safety Planning	15	94%		
Financial Assistance	10	63%		
Employment Assistance	7	44%		
Childcare Assistance	6	38%		
Legal Advocacy	13	81%		
Education support	1	6%		
Other(s)	1	6%		
Full-Time Staff	16	-	-	6-10
Less than 5	3	19%		
6-10	6	38%		
11-15	4	25%		
16-20	2	13%		
21-25	1	6%		
Part-Time Staff	16	2.38	0,8	2.55
Volunteers	15	13.27	1,34	8.48
Location	17	-	-	Urban
Urban	11	65%		
Rural	6	35%		
Number of Clients Served	16	626.75	61, 1,830	506.83

Note: Differences in sample sizes are due to missing values and differences in sample sizes across datasets

Community-Based Organizations

Fifteen leaders from fourteen organizations participated in the community-based organization focus groups. However, only fourteen leaders from thirteen organizations completed the pre-survey. DVP funded all those organizations, but one. According to DVP data, the organizations were a mix of rural (43%) and urban (57%) locations and served varying numbers of clientele (average= 674.16, *range*= 61-1830). Clients were primarily women (89%), white (48%), and aged 25-59 (65%).

Survey information revealed several characteristics of the community-based organizations including area(s) of focus, size, and services provided. When asked about the primary focus of the organization, answers varied: five reported domestic violence as the primary focus, six reported domestic violence and sexual violence, and two reported domestic violence, sexual violence and something else. The most common services offered to survivors by the organizations were safety planning (92%), emergency shelter (85%), legal advocacy (77%), and housing assistance (68%). See Table 2 below for the complete list of characteristics of the community-based organizations.

Table 2.
Community-Based Organizational Characteristics

	N	Percentage or Mean	Range	SD
Primary Focus	13	-	-	Both DV and SV
Domestic Violence (DV)	5	39%		
Both Domestic Violence and Sexual Violence (SV)	6	46%		
DV, SV and Other*	2	15%		
Services (in-house)	13	-	-	Safety Planning
Emergency Shelter	11	85%		
Transitional Housing	6	46%		
Housing Assistance	9	69%		
Immigrant and Refugee Assistance	3	23%		
Medical/Mental Health Care	5	38%		
Safety Planning	12	92%		
Financial Assistance	7	54%		
Employment Assistance	5	38%		
Childcare Assistance	4	31%		
Legal Advocacy	10	77%		
Other(s)**	4	31%		
Full-Time Staff	13	-	-	6-10
Less than 5	2	15%		
6-10	5	38%		

11-15	3	23%		
16-20	2	15%		
21-25	1	8%		
Part-Time Staff	13	2.65	0,8	2.65
Volunteers	12	12.83	5,34	9.19
Location	14	-	-	Urban
Urban	8	57%		
Rural	6	43%		
Number of Clients Served	13	674.2	61,1830	528.24

Note: Differences in sample sizes are due to missing values
**Other primary focuses listed were human trafficking and stalking, and crisis and all other VRA
**Other services provided listed were education support for children, counseling, and "crisis intervention, risk assessment, and collaboration and connection to all of the services above"

Culturally Specific Organizations

Three leaders from three organizations participated in the culturally specific focus group. All three leaders completed the pre-survey, and DVP funded all three organizations. According to DVP data, these organizations were all urban and served, on average, 421 clients annually (*range*=147-791). Because two of the organizations in this focus group were geared towards serving clients who identified as Latinx/Hispanic, many of the clients served by these organizations identified as Hispanic/Latino (60%). Additionally, the other organization was focused on serving those with disabilities, so 28% of the clients served by these three organizations self-identified as having a disability. Leaders reported that the primary focus of their organization was domestic violence and sexual violence (67%) or domestic violence, sexual violence, and other (33%). These organizations provided a variety of services to clients, including safety planning (100%), financial assistance (100%), immigrant and refugee assistance (67%), medical and mental health care (67%), legal advocacy (67%), employment assistance (67%), and housing assistance (67%). See Table 43below for the complete list of characteristics from the culturally specific organizations.

Table 3.
Culturally Specific Organizational Characteristics

	N	Percentage or Mean	Range	SD
Primary Focus	3	-	-	Both DV and SV
Both Domestic Violence (DV) and	2	67%		

Sexual Violence (SV)				
DV, SV and Other	1	33%		
Services (in-house)	3	-	-	Safety Planning and Financial Assistance
Emergency Shelter	1	33%		
Transitional Housing	0	0%		
Housing Assistance	2	67%		
Immigrant and Refugee Assistance	2	67%		
Medical/Mental Health Care	2	67%		
Safety Planning	3	100%		
Financial Assistance	3	100%		
Employment Assistance	2	67%		
Childcare Assistance	1	33%		
Legal Advocacy	2	67%		
Other(s)	0	0%		
Full-Time Staff	3	-	-	-
Less than 5	1	33%		
6-10	1	33%		
11-15	1	33%		
Part-Time Staff	3	0.33	0,1	1.73
Volunteers	3	8.66	1,15	7.09
Location	3	-	-	-
Urban	3	100%		
Number of Clients Served	3	421	147,791	332.41

Note: Differences in sample sizes are due to missing values

Characteristics of the Leaders

The leaders who participated in this phase of the needs assessment primarily identified as women (94%), straight (65%), and white (65%). Eleven of the 17 who completed the pre- survey reported having lived experience as a survivor. Most participants were the executive director of their organization (71%). In terms of experience at the organization and in their role, most reported being at their organization for 3-5 years (35%) and in their current role for less than a year (35%). See Table 4 for a detailed breakdown of leadership characteristics.

Table 4.
Overall Leadership Characteristics

	N	Percentage	Mode
Role	17	-	ED
Executive Director (ED)	12	71%	
Advocacy/ Direct/ Victim Services Manager	3	18%	
Shelter or Residential Services Director	2	12%	
Race/Ethnicity	17	-	White
Hispanic or Latinx	4	24%	
White	11	65%	
White, Hispanic or Latinx	1	6%	
White, Native American or Alaskan Native	1	6%	
Gender Identity	17	-	Women
Woman	16	94%	
Man	1	6%	
Sexuality	17	-	Straight
Bisexual/Pansexual	3	18%	
Lesbian/Gay	2	12%	
Straight (heterosexual)	11	65%	
Other	1	6%	
Lived Experience	17	-	Yes
Yes	11	65%	
No	6	35%	
Time Spent Working for Organization	17	-	3-5 Years
Less than a year	3	18%	
1-2 years	3	18%	
3-5 years	6	35%	
6-10 years	3	18%	
10+ years	2	12%	
Time Spent in Current Role	17	-	Less than a year
Less than a year	6	35%	
1-2 years	4	24%	
3-5 years	3	18%	
6-10 years	2	12%	
10+ years	2	12%	

Note: Differences in sample sizes are due to missing values

Leaders of the Community-Based Organizations

Fifteen leaders from fourteen different organizations participated in the nuanced focus group, but only fourteen leaders from thirteen organizations completed the pre-survey. Of the participants who completed the pre-survey, all identified as women and most identified as white (71%) and straight (57%). Most of the leaders also reported having lived experience as a domestic violence survivor (64%). Ten of the fourteen leaders reported being executive directors in their organization. In terms of experience, most leaders had been at their organization for 3-5 years (43%) and in their current role for less than a year (43%). See Table 5 for a detailed breakdown of community-based organization leadership characteristics.

Table 5.
Community-Based Organization Leadership Characteristics

	N	Percentage	Mode
Role	14	-	ED
Executive Director (ED)	10	71%	
Advocacy or Direct Services Manager	2	14%	
Shelter or Residential Services Director	2	14%	
Race/Ethnicity	14	-	White
White	10	71%	
White, Hispanic or Latinx	1	7%	
Hispanic or Latinx	2	14%	
White, Native American or Alaskan Native	1	7%	
Gender Identity	14	-	Women
Woman	14	100%	
Sexuality	14	-	Straight(heterosexual)
Bisexual/Pansexual	3	21%	
Lesbian/Gay	2	14%	
Straight (heterosexual)	8	57%	
Other	1	7%	
Lived Experience	14	-	Yes
Yes	9	64%	
No	5	36%	
Time Spent Working for Organization	14	-	3-5 years
Less than a year	3	21%	
1-2 years	2	14%	

3-5 years	6	43%	
6-10 years	2	14%	
10+ years	1	7%	
Time Spent in Current Role	14	-	Less than a year
Less than a year	6	43%	
1-2 years	3	21%	
3-5 years	3	21%	
6-10 years	1	17%	
10+ years	1	7%	

Note: Differences in sample sizes are due to missing values

Leaders of the Culturally Specific Organizations

Of the three leaders from culturally relevant organizations, two reported being executive directors and one reported being a victim services director. Two of the leaders identified as women and Hispanic or Latinx, the other identified as a white man. All three leaders identified as straight. Two of the leaders had lived experience as a survivor. The leaders in this focus group tended to have more experience in their organization and in their current role. See Table 8 for a detailed breakdown of culturally specific leadership characteristics.

Table 8.
Culturally Specific Leadership Characteristics

	N	Percentage	Mode
Role	3	-	ED
Executive Director	2	67%	
Victim Services Director	1	33%	
Race/Ethnicity	3	-	Hispanic or Latinx
White	1	33%	
Hispanic or Latinx	2	67%	
Gender Identity	3	-	Women
Woman	2	67%	
Man	1	33%	
Sexuality	3	-	Straight
Straight (heterosexual)	3	100%	
Lived Experience	3	-	Yes
Yes	2	67%	
No	1	33%	

Time Spent Working for Organization	3	-	1-2 Years, 6-10 Years, and 10+ Years
1-2 years	1	33%	
6-10 years	1	33%	
10+ years	1	33%	
Time Spent in Current Role	3	-	1-2 Years, 6-10 Years, and 10+ Years
1-2 years	1	33%	
6-10 years	1	33%	
10+ years	1	33%	

Note: Differences in sample sizes are due to missing values

Results from Focus Groups

Common themes emerged across focus groups related to the definition of ACRTI, ACRTI best practices for service provision, ACRTI best practices with staff, implementing ACTRI practices, challenges implementing ACRTI, advice, and needed additional support. The following sections further detail these common themes and provide examples identified by leadership.

Definition of ACTRI

Leaders across organizations in all focus groups emphasized their commitment to ACTRI principles and belief in the importance of these practices. However, there was a fundamental difference in how each group defined ACRTI and how it relates to their values as an organization.

For the culturally specific group, ACRTI principles were integral to their mission and approach to service delivery. These principles are not just guidelines but foundational elements that shape how they interact with clients and staff. One organization specializing in providing services to people with disabilities, views ACRTI as essential for ensuring that services are community-centered and community-led. Their work focuses on meeting the needs of clients with disabilities, tailoring services to ensure full accessibility. Another organization, which offers bilingual and culturally sensitive services to Latina survivors of domestic violence, emphasized that ACRTI principles align with their core values of compassion and cultural responsiveness. Leading with compassion is central to their approach, and ACRTI principles help them maintain that focus.

For the focus groups with community-based organizations, ACTRI was still important, but it was

viewed more as a framework or set of tools for providing services and developing policies. In those focus groups, the leadership talked about the main objective of the work they do as serving survivors of domestic violence. They shared that ACRTI provides a framework for them to ensure their services are accessible and appropriate for survivors with various intersecting identities. When asked about what it means to them to be accessible, culturally responsive, and trauma-informed, leaders of the community-based organizations shared a common belief about being able to serve anyone in need. One leader encapsulated the sentiment by defining ACRTI as: "*making sure that our services are inclusive and that we're able to serve whoever walks through the door*." Another leader elaborated further:

> "*I think just in terms of trying to set that framework for everybody here around just being very inclusive and accessible and really trying to start from what it is that people bring to us when they reach out for services and us being respectful and understanding and using that as the baseline to kind of start from with whatever the work is that we're doing with them*."

Other leaders in the community-based group defined ACRTI by sharing specific policies that ensure inclusivity and accessibility. For example, when asked to define ACRTI, many shared they implemented policies that align with the ACRTI framework. These policies included offering services and materials in multiple languages, partnering with organizations specializing in serving certain cultural groups, incorporating survivor voice into organizational procedures, and supporting staff to the best of their ability.

ACRTI Best Practices for Service Provision

In the focus groups, all leadership shared how ACRTI principles were integrated into their daily operations and the services they provide to survivors. Many leaders broke down ACRTI into its key components—(1) accessible, (2) culturally responsive, (3) trauma-informed, and (4) survivor-defined. The following section is organized based on these components.

Accessibility

When defining ACTRI and discussing how it shows up in their organization's daily operations, leadership across all focus groups focused heavily on accessibility. Leaders generally defined accessibility as being able to provide services to everyone in need. As said by one member of leadership, it is vital to make *"sure that our services are inclusive and that we're able to serve whoever walks through the door*." For most leaders to be accessible meant they could provide services to all survivors regardless of location, disability, mental illness, or any other characteristic. When discussing policies related to accessibility in their operations, common themes included focusing on accessibility in all forms of communication with survivors and providing services to the disabled community and/or those with mental illness.

Accessible Communication

Leadership across all focus groups emphasized the importance of having bilingual staff to effectively communicate with clients. All reported either currently employing bilingual staff or actively working to hire them. Additionally, one leader reported that all their staff were currently learning Spanish to provide better care for their clients. However, multiple leaders in the community-based focus groups also reported having more of a challenging time recruiting, hiring, and retaining bilingual staff. It should be noted that while the culturally specific focus group did not report challenges in hiring bilingual staff, this does not mean they did not face the same issue; rather, it was simply not discussed.

Several leaders across the focus groups also stressed the need for websites and media to be available in multiple languages, ensuring non-English-speaking survivors can access their resources. In the culturally specific focus group, the discussion of language access went deeper than providing materials and services in multiple languages. One culturally specific focus group participant from an organization serving Latina survivors of domestic violence stressed that their entire staff is bilingual and deeply rooted in the community they serve:

> "*From the beginning, we've always been a bilingual agency, that all of our staff who deal with direct services speak, are fluent in English and Spanish. They're all, you know, born and raised in the communities that we served*."

She went further to stress that this close connection allows the organization to remain responsive to the specific needs of their clients, incorporating feedback to ensure that services are culturally and linguistically appropriate.

Leaders also reported making their websites and media accessible in other ways, such as providing large text documents, using plain language, and offering technology or staff to read documents out loud. For example, one leader from a culturally specific organization tailored to supporting those with disabilities said that the website and intake form for his organization often serves as the initial touchpoint for survivors. As a result, he recommends,

> "*Ensuring that we have a set of accessibility tools that allow people to access the website, if they need a larger font, if they need the colors to be changed, if they need a different font style, if they need the website text to be spoken aloud for them to hear it, if they're visually impaired, whatever the case may be, we have that set of disability tools at the primary touchpoint for an intake*."

Other examples provided by leadership for communicating in an accessible way included offering American Sign Language (ASL) services and offering a variety of methods of communication. One leader from the culturally specific focus group shared,

"*We, within the intake form itself, ask relevant questions to ensure that we can provide for any accommodation needs that they might have, whether that's ASL or other translating services that they might need, what their primary form of communication should be due to safety reasons or just due to accessibility. We have some clients that prefer email or text-based communication and some clients that prefer only to meet via phone or in person, again, due to the accessibility piece*."

Disability and Mental Health

Ensuring that services are accessible to survivors with disabilities and mental health concerns was a key theme identified across leadership. Specific policies to ensure this included not requiring survivors to prove disability status to receive disability-related services and accommodating disabilities in emergency and transitional housing (e.g., doorbells that flash for deaf or hard-of-hearing clients).

In the focus groups with community-based organizations, leaders reported that training staff was one way they ensured that their services were accessible to survivors with disabilities or mental illness. A member of leadership shared that disability training, especially for specific populations, is vital. She said,

"*And so if it's someone who's deaf and hard of hearing, or if it's somebody who needs assistance, you know, transportation or whatever it is that our staff have been trained enough that they're not gonna panic and go, oh, no, what the hell do I do?*"

Providing training related to mental illness was also reported by a leader in the culturally responsive focus group who shared,

"*We do a lot of different training, especially as it relates to mental health. I think that when people think about working with survivors with disabilities, physical disabilities come to mind first, but we work with a lot more people who have severe, persistent mental illness than we do with physical disabilities, which has been sort of a shift that we've seen over the last year or so. So, we do mental health first aid training along with other just mental illness type training for our victim advocates.*"

Culturally Relevant

Ensuring that services are culturally relevant and tailored to specific cultural communities was another focus for leadership across organizations. Leadership felt that having staff who identified with and were part of the community they served was vital. As stated by one leader, it is crucial to have "*staff that are not just bilingual, but culturally, you know, familiar with our clients, I think is super important*."

Other organizations discussed the need for leadership at every level, including the board, to reflect the community they serve. This includes having a diverse staff and hiring those with lived experience. An example of ensuring that services were culturally relevant for organizations that serve rural areas was hiring advocates who live in those areas and are, therefore, familiar with cultural differences and community resources provided in that area.

One unique strategy for increasing cultural relevance in providing services was identified by a member of leadership from a community-based organization. She suggested a strategy used by their organization, which includes acknowledging "*different holidays and different activities that are going on in the community that we also kind of try to bring in here with the services we do as well*."

Cultural Relevancy in Culturally Specific Organizations

Cultural relevancy was especially important to leaders in the culturally specific focus group. To emphasize this point, one leader from a culturally specific organization said,

> "*For us as an organization, we are a culturally specific organization. And we not only do, does all of our staff and our board of directors reflect the community that we specialize and serve as Latinos, but we live in the community. We've been raised in the community. We've been a part of it. I think that's something that's really unique with a lot of our staff here*."

Another member of leadership from a culturally specific organization discussed the necessity of shared identity in providing culturally responsive services. She said within her organization,

> "*We all identify as members of the community that we serve like we're all Latinas and have lived experience when it comes to the services that we provide… and [this includes] making sure that we're also centering them and advocating on their behalf."*

Trauma Informed

Providing trauma-informed services means understanding and recognizing the ever-present impact of individual and community trauma on the lives of advocates, survivors, and researchers. In practice, staff reported providing trauma-informed care by remaining transparent with survivors. One leader shared how they remain transparent in their intake process,

> "*With our intake process, with our phone assessment, we try to be as transparent as possible and lay out expectations and policies and procedures because we know that is very trauma informed to get everyone the information that they need to be able to be successful in this space*."

Leaders across organizations, regardless of their level of ACRTI knowledge, shared that they prioritize hiring staff with lived experience, emphasizing that this approach is central to providing trauma-informed care. For example, one leader said,

> "*We are trying to be a healing agency, which is a little further on the spectrum [than trauma-informed]. But we are building it at the foundation of our staff to model that. All our staff are peers. They all have lived experience in this*."

Another leader stated, "*I think it's important to have staff that can identify with the client, creating a sense of shared experience and a supportive community."*

Survivor Defined

Nearly all members of leadership said that incorporating survivor voices into the services they provide was a priority for being an ACRTI focused organization. Speaking for her organization, one leader stated, "*I think we're constantly striving to ensure that the voices of the people we serve are implemented into the services we provide and the work that we do*." Another leader agreed with this idea saying, "*Everything that we do is very client driven."*

Many leaders pointed out that a survivor defined approach also includes gathering meaningful input from survivors and incorporating any needed changes. One leader from a culturally responsive organization provided an example. She said,

> "*Something that we did internally was using WhatsApp since it was brought up a few years ago during a support group that if the perpetrator cuts off phone service, then they can, as long as you're connected to Wi-Fi or if you have a place where you can get Wi-Fi, then we can communicate with that individual and it's safe and secure. So that was something that was communicated in that support group and then it was implemented as a team."*

Another leader shared,

> "*We have a survivor committee that meets with board members. So it [change] is very much driven by what our clients and our service population is requesting. So we've changed support groups. Maybe we had a financial literacy course, and then we get into it, and it's around the holidays a couple of years ago, and they were really like, we need to talk more about substance use because it's something we're all struggling with because that particular group that was going through that was all co-parenting through the holidays as their first holiday season without that partner. And so we switched it up because that's what they said*."

ACRTI Best Practices with Staff

Another central theme discussed across focus groups was incorporating ACRTI principles for staff. Leadership provided several examples of how these principles were incorporated for staff, including (1) providing generous benefits, (2) having an open-door policy, and (3) encouraging staff to pursue additional training.

Generous Benefits

Leadership frequently reiterated that taking care of their staff was essential to embracing the ACRTI framework. One leader shared, "*We have to take care of our employees just as much as we try to provide services to those we serve*."

To help care for staff some organizations implemented wellness hours for staff. As stated by one leader for a culturally specific organization,

> *"I think oftentimes we focus on, you know, the direct services with victim services and we more than often or more than we want to, we don't think about our staff. And so something that we incorporated as an agency was wellness hours for our staff."*

Other leaders also provided examples of these wellness benefits for staff. One leader shared that her organization offers employees a "*wellness benefit worth, I think around $1500 a year*." A leader from the culturally specific group discussed how she developed a series of wellness initiatives for her staff to prevent burnout and maintain a trauma-informed work environment. These wellness initiatives included quarterly wellness days, flexible scheduling, and time off for personal care. Another leader shared some unique ways they've tried to center employee wellness. She shared,

> "*We've been to I think we have water rafting this year on the schedule. We've been bowling. We've been camping. We've done a lake day out with our family. So really just thinking outside the box and saying like we are a work family, and this is very heavy work and what can we do to support that. But I will say that came from this like really thinking about the wellbeing of our staff and not just our clients*."

Other examples of trying to center staff's wellbeing through generous benefits included enforcing a four-day work week (36 hours full-time) and providing opportunities for staff to meet with licensed therapists outside of work.

Open-Door Policy

Across the focus groups, leaders shared the importance of having an "open-door" policy and providing opportunities for staff debriefing as part of offering trauma-informed support for staff. One leader from a culturally responsive organization emphasized the importance of being

trauma informed with staff:

> "*We became trauma informed for staff in addition to clients. We recognize that many of our staff are survivors themselves, so it is really important to be trauma informed and support them in what their needs are to be able to continue to do the work*."

Another leader from the community-based focused groups shared that she has,

> "*An open door policy for our staff where if they're having a rough day, if they had a really hard case, if they're having a difficult client at the time and can't think straight, we created that policy really for the well-being of our staff to be able to come and have a safe space and a safe zone to just vent and not have any filters*."

One leader shared that they hold weekly debriefing sessions and have behavioral health providers on staff to offer support when employees feel triggered or stressed by work situations. She summarized these policies by saying, *"It's kind of like, if you're harmed on the job, you get healed on the job."*

Encouraging Staff to Pursue Additional Trainings

Consistent with the ACRTI principle of continuous improvement, leadership across organizations encouraged staff to pursue additional training opportunities about ACTRI best practices. Whether or not attending these trainings are mandated for funding, many leaders reported requiring staff to seek further training. For example, one leader shared,

> *"They're [staff] required to do five external trainings, you know, some sort of external training, professional development a year, and they always get well more than that, but a minimum of five, and one has to be based on cultural responsiveness or being trauma-informed."*

Implementing ACTRI Practices

Leaders were also asked about the process of implementing ACRTI practices within their organizations. While some leaders expressed that they implemented ACRTI practices as a requirement for continued funding, others viewed ACRTI principles as the best practices to support clients and staff. Several themes emerged in leadership's discussion of the process of implementing ACTRI practices into their organization including (1) goals and accountability measures, (2) external support and DEI consultants, (3) cultures of continuous improvement, and (4) respecting staff expertise.

Goals and Accountability Measures

Regardless of whether organizations had already been implementing ACRTI practices before

DVP made it a funding requirement, leaders across all focus groups noted that the mandate pushed them to formalize goals and establish accountability measures for implementing and maintaining ACRTI policies.

A leader in the community-based focus groups explained how DVP's requirement to set and document ACRTI-related goals helped her organization stay focused on actively incorporating ACRTI related policies. As a result of this requirement, her organization established a leadership council made up of Latina survivors who guide organizational policies and strategies to better address the needs of Latina survivors in their community. Additionally, they developed a series of training courses for their medical partners to ensure that local medical services are trauma-informed.

Leaders from culturally responsive organizations echoed that sentiment. A leader from an organization serving people with disabilities shared that they made significant policy changes within the first 90 days of their formal implementation of ACRTI, focusing on supporting their staff through trauma-informed practices. They recognized the need to formalize their support systems to better reflect the organization's values. Similarly, a leader from an organization providing bilingual human services for low-income communities noted that formalizing ACRTI principles helped maintain consistency across the organization. Previously, the demands of funders sometimes overshadowed the full implementation of these principles, but by documenting them, the organization ensured that ACRTI remained central to their operations.

Additionally, when implementing these practices, leaders in both groups discussed choosing to write policies down on paper to both make the policies uniform and hold themselves accountable. Specifically, a leader from a culturally specific organization shared her opinion saying,

> *"Just writing it and working with making sure that it was adapted… And so we make sure that everyone's voice is heard, it was more of actually writing it and making sure that it's a reflection of who we are as an organization and a team and then the accountability piece."*

External Supports and DEI Consultants

To implement ACRTI practices, some leaders from the community-based focus groups reported hiring external Diversity, Equity, and Inclusion (DEI) consultants and/or utilizing existing training and technical assistance. Organizations reported hiring external DEI consultations to help implement ACRTI policies and inform overall strategic planning. One leader from the new focus group shared some of this process,

> *"We are bringing in a facilitator that will hopefully, as we were selecting someone to do*

> *that work with us, I think it helped us be more mindful of like what we wanted to get out of, you know, not just having it be like a one or two day or three day training, but like, how do we bring somebody in that can really help us be thoughtful as an organization and develop more tools and framework in which to keep the work going forward?"*

Many leaders reported being unable to hire DEI consultants due to limited resources, but they expressed a desire to be able to access such support.

Leaders also frequently reported using training and recommendations provided by outside organizations to improve their accessibility, cultural responsiveness, and trauma-informed policies. One leader discussed attending bi-weekly training from the Rocky Mountain Equity Project to specifically make their services and organizational policies more accessible, culturally responsive, and inclusive to LGBTQ+ staff and clients. Leaders in all the focus groups also reported using materials and TA from Violence Free Colorado and the Domestic Violence Program (DVP) to implement ACRTI practices. For example, one leader who participated in this needs assessment talked about how Violence Free Colorado helped them remove their shelter's immediate crisis requirement, allowing them to be more accessible to survivors.
Another member of the newer focus group said that implementing ACRTI policies has been "*100% dependent on Violence Free Colorado and DVP"* and that the measurement tools they have received from those organizations has been essential to their staff's growth related to ACRTI.

Culture of Continuous Improvement

In discussions about the process of implementing ACTRI principles into their organization, leaders from every focus group recognized the importance of creating a culture focused on continuous improvement. Leaders recognized that promoting ACRTI related principles and equity overall was a process that never ends. One leader in the new focus group identified that theme during the focus group saying, "*So I really like how there's been this ongoing theme of just keeping a conversation going amongst our teams about how we can always be more trauma informed, responsive, accessible*."

Leaders pointed out that creating this culture meant cultivating an environment where leadership and staff are always learning and growing in the knowledge of ACRTI practices. When discussing this agency cultural shift, one leader shared, "*I think one of the things that comes to mind is just having the agency culture be one of that's learning to say that we're always learning, we're always trying to get feedback, we're always trying to improve and that's how we will do business.*"

Leaders across the focus groups noted that another part of this culture included acknowledging

when you, as a leader, make a mistake. One leader reported how she engages in the process of implementing ACRTI, saying, *"I think also recognizing when you make a mistake too, like even in especially in leadership, like calling, not calling yourself out, but you know, like acknowledging that we're human and that, you know, we're all gonna make mistakes."* Other leaders also agreed with this idea, stating, *"I think that eases a lot of that anxiety that a lot of staff have, you know, seeing somebody in leadership be like, you know what, I messed up with this."* For many organizations, this policy of acknowledging mistakes points to a larger agency culture that allows for the implementation of ACTRI to be a continuous process.

Respecting Staff Expertise

Additionally, when incorporating ACRTI principles, some leaders commented on respecting staff expertise. Several leaders shared that staff are the experts in the programming provided to survivors and know the service populations. For example, when talking about her staff, one leader shared, "*they know their programming better, they know their clients better, they know their specific service populations better*.*"* Other leaders also agreed that it was essential to recognize the expertise of their staff and offer guidance when asked but ultimately understand they are the experts.

Additionally, many leaders discussed how having staff be a part of the conversation is essential for the incorporation and sustainability of ACTRI policies in their organization. One leader summarized the different ways they try and incorporate staff opinions,

> *"We definitely also are trying to create opportunities for staff to reflect on our program, our policies, on individual divisions. So that can look sometimes like an advocate forum. Sometimes that can look like training. It can look like us coming together to re-evaluate nd reinstate a policy that we may have when it comes to our attention that it's in need of an update."*

The three leaders from culturally specific organizations talked about the implementation of ACTRI principles slightly differently than the other participants. These leaders explained that ACRTI principles were already deeply embedded in their organizational cultures, as they aligned with the values and missions of their organizations from the start. As a result, for these organizations, implementing ACRTI was less about changing their practices and more about formalizing these principles through written policies.

Challenges Implementing ACRTI

Members of leadership were also asked about challenges related to the implementation of ACRTI principles. Several common themes across organizations included challenges related to

(1) staffing, (2) limited funding and resources, (3) balancing ACRTI requirements with other work requirements, (4) accessibility, and (5) collaborations with other agencies.

Challenges with Staffing

Leaders also detailed several challenges they experienced when trying to implement ACRTI related to staffing. Many leaders agreed that hiring and retaining staff in the domestic violence field is challenging, though these difficulties are not necessarily related to ACRTI. The emotional toll of the work, compounded by low resources, contributes to high turnover. While leaders were generally supportive of ACRTI principles they often experienced issues in hiring diverse staff to implement these practices. Specifically, one leader reported issues with hiring bilingual staff saying, "*it's always been a challenge to hire a Spanish bilingual individual, so that has always been a challenge*.*"* Related to hiring diverse staff, others pointed out that it is often difficult to retain these staff members. As a solution, one leader explained that they've recently adopted a new policy that provides a "*wage increase for staff that are bilingual because they're doing so often a lot more work*." She also noted that the implementation of this policy has been exciting because it's been *"able to help with retention of bilingual staff."*

Another challenge related to staff that was discussed was staff training. In the focus groups, leaders pointed out two issues they encountered with staff training: training fatigue and staff resistance surrounding the relevance of ACRTI training. In regard to training fatigue, leaders pointed out that, though training is essential to being able to effectively implement ACRTI principles, sometimes staff struggle with balancing the demands of their workload and attending training. A leader from one organization in the Denver area stated

> *"I think our staff, I mean we also really struggle sometimes with just like, I think, training fatigue, because we're constantly having to kind of find the time to fit in, you know, whether it's the training on DEI-related issues or sex assault or strangulation or I mean, and it's all important, but for us it also often means that then we're not available to provide services because we have to block out a chunk of time for staff to be able to attend trainings, which means, you know, we aren't available to provide services, and that's always a dilemma because that's not serving the community as well."*

Staff resistance to training was briefly discussed by a few leaders representing culturally specific and community-based organizations. One leader from a bilingual human services organization explained that they encountered some resistance from staff regarding the relevance of ACRTI training. They had to emphasize the importance of being fully prepared to offer trauma-informed care, particularly given the variety of programs their organization offers. Additionally, another leader stated that her older and more experienced staff had trouble

embracing the new ideas shared in ACRTI training.

Challenges with Funding and Resources

Regardless of the type of organization or their adoption of ACRTI principles, almost all the leaders reported issues with funding. Specifically, leaders worried about having enough money for staff salaries and benefits. One leader discussing employee salaries said, *"Yeah, it keeps me up at night. But we work really, really hard to pay our staff."* Another leader shared similar concerns, stating, "*We want to recognize people for the hard work that they're doing and that, it is just [difficult] to keep up with inflation."*

Other leaders stated that supporting staff was a challenge due to their organization operating on a *"scarcity model"* with a small staff being required to handle a large workload. They explained that high workloads, coupled with limited resources, contributed to staff burnout and turnover, which in turn worsened the scarcity model they had to work within. Another leader summed up the problem, "*I mean, you know, we are all, we're not alone in that we are all struggling to find resources to support the work that we're doing."*

Several leaders also pointed out that the lack of funding for salaries often translated to a limited capacity to implement ACRTI principles. As shared by a leader from a culturally specific organization,

> *"I think the challenge is always, I hate to sound like a broken record. I think it always goes back to funding. Like there's identifying the framework and what we want to do. And a lot of times the limiting factor is funding and capacity, and capacity is influenced by that funding. Like staff should have higher wages in order for us to really be aligned with equity."*

Limited resources were a more prominent problem in organizations from rural areas. Leaders from rural organizations often reported having fewer resources to implement ACRTI principles. One leader provided an example of this issue in housing, saying they have

> *"A large service area, very rural and we have no shelter, we have no actual physical building. And so, our safe housing is through partnerships with hotels and motels and that leaves us with much less control over accessibility, equity, and inclusion in the check-in process."*

In addition to housing, rural agencies often have limited options in providing other community resources. One leader shared,

> *"Being a small rural agency within a very small area where our nearest city is an hour and a half away, it's this challenge to work within policy while also doing best practice*

and serving our community appropriately in a way we find appropriate and accessible."

Challenges with Balancing Requirements and Expectations

As alluded to in previous challenges outlined above, one frequently reported challenge was balancing the demands of implementing basic ACRTI practices while still providing services to survivors, especially for agencies that are understaffed, underfunded, and serve a large area. Some leaders shared frustrations with all the funding requirements placed on their organizations. One leader talked about how her organization must meet so many requirements to receive funding, but the funders don't seem to provide support to meet those requirements. In her own words, she stated,

> *"They're building all of these models on top of a system that was already not quite working. Like the expectation that we have all these equity practices and the expectation that we do this, this and this, it all seems to be forcibly built upon like an industry, or a sector, or whatever you want to call it, that's not matching."*

Another leader talked about how requirements for a 24/7 call line has been hard for them to staff:

> *"We have a small staff, some of whom are not advocates, and staffing a 24-7 crisis line, which was a DVP requirement, is nearly impossible for us. My staff already have to do it on weeknights when they've already worked a full day."*

She shared that this problem impacted her organization's bandwidth to focus on implementing ACRTI practices throughout her organization.

Challenges Related to Accessibility

Every leader wanted their services to be more accessible to all survivors. Although accessibility is a key principle of the ACRTI framework, leaders shared some issues they experience in providing accessible services. Ensuring that services were accessible to specific groups or populations was common challenge. For example, one reported issue was the lack of accessible beds. She stated, *"we have one bedroom that's accessible and seven that are not. And so that room is always full. And we're turning away people who need accessible beds because we don't have the space."*

Several leaders reported being often forced to turn away survivors with pets. Speaking on this issue, one leader said, "*We have to turn away folks if they have pets because we only have one room that we can designate for folks with pets."* As pointed out by many leaders, the lack of pet-friendly rooms creates issues for the many survivors who rely on their pets during times of emotional distress.

Another issue related to making services accessible to specific groups was the need for a more nuanced approach in ACRTI training, particularly in understanding the cultural differences within rural areas. One leader discussed this concern saying that in "*ACRTI training, they never talk about the rural culture being a culture, which is an interesting dynamic to work with."* These limited resources and a lack of cultural nuance related to rural areas within ACRTI training made it more difficult for organizations to implement these policies.

Another accessibility issue was the financial strain of providing materials and services in multiple languages. As one leader stated, *"When you have 17 different languages that you're serving a year like that, those services are expensive."* Another leader shared that she was "*always thinking about needing funding for being able to translate our forms into Spanish, but also into Somali and into Arabic."* All accessibility issues were again tied into funding at these organizations.

Challenges with Collaborating with Partners

Collaborating with external organizations posed challenges for several participants across the community based and the culturally specific focus groups.

Some leaders talked about how some of their partner organizations have cultures that do not align with the values that underpin the ACRTI framework. This was especially true for organizations in rural areas who have limited options for community partners. One leader noted that,

> *"In our local community, if they are not receiving government funding from grants, they have peaced-out on ACRTI and EDI. I have given EDI training specific to our local community, and it is hard sell."*

In the culturally specific group, leaders outlined multiple challenges associated with collaboration. Leaders from culturally-specific domestic violence organizations express frustration about the burden placed on their organizations due to a lack of bilingual staff in other organizations.

Specifically, leaders from Latina serving organizations highlighted that other agencies, especially those without bilingual staff, frequently refer all Spanish-speaking clients to their organization. This practice increases the workload on their staff, often without acknowledgment or compensation, creating an inequitable situation. These leaders also pointed out that their organization ends up supporting other agencies by accepting these clients, but the agencies referring clients may still take credit for meeting their service goals. One of the leaders shared her frustration:

> *"We literally had counties call us and say 'we don't have bilingual staff. So just FYI, we're*

> *going to send all the Spanish-speaking clients to you'. And where does that leave us?.... then our staff gets shamed...because they're like: well, you all say you can help and we sent you this amount of clients and you haven't helped them. But it's like: well, we're serving our own clients and you're throwing 50 additional clients on top and our staff is already burned out."*

Another participant echoed these sentiments, stating that their organization often receives referrals based solely on their specialization (in this case, disabilities), even when the services needed do not align with their primary services. This can overwhelm staff and create confusion for clients, further compounding the issue.

> *"Anybody who has a disability, sort of, regardless of victimization or services that they need, they hear the word disability and then they get sent to us... which then* creates challenges for our staff if we don't offer the services they're looking for."

The leaders in the culturally specific group stressed the negative impact this has on staff morale and the strain it places on their organizations as they try to meet the needs of an increasing number of clients without sufficient support from other organizations.

Advice

Leaders were also asked if they had any advice for organizations wanting to be more ACRTI-focused. Common themes shared by leadership included (1) being mindful of your clients, staff, and community and (2) understanding that ACRTI is meant to be a guide, but policies should be geared toward the needs of each organization.

Being Mindful of Clients, Staff, and the Community

One major piece of advice shared by leadership was the need to gather feedback from clients. One leader stated, *"Make sure you're consulting with the people that you're doing it for."* Recommendations around client feedback included:

- One leader said it was vital to take *"a look at how your clients feel about the inclusivity, equity, and accessibility of your services."*
- A leader from a culturally specific organization serving Latina survivors of domestic violence advised organizations to be mindful of the diversity within both their staff and the communities they serve. She recommended tailoring ACRTI policies to reflect the unique cultural and linguistic needs of their clients to ensure effective service delivery.
- Leaders also agreed that it was necessary to gather feedback from clients via surveys or interviews to ensure that services are delivered in a way that is trauma-informed, culturally specific, and accessible. Some leaders shared these opinions and

recommended going beyond a basic survey and asking clients questions on how ACTRI services benefit them.

Many leaders also specifically recommended being mindful of staff when trying to implement these policies. As stated by a leader from a culturally specific organization always include *“staff in developing the policy, remembering the community that we're serving and ensuring that there's a sense of fluidity in the process of developing the policies, that they're not static and that they can evolve and shift over time.”* This quote highlights the opinion of many leaders that staff should be included in the creation and revision of ACRTI policies.

These leaders also recommended that agencies partner with community organizations to help ensure clients receive the best possible care. When discussing the importance of community partners, one leader said*, “my recommendation was just keep those partners in your pocket because there's times that you're, you know you're going to need them, because we can't be the experts for everything.”* Overall, the leaders advised that remaining mindful of the clients, staff, and community would make the process of implementing ACRTI policies easier.

ACRTI is Meant to be a Guide

Another major piece of advice shared by leaders across focus groups was that ACRTI is meant to be a guide, and agencies should be flexible to allow growth and to align these policies with their own needs. When discussing advice for organizations going through the process of implementing ACRTI, leaders across all focus groups shared the advice to be open to learning. One leader shared, *"I don't think that agencies that are coming into this should be afraid. I think that ACRTI is kind of like a guide."* She explained further,

> *"The most important thing would be not being afraid. I think change scares everybody. And I think that this tool, although it's a funding requirement, don't let that scare you away, but actually be mindful and intentional of thinking how you're gonna use it and how you're gonna incorporate it. And then not being afraid to ask questions."*

Others shared similar advice related to asking questions, not being afraid to make mistakes, and always striving for improvement in this area. One leader shared, *"my best advice is that quite literally, and I think in the most beautiful way, everything is living and breathing. Things are meant to be changed. Things are meant to be updated."* Another leader discussed the importance of everyone at the agency understanding that incorporating ACRTI principles is an ongoing process. She stated,

> *"I think being careful and making sure that everybody understands that this is a journey that there may be no real end point right it's a journey. And, that journey changes and has twists and turns but it's not like you can check that box and you're done."*

Similarly, a leader from a culturally specific organization encouraged other organizations not to be intimidated by the implementation of ACRTI principles. She recommended approaching the process with an open mind, viewing it as an opportunity for growth and improvement rather than focusing on potential challenges. The other aspect of leadership's advice about embracing ACRTI as a guide was emphasizing that ACRTI principles can, and should, be modified to fit the specific needs of an organization and its clients. One leader from a culturally specific organization emphasized the importance of remaining flexible and open to transformation. Organizations should be prepared to adjust their ACRTI policies based on the evolving needs of their staff and clients.

Interestingly, leaders from the community-based group advised others to seek grants that require implementing ACRTI practices as part of the funding. The leaders pointed out that these grants help to organize thoughts and ideas about organizational policies around the requirements outlines in the ACRTI focused grants. One leader shared that grants like DVP, which require everyone to pick an equity goal, have really helped them *"all realize how important this is and what is it that we wanna really be working on."* She further shared that partially due to this funding requirement, they've *"picked different goals every year to help us move in different areas and improve."* The leaders also commonly say that funders requiring the implementation of ACTRI principles often help them get better in these practices. By embracing ACRTI as a guide, organizations can adapt the principles to align with their specific needs and create a more supportive environment for both staff and clients.

Additional Support

Requests for additional support fell into three broad categories: (1) additional funding, (2) programmatic support, and (3) continued training.

Funding

Leaders across organizations shared that they needed extra funding for consultants and staff. When discussing resources that would help implement ACRTI one leader said, *“I think having money to pay for consultants to help us with some of this would be super helpful.”* Numerous leaders in other focus groups also expressed a desire for funding to be able to hire an EDI consultant.

Also related to implementing these practices, a leader of a culturally specific organization emphasized the need for stable, multi-year funding to retain staff and provide consistent services. They also expressed frustration that, while they frequently provide support to other agencies, they need to receive reciprocal assistance or funding for that support.

Programmatic Support

When asked what supports would be helpful in implementing ACRTI within their organizations, some leadership wanted programmatic support. Leaders suggested that having someone from DVP or another professional conduct an equity assessment of their organization would be very helpful. Overall, these leaders felt that having an expert brought in to identify and make tangible recommendations would help them provide accessible, trauma-informed, and culturally specific services to survivors.

Leaders also asked for programmatic support and flexibility to free up their staff's time so that they could focus on training and implementing ACRTI principles. An example of such support includes a statewide support group. One leader said, *"If there was a statewide support group that I could refer my clients who have conflicts with my current support groups to, that would be great, and it would save me the staff time."*

Training

Leaders also frequently spoke about the need for continued ACRTI training. One leader from shared*, "even though training fatigue is real. I think continuing to keep those available are important because I think everybody learns differently."* The same leader also shared that frequent training helps provide organizations with additional ideas for implementing ACRTI. Leaders from the culturally specific focus group mentioned specific training that would be helpful for them. These included a need for additional training on the intersection of substance abuse and mental health to better serve clients facing these challenges and leadership training around microaggressions to equip staff with the tools to identify and respond to these issues.

Conclusion

The leadership focus group report highlights the progress and challenges in implementing Accessible, Culturally Responsive, and Trauma-Informed (ACRTI) principles across domestic violence organizations in Colorado. The discussions revealed how ACRTI is shaping service provision and organizational culture, especially for culturally specific organizations.

Widespread Integration of ACRTI

ACRTI principles have become central to the identity and operations of many organizations, particularly for organizations established with intention of serving specific cultural groups. For these organizations, ACRTI is foundational, ensuring bilingual services and culturally relevant practices. Other organizations are using ACRTI to expand accessibility, ensuring their services are available in multiple languages and making changes to accommodate clients with disabilities.

Commitment to Staff Wellbeing

Leaders also emphasized the importance of supporting staff wellbeing, particularly in light of the emotional toll of domestic violence work. Many organizations have adopted trauma-informed practices with staff, including flexible schedules, monthly self-care days, and open-door policies for staff. Weekly check-ins, focused on both work and self-care goals, have helped create a more supportive and open culture, where staff feel comfortable discussing challenges.

Challenges in Implementation

Despite progress, challenges remain, particularly around funding and resources. Rural organizations struggle with hiring and retaining staff, especially bilingual employees. Training fatigue is also a concern, as balancing ongoing education with service delivery can strain smaller teams. Additionally, culturally specific organizations face the added burden of supporting underserved populations without sufficient external resources.

Collaboration and Partnerships

Culturally specific organizations expressed frustration with the unequal burdens placed on them by partner agencies that lack bilingual or culturally specific services. Rural organizations face unique challenges, including limited resources and difficulties finding partners aligned with ACRTI principles.

Need for Additional Support and Resources

Leaders stressed the need for stable, multi-year funding and continued programmatic support. Training on topics such as the intersection of substance abuse and mental health, as well as leadership development in areas like microaggressions and cultural competence, is essential for improving staff and client services.

Flexibility and Tailoring of ACRTI Principles

Leaders recommended treating ACRTI as flexible guidelines that can be adapted to the unique needs of staff and clients. Feedback from both groups is essential in refining practices, making ACRTI a living, evolving framework for organizations.

Takeaways (for DVP/Violence Free Colorado)

The following takeaways underscore the need for ongoing collaboration, funding, and tailored support to help organizations better implement ACRTI principles in their work with survivors and staff.

1. **Funding and Resource Support**: Across all focus groups, leaders called for additional financial support, particularly for staffing and program implementation. Limited funding has been a barrier to fully integrating ACRTI principles, with many organizations

struggling to offer competitive salaries or hire diverse staff. Stable, multi-year funding is needed to ensure sustainability and growth in service provision and staff retention.

2. **Technical Assistance and Training**: DVP and Violence Free Colorado play a key role in providing training and resources to help organizations implement ACRTI. Leaders appreciated the support they received, such as measurement tools and external consultants, but expressed a need for ongoing training in specific areas like the intersections of disability, substance abuse, and mental health. The continued provision of technical assistance, such as equity assessments, would help organizations assess and improve their ACRTI practices.

3. **Programmatic Flexibility**: Leaders noted that DVP's requirements, while beneficial, sometimes place extra strain on organizations, especially when resources are limited. They recommended that DVP and Violence Free Colorado offer programmatic flexibility to accommodate the varying capacities of organizations. For instance, allowing more flexibility in staff training and service provision would free up time for organizations to focus on integrating ACRTI more thoroughly.

4. **Support for Culturally Specific Organizations**: Leaders from culturally specific organizations expressed frustration with bearing the brunt of referrals from partner agencies without receiving adequate support or resources. Leaders recommend that DVP and Violence Free Colorado ensure that organizations supporting underserved communities receive equitable resources to manage the additional workload and avoid burnout among staff.

5. **Support for Rural Organizations**: Rural organizations face distinct challenges in implementing ACRTI principles, such as limited resources, staffing, and culturally relevant services. Geographic isolation and fewer local providers make it difficult to offer accessible housing and form ACRTI-aligned partnerships. Leaders recommend focused support through specialized funding, including grants for staff retention, housing, and remote training resources. DVP and Violence Free Colorado could support rural organizations to build stronger collaborations with statewide networks or urban partners, sharing resources and expertise. These efforts would help bridge the service gap, ensuring rural survivors receive the same level of culturally responsive and trauma-informed care.

Appendix I - Phase 2: Advocate Report

Introduction

This draft overview is part of a larger statewide needs assessment aimed at evaluating both the successes and challenges that domestic violence (DV) organizations face in applying Accessible, Culturally Responsive, and Trauma-Informed (ACRTI) principles across their staffing, programming, and policies. The needs assessment is divided into three phases. Phase one involved conducting focus groups with leadership from domestic violence organizations across the state. For a summary of phase one results, please refer to the *Domestic Violence Leadership Focus Groups Draft Overview*. Phase two, summarized in this report, consisted of interviews and focus groups with advocates from domestic violence organizations. Finally, phase three, which is forthcoming, will involve qualitative data collection from community partners identified by the Colorado Department of Human Services Domestic Violence Program (DVP), Violence Free Colorado, and leaders and advocates from phases one and two.

This report presents findings from phase two of the needs assessment conducted with advocates from organizations across Colorado. In this phase, staff from CPR conducted four focus groups and four interviews with 20 advocates from 19 domestic violence organizations, each with varying levels of experience or knowledge of ACRTI practices. It should be noted that some of the advocates in this phase were in management positions, but all were actively providing services to survivors. These advocates were selected for the needs assessment in one of two ways: (1) leadership from the previous phase of the needs assessment recommended advocates, or (2) DVP and Violence Free Colorado recommended additional advocates after seeing the initial list of advocates recommended by leadership. Some of the additional advocates recommended represented other organizations interviewed in the initial leadership focus groups.

In this phase of the needs assessment, organizations were categorized as either community-based or culturally specific. Although efforts were made to group focus groups based on the type of organization, some focus groups included both community-based and culturally specific advocates due to scheduling conflicts. We defined community-based organizations as those that provide services to domestic violence survivors across Colorado without focusing on any specific cultural group. In contrast, culturally specific organizations are those established to offer culturally relevant domestic violence services to specific communities, such as the Latinx community or the community of individuals with disabilities. When applicable, the analysis differentiated responses based on whether advocates were employed by community-based or culturally specific organizations. Additionally, the analysis explored how advocate responses varied based on their perceptions of leadership's commitment to ACRTI principles.

CPR staff sent out a pre-survey for advocates to complete before the focus groups and interviews. The pre-survey asked questions regarding advocate demographics, role in their organization, the time they have been at their organization, the services they provide, culturally specific organizations in their area, and what ACRTI means to each advocate. These additional

data collection activities were used to provide more context for the qualitative data collected in the focus groups and interviews.

In this draft overview, we first examine the characteristics of the advocates who participated in the needs assessment, using data from the pre-survey. We then explore the common themes identified in the qualitative data, many of which were consistent across focus groups. These themes are discussed broadly, with particular attention given to differences between leadership and advocates, as well as between cultural and community-based groups, where relevant. The topics covered include definitions of ACRTI, ACRTI best practices in service provision, ACRTI in supervision and staff support, ACRTI training opportunities, advice, challenges implementing ACRTI, additional support needed, and community partnerships.
Finally, it is important to note that the word advocate and participant will be used interchangeably throughout the report when referring to the person participating in the focus group or interview.

Characteristics of the Advocates and Their Organizations

Twenty advocates who worked with survivors from 19 organizations participated in the focus groups for phase two of the ACRTI needs assessment. Staff from 16 organizations also completed the pre-survey. One organization had two advocates who participated in the focus groups, while a third staff member completed the pre-survey. This third staff member's survey response is only used to describe the organization, as they did not participate in a focus group or interview.

Characteristics of the Organizations

Survey respondents were asked two questions about their organization. The first question asked about the organization's primary area of focus with potential responses of domestic violence (DV), sexual violence (SV), or other. Of those who completed the survey, 50% of respondents indicated their organization focused primarily on both domestic violence and sexual violence, 37.5% focused solely on domestic violence, and 12.5% reported a focus on domestic violence, sexual violence, and other issues such as human trafficking or stalking.

The second question asked whether their organization was the only domestic violence organization in the area. In response, 56% of respondents said they were the only domestic violence organization in the area, while 44% indicated they were not the only domestic violence organization in the area. Approximately 67% of the organizations that indicated they were the only domestic violence agency in the area were in rural areas. In contrast, 86% of the organizations who indicated they were not the only domestic violence agency in the area were located in an urban area (Denver or Colorado Springs). For a description of the DVP data, see the *Domestic Violence Leadership Focus Groups Draft Overview*.

Characteristics of the Advocates

As stated above, 15 of the 20 advocates who participated in the focus groups and interviews completed the pre-survey. Of the 15 who completed the survey, 13 were from community-based organizations and two were from culturally specific organizations. Due to the small number of responses from culturally specific organizations, the characteristics of the

advocates will be analyzed across all organizations combined, rather than by community-based and culturally specific subgroups.

Advocates in the phase two focus groups and interviews tended to identify as women (87%), white (47%), and straight (53%). Additionally, some advocates reported having lived experience as a survivor themselves (47%). The survey respondents had spent varying amounts of time at their organization and in their role. The most common response for how long they had spent at their organization was 3 to 5 years (47%), and the two most common responses for how long they had spent in their role were less than a year (33%) and 3-5 years (33%). Additionally, they reported providing a variety of services to survivors while in their current position. Most commonly, advocates reported providing safety planning (93%), emergency shelter services (87%), and housing assistance (87%). For a full breakdown of the characteristics of the advocates that participated in this phase of focus groups and interviews, see Table 1 below.

Table 1.
Overall Advocate Characteristics

	N	Percentage	Mode
Role	15	-	Advocate
Advocate/Case Manager/Coordinator	6	40%	
Lead Advocate/Advocacy Supervisor	5	33%	
Manager	3	20%	
Program Director	1	7%	
Race/Ethnicity	15	-	White
White	7	47%	
Hispanic or Latinx	4	27%	
Asian	1	7%	
Native American or Alaskan Native	1	7%	
Multiple Races	1	7%	
Prefer not to Answer/No Answer	1	7%	
Gender Identity	15	-	Woman
Woman	13	87%	
Non-binary/non-conforming	1	7%	
Prefer not to Answer/No Answer	1	7%	
Sexuality	15	-	Straight
Straight (heterosexual)	8	53%	
Bisexual/Pansexual	3	20%	
Lesbian/Gay	1	7%	
Queer	1	7%	
Prefer not to Answer/No Answer	2	13%	
Lived Experience	15	-	Yes
Yes	7	47%	

No	2	13%	
Prefer not to Answer/No Answer	6	40%	
Time Spent Working for Organization	15	-	3-5 years
Less than a year	1	7%	
1-2 years	4	27%	
3-5 years	7	47%	
6-10 years	3	20%	
Time Spent in Current Role	15	-	Less than a year, 3-5 years
Less than a year	5	33%	
1-2 years	4	27%	
3-5 years	5	33%	
6-10 years	1	7%	
Services Advocate Provides	15	-	Safety Planning
Safety Planning	14	93%	
Emergency Shelter	13	87%	
Housing Assistance	13	87%	
Financial Assistance	12	80%	
Legal Advocacy	11	73%	
Employment Assistance	9	60%	
Childcare Assistance	7	47%	
Medical/Mental Health Care	6	40%	
Transitional Housing	5	33%	
Immigrant and Refugee Assistance	5	33%	
Other(s)	6	40%	

Note: percentages rounded to the nearest whole percentage point (1%)

Results from Focus Groups

Common themes emerged across focus groups related to the definition of ACRTI, ACRTI best practices for service provision, ACRTI in supervision and staff support, ACRTI training opportunities, challenges implementing ACRTI, advice, needed additional support, and community partners. The following sections describe these common themes and provide examples identified by advocates.

Definition of ACRTI

All the focus groups and interviews in this phase of the needs assessment asked advocates to define ACRTI in their own words. Advocates provided a variety of responses to the question, but answers tended to center on two key themes: "meeting clients where they are at" and continuous education and training. Like the results of the leadership focus group, there was a fundamental difference in the way culturally specific advocates defined ACRTI compared to

community-based advocates. Advocates from culturally specific organizations tended to align the definition of ACRTI with their values and hinted at the fact that ACRTI is more interwoven in the fabric of their organization's mission, value, and structure. Discussion of the themes and this key difference are explained below.

"Meeting Clients Where They Are At"

Across all focus groups and interviews a common phrase used by advocates to describe ACRTI was, "*meeting clients where they are at*." When the advocates described what they meant by this phrase, they commonly referred to making services culturally relevant, accessible, accommodating, and trauma informed. Below are some quotes by advocates about meeting clients where they are at.

One advocate from a community-based organization emphasized being accommodating and accessible to the needs of clients:

> *"And I think being able to just meet them where they're at, showing up for them, and being as accessible as possible to the needs that they need. Sometimes that means, you know, you can't meet at the office, you have to meet somewhere that's more comfortable for them or somewhere where maybe they can meet you on their lunch break, but you have to go to them, different situations like that. We try to accommodate any way that we possibly can."*

Accessibility was a major topic of discussion when advocates talked about meeting clients where they are at. One advocate defined accessibility, capturing many of the thoughts shared by other advocates: *"Accessibility means giving service to anyone, regardless of their physical capacity, legal status, social status, etc."* Another advocate, from a different community-based organization, highlighted that accessibility also involves communication, *"Being accessible for people with different needs and asking people what their needs are and not assuming."* Advocates also outlined specific accessibility policies at their organizations to help exemplify accessibility. Examples included translating intake forms into multiple languages and removing the requirement for survivors to prove they are in crisis to access shelter. For further details on the policies implemented at the participants' organizations, see the ACRTI Best Practices for Service Provision section below.

Multiple advocates also talked about cultural understanding and cultural relevancy as it relates to meeting a client where they are at. For example, one advocate said this:

> *"I would say it's being open to listening to clients and kind of meeting them where they're at and being understanding that their culture might look a lot different than ours looks."*

Another advocate also recognized the need to tailor service to meet the cultural background of clients and recognize that being trauma informed should go hand in hand with cultural responsiveness:

> *"Recognize and respect the different cultural experiences that each of our clients who make use of our service has, as well as this understanding, that each of these clients is*

going through a trauma or a different situation in which you have to be very resilient with each of them."

Another advocate shared the same sentiment directly referencing accessible, culturally responsive, and trauma informed practices in communicating with clients:

> *"I feel like more specifically accessibility and being culturally responsive means like being open to different communication styles and where trauma can show up with that. So, not judging clients if they're like more direct than other people like things that that might come up. I think also just like believing people's experience no matter how they're communicating it."*

For other advocates, being trauma-informed was the top priority to meeting clients where they are at. One advocate recognized that experiencing domestic violence is traumatic, and thus they said, *"So keeping in mind that their trauma is there, and we need to be sensitive with that."* Another advocate summed up why being trauma informed was so important to them:

> *"I think for me, the most important piece is the trauma informed. Because when you come across an organization that is not trained in trauma informed survivor centered practices, it really comes across. So, for us, it's just remembering that people are coming to you in their absolute worst moments and that you really have to put yourself in their place and understand that the trauma brain doesn't work the way that the regular brain works."*

Advocates also recognized that meeting clients where they are by being accessible, culturally responsive, trauma informed meant that clients needed to choose what services they were going to receive and how they were going to receive them. Advocates in the interviews and focus groups emphasized that they gave survivors choice in location and procedure and strived to increase survivor comfort as part of their commitment to ACRTI principles (for further discussion of survivor defined practices see the ACRTI Best Practices for Service Provision section later in this report). One advocate summarized why survivor choice was important and small things she did to incorporate survivor choice into the work she did:

> *"That's what we consider really trauma informed. Our work is a lot about the lack of choice and the choice being taken away and so we usually focus on trauma informed being that we can give you as many choices as you are capable of handling at the time, whether it's do you want to sit in this office or that office, do you want to meet here or there, even the little things matter."*

Finally, one advocate summed up meeting clients where they are at, and shared how that sentiment should be expanded beyond the client to partners and staff of their organization:

> *"I think the overall thing is to be prepared for all clients and community partners, as well as staff, with special focus on accessibility of all kinds, respect for all cultures, and an understanding of how trauma changes our reality and responses to stimuli."*

Continuous Education and Training

In defining ACRTI, many advocates in interviews and focus groups emphasized that continuous education and training was essential to embracing and practicing ACRTI. One advocate summed up why continuous education was so essential to ACRTI:

> *"Continuous education for all the advocates [is important] so we can be the most trauma informed with the diverse populations that we serve, whether that is a different cultural background, socioeconomic backgrounds, or even gender identity or sexual identity or sexual preference. Being able to provide applicable resources, something that they feel safe in, and being able to educate not only yourself on all of that, but the good resources for those populations as well."*

Like the quote above, many advocates recognized that learning and education was part of providing culturally relevant services. Advocates talked about learning about a client's culture and social location to improve service delivery and ensure access to culturally specific resources. They also focused on learning more about the client and growing their understanding of the client as a whole person. The quote below exemplifies how advocates referenced learning about clients, and how that helps them to meet clients where they are at.

> *"But I think also for our agency is learning and growing together to understand because culture is so diverse. Like there is no day that we'll say we know everything. So, you know, learning from the clients, asking a little bit more background of like, hey, what's happening? What's going on? I think you learn so much. So, it's more of like learning, growing and understanding to meet them where they are at."*

ACRTI Best Practices for Service Provision

After defining ACRTI, advocates were asked what they considered to be the best practices for ACRTI service provision. Across focus groups, these advocates identified common themes, which included (1) ensuring ACRTI practices were implemented during the intake process, (2) implementing wider accessibility measures, (3) providing culturally relevant food, and (4) gathering feedback from survivors.

ACRTI in the Intake Process

Many advocates, ensuring ACRTI principles were implemented during the intake process began by revising the intake forms. Specifically, many advocates recommended using open- ended questions on the intake form. As stated by one advocate,

> *"Open-ended questions on our intake form have really changed our relationship to things like pronouns, gender identity, sexual orientation, because instead of having those checkboxes, people are able to write in whatever resonates with them. That's a really small, minutiae-type thing, but it's something that has really broadened my mind. If you just have those checkboxes, people are going to force themselves into the box, but if you give them that open thing, they're going to share what their real truth is."*

This quote shows how a simple change in adding open-ended questions, especially for demographic and related questions, can make the intake process more inclusive for all survivors. Another advocate also shared an example of how their organization has become more inclusive of clients from different racial and ethnic backgrounds by revising racial/ethnic categories on the intake form. The advocate shared an example of this change in process at her organization, saying,

> *"We had a bunch of boxes covering race and ethnicity on our intake form. We had a client come in and put other and put MENA, and then had a conversation with their advocate about how she would like to add MENA being Middle Eastern and North African, how she'd like that to be added to our form, and we added to our form the next day."*

An additional change to make in-take forms more inclusive included offering in-take forms in multiple languages. One advocate provided an example of this process. She said,

> *"We have two bilingual advocates on our staff, and they went through our intake form, which is currently online. And now the questions both appear as English and Spanish, and there's no need to click over to translate it. It's not computer translated, which we all know is garbage. And so it's just automatically there. And then everything else on our website has a translated section."*

Beyond making the forms more inclusive, advocates also worked hard to ensure that ACRTI principles were implemented into the intake process in other ways. For example, advocates spoke about simple practices such as offering clients a beverage, hanging culturally relevant artwork, and providing spaces to meet outside the office all to make clients more comfortable. These practices align with the ACRTI principles of creating trauma-informed and culturally responsive spaces.

Wider Accessibility Measures

Advocates across focus groups also discussed the importance of incorporating accessibility measures into their services. Some of these accessibility measures included providing services in multiple languages, ensuring access to services for members of the disability community, and providing services to all survivors regardless of gender. All advocates had a shared belief in the necessity of providing services in multiple languages. Many advocates had bilingual staff to help meet this need. As said by one advocate, *"I will say that most of our staff is English, Spanish, bilingual, which is really helpful to allow monolingual Spanish speakers to access our services.*" Other advocates spoke about the importance of having internal referral forms translated into multiple languages, especially when they did not have a bilingual staff member.

Implementing wider accessibility practices also included ensuring that members of the disability community had access to services. The best practices for guaranteeing this accessibility included having hearing devices available during intake, having access to an ASL interpreter, installing flashing doorbells for deaf or hard of hearing residents, and having ADA kits at shelters. One advocate shared,

"In our shelter, we have a variety of things. One of the main things that I can think of right now is if we have an individual that is part of that deaf or hard of hearing community, we actually have little doorbells on the doors."

Accessibility for advocates also included providing services to all survivors regardless of gender. As one advocate said when discussing the safe house where she works,

"I think it's like one of the only ones [safe houses] in Colorado that accepts all genders. It's not just women with kids or just women. It doesn't matter. If you're going through domestic violence, sexual assault, you're welcome here."

Another advocate who did not work for a shelter also shared the same opinion regarding the need to serve everybody while also highlighting the importance of domestic violence education. This advocate stated,

"We also serve anybody, but we don't have a shelter. We use hotels and motels for safe housing and it's very, very short term, two to three days. But we really try to break down that idea that we are a women's shelter, that we only serve women. Every time we have an awareness event, you know, we talk about the fullness of the picture when it comes to people experiencing domestic and sexual violence. It is not only a women's issue."

Overall, the advocates across focus groups believed that implementing these wider accessibility measures was vital for providing ACRTI services.

Culturally Relevant Food Options

Advocates also highlighted that the best practices for ACRTI service provision include (when possible) providing a diverse food pantry. While some advocates pointed out that food purchases were restricted to bulk buys due to funding restrictions, others were able to secure funding allowing them to provide culturally relevant food to survivors. As pointed out by one advocate, this practice not only helps the survivor to heal but also helps survivors to form a community. She said,

"So, I think with that funding we secured all dynamics, being aware that not everyone has the same preference and are not able to go to the kitchen at all times to make it. So, we kind of made food accessible for everyone to connect as well as learn and share, because our space is communal and when they cook for each other. I think I've seen more clients progress as well, learning about each other's culture in our communal spaces."

Another agency with the funding to provide these services even took survivors grocery shopping. As stated by this advocate,

"We found we have a diverse group that we're getting in our community, and so what we decided to do is take like an hour every week or two hours or whatever that looks like, and one of our shelter clients we take to the store with us and she's able to pick out what she would like to cook, because she is from a country and stuff that we would never think

to probably bring in, and for her to like sit down and make a list is okay- and we did try that for a little while, but we actually really enjoy taking her and letting her pick out the different products that she would like to cook, and I think it's been wonderful to just have that also connection time, but also to be able to learn from them as they're being able to go through and get what they need, what they like."

This advocate also agreed that funding allowing survivors to purchase culturally relevant food helps create a community among survivors.

Survivor Feedback

Advocates across organizations agreed that gathering feedback from survivors about the services they received and then making changes if needed was an ACRTI best practice. Across organizations, anonymous surveys were the most common form of feedback solicited from survivors. Often, survivors were given exit surveys (if they were in a shelter) or sampled via survey at specific points in time while receiving services. Less frequently, advocates held interviews or discussions with survivors to solicit feedback.

One advocate working at the shelter provided an example of how her organization gathers this feedback from survivors along with some examples of questions asked, saying,

> *"At our program, we are a 45-day emergency shelter. And we have a feedback survey that we provide around that 30-day point. And in that, it asks, do you feel that your culture is being respected in the space? Do you feel that staff listens to you? Do you feel like you have increased knowledge about safety planning? And it kind of goes over everything from how you were treated in the space, what your experiences were, to kind of how your safety has changed being in the program."*

Another advocate, who was not working at a shelter, discussed other methods of administering an anonymous survey to survivors, including ensuring the survey was available in multiple languages. She said,

> *"We have an anonymous survey that we provide to our clients. They can either do it with us (it's a Google form), we'll give them an iPad, or we can just give them the link and they can do it on their phone, or they can do it on their computer at their leisure. It's not required. It does get a little hard making sure that we're getting responses from survivors, and we have our survey written in eight different languages right now and we're looking to have it translated into at least four more."*

Additionally, advocates believed it was necessary to gather this feedback from survivors and make changes when needed. An advocate gave an example of how feedback collected from survivors was used to create change within her organization. She stated,

> *"The biggest piece of feedback that we received from a couple different people was we have a room that we call the Peace Room. We do not allow any video or audio recording for safety in this space, but that's kind of one space you can do it. It's also a space where you can have this alone area. We've had multiple people kind of [feedback] come out of*

> *that space, whether it's in the feedback survey or just directly to staff and let us know that that did not feel very peaceful. It did not feel super comfortable. And so, we had a volunteer group come in and completely redesign the space. And we're also working with somebody who's more experienced in trauma-informed design to redesign staff spaces within the shelter to make our services more accessible on a daily basis."*

For all advocates, collecting feedback and implementing changes was a vital part of ensuring ACRTI in service provision.

ACRTI in Supervision and Staff Support

While leaders reported using ACRTI practices in their supervision and support of staff, advocates sometimes had different perceptions. Advocates were split in their perception of whether they received trauma-informed care and needed support from supervisors. When supervisors embraced ACRTI practices for staff, such as providing check-ins and debriefing opportunities, providing self-care opportunities, providing trauma-informed care, and providing time-off benefits, advocates reported being happier and more supported. However, when leaders failed to embrace ACRTI practices, advocates felt more dejected and less supported in their role. The rest of this section compares advocates' experiences when their supervisors did and did not embrace ACRTI practices.

Check-ins with Supervisors

Supervisors who embraced ACRTI practices often provided weekly or even daily check-ins and opportunities to debrief for advocates. As stated by one advocate,

> *"We do weekly check-ins. We've moved into weekly check-ins where it is more just talking about what's happening at work, but [also a space] for us to initiate the conversation, and it could lead from anything that the work can help with."*

This quote highlights not only the frequency of these check-ins occurring but also how this practice creates a safe space for advocates to debrief and share concerns with leadership.

Another advocate also agreed that check-ins offer the same benefits at her organization, adding that these sessions even create opportunities for staff to bond as a team. She said,

> *"We do weekly check-ins. We've also implemented a quarterly staff self-care protocol. So, every quarter we'll do something. We're a team of seven, so it's very easy to do something as a team. And at our last one, one of our Hispanic employees wanted to teach us all how to make tortillas. So we learned how to make tortillas. It was wonderful. And that was a good, you know, check-in with your mental health kind of a thing, too."*

Unfortunately, advocates with supervisors who did not embrace ACRTI practices did not report having these check-in and debriefing sessions. As a result, these advocates missed out on opportunities to debrief with other advocates, share concerns with supervisors, and bond with team members.

Self-Care Opportunities

Advocates with supervisors who embraced ACRTI were offered opportunities for self-care, including therapy and other wellness opportunities. As shared by one advocate,

> *"We have a program in place where each employee can utilize six sessions with any of our therapy partners, whether that's talk therapy or acupuncture, chiropractic or massage therapy. We have a Reiki person on our therapy team, too."*

Beyond offering access to various forms of therapy, advocates with supportive supervisors also reported receiving other benefits. For example, another advocate stated,

> *"We have weekly Wednesday night wellness that we offer at a yoga studio. Advocates are invited and paid to attend. And then they also get a stipend. We all get a stipend each month. It's like $90 a month towards our personal wellness. Each staff meeting. We talk about it. We do craft get-togethers; we do paddleboard get-togethers. I can't overstate that when we talk about cultivating a culture around how you're going to have your clients go from surviving to thriving, it all starts with what they're walking into and who they're in front of. So, we are very, very adamant about what we're doing with health, wellness and trauma-informed care for our employees and our staff."*

However, other advocates with non-supportive supervisors shared how they were not provided with any of these benefits, despite advocating for these policies with supervisors. One advocate stated,

> *"We do not have those wellness hours built in, and that is a conversation that we're really trying to push with our team in terms of leadership and administration, just because of the kind of the nature of the work. We do deem that as a very beneficial tool here and it's not something that we currently have access to outside of our already accrued sick time, which is relatively limited, and so we're really trying to push for a kind of stronger structure like that."*

Trauma-Informed Care for Staff

While all advocates acknowledged that providing trauma-informed care to staff should be a priority for leadership, advocates either felt they received excellent trauma-informed care or no trauma-informed care at all. For example, one advocate shared how their organization provided excellent trauma-informed care to staff, saying,

> *"I think for us, we focus a lot on our wellbeing. So we try really hard to focus on the vicarious trauma that we all might be experiencing. And we do things like everyone has a work from home day. So, we're only physically in the office four days a week, which is a nice break. One day where you're not working necessarily directly with clients, where you do get to have the time to maintain your notes and all the admin things that you have to do, but also be able to do your laundry at home while you're doing that."*

In contrast, other advocates felt they received no trauma-informed care. One said,

"I think sometimes that when we talk about trauma-informed care at [their organization], we kind of leave stuff out of it so a lot of times when people who have power, like my boss, is approaching stuff they're not really keeping in mind the same principles that we are taught to keep in mind when we're working with clients."

Another advocate agreed, saying that while leadership embraces trauma-informed care for clients, the same practices do not always extend to staff. This advocate stated,

"So, you know, not one person in particular, but kind of that support on that higher up level. It doesn't feel like these trauma-informed practices for staff specifically really go to that degree. I really align with what [other advocate stated] said, where we all have these skills to provide these services to clients, but it doesn't necessarily feel like people in, you know, broader forms of the organization always pass that along in terms of care with staff."

This quote highlights that the failure to provide trauma-informed care for staff is a pervasive cultural problem within organizations, not just a problem with any one supervisor.

Another example of a lack of trauma-informed care for staff is leadership failing to be more transparent about meetings or changes with staff. As stated by one advocate,

"Sometimes our board or executive director will come in for a meeting and not tell us why. So, everyone's nervous about it beforehand. And, like, this is not something you would do with a client."

This quote further corroborates the opinion of many advocates that trauma-informed care practices do not always extend to staff.

Time Off Benefits

Advocates were more likely to receive time off benefits when members of their leadership team embraced ACRTI principles and advocated on their behalf. As one advocate said,

"One of the bigger [changes] we got was a four-day work week. So four-day, 36 hours. And that has been a game changer, just having those three-day weekends all the time. And so having our executive director kind of go to bat for us for that really was great for all of us."

As another example, one advocate explained how their executive director worked with the board to ensure the advocate received needed time off. This advocate said,

"Our executive director just really worked with the board last year and got our anniversary date and birthday offs as well, so that the advocates have two more extra days in a year just to celebrate their milestone as well, because especially for 40 hour advocates being in the front line, we were trying to give them the benefit of like the anniversary birthdays and they can take off doing that week anytime for their birthdays and anniversaries."

On the contrary, advocates with leadership who did not embrace ACRTI, unfortunately, did not receive as many time-off benefits. These advocates felt more stressed and unhappy with leadership in general. As stated by one advocate,

> *"There are some things about this role that I'm sure everyone else can relate to that kind of stretch you thin [feeling]. I do know that people have had experiences where [they] really need to take a day off. Our director isn't able to come in, but somebody who is on call needs to cover another program. In those situations, leadership might not step in and say, like, oh, I can take it on There are situations where somebody potentially could, and they choose not to."*

ACRTI Training Opportunities

Current Trainings

Advocates were also asked about which trainings or professional development opportunities related to ACRTI they have attended or completed. Most advocates were required to complete mandatory onboarding training(s), which often focused on providing trauma- informed care for survivors when starting at their organization. Several domestic violence agencies also collaborated with local organizations to receive training. For example, one organization collaborated with an LGBTQIA+ organization, Mountain Pride, to receive training on working with survivors from this population. Other agencies collaborated with local immigrant and refugee centers to learn more about providing culturally responsive services to survivors from that community. Across organizations, advocates also attended annual conferences such as the Colorado Organization for Victim Assistance (COVA) and the Colorado Advocacy in Action Conference (CAIA). The COVA conference was highly anticipated by advocates who found this conference to be very educational.

Desired Future Trainings

After discussing the trainings they've attended or completed, advocates were also asked about desired future training. Advocates reported wanting more training on working with survivors from the following groups: survivors from the LGBTQIA+ community, male survivors, survivors from the disabled community, and survivors living in rural areas. One advocate from a rural agency felt very passionately that ACRTI training should be tailored to focus on the "rural culture" as a culture. She stated,

> *"I've been speaking from the soapbox for two years now. Why is there not a rural category? Because that in and of itself is its own culture, its own belief system, it's a very different element to work in than a metro area and there's lack of resources, lack of education, lack of exposure to these things. We're back in time with a lot of belief systems that are supported on farms and ranches."*

Overall, advocates felt that ACRTI trainings in each of these areas would benefit their organizations.

Beyond additional training for working with specific populations, advocates made several general recommendations to improve ACRTI training moving forward. First, advocates noted that some trainings are not trauma informed. They pointed out that these trainings, often meant to teach advocates about providing trauma-informed care to survivors, frequently do not include trigger warnings, and the content is often presented in a very traumatizing manner. One advocate gave an example, saying,

> *"If you're going to a training about strangulation, for example, and they show a lot of videos and play a 911 call and do all these things. They can be really traumatizing and the information is important, but does it necessarily need to be presented in the most traumatizing possible way?"*

Advocates felt that trainers should provide more transparency in the process and trigger warnings, which would help make these trainings more beneficial and less traumatizing for all involved.

Second, advocates want more specific and nuanced ACRTI trainings. Regarding specificity, advocates across focus groups spoke about the importance of training being tailored to a particular population or ACRTI principle. They argued that this specialized training was more helpful in providing tangible recommendations for implementing or changing policies. As stated by one advocate, *"I think the more specialized that they are [training], the more helpful they get. If it's a broader organization doing something, doing a presentation, it tends to be more broad information.*" Another advocate, when speaking about training, also agreed, saying, *"I think broader organizations try to do the cross-cultural stuff, but they end up being very vague in the end."*

Advocates also wanted their trainings to be more nuanced in recognizing the differences between advocates new to ACRTI and those experienced with ACRTI. Experienced ACRTI advocates expressed frustration in sitting through trainings created for folks with a basic understanding of these principles. As said by one advocate who described her thought process of sitting through one of these presentations,

> *"You're like, this is definitely covering stuff we already have heard a thousand times, right? Whereas, like, that's intro level. And most advocates are not intro level at this point. So, I don't think there's always necessarily a good delineation of skill level within these presentations. So, that's one feeling I have of frustration."*

Another advocate agreed with this idea, adding that by forcing experienced ACRTI advocates to attend basic training, they cannot grow in their knowledge of these principles. She said,

> *"I think a lot of places that are doing training are trying to catch that brand new baby advocate and get that person that information, right? And that's wonderful. But when you get to a higher level of understanding of these concepts, you need to be challenged differently in order to continue to grow."*

Third, after receiving these ACRTI trainings, several advocates reported wanting more opportunities to apply the skills they learned under supervision. One advocate shared her idea by saying,

> *"You have all this information at once, but then maybe at your six-month point, let's review some of those culturally informed practices. What does that look like in your advocacy or your case management? You know, like what does that look like for your experiences in the shelter? Having that more structured, either training or check-in- at about like six months, one year and then consistently as that would be beneficial."*

Others also agreed that a follow-up occurring several months after the training would help solidify the new ACRTI skills.

Challenges Implementing ACRTI

Domestic violence organizations face significant systemic and structural challenges that hinder their ability to provide equitable and culturally appropriate support to survivors. Among the most pressing issues is the limited availability of resources and funding. As one participant noted, "It usually comes down to funding, and that's one of the most challenging parts of this job." Advocates emphasized that both the overall lack of financial investment and the restrictive conditions placed on available funding sources created substantial barriers to implementing ACRTI principles. However, they also pointed to non-financial challenges, such as inconsistent supervision and rigid hiring requirements, that further complicate the implementation of ACRTI.

This section explores how funding limitations impact staff support and the provision of services, while also addressing the non-financial barriers identified by advocates. These challenges will be discussed in relation to the key topics discussed by advocates: hiring and staffing practices, language accessibility and translation, resource availability for accessibility, and the lack of consistent supervision and support. Throughout the discussion, the role of limited and inflexible funding will be highlighted as a key factor contributing to these obstacles.

Barriers in hiring and staffing

Staffing shortages, rigid hiring requirements, and insufficient compensation significantly hinder the implementation of ACRTI principles in domestic violence organizations. One barrier found across multiple organizations is the requirement for a bachelor's degree in advocacy roles. This criterion can exclude individuals with lived experience, who often bring essential cultural and community insights to their work. As one advocate noted, "*The bachelor's requirement doesn't always align with the lived experience and cultural expertise needed to do this work."* By prioritizing formal education over lived expertise, these hiring practices perpetuate inequities and limit opportunities for individuals from diverse backgrounds.

Further complicating the issue, funders' diversity requirements can create unrealistic expectations, particularly for organizations in smaller or less diverse communities. Unrealistic

goals for board or staff diversity can result in penalties and funding cuts when perfect representation cannot be achieved. One advocate explained,

> *"We're not going to find 100 percent diverse board members. But even for our board members, they said because you only covered 80 and not 100 percent, you know, we're losing funding left and right."*

Retention challenges compound the difficulties in hiring. Advocates noted that low salaries, high workloads, and differences in compensation for bilingual staff create unsustainable working conditions. While some organizations provide higher pay for Spanish-speaking staff, this benefit rarely extends to staff proficient in other languages, such as ASL or languages that are not Spanish. An advocate described this disparity, saying, *"The bilingual staff at our program do receive higher compensation for being bilingual... but I don't believe it translates to other languages or abilities like ASL."*

An advocate from an organization serving the Hispanic community highlighted the struggle to maintain comprehensive services with limited staff and funding. *"We only have two case managers,"* they shared, "*and the amount of referrals we receive can be overwhelming. It burns out case managers who take on too many clients.*" This shortage has a ripple effect, delaying critical client services. Additionally, the lack of advanced training opportunities further exacerbates the problem. "*Sometimes I feel like we hear the same thing—basic trainings repeated over and over. We need more advanced, in-depth sessions*," the advocate added.

Most of the barriers to staff retention were tied to funding limitations that affect the ability to offer competitive salaries and expand staffing levels. One advocate explained, "*There's not enough funding for the amount of positions really needed to fully cover a crisis line in a way that maintains everyone's safety and mental health.*" Another shared that while their organization strives to pay better wages than others in the sector, it still falls short of providing a livable income. "*We pay a pretty good wage compared to other organizations, but it's not a living wage in Denver, which is where you have to commute to*," they said.

Language accessibility further complicates staffing challenges. Many organizations depend on bilingual staff and volunteers to serve non-English-speaking survivors. However, the lack of language-inclusive professional development opportunities is a barrier to recruitment and retention. As one advocate noted, *"Having 40-hour trainings for Spanish speakers would be super helpful,"* emphasizing the importance of linguistically tailored support.

The cumulative effect of these barriers is a workforce that struggles to sustain itself while meeting the high demands of service provision. These challenges not only hinder the implementation of ACRTI principles but also jeopardize the quality of care provided to survivors. Addressing these barriers requires significant investment in salaries, expanded staffing, and equitable training opportunities to ensure that organizations can attract, retain, and support a diverse and capable workforce.

Language Accessibility and Translation Challenges

Language accessibility poses a significant challenge for domestic violence organizations, largely due to limited funding for interpretation and translation services. These constraints directly impact the ability of staff to effectively communicate with non-English-speaking clients, creating barriers to building trust and providing essential support.

Many advocates emphasized how quickly interpretation budgets are exhausted, particularly when working with clients who require intensive support. One advocate recounted, "*I ran through our interpretation budget so quickly working with a French-speaking client. It's a constant challenge.*" When these funds run out, organizations are left with few alternatives. Staff often resort to makeshift solutions, such as using Google Translate or translation apps, which are inadequate for meaningful communication. For example, one advocate shared their experience on a crisis line, stating, "*We've tried to get around it with Google Translate and WhatsApp, which automatically translate. But it's just not the same when you're texting someone. It feels disconnected.*"

The lack of bilingual staff compounds this issue. While some organizations rely on language lines, these services often feel impersonal and can hinder the development of rapport between advocates and clients. One advocate noted,

> *"It's amazing that there is a language line, but it also seems so disconnecting. You're not able to build that rapport with someone as much when you're speaking through an interpreter."*

Spanish is the most common non-English language served, and organizations typically prioritize bilingual staffing for Spanish-speaking clients. However, advocates highlighted the need for support in other languages, such as Arabic, French, and various Asian languages.
One participant explained,

> *"When it comes to bilingual staff, we're normally talking Spanish, right? But there are many more languages outside of Spanish, and not having that complete language access can be so hard. It seems pretty impossible sometimes because of the limited resources."*

This gap becomes particularly evident when working with clients from diverse cultural backgrounds. For instance, an advocate shared their struggle supporting clients from South Korea and China, saying, *"Language becomes a barrier. It's always challenging when it comes to documents and paperwork and just trying to communicate in general.*" Ultimately, funding shortages leave organizations in a constant struggle to meet language accessibility needs. As one advocate summarized, "*When it comes to the biggest challenges, it comes down to funding at the end of the day. That's the biggest thing*." These limitations underscore the critical need for sustainable resources to improve language access and ensure equitable support for all clients, regardless of their linguistic background.

Resources for Accessibility and Accessibility Challenges

Accessibility remains a significant challenge in domestic violence organizations. Advocates shared that limited resources for accessibility, coupled with some shelters and public spaces failing to meet ADA requirements, create barriers for clients with disabilities and complicate their access to essential services.

Advocates expressed a need for more funding to enhance accessibility measures for clients with disabilities. For instance, one participant shared that their shelter provides ADA kits for residents, which may include items like flashing doorbells for individuals who are hard of hearing, among other resources. However, other advocates noted that they lacked the funding to offer similar accommodation to their clients. When asked later about resources that would help improve ACRTI practices at their organization, these advocates mentioned that additional funding for ADA kits would be a valuable step toward better supporting clients with disabilities.

In addition to advocating for more funding to expand accessibility measures within their organizations, advocates shared concerns about partner organizations and spaces that their clients navigate not complying with ADA requirements. Advocates highlighted the impact of these shortcomings, with one noting,

> *"Shelters not being ADA compliant or courthouses not allowing service animals makes it so hard to advocate for our clients. It feels like the laws are treated as suggestions."*

These accessibility issues often occur in critical spaces where survivors seek safety and support. When service animals are restricted or physical accommodations are lacking, individuals with disabilities face additional hurdles during already difficult times. Advocates also described challenges in securing follow-through from institutions on accessibility needs. As one explained,

> *"It's very difficult to advocate because people see those laws as like suggestions. It's hard to say, 'No, you actually need to do this,' and then have them actually follow through."*

Though some advocates felt that many partner organizations were not interested in being accessible, others noted that these places may also have resource limitations that impact their ability to "*make their places ADA accessible*". Further, they shared that, "*We can't provide them funding because we don't have enough as is, and the state's willing to give them so little that often it [accessibility measures] just doesn't get done at all.* "

These insights highlight the need for more consistent resources and accountability to ensure accessibility for all survivors, both inside and outside of domestic violence organizations. Providing more funding and improving ADA compliance in shelters and public spaces can help reduce barriers and provide more inclusive support for individuals with diverse needs.

Inconsistency in Supervision/Support

Supervisory practices remain a challenge and at times fail to align with ACRTI principles, leaving staff feeling unsupported and overburdened. Trauma-informed supervision, which is essential for reducing burnout and maintaining staff well-being, is inconsistently applied.

Advocates reported that supervisors frequently neglect to integrate these principles into management, creating a disconnect between organizational values and day-to-day practices. Some advocates noted that their supervisors do not consciously or deliberately apply ACRTI principles.

Staff are also assigned additional responsibilities without adequate preparation. For example, some are tasked with covering crisis lines without proper training, leading to frustration and reduced capacity. One participant explained, "*They'll get trauma-informed training but not crisis line training and then have to work the crisis line.*" This lack of preparation exacerbates burnout and negatively impacts staff performance and morale.

Advice

Advocates were asked what advice they had for organizations wanting to be more ACRTI-focused. The advice shared offers valuable insights into implementing ACRTI principles effectively, highlighting the importance of advocacy, ongoing education, cultural humility, and a patient, deliberate approach. These strategies underscore the need for collaboration, persistence, and self-reflection, enabling organizations to build inclusive, responsive, and trauma-informed practices that better serve both clients and staff.

Advocate for Yourself and Clients

Advocates emphasized the importance of speaking up about barriers and advocating for both staff and client needs to ensure that ACRTI principles are consistently practiced. This includes advocating for better resources, organizational support, and changes to policies that hinder effective service delivery. One advocate explained,

> "*Be kind of loud about what you need in the space so that you're making sure that you're treated with these principles, but our clients are treated with these principles, that the space is treated in those with those principles as well.*"

Advocates acknowledged that identifying and addressing gaps often requires persistence and clear communication with supervisors. A participant shared,

> *"It's hard to just look at a program and see what's missing. But when you're working directly with clients, you realize, I wasn't able to do this because of this barrier. If you notice that, talk to your supervisor.*"

Being proactive helps ensure that issues like insufficient funding, training gaps, or inaccessible resources are brought to light and addressed.

Advocates also stressed the need for persistence when addressing systemic challenges. As one participant advised, "*Be the squeaky wheel when it comes down to what you need. It's the only way to make change happen.*" Being the "*squeaky wheel*" ensures that systemic issues are addressed, and resources are reallocated to improve services. This approach highlights the importance of creating a culture where staff feel empowered to raise concerns and propose solutions.

Educate Yourself and Don't be Afraid of Making Mistakes

Continuous learning is a cornerstone of effectively implementing ACRTI principles. Advocates stressed the importance of broadening perspectives, addressing personal biases, and staying informed about cultural contexts and client needs. One participant shared, "*Educate yourself, educate, educate, educate, and understand that you may need to check your own biases. You've got to be able to keep an open mind.*"

Training is vital, but advocates noted that introductory sessions are often repetitive. "*We need advanced, in-depth training to move beyond the basics,*" one advocate noted. Additionally, education efforts should include learning from other cultural communities and adapting services to meet diverse needs.

In addition to education, advocates highlighted the value of embracing mistakes as opportunities for growth. One advocate explained, "D*on't be afraid to screw up. If your ignorance shows, it's okay. That's an opportunity to learn more. It's not the end of the world*." This advice encourages advocates to view missteps as part of the learning process, fostering a culture of improvement and accountability.

Advocates also stressed the need for ongoing professional development to better understand diverse cultural perspectives and trauma-informed practices. One advocate noted that staying updated is critical for providing effective advocacy, saying, "*The more you learn, the better equipped you are to help clients. It's about meeting them where they are, not where you assume they should be.*" This highlights the role of education in building trust and delivering equitable support.

Recognizing that you're not Experts in the Lives of Other People

Advocates urged humility and a client-centered approach, emphasizing that the clients are the experts in their own lives. One participant explained, "W*e're not the experts in other people's lives. If you don't know how to help, say, 'Let me figure that out.'*" This perspective shifts the focus from prescribing solutions to collaborating with clients to address their unique challenges and needs.

This was particularly emphasized by advocates from culturally specific organizations. These advocates underscored that the survivors themselves are in the driver's seat and their job is to help navigate their journey. Acknowledging and respecting cultural differences is central to building trust. One advocate shared, "*We have language barriers, and the most important thing is to create resilience with each client, making them feel included and respected.*" This advice reinforces the need for cultural humility, particularly in working with clients whose experiences may differ greatly from the advocate's own.

Another advocate stressed the importance of avoiding assumptions about clients' experiences, saying, "*Don't pretend to know a client's experiences. Meet them where they are and work together.*" This collaborative mindset fosters stronger relationships and ensures that services are truly tailored to each client's needs.

Understanding that Implementing ACRTI is a Process

Participants consistently emphasized that implementing ACRTI principles is not a quick or straightforward process but a long-term commitment. One advocate shared, "*It took us a good four years to have solid grounds and advocates on the same page.*" This underscores the importance of patience and persistence in achieving meaningful change.

Advocates recommended taking a gradual, strategic approach to implementation. As one participant advised, "*Try not to implement everything at once. Narrow down your service area, focus on those, and then add other changes as you go along.*" By focusing on manageable goals, organizations can build a strong foundation and avoid overwhelming staff. Culturally specific organizations see ACRTI as a foundational practice that needs to be interwoven into every aspect of the work, and not a one-time checklist. Therefore, those advocates highlight the importance of patience and persistence, especially when building new partnerships and adapting services to meet specific cultural or individual needs.

Many participants also highlighted the importance of team alignment and shared vision in implementing ACRTI. One advocate noted, "*You need to build a team that sees eye to eye on where your policy stands as an agency.*" This collaborative approach ensures that everyone is working toward the same goals, creating a unified and consistent implementation process.

Additionally, advocates stressed the need for organizations to acknowledge that change takes time. One participant explained, "*It's not something that just happens within six months. Give yourself time and don't panic.*" This advice encourages organizations to approach ACRTI implementation as an ongoing journey rather than a short-term project.

Build from Within

Advocates stressed that internal organizational culture is the foundation of successful ACRTI implementation. "*Start from within—staff must see these principles in practice internally to fully support them externally,*" one advocate shared. This includes trauma-informed supervision, culturally relevant staff support, and clear communication. Advocates highlighted practices such as providing mental health days, fostering spaces for reflection, and ensuring diverse staffing. Collaboration with culturally aligned agencies and community partners also strengthens capacity and reinforces a commitment to these principles. By prioritizing internal alignment and addressing staff needs, organizations create a supportive environment that extends naturally to clients. This internal consistency is critical for building trust and credibility, ensuring that the principles of accessibility, cultural responsiveness, and trauma-informed care are authentically practiced.

Additional Support

When asked about the additional support needed to effectively implement ACRTI principles, advocates highlighted the need for increased funding to address resource gaps, advanced training opportunities to deepen staff expertise, and systemic changes to align policies with real-world needs. Specific challenges included limited budgets for interpretation services, staffing shortages that lead to burnout, and accessibility barriers in physical spaces and service delivery. Advocates emphasized that addressing these areas would enable

organizations to provide more equitable, culturally responsive, and trauma-informed care while fostering a supportive environment for both staff and survivors.

Funding for Specialized Needs

A recurring theme was the need for increased and flexible funding to address the unique needs of survivors. Advocates shared challenges related to limited budgets for essential resources like interpretation services.

Advocates also noted the difficulties of providing culturally specific resources. For example, one advocate described challenges in purchasing culturally relevant food for clients due to policy restrictions that prevent individual grocery purchases. As a result, they often resort to bulk purchasing, which can be inefficient and inadequate for meeting unique dietary needs.

Accessibility challenges extend beyond language. Advocates noted issues with physical spaces, such as shelters not being ADA-compliant and courthouses denying access to service animals. To better support both survivors and staff, advocates recommended creating centralized kits or resources that organizations could use to ensure compliance with accessibility standards. One advocate highlighted "*More funding and direct steps to implement access, like ADA kits, would make a big difference*."

Training and Professional Development

While advocates acknowledged the value of existing training opportunities, many expressed a need for advanced, in-depth sessions tailored to their work. As one advocate noted, "W*e've had so many introductory-level trainings... but what's next? We need more advanced, in-depth training.*"

Language accessibility in training was also raised as a gap. Advocates working with Spanish-speaking populations emphasized the need for 40-hour certification courses in Spanish to better prepare volunteers and staff. One advocate highlighted, *"If we want more volunteers, they need that type of training, and the gap in Spanish-language options makes it difficult."*

Additionally, advocates called for training focused on multicultural communication within diverse teams to address microaggressions and improve collaboration. "*We need tools to navigate cultural communication and work from a place of curiosity*," one advocate shared.

Addressing Staff Burnout and Resource Constraints

Many advocates reported feeling overburdened due to staffing shortages and high caseloads. One advocate highlighted the strain on their small team, noting that having more case managers would help alleviate the overwhelming number of referrals that contribute to staff burnout. In some cases, advocates reported how limited staffing forces leadership and program directors to take on client-facing roles, impacting organizational efficiency and morale.

Advocates also emphasized the need for better compensation to retain staff, especially bilingual employees. This imbalance contributes to turnover and makes it difficult to attract qualified candidates, particularly in rural areas where the pool of bilingual or culturally specific staff is limited.

Community Partners

When asked about community partnerships, advocates shared that their organization's partnerships could be categorized into two buckets: partnerships with external organizations for training, and resource-based partnerships. For training-related partnerships, advocates reported that when they recognized they needed training about working with certain cultural groups or on certain procedures to improve accessibility, they would reach out to partners that they knew had expertise in those areas. Partners in this area included Servicios de la Raza, The Initiative, and DOVE, among others.

Advocates shared that most of their community partnerships were primarily resource-based. The partnerships were to support survivors with various needs including housing, food, and clothing. One unique partnership was highlighted by an advocate from an organization located in one of the coldest areas of Colorado. Her organization partnered with a local organization that offers heating assistance services such as window repairs and financial support for heating bills. This partnership helped to ensure that the survivors they were serving had their houses heated through the winter. Although many partnerships were discussed, housing emerged as the most frequently discussed area of collaboration. As one advocate explained,

> *"I would say our community partnerships are also pretty resource-based, and housing is also the largest one. We have pretty strong partnerships with the county for different voucher programs. We have our partnership with different orgs, like when clients are transitioning out of shelter into longer-term shelters, or transitional housing opportunities."*

Advocates also shared partnerships they wanted more of. Those partnerships included housing, transportation, and childcare. Again, housing was the biggest priority. One advocate from a mountain community in Colorado had this to say about housing partnerships:

> *"We need more housing partners. We need to provide housing for people that's affordable. It's really, really bad where we live because it's a tourist location, so that's a huge gap."*

Additionally, researchers asked participants whether their partners adhered to the same ACRTI principles and their comfort level referring clients to those partners. Advocates reported that the answer often depended on both the partner and the client. Advocates from more rural communities noted that their partners were generally less committed to ACRTI compared to those in urban areas. However, all participants acknowledged that some of their partners, regardless of location, did not fully commit to ACRTI-like practices, which negatively impacted the care survivors received. One Spanish-speaking advocate shared an example involving their local police department, with whom they regularly connect with. The police department lacked policies to improve language access, which created barriers for non- English-speaking survivors. The advocate explained that survivors sometimes wanted to file police reports, but due to the language barrier, their experiences were not accurately documented, which could negatively impact the survivor.

Advocates also stated that even for partners that don't commit to ACRTI, sometimes they don't have any other options for referrals, and thus they have to refer clients to those partners. They

reported that, in these instances, the best they can do is be transparent with clients about what they might experience and let them decide how to move forward. For example, one advocate said this,

> *"We recognize that we can't always change or control how other organizations practice. We can always advocate, but at the end of the day we don't have control over that. But we do have control of what we share with our residents."*

Conclusion

The findings from the advocate focus groups provide valuable insights into the implementation of ACRTI principles within domestic violence organizations across Colorado. Advocates emphasized the critical role these principles play in delivering equitable and effective support, particularly for survivors from diverse cultural and socioeconomic backgrounds. They highlighted the importance of adapting services to meet individual needs, fostering trust, and ensuring accessibility in every interaction.

While there is widespread agreement on the value of ACRTI principles, the extent of their integration varied significantly across organizations. Differences in resources, organizational culture, and leadership priorities influenced the adoption of these practices. The findings underscore the need for systemic alignment across leadership, staff support, training, and resources to address structural challenges. By strengthening these areas, domestic violence organizations can more consistently apply ACRTI principles, creating sustainable practices that better serve survivors statewide.

Key Differences in ACRTI Perspectives: Leadership vs. Advocates and Organization Types

This section explores some key differences in the implementation and perception of ACRTI principles between leadership and advocates, as well as between culturally specific and community-based organizations. While leadership emphasized systemic and structural approaches, advocates spoke to the day -to-day operational challenges. Similarly, culturally specific organizations demonstrated a deeper integration of ACRTI into their values, whereas community-based organizations saw it as a framework needing deliberate effort to implement. These differences reflect varied approaches and challenges in advancing ACRTI principles.

One notable difference between leadership and advocates centered on staff support and supervision. Leaders largely reported applying ACRTI principles to support staff through wellness benefits, flexible scheduling, and open communication. However, advocates noted inconsistency in these practices and expressed frustration, feeling that leadership sometimes failed to extend ACRTI principles to staff, leading to a lack of support and increased burnout.

Culturally specific organizations demonstrated a stronger focus on accessibility and cultural relevance, incorporating bilingual staff, tailored resources, and culturally significant elements like artwork and textiles into physical spaces to create welcoming environments for clients. In contrast, community-based organizations often faced challenges with inconsistent accessibility, limited resources, and gaps in cultural responsiveness, frequently relying on culturally specific

organizations for support.

Regarding training, leaders acknowledged efforts to provide relevant opportunities for staff while balancing concerns around "training fatigue." Advocates, however, expressed that training fatigue stemmed from being offered repetitive basic-level sessions. They emphasized the need for more advanced, nuanced training that aligns with the specific needs of their communities and the services they provide.

Key Take Aways and Recommendations for Violence Free Colorado/DVP

This section highlights key takeaways and recommendations for Violence Free Colorado and the Domestic Violence Program (DVP) to address systemic challenges and strengthen the implementation of ACRTI principles. By prioritizing funding flexibility, advanced training, staff support, community partnerships, accessibility, policy reforms, sustainability, these strategies seek to empower domestic violence organizations to more effectively meet the diverse needs of survivors.

Increase Flexible Funding Opportunities

Limited and inflexible funding remains a significant barrier to implementing ACRTI principles effectively. To address these challenges, DVP and Violence Free Colorado could focus on advocating for increased and more flexible funding streams. Earmarked grants for culturally relevant services, language accessibility, and physical accessibility improvements would empower organizations to address these critical gaps. Additionally, certain expenditure restrictions could be relaxed, allowing funds to be used in ways that better align with the unique needs of the communities served.

Support Advanced and Specialized Training

Many advocates highlighted the need for more advanced training opportunities tailored to specific survivor populations and nuanced aspects of ACRTI principles.

To enhance staff capacity, DVP and Violence Free Colorado might explore developing advanced training modules that focus on these specialized areas. Training should also be offered in multiple languages, particularly Spanish. Follow-up sessions and applied learning opportunities will help ensure advocates can implement them effectively in practice.

Enhance Staff Support and Retention Initiatives

High burnout and turnover rates among advocates reveal the need for stronger staff support systems. Many advocates reported insufficient wellness initiatives and inadequate compensation. Conversely, those with supportive supervisors and access to wellness resources reported higher job satisfaction and sustainability.

To address these issues, DVP and Violence Free Colorado could consider encouraging organizations to adopt staff-centric policies, such as regular supervisory check-ins, mental health and wellness benefits, and flexible scheduling options. Leadership development programs can equip supervisors with trauma-informed management skills, and mentorship programs can facilitate knowledge-sharing between experienced advocates and new staff. These initiatives would improve retention and foster a more resilient workforce.

Foster Community Partnerships

Strong partnerships with culturally specific organizations and resource-based agencies can help address service gaps, such as housing, transportation, and childcare. While many organizations have established partnerships, advocates expressed a need for more collaboration to share expertise and reduce the burden on individual agencies.

DVP and Violence Free Colorado can support this by creating a database of culturally specific and resource-based organizations for domestic violence agencies to utilize. Hosting regional networking events would further encourage collaboration and resource-sharing. Additionally, funding joint initiatives between domestic violence organizations and local partners could improve service delivery, particularly in underserved areas.

Addressing Accessibility Barriers

Accessibility challenges, including language and physical barriers, prevent many survivors from receiving equitable support. Organizations frequently lack resources to fill these gaps.

To improve accessibility, DVP and Violence Free Colorado could consider prioritizing funding for interpretation services, ADA compliance kits, and other resources that enhance accessibility. Initiatives like centralized resources, such as a shared interpretation service, could alleviate financial burdens on individual organizations. Additionally, supporting innovative solutions like virtual ASL interpreters or mobile accessibility tools (like Speech- to-Text applications) would help ensure services reach all survivors with minimal cost.

Advocate for Policy Reform

Structural barriers, such as rigid hiring criteria and restrictive diversity benchmarks, impede ACRTI implementation. While striving for diversity in hiring is essential and encouraged to better serve communities with varying needs, advocates emphasized how it should not become a punitive measure for organizations, particularly those in rural areas with limited access to diverse applicant pools. Structural barriers, such as rigid hiring criteria hinder the implementation of ACRTI principles.

DVP and Violence Free Colorado could work with domestic violence organizations to revise hiring policies, valuing lived experience and cultural competence alongside formal education. Additionally, policy shifts could be made away from punitive diversity metrics and instead support organizations in setting realistic, community-driven diversity goals that reflect their unique contexts and capacities. This approach can help foster inclusivity without penalizing organizations for factors beyond their control.

Support Long-Term ACRTI Implementation

The adoption of ACRTI principles is a gradual process requiring sustained effort and strategic planning. Many organizations reported making incremental progress over a number of years, highlighting the need for ongoing support to ensure sustainability.

DVP and Violence Free Colorado might explore providing organizations with toolkits that outline best practices, sample policies, and case studies for phased ACRTI implementation. Additionally, offering technical assistance and coaching can help organizations navigate challenges and build a strong foundation for ACRTI integration. Overall, by addressing these areas, DVP and Violence

Free Colorado can play a pivotal role in helping domestic violence organizations overcome systemic barriers, enhance organizational capacity, and deliver equitable, culturally responsive, and trauma-informed services to survivors across Colorado.

Appendix J - Phase 3: Community Partner Report

Introduction

This community partner draft overview is part of a larger statewide needs assessment focused on Domestic Violence (DV) organizations' implementation of Accessible, Culturally Responsive, and Trauma-Informed (ACRTI) principles, as well as coordinated community- based advocacy across their staffing, programming, policies, and relationships with community-based organizations statewide. This needs assessment was structured in three phases, with each phase informing the next. Phase one involved conducting focus groups with leadership from domestic violence organizations across the state. Phase two consisted of interviews and focus groups with advocates from domestic violence organizations. In the third and final phase, discussed in this report, focus groups and one interview were held with community organizations across Colorado that are not domestic violence-specific but work closely with domestic violence organizations and survivors. Phase three sought to explore three key research questions:

1. How do community and domestic violence organizations build relationships and collaborate?
2. From the perspective of community partners, what are some gaps in the populations served by domestic violence organizations? What services are provided by their organizations that may not be covered by domestic violence organizations?
3. How do domestic violence community partner organizations integrate ACRTI principles in the services they provide?

This document presents findings from the phase three focus groups and an interview with community partners of domestic violence organizations in Colorado. During this phase, CPR staff conducted three focus groups and one interview with staff from nine community organizations that collaborate with domestic violence organizations across the state. These organizations were identified by leadership and advocates involved in earlier phases of the project, as well as by staff from the Colorado Department of Human Services Domestic Violence Program (DVP) and Violence Free Colorado. In the previous phases of the needs assessment, leadership and advocates identified key community partner organizations. CPR staff compiled a list of all these organizations and shared it with Violence Free Colorado and DVP. Once Violence Free Colorado and DVP reviewed this list, they added some additional organizations, creating a final list of 47 unique organizations to contact.

CPR identified contact information for representatives at each organization by exploring their websites for relevant contact information. Staff at the 47 organizations received multiple emails inviting them to participate in a needs assessment aimed at improving service

coordination for domestic violence survivors statewide. The email requested participation in a short screening survey via Qualtrics and shared the opportunity to participate in a more extensive discussion for an incentive. For organizations that did not respond after multiple email attempts, CPR staff followed up with phone calls. The phone calls explained the needs assessment and asked if someone at the organization would be willing to complete the survey. At the end of the survey, participants were asked if they were interested in joining a one-hour focus group or interview as part of the needs assessment. Participants were offered a $35 gift card as an incentive for their involvement. Those who expressed interest were then scheduled based on their availability. As a result of this outreach strategy, 18 individuals from 18 organizations completed the screening survey, and 13 expressed interest in participating in a focus group or interview. Of the 13 who expressed interest, nine participated in a focus group or interview.

In this draft overview, we share quantitative data from the screening survey and qualitative data from the focus groups and interview conducted as a part of this phase for the needs assessment. We first discuss the quantitative results of the screening survey. We then explore the themes identified in the qualitative data, many of which were consistent across focus groups and the interview. Themes are discussed broadly, with particular focus on differences between groups where relevant. The topics covered include partnerships and collaboration with domestic violence organizations, gaps and challenges in providing services to domestic violence survivors, and incorporating ACRTI into services. This report ends with a discussion of the results and recommendations for Violence Free Colorado and DVP. Lastly, it is important to note that the words community partner, participant, and representative will be used interchangeably to refer to staff from allied community organizations that participated in this needs assessment.

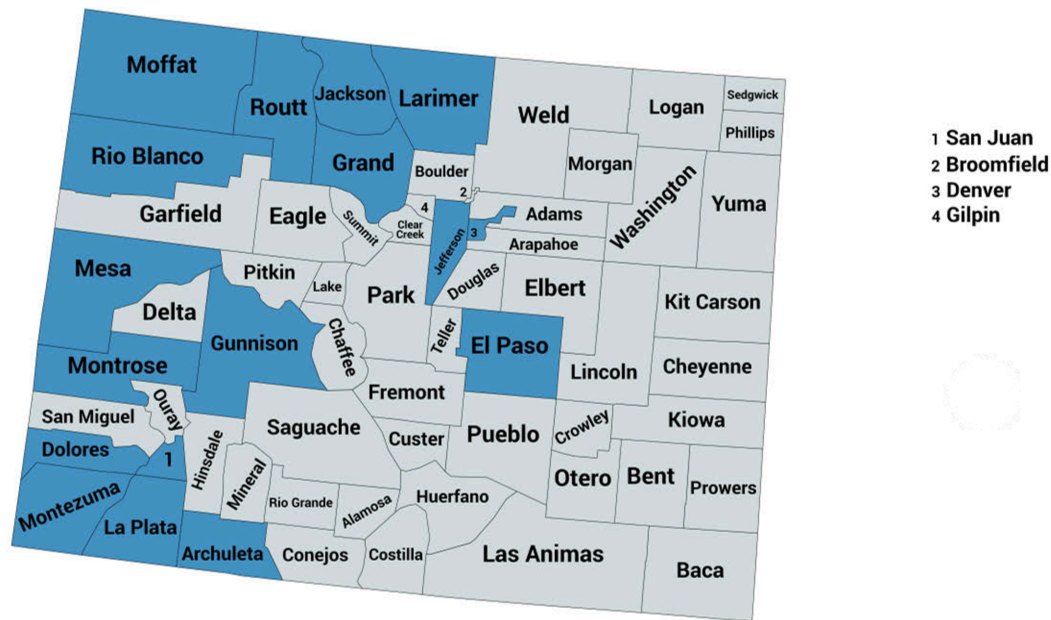
Screening Survey Results

The screening survey for this phase of the needs assessment aimed to gather information on the organizations' locations, the populations they primarily served, the services they provided, their awareness of serving domestic violence survivors, and their relationships with local domestic violence organizations. The purpose of the survey was to assess awareness of survivors getting services from these organizations and to provide context on the allied organization’s relationships with domestic violence organizations before conducting more in-depth discussions. The following section presents the survey results, divided into two subsections: the first section covers the responses from all survey participants, and the second section focuses on the results from only the allied organizations that participated in the focus groups.

Organizations who Completed the Screening Survey

As stated earlier, 18 representatives from various allied organizations completed the screening survey as part of this phase of the needs assessment. These allied organizations were geographically diverse, representing counties such as El Paso, Denver, Mesa, Gunnison, La Plata, Jefferson, Montrose, Moffat, and others. A depiction of the counties represented by the survey data is shown in Figure 1 below. The participating organizations offered a wide range of services, including case management, drop-in centers, food kitchens, Medicaid waiver services, shelter, day shelter, resource navigation, mentoring, and therapy. These services targeted diverse populations, including LGBTQIA+ youth and adults, individuals with disabilities, youth, and those experiencing homelessness. Notably, 7 of the 18 organizations that completed the pre-survey primarily focused on serving individuals with disabilities.

Figure 1.
Counties Served by Organizations Completing the Screening Survey



Note: The counties highlighted blue are the counties that community partners indicated that they served

When asked if their organization provides services to survivors of domestic violence, all but one organization said yes. Many respondents reported being aware that their organizations served survivors of domestic violence in various ways, including through survivor disclosure and from the source of the client's referral. It should be noted that many survey respondents shared that they didn't always know if they were serving survivors of DV. For a more in-depth breakdown of how these organizations knew they served domestic violence survivors see Table 1 below. Additionally, all 18 organizations that completed the survey were aware of local domestic violence organizations, and most (83%) reported having a relationship with one or more

community-based advocacy organizations. Among those with a relationship with a local domestic violence organization, the most common response (12 organizations) was that the relationship was “very or pretty good,” as
shown in Table 1 below.

Table 1.
Screening Survey Responses from all Community Partners

	N	Percentage	Mode
Do you serve survivors of DV?	18	-	Yes
Yes	17	94%	
No	1	6%	
How do you know whether any of your clients are survivors of domestic violence?	17	-	They tell us they are survivors
They tell us they are survivors	15	88%	
We ask clients if they have experienced DV	5	29%	
It comes up in the course of delivering services	14	82%	
Some of our clients are referred by our local domestic violence organization	12	71%	
Other*	5	29%	
Are you aware of any domestic violence organizations in your area?	18	-	Yes
Yes	18	100%	
No	0	0%	
Does your organization have a relationship with your local domestic violence organization?	18	-	Yes
Yes	15	83%	
No	3	17%	
How would you describe your organization's relationship with the local domestic violence organization?	15	-	Very or pretty good
Very or pretty good	12	80%	
Neither good nor bad	3	20%	
Very or pretty bad	0	0%	

Note: percentages rounded to the nearest whole percentage point (1%)
*Other ways organizations knew they were serving domestic violence survivors included information provided by the survivors' families and details found in clients' confidential files, which were shared by
the police or other organizations.

Organizations who Participated in the Qualitative Data Collection

Of the 18 allied organizations that completed the screening survey, 9 participated in a focus group or interview. These allied organizations reported primarily serving people with disabilities, youth, the LGBTQIA+ community, and individuals experiencing housing insecurity. They reported providing case management, supportive services, Medicaid waivers, housing, and mental health services, among other services. All reported serving survivors of domestic violence and indicated they were aware of this in a variety of ways. Furthermore, most (78%) of the allied organizations that participated in a focus group or interview reported having a relationship with a domestic violence organization. The two allied organizations that initially answered 'no' to the question, 'Does your organization have a relationship with your local domestic violence organization?' later clarified in the follow-up focus group that they had a limited relationship with the domestic violence organization in their area. Additionally, all seven allied organizations that indicated they had a relationship with a domestic violence organization on the screening survey also described their relationship with that organization as "very or pretty good." A full breakdown of these characteristics is provided in Table 2 below.

Table 2.
Community Partner Screening Survey Responses for those who Participated in Qualitative Data Collection

	N	Percentage	Mode
Do you serve survivors of DV?	9	-	Yes
Yes	9	100%	
No			
How do you know whether any of your clients are survivors of domestic violence?	9	-	They tell us they are survivors
They tell us they are survivors	9	100%	
We ask clients if they have experienced DV	2	22%	
It comes up in the course of delivering services	8	89%	
Some of our clients are referred by our local DV organization	8	89%	
Other*	2	22%	
Are you aware of any domestic violence organizations in your area?	9	-	Yes
Yes	9	100%	
No			
Does your organization have a relationship with your local domestic violence organization?	9	-	Yes
Yes	7	78%	
No	2	22%	

How would you describe your organization's relationship with the local domestic violence organization?	7	-	Very or pretty good
Very or pretty good	7	100%	
Neither good nor bad			
Very or pretty bad			

Note: percentages rounded to the nearest whole percentage point (1%)
*Other ways organizations knew they were serving domestic violence survivors included information provided by the police or other referring organizations.

Results from Qualitative Data

Common themes emerged across the focus groups and interview related to partnership and collaboration with domestic violence organizations, gaps and challenges in providing services to domestic violence survivors, incorporation of ACRTI, and additional support needed. The following sections describe these common themes and provide examples identified by staff at community partner organizations. As stated earlier, some community partner organizations were designed to serve specific communities such as the LGBTQIA+, individuals with disabilities, or people experiencing housing insecurity. As such, this section of the report will discuss themes related to those specific communities when relevant.

Partnership and Collaboration with domestic violence Organizations

When asked about their relationship with domestic violence organizations, staff from community partner organizations shared a variety of responses. Overall, many community partners felt they had a positive relationship with domestic violence partners. However, some partners felt that domestic violence organizations in their area were siloed and non-responsive, making partnerships challenging or strained.

Participants also highlighted various ways in which relationships between their organizations and domestic violence organizations had developed over time. This section of the report will explore these relationships in more detail, beginning with an overview of the themes in how these relationships were developed. It will then describe the positive relationships shared in focus groups and the interview, and finally it will discuss the challenges and barriers within partnerships between domestic violence organizations and community-based partners.

Relationship Development

When participants were asked to describe their relationship with domestic violence partners, many talked about how their relationships developed in order to explain the state of the current relationship between organizations. Some participants shared that their relationships were

long-standing, with one partnership spanning over 20 years. Others described how their involvement with domestic violence organizations developed more recently, including some who shared that their relationships did not form until after they had joined the organization. It should be noted that for many of these organizations, un-siloing resources was a big goal, and many participants said that they worked hard to create and maintain relationships with domestic violence organizations in their area. There were several ways relationships developed across multiple organizations. One common way was through the need for support in providing client resources. For instance, one organization serving LGBTQIA+ youth in Southwest Colorado reached out to various housing organizations, including a domestic violence shelter in their area, to get housing for youth who needed support. After this contact was made, the relationship was maintained. Another example is when a domestic violence organization reached out to a thrift store in their area to develop a voucher program for domestic violence survivors to get clothes and household goods for themselves and their families.

Additionally, relationships were often created and maintained by employees moving between domestic violence organizations and community organizations. Some participants shared that staff at their organization can coordinate with domestic violence organizations because they worked with their staff before. Another participant shared,

> *"Our initial mission was just to un-silo resources here in the Grand Valley on the Western Slope. And so, my previous role, I worked as a housing case manager for a youth-serving agency, and so that's when I initially started working with the main domestic violence service providers in our community. And as I moved over to this role, I maintained those relationships."*

Relationships were also developed through requests for training or collaborative projects. For instance, a staff member from a day shelter serving women and gender non-binary individuals shared that she co-created a support group for survivors and became a member of a collaborative focused on housing, which helped her establish connections with local domestic violence organizations.

One interesting and final way that participants developed relationships with domestic violence organizations was through sharing the same physical space with the domestic violence organization. One person from an organization serving LGBTQIA+ youth stated they shared a building with both sexual violence and domestic violence organizations and that it made it easier to communicate with those organizations because they could walk to their office spaces and talk in person. Another participant shared that, though they don't share office space with a domestic violence organization currently, they work hard to create physical spaces for collaboration to improve care coordination:

"We're always trying to increase that network of partners and whenever possible invite them on-site to provide kind of coordinated care and on-site services so we can remove that barrier of having to go between locations for our members."

Positive Relationships

Many community partners spoke positively about their relationships with domestic violence organizations. In fact, one staff member from an organization in Gunnison described their domestic violence partner as "*amazing*." Another participant shared that they maintain strong relationships with several domestic violence organizations:

"We serve five counties, and have several domestic violence organizations that we partner with, including two tribal nations within our region. I would say we maintain pretty strong collaborations with all of them, try to do some cross training at times and just keep the back-and-forth referrals going as needed."

Participants shared several examples where strong collaborations with domestic violence organizations had a meaningful impact on supporting survivors. These partnerships typically involved resource sharing, coordinated responses, joint advocacy efforts, and cross training. For instance, one participant explained that their relationship with domestic violence organizations enabled them to offer a wraparound approach, combining long-term services such as employment support and Medicaid waivers with the immediate crisis intervention provided by the domestic violence agencies. Another participant described coordinating with domestic violence, sexual violence, housing, and human trafficking organizations to provide comprehensive support for clients, extending beyond the one-on-one support and safety planning they were able to provide on their own.

A clear example of how positive relationships between domestic violence organizations and community partners enhance resource sharing to support survivors involves access to household goods. domestic violence organizations often lack the capacity to provide these essential items, so one community partner organization stepped in to fill this gap by supplying household goods to survivors.
The participant representing this community organization explained,

"Our local domestic violence organization doesn't have a lot of household goods and so that's kind of a need that we're able to fill. They do an amazing job. They have a room full of clothes, shoes, blankets, things for infants and kids, for people who are fleeing a situation. But when it comes to actually getting pots and pans, a table and chairs and a couch and comforters and things like that, that's really where we're able to help."

Additionally, one participant mused that their strong relationships developed to overcome

the challenges associated with the limited resources in their community:

> *"A lot of times I feel like in rural areas, just because we are resource limited, we do have to lean on each other and work together and partner so much more than metro areas do at times."*

Challenges and Barriers to Partnership

While participants noted that collaborations with domestic violence partners were beneficial, many experienced difficulties maintaining consistent and effective relationships. Many participants across organizations noted a lack of responsiveness and siloed approaches as barriers to partnering with domestic violence organizations. In terms of lack of responsiveness, one participant said, "*Sometimes it's hard to even get a call back from domestic violence organizations.*" Another shared their concern about domestic violence survivors getting in contact with a specific domestic violence organization due to their experiences trying to contact them:

> *"We called, and they didn't answer. We called again, and they didn't answer. Then they called, and we accidentally missed it. And it's just like, it's that back-and-forth that I think is a big issue. Because if we're having problems as an organization reaching some of these places, what does that say for people who are needing those services and trying to get in contact with those organizations and get services as well?"*

In discussing siloed approaches, some participants mentioned that domestic violence organizations often feel isolated from other coordinated care efforts. Another participant highlighted how this fragmentation also affected training and awareness across various human services and made it difficult to build and maintain relationships. She stated,

> *"I think the domestic violence community, and this is my opinion, I think that it can become insular. And so, they work well perhaps amongst themselves, but really the victims and survivors' interface with many systems. And the outreach, the awareness, the training needs to go beyond what we think of, you can't just train safe house people, you have to train permanent supportive housing staff."*

Other barriers to collaboration discussed in focus groups and the interview included the organizational structures and capacity limitations of domestic violence organizations. Participants noted that turnover at domestic violence organizations made it difficult to maintain ongoing relationships.

Participants at community organizations shared that when their primary contact left, they had to find a new one. Another participant pointed out that some organizational policies at a domestic violence organization impacted their ability to communicate as well. They highlighted

that the hours of the domestic violence organization closest to them didn't align with their own, making communication and coordination challenging. They also mentioned that this domestic violence organization operated by appointment only, which created barriers for referring clients to services. The participant explained,

> *"I mean, for us I think it would just be our domestic violence organization not being so closed off, they're very siloed and I mean I really wish that we could do just walk-ins and not have to have an appointment, because you can't always plan around youth coming in and saying something like okay, we need you to get into some domestic violence services specifically, and we can't, because they require an appointment only. And then a lot of times they don't answer their phones immediately either, so that for us is something that could definitely be improved on."*

This participant went on to explain that, in contrast, the sexual violence organization they worked with allowed them to walk survivors over directly and initiate services immediately. However, due to the appointment-only model at the domestic violence organization, they couldn't coordinate care as easily.

This section highlights that while many community partners shared positive relationships with domestic violence organizations there were also capacity and communication challenges that impacted these partnerships. Such issues can create gaps in service provision and negatively affect domestic violence survivors' access to and use of services. The following section will explore these consequences in more detail.

Gaps and Challenges in Providing Services to domestic violence Survivors

Community partners highlighted challenges in serving domestic violence survivors, including barriers they face and unmet needs. They also discussed gaps in services they address, and reasons survivors may choose their organizations over domestic violence-focused ones. Additionally, community partners identified broader service gaps and needs that remain unmet by any provider. These challenges and gaps are outlined below.

Gaps Being Filled by Community Partners

During focus groups with community partners, participants identified key gaps in services provided by domestic violence organizations that their respective organizations filled, particularly for specific populations. LGBTQIA+ organizations noted that some LGBTQIA+ survivors did not feel safe accessing services from their local domestic violence organizations. Organizations serving individuals with disabilities highlighted the need for more intensive case management, as these survivors often have complex needs that domestic violence organizations struggle to address. These community partners shared that they filled these gaps by offering specialized services tailored to the needs of these populations. They also shared that

might be why survivors go to them rather than domestic violence organizations. These specific gaps are discussed below.

Gaps for LGBTQIA+ Survivors

Organizations that serve LGBTQIA+ folx shared barriers that this population faces when accessing services from domestic violence organizations. Specifically, these organizations shared that LGBTQIA+ identifying individuals tend to be apprehensive to seek services from domestic violence organizations due to fears that they will face homophobia and transphobia. One provider explained,

> *"I think, even though some of our trans and non-binary folks can get services elsewhere, they might be experiencing transphobia or secondary trauma while accessing those services, so I think that is an important gap that we try to fill here."*

Another provider posited that domestic violence organizations have not always been friendly to anyone that is not a cis gendered woman, as such LGBTQIA+ identifying people might choose not to go to domestic violence organizations for services. Specifically, they shared,

> *"Most of our youth are LGBT specific and we're the only LGBT youth organization in the area. And so that kind of brings in that specific population because they don't know what organizations are necessarily friendly to them. Like domestic violence organizations have historically not been friendly to queer and trans people, and they still aren't a lot of the time. A lot of time domestic violence organizations, I mean, even for cis, like cisgender men, like a lot of domestic violence organizations are centered around cis women or straight women. And that is a big barrier for a lot of our youth wanting to obtain services from them."*

These organizations shared that because LGBTQIA+ identifying survivors might not feel safe accessing support from domestic violence organizations, they often try to provide the support themselves.

Gaps for Survivors with Disabilities

Many community partners serving individuals with disabilities, particularly those helping navigate systems like Medicaid or the legal system, shared that survivors may seek their services instead of domestic violence organizations because their programs are more tailored to survivors' needs and offer more comprehensive long-term care. In fact, one community partner shared that system navigation is especially a problem for survivors with a disability. She stated,

> *"I think resource navigation or resource coordination is probably one of the biggest things. And I'm looking at that from the disability services lens. But I would say it's true of probably anyone that's trying to get assistance from, these types of nonprofits."*

Another community partner shared that the long-term and intensive case management that they offer might be why survivors choose to come to their organization rather than a domestic violence organization:

> *"They're probably coming to us because there's some type of physical or intellectual disability that a person is dealing with, and we have those services... But I think more importantly, they come to us because we offer long-term services… It's not a temporary Band-Aid fix. They know that the services that we're providing are typically going to stay in place until maybe they don't want them anymore."*

Overarching Gaps and Challenges in Service Provision

Community partners also shared some global gaps in services that survivors might face. They shared unmet needs that survivors have that neither domestic violence organizations nor their organizations address. Across focus groups and the interview community partners described challenges associated with limited capacity to provide specific services to survivors. As stated by a representative from a rural community organization,

> *"For us, it's really a provider capacity issue, because we're in a very rural community. And so, it's not that we lack the resources to assist survivors, it's that our domestic violence nonprofit lacks the resources to provide adequate supports that survivors need."*

Community partners identified several specific areas where domestic violence and community partner organizations often lack the capacity to provide specific services, including legal resources, emergency shelter and long-term housing, and transportation. Beyond domestic violence organizations lacking the capacity to provide specific services, community partners also pointed out that helping survivors navigate bureaucratic systems to receive services was a challenge. The below section describes each of these core themes discussed by community partners.

Lack of Legal Resources

According to representatives from community organizations, survivors often struggle to navigate legal systems without adequate support. As stated by one community representative, "There's no one to accompany survivors to court," adding that survivors frequently feel overwhelmed by the legal process. Another community partner representative stated that they often struggle to ensure that survivors receive legal resources and domestic violence organizations only have so much capacity to help. She explains,

> *"I think we struggle to support in the legal system just because we don't have someone on staff who has any experience working with lived experience. And then, yeah, we don't have attorneys or representation for survivors. And then we have the one domestic*

violence shelter in town, and they do a decent job. You know, they only have so much capacity."

Other community partners further explained that even when local domestic violence organizations have a legal representative on staff to help survivors, there is often a lot of job turnover and challenges in educating judges. This representative stated,

> *"The biggest barriers that we see people facing is we work with people that are on Medicaid, their low income. And our domestic violence nonprofit has a legal advocate who tries to provide education to the judge and all of that. But it just doesn't go very far, and they have so much turnover."*

The issue surrounding the lack of legal resources for survivors was also an issue for those working in rural communities. As stated by the representative from a community organization in a rural area,

> *"The biggest, issues we have, especially in rural communities, all the agencies that are partnering to work with survivors, is that lack of legal representation and guidance that can adequately give them the support they need to navigate a system that is not victim friendly."*

The limited capacity to provide legal resources was a persistent issue for community partners, especially in rural areas.

Lack of Emergency Shelter and Long-Term Housing

Another common challenge reported by community partners was the limited capacity of organizations to provide emergency shelter and long-term housing to survivors. As shared by one community partner, the local domestic violence shelters often have minimal space, meaning that community partners frequently struggle to secure housing for survivors. She explained,

> *"I think our biggest hurdle is really finding emergency shelter, because since most of the folks who come to our day center are experiencing poverty and or homelessness. A lot of the congregate shelters don't feel safe because other folks who are living in encampments will kind of be watching them, and their abusers will often have a whole network of people who can track them. And the safe houses just don't have room. I think nine times out of 10 we'll sit with someone and spend all day calling every single safe house."*

Additionally, as pointed out by representatives from LGBTQIA+ organizations, safe, accessible, and immediate housing options are severely limited for LGBTQIA+ folks. When discussing LGBTQIA+ youth, one representative even shared, *"We often see youth returning to unsafe*

homes because there are no shelters willing or equipped to take them in."

As mentioned by other community providers, there are also issues with trans and gender non-confirming folks trying to seek shelter. One community partner shared, "the other struggle for our transgender and non-binary clients is picking shelters that aren't segregated male and female." This provider further added that long-term housing is also a major concern. She stated,

> *"I have definitely had clients who are in sort of the cycle where they go to the shelter, they get a new partner so then they leave the shelter, and then they're being abused because there's pressure on them from the shelter to kind of get long-term housing. So they get with another person, and then the cycle of abuse starts over, and they're back at the shelter in three or four months."*

Overall, the inability to provide emergency shelter and long-term housing to survivors, especially for LGBTQIA+ folks, resulted in several challenges for community partners who often worked for hours to secure housing for survivors.

Lack of Transportation

The lack of transportation services was another challenge pointed out by community partners. According to community partners, the lack of transportation, especially in rural areas, often left survivors in very dangerous situations. As stated by one community partner, "*Public transit doesn't reach many of the areas our survivors live in, leaving them stuck in unsafe situations.*" Other community partners also expressed frustration in finding transportation to take survivors to shelters and other forms of housing. As stated by one community partner,

> *"And sometimes the only one [shelter] we can find is so far away that we can't get them transportation there. And other times we'll have to repeat the story of why they need shelter over and over. And each time someone will say, well, you don't qualify because of this, or we actually don't have a bed. And so every once in a while we're lucky with a grant that will allow us to do emergency hotels and transportation. But without that, we often don't have anywhere safe for them to go when they're actively fleeing."*

The need for survivors to have transportation to leave dangerous situations and for agencies to provide transportation for survivors to reach housing was an obvious need stated by community partners. Unfortunately, given that domestic violence organizations often don't have the resources to provide transportation for survivors, providing those services often falls to community organizations with already limited resources.

System Navigation

Beyond the unmet survivor needs discussed above, community partners also pointed out that helping survivors navigate bureaucratic systems to receive services was a challenge. They especially talked about the court systems, housing, and Medicaid. As stated by one community partner when describing the process of assisting survivors, "*It causes a whole day's worth of work for me sometimes*."

From another community organization, one representative further shared that even when services can be provided in-house, unmet needs can keep survivors trapped in cycles of abuse. As stated by this community partner,

> *"I think coordination of care is really huge. We were able to do some of that in-house mostly to get through that crisis hump and then there's often people who will need substance use support, housing support, financial support, job support, literacy support, and kind of everything all at once as they're trying to escape and it just makes it so easy to slip back into the abuse cycle because that is a way to meet needs sometimes."*

An additional community partner further shared that although their organization often provides case management services to make it easier for survivors to navigate these complex systems despite the organization not having funding to do so. She explained,

> *"Then we don't have funding for one person who specifically is taking care of our cases right now. We do temporarily, but that for us is a big barrier on that thing. Because it does take a lot of time to contact all these organizations when we don't necessarily have the funding or support to be able to help on everything that we want to. And also, to be realistic, we shouldn't be the ones putting in all that funding and resources when there are other organizations who have it and who have funding specifically for it."*

System navigation needs were especially relevant for certain underserved populations. As discussed above, system navigation resources were needed for survivors with disabilities. Additionally, other community partners also added that there are heightened barriers in navigating systems for those who have immigrated. One community partner shared,

> *"I think those barriers are especially heightened for our folks who have immigrated and don't have documentation and that really cuts off the medical options, the employment options and also the number of service providers who can communicate with them without a language barrier. So that is a huge need we see as well and then when people have kids in their care, the family shelter options are even harder than the individual shelter options."*

Difficulty in helping survivors navigate systems to receive services was a challenge for many community partners, especially those who provide services to survivors with disabilities and those who have immigrated. Some community partners even pointed out that unmet needs and a lack of case management services to assist individuals with meeting the myriad needs they have can reinforce cycles of violence, leaving survivors trapped in abusive environments.

Incorporating Accessible, Culturally Responsive, and Trauma-Informed (ACRTI) Principles

Because ACRTI is a framework designed for and discussed within the field of domestic violence advocacy, allied organizations not working in the field of advocacy may not be familiar with the framework of ACRTI by name. However, many service providers, especially those working with individuals with disabilities, LGBTQIA+ identities, and housing needs, may strive to provide accessible, culturally responsive, and trauma informed care. This alignment with ACRTI can strengthen positive working relationships with domestic violence organizations and is a key feature of effective, client-centered services. Therefore, this needs assessment asked community partner organizations about the accessible, culturally relevant, and trauma- informed policies and practices they incorporate into their services.

When asked how their services were accessible, culturally responsive, and trauma-informed, participants shared that, while they recognized there was still more to learn in these areas, they are making efforts to incorporate these principles into their work. The sections below discuss the policies community partner organizations currently have, where participants think those policies are strong, and where they think there are limitations.

Accessibility in Service Delivery

Accessibility is a cornerstone of support for domestic violence survivors, particularly in rural and underserved areas. Community partners consistently highlighted the importance of reducing logistical barriers to ensure survivors can access the resources and services they need. Many allied organizations are taking steps to bring services closer to survivors, such as providing in-house resources and collaborating with other agencies to minimize travel requirements. As one partner explained, *"We invite community partners onsite to remove the barrier of having to go between locations for our members."*

Despite these efforts, survivors continue to face significant challenges in accessing critical services, particularly in housing and legal support. Emergency shelters, especially those accommodating families, transgender individuals, and nonbinary individuals, are often at capacity or nonexistent.

In some instances, services designed to help survivors unintentionally create additional risks. For example, employment-focused programs can conflict with safety plans of keeping the

individual's personal information confidential, as is promoted by domestic violence organizations. One partner observed, "*If there were a survivor referred to us for job coaching, that lens really kind of runs counter to what the domestic violence organization has been trying to do to keep the person safe.*" Similarly, efforts to foster community engagement, such as holding meetings in public spaces, may inadvertently jeopardize survivors' safety: "*We're encouraged to have meetings in places like coffee shops to engage people, but that creates potential safety concerns depending on someone's situation."*

For LGBTQIA+ survivors, accessing support can introduce unique risks. One partner from a queer-focused organization noted, *"We're known as a queer agency. If a perpetrator saw their victim coming here, that could cause issues.*" Youth survivors in unsupportive home environments face similar risks. As one participant explained, "*If their parents are not affirming and know why they're coming here, that could lead to further abuse at home*."

Immediate support options are critical for survivors, as crises often arise without warning. Community partners emphasized the value of walk-in services, which allow survivors to access resources without needing an appointment. These services provide survivors with rapid access to counseling, safety planning, and housing referrals, ensuring they are not turned away during moments of acute need.

Transportation barriers further complicate access to services, particularly for survivors in rural areas where public transit is limited or nonexistent. Survivors without reliable transportation often experience isolation, leaving them unable to access shelters, counseling, or legal assistance. One partner described the impact of this issue: "*Transportation challenges exacerbate survivors' vulnerability, leaving them with fewer options to escape or seek help.*" Potential solutions include partnerships with ride-sharing services and mobile units that deliver services directly to survivors.

Streamlining referral processes is another approach that community partners are employing to improve accessibility. Survivors often face complex bureaucratic hurdles when transitioning between organizations or accessing additional resources. One partner shared their strategy to address this issue: "*We physically accompany survivors through processes to ensure they receive the help they need*." This hands-on support helps survivors navigate systems, reduces the risk of them being overlooked, and fosters trust between survivors and service providers.

Organizations also strive to meet accessibility standards for physical spaces, ensuring facilities are compliant with Fair Housing regulations and accessible for individuals with disabilities. As one partner noted, "*Housing laws are...pretty strict and good. I'm glad that*

they're robust." In addition, systems such as the One Home List help ensure equitable access to housing services by prioritizing survivors based on need. As another partner explained, "*That list is essentially set up to prevent cherry-picking residents or people with easier barriers*."

Culturally Responsive Approaches in Service Delivery

Community partners highlighted their efforts to create inclusive environments while acknowledging significant challenges in addressing the needs of LGBTQIA+ individuals, immigrants, and survivors from underrepresented communities. Many organizations strive to integrate cultural humility and responsiveness into their practices. One participant from a day shelter catering to gender expansive individuals explained, "*We try to practice a lot of cultural humility and cultural responsiveness. We base all of our practices in evidence-based, anti-oppressive practices...allowing [survivors] to express themselves.*" This approach includes being flexible in how and where services are provided, using plain language or culturally relevant communication styles, and prioritizing survivor-driven decision-making. One partner noted, "*We are actively working toward being more successfully culturally responsive and humble...I think it's an area of growth*."

Hiring staff with lived experience has proven particularly impactful in building trust and cultural understanding with survivors. "*It's helpful when our clients can find someone who shares their background or experience,*" one partner shared, noting how this connection fosters a sense of trust and alignment.

Despite these efforts, significant gaps persist in bridging survivors' myriad needs. LGBTQIA+ survivors, for instance, may face discrimination or insensitivity in traditional domestic violence services. A participant emphasized their perception that, "*Many domestic violence organizations may not have historically been friendly to queer and trans people*," underscoring the importance of creating safe and affirming spaces where all identities are respected. Systems built around binary gender norms further alienate transgender and nonbinary survivors. As one partner explained, "*Domestic violence shelters are typically segregated by male and female, which doesn't work for many of our clients. This exclusion re-traumatizes them.*"

Community partners from LGBTQIA+ organizations outline the continuing challenges of filling this gap in urban versus rural settings. As stated by one community partner,

> *"I think the gap that [their organization] fills is around gender equity. Luckily, the Denver metro area is more well-resourced than more rural areas in terms of services, but we are the only drop-in center and micro home community that doesn't just allow gender-expansive and trans people but centers them and caters our services toward that population."*

While progress is being made, cultural responsiveness within allied organizations remains an area of development. Partner organizations are actively working to address these challenges through ongoing training, policy revisions, and increasing the representation of diverse lived experiences among their staff. As one partner reflected, "*Overall, we're still working toward being better at it.*"

Trauma-Informed Approaches in Service Delivery

Community partners emphasized the importance of fostering environments where survivors feel safe, supported, and in control of their recovery journey. As one participant explained, "*We try to be member-directed, returning as much autonomy to the survivor as possible.*" Survivors are actively involved in decisions about their care, ensuring that services align with their unique needs and preferences. Another partner noted, "*We always ask survivors what they need and empower them to make decisions*," reflecting the value placed on survivor-led decision-making.

Safety planning is another critical component of trauma-informed care. Community organizations use shared templates and resource lists to help survivors develop personalized safety plans. One participant described this practice, stating, "*We have shared templates for safety planning and lists of resources to go through with survivors, always prioritizing their direction.*"

Trauma-informed care also extends to the physical environment, with spaces designed to accommodate the varying needs of survivors. One organization described creating flexible, comforting spaces: "*[We have] a private area...and another area that's off the main community room that is like pillows...almost like a cave-like space. We honor how a resident wants to engage.*" These thoughtful design choices help survivors feel more at ease and reduce stress during interactions.

Staff training plays a crucial role in implementing trauma-informed care. A number of community partners noted that case managers are required to undergo training in trauma-informed care and motivational interviewing. This equips them to engage with survivors effectively and sensitively. As one participant explained, "*If it's not trauma-informed, people aren't going to engage with [services]*."

Efforts to avoid re-traumatization are evident across organizations. This includes honoring survivors' specific requests to ensure their safety and comfort. For example, a participant shared, "*We honored a request not to place a survivor in a home where men were present, as it made her feel unsafe*." These practices demonstrate the importance of tailoring services to survivors' individual needs and boundaries.

Despite these efforts, resource limitations present significant challenges. High staff turnover, funding shortages, and the emotional toll of working with trauma-affected individuals impede organizations’ ability to provide consistent, long-term support. One participant expressed this concern: "*We get the appreciation for what we can do, but the critique is always, 'Now what? Who’s going to help me long-term?*'"

A trauma-informed approach remains foundational to service delivery, creating safer, more empowering environments for survivors. However, the need for sustained funding, comprehensive resources, and emotional support for staff is crucial to ensuring the continuity and effectiveness of these services.

Needed Additional Support

All community partners were asked about additional support they need to better serve domestic violence survivors in their networks with local domestic violence organizations. It is important to note that community-based anti-domestic violence organizations play a unique and essential role in advancing survivor empowerment and safety. These organizations are central to direct advocacy, and this report is not advising to outsource this work to allied organizations. Rather, this section hopes to provide insight to improve networks of high-quality services to domestic violence survivors.

Across focus groups and the interview, community partners indicated that they needed more funding for staffing and services and additional training to better serve the needs of domestic violence survivors. The section below describes these themes, including direct quotes from community partners.

More Funding for Staffing and Services at Allied Organizations

Several organizations highlighted their limited capacity to hire staff or sustain specialized roles like case managers. Across focus groups and the interview, community partners noted that additional funding for staff time to coordinate essential services was much needed within their organizations.

Other community partners shared they simply needed more money for services and help protecting survivors from harmful systems. One community partner stated,

> *“I think more of these services need to be subsidized and accessible and we just need more money to have more beds and more staff and more services and more safe use sites and more protections from the systems that are also causing harm like sort of gaps in the criminal justice system that are not keeping abusers away from the people they're abusing effectively. I think there's always room for improvement, but I think kind of the crux of what's missing is really money.”*

More Funding for Staffing and Services at domestic violence Organizations

Other community partners shared that they do their best to provide services to survivors with unmet needs despite their own limited capacity while recognizing that domestic violence organizations also have limited resources. One community partner shared,

> *"So I would tell you, there's tons of unmet needs there. And we do the best we can to fill the gaps. But there's just not capacity, especially in rural communities, to give the true support in the way that it should be done to survivors that need it. So, you know, I think the domestic violence organizations, I used to be a director for a domestic violence nonprofit. I get the limitations and the staffing and all of that."*

Another community partner agreed with the need for additional funding for legal advocacy to enhance the protections for survivors,

> *"I know I've said this before, but I think it comes down to funding. I really think it comes down to funding to have the staff to meet the true need, and that is not only working with survivors, but that is system change as well, especially in the judicial system, and providing that advocacy and that education that is so important, because that is, unfortunately, the source of where the survivors think they're going to get help and they get re-victimized."*

Another community partner shared that while she wants to work with domestic violence survivors, her organization only has so many resources to supplement domestic violence organizations. She shared,

> *"I think I can speak for my organization is that we do, you know, obviously, this is something that's close to my heart and very important, even before I started working there. But it is so important that we do as much as we can to supplement what domestic violence organizations can. But we're all limited. We all have our scope."*

Further, one community partner from another organization shared that the strain on community resources begins with a lack of funding for domestic violence organizations. As stated by this community partner,

> *"Looking at the domestic violence nonprofits, they have all of these different grants that are for specific services but typically they don't want the admin expenses. They want to offer direct services. But where is that money coming to the domestic violence organizations for staffing to be able to meet the true needs of the survivors in that community? I think that's where it really starts."*

An additional community partner explained that while collaboration between organizations is essential, the issue's core is a systematic lack of funding. She explains,

> *"It's hard because I almost feel that the issue of how much service providers collaborate has a ceiling. I really think what's missing is funding and more systemic support from local governments and probably larger governments as well."*

To summarize, community partners consistently stated they need more funding for staff and services to serve domestic violence survivors more efficiently. They recognized that domestic violence organizations have limited resources, and shared that many of them struggle with finding the resources to provide services to domestic violence survivors with their own limited scopes. Many community partners also shared the perception that although the lack of funding and strain on resources is a systemic issue affecting all organizations providing services to survivors, anti-violence focused or otherwise.

Additional Training

Community partners emphasized the need for cross- training with domestic violence organizations to create better networks of support for survivors. However, they identified funding as a significant barrier to doing cross-trainings. One participant explained:

> *"My organization would need specific training. We get specific training for the IDD [intellectual or developmental disability] population, we get training and job coaching, supported employment, things like that. But we would need specific training on helping survivors and that would again, that would be a bit of a funding issue."*

Beyond funding to pay for training, others noted that sparing staff to attend training would also create an issue for their organizations. As stated by one community partner,

> *"We're finally fully staffed which is amazing, but to be able to add enough staff to cover what we already have to do plus to send people to training to get them properly trained would definitely be another hurdle that would take some funding."*

domestic violence-specific training is also not typically mandated for these organizations, leading to gaps in knowledge and inconsistencies in service delivery. One participant highlighted this issue:

> *"We're not required to do trauma-informed or domestic violence survivor trainings. Making these trainings mandatory through funders would ensure everyone is aligned and better prepared to work with survivors."*

Although some partners have accessed general trauma-informed care training, these are not always focused on DV. As one participant noted, "*We did general trauma-informed care*

through a human trafficking lens. A free or affordable domestic violence-specific training would be very helpful."

Participants highlighted a pressing need for tailored training to bridge gaps in knowledge and enhance support for domestic violence survivors. They identified key areas for focus, such as understanding the Violence Against Women Act (VAWA), recognizing traumatic brain injuries (TBI), and applying trauma-informed care specific to the services their organizations provide. To overcome existing barriers, participants stressed the importance of offering free or subsidized domestic violence-specific training. They also suggested integrating these training requirements into funding criteria to ensure widespread adoption.

Conclusion

This phase of the needs assessment sought to answer three research questions:

1. How do community and domestic violence organizations build relationships and collaborate?
2. From the perspective of community partners, what are some gaps in the populations served and services provided by their organizations that may not be covered by domestic violence organizations? What challenges exist for these organizations in serving survivors?
3. How do domestic violence community partner organizations integrate ACRTI principles in the services they provide?

Community partners shared their insights and perspectives on providing services to survivors of domestic violence and working with domestic violence organizations. These included perspectives on coordinating care with domestic violence organizations, identifying service gaps and challenges, applying ACRTI-related principles in their work, and highlighting the additional support needed to improve service delivery. Their feedback helps to answer these research questions and provides a deeper understanding of the service landscape for domestic violence survivors, how different organizations collaborate, where there are gaps in service, and how the system can be strengthened.

Below is a summary of the key findings in response to each research question.

How do community and domestic violence organizations build relationships and collaborate?

Community partners shared that the relationships they have with domestic violence organizations are diverse and unique to each organization, but they often developed around and continue to focus on resource sharing and coordinating care. Many allied organizations reported positive relationships that benefited survivors through resource sharing, coordinated responses, or joint advocacy. And although there were positive relationships shared, some organizations reported they had trouble maintaining relationships with domestic violence organizations. They reported that some domestic violence organizations were siloed and

unresponsive, attributing these challenges to factors such as high staff turnover, the organizational culture within domestic violence services, and the overall structure of these organizations.

From the perspective of community partners, what are some gaps in the populations served and services provided by their organizations that may not be covered by domestic violence organizations? What challenges exist for these organizations in serving survivors?

Community partners that participated in focus groups and interviews also highlighted gaps in services around specific populations served, challenges and limitations associated with providing services, and support needed to improve service delivery. Participants shared that they felt like there are gaps in services on the domestic violence provider side that their organizations fill, especially with the organizations that serve people with disabilities and the LGBTQIA+ community.

Organizations that served people with disabilities shared that their clients had complex needs that needed more care coordination, resource navigation, and long-term support, and that domestic violence organizations, due to capacity issues or scope of work, often didn't meet those needs. Organizations that served members of the LGBTQIA+ community pointed out that their clients sometimes face discrimination when receiving services, and they pointed out that domestic violence services needed to be more gender expansive, especially related to housing. Additionally, regardless of the population served, community partners identified legal resources, emergency shelter and long-term housing, transportation, and resource navigation as needs that were not being met for domestic violence clients seeking their services.

How do domestic violence community partner organizations integrate ACRTI principles in the services they provide?

Community partners in the interview and focus groups also shared how they strive to provide care that is accessible, culturally responsive, and trauma informed. To make services more accessible, many community partners highlighted the importance of reducing logistical barriers to improve service delivery. They noted the need for better transportation or more shared physical spaces to reduce the barrier of physically accessing services for survivors. Participants also mused how the services they provided might not be accessible to domestic violence survivors. For example, an organization providing employment services discussed how their networking services might be a safety concern for domestic violence survivors in their small rural community.

To make services more culturally responsive, many community partners were focused on integrating cultural humility into their organizational practices. However, all organizations believed they had room to grow in this area. They also shared they prioritize client-centered

decision making and hiring staff with lived experience to ensure their services are culturally responsive.

Also, participants shared that they thought trauma informed service provision was important in serving their clients. Many participants talked about making their physical environments more comforting and empowering clients to make their own decisions as trauma informed care that they practice. However, clients also pointed out that they needed more funding and resources to ensure the continuity of these practices.

Finally, community partners reported needing additional funding and training to better serve domestic violence survivors. Community partners consistently stated that they needed more funding for staffing and additional services. Many community partners shared that they struggled to secure the necessary support to assist survivors seeking care from them within the constraints of their own limited capacities. They also shared the perception that local domestic violence organizations are facing similar challenges due to limited funding and resources. A recurring sentiment among community partners was that increased funding and resources for both local domestic violence organizations and the partners they collaborate with would significantly improve services for survivors. Additionally, community partners stated that they would like more training on the best practices for working with domestic violence survivors.

Key Take Aways and Recommendations for Violence Free Colorado, DVP, and domestic violence Organizations

This section highlights key takeaways and recommendations for Violence Free Colorado, DVP, and local domestic violence organizations to address gaps, systemic challenges and strengthen support towards survivors.

Un-Siloing Resources

Community partner organizations noted that some domestic violence organizations tend to operate independently, creating silos that lead to fragmented care for survivors. This lack of integration often forces survivors to navigate complex systems without clear direction, while community partners face difficulties coordinating efforts. Addressing these silos requires intentional collaboration and resource sharing.

To tackle this challenge, domestic violence organizations and community partners could prioritize regular networking events and joint training sessions to build relationships and foster open communication. Additionally, implementing shared communication platforms or forums can facilitate the exchange of resources, information, and best practices, ensuring that survivors receive consistent and coordinated support.

Addressing Gaps in Services

Participants in the community partner focus groups and the interview highlighted that survivors face significant barriers in accessing critical services, particularly emergency shelter, long-term housing, and legal advocacy. These gaps are especially pronounced for underserved populations, including LGBTQIA+ individuals, immigrants, and those with disabilities, who encounter heightened challenges due to a lack of tailored services and systems designed around binary gender norms.

To address these gaps, increased funding and resources are necessary to expand housing options and legal advocacy services. Partnerships with legal aid organizations can provide consistent support to survivors navigating the justice system. Additionally, specialized programs should be more robustly supported and expanded to meet the unique needs of marginalized groups, such as inclusive shelters and language-accessible services for non- English speakers.

Expanding Accessibility

According to input from community partner organizations, survivors in rural areas face logistical barriers such as limited transportation options and fewer domestic violence-specific resources. Service models requiring appointments or maintaining restricted hours further limit survivors' ability to access help during crises.

To improve accessibility, additional investments in transportation solutions like ride-sharing partnerships or mobile service units can help reach survivors in isolated areas. Transitioning from appointment-only models to include walk-in services will help ensure survivors can access support when they need it most. Additionally, leveraging technology, such as teletherapy and virtual legal consultations, can provide essential services to survivors regardless of their location. It is equally important to use plain and accessible language in all communications to ensure services are understandable and usable by all survivors, including those with varying levels of literacy or language proficiency.

Increasing System Coordination and Awareness

Participants in the community partner focus groups and the interview highlighted how survivors often face confusion and delays when navigating fragmented systems, as community partners may lack awareness of domestic violence-specific protocols and resources. This lack of coordination can result in survivors falling through the cracks and remaining unsafe.

domestic violence organizations and their partners should work together to improve system coordination. Some tangible ways to improve system coordination could include:

- The creation of comprehensive resource directories and referral guides that detail available services and processes. It should be noted that resource directories can be very time intensive to maintain, so further conversation of their utility and sustainability might be necessary.
- Cross-training initiatives can build awareness of domestic violence protocols and foster better collaboration between organizations. Domestic violence organizations could provide ongoing training for community partners on topics like VAWA, TBI recognition, and trauma-informed care tailored to the particular service the partner organization provides.

Establishing coordinated care frameworks will reduce duplication of services and streamline survivor support, ensuring no survivor is left behind.

Addressing Funding and Staffing Limitations

Limited funding and staffing capacity restrict both domestic violence organizations and community partners from meeting the full scope of survivors' needs. Staff shortages and high turnover are common struggles among both community partners and domestic violence organizations that lead to the disruption of service continuity, leaving critical gaps in care.

To address this challenge, advocacy for increased funding is critical. Increased allocation of funds can support additional staff, training programs, and operational needs which directly facilitate the provision of crisis intervention and supportive services for survivors of abuse and their dependents. Amplifying the human and financial benefits of robust crisis intervention and stabilization services is important in public education when considering public investments. Resources must be allocated to subsidize long-term services, such as housing support and mental health care, to reduce reliance on crisis-driven interventions. Exploring public-private partnerships can also help secure funding for initiatives that enhance service capacity and ensure sustainability.