HOW DO SURVIVORS DEFINE SUCCESS?

A NEW PROJECT TO ADDRESS AN OVERLOOKED QUESTION

> When you start with problems you get programs.
> When you start with strengths you get possibilities.
> —Lupe Serrano,
> former Executive Director of Casa de Esperanza

THE fullframe INITIATIVE

changing systems, changing lives

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This report was authored by Anna Melbin, Audrey Jordan, and Katya Fels Smyth. It is based on a multi-year project[1] the Full Frame Initiative undertook in California, from 2012-2014.

We express our deep thanks and appreciation to the many, many people who made the project and this report possible. The project was guided by a 21-person National Advisory Council,[2] whose members represent diverse perspectives and bring relevant, survivor-centered expertise and both national and California-specific knowledge of domestic violence services, advocacy, policy, and funding. In addition, the project was supported by more than 200 domestic violence advocates, practitioners, researchers, policy advocates, funders, and other allies who lent their expertise and guidance; facilitated connections to other key allies; helped host or organize project-related workshops and conversations; and participated in workshops, interviews and conversations, during which they shared their perspectives on survivor success, discussed the project findings, and helped shape the recommendations included in this report.

Most of all, words cannot adequately express our respect and gratitude for the more than 150 self-identified survivors who gave their time and perspective to this project; who shared their personal stories that are the essence of our findings; and who laughed, cried, and ate with us. These individuals reminded us, time and time again, that resiliency and hope are most often found in the love and support of family and friends, and that our individual power comes not from overcoming adversity, but from belonging and contributing to something bigger than ourselves and from learning from the good. Thank you.

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The Full Frame Initiative's mission is to change systems so that people and communities experiencing poverty, violence and trauma have the tools, supports and resources they need to thrive.

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[1] "Integrated Responses to Domestic Violence in California: Examining where differing assumptions about success impede or enable survivor wellbeing."

[2] See Appendix A: Project National Advisory Council

TABLE OF CONTENTS

EXECUTIVE SUMMARY

With this project, the Full Frame Initiative (FFI) set out to answer two simple yet fundamental questions: how do survivors[3] of domestic violence define success for themselves, and do other stakeholders involved in the domestic violence field[4]—practitioners,[5] policymakers and funders—define success for domestic violence survivors in the same way? What we found was a significant disconnect between how survivors and other stakeholder groups understand survivor success. We believe the findings could change how the field and other social service systems respond to the near epidemic of domestic violence in the United States.

Statistics show that the word epidemic is not an exaggeration. In the U.S., one in three women and one in four men will experience rape, physical violence, and/or stalking by an intimate partner at some point in his or her lifetime. Each year, the costs of intervention, prevention, health care, and lost productivity climb to billions of dollars. Many survivors of domestic violence seek support from a variety of social service delivery systems, including service programs explicitly designed to address domestic violence. And studies indicate that *many more survivors never access formal services* and many others manage to increase their safety and wellbeing through informal networks and resources.

Despite the prevalence of intimate partner violence (which we use synonymously with domestic violence) and the resources directed at ending it, *there is a lack of information about how survivors themselves define success.* Domestic violence services and policies, and the funding that enables them, typically develop from an *assumption that formal services are the path to increasing survivor safety*, and that increasing safety is the gateway to other positive accomplishments—securing housing or a job, for example. Today, as more attention is paid to domestic violence programs' outcomes, their effectiveness is most often seen as relating specifically to increasing survivor safety. Yet, there has been little examination in research, practice or policy of whether survivors view addressing the domestic violence they have experienced as a defining element of personal success and whether the identity of "survivor" is central to their sense of self. **Not including survivors' perspective when defining success is a striking omission.**

FFI's multi-year project in California was undertaken to begin filling this significant gap in our collective knowledge. Importantly, one of the project's missions was to listen to all the ways in which people think about survivor success, without limiting the focus to specific services or programs. FFI has pioneered a process to reveal the broad range of strategies, relationships, and supports, including those outside of formal services, which are most important in a survivor's ability to achieve self-defined success and wellbeing. With this information, the domestic violence field can examine the roles of services and professionals in creating and supporting pathways to survivor success.

The project included two information collection and analysis phases. In Phase I (October 2012 – December 2013), FFI engaged more than 150 survivors and more than 185 practitioners (in domestic violence and other social service

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[3] One of the primary project findings is that people who have experienced domestic violence do not view that experience as central to their identity. Yet, throughout this paper we use the term "survivor" for the sake of clarity. We recognize this fundamental tension.

[4] For the purpose of this report, "field" is defined broadly as encompassing the range of policies, rules, laws, funding streams, service delivery systems and programs, and research that inform, regulate, guide, and implement anti-domestic and sexual violence work in the United States.

[5] We use "practitioner" as an umbrella term for advocates, counselors, case managers, service providers and others who work with survivors in domestic violence and other social service programs.

programs) in 46 workshops across California. We also led a team to transcribe and analyze the workshops, generating findings to form the basis of Phase II.

Workshops entailed asking survivors to identify a single moment where they felt success in their own lives; practitioners were asked to identify a single moment where they felt a survivor they had worked with was successful. Subsequent questions focused on what enabled that moment of success and what survivors rely on to help them cope in between moments of success. Five of the 46 workshops were conducted by representatives (non-FFI staff) from culturally specific communities, who were trained to facilitate the workshops with survivors in their own communities and languages on behalf of FFI.

> **S**urvivors' examples of success centered on connection with family members, friends and other informal networks; on achieving something that created value and worth for themselves and others; and on moments characterized by calm, predictability and "normalcy."

In addition, we conducted interviews with six policy advocates (individuals who work in government including law enforcement and in positions that intersect with government such as leadership of state advisory boards, think tanks, etcetera) and six funders (who administer philanthropic and government funds to domestic violence programs). Interview questions focused on the interviewee's definition of survivor success, their organizational or departmental definition of success, and how these definitions are formulated and communicated.

In Phase II (January – July 2014), FFI re-engaged almost 100 stakeholders (primarily Phase I

workshop participants) in a series of cross-stakeholder conversations designed to share the Phase I project findings, collectively generate recommendations for strengthening systems' response to survivors, and identify opportunities for field change and agents of that change.

What we found challenges some of the most basic assumptions of the domestic violence field. Success, as expressed by both survivors and practitioners, is about personal identity: who we are based on how we affect, and are affected by, our external environment and our relationships. Yet there are *important differences between these two groups* in terms of how this identity is formed. For survivors, *domestic violence is not central to their identity*; it is one of many experiences and rarely the most salient. Instead, in survivors' moments of success, identity is formed through positive social connections and accomplishment.

> I work as a clown at the hospital, visiting the sick kids. There was a fundraiser for the Make-a-Wish kids. The kids didn't want a trip or anything, they just wanted clowns around. And one of them picked me. There were a lot of clowns, like 100 clowns around, but he said, "I like you!" When I'm a clown, I'm a star. It has changed my life.

> My moment is the wonderful day of my wedding because… I have been an orphan who always dreamed and wished to have my own family. I saw myself as a mother surrounded by my children. By doing right by my adoptive parents that he asked them for my hand, I got married in white, and went to the altar, and made the promise in front of my adoptive parents. It was one of the strongest expressions that I could give in relation to my parents, a thank you.

Survivors' examples of success centered on connection with family members, friends and other informal networks; on achieving something that created value and worth for themselves and others; and on moments characterized by calm, predictability and "normalcy." *Moments of "achievement" are seldom related to leaving or making changes in the abusive relationship.*

> [My moment was] when I graduated from high school. I was the only one in my family who graduated from high school. When I had the diploma in my hand.

This survivor later told the workshop facilitators that she had left the person who had abused her and come to the shelter just 24-hours prior to participating in the workshop and felt safer as a result of this. But her moment of success was clearly about something entirely different.

Indeed, only 37% of the survivor moments of success included reference to the abusive relationship, and only 20% of those (7% overall) included leaving or altering the abusive relationship. Among that 7%, *changes in the relationship most often followed not preceded other types of personal achievement and transformation, unrelated to the abuse.*

Furthermore, survivors emphasized their own role and the role of family and friends as instrumental in getting to these moments of success; formal services and professionals were important but far less so.

> This moment happened because I put a lot of effort into doing it. It took a lot for me to get here. And of course people who gave me counseling and therapy. What made my moment possible? I would say myself and then all the resources.

> Different people played different roles in making this happen. For one, this is my

mother-in-law's and my father-in-law's house. They are buying this house, and their dream was for us to move to the back house… Then my partner came out of jail and started doing recovery. So by him being sober, I started to get a bigger picture. Due to all those things… that made me say, I can take a chance, and we can do this.

Practitioners in this study did not have the same view of success as survivors. The moments they described focused on helping survivors transform out of the role of "victim," with emphasis on changes in survivors' perspectives about the abusive relationship.

> **S**ervices provide the lens through which practitioners understand survivor identity and success, whereas survivors derive identity and purpose from connection and personal accomplishment, far beyond the bounds of the abusive relationship and the walls of programs.

> I was facilitating a group and a member who was new to group and fresh out of a pernicious situation. She lifted her head, unfolded her body. She looked strong and coming back into herself. She had been frail before…. Before, her trauma had been on top of her. Now she looked like she had her hands back on the wheel.

Ultimately, services provide the lens through which practitioners understand survivor identity and success, whereas survivors derive identity and purpose from connection and personal accomplishment, far beyond the bounds of the abusive relationship and the walls of programs. For both survivors and practitioners, these themes hold true across geographic regions, and both culturally specific and mainstream communities.

Nothing in these findings should suggest that survivors discount the abuse they have endured, are anything less than proud of the steps they have taken to keep themselves and their families safe, or are dismissive of the value of services and the importance of service providers. Nor should it be concluded that practitioners are inconsequential in supporting survivors to achieve their goals. However, the findings do call into question the wisdom of holding tightly onto a service delivery system that requires people to identify, first and foremost, with a singular problem instead of allowing them to show their whole selves, and that emphasizes help from formal systems as the primary path to success.

> Survivors and practitioners alike are hungry for tools and methods that help them extract lessons when things go well in their personal lives and in their work.

It became clear during Phase II (when participants reviewed the Phase I findings and made recommendations), that practitioners could *relate to survivors' experience of success as often occurring outside of domestic violence programs.* In their everyday work, practitioners see and understand that survivors have a *range of both challenges and assets*, and domestic violence is rarely the survivors' most critical or primary issue. This highlights significant *philosophical alignment* between survivors and practitioners, an essential ingredient for any action to improve the way systems respond in practice.

And yet, service delivery is the context and creed in which practitioners are trained to operate, and many report being constrained by that context. They say they are hamstrung by both external and organizational expectations that domestic violence be *the focus* of their work, and that services and connections to professionals be the way to safety and wellbeing

for survivors. The crisis mentality of their work focuses them on problems, deficits, and what is not working, rather than allowing them to also see strengths, assets, and what is going well. They recognize that while bringing attention and resources to the issue of domestic violence and helping survivors become safe is vital work, it is not, by itself, complete. *A central finding of this project is that this recognition—not only that the field must evolve, but also that it must reexamine its fundamental assumptions and pivot quickly into new territory—is already held by the practitioners in field.* They seek change, in tangible and practical ways.

This project did not reveal a single or correct definition of survivor success; nor do we claim such a definition exists. Instead, it uncovered crucial information that is missing in many of the field's conversations and efforts. Taking what we have learned and aligning policy, funding, and service systems with truly survivor-defined success is our collective task at hand.

Together with project participants and other allies, FFI proposes these **actionable recommendations**.

● **Create measures of program success based on survivor-defined success.** Convene a time-limited, action-oriented Task Force of funders, practitioners, and survivors to translate these project findings about people's success into shared definitions and measures of program success, as well as adapt key grants and related reporting requirements to reflect these new definitions and measures, and corresponding program activities.

● **Equip the field with the tools and skills to learn from experiences that are positive and go well, and use those lessons to strengthen practice.** Develop and launch a Train-the-Trainer Institute with accompanying technical assistance and coaching based on this project's

methodology and other techniques designed to recognize and document the impact of moments of personal success and accomplishment. Over three years, 3000 or more people in 30 communities would have increased skills and knowledge, and ongoing documentation and tracking would generate important information about the resultant changes for individuals, programs, and community-based work.

● **Re-tool traditional program services to explicitly support survivors in enhancing and capitalizing on their informal social connections and community resources.** Provide skill development, training and flexible or reallocated funding to equip the field to make the shift so that formal services are relied on only when needed and are in support of, not replacing, survivors' own assets and efforts.

These recommendations challenge all of us to honor the voices included here to increase the field's relevance and collective impact, to make real progress in stemming the epidemic of domestic violence, and to better support survivors in achieving success and wellbeing.

Taking what we have learned and aligning policy, funding, and service systems with truly survivor-defined success is our collective task at hand.

WHY THIS PROJECT

Background

Domestic violence in the United States is a serious public health issue with consequences for communities, families, children, and pets. Studies report domestic violence costs the U.S. between $8-12 billion dollars annually in health care costs, lost productivity and programs designed to prevent and address the violence.[6]

Survivors[7] of domestic violence may access a variety of support services through programs designed specifically to respond to victims, and through other systems such as healthcare facilities, legal services, child welfare, immigration, and public assistance programs (e.g., TANF, SNAP). A point-in-time (one day) 2013 census in California counted over 5,260 adult victims and their children receiving assistance from domestic violence service programs, and more than 870 requesting services from domestic violence programs that could not be provided due to a lack of program resources.[8] However, studies indicate that significantly *more survivors never request formal domestic violence services.*[9] Some do not feel services are relevant or culturally appropriate, whereas, for others, the stigma of identifying as

a survivor is itself a barrier. Still, many others manage to increase their safety and wellbeing through informal networks and resources.

In an era of increased competition for funding, social service programs are under intense pressure to prove their effectiveness and efficiency; they are often required to produce multiple outcomes designed to meet externally imposed definitions of success. Historically, success for domestic violence programs has been understood using a narrow concept of survivor safety, measured primarily by termination of the abusive relationship. On its face, this makes sense—domestic violence involves harm and abuse—and consequently services for survivors have been organized around supporting the survivor to first sever ties with the person who has abused them before attending to other issues and needs.

In reality, many survivors live at the intersection of poverty and multiple forms of violence and often struggle with illness, addiction, mental health challenges and more.[10,11] Not all their challenges are caused by domestic violence, and their experience of safety is strongly influenced by other factors such as historical trauma and

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[6] For more information about the economic effects and associated costs of domestic violence, see National Center for Injury Prevention and Control. (2003). Cost of intimate partner violence against women in the United States. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/violenceprevention/pdf/ipvbook-a.pdf and Waters, H., Hyder, A., Rajkotia, Y., Basu, S., Rehwinkel, J.A., &, Butchart, A. (2004). *The economic dimensions of interpersonal violence.* Geneva: Department of Injuries and Violence Prevention, World Health Organization. Retrieved from www.who.int/violence_injury_prevention/publications/violence/economic_dimensions/en/

[7] Throughout this report the authors may use the words "victim" and "survivor" interchangeably. To facilitate readability, we will generally use the pronoun "she" when referring to a survivor or victim. We do so with the full recognition that people of all genders can be victims, survivors or perpetrators of violence.

[8] National Network to End Domestic Violence. (2014). *2013 Domestic violence counts: A 24-hour census of domestic violence shelters and services: State summary: California.* Retrieved from http://nnedv.org/downloads/Census/DVCounts2013/State_Summaries/DVCounts13_StateSummary_CA.pdf

[9] This is well accepted in the domestic violence field. However, empirically documenting those who seek not to engage with formal systems creates challenges for researchers. There have been efforts which support the premise that the majority of victims do not seek formal domestic violence services. For example, one study of victims in Seattle found that only 38% sought out domestic violence services. See Macy, R. J., Nurius, P. S., Kernic, M. A., & Holt, V. L. (2005). Battered women's profiles associated with service help-seeking efforts: Illuminating opportunities for intervention. *Social Work Research* 29(3), 137–150.

[10] World Health Organization. (October 2013). *Intimate partner and sexual violence against women.* (Fact sheet Number 239). Retrieved from http://www.who.int/mediacentre/factsheets/fs239/en

[11] According to the federal Child Information Welfare Gateway, "Research has shown that when domestic violence is present, there is a probability that issues such as poor health, mental health disorders, substance abuse, homelessness, and financial instability are present as well." See U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). Domestic violence and co-occurring issues [Webpage]. Retrieved July 29, 2014, from https://www.childwelfare.gov/systemwide/domviolence/casework_practice/co_occurring.cfm

oppression, community context and culture, as well as personal identity and preferences.

As some in the domestic violence field evolve to fully respond to the complexity of survivors' lives, many direct service delivery systems—such as housing and homelessness, mental health and child welfare services—are increasing efforts to coordinate services. Indeed, they often participate in formal, collaborative community-wide efforts aimed at creating coordinated interventions and preventing further incidents of violence. However, these systems often hold different, unarticulated definitions of success and purpose. Importantly, *survivors' perspectives and the ways they define success for themselves are often left out entirely*. The result can be fragmented implementation and misaligned services, despite a high-level, shared commitment to support survivor health and safety. A true understanding of how survivors frame success for themselves is urgently needed.

> Ultimately, service delivery systems may be designed around and held accountable for concepts of survivor success that are far too narrow and do not account for the diversity of survivor experiences and priorities.

Survivor Success in Academic Literature: We Haven't Really Asked Survivors

At the launch of this project, FFI completed a literature review to understand how success is defined by and for domestic violence survivors in research.[12] While hundreds of articles, studies and papers mention both domestic violence

and the word "success," far fewer include an actual definition of what success entails or means, or how it is being put into practice. Twenty-seven sources were identified as relevant (explicitly discussed survivor success) and reviewed, and included the perspectives of diverse stakeholders including advocates, law enforcement, prosecutors, criminal justice system administrators, researchers and policy advocates. In most of the 27 sources, references to success were secondary to the larger purpose of the study or article. Most were program effectiveness studies, or otherwise related to evaluation of an intervention or service model. Often, if the study outcome was favorable, the studied intervention was deemed a success. A few sources noted the need for clearer definitions of success, but did not commit to clarifying or recommending a measurable definition. Many studies included tacit assumptions about success, claiming a service or program was successful even in the absence of a definition of that success.

In the sources that *did* include a conceptualization or definition of success, the emphasis was almost always on survivor or perpetrator status, such as physical separation, physical safety, or reduction or cessation of violence. Progress toward outcomes was tied to pre-determined indicators, often defined by external stakeholders such as funders. These indicators included the number of survivors who left their abusive relationship and moved into permanent housing, or the successful prosecution of the person who perpetrated the violence.

In practice, these indicators become the definition of success for programs. The research revealed an underlying assumption that service delivery systems and survivors hold similar ideas of what survivor success is. When

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[12] See Appendix B: Success for Domestic Violence Survivors Literature Review

programmatic success and the success of people in a program are conflated, the implications generally are that success in the program is the gateway to personal success and that they are highly correlated (i.e., a person who is successful in a program is "on her way," and someone who is not successful in a program is not), and that being successful in a program is the same as being successful in life. Moreover, while it was challenging to find materials that explicitly discuss survivor success, it was even *more difficult to find those that discuss survivor-defined success*. Researchers and academics did not appear to be directly asking survivors, "What does success mean to you?" or "How do you define success for yourself?"

This literature review illuminated several troubling trends. Many policies, services and program practices are influenced directly by research, both academic and non-academic, but the literature fails to recognize that "survivors" and "perpetrators" are people who have been involved in domestic violence but may not define themselves solely by those experiences. In the sources reviewed, the researchers and authors held domestic violence as the central, even only, salient experience or identity, and success was assumed to occur in the context of a program or multiple services. As a result, "success," while inadequately defined, is measured against program goals aimed to address the immediate effects of specific domestic violence incidents, such as physical safety.

Ultimately, service delivery systems may be designed around and held accountable for concepts of survivor success that are far too narrow and do not account for the diversity of survivor experiences and priorities. Indeed, an FFI-conducted review of embedded priorities in a range of public funding streams and related policies (federal and state), revealed a preference for interventions that aim to achieve results quickly and those focused specifically on responding to incidents of violence instead of addressing the larger context in which the violence occurs and a fuller range of people's experiences. Exacerbating the issue is the concerning absence of survivor voice and perspective. The literature in this review may reflect the larger field's assumptions about what is important to a survivor's own success and wellbeing, and about practitioners as the experts who can be relied upon to "speak for" and represent survivors. *Ultimately these assumptions may deny us all— survivors and those who seek to support survivors through policy, funding, practice, or personal efforts—a comprehensive understanding of survivor success or how survivor success can best be supported by systems, services and communities.*

> This project was designed to allow survivors and practitioners to talk about survivor success far more broadly and to frame survivor success without pre-determined assumptions about the central importance of the experience of domestic violence and the role of formal services.

Project Purpose and Goals

The multi-year project in California was launched by FFI in 2012 to document how four different stakeholder groups (survivors, practitioners, policy advocates, and funders) define success for domestic violence survivors. Our aim was to document, with rigor and curiosity, the broad range of strategies, relationships, and supports that are most important in survivors' ability to achieve and sustain self-defined success and wellbeing. Through this process, we uncovered new energy for change and identified specific, actionable

opportunities and champions who can help make change happen. We revealed prevailing assumptions, made tacit definitions of survivor success explicit, and documented where the multiple definitions of survivor success aligned and diverged. Ultimately, the goal was to equip policy advocates, funders, and practitioners with new information to examine the role of services in creating pathways to survivor success, and to understand and act on how services and systems can best support survivor-defined success.

For these reasons, our project—unlike many traditional studies that have included domestic violence victims—did not set out to capture information about violence or abuse, or about survivors' experiences in services and systems. The focus in the field, thus far, has been on understanding the experience of domestic violence (patterns among people who perpetrate violence, indicators of lethality) and on determining the best approaches for intervention (which services are in most demand, and which are most effective in helping survivors "get safe"). Instead, this project was designed to allow survivors and practitioners to talk about survivor success far more broadly and therefore to frame survivor success without pre-determined assumptions about the central importance of the experience of domestic violence and the role of formal services.

HOW WE DID IT[13,14]

The project had two phases. Phase I focused on collecting information (through workshops and interviews) from four stakeholder groups about how they understand what constitutes success for domestic violence survivors, and then analyzing this information to uncover themes, significance, and meaning. Phase II re-engaged Phase I participants and others to share the Phase I findings and collectively translate them into actionable next steps for the field.

Phase I: Documenting Stakeholders' Perspectives on Survivor Success

Defining success is not as straightforward as asking people, "How do you define success?" One of our goals was to get underneath the overwhelming amount of social messages we all absorb from the media and other sources about what "success" is (such as the importance of wealth and acquisition). To check that and other assumptions, FFI has developed a workshop process, described in detail below, which cuts through prevailing messages and allows people to talk about success truly on their own terms. FFI and trained allies conducted 46 workshops, engaging more than 335 social service practitioners and self-identified survivors of domestic violence.[15] FFI staff facilitated 20 survivor workshops and 21 practitioner workshops; five other survivor workshops were facilitated by trained community members

(see Cultural and Linguistic Access Pilot, below). Using the California Partnership to End Domestic Violence's (CPEDV) seven geographic regions,[16] we held: four workshops in Far North, five in North, six in Bay Area, two in Central Coast, six in Central Valley, ten in Los Angeles, eight in South.[17] In addition, FFI interviewed six policy advocates and six funders.

> These workshops teach people to pause when things go right, and systematically examine the moment so they can potentially create more such moments in the future. It is a powerful reframing that has implications for the entire domestic violence field.

The Workshops

The workshop process used for this project is significantly different from traditional focus group formats commonly used to gather data or solicit feedback. Both workshops and focus groups typically involve asking questions in a group setting so that answers yield a deeper understanding of the issue examined. While the focus group format seeks commonalities,[18] it is generally a one-directional process, with facilitators gaining insight and understanding from participants. The workshop format FFI used here enabled a group process and group learning while still collecting responses that are

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13 See Appendix C: Methodology and Data Analysis for a complete description of the project methodology, including data collection, management, and analysis.

14 See Appendix D: Project Strengths and Limitations

15 Given resources, staff capacity, and the purpose of the project, we made important decisions about the scope of the project. This is an exploratory, not empirical, study and therefore we focused on learning deeply from varied stakeholders instead of being rigidly held to representative samples of select groups in California. We faced choices about how many workshops to conduct, where to offer them, and what groups to include. We strove to balance the project depth and breadth to ensure inclusivity and relevance but were not able to cover every locale or include every group or perspective present in CA.

16 See Appendix E: California Partnership to End Dometic Violence (CPEDV) Regions

17 See Appendix F: Map of Workshops Conducted

18 Nagle, B. & Williams, N. (n.d.). Methodology brief: Introduction to focus groups. Center for Assessment and Planning. Retrieved from http://www.uncfsp.org/projects/userfiles/File/FocusGroupBrief.pdf

unique to each participant.[19] Each workshop was a two-way street: participants gained new knowledge and skills while FFI gained important information.

For workshop process and question design, FFI used a combination of two techniques, Appreciative Inquiry and Significant Moment Reflection. Appreciative Inquiry is a process for learning from what is working well, instead of what's going wrong, resulting in a description of where a person (or organization) wants to be in the future based on past experiences where they felt successful or happy.[20] Significant Moment Reflection is a process for focusing on a specific, significant moment in a person's life (in this case, a moment of personal success) and then facilitating an in-depth examination and reflection about that single moment to tease out what enabled it.

> We heard again and again from workshop participants that this learning from the positive is rare and invaluable; it is a finding we discuss later and is central to our recommendations.

FFI's process used a method for closely examining positive moments in one's life,[21] whatever the context. We heard again and again from workshop participants that this learning from the positive is rare and invaluable; it is a finding we discuss later and is central to our recommendations. Too often, people focus on situations that go poorly or awry, so as to learn how to avoid them in the future. These workshops flip that thinking; they teach people to pause when things go right, and systematically examine the moment so they can potentially

create more such moments in the future. It is a powerful reframing that has implications for the entire domestic violence field.

Both the survivor and practitioner workshops had three parts:

1. The Moment and its Significance—the identification of a specific point in time when a survivor experienced success and what the moment meant or signified;

2. Enabling Factors—an exploration of what and who enabled that moment; and

3. Coping—a reflection on what helps the survivor get by in between moments of success.

Survivors were asked a series of questions about their own moments of success; practitioners were asked to reflect on a moment of success for a survivor with whom they worked. Facilitators moved the group as a whole through this arc over two hours. At the end of the workshop, participants were asked to reflect on their workshop experience and whether it was what they had expected.

What was not asked was as important as what was asked. Workshop facilitators were careful to inform workshop participants that they did not have to choose moments where everything went well afterwards. Participants were also encouraged to choose any moment, in any context, that felt successful, and not limit themselves to moments having to do with the domestic violence, leaving the abusive relationship or their experiences with services.

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[19] See Appendix G: Survivor and Practitioner Workshop Question Guide

[20] Hammond, S.A. (1998). *The thin book of appreciative inquiry.* Bend, OR: Thin Book Publishing Company.

[21] Amulya, J. (May 2011). *What is reflective practice?* Community Science. Retrieved from http://www.communityscience.com/images/file/What%20 is%20Reflective%20Practice.pdf

Including Those Often Excluded: Cultural and Linguistic Access Pilot

One of the goals of the project was to include the perspectives of survivors whose viewpoints and voices are usually marginalized, or are collected as separate and different. FFI developed a Cultural and Linguistic Access Pilot (which we came to refer to simply as "the Pilot") with the express aim of reaching survivors from various ethnic, racial, and culturally specific communities who may not otherwise have meaningful access to the project due to language and cultural barriers. The Pilot was also designed to build the capacity of representatives from these communities, by sharing our workshop process and providing basic training on Appreciative Inquiry and Significant Moment Reflection.

With assistance from many allies, FFI created a Pilot Institute[22] curriculum and recruited and trained 12 Pilot participants from across the state, representing Latina (Spanish speaking), Native American, and seven Asian communities: Burmese, Chinese (Cantonese speaking, Mandarin speaking), Taiwanese, Mongolian, Thai, and Vietnamese. During the Pilot Institute, participants experienced the workshop process first-hand as respondents, and then customized the workshop process and content to be more culturally aligned with their specific communities.

Interviews: Policy Advocates and Funders

FFI interviewed six policy advocates and six private and public funders supporting domestic violence services and research in California. We asked a series of open-ended questions to identify how they determined and disseminated definitions of success. Interview questions focused on the interviewee's definition of survivor success, their organizational or departmental definition of success, and how these definitions were formulated and communicated.[23]

Making Sense of it All

FFI's pioneering story analysis process[24] allowed us to honor the stories shared by more than 335 people across cultures, race, age, and other differences.

Our project team spent several months transcribing, coding (a way of dividing stories into pieces and looking for themes), and counting the frequency with which each "code" appears in all the workshop moments. This traditional content analysis—a widely accepted data analysis technique—was important for our findings, but it was also insufficient.

Traditional content analysis counts each item mentioned once, so while someone may talk about one experience with great weight and another experience just in passing, each of the two counts equally. Furthermore, stories are assumed to be the sum of their parts—there is no room to examine the meaning behind the story. For example, "getting first apartment" and "first day in transitional housing" would both be coded and counted as "housing accomplishments" in a frequency analysis. However, by using FFI's story analysis process to examine the larger stories in which these events happen, it might become clear that the survivor who got the first apartment saw this accomplishment as a culmination of effort, whereas the survivor who talked about the first day in transitional housing saw that as a second chance opportunity.

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22 FFI uses "Pilot" to refer to the entire process from recruitment and training, through trainees running workshops in their own communities and reporting back to FFI; "Institute" is reserved to refer specifically to the one-day training.

23 See Appendix H: Policy Advocates and Funder Interview Questions

24 See Appendix C: Methodology and Data Analysis for a brief summary of this process. Please contact Audrey Jordan at the Full Frame Initiative for additional information about story analysis: audrey@fullframeinitiative.org

Phase II: Cross-Stakeholder Conversations about What Now and What Next

Phase II brought cross-stakeholder groups together to discuss project findings, identify areas of resonance and surprise, and uncover opportunities for improved system response. More than 90 people, the majority of whom were practitioners, participated in 15 conversations (13 in-person and two webinars).

In each cross-stakeholder conversation, FFI shared the findings from Phase I and then facilitated group discussions by asking participants to respond to four questions:

1. What about the findings resonate with you?

2. What about the findings surprise you?

3. What additional questions or comments do you have?

4. What recommendations for action do you have for FFI, funders, practitioners, and/or survivors? (i.e., what would you like to see happen with these findings).

WHAT WE FOUND

FFI set out to illuminate how different stakeholders understand what success is for domestic violence survivors: what it feels like, what enables it, and what people do to get by in between moments of success. Not all survivors are alike, nor are all practitioners, and many practitioners have also experienced domestic violence first hand. Therefore, we were careful throughout the project to not assume that survivors or practitioners are monolithic groups. Nonetheless, while every story of success was different, the stories were remarkably resonant within stakeholder groups. The greatest variation was between survivors and practitioners. *Survivors understand and get to success differently than other stakeholders— practitioners, policy advocates, and funders— believe that they do.*

Phase I: Findings from Workshops and Interviews

How Survivors Understand Their Own Success

The table below illustrates differences between survivors and practitioners, with the three most commonly occurring codes for each question— The Moment, The Significance of the Moment, Enabling Factors of the Moment, and How Survivors Cope in Between Moments of Success. This table shows that when asked what or who enabled the moment of success, survivors first credited themselves (21% of all survivor responses to this question) and then family and then friends and peers. Practitioners also credited survivors first (19% of all practitioner

Question[25]	Survivor	Practitioner
Identification of Single Moment of Success	• Informal connections (29%) • Accomplishments (22%) • Normalcy (17%)	• Survivor shift in agency (24%) • Practitioner agency (24%) • Survivor insight (14%)
The Significance or Meaning of the Moment	• Informal connections (24%) • Shift in confidence (20%) • Breakthrough realization (18.5%)	• Survivor breakthrough realization (25%) • Shift in confidence/behavior (22%) • Milestones (12.5%)
What or Who Enabled the Moment?	• Self (21%) • Family (20%) • Friends and peers (15%)	• Survivor (19%) • Practitioner actions (17.5%) • Survivor family (17%)
How Does Survivor Cope in Between Moments of Success?	• Informal connections (19%) • Self-care (17%) • God/faith (12.5%)	• Informal Connections (18%) • Self-care (12%) • Use of conventional services (11%)

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25 See Appendix G: Survivor and Practitioner Workshop Question Guide

responses to this question), but then themselves and their actions in the context of formal services, and then the survivor's family.

> **O**nly 7% of survivor stories overall were about leaving or altering the relationship with the abusive partner. The remaining 93% were about connections with others, accomplishments outside the abusive relationship, and/or the normalcy of daily life.

As we compared subgroups—urban versus rural, northern versus southern California, culturally specific Pilot workshops versus non-Pilot workshops—the data told the same story, again and again. While the exact frequency of the themes varied, the most frequently occurring elements for each question and each group remained largely the same within subgroup analyses. *For survivors, separation from the abusive relationship was almost never mentioned in moments of success, and services were rarely mentioned as part of getting to moments of success.*

The survivors' moments of success reflected a blend of autonomy and self-agency, with connection to family and friends and to God and faith figuring very prominently. There was one exception to this seeming homogeneity: God and faith were seen as enabling moments of success and as a way to cope with higher frequency among survivors in the Pilot workshops than among survivors in non-Pilot workshops.[26]

Survivors' moments fell clearly into two categories of meaning: **Being Connected and Belonging to Something Bigger than Me**, and **Accomplishment and Opportunity**. This finding in story analysis

mirrored the themes of family and friends and accomplishment found through the frequency analysis, and hold true for every subgroup.

The moments of feeling connected which survivors shared were not about connections to other survivors, as one might expect them to get from a support group, for example. And moments of achievement were not synonymous with, "I left the person hurting me." Instead, the stories survivors shared show that they derive meaning and strength far beyond the parameters of the abusive relationship and the walls of programs, in ways that are likely to sustain them long after their involvement with systems has passed.

> A few years ago I moved here from Massachusetts. I didn't have any money and I needed a car. I'd never made a purchase that big, I didn't even think I could. But I filled out a credit report and they told me I had excellent credit and could take any car I wanted. I'm just waiting for the results and the guy comes back and tells me, any car I want. I felt an incredible feeling of power; like I could take care of myself.

> I was in an elevator and I had just gotten back from the gym. I was coming back from my lunch break, there were some folks in the elevator and there were some people there making me feel good. I felt powerful and fit.

Only 7% of survivor stories overall were about leaving or altering the relationship with the abusive partner. The remaining 93% were about connections with others, accomplishments outside the abusive relationship, and/or the

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[26] See Appendix C: Methodology and Data Analysis for a complete description of the project methodology, including comparison of Pilot and non-Pilot survivor responses.

normalcy of daily life. Improving a relationship with a child, winning a disability court case, or graduating from a medical degree program are just a few examples. In many of these moments, the person perpetrating the abuse was present or referred to directly, but he was not simply the abusive partner— he often was playing a different role in the survivor's life, often neutral or even valuable.

> My son was about to be born, and my husband and I were decorating the nursery. I printed a picture from the internet and we made the nursery look exactly like that. He was helping me paint. I was just happy. It was the way things were supposed to be.

> [I was] in my kitchen at our house in Arkansas with my husband, and he was taking the day off work just to stay home with me, and we were dancing in the kitchen.

These impressions of the abusive partner in other roles are hard to reconcile with the sense that this person is categorically someone from whom a survivor should separate.

Being Connected and Belonging to Something Bigger than Me

The moments of success in this category were about having an identity in relation to specific others, using and being useful to family and friends, "finding one's tribe," and being connected to a force much bigger than oneself. Friends, family, community members, and even the person perpetrating the domestic violence play prominent, positive roles in these moments and what enabled them, in what helped survivors cope in between, and in whether or not a moment of success translates into a turning point in life.

> It was a hot summer day, and I was at the park with both my kids, my parents, and my family, and my son was playing baseball, his first year of baseball, and he hit a homerun, and the look on his face; I just remember thinking, "This is what life's about." One of his first games, and the first time he hit a homerun, and the look on his face.

> This past Christmas. We gathered, my grandchildren and me. It was the first time we had Christmas all together. I didn't have Christmas gifts, but I did offer time together. It was very cold, but inside it was really warm… we hugged and danced, and the little kids stayed up late… I was almost killed by my husband along with one of my sons. It was the strength to move on and care for my children. Every other year before [my son] was in some type of sobriety program. This was the first year that he's sober, problem-free. There was a lot of peace and harmony.

Accomplishment and Opportunity

In the moments of success in this category, survivors felt valuable, and often this value was validated by someone else. There was a sense of being on the threshold of something new or something better. The stories ranged from passing a citizenship test, to reaching a sobriety milestone after decades of substance abuse, to being free to make one's own decisions, and more. In many of these moments, survivors accomplished or gained something they or others thought was not possible.

> Graduating from college. It was huge for me. I felt like I had never completed anything in my life, and this felt like something I had accomplished for

myself. The director of the program told everyone I had completed the most hours of anyone in the program, ever, and that was pretty cool. That moment when he called me out in that way.

I was putting the keys in the door of my new apartment. I just got out of jail… and I'm on an ankle monitor, and I've had a lot of restrictions on me. But I was opening the door to the home that's going to be just for myself and for my kids, for the first time in several years.

Moments of success crystalize our identity, and clearly services and formal supports help survivors take steps towards that "authentic self" but they are not the only or even most important factor.

How Survivors Get to Success: An Essential Reordering

The idea of separation from an abusive relationship as the gateway to other positive experiences and achievements is a common denominator in most domestic violence programs. This project raises questions about this foundational assumption and turns the sequencing of the field's teaching on its head. As noted above, in survivor moments of success in this project, only 7% included making changes in the abusive relationship. And even in that small group, the survivors most often felt success completely independent from, and prior to changes in, the relationship, not the other way around. One survivor described her moment and what followed this way:

This doesn't have to do with DV. But it is all mixed in there together. DV was always the predominant issue in my life

until this moment with my daughter. She didn't like to touch people. [But that day,] holding her hand, for the length of time, was extraordinary…. I felt a joy I had never experienced. Almost wasn't of this earth. A very spiritual encounter with my daughter…. [And it was after that that] I left my abuser for the last time and never went back.

In moments like this, feeling successful or accomplished caused or contributed to a shift in how the person being abused viewed many other things, including the relationship with the person perpetrating the abuse. This is at odds with the beliefs intrinsic to many service models, that the perpetrator and the violence he/she commits is the root of all a survivor's problems and therefore addressing the abuse causes a linear shift for the better, and that positive opportunities are only possible if safety and separation, with the help of services, come first.

Survivors' moments of their own success and how they got to that success were rarely about accessing formal services, emotional or transformative breakthroughs during services, or even about relationships with professional service providers. Survivors talked about the support they received via programs and occasionally named individual advocates as particularly helpful. *But across all survivor responses, they most often credited themselves, family members, and God/faith as the top enablers of moments of success, as well as the top supports for coping in between.*

My moment happened because of God and my willingness to do whatever it took. I had the courage to move to a new place. My boyfriend, even my ex-husband, and my kids all had a part. And the counselors there helped.

Well, CPS was the one that granted it [custody] but I did all the work. Yup, I did all the work. I had to go to domestic violence classes, parenting classes, and I went to the Insight [survivor support] group. And all my effort, that was my saving grace.

This is not a wholesale dismissal by survivors of the importance of services, but a reflection of the place that services and professional relationships hold in achieving personal success. Moments of success crystalize our identity, and clearly services and formal supports help survivors take steps towards that "authentic self" but they are not the only or even most important factor.

How Practitioners Understand Survivor Success

As practitioners shared their moments of survivor success, what surfaced was how limited the arena is in which they can relate to survivors and contemplate survivor success. The significant majority of practitioners' moments involved a survivor's achievement or milestone in relation to the abusive relationship and in the context of formal services. In practitioners' stories, 39% involved the survivor's separating from an abusive partner. This is in stark contrast to the survivors' moments of success, which rarely focused either on the abusive relationship or services.

Frequency analysis indicated that practitioners talked about their own or their organization's success as the difference they made in a survivor's ability to move on from or make changes in relation to the abusive relationship. However, through story analysis it became clear that the majority of the time the focus was on survivor success (69%), some of the time it was on both practitioner and survivor success (25%), and in a handful of moments (6%) practitioners focused solely on their own success.

The significant majority of practitioners' moments involved a survivor's achievement or milestone in relation to the abusive relationship and in the context of formal services. In practitioners' stories, 39% involved the survivor's separating from an abusive partner. This is in stark contrast to the survivors' moments of success, which rarely focused either on the abusive relationship or services.

Practitioners' Stories About Survivors' Success

Whether centered on a survivor in transitional housing who verbalized her resolve about finishing school; or a survivor who demonstrated empathetic insight regarding her daughter's behavior; or a survivor who arrived to an appointment at a drop-in center on time, for the first time, practitioners' moments were dominated by breakthrough insights, accomplishments, or positive actions made by the survivor.

Working with a client to get into transitional housing, at the end of a 30-day shelter stay, running out of options. I was sitting in my office and she said "I'm not going to let him control me anymore" and she stood firmly when she said it.

I was sitting in the counseling office. Things felt like they were connecting. He was smiling and physically more relaxed than usual. He began talking about what he had accomplished, the steps he had taken to get financial assistance.

Practitioners' Stories of Both Survivor and Practitioner Success

These stories included moments that were successful for the survivor and also for the practitioner recounting the story, or for that practitioner's colleagues or organization.

For example, a survivor who had previously always been angry and complaining sought out the practitioner to express her gratitude at receiving help and to say she now wants to help others; daughters who had previously been verbally abusive to their mother (the survivor) came to a group talking differently with their mom, and the survivor in turn thanked the practitioner for the support; a practitioner received a phone call from a survivor's (former program participant) mother who was very grateful that her daughter left the abusive relationship and received help from the program.

> A few months ago I was providing court accompaniment to a client who was trying to get a restraining order. I'm sitting next to her and the judge calls the case; she's sworn in, and then the judge asks her, "I've read over your paperwork; is there anything else you'd like to add?" She could hardly speak, and she's trembling, hands shaking and she gets part of a sentence out, and then she grabs my hands, and when we grabbed hands, she stops shaking. I thought something's happening; she's reaching out and taking a stand for something she wants. She was able to tell her story and she got the restraining order that day.

Although practitioners could have chosen any moment for a survivor with whom they worked when reflecting on survivor success, over 90% of their moments occurred within the context of formal services or an active service interaction (for example, during a counseling

session or support group). Even when prompted by workshop facilitators to consider their experiences engaging with survivors outside of formal service interactions, or witnessing a survivor do something without it being related to formal services (such as playing with her kids or cooking a meal), practitioners had difficulty doing so. For the most part, the few moments that occurred in a non-services context included casual, unplanned interactions with the survivor, such as running into him/her in a store or receiving a voice mail message after (often long after) the survivor had exited from the program.

> So it was a really sunny, hot Friday afternoon and it was the football field stadium at the local high school and this particular participant's daughter was graduating from high school. We are on the lawn, sitting with the family and I remember her daughter coming up on stage, and just her eyes, her expression, the tears that were streaming down her face, and the stillness about her in that moment.

> I was at the grocery store. I came around the cereal aisle and a survivor I'd worked with was there with her new husband. And she had a huge smile, and they were laughing and smiling.

Practitioners' Stories About Practitioners' Success

This minority of practitioner stories focused solely on the practitioner's success as the reason why the moment was deemed successful. For example, a practitioner who pulled into the parking lot for work was immediately met by a troubled survivor, who then told the practitioner that he was the first person who has listened and cared.

> We went inside. We talked for a little bit. And she was just devastated. She'd

lost everything, lost everyone around her. She just needed someone to listen, someone to care. After we talked for a while, she said, "You're the first one who really listened to what happened. The first one who cared." And so that was her major breakthrough, she finally found someone who really cared.

These were stories of feeling needed, and of being of value to others.

I was working with a woman from another country, whose husband was abusive and controlled everything. I kept encouraging her to do things on her own, be confident. I was disappointed I couldn't help make a change, but towards the end of her stay she decided she could get away from him. She got hooked up with TANF, and enrolled in school, but nothing else happened. Two years later I ran into her and she hugged me and said she never forgot the moment I was encouraging her and that was the moment for her that everything changed. The moment she hugged me and told me about her accomplishment, I felt success! I felt I could help change someone's life. It was a very, very good feeling.

How Practitioners Believe Survivors Get to Success

Practitioners placed tremendous importance on the role of formal, professionalized services in enabling survivor moments of success.

What made this moment possible is the fact that [name of organization] has the shelter and the people in place. I would think the [name of organization] for having their doors open and a program where you can bring your kids and having the case management, so those are good services for allowing people to grow.

Practitioners credit survivors' efforts only slightly more frequently than their own efforts for enabling moments of success, and see their own actions or the use of services as key enabling and coping factors for survivor success moments.

When working with domestic violence survivors, you have to hold onto hope but not project it onto them. They aren't where you want them to be. So when you see them make a shift, it comports with your idea that people have within them the thing they need to move forward. They are re-engaging in their potential, their actualization. For a while, they are disconnected from that ... and there comes a time when they come to see you and then they can have a sense of agency again.

The common theme in getting to success is various services leading to empowering that individual, so you see the transition from being a victim to a survivor; that's when the magic happens; and there has to be some ownership on their part. With my client, she found out she was a victim; she felt like she didn't have any choices, and then we had her see a counselor that helped her, so she started feeling a little more empowerment in how she chooses to react to the situation. Then her husband was going through anger management and us being there for her to handhold; I think a combination of those things helped her.

How Policy Advocates and Funders Understand Survivor Success

Policy advocates and funders described success for survivors in terms of survivors' gaining freedom from the abusive relationship in order to have autonomy and decision-making

power in their lives, and access to services and various interventions (including criminal justice responses) were the path to that success.

> Like practitioners, policy advocates and funders are caught in a context where formal services are the proxy for change and progress.

Five of the six funders interviewed for this project work in institutions that do not have clearly articulated definitions of success for domestic violence survivors, and they communicate with grantees about success primarily through grant materials. They said they defer to grantees' definitions when crafting programmatic performance measures, and reported that the dominant grantee measures were easy access to formal services and indicators of increased safety.

Four of the six policy advocates interviewed work in agencies with articulated definitions of success, but those measures of such success are often sector-based (e.g., measures within the criminal justice system related to whether a survivor testified and/or whether the person who perpetrated the violence was held accountable through sentencing). The policy advocates were more likely to communicate their expectations of success through trainings and recognition events, as well as through passive communication, such as slogans on wall posters—posters that survivors, as well as practitioners and other community members, may see.

When asked about a story that illustrates success, half of funders described a survivor's receiving help from a program to get out of an abusive situation and ultimately gain housing and economic stability. Policy advocates also talked about access to services as indicators of success, as well as their own professional

accomplishments, such as the successful prosecution of a perpetrator of violence without survivor testimony.

Although there was some discussion of "community," neither group made much mention of survivor success and progress occurring outside the context of service programs (which are, of course, where philanthropic and government dollars are invested) or government interventions such as law enforcement. Like practitioners, policy advocates and funders are caught in a context where formal services are the proxy for change and progress, and survivor voice is understood primarily as informing services, not as helping us understand what is possible outside of services.

> Success means having a system [of services] available to survivors when they need it.

The funders and the policy advocates both expressed enthusiasm for a growing trend within programs to engage with survivors to determine and measure survivor-centered outcomes. They reported interest in looking beyond output measures such as the number of hotline calls received or shelter beds filled to focus on outcomes—the difference that a program makes in people's lives.

Where Survivors and Practitioners Have Common Ground

Despite their differences on aspects of survivor success and how it is achieved, survivors and practitioners found rich commonality in two areas: the workshop experience itself and the project's focus on positive moments.

Overwhelmingly, survivors and practitioners identified the workshop experience both as positive and as very different from "business as usual" in service systems; and often expressed

deep appreciation for the opportunity to participate. One survivor shared,

> I am grateful actually because it wasn't what I was expecting, I didn't know what I was expecting, but it wasn't this set up, but it was actually quite refreshing because processing one of my stories and also hearing other stories is this awesome reminder about how great this can be. We all have our ups and downs but it felt really positive.

And a practitioner said,

> I knew there would be no judgment and an inquiry about how we do our work, but I am surprised about the way we arrived at that. It was brilliant because it grounds us in the work that we are doing with survivors that is actually working.

Specifically, 68% of practitioners and 94% of survivors had positive comments about the process, were interested in learning more, and/or felt the experience was better than they expected. Thirty-three percent of survivor comments and 21% of practitioner comments indicated the process as a healing or learning experience. One survivor said,

> This is making me go back to my room and think of all the other things that make me happy. Not just that one thing [we talked about]. There are a million things that make me happy.

A practitioner shared,

> I felt pretty ambivalent at first. I was really excited, because it was going to be about success and not the trauma piece. I feel like I learned something about myself. I don't think I ever realized the importance of that moment to me. I feel like this conversation has allowed me to own that

moment for myself not necessarily what it means for other people.

It is important to note that *both groups talked about how rare it is to have explicit opportunities to reflect when things go well*, and lamented the lack of dedicated time, space, tools or support to think about how they could increase the frequency of their positive moments.

> Practitioners explicitly spoke of wanting and needing more time to reflect on survivors' full range of experiences; they welcomed having the space to talk about what is going well for survivors, what enables it and how to achieve or support more of it.

Survivors talked about the pitfalls of systems that require them to define themselves by negative experiences and keep their entire, authentic selves hidden. They were grateful to be seen as whole people beyond their survivor identity, and expressed wanting more service providers to ask not only about what they need, but also about what they have, and about what they hope and dream.

> It's a great way for us as women in the shelter to express how we feel and not necessarily focus on the domestic violence but on our lives and our children.

> When you guys came in I'm sure you could tell that I was stand offish, not really talking, because I don't want people to know much about the awful things in my life. I thought it was going to be really traumatic, but we didn't even go there. When I saw domestic violence [in the workshop materials] I'm just like….here we go again. But instead I could learn from people and you never know what people could learn from you.

Practitioners talked about the damage done to both their psyche and productivity when the focus is exclusively on harm reduction or preventing further problems, instead of on wellbeing and success. They repeatedly talked about the constraints and drain of operating in crisis-response mode.

> When I was doing direct service work several years ago, all I could remember were goals that needed to be accomplished by clients–finding housing, a job, going to counseling–and it was very stressful for me as their advocate or case manager to make sure that they were doing all these things….There was just so much to be ask of them….[It was] also the framework that I was put into that expected these things; our agency expected it; our funders expected it; society expected it. So I put that onto the clients.

Practitioners explicitly spoke of wanting and needing more time to reflect on survivors' full range of experiences; they welcomed having the space to talk about what is going well for survivors, what enables it and how to achieve or support more of it.

> This was such a great experience, to hear about the positive moments, it just feels wonderful. I've been doing this for 30 years and in that time this might be the first time I've been in a group to talk about how wonderful it feels for us to see our clients change.

> I found [the workshop] to be both a good and frustrating experience. In this environment, we don't spend enough time or have the tendency to focus on the successes. I feel frustrated and sad that this piece is missing and

grateful for the chance to be in that space today.

Practitioners are trained to focus on crisis response and to prioritize physical safety and a person's experience of domestic violence itself above all else. However, as we learn more about how survivors define success in their lives and the elements needed for getting there—such as regular and meaningful connection to family, friends, and peers—we see areas to refocus the time and resources of the domestic violence field.

Lessons from Culturally Specific Communities

Traditionally, adaptation of a process to a culturally specific group is a unidirectional process. We believe this approach reinforces a bias towards Western societal thinking and also highlights differences rather than commonalities. Instead, FFI partnered with allies to create a process that adapted our work for culturally specific groups and also took the lessons learned from those experiences and applied them back for use with more "mainstream" groups.

Participants in the Cultural and Linguistic Access Pilot highlighted three areas for adaptation and learning, each of which has subsequently informed our thinking and processes:

1. Deliberately creating trusted space from the beginning.

2. Understanding longer narratives versus specific moments in time.

3. De-emphasizing the role of the individual and highlighting the community.

As the Pilot participants facilitated workshops in their own communities and languages, some included a blessing or other ritualistic actions at the beginning, to symbolize and

set the tone for a safe—even sacred—space for powerful conversations and collective listening and learning.[27]

> Pilot participants reminded FFI that the dominant culture in the United States is particularly focused on the individual, but in many other cultures, there is far less distinction between "me" and "we."

Several Pilot participants noted that their communities are highly narrative cultures, and that focusing on one moment, rather than telling a full story as a starting point, was counter to their norms. They explained the challenge of getting workshop participants to focus on a single moment, a challenge FFI also encountered in the non-Pilot workshops. Nonetheless, there was universal appreciation for learning a different technique to examine life and experiences; a technique that helped the story teller truly inhabit and re-live positive moments that are healing, even in the retelling.

Finally, Pilot participants reminded FFI that the dominant culture in the United States is particularly focused on the individual, but in many other cultures, there is far less distinction between "me" and "we." The American narrative of the rugged individual has often negatively silenced the very human desire to connect and be part of something larger than ourselves (two of the essential themes in survivor moments of success).

Phase II: Uncovering Opportunities and Desire for Change

When presented with Phase I findings during the conversations in Phase II, practitioners identified components that both resonated with and surprised them, but they overwhelmingly shared an understanding that, *moving forward, survivors' self-defined and identified ideas of success must be the cornerstone for shaping the field's responses.*

The most resonance, and therefore the greatest opportunities for change, emerged in three places, which we discuss in turn below:

1. The relative centrality of domestic violence to survivors' identities and to practitioners' sense of purpose.

2. The need to see beyond traditional services that focus on narrow ideas of safety and separation, and instead a focus on survivors' informal social networks as primary drivers of change, progress, and the sustainability of success.

3. The need for funders and practitioners, in particular, to get on the same page to formulate consistent measures of program success, informed directly by survivors.

Relative Centrality of Violence to Identity

People who participated in the survivor workshops did not define themselves by the violence they experienced. Instead, they talked about their many simultaneous roles and identities, far beyond "victim" or "survivor." Reciprocity in relationships fuels survivors as it does all of us, and these survivors—whether they had left an abusive partner only hours before, were still in a violent relationship, or had been separated from the person who perpetrated violence for a long time—strove to share with others their talents, strengths, time, caring and resources, even as they were receiving from others.

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27 FFI is now using similar approaches in our workshops in other states and with other populations. We have found this creates a higher level of trust and a warm, welcoming environment appreciative of both context and participants.

My mom had diabetes and heart problems. I stayed with my mom in the hospital every day. My husband was infatuated with another woman …. my mom told me to go see my husband. She said she could stay at the hospital alone. I said no. I was proud that I took care of her. When my mother passed away, I asked my husband if he was coming to the funeral. He said no. We were having a service for my mom and my husband phoned to tell me he wanted to leave me. He told me he wouldn't give me anything. I was proud that I took care of my mother. I have been proud up to today that I made the right choice.

Practitioners' moments were also about identity—of survivors and themselves—but focused almost exclusively on the survivors' experience of domestic violence and of the practitioners' response to that experience. Specifically, practitioners' moments were almost exclusively about helping a survivor transition his or her identity from victim to survivor, and, then draw personal insight from that experience to continue to move forward in his or her life.

The Phase II conversations reframed this difference in perspective as an extraordinary opportunity. In communities as diverse and geographically far as Mariposa and Long Beach, practitioners repeatedly expressed recognition both of survivors as whole people with many experiences, challenges, and assets beyond their experiences with domestic violence. One participant wrote,[28]

Survivors see their success/wellbeing as beyond abuse—other aspects are more central.

Practitioners in Phase II conversations also talked about how their roles and the

expectations of them as professionals within the service delivery field constrain their ability to respond to the full reality of survivors' lives. When asked what in the Phase I findings resonated with them, practitioners wrote:

DV is not primary/main identity for our survivors but "DV advocate" may be a huge identity for practitioners.

Practitioners want clients to follow a "survivor script"—we want to hear pieces of a certain progress narrative.

Helping survivors own their whole identities is essential to their ability to gain and hold onto person success. For practitioners to do this, they, too, must be able to have fuller, richer identities in their work, which in turn, requires redefining what it means for them to be successful in their practice.

Seeing Beyond Traditional Services

The limited focus of traditional domestic violence programs (separation from the person perpetrating violence, transformation from "victim" to "survivor" through counseling and case management) manifests in all levels of the work, from policy to funders' expectations of program performance, and, of course, to individual advocacy with survivors and their families. This context greatly influences practitioners' views about their work and limits their ability to see strategies for success outside of programs.

Yet, when presented with and asked to reflect upon these findings, practitioners related to survivors' reports of the importance of informal connections and their own efforts, and the relative unimportance of formal services and professional relationships. The practitioners said they were incredibly eager to do this work well

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28 During Phase II conversations, participants were asked to respond to specific questions by writing their responses on post-it notes, which were then posted on the wall and shared with the group. See Appendix C: Methodology and Data Analysis for a complete description of the project methodology, including data collection, management and analysis.

and to support survivors to achieve their own goals and dreams. Written comments included,

> Practitioners seem to over-emphasize the role of services in survivor success, and under-appreciate the importance of informal social connections and survivors' sense of value to self and others.

> Connecting with someone is critical to gaining perspective and reduces the isolation, which ultimately leads to success.

An overemphasis on services and the resultant view of the role of practitioners in survivors' ability to achieve success is not exclusive to the domestic violence field. Experts in legal advocacy and housing and homelessness, for example, talk anecdotally of similar patterns. This raises important questions about whether collaborative responses across service arenas should reorient to focus not on coordinating responses for individual survivors and families but on better understanding people's priorities and needs.

In a time of heightened awareness about empowering survivors to make their own choices and live autonomously, not stuck in systems, we must explore how service providers can recognize and support participants in their many roles outside of programs, while still providing the suitable type and level of support.

Getting on the Same Page to Form Measures of Program Success

Participants shared a range of recommendations and ideas about how to translate the project's findings into concrete action for improving system response for survivors. Many of these focused on addressing the "miss" between funders and practitioners, where funders report taking cues from practitioners about how to measure program success, and practitioners in turn report having to comply with definitions of program success handed down by funders. Recommendations also centered on the need to translate these findings about personal success and wellbeing into shared definitions of programmatic success and related performance measurements.

> Fund county-wide across sector work groups. i.e. children and family services, Headstart, probation, dv agency, etc. to create systems that aren't siloed and can provide comprehensive services for families.

> Use this information to start conversations among advocates to redefine "success" based on survivors' experiences.

Finally, participants had questions, most of which were for the field, among them: "How can funders, practitioners and policymakers get on the same page as survivors?" or "How do we not lose our identity in our work and be more holistic in supporting people?" In a similar vein, written comments tended to be observations about the field such as,

> I wonder if the over-emphasis of practitioners' role has to do with the context of their engagement in the work and how they see DV work (a justice movement versus social services).

WHERE TO GO NEXT

The project's goal was to equip policy advocates, funders, and practitioners with new information to examine the role of services in creating pathways to survivor success, and to understand and act on how services and systems can best support survivor-defined success.

This report is not a commentary on how others can do better to support survivors, but provides critical information and recommendations for how we can *all* do better and work in more meaningful partnership with survivors. The project findings have important and timely implications not only for practice, policy, and funding, but also for evaluation.
Based solely on the workshops conducted with survivors and practitioners in Phase I, it would be reasonable to conclude that the responsibility for change lies primarily in practitioners' response. However, by re-engaging community members during Phase II, we surfaced a deeper, more nuanced, and more hopeful picture.

Many stakeholders showed a hunger and impatience for the field to change and a distinct understanding that the time is now.

Based on the project findings, we have prioritized three recommendations and outline below the first steps to implementing them. FFI brings particular expertise to each of these recommendations, and we are as eager as our project participants to be agents of positive change. In this spirit, we indicate the particular role FFI can take (and that others have asked us to take) in implementing these recommendations, with the recognition that sustainable change will come from the field's collective action.

Create Measures of Program Success Based on Survivor-Defined Success

This project purposefully focused on people not programs, something that had rarely been done before.

Nationally, the field still generally focuses on program outcomes—whether a particular intervention increases physical safety or reduces vulnerability to certain harms, such as through separation from the perpetrator of violence—not people-defined outcomes that focus on broader health and wellbeing. Missing from many conversations are the perspectives, voices, and experiences of survivors and their input about how, in reality, programs can support but not create their success.

Practitioners, funders, and policy advocates want to do better. They repeatedly expressed a desire to build on these survivor-informed, survivor-defined findings to create shared definitions of success that can be put into action by programs and practitioners and be appropriately measurable for funders.

Use this information to start conversations among advocates to redefine "success" based on survivors' experiences.

Since there's a disconnect between funders, practitioners, and survivors in how success is defined, convene some conversations with all three to co-define success and how to measure it.

We recommend a three-year Task Force made up of California-based practitioners, funders, and survivors to:

1. Apply definitions of *people-defined* success to generate new definitions of program success that include enhancing survivors' informal connections, and increasing survivors' personal agency and accomplishment outside the experience of domestic violence, as pathways to safety and wellbeing.[29]

2. Pilot these new definitions in Task Force members' own agencies, organizations, and programs, and in related grant making, before recommending others do so.

The Task Force would be spearheaded by key leaders in the domestic violence field in California,[30] and include a meaningful number of people participating primarily as "survivors," as well as other community members and providers of non-domestic violence services. Task Force members would also include point people from some of the key existing initiatives working to define program success for domestic violence providers and develop related program metrics.

The Task Force's charge would be to first draft new definitions of program success based on this project's findings. The Task Force would then refine the definitions of success and develop related program outcomes, activities, and performance measures via a series of cross-stakeholder, community work-sessions, guided by skilled facilitators with expertise in domestic violence, evaluation, and frameworks of wellbeing.

Task Force members would then pilot these activities and outcomes in their respective organizations, in ways appropriate for their sectors (e.g., through adapting program activities; through revising policies and grant making processes). Exactly how this work is implemented would have to be determined; continual feedback and adaptation and creation of a learning agenda are vital to the success of this initiative.

This multi-step process has many advantages. First, it puts the perspective and voices of those who have experienced violence at the beginning of the work, rather than the too-common occurrence of asking survivors to provide feedback once a new service or practice has been put in place. Second, it allows for broad-based support of new definitions of program success, and creates the opportunity for multiple stakeholder groups to work collaboratively and break down system silos. Most importantly, it would generate crucial information to ultimately help the larger field track where programs are making progress by shifting toward people-defined success and wellbeing, instead of responding to single problems.

Equip the Field to Learn from What Goes Well and Use Those Lessons to Strengthen Practice

Increasingly, there is growing recognition from a number of sectors that practitioners, policymakers, researchers, and others must learn from the "positive deviants": the people who, given similar situations and resources, thrive while others struggle. Survivors and practitioners alike are hungry for tools and methods that help them extract lessons when things go well in their personal lives and in their work.

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[29] There is precedence for this approach. In Massachusetts, a collaboration of multiple state agencies and nonprofit organizations is using FFI's Five Domains of Wellbeing framework (see Appendix I: The Five Domains of Wellbeing Definitions) to improve systems' response to survivors of domestic violence who are homeless or facing imminent threat of homelessness. This framework is the foundation for a unifying language and related set of practices and tools that build on survivor's assets, including social connections, and recognize safety as more complex and individualized than avoiding relationship violence.

[30] For example, the California Partnership to End Domestic Violence, Futures without Violence, the Asian Pacific Islander Institute on Domestic Violence, Blue Shield of California Foundation and the California statewide Domestic Violence Advisory Council, among others.

Systematically learning from what goes well goes far beyond the idea of "self-care," which is important but simply encourages people to take care of their emotional and physical state when things have already gone wrong or they are struggling. What FFI recommends is a fundamental shift, away from focusing on problems and trying to mitigate their effects, and towards understanding the range of strategies and factors that contribute to when things go well.

Through the Cultural and Linguistic Pilot component of this project, 12 community activists learned a new facilitation technique to specifically identify and learn from positive moments. FFI received feedback from those participants that the training helped them appreciate survivors' experiences outside of crises. One participant intends to use the workshop process as a tool to help men and women in his community heal from historical and interpersonal trauma.

Practitioners in the Phase II conversations resonated deeply with the idea of learning from what goes well but expressed needing support to do so.

> There is growing recognition from a number of sectors that practitioners, policymakers, researchers, and others must learn from the "positive deviants": the people who, given similar situations and resources, thrive while others struggle.

Encourage programs to do "success planning" in addition to "safety planning" based on survivors' idea of success.

Practitioners should learn to ask about what successful relationships and opportunities survivors do have.

And outside of California, FFI has given a number of presentations in the past few months on methods for learning from what goes well that have been standing room only. FFI, in consultation with key partners, has begun to formulate a plan to respond to this interest. FFI recommends launching a Train-the-Trainer Institute, which includes training and ongoing technical assistance and tracking activities. The goal of the Institute would be to increase the capacity of practitioners and community activists to methodically identify, examine, and learn from people's positive experiences and moments of personal success and achievement. The Train-the-Trainer curriculum (which would include a technical assistance guide for trainers), coaching sessions, and evaluation methods would be designed in partnership with allies and experts in culturally specific communities and beyond. While FFI's workshop process and methodology would be a central technique, other tools that have been developed to understand and support positive experiences would be included.

In the first year, the Train-the-Trainer Institute would equip approximately 10 communities, at least half from California, to identify and build upon what works well. Each community attending would consist of a team of representatives from a range of social service programs, including at least one domestic or sexual violence program, as well as public agencies and community activists. Following a multi-day training, each community team would bring their new knowledge and practices to their own agencies and communities. Each community team would train and coach a minimum of 50 colleagues and 50 survivors in their own locales, to adapt and implement these news skills accordingly. With 10 community teams trained annually, in less than three years approximately 3000 practitioners and survivors will have increased skills to learn from what goes well and will be using this new expertise in their own communities.

After attending the Train-the-Trainer, each community team and their colleagues would engage in ongoing technical assistance and information sharing through, at a minimum, quarterly conversations with curriculum facilitators. This would ensure smooth implementation of training for their colleagues in their own communities. It will, importantly, allow for tracking how these new skills are influencing practice and the resulting outcomes for both practitioners and survivors.

Re-tool Traditional Program Services to Explicitly Support Informal Connections and Community Resources

The stories of the more than 150 self-identified survivors participating in this project reflect a universal human experience—when things go exceptionally well or terribly wrong in our lives, we turn first to family and friends, as well as to other members of our various communities. Throughout this project, survivors described relying far more on themselves and their informal ties and resources than on services and practitioners for their moments of success.

These findings mirror and support what advocates and allies from culturally specific communities across the country have known and described for many years.[31] What this project

adds to this rich knowledge and experience is documentation that survivors in mainstream communities and programs are, in actuality, not markedly different than those in culturally specific communities, and the differences that exist are exaggerated and polarized by popular, harmful misconceptions and the American emphasis on the individual. Therefore, the practices and approaches characteristic of culturally specific programs—emphasizing working with the survivor's whole family and even community members—are more relevant to mainstream communities than previously thought. We recommend the field liftup lessons from these communities and intentionally shift to learn from the margins, instead of expecting the margins to shift to the center.

DV programs should place a greater emphasis on recognizing and utilizing survivors' resources, strengths, and existing networks.

Formal programs and services and the professionals who deliver them are important access points for practical resources and emotional support but are not substitutes for social and community connections, and cannot truly be credited for people's successes or mistakes. Practitioners are asking to be supported and trained to better recognize and enhance these informal connections and resources as a standard part of their daily jobs.

> Formal programs and services and the professionals who deliver them are important access points for practical resources and emotional support but are not substitutes for social and community connections, and cannot truly be credited for people's successes or mistakes.

We need investment to experiment with non-shelter responses and options that include a focus on 1) community accountability 2) survivor empowerment 3) moving from individual success to collective identity.

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[31] For example, Casa de Esperanza in Minnesota, Enlace Comunitario in Albuquerque, Caminar Latino in Atlanta, La Paz in Chattanooga, and Voces Latinas in Queens, NY have all undertaken efforts to understand what is important to survivors of domestic violence and talk about the importance of community and belonging.

Expand definition of services to include opportunities for relationship-building, social connections via DV organizations, alternative ideas of "healing" beyond traditional case management and counseling.

The practices and approaches characteristic of culturally specific programs—emphasizing working with the survivor's whole family and even community members—are more relevant to mainstream communities than previously thought. We recommend the field liftup lessons from these communities and intentionally shift to learn from the margins, instead of expecting the margins to shift to the center.

In fact, the desire for a new approach is so strong that in the past few months, FFI has received more than 25 requests for more information and more than 15 requests for help with intentionally enhancing survivors' informal networks as pathways to safety. There is knowledge of how to do this "network-oriented practice.[32]

Culturally specific communities and the organizations that work with them have developed and refined valuable practice-based knowledge for engaging informal networks and enhancing social connections. In addition, FFI's work around the country has been bringing attention and legitimacy to interventions and approaches that increase personal success and health through attention to Five Domains of Wellbeing (one of which

is social connectedness). This work has led us to organizations in a range of fields that have made significant progress in rethinking the relationships between "providers," "clients," and family and friends.

One way to meet this recommendation is for FFI to partner with culturally specific programs, such as Casa de Esperanza, and communities to build on this existing knowledge and co-create training and skill development for mainstream practitioners to recognize survivors' social connections and existing community resources as the strategy of first response. This would equip programs and practitioners to shift the emphasis of their interventions, and reallocate resources accordingly, so that professionalized services are provided only when needed and used to support, not replace, a survivor's natural efforts and assets.

[32] Goodman, L. A., & Smyth, K. F. (2011). A call for a social network-oriented approach to services for survivors of intimate partner violence. *Psychology of Violence*, 1(2), 79.

WHERE TO GO NEXT

CLOSING THOUGHTS

More than 40 years ago the movement to end domestic violence began by people helping people; by people who had experienced violence themselves, as well as those who hadn't, listening to victims tell their story and identify their needs and wants. Today we have come full circle.

> **M**ore staff or significant new money will not drive real change. The change sought by the significant majority of project participants comes from working together to re-think our services and re-allocate our resources to align our responses to be truly survivor-driven.

This project's findings are a vivid reminder that as human beings, we are all more alike than different, and provide important evidence that belonging and connection, and creating worth for others and ourselves, are not only our personal goals and indicators of success, but also must be our shared primary strategies for increasing safety and wellbeing. Our negative experiences do not define who we are, or what we want. We turn to professionals, no matter how well trained and helpful, as the strategy of last resort. Professionals must learn to accept this reality, even as they work to be more accessible to those who do need formal services.

The knowledge gleaned from this project demands those of us working (in any capacity) in the domestic violence field to change how we view people who have experienced violence, and more so, how we effectively respond to social issues and ills. In an age where programs are constantly being asked to "do more with less," those working in and supporting those programs must shift the focus from formal services aimed at reducing harm to broad, community-driven strategies that lift up what

goes well in people's lives. For example, this means allocating resources to intentionally enhance people's connections with family, friends, and peers instead of continuing to pay only for traditional services such as support groups and counseling sessions.

We know from this project that there is a need, indeed, a hunger for change. Current systems with limited goals and ideas of success are not supporting survivors as whole people with many experiences, needs, and also assets. More staff or significant new money will not drive real change. The change sought by the significant majority of project participants comes from working together to re-think our services and re-allocate our resources to align our responses to be truly survivor-driven.

Some of this shift in how we can best support survivors is already happening in pockets across the country. Together, we can build on this momentum, embrace the beginnings of this culture change, and use what we have learned to give funders, policy advocates, and practitioners new tools to more effectively fight an epidemic that, despite billions of dollars and other resources, is not letting up. Those new tools start with equipping the field to systematically recognize and learn from what goes well in people's lives, and reallocating resources to capitalize and enhance survivor's informal connections as key pathways to success and wellbeing.

APPENDIX A: PROJECT NATIONAL ADVISORY COUNCIL

The project's National Advisory Council represented diverse perspectives, bringing relevant, survivor-centered expertise and both national and California-specific knowledge of domestic violence services, advocacy, policy, and funding.

Etiony Aldarondo, Associate Dean for Research and Director of the Dunspaugh-Dalton Community and Educational Well-Being Research Center, School of Education and Human Development, University of Miami.

Juan Carlos Areán, Director of The National Latin@ Network for Healthy Families and Communities, Casa de Esperanza.

Nancy Bagnato, Senior Health Education Consultant, Violence Prevention Unit, California Department of Public Health

Bess Bendet, Director of Blue Shield Against Violence, Blue Shield of California Foundation (until November 2014)

Leigh Bills, Chief of the Domestic Violence Section, California Emergency Management Agency

Brenda Clubine, Founder of Every Nine Seconds, Convicted Women Against Abuse, and survivor of domestic violence

Cathy Friedman, Associate Director, Peace Over Violence

Donna Garske, Executive Director, Center for Domestic Peace

Umi (Shelia) Hankins, Co-Executive Director, Institute on Domestic Violence in the African American Community

Susan Holt, Program Manager of Mental Health Services, Los Angeles Gay and Lesbian Center

Paula Julian, Program Specialist, National Indigenous Women's Resource Center

MaryLouise Kelley, Director of the Family Violence Prevention and Services Program in the Administration for Children and Family, U.S. Department of Health and Human Services

Barbara (Bobbi) LaFargue, Patient Care Coordinator, Kaiser Permanente, Central Valley

Debbie Lee, Senior Vice President, Futures Without Violence

Jacquie Marroquin, Program Manager, California Partnership to End Domestic Violence

Brigid McCaw, Physician, Kaiser Permanente

Anne Menard, Executive Director, National Resource Center on Domestic Violence

Kathy Moore, Executive Director, California Partnership to End Domestic Violence

Lucia Corral Peña, Senior Program Officer, Blue Shield of California Foundation

Orchid Pusey, former Executive Director of the Asian Women's Shelter

Cris Sullivan, Professor of Ecological/Community Psychology and Coordinator of the Violence Against Women Research and Outreach Initiative and Associate Chair of the Psychology Department, Michigan State University

APPENDIX B: SUCCESS FOR DOMESTIC VIOLENCE SURVIVORS LITERATURE REVIEW[33]

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APPENDIX C: METHODOLOGY AND DATA ANALYSIS

The project happened in two phases. During Phase I, information from four different stakeholder groups was gathered through a parallel set of workshops with survivors of domestic violence and providers of services to survivors and through individual interviews with funders (public and private) and policy advocates (administrative not legislative). Phase II was the reengagement of participants in Phase I along with interested others to share and discuss Phase I findings and generate recommendations for change. The evolution of this multi-year project and methodology for both phases is discussed here.

Project Evolution

Originally this project was designed and funded to include 17 workshops over a nine-month period. Within the first few months, the project was expanded significantly in response to a number of interrelated factors. FFI began with a three-month strategic engagement period during which we reached out to stakeholders across the state to announce the project, gain support and investment, and hear from diverse representatives about how the project could complement and enhance other current efforts and initiatives. Very quickly, stakeholders recognized this project's unique focus on learning from success instead of from crisis or problems.

As a result, FFI received far more offers to host and coordinate workshops than could be accommodated, and encountered an unanticipated (and welcome) readiness to help include survivor perspective more explicitly. Importantly, FFI also received consistent feedback supporting our desire to include varied perspectives, inclusive of diverse racial, ethnic, age, geographic, and identity (e.g., sexual orientation, disability status) groups. Ultimately, the project scope and timeline was expanded to increase the number of workshops to 45 (ultimately 46 were conducted), and include a component to intentionally engage survivors in culturally specific and marginalized communities.

Refinements to the Workshop Process

Approximately mid-way through conducting the Phase I workshops, FFI reflected on what we were hearing and learning and made one resultant change to the workshop process. Originally, we relied on an assumption that workshop participants' moments would naturally and inevitably reveal the significance (or meaning) of the moment. This proved to not always be the case. In order to avoid FFI having to infer the significance or assign unintended significance to the moments through the data coding process, workshop facilitators began explicitly asking participants to describe the significance in their own words.

Data Collection: Sample and Instruments

Phase I: Documenting Stakeholders' Perspectives on Survivor Success

Phase I utilized a workshop format for obtaining responses to carefully designed questions from both self-identified survivors and practitioners of services to survivors throughout California. In addition, perspectives of policy advocates and funders concerned with domestic violence were collected through structured phone interviews.

FFI intentionally offered workshops across the entire state and included survivors representing diverse identity groups and practitioners from a variety of system settings. FFI used the seven regions defined by the state domestic violence coalition, the California Partnership to End Domestic Violence (CPEDV) to divide the state geographically to ease workshop planning and to ensure approximate representation across the state. Despite our emphasis on inclusivity, FFI was required to make difficult decisions about where to go and which groups to

prioritize because of the strong interest in the project, the sheer size and diversity of California, and the reality that domestic violence intersects with so many other issues. While FFI was not able to engage every system or community, the integrity of the project is upheld by the balance of breadth and depth of the reach.

Sample

In total, 46 workshops were completed:

• FFI staff facilitated 20 survivor workshops and 21 practitioner workshops.

• Five survivor workshops were facilitated by trained community members (see Cultural and Linguistic Access Pilot, below) in their own communities.

• Four workshops were conducted in Far North, five in North, six in Bay Area, two in Central Coast, six in Central Valley, ten in Los Angeles, eight in South.

• For the Pilot workshops (see Cultural and Linguistic Access Pilot, below): one was facilitated in North, one in Bay Area, one in Central Coast, one in Central Valley and one in Los Angeles. Two of the Pilot workshops were conducted in English with Native American communities. One was conducted in Spanish, one in Mandarin and one in Thai.

• Approximately 85% of workshops were hosted by organizations or groups that focus primarily on serving domestic violence survivors, including traditional domestic violence service providers, the Family Justice Center in San Diego and two Domestic Violence Coordinating Councils.

• Approximately 15% of the workshops were hosted by organizations and programs that serve survivors but not as their primary focus population, including homeless service providers, a supervised visitation center and LGBTQ welcome centers.

• Eighty-nine (89%) of survivors reported having children, and 5% reported being in a current abusive relationship.

• Among practitioners, there was an approximate equal distribution for years worked in the field—less than a year, 1-3 years, 3-10 years.

For the structured interviews:

• Six were conducted with funders—individuals who administer philanthropic and government funds to programs that address domestic violence.

• Six were conducted with policy advocates—individuals who work in government (including law enforcement) and in positions that intersect with government (e.g., leadership of state advisory boards, think tanks).

Workshop Methodology

Significant Moment Reflection (sometimes referred to as Critical Moment Reflection) was chosen for question development, and Appreciative Inquiry was the workshop process. Significant Moment Reflection is a process for focusing on a specific, significant moment in a person's life (in this case, a moment of personal success) and then facilitating an in-depth examination and reflection about that single moment to tease out what enabled it. The use of Appreciative Inquiry as the approach to process is best summed-up in the following statement:

The traditional approach to change is to look for the problem, do a diagnosis, and find a solution. The primary focus is on what is wrong or broken; since we look for problems, we find them. By paying attention to problems, we emphasize and amplify them.… Appreciative Inquiry suggests that we look for what works in an organization. The tangible result of the inquiry process is a series of statements that describe where the organization wants to be, based on the high moments of where they have been. Because the statements are grounded in real experience and history, people know how to repeat their success.[34]

The workshops with survivors and with practitioners followed a parallel process, an inquiry in three parts: (i) the identification of a specific point in time when a survivor experienced success; (ii) an exploration of what and who enabled that moment; and (iii) a reflection on what helps the survivor get by in between moments of success. Survivors were asked about their own moments of success; practitioners were asked to reflect on a moment of success for a survivor with whom they worked.

Questions: Survivors were asked to identify a single moment in time when they felt that their life was going well, the pieces were all fitting together and/or that everything was "OK," a moment when they felt their life was "clicking." Similarly, practitioners were asked to identify a specific survivor they had worked with or were currently working with, and to talk about a single moment in which the practitioner felt that the survivor's life was "clicking," a moment when everything was going well and was going to be "OK." Workshop facilitators were careful to inform participants that they did not have to choose moments where everything went well thereafter. Participants were also encouraged to choose any moment, in any context, that felt successful, and not limit themselves to moments having to do with the domestic violence, leaving the abusive relationship or experiences in services.

Each participant described the moment of success in thorough detail for the entire group, creating a verbal illustration so others could imagine the feel, sounds, and sights of the moment. Each workshop built on these moments, guiding participants through a process of explaining how the moment felt for them; how they documented the moment (e.g., posted it on Facebook, wrote about it in a journal, shared it verbally with others); who or what enabled the moment, including their own actions; and what the survivor does to cope in between these good, successful moments. Each question and response referred back to the particular moment identified early in the process, and the questions were ordered to allow for deep learning in a group environment. At the end of the workshop, participants were asked to reflect on their experience of participating in the workshop and whether it was what they had expected.

Mechanics: Each workshop was two hours long, and took place in various locations and settings (e.g., community-based organizations' meeting rooms, classrooms, churches). A facilitator and a scribe conducted the workshops, which had an average of six participants (range was two to twelve). Each workshop began by reviewing the purpose and description of the workshop, obtaining consent for participation and agreement to being audio-recorded, signing and collection of consent forms (which also gathered minimal, voluntary demographic information), and reaching consensus about the ground rules. A facilitator asked the questions, ensuring that all participants had the opportunity to respond to each question; a scribe took notes on easel sheets so that all participants could view and make comments about the notes throughout the workshop. At the conclusion of the workshop, survivors were each given a $20 gift card in appreciation of their participation. Copies of the workshop questions were made available so that participants could use the process themselves to reflect on moments when things go "right" and how those moments are created.

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[34] Hammond, S.A. (1998). *The thin book of appreciative inquiry.* Bend, OR: Thin Book Publishing Company, p. 6-7.

Confidentiality: FFI staff collectively has more than 40 years of experience working with and on behalf of people who have experienced domestic violence, and we are acutely aware of the need for confidentiality and in some cases, anonymity. Before starting each workshop, each participant reviewed and signed a written consent form. This form outlined the purpose of the larger project and the workshop process; clearly stated that each participant should engage voluntarily; explained that each workshop was audio-recorded; and explained that all responses would be reported in aggregate form and that no personally identifying information would be made public or connected to individual responses. FFI also chose not to collect extensive demographic information, to ensure there were as few barriers to participation as possible, and that participants had maximum control over what personal information they chose to share (or not).

Agreement to abide by workshop ground rules included a verbal commitment not to share participants' personal stories or comments outside of the workshop room. In survivor workshops, facilitators and participants avoided using their own or others' names once the recorder had been turned on to ensure that individual responses could not be attributed to specific participants. As the scribe took notes on the easel sheets, she used P1 (participant 1), P2, P3 and so forth to attribute comments to different participants in the workshop.

Cultural and Linguistic Access Pilot

One of the goals of the project was to include the perspective of survivors who are not typically included in such studies. To improve access to the project and to increase the relevance of the findings, FFI developed a Cultural and Linguistic Access Pilot (referred to in the report as "the Pilot"), with the expressed aim of reaching survivors from various ethnic, racial, and culturally specific communities who may not have access otherwise due to language and cultural barriers. The Pilot was also designed to build local community capacity by sharing our workshop process and by providing basic training on how to use Appreciative Inquiry and Significant Moment Reflection.

With assistance from many allies, FFI created an Institute curriculum and recruited Pilot participants from across the state. FFI held a day-long Pilot Institute[35] in July 2013 to train multi-lingual and multi-cultural community representatives to facilitate and translate workshops in their own communities and languages. Twelve individuals participated, representing Latina (Spanish speaking), Native American, and seven Asian communities: Burmese, Chinese (Cantonese speaking, Mandarin speaking), Taiwanese, Mongolian, Thai and Vietnamese. During the Pilot Institute, participants experienced the workshop process first-hand as respondents, and then spent significant time discussing how to customize the workshop process and content to be more culturally aligned with the communities represented.

Participants were paid separate stipends for attending the training, translating materials into different languages, conducting a workshop in their community, and transcribing and translating the workshop recordings and notes. All travel costs were covered by FFI.

Interviews

Semi-structured interviews were conducted with six policy advocates and six private and public funders supporting domestic violence services and research in California and beyond. All policy interviews but one were conducted by telephone, and interviews lasted approximately 45 minutes. Funder interviews were

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[35] FFI uses "Pilot" to refer to the entire process from recruitment and training, through trainees running workshops in their own communities and reporting back to FFI; "Institute" is reserved to refer specifically to the one-day training.

conducted by phone, were recorded with the interviewees' consent, and lasted approximately an hour. Interview questions revolved around how their particular professional context (e.g., organization, department, agency) understands and operationalizes success for domestic violence survivors.

Phase II: Cross-Stakeholder Conversations and Recommendations

From the project's inception, FFI has understood that the findings and resultant recommendations are only valuable if they resonate broadly and the field can take action. We have no investment in claiming to know better than the project participants themselves how best to use these findings to improve systems response for survivors. Therefore, Phase II was designed to share the Phase I findings, collectively generate recommendations, and identify opportunities for change as well as agents of that change. During Phase I, participants and allies were asked to give us contact information only for the invitation to come back for these conversations.

Sample

We conducted 15 cross-stakeholder conversations between March and July 2014. Thirteen were in-person and two hours each and two were via webinar and 90 minutes each.

• In-person conversations averaged 4-6 attendees, with 67 in total.

• Approximately 25 attendees participated in the two webinars.

• In-person conversations were conducted as follows: one each in Chico, Mariposa, Fresno, Long Beach, and Milpitas; two each in Sacramento, Los Angeles, San Diego, and San Francisco.

• The majority of attendees of the conversations were practitioners; very few attendees were self-identified survivors. However, we intentionally did not ask participants to identify their affiliation or "role."

Conversations Description

For the first 45 minutes to an hour, a summary of the Phase I findings were presented via PowerPoint. Then, attendees responded to the following four questions, in turn:

• What about these findings resonates with you?

• What about the findings surprises you?

• What questions/comments do you have?

• What recommendations do you have, for FFI, funders, policy advocates, practitioners, and/or survivors to do with the findings?

Attendees wrote their individual responses to the questions on color-coded post-it notes (i.e., a designated color for each question; one item per post-it note) which were displayed on easel sheets around the room. Participants did a "gallery walk" to read each other's responses, and then engaged in group sharing and discussion.

Data Management

Phase I: Workshops and Interviews

Digital recordings of each workshop were uploaded to a password protected server. Each workshop was transcribed. The workshop transcripts were numbered and assembled into electronic folders for survivor and

practitioner groups, organized by date and region. Access was limited to those who had direct affiliation with the project, and recordings, transcripts, and data were placed on a password protected server.

Frequency Analysis Protocol

Following standard content analysis protocol, codes and categories were developed (separately for survivors and practitioners) independently by two FFI staff. Each staff member individually coded the same subset of transcripts and reviewed their code categorizations together to determine consensus codes. Before proceeding with the content analysis on all transcripts, the entire project team discussed the coding and categorization and reached consensus on coding sheets for all questions, one sheet each for survivors and practitioners.

Two bi-cultural, bi-lingual representatives from culturally specific communities assisted with the coding: a PhD level researcher from a Latina community and a volunteer at a local program serving survivors from Asian and Pacific Islander communities. With instruction from FFI, each reviewed transcripts from five workshops and created their own coding system. FFI staff then compared those codes to FFI-generated codes to ensure validity and to adjust FFI's codes as necessary. The purpose was to mitigate effects of FFI coders' possible bias toward mainstream perspectives and values.

The coded transcript files were then filed in folders for survivors' workshops and folders for practitioners' workshops, so that both the raw transcripts and the coded transcripts were maintained separately. Color-coded transcripts were divided into responses to each question and assembled by question number. Thus, all workshop transcript sections related to Question 1 (the Moment) were assembled separately for survivors and practitioners, into documents labeled, "Question 1—Practitioners" and "Question 1—Survivors" and so forth for all questions asked.

The color codes then were counted for each question for each workshop, and entered into a spreadsheet with labels for each workshop, respondent group, question number, color code counts, and other subset labels (e.g., Pilot or non-Pilot survivor workshops; Urban vs. non-Urban). The resulting spreadsheet was then used for frequency analyses.

Story Analysis Protocol

In FFI's experience, frequencies and counts alone cannot provide a fully informed understanding of the data. The limitations to traditional analyses of frequencies or counts occur in two areas significant for this project: (1) each element mentioned counts equally, even if a respondent clearly gives more import or weight to one over the other; and (2) the coding process dissects each story into distinct components, limiting our ability to derive meaning from hearing stories in the order and context the storyteller uses.

FFI used a two-step process for story analysis to provide a fuller understanding of the data. First, each reviewer read the stories as told across the questions by each participant and grouped them into virtual piles based on similar type. In this methodology, there is no upper or lower limit to the number of types, nor any expectation of equal distribution among types. (This process is akin to a musicologist listening to classical music and grouping pieces together by sub-genre—the romantics, the baroque, etcetera—without having to explain intra-group commonalities and inter-group differences.) To facilitate this process, the review team created headline "snippets" for each story. These snippets provided the shorthand to help recover and retain descriptions for each moment, separately for survivors' moments and practitioners' moments, so that all stories could be examined at a glance through a list of "snippet" tags.

Once the stories were sorted, the reviewer read through each pile, often multiple times, to discern what is "alike" about the stories. We used the word "archetype" to name the common skeleton underneath a group of stories that had been placed together. Conclusions were checked with other project staff and researchers in the same way codes were compared in the frequency analysis to reduce bias.

For the story analyses, FFI also examined, for both practitioner and survivor stories, whether a change in relationship status with the person perpetrating the violence was discussed and whether moments of success occurred in the context of services.

Interviews

Each interview was transcribed, and the responses to each question were compiled separately for policy advocates and for funders. Two separate documents were thus created: one contained, in order, each question asked of policy advocates with the six responses to that question; the other was arranged in a similar manner for funder responses to each question. These two documents were used for simple content analyses to surface thematic responses to each question.

Phase II: Cross-Stakeholder Conversations

For the 13 in-person conversations, FFI took photographs of all the easel sheets containing the responses to the four questions. Those photographs were transcribed into electronic documents and organized by question. The webinar audio was recorded, and participants were also given opportunities to share their responses to the four questions electronically. Responses from all 15 conversations were compiled for subsequent analysis.

Data Analysis

Phase I: Workshops and Interviews

Workshops

Frequency analyses and crosstabs were done of coded responses from the workshops using the Statistical Package for Social Sciences (SPSS). In addition, a more in-depth, qualitative review and reflection of the stories was conducted. Then, comparative analyses were done between the frequency and story analyses. The workshop analyses are thus presented in three parts—frequency analyses, story analyses and combined analyses.

The spreadsheet contained the following data variables:

• Workshop number (1-46)

• Respondent group (survivor or practitioner)

• Question number (1-8)

• Color code label (e.g., for Question 1: red—accomplishment; green—informal ties)

• Count (the number of times a specific color code occurred in a transcript)

The table below illustrates the three most commonly occurring codes for each question, except when there are equal frequencies between the top third and fourth code. For example, this table shows that when asked what or who enabled the moment of success, survivors first credited themselves (21% of all survivor responses to

this question) and then family, and then friends and peers. Practitioners also credited survivors first (19% of all practitioner responses to this question), but then themselves and their actions in the context of formal services, and then the survivor's family.

QUESTION	SURVIVOR	PRACTITIONER
Q1 - Identification of Single Moment of Success	• Informal connections (29%) • Accomplishments (22%) • Normalcy (17%)	• Survivor shift in agency (24%) • Practitioner agency (24%) • Survivor insight (14%)
Q2 - The Significance or Meaning of the Moment	• Informal connections (24%) • Shift in confidence (20%) • Breakthrough realization (18.5%)	• Survivor breakthrough realization (25%) • Shift in confidence/behavior (22%) • Milestones (12.5%)
Q3 - Feelings During the Moment	• Freedom (14%) • Happy/joyful (14%) • More powerful/competent (12%)	• Happy for self (14%) • Relieved (12%) • Hopeful (9%) • Connection with survivor (9%)
Q4 - How Was the Moment Captured or Marked	• Told family (23%) • Kept to self (18%) • Emotional reaction (13%)	• Shared with colleagues (25%) • Acknowledged with survivor (22%) • Put in case notes (11.5%) • Kept to Self (11.5%)
Q5 - What or Who Enabled the Moment?	• Self (21%) • Family (20%) • Friends and peers (15%)	• Survivor (19%) • Practitioner actions (17.5%) • Survivor family (17%)
Q6 - What Happened After or Because of the Moment?	• New opportunities (15%) • Improved relationships (15%) • Improved confidence (13%) • Circumstances got worse (13%)	• Show of more power (15%) • New opportunities (14%) • Improved relationships (11%) • Improved confidence (11%)
Q7 - How Does Survivor Cope in Between Moments of Success?	• Informal connections (19%) • Self-care (17%) • God/faith (12.5%)	• Informal Connections (18%) • Self-care (12%) • Use of conventional services (11%)

Subset Analyses

Workshops were grouped into subsets and then analyzed by comparing frequencies across subsets. Subsets included:

• Urban/non-Urban: Urban sites included Los Angeles, San Diego, San Francisco, Fresno, Hamilton, Palm Springs, Sacramento, San Luis Obispo, San Pedro, Santa Cruz

• Big Cities/All other sites: Big Cities were Los Angeles, San Diego and San Francisco

• North/South: North were Chico, Shasta County, Mariposa, Woodland, San Luis Obispo, Tulare, Sacramento, Hamilton, Santa Cruz, Stockton; South were San Diego, Palm Springs, Los Angeles, Visalia

• Pilot/non-Pilot: Pilot were those workshops conducted by Pilot Institute participants, in culturally specific communities and often in a language other than English.

The subset analyses revealed very little difference between groups. The only subset analysis of note, as revealed in the following table, was the higher frequency for the importance of the role of God/faith in both enabling and coping for survivors in the Pilot subgroup responses compared to the non-Pilot subgroup.

Survivors: Pilot Compared to non-Pilot Top Code Percentages*

QUESTION	SURVIVORS: PILOT	SURVIVORS: NON-PILOT
Q1 - Identification of Single Moment of Success	• Informal connections (29%) • Accomplishments (18%) • Normalcy (18%) • Formal connections (11%)	• Informal connections (29%) • Accomplishments (23%) • Normalcy (17%) • Birth of child (9%)
Q5 - What or Who Enabled the Moment?	• Family (25%) • God/faith (18%) • Self (16%)	• Self (21.5%) • Family (19%) • Professional (15%)
Q6 - What Happened After or Because of the Moment?	• Improved relationships (23%) • Deeper spirituality (14%) • New resolve (14%) • New opportunities (9%)	• New opportunities (15.5%) • Improved relationships (14%) • Got worse (14%) • Increased confidence (14%)
Q7 - How Does Survivor Cope in Between Moments of Success?	• God/faith (21%) • Self-care (19%) • Informal connections (17.5%)	• Informal Connections (19%) • Self-care (17%) • God/faith (11%)

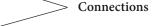*For Significance, Feelings, and Capture questions, Ns were too small for Pilot group to examine

Story Analysis

Through the story analysis, important similarities and differences between survivors and practitioners surfaced, and a fuller understanding of the data was possible.
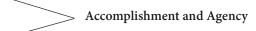
<u>Survivors</u>

Survivors' moments of success can be understood by four archetypes, grouped into two larger categories.

- 55% were about Social Connectedness
- 19% were about Belonging to Something Bigger than Me

Connections

- 35% were about Having and Creating Value
- 28% were about Opportunity

Accomplishment and Agency

Social Connectedness: For survivor stories of this type, the significance was being in the company of, and experiencing bonds with, people who are emotionally close. These moments were about belonging and having an identity that is in relationship with others, and about being of use to others.

Belonging to Something Bigger than Me: This archetype illustrated recognition that one is connected to a force much bigger than oneself. It often came when survivors were outside in nature in a moment of peace and had an overwhelming sense of "one-ness with the universe." In some stories there was a deep spiritual sense of one's part in a master plan. In others, the experience communicated was where "stars aligned."

Having and Creating Value: This archetype represented a moment where survivors felt valuable and often this value was validated by someone else. These stories ranged from passing a citizenship test, to reaching a sobriety milestone, to graduating from school, and more. In these stories, many survivors accomplished something they or others thought was not possible.

Opportunity: This archetype was about being on the threshold of something new or something more. It was forward looking, even though the realization of it came perhaps in retrospect. While these moments generally were enabled by a good deal of hard work and perseverance, the moments themselves were sometimes experienced as serendipitous.

<u>Practitioners</u>

When just observing frequency counts, it appeared that when practitioners were asked to identify a moment of survivor success, they instead talked about their own or their organization's success. However, through story analysis it became clear that only in a handful of stories did practitioners focus solely on their own success; the majority of the time the focus was on survivor success, and some of the time it was on both practitioner and survivor success.

Thus, practitioner stories fell into three categories:

- 69% were about survivor success
- 25% were about both practitioner and survivor success
- 6% were about practitioner success (their own, their organization's or a colleague's)

Practitioner stories also divided into those that occurred in the context of services and those that did not.

• 90% occurred in the context of active engagement with services, such as during a counseling session or support group

• 10% occurred outside of a service-based context, although some occurred at a program (e.g., in the shelter kitchen) but not during a service interaction

Stories of Survivor Success: These stories were dominated by breakthrough insights, accomplishments or positive actions made by the survivor, most often in the context of the abusive relationship.

Illustrative story snippets
• Survivor during a counseling session said, "I'm not going to let him control me anymore" and stood firmly when she said it.

• In a drop-in center, a survivor who arrived to an appointment on time, for the first time, and with a "can-do" look on her face.

• Survivor in transitional housing who verbalized her resolve about finishing school and getting beyond her challenges, putting herself first.

Stories of Both Survivor and Practitioner Success: These stories included moments that were successful for the survivor and also for the practitioner recounting the story, or for that practitioner's colleagues or organization.

Illustrative story snippets
• Survivor who had previously always been angry and complaining seeks out the practitioner to thank the practitioner for all the help she has gotten, and say she now wants to help others.

• Daughters who have previously been verbally abusive to their mother (the survivor) come to a group talking differently with their mom; the survivor in turn thanks the practitioner for the support.

• Practitioner received a phone call from a survivor's (former program participant) mother, who is very grateful that her daughter left the abusive relationship and received help from the program.

Non-Services Context: These stories were of something happening in the survivor's life that was not tied to services or the professional relationship. The moments described were largely stories of a casual unexpected interaction with the survivor, such as running into him/her in the store or receiving a voice mail message after (often long after) the survivor had exited from the program.

Illustrative story snippets
• Practitioner runs into the survivor (former program participant) at the mall. This survivor had previously received Temporary Assistance for Needy Families and been enrolled in school and had shown little progress, but two years later she was close to completing a degree in child development

• Practitioner received a text message from a survivor (former program participant) saying the person who had been abusive was no longer "larger than life".

• Son of a survivor (program participant) who had previously been withdrawn and uncommunicative agrees to make a public speech, and when he walks up to the podium he pulls back his hooded sweatshirt and smiles broadly.

Stories of Practitioner Success: These stories focused solely on the practitioner's success as the reason why the moment was deemed successful, as recounted by the practitioner.

Illustrative story snippets

• Practitioner who had been trying for weeks to reach a survivor by phone; the moment when the survivor finally answered was a huge relief for the practitioner and a reflection of the practitioner's perseverance.

• Practitioner who provided language translation during a very tense conversation between an advocate and survivor, and was able to "disappear," not interject or influence the outcome of the conversation.

• Practitioner who pulled into the parking lot for work and was immediately met by devastated survivor who then tells the practitioner he is the first person who has listened to her and cared.

Policy Advocates and Funder Interviews

These 12 interviews focused on the interviewee's definition of survivor success and their organizational or departmental definition of success, and then covered a series of questions designed to understand how these definitions were formed and communicated.

Five of the funders work in institutions that do not have clearly articulated definitions of success for domestic violence survivors. They reported communicating with grantees about success primarily through grant materials, and said they deferred to grantee's definitions when crafting programmatic performance measures. The dominant grantee measures they reported were easy access to formal services and indicators of increased safety.

Policy advocates were more likely to work in agencies with articulated definitions of success (four out of six respondents), but the measures of such success were often sector-based (e.g., within the criminal justice system, looking at whether a survivor of violence testified and/or whether a perpetrator of violence was held accountable through sentencing). They were more likely to communicate their expectations of success through trainings and recognition events, as well as through passive communication, such as slogans on wall posters.

A number of interviewees expressed having personal or internalized definitions of success. When asked about a story that illustrates success, half of funders described a survivor receiving help to get out of an abusive situation and ultimately gaining housing and economic stability. Other funders talked about success that had potential benefits for the organization or community, such as the empowerment for survivors in organizations that offer leadership development opportunities for program participants. Policy advocates also talked about access to services and the survivor having the freedom to make her own decisions as indicators of success, as well as about a professional achievement (e.g., the successful prosecution of the person perpetrating the violence, without survivor testimony).

Although there was some discussion of "community," there was little recognition by either interviewee group of survivor success and progress occurring outside the context of service programs (the target of philanthropy and government dollars), or government interventions such as law enforcement. "Our role is to replace bad social connections with good ones," noted one policy advocate. One funder remarked, "Success is a system [of services] available to survivors when they need it."

Phase II: Cross-Stakeholder Conversations

Simple content analyses were conducted to lift themes for the responses to the four questions that were asked:

• What about these findings resonates with you?

• What about the findings surprises you?

• What questions/comments do you have?

• What recommendations do you have, for FFI, funders, policy advocates, practitioners, and/or survivors to do with the findings?

The 15 conversations generated 577 responses:

- 183 resonates (32%)

- 115 surprises (20%)

- 90 questions/comments (16%)

- 189 recommendations (33%)

What Resonated: More than half (57%) of these statements were about survivors' responses in the Phase 1 workshops. Participants in these conversations felt significant resonance in particular with the domestic violence not being the primary identity for survivors; with the importance survivors place on social connections; and with survivor-described moments of accomplishment not being related to changes in the abusive relationship.

What Surprised: Many participants felt resonance with the finding that survivors emphasize informal connections over formal ones; however, many were surprised that practitioners, compared to survivors, overemphasized the role of services and professional relationships. Others were surprised that God/faith was more prevalent in Pilot workshop responses than in the non-Pilot workshops, and still others were surprised by funders' ideas about who informs measures of program success.

Recommendations: Participants shared a range of recommendations and thoughts about how to translate the project findings into concrete action steps for improving systems response for survivors. Of the 189 separate recommendations shared, the majority was directed toward what specifically practitioners can do and what FFI can do to disseminate and build on the project findings (35% and 32% of responses respectively). In addition, responses included ideas for bridging the disconnect between funders and practitioners; the need for more flexible funding for programs to explore putting these findings into action on the program level; and creating opportunities for training and skill development, for practitioners.

Recommendations to practitioners focused on putting survivors and their perspectives at the center of the work and being explicit and intentional about supporting survivors' social connections.

Recommendations to FFI were primarily about how to share the project findings to facilitate further exploration and implementation of action steps and specific ideas for additional research.

Recommendations to funders centered on the need to translate these findings into more relevant, shared definitions of success and related program measurements, and the need for flexible funding for programs to support survivors outside of formal services

Recommendations about the need for more training focused on increasing practitioners' skills around how to assess survivor success, and providing explicit methods and tools for enhancing survivors' informal social connections.

Questions/Comments: Finally, participants shared a few comments and questions, most of which were questions for the field such as: "How can funders, practitioners and policymakers get on the same page as survivors?" or "How do we not lose our identity in our work and be more holistic in supporting people?" In a similar vein, comments tended to be observations about the field such as: "Wonder if the over-emphasis of practitioner's role has to do with the context of their engagement in the work and how they see DV work (a justice movement versus social services)."

APPENDIX D: PROJECT STRENGTHS AND LIMITATIONS

This project was unique in a number of important ways, and generated findings that add value to how the field understands survivor-defined success. Coupled with the project design, itself innovative and useful going forward, the project's findings illuminate opportunities for immediate action as well as for future exploration. FFI recognizes both the strengths and limitations of the project; we offer those and other observations about our own learning in the spirit of continuous improvement.

Strengths of Project Design

The highly participatory nature of this project not only revealed important information for the field, but also galvanized and increased the capacity of diverse stakeholder groups to share ownership of the project findings and next steps. Our strengths-based and reflective practice methodology using Appreciative Inquiry and Significant Moment Reflection created meaningful opportunities for learning and dialog rooted in success and solutions. The addition of the story analysis provided a far deeper understanding of the meaning behind the numbers, minimizing our reliance on our own assumptions about significance of moments of success for the respondents. By bringing the initial findings back to community members, we were able to generate recommendations that are relevant and in demand from the field.

Our "learning by doing," developmental approach is evident in the changes made in number of workshops, evaluation of project design, and decision to add two webinars in Phase II to reach invitees who could not participate in person. This adaptability also allowed us to increase the project's cultural relevance by adding the Cultural and Linguistic Access Pilot, and engaging the help of culturally diverse coders in the Phase I data analysis.

Cultural and Linguistic Access Pilot

In the true spirit of a pilot project, this endeavor generated important lessons to draw upon for future similar efforts. First, accounting and planning for attrition of participants is vital. FFI had anticipated attrition from sign-up to attending the training Institute, but expected less attrition following the Institute. Ultimately, all 12 invitees participated in the Institute and committed to facilitating or interpreting at least one workshop, but only five workshops were conducted. In the future, such projects should recruit approximately three times the number of participants as the desired number of workshops to be conducted.

This process also illuminated the difficulties in engaging survivors who, for cultural, linguistic, and a variety of other reasons, do not access domestic violence or other social service programs. A primary goal of the Pilot was to include survivors who are not typically included in such studies, mainly survivors who are not connected to formal programs and services. However, Institute participants encountered challenges recruiting people who were not connected to services as well as people who were willing to "publicly" identify as survivors. This was true even after significant work with Institute participants on how to translate the term "survivor" so as to encourage very broad participation. Eventually we relaxed the criteria, and the Institute participants were able to recruit from domestic violence programs as well, with a continued emphasis on culturally and linguistically marginalized survivors. However, this highlights an important catch 22—the field will never fully understand survivors' perspectives when we are only able to include the approximately one-third of all survivors who access programs.

Project Limitations

We collected very little demographic data and described the sample of workshop participants only at the aggregate level (and not for purposes of analyses). Our intention was to minimize barriers to participation, particularly for survivors, and allow participants to share only what they chose. Therefore, we balanced project accessibility with the types and depth of analysis possible; specific racial or gender breakdowns were not possible in this project. We also cannot assert that these results would hold across all racial and ethnic groups, and outside of California, although several presentations FFI made outside of California recently indicate practitioners in other locales find deep resonance.

The question posed to practitioners in the Phase I workshops may have limited their identification of survivor success moments to a services interaction. Practitioners were asked to talk about a moment of success for a survivor they worked with (past or current) rather than simply a survivor they know, thereby narrowing the pool of survivors from which to choose. This may account for some of practitioners' overemphasis on survivor success happening in the context of services, but does not adequately account for their overwhelming focus on domestic violence and changes in the abusive relationship as indicators of success.

APPENDIX E: CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE (CPEDV) REGIONS

CALIFORNIA
PARTNERSHIP TO END
DOMESTIC VIOLENCE
Together, We're Stronger.

PARTNERSHIP REGIONS IN CALIFORNIA

Far North
Del Norte
Humboldt
Lassen
Mendocino
Modoc
Plumas
Shasta
Sierra
Siskiyou
Tehama
Trinity

North
Alpine
Amador
Butte
Colusa
El Dorado
Glenn
Lake
Nevada
Placer
Sacramento
Sutter
Yolo
Yuba

Central Valley
Calaveras
Fresno
Inyo
Kern
Kings
Madera
Mariposa
Merced
Mono
San Joaquin
Stanislaus
Tulare
Tuolumne

Bay Area
Alameda
Contra Costa
Marin
Napa
San Mateo
San Francisco
Santa Clara
Santa Cruz
Solano
Sonoma

South
Imperial
Orange
Riverside
San Bernardino
San Diego

Central Coast
Monterey
San Benito
San Luis Obispo
Santa Barbara
Ventura

Los Angeles
Los Angeles

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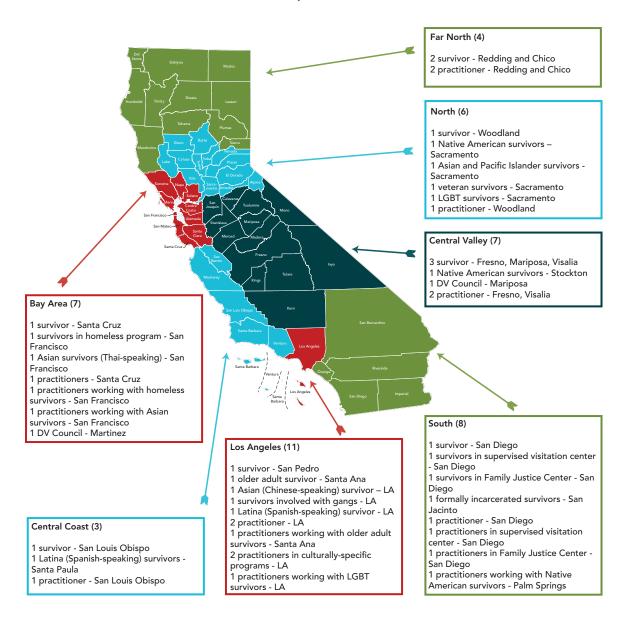
APPENDIX F: MAP OF WORKSHOPS CONDUCTED

THE fullframe INITIATIVE
changing systems, changing lives

INTEGRATED RESPONSES TO DOMESTIC VIOLENCE IN CALIFORNIA:
EXAMINING WHERE DIFFERING ASSUMPTIONS ABOUT SUCCESS IMPEDE OR ENABLE SURVIVOR WELLBEING

Workshops Conducted

Far North (4)

2 survivor - Redding and Chico
2 practitioner - Redding and Chico

North (6)

1 survivor - Woodland
1 Native American survivors – Sacramento
1 Asian and Pacific Islander survivors - Sacramento
1 veteran survivors - Sacramento
1 LGBT survivors - Sacramento
1 practitioner - Woodland

Central Valley (7)

3 survivor - Fresno, Mariposa, Visalia
1 Native American survivors - Stockton
1 DV Council - Mariposa
2 practitioner - Fresno, Visalia

Bay Area (7)

1 survivor - Santa Cruz
1 survivors in homeless program - San Francisco
1 Asian survivors (Thai-speaking) - San Francisco
1 practitioners - Santa Cruz
1 practitioners working with homeless survivors - San Francisco
1 practitioners working with Asian survivors - San Francisco
1 DV Council - Martinez

Los Angeles (11)

1 survivor - San Pedro
1 older adult survivor - Santa Ana
1 Asian (Chinese-speaking) survivor – LA
1 survivors involved with gangs - LA
1 Latina (Spanish-speaking) survivor - LA
2 practitioner - LA
1 practitioners working with older adult survivors - Santa Ana
2 practitioners in culturally-specific programs - LA
1 practitioners working with LGBT survivors - LA

Central Coast (3)

1 survivor - San Louis Obispo
1 Latina (Spanish-speaking) survivors - Santa Paula
1 practitioner - San Louis Obispo

South (8)

1 survivor - San Diego
1 survivors in supervised visitation center - San Diego
1 survivors in Family Justice Center - San Diego
1 formally incarcerated survivors - San Jacinto
1 practitioner - San Diego
1 practitioners in supervised visitation center - San Diego
1 practitioners in Family Justice Center - San Diego
1 practitioners working with Native American survivors - Palm Springs

APPENDIX G: SURVIVOR AND PRACTITIONER WORKSHOP QUESTION GUIDE

Significant moment reflection process – for Survivors

Grounding in a moment

1. Take a moment to draw or write some notes about a moment when it felt right for you or in your family - like things were working well or that things were going to be OK; things had shifted.

a. Please describe this moment, paint a visual picture for us, so we can see what you're seeing.

b. What was significant about this moment?

c. What did it feel like? How did you feel?

d. Did you do anything to capture or mark the moment? (did you tell anyone, post it on Facebook, journal about it, or take a picture?)

Enabling Factors

2. Who or what helped make that moment possible?

a. Was there anything that you did?

b. Was there anything others did?

c. Did fate, chance or God play a role?

d. Did anything change because of what happened in that moment? Was anything new possible? Was anything no longer possible?

Coping Strategies

3. So these great moments don't happen all the time, or even every day. What do you do in between? (now, moving away from the moment and thinking about since that moment)

a. What or who helps you get by?

b. Are the things and people that help you get by the same things and people that helped you get to your "moment"?

CADV SURVIVOR WORKSHOPS 2012 – 2013

Significant moment reflection process – for Practitioners (talking about survivors)

Grounding in a moment

1. Think of a moment when it felt right for a survivor you were working with - a moment when you thought, "things are going to be OK, something has shifted".

a. Please describe this moment, paint a visual picture for us, so we can see what you're seeing.

b. What was significant about this moment?

c. What did it feel like? How did you feel?

d. Did you do anything to capture or mark the moment? (did you tell your colleagues, post it on Facebook, write it in case notes?)

e. What happened next for this survivor?

Enabling Factors

2. Who or what helped make that moment possible for this survivor?

a. Was there anything the survivor did?

b. Was there anything others did?

c. Do you believe similar moments could happen again for this survivor?

Coping Strategies

3. So, these great moments don't happen all the time, or even every day. What happens the rest of the time, or in between these moments?

a. What or who helps this survivor "keep on keeping on"?

b. Are the things and people that help him/her cope in between the same things and people that help him/her get to these "moments"?

CADV PRACTITIONER WORKSHOPS 2012 – 2013

APPENDIX H: INTERVIEW QUESTIONS FOR POLICY ADVOCATES AND FUNDERS

1. How do you define success for domestic violence survivors, in the context of your job?

2. How does your agency/foundation define success for domestic violence survivors?

3. What information do you have to tell you this is the definition/understanding? Is it written or talked about explicitly?

4. How does this definition get operationalized or communicated? (Is it manifested in funding requirements, contract measures, licensing requirements?)

5. Do you know how this definition was determined or arrived at? Could you explain?

6. In your professional context, is there a story or situation that you feel illustrates survivor success but doesn't match your agency's/foundation's definition? Please share that story.

7. What questions does this raise for you; about how success for survivors is defined?

8. Are you or your agency/foundation involved in any interagency conversations (committees, councils, etc.) focused on domestic violence? Is survivor success part of those conversations or committee goals?

9. Are you or your agency/foundation involved in conversations about performance measurement, outcomes or evaluation related to domestic violence funding, policies or programs?

10. Anything else you'd like to tell me that you haven't been prompted to say via the questions I've asked?

APPENDIX I: THE FIVE DOMAINS OF WELLBEING DEFINITIONS

THE FIVE DOMAINS OF WELLBEING:
DEFINITIONS

These Five Domains of Wellbeing are:

❋ **UNIVERSAL, INTERDEPENDENT** and **NON-HIERARCHICAL**.

❋ **ASSET-BASED** and **REALITY-DRIVEN**.

❋ drawn from **PRACTICE** and validated by **RESEARCH**.

❋ relevant at the **INDIVIDUAL, FAMILY, COMMUNITY** and **INSTITUTIONAL** levels.

❋ deeply informed by **CULTURE, CONTEXT** and **HISTORY**.

❋ reflective of an **ORIENTATION TO PRACTICE AND OUTCOMES**, not a prescription for programs.

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PRELIMINARY DEFINITIONS AT THE LEVEL OF THE INDIVIDUAL:

SOCIAL CONNECTEDNESS

The degree to which a person has and perceives a sufficient number and diversity of relationships that allow her or him to give and receive information, emotional support, and material aid; create a sense of belonging and value; and foster growth.

Related terms and concepts: belonging, social capital, social networks, social support, social cohesion, social integration, reduced social isolation and exclusion, reciprocity

STABILITY

The degree to which a person can expect her or his situation and status to be fundamentally the same from one day to the next, where there is adequate predictability for a person to concentrate on the here-and-now and on the future, growth and change, and where small obstacles don't set off big cascades.

Related terms and concepts: certainty, control, resilience, permanency, certainty, predictability, stress, stressor, adversity

SAFETY

The degree to which a person can be her or his authentic self and not be at heightened risk of physical or emotional harm.

Related terms and concepts: fear, security; absence of harm, risk or danger

MASTERY

The degree to which a person feels in control of her or his fate and the decisions she or he makes, and where she or he experiences some correlation between efforts and outcomes.

Related terms and concepts: control, choice, self-efficacy, self-esteem, self-confidence, empowerment, applying knowledge, coping, meaning-making, executive function, resilience

MEANINGFUL ACCESS TO RELEVANT RESOURCES

The degree to which a person can meet needs particularly important for her or his situation in ways that are not overly onerous, and are not degrading or dangerous.

Related terms and concepts: having knowledge, meeting "basic" needs, cultural competence, utilization rates, service integration/defragmentation, reduced barriers, information and referral, navigation, access, inequity in access, disparity, discrimination

> *The Full Frame Initiative's mission is to change systems so that people and communities experiencing poverty, violence and trauma have the tools, supports and resources they need to thrive.*
>
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