NATIONAL Center on Domestic Violence, Trauma & Mental Health

Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

An Organizational Reflection Toolkit

Carole Warshaw, MD, Erin Tinnon, MSW, LSW, and Cathy Cave

April 2018

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NATIONAL Center on Domestic Violence, Trauma & Mental Health

The National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) is one of four Special Issue Resource Centers funded by the U.S. Department of Health and Human Services Administration on Children and Families, Family Violence Prevention and Services Program. NCDVTMH's mission is to develop and promote accessible, culturally relevant, and trauma-informed responses to domestic violence and other lifetime trauma so that survivors and their children can access the resources that are essential to their safety and well-being. Our work is survivor defined and rooted in principles of social justice.

NCDVTMH provides a comprehensive array of training, consultation and resources to support domestic violence and sexual assault advocates and their partners in the health, mental health, substance abuse, legal and child welfare fields as well as policymakers and government officials in improving agency and system responses to survivors of domestic violence and other trauma.

For more information, see WWW.NATIONALCENTERONDVTRAUMAMH.ORG

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SECTION 1: PREPARING TO USE THE TOOL

Introduction

We want to thank you for embarking on this journey of transformation and hope this Toolkit provides meaningful guidance and structure.

The National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) has designed this Tool for organizations serving survivors of domestic and sexual violence and their children. Its purpose is to support organizations in their efforts to become more accessible, culturally responsive, and trauma-informed (ACRTI) in their approach and services. NCDVTMH's framework for supporting the development of ACRTI services and organizations draws from a number of different perspectives - from the voices and experiences of survivors, advocates, and clinicians; from the insights of social and political movements; and from research and science, including a growing body of research on child development and neurobiology.

Initially developed as a way to bridge trauma-informed and advocacy perspectives, this approach is grounded in domestic and sexual violence advocacy; incorporates an understanding of trauma and its effects; creates accessible environments for healing; recognizes the centrality of culture; attends to the well-being of staff, organizations, and communities; and is committed to social justice and human rights. The core principles of ACRTI work - physical and emotional safety, hope and resilience, relationship and connection, and a survivor-defined approach - provide a foundation for creating services that are welcoming and inclusive, attuned to the range of people's experiences, and relevant to the people and communities we serve.

The new and revised version of our 2012 Accessible, Culturally Responsive, Domestic Violence-, and Trauma-Informed Tool includes expanded sections on accessibility, cultural responsiveness and inclusion, and on collaboration with community partners such as health, mental health, substance abuse, peer support, child welfare, and other child- and family-serving systems and agencies. It also intentionally recognizes services for children, youth, and families as an integral part of trauma-informed domestic and sexual violence advocacy. Thus, in this version, the term "survivor" is used to refer to adults, adults and their children, youth, young adults, elders, and anyone in the family system – as defined by survivors – who have experienced or witnessed violence. The term "partner," is used to refer to a current or former

spouse, someone a person is dating, a person's sexual partners, and/or someone a person has a significant emotional relationship with. In this document we alternate between using "survivor" and "participant" to describe the people engaging in our services.

Critical Concepts for Engaging in a Process of Self-Reflection and Organizational Change

In order to provide a foundation for understanding this document, we have defined some critical terms for navigating this process of self-reflection and organizational change. You can find an expanded glossary of terms at the end of this Toolkit in Appendix A, which also includes many of the terms embedded in the following definitions. We believe it will be helpful to read Appendix B prior to engaging with this material, as it covers NCDVTMH's Integrated Approach to Creating Trauma-Informed Services and Organizations. The material contained in these appendices provides the framework for using the Reflection Tool, itself.

Defining ACRTI

- The term **accessible** means that people with all kinds of abilities are able to fully access our agencies, including our information and resources; environments and spaces; and services and support with ease. A Deaf or disabled person is able to acquire the same information, engage in the same interactions, and fully participate in the same programs and services as a hearing or non-disabled person in an equally effective and equally integrated manner. People are accepted as whole versions of themselves, and are fully welcome, embraced, and accommodated. People are not reduced or understood solely through their disability and do not have to change or hide parts of themselves to be able to participate in or benefit from services. People's wishes about how they want their abilities recognized and understood are fully respected. Accessibility in this context is inclusive of people who have disabilities related to physical, sensory, cognitive, and mental health conditions, in addition to Deafness, chronic illness, and recovery from substance abuse. This concept intersects with people's multiple identities around race, class, age, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system. All of these intersecting identities are important to include when thinking about how to best serve survivors and their children; accessibility involves recognition of the barriers to meaningful involvement for all

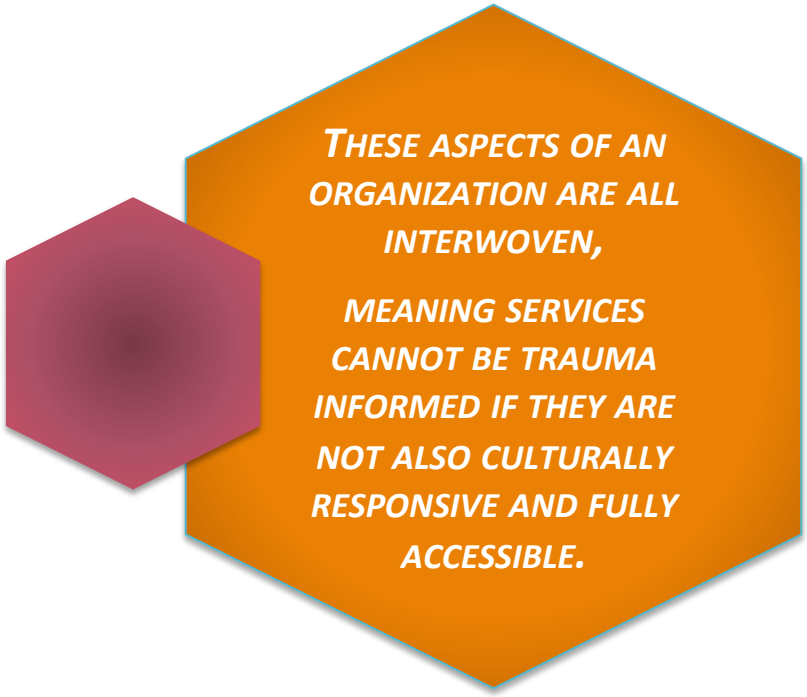
participants. All too often, people with disabilities are left out or excluded from services because of their disability, despite experiencing higher rates of violence than non-disabled people. It is the perpetuation of discriminatory attitudes, policies, and practices, in addition to the lack of accessible environments and adequate supports that are disabling and keep people from being able to fully participate in our services. In this conceptualization of accessibility, it is critical to work toward cultivating awareness and understanding to decrease negative attitudes and stereotypes about disabled people. It also means being conscious of the assumptions we make about ability and disability, and of the images and language we use day-to-day. Finally, ensuring that all survivors have access to inclusive, anti-oppressive environments as they heal from trauma requires us to actively support the ongoing involvement of survivors with disabilities in shaping our spaces, resources, and services. (*Note: there are many ways to talk about disabled people / people with disabilities, and there is quite a bit of debate about what term is best. We have included both here knowing that for some, this will feel imperfect).

- ❑ The term **culturally responsive** means that our organizations and agencies are proactively integrating meaningful attention to the cultural identities of participants and staff, and to the ways culture can shape people's experiences of trauma and healing. Being culturally responsive also means systematically integrating awareness of culture into our services, policies, structures, and environments. It requires being interested in, learning about, and acknowledging the vast number of ways people express their cultural identities, values, connections, and experiences in order to provide services that are meaningful and relevant. It means seeking out and understanding the strengths, resources, and inherent resilience of individuals, families, and communities. Cultural responsiveness also means that organizations and individuals in agency settings affirm and are inclusive of the many aspects of human identities, including identity related to race, class, age, disability, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system. This includes having a complex understanding of the ongoing impact of historical trauma, structural oppression, and identity-based violence. It also means having mechanisms to evaluate and disrupt the impacts of those systems on the organizational culture with concrete processes to avoid replicating these experiences within our organizations. Being culturally responsive requires recognition and acceptance that microaggressive interactions will occur as a

byproduct of unequal distributions of power within our relationships, organizations, and broader social context. This, in turn, allows us to actively respond when such interactions occur, to engage in open communication about harms people experience interpersonally, and to develop strategies to prevent further harm moving forward.

- The term **trauma-informed** describes an approach that recognizes the pervasiveness and impact of trauma on survivors, staff, organizations, and communities, and ensures that this understanding is incorporated into every aspect of an organization's administration, culture, environment, and service delivery. A trauma-informed organization actively works to decrease retraumatization and support resilience, healing, and well-being. Additionally, trauma-informed organizations recognize ongoing and historical experiences of discrimination and oppression, and are committed to changing the conditions that contribute to the existence of abuse and violence in people's lives. A trauma-informed approach provides guidance on how trauma can affect people's experience of services and what we can do to reduce traumatization at every level of our organizations. In this context, our interactions with participants matter a great deal, as do our interactions with each other. When we understand trauma responses in the context of domestic and sexual violence as adaptations to surviving abusive power and control, then part of our work is to do everything we can to not replicate those dynamics and to reduce the likelihood that survivors will feel discounted and disempowered in our programs and organizations. A trauma-informed perspective supports the resilience of people and communities through the work we do and the way we work. This includes creating a physical and sensory environment that is accessible, welcoming, inclusive, and healing, and attends to potential trauma reminders; a cultural and linguistic environment that is responsive to the people and communities being served; a relational environment that is caring, respectful, empowering, and transparent, and strives to create emotional safety; and a programmatic environment that is flexible and responsive to individual and family needs. A trauma-informed approach involves providing access to a range of healing modalities and practices, and creating community partnerships to ensure survivors and their children have access to trauma, mental health, and substance use services. Trauma-informed organizations support survivors to feel more connected and empowered as they prepare for situations that are potentially retraumatizing, such as participating in a court hearing, job interview, or custody evaluation. Lastly, a trauma-informed approach fosters an awareness of what we, as service providers, bring to our interactions, including our own experiences of trauma as well as the ways we are affected when we are truly open to the experiences of other people.

With all of these definitions in mind, becoming accessible, culturally responsive, and trauma-informed (ACRTI) involves organizational commitment, making the support of staff a priority, creating environments, intake processes, programs, services, and policies that reflect ACRTI principles, investing in community partnerships, and putting mechanisms in place to ensure that the people who use our services have a meaningful role in shaping them. Becoming an ACRTI organization is a long-term, transformative process that takes a thoughtful approach, purposeful planning, and sufficient resources and time.



Becoming an ACRTI organization is a long-term, transformative process that takes a thoughtful approach, purposeful planning, and sufficient resources and time.

The Format of this Toolkit

This document provides guidance on how to use the Tool and on things to consider in preparation for engaging in this type of organizational self-assessment process. This Toolkit is presented in three sections. The first provides background information needed to utilize the ACRTI Tool, including a "Before You Get Started" section that presents guidance on assessing organizational readiness and on laying the groundwork for engaging in this process. The second section is the Tool itself, which is comprised of seven focus areas. Each focus area represents a core domain for creating accessible, culturally responsive, and trauma-informed (ACRTI) services and organizations. Together, the focus areas offer an opportunity to take a comprehensive look at the organizational policies, practices, and infrastructural supports needed to implement and sustain ACRTI work. The third section, or Appendices, contain additional information and resources to support the use of the Tool, including NCDVTMH's Integrated Framework, which provides more detail on the core perspectives and principles that form the foundation of an ACRTI approach, a glossary of key terms and definitions, and additional links and resources.

After working through the "Before You Get Started" section, the focus areas can be completed in any order. There are worksheets at the end of the document (starting on page 60) that can be used to support reflection and planning. The focus areas are as follows:

- ❑ **Organizational Commitment and Infrastructure** — p 15
- ❑ **Staff Support and Supervision** — p 19
- ❑ **Physical, Sensory, and Relational Environment** — p 22
- ❑ **Intake Process** — p 27
- ❑ **Programs and Services** — p 31
- ❑ **Community Partnerships** — p 35
- ❑ **Feedback and Evaluation** — p 38

You will be invited to think about how to implement ACRTI principles in each focus area. You may find that you are already doing some of, or something similar to, what is suggested. You may find that some of the concepts are new to you. The ideas provided are not intended as a blueprint, but rather to be used as a starting place for conversation and reflection knowing that the work will unfold differently at each agency. You may find that you need additional resources such as specific ideas for creating emotional safety, training on social justice or Effective Supervisory Practice, or strategies for engaging your board as you are working through each focus area.

Additionally, you will find four appendices at the end of this Tool. They are as follows:

- ❑ **Appendix A: Glossary of Key Terms To Support Understanding for Accessible, Culturally Responsive, Trauma-Informed Work** — p 41
- ❑ **Appendix B: Creating Trauma-Informed Services and Organizations: An Integrated Approach** — p 51
- ❑ **Appendix C: Additional Resources for Your Process of Transformation** — p 56
- ❑ **Appendix D: Getting Concrete: Change in Real Time Worksheets to Support Organizational Change** — p 58

How to Use this Tool

This Reflection Tool is best used as part of a larger effort to build agency capacity to enhance ACRTI services for survivors. While we offer many suggestions and strategies, we encourage you to incorporate what you find useful, and add what you already know works for your organization and the communities it serves. We recognize that this may be a process that you have already started or you may be starting with this Tool. This Tool was designed with the understanding that agencies have different strengths and challenges, and that creating and sustaining an ACRTI organization is an ongoing process. Organizational change takes many shapes and forms and can happen in many different ways. It is important to start where you are!

Ideally, an organizational self-reflective process involves the entire agency, including individual staff members, agency leadership, board members, and volunteers. When leadership is committed to this process, it facilitates the ability to initiate and sustain change over time. It is vital to include people who have accessed or who are currently accessing your services as part of the change process team. As you begin this journey, take the time to consider the unique needs of your agency.

This process of reflection and change works best in a context in which staff members and other participants feel safe to learn, grow, and contribute. Design a process for approaching this work that makes room for many points of view. After deciding on a process, your agency can work through the discussions and decisions at your own pace. Take breaks as needed to seek additional input and resources, be responsive to the different needs and priorities of staff members across the organization, and reevaluate the process itself.

Before You Get Started

Before you begin, consider whether this is the right time for your agency to take this step and what you may need to have in place before starting the process. We have learned from organizations that this process works best when all staff members have a way to be involved, especially from the beginning. Engaging in a process of reflection and change can be transformative and generate excitement, growth, and commitment to the work. It can also be challenging, bringing up different kinds of responses for each person involved and surfacing underlying tensions or difficulties. Both sets of responses are a common part of organizational change work, and it is important to make space and time to navigate what comes up. We recommend beginning the process with thoughtful conversations about the following:

1. **Is your agency ready to begin a self-reflective process?**

   Hold an initial discussion or series of discussions on whether this is the right time to begin a reflective process at your agency. Consider these questions:

   a. What will it take to engage in this process, including time, resources, and commitments from administration, board, and staff members?

   b. Why is this work important to you? How have you arrived at the decision to undergo this process? Is this the right time? Do you have what you need to begin this process?

   c. Who needs to be involved, including people who are participating in or have participated in your services in the past? Is everyone ready to engage in the process? Who is missing from the conversation? Who is already committed to this work? Is the process itself inclusive, comprehensive, accessible, and representative of staff and program participants?

   d. What are the benefits of using this type of process? Will it allow the agency to examine its strengths while identifying opportunities to improve services?

   e. What challenges might come up during this process? Will staff time be diverted away from another project or from core work? Might staff feel overextended because of limited resources or funding? Will staff worry about giving critical or genuine feedback to leadership? Are there concerns about internal conflict?

   f. If your agency is not ready, what might be affecting readiness? What additional resources do you need to feel ready? Can you connect with other organizations that have undergone this type of process?

2. **What preparation is needed prior to beginning the process?**

   Once you decide this is the right time for this process, what might you need to make it work well? Consider these questions:

   a. How will you talk with everyone (staff, volunteers, board) about this process? Will you set aside time in staff meetings? Have individual conversations or facilitated discussions? Hire an outside consultant?

   b. How will you get initial information from staff about ideas, concerns, and perspectives? Will you use surveys? Discussions? One-on-one conversations?

   c. What readings or materials may be helpful to develop a shared understanding of ACRTI work?

   d. What training or technical assistance (in-person or digital) may be helpful to develop a shared understanding of ACRTI work? Do you need training on the impact of trauma on adults, children, and the parent-child relationship; on the intersections of culture, oppression, and trauma; on substance use, mental health, and disability?

   e. Are your agency's mission, vision, values, and approaches to the work rooted in social justice? If not, how can you develop a framework that is central to your work with survivors? Who can you ask to support this process in your networks and communities? Where do you need additional social justice support? Is a commitment to social justice evident in your work?

   f. Do staff members and leadership indicate a clear and committed willingness to treat all people with dignity and respect in relation to their identities, culture, ability, and range of experiences with violence?

3. **What process will you use for your organization's self-reflective work?**

   Once you begin, you might hold a discussion or series of discussions to determine what process you will use. Consider these questions:

   a. What are the goals for this process?

   b. Who will lead the process? Will you use a workgroup? Implementation team? Outside consultants?

   c. How will you involve staff in all aspects of the process?

   d. What kind of assistance or support is needed? Do you need an outside facilitator, some technical assistance, and/or more training? How can you best support each other?

e. How will you work to make the process safer and inclusive for everyone involved? What challenges might come up here? How will you respond? How will you determine whether a change or break from the process is needed?

f. How will you approach the ACRTI Tool itself? In what order will you complete the sections? Is there an area to focus on first, such as the area in which your agency is the strongest, the area you need most help, or the area that feels most urgent?

g. What logistical process will you use for working through this Tool? By sending questions to staff members and then meeting to share responses? Holding discussions at staff meetings? Having staff lead conversations? What communication mechanisms will you set up to track and share your progress and process as they proceed? Email or other productivity software?

h. How will you evaluate your progress and process in an ongoing way? Will you check in with your goals during regular meetings? Discuss how the process is affecting individuals or groups in your organization? Engage in a formal evaluation process?

Setting clear timelines for this process can be helpful in sustaining momentum. At the same time, it is important to allow for enough time for these initial discussions to unfold and to work through challenges, tensions, and opportunities. It may be helpful to document and share ideas and learning with all staff and service participants as a way to keep everyone informed, connected, and engaged in the process. Participants might have different perspectives about what needs to change based on their position within the organization. Acknowledge how power differentials affect the work and strive to create an egalitarian process in which everyone's contributions and perspectives are recognized and valued. As is true for any change process, transparent and ongoing communication is critical.

SECTION 2: THE ACRTI TOOL

Focus Area 1: Organizational Commitment and Infrastructure

Organizational commitment can be expressed through the agency's mission, vision, values, and core beliefs. Organizational commitment is critical to making change but not enough by itself. Organizations and boards also need to allocate the resources and develop the organizational infrastructure necessary to support an organizational change process and to ensure that accessible, culturally responsive, and trauma-informed changes can be implemented and sustained.

What are some of the ways your agency might demonstrate organizational commitment and infrastructure support for ACRTI work in its mission statement, values, written policies and procedures, hiring and staffing decisions, allocation of resources, staff supervision and training, and evaluation procedures?

With an Accessibility Lens: How does the agency demonstrate and enhance accessibility through its organizational commitment and infrastructure to ensure the inclusion of people with disabilities and Deaf individuals?

With a Cultural Lens: How does the agency express organizational commitment and infrastructure in ways that affirm and are inclusive of the many aspects of all staff, leadership, board members', and participants' identities, including identity related to race, class, age, disability, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system?

With a Trauma-Informed Lens: How do the agency's organizational commitment and infrastructure align with and facilitate the implementation of trauma-informed principles and practices?

Policies that Reflect Mission, Vision, and Values

- ❑ The agency's mission statement, policies, and procedures include a written commitment to providing accessible, culturally responsive, and trauma-informed services.
- ❑ The agency's mission statement, values, and procedures include a written commitment to serving people inclusive of a person's race, class, age, disability, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, involvement, immigration or documentation status, access to education, and history with the criminal justice system – and facilitates that inclusion with its policies, procedures, and practices.
- ❑ The agency's written policies reflect incorporation for the following:
  - ❍ A recognition of the pervasiveness of trauma in the lives of people participating in services, including historical trauma and structural violence, and a commitment to reducing retraumatization and to supporting healing, resilience, and well-being.
  - ❍ An understanding of the dynamics of domestic violence, sexual assault, stalking, and other forms of violence and abuse, including racism, transphobia, ableism, and xenophobia.
  - ❍ A commitment to providing services that are culturally responsive, inclusive, and LGBTQ2SIA (Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit, Intersex, Asexual) affirming.
  - ❍ Recognition of the importance of family, inclusive of how each person defines family, and a commitment to supporting survivors as individuals and as parents.
  - ❍ Clearly defined confidentiality policies.
  - ❍ A commitment to working to end abuse, violence, and oppression through community outreach, prevention, and local partnerships with others who have a similar mission.
  - ❍ A commitment to including survivors and people who have formerly participated in services as part of the board, staff, and other decision-making bodies of the organization.

Human Resources Policies and Practices

- ❑ The agency has clearly articulated and transparent policies that staff members are familiar with and can access at any time.
- ❑ The agency actively recruits, hires, and retains staff members who:
  - ❍ Reflect the diversity of the many communities being served.
  - ❍ Demonstrate a willingness to treat all people with respect and dignity, including in relation to people's experiences of disability, trauma, use of substances, and mental health challenges, as well as in relation to their cultural identities, expressions, and practices.
  - ❍ Are knowledgeable about and skilled at working with survivors of domestic violence, sexual assault, stalking, structural violence, and other kinds of trauma.
  - ❍ Have experience and interest in working with children and youth, as well as supporting survivors who are parents.

- Demonstrate a respectful, empathic, and collaborative approach to working with survivors and their children.
- Demonstrate a commitment to anti-oppression work and an awareness of power and privilege.

- ❑ The agency has a commitment to hiring staff members who have lived experience of domestic and sexual violence, who have lived experience with substance use, who have complex mental health histories, and who have disabilities.
- ❑ The agency has a commitment to hiring staff with a wide range of racial, cultural, ethnic, and gender identities.
- ❑ The agency has clear expectations and policies regarding Effective Supervision that are strengths-based and grounded in ACRTI values.
- ❑ The agency has a grievance policy that staff understand and are encouraged to access.
- ❑ The agency allocates the time and resources needed for professional growth and development of all staff.
- ❑ The agency's policies attend to the impact of secondary trauma through reflective supervision and activities that support well-being, connection, and work-life balance.
- ❑ The agency has policies that supports staff, volunteers, and board members who are currently experiencing abuse in their relationships and actively works to create an organizational culture in which individuals know they can seek support when it is needed.

Finances and Resource Allocation

- ❑ The agency allocates sufficient resources to support ACRTI practice by prioritizing reasonable staff workloads, regular Effective Supervision, and benefits that include vacation time, paid parental leave, and sick time, as well as health insurance with good mental health, substance use, vision, dental, and wellness coverage.
- ❑ Money is budgeted for staff and volunteers to attend regular trainings, and be compensated for their time. Volunteers or relief staff cover shifts so that all staff can participate in training and other learning opportunities.
- ❑ The agency engages in intentional, additional fundraising to support ACRTI work including attention to the costs involved in retrofitting the agency to be more accessible, incorporation of culturally appropriate food options above and beyond those that are already offered, and attention to quiet and private spaces for survivors, families, and staff.

Training Policies and Practices

- ❑ The agency provides training and education that supports staff and volunteers in developing the knowledge and skills to work sensitively and empathically with survivors and each other in accessible, culturally responsive, trauma-informed ways.
- ❑ Training and education take place both during new staff orientation and during ongoing in-service trainings. Trainings are rooted in social justice frameworks, such as racial justice, disability justice,

reproductive justice, environmental justice, and/or housing justice that allow staff to learn about power, privilege, and solidarity.

- ❑ Ongoing training is made available to staff to help them support survivors in more holistic ways. Examples of training topics can include: talking with survivors about the effects of trauma and what is helpful to them; supporting survivors experiencing mental health crisis including trauma-informed responses to emotional distress; supporting survivors who are actively using substances, including being trained in overdose prevention and in knowing how to talk to survivors about naloxone; talking with survivors about the effects of trauma on children and supporting them as parents; supporting survivors and their families as they define them; and training on healing and wellness practices with particular attention to supporting survivors as whole and multi-dimensional human beings.
- ❑ Staff receive regular Effective Supervision that builds on knowledge gained during trainings, supports the development of the skills needed to provide ACRTI services, and strengthens agency capacity to implement ACRTI practices.
- ❑ All training that is provided to staff is accessible, culturally responsive, and trauma-informed; offered in the languages used by staff and at many literacy levels; and in varying formats to accommodate diverse learning, visual, hearing, memory, or other sensory experiences.

Policies and Practices That Support Program Participants

- ❑ The agency's policies are in alignment with the Americans With Disabilities Act, the Fair Housing Act, the Civil Rights Act, and other Federal accessibility regulations including the 2016 final rule of the Family Violence Prevention and Services Act (FVPSA), 42 U.S.C. 10404(a)(4).
- ❑ The agency has policies to ensure that survivors who use substances and who have complex mental health needs are guaranteed access to services.
- ❑ The agency has policies regarding the safe storage of medication that ensures survivors have access to their medication at any time via the use of individual lockers, lockboxes, or refrigerated storage.
- ❑ The agency has policies that support survivors as parents, that recognize the needs of both parents and children, and that create both private and communal spaces for interaction, bonding, and play between parents and children.
- ❑ The agency has worked to minimize the number of rules participants are expected to follow. Any existing rules are transparent and non-punitive, and recognize survivors' dignity, autonomy, and ability to make decisions for themselves.
- ❑ The agency's program policies reflect a commitment to incorporating a survivor-defined and collaborative approach into its intake processes, programs, and services.

Pause and Reflect

- ❑ How does leadership actively demonstrate commitment to these principles and to becoming an ACRTI organization?
- ❑ Are you ready and able to provide internal training to your staff on how to become ACRTI? Who can you ask for support if you need help?
- ❑ What kinds of training do you provide already? What additional training can you add to help achieve your goals?
- ❑ Given where you are, what can be done to make real improvements, taking into account any obstacles?
- ❑ Are there any untapped resources that could support your efforts? Who have you asked?
- ❑ What do people participating in services have to say about these questions? What do staff members say?

Focus Area 2: Staff Support and Supervision

Investing in staff and their development is a critical part of creating an accessible, culturally responsive, and trauma-informed (ACRTI) organization. This investment involves creating an organizational culture that honors strength and resilience; attends to disparities related to power, privilege, and oppression; and respects and values staff and their work. It also means recognizing and attending to the impact of trauma on staff and organizations, including the impact of secondary trauma and ongoing oppression. An ACRTI organization provides the support staff need to be present, open, and connected in their interactions with survivors who have many cultural and ethnic identities, and many types of abilities in respectful and collaborative ways. To these ends, Effective Supervision, training, and human resources policies are designed to support staff in building and applying the skills important for their work; in developing and deepening their self-awareness and growth; and in providing flexibility to engage in activities that sustain their well-being and connection to their work.

Effective Supervision involves a thoughtful balance of education, administration, support, and leadership skills needed to guide staff in their work. Ingredients of Effective Supervision include attending to the values and ethics inherent to ACRTI work and creating an organizational climate that conveys these values. Effective Supervisory Practice also includes a strength-based and problem-solving orientation, clear expectations and accountability, giving and receiving feedback, supervisory modeling, an intentional process for staff skill development, and reflective practice (Cave & Johnan, 2014). Together, these components can support staff to feel connected and successful in their work, provide resources to support staff in challenging situations, and cultivate self-awareness and self-care.

What kinds of ongoing training and education are provided to all staff? How does the agency provide supervision within all levels of the organization? In what ways do staff members feel respected and valued? Does the organization provide opportunities for staff to support each other through peer-to-peer or group supervision? Do policies and procedures formalize and ensure support for all staff?

With an Accessibility Lens: How does the agency demonstrate and enhance accessibility inclusive of people with disabilities and Deaf individuals through supervision and staff support?

With a Cultural Lens: How does the agency provide staff support in ways that affirm and are inclusive of the many aspects of all staff, leadership, and board members' identities, including identity related to race, class, age, disability, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system?

With a Trauma-Informed Lens: How do the agency's policies and procedures regarding staff support align with and facilitate the implementation of trauma-informed principles and practices?

Policies and Procedures

- ❑ The agency has policies on the provision of Effective Supervision.
- ❑ The agency has policies that reflect its commitment to staff health and well-being. Policies take into account the ongoing impact of our work, including secondary trauma and oppression. The agency has an active culture of supporting and promoting self- and collective care.
- ❑ The agency has policies that delineate an ACRTI approach to addressing performance evaluations, staff development, and grievances.
- ❑ There are policies in place that ensure reasonable workloads and hours, as well as excellent benefits such as: coverage for mental health and substance abuse treatment; culturally specific and/or complementary alternative healing and well-being modalities; paid parental leave and

childcare; ample, paid personal/vacation time and sick time; and family-sustaining wages. Leadership actively model the use of these policies and express a commitment to make accommodations for all staff.

- ❑ The organization consistently builds in opportunities (in staff meetings, at organizational retreats, and in supervision) for staff, leadership, and board members to reflect on and address any biases they hold that might impact their work with survivors or with each other.

Supervision and Practice

- ❑ The organization trains supervisors and staff on Effective Supervision. The organization also provides ongoing support about supervision to staff.
- ❑ Supervision is consistent and reliable and conveys the agency's mission, vision, values, ethics, and organizational culture.
- ❑ Supervisors are attentive to power dynamics, microaggressions, and the ways that corrective feedback is offered so that it does not feel punitive.
- ❑ A process is in place to provide staff with an opportunity in supervision to reflect on their work, interactions they are having, and their own responses to the work.
- ❑ Supervision provides space for multi-directional feedback, setting of clear expectations, and a process for follow through and accountability in response to feedback. Feedback is offered with consent, in a mindful way, and uses a process that is clear to everyone.
- ❑ Staff members and supervisors have resources and strategies to respond to secondary trauma and help minimize the impact of the work, including techniques for increasing self-awareness, self-care strategies, and peer-to-peer support.
- ❑ Staff members and supervisors work to create an environment that responds to and lessens the impact of burnout. Supervisors make space for staff to discuss challenges, distress, and burnout openly.
- ❑ Staff members are supported in addressing their own responses to domestic violence, sexual assault, and stalking, including when their own experiences of trauma come up while doing their work.
- ❑ The organization makes time and space for the regular recognition of successes, strengths, and positive things people have done at meetings, check-ins, supervision, and organizational retreats.
- ❑ The organization makes opportunities for staff to participate in activities that allow for connection, fun, and creative expression.
- ❑ Work expectations are transparently articulated through job descriptions, modeling, coaching, and planning.
- ❑ The organization makes space for, acknowledges, and supports staff members as survivors themselves.
- ❑ Staff members know who they can access if a survivor shares something that leads them to need immediate support. They are fully supported to explore and understand secondary trauma as it affects them and their work.

- ❑ Staff members know who to go to for support if the issues a survivor is facing are beyond their experience and expertise. Asking for help is welcome and viewed as a learning opportunity.
- ❑ Staff members are supported in their ongoing professional growth and development to increase their skills, competence, and confidence.
- ❑ The agency has a culture in which utilizing support for health, mental health, and well-being is encouraged and valued.
- ❑ The agency ensures that all staff members have access or referrals to affordable, sliding scale, or free counseling services.
- ❑ Staff are nurtured, supported, and given the resources they need to engage in ACRTI work.

Pause and Reflect

- ❑ In what ways does your agency support staff members? What can be done to better support supervisors and staff members?
- ❑ What existing supervisory structures are in place? What do you need to actualize additional supervision goals?
- ❑ What kinds of resources or training are needed? What are some initial actions you can take?
- ❑ What do staff members say about existing supervision goals and structure?

Focus Area 3: Physical, Sensory, and Relational Environments

In an accessible, culturally responsive, and trauma-informed (ACRTI) organization, the physical, sensory, and relational environments are welcoming, inclusive, and fully accessible; minimize the potential for retraumatization; and create an atmosphere that is nurturing, supportive, and healing. There are a number of aspects to consider in creating ACRTI environments. First is making sure that your agency's physical and sensory environments are fully accessible to people with a range of physical, sensory, and cognitive abilities and disabilities, including chronic health conditions, chronic

pain, and chemical sensitivities. Examples include attention to furniture placement, door widths, and access to exits; to the height of counter, sink, and elevator buttons; thoughtfulness about ambient lighting and background noise; and policies regarding the use of fragrances and scented products in communal areas. Second, your agency's physical and sensory environments reflect a cultural connection to the people and communities it serves. Examples include obtaining input from participants and community members on the agency's artwork, décor, and written materials; culturally specific food options; and on creating spaces people can utilize in culturally meaningful ways. A third aspect involves attending to how being in the environment makes peoples feel. This means designing environments that are responsive to the range of needs people have, including their needs for engagement and connection, as well as for privacy, quiet, and time alone. The agency builds in enough flexibility in the physical and sensory environments so people can choose what works best for them.

Because the quality of our interactions is so central to an ACRTI approach, we use the term "relational environment" to refer to how people treat each other and how it feels to participate in services, as well as what the work environment feels like to staff. An ACRTI relational environment can be characterized by many things including respect, kindness, care, compassion, integrity, and transparency. In this context, transparency means that we are clear and open about our processes, intentions, plans, options, boundaries, and limitations. Transparency ensures that people have the information they need to decide if and how they want to participate in services. In an ACRTI agency, people feel that who they are as individuals and as members of their communities, along with their unique needs and experiences, are valued, acknowledged, and cared about by others.

With an Accessibility Lens: How does the agency demonstrate and enhance accessibility of the physical, sensory, and relational environments, inclusive of people with disabilities and Deaf individuals? Additionally, how does the agency demonstrate attention to the relational environment through a commitment to attitudinal accessibility among all staff?

With a Cultural Lens: How does the agency create physical, sensory, and relational environments that affirm and are inclusive of the many aspects of all staff, leadership, board members', and participants' identities, including identity related to race, class, age, disability, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system?

With a Trauma-Informed Lens: How do the agency's physical, sensory, and relational environments align with and facilitate implementation of trauma-informed principles and practices?

Indicators of Accessibility in Practice:

- ❑ The agency's physical, sensory, and relational environments are accessible for people with disabilities and Deaf individuals.
- ❑ The agency integrates principles of Universal Design in all physical, sensory, and relational environments. See the glossary for a definition of Universal Design.
- ❑ All doors open easily or have buttons to open them automatically.
- ❑ The agency makes room for a wide range of expressions of distress. People are not punished or excluded for expressing themselves in ways that might make people uncomfortable.
- ❑ The agency is attentive to, works to assess, and minimizes the barriers in its environments. The entrance into the building is physically accessible. Staff exhibit attitudinal accessibility and pay attention to how their communication style might affect accessibility. Written materials and information take into account a spectrum of sensory and learning styles.
- ❑ The agency is accessible to people of all ages, including children, youth, and older adults.
- ❑ The agency provides safe and accessible storage for participants' medications.
- ❑ Safety of children is not leveraged to exclude participants who engage in substance use or who use stigmatized medications such as opioids or benzodiazepines.
- ❑ Shared bathrooms are physically accessible and gender neutral.
- ❑ The agency is mindful of chemical sensitivities and avoids the use of scented products and cleansers. Staff and participants are able to access scent-free spaces.
- ❑ Substance use is understood both as an adaptive and understandable coping strategy, and as a widespread human behavior.
- ❑ Information and opportunities for learning are available in a number of accessible ways, such as through talking, watching videos, activities, and movement.

Indicators of Cultural Responsiveness in Practice:

- ❑ The agency is welcoming and accessible to all people. The space is warm and inviting, and people are received with kindness upon arrival.
- ❑ The agency's materials, décor, reading material, and other sensory and physical aspects of the environment reflect the diversity of the people being served, including people representing a range of ages, genders, sexualities, races, abilities, and other important identity based markers. Participants are able to recognize themselves reflected in the materials used by the agency.
- ❑ Staff members demonstrate both understanding of and respect for survivors' experiences, including diverse ways of coping and healing. The strengths and traditions that people draw on for support and for framing their experiences are honored and valued.

- ❑ Staff members are able to recognize their own cultural communication practices and tendencies that impact the relational environment such as wanting people to make eye contact or speak up, sitting close to someone when talking, the tone people use or expect, and expectations of reciprocity. Staff are willing and able to communicate respect across difference.
- ❑ Staff members demonstrate an understanding of and respect for the impact of interpersonal and structural violence on the experience of accessing services. This includes offering compassion and patience for the time it may take for survivors to develop trust for staff members.
- ❑ In providing culturally responsive services, does the agency incorporate the following practices?
    - ❍ Survivors have access to foods specific to their culture, religious beliefs, and spiritual practices.
    - ❍ Agency provides information on culturally relevant community resources for support, referrals, and assistance, including for LGBTQ2SIA (Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit, Intersex, Asexual) survivors.
    - ❍ Services are available in the primary language of survivors.
    - ❍ Written material and other information about the program is available in different languages based on participant needs.
    - ❍ Staff members recognize and attend to unique experiences of culturally specific trauma such as genocide, historical and generational trauma, or the targeting of immigrants and refugees. Staff listen with openness and curiosity about the range of ways survivors understand and describe their experiences.
    - ❍ The agency incorporates understandings of the cultural values and practices of survivors into services, practices, and program evaluation.
    - ❍ The agency actively solicits feedback about whether the agency is perceived as culturally accessible and welcoming to people who have a wide range of cultural and ethnic identities. The agency takes this process seriously and uses feedback to improve cultural accessibility.

Indicators of Trauma-Informed Practice:

- ❑ Consideration is given to the impact of the physical and sensory environment on both people participating in services and staff members. Needs related to noise, chaos, and privacy are addressed. Emotional and physical safety are taken seriously for each individual with consideration for access to outdoor spaces, types of lighting available, and the number of visible exits. The space is experienced as flexible, healing, and nurturing.
- ❑ Staff members have skills, training, and investment to provide information about trauma and its impact in an empowering and thoughtful way, including asking people what is helpful to them when they are in distress. Staff members demonstrate a commitment to collaboratively partnering with people accessing services and are comfortable responding to people expressing distress in a variety of ways.
- ❑ The agency is attentive to the impact of the relational environment on both people accessing services and on staff members. Consideration is given to emotional safety with regard to respect,

trust, choice, and transparency. Staff support participants in using conflict resolution strategies to address disagreement and repair relational harm. Survivors are given plenty of time and space to share their experiences with staff.

- ❑ Staff members attend to aspects of the physical and sensory environment that may be retraumatizing to people participating in services such as a lack of privacy in bedrooms or bathrooms; lack of choice regarding quiet and communal space; lack of control over their possessions or medications; inability to move freely in the space; and locked doors or an inability to go outside.
- ❑ Staff members work with survivors to develop strategies to deal with any retraumatizing aspects of the agency's relational environment, such as: rigid shelter rules, lack of privacy, lack of autonomy, having to listen to other people's experiences, noise or silence, lack of choice, inability to use substances or medications, and inability to bring pets to shelter.
- ❑ Rules are few, flexible, non-punitive, and seen more as guidelines. The agency understands that rules might feel arbitrary and can be retraumatizing. The agency cares about and actively solicits feedback from survivors about rules. Participant rights are valued, centered, documented, and made available to all participants.
- ❑ The agency provides physical spaces that make it possible for people to care for themselves and their children. This may include a quiet, soothing place; free access to a computer; youth-centered spaces; a space for art, music, or movement; outdoor space; communal spaces to be with others; and private spaces. Staff members encourage and support people to use these spaces set side for attending to themselves.
- ❑ Staff members are trained on trauma-informed approaches to crisis prevention and intervention, and in responding when people are experiencing emotional distress.
- ❑ The agency has materials on domestic violence, sexual assault, stalking, and trauma that are not graphically explicit.

Pause and Reflect

- ❑ What are the physical, sensory, and relational environments like at your agency? What do you need to learn in order to do a thorough assessment of your space?
- ❑ What does your agency do well to make sure that the space is welcoming, inclusive, and accessible to people of all ages and abilities, including those participating in services and individuals working in the agency? What can you do better?
- ❑ In what ways do you actively work to destigmatize commonly stigmatized experiences like substance use, mental health, and disability?
- ❑ What does your agency do well to recognize and reduce elements of your environment that might be retraumatizing? What can you do better?

Pause and Reflect

- ❑ How do you encourage transparency to enhance and cultivate emotional safety and trust?
- ❑ In what ways does the space make people feel hopeful, safe, and supported?
- ❑ Who can access your services easily? What are the barriers? What can be improved?
- ❑ What are some initial actions that you can take to move toward your goals to enhance the physical, sensory, and relational environments? What supports and resources does the agency need to implement those first actions?

Focus Area 4: Intake Process

Often, the first contact we have with people is during the intake process. In an accessible, culturally responsive, and trauma-informed (ACRTI) organization, the intake process is designed to welcome survivors into the program; to offer empathy, kindness, respite, and care; and to create opportunities for survivors to express the needs, priorities, concerns, and goals they have for themselves and for their children. Ideally, intake procedures should provide a sense of physical and emotional safety; acknowledge survivors' resilience and strengths; offer connection and hope; and convey a genuinely collaborative, survivor-defined approach. Intake procedures are flexible, transparent, and meet people where they are, balancing the length and timing of the intake process with survivors' preferences and needs.

Are questions asked in accessible, culturally responsive, and trauma-informed ways? Does intake and service planning reflect an understanding that trust develops over time and that experiencing interpersonal trauma can affect a person's ability to trust others, their thought processes, or ability to thoughtfully plan for what they need from services? Do we ask survivors about their children, including

how they are doing, any worries they might have about their children, and any urgent concerns? Are our intake processes screening people out or inviting people in? Does our intake process actively exclude people? Does our intake process recognize the importance of meeting people where they are? What information do we need to maximize our ability to help people and to support their stay in our program?

With an Accessibility Lens: How does the agency's intake process demonstrate and enhance accessibility, inclusive of people with disabilities and Deaf individuals, people with complex mental health concerns, people in recovery, or people who actively use substances?

With a Cultural Lens: How does the agency create intake policies and procedures that are affirming and are inclusive of the many aspects of all staff, leadership, board members', and participants' identities, including identity related to race, class, age, disability, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system?

With a Trauma-Informed Lens: How do the agency's intake policies, processes, and procedures reflect alignment with, and facilitate implementation of trauma-informed principles and practices?

Indicators of Accessibility in Practice:

- ❑ Staff members are trained to complete intake in a number of formats, including through an interpreter, by offering TTY, video relay, or other phone options, in plain language, and across multiple sessions.
- ❑ Staff members are trained in providing services that are in compliance with federal laws and regulations such as the Americans with Disabilities Act, Fair Housing Act, confidentiality regulations, language access, and other federal anti-discrimination laws and regulations.
- ❑ Staff members make every effort to create accessible intake processes for people with disabilities and Deaf individuals. The agency offers pamphlets and handouts with design elements such as colors and shapes that are attentive to sensory disabilities. Pamphlets and materials are offered in multiple, accessible font sizes.
- ❑ The agency's intake process does not screen people out due to disability, health or mental health status, medication use, gender identity, sexuality, or use of substances. Active substance use does not exclude people from accessing services.
- ❑ Staff members are willing to read through questions with participants and take as much time as they need to complete intake. People are not turned away if they are unable or unwilling to complete intake in a short period of time.
- ❑ Staff members create intentional space during intake for participants to share what they think would be particularly helpful for staff to understand so they can get the most out of programs and services.

- ❑ The intake process allows participants to disclose (or not) any relevant experience with disability on their own terms – whether visible or invisible. Staff members do not make assumptions about participant's abilities. People's privacy around disclosure is respected above and beyond the requirements made by federal laws and regulations.
- ❑ Information is provided to all incoming participants about the program's commitment to making accommodations for anyone who is accessing services. Staff members display attitudinal accessibility by being warm, welcoming, nonjudgmental, and genuinely interested in being supportive.
- ❑ Staff members offer support around medication storage and use if participants are interested. Efforts are made to destigmatize the use of medications.
- ❑ Staff members are open to the myriad ways people express emotional distress and engage participants with curiosity about how they can support survivors when they are in distress – particularly during intake. People are treated with compassion and an understanding about the ways trauma can impact communication. Staff members are willing to adapt their communication strategies according to the context, situation, or needs of the participant in the moment rather than their perception of how a person "should" be communicating.
- ❑ Staff members are able to provide information about the kinds of resources and accommodations that are available for survivors who are experiencing any mental health or substance use challenges within and outside the agency.
- ❑ Staff are supported, trained, and given opportunities in supervision to reflect on navigating challenging interactions during intake. Staff members build skills around sustaining empathy, compassion, comfort, and connection with survivors who are in distress.

Indicators of Cultural Responsiveness in Practice:

- ❑ Staff members are trained to ask questions in ways that reflect an openness and interest in learning about what is important to people about their experiences, culture, and identities.
- ❑ Optional questions about individual cultural, ethnic, racial, gender identity, sexual orientation, and primary language are included in intake and service planning. People participating in services are free to decide whether and how they want to respond. People are not excluded on the basis of previous or ongoing substance use or abuse.
- ❑ Intake structure and questions asked take into account the role of culture, religion, and spirituality in participants' lives. The agency creates opportunities for staff and people using services to express their beliefs, values, and feedback about what is helpful.
- ❑ People participating in services are not automatically assigned to staff members from their own cultural, ethnic, racial group – unless requested. Staff members reflect the wide variety of identities held by participants. Participants are able to exercise choice and consent in determining whether or not working with someone from a shared identity group would be helpful for them.
- ❑ Assumptions are not made about people's cultural, religious, or spiritual beliefs or practices. People are given time and space to disclose whatever makes sense for them without judgment or pressure. Staff understand and support that people might choose not to disclose any of this for a myriad of reasons.

Indicators of Trauma-Informed Practice:

- ❑ During intake staff create opportunities for survivors to discuss how they have been impacted by trauma, as well as how that might affect their experiences of services, including:
  - ❍ Staff make space for survivors to share their stories during intake but do not pressure or expect people to disclose if they are not comfortable.
  - ❍ Survivors are asked about their experiences of mental health and substance use coercion.
  - ❍ Staff provide information about how trauma and abuse affect survivors' or their children's mental health and physical health; substance use and access to recovery services and mental health treatment; and coping strategies and supports, including what helps when they or their children are feeling stressed or distressed.
- ❑ Staff members are trained and expected to talk with survivors about the kinds of things that might be challenging or cause stress in a shelter environment, such as: communal living, navigating the legal system, documentation, feeling isolated from their community and being around people who might not share important aspects of their identity, not having their pets with them, trying to stay sober or maintain recovery, parenting under scrutiny, struggling with limited financial resources, and experiencing discrimination from staff or other survivors in shelter around ableism, homophobia, transphobia, racism, xenophobia, and other forms of oppression.
- ❑ The agency works to create flexibility in its intake process that center survivors' needs, including timing and number of questions asked, space and location of intake, and a commitment to explain what questions are asked and why.
- ❑ Staff members are willing and able to engage survivors about what would be helpful regarding their parenting. Assumptions are not made that all survivors need or want parenting help.
- ❑ Before survivors disclose anything, staff members understand and are able to share the extent and limits of confidentiality and mandatory reporting requirements within the program. This includes the kinds of records that are kept, who has access to this information, and confidentiality of information disclosed by children and youth working with advocates. If computers or phone systems are provided, specifics about privacy and electronic safety measures are disclosed to all participants.
- ❑ Staff members are able to nonjudgmentally respond to people engaging in substance use (and can compassionately respond if someone is high or if they find out someone is using), to people who are in recovery, and to people taking methadone, suboxone, or utilizing other harm reduction strategies.

Pause and Reflect

- ❑ What is your agency doing well? How do you know?
- ❑ In what ways do you create a welcoming environment when people first arrive?

Pause and Reflect

- ❑ How might people participating in services experience the intake process?
- ❑ What changes might you make to intake (e.g., to the setting, length, wording, questions) in order to make this process more ACRTI? What are the initial actions?
- ❑ Who does the intake process invite in? Who does it exclude? What are the barriers in your intake process and what do you need to do to make intake more accessible?

Focus Area 5: Programs and Services

In an accessible, culturally responsive, and trauma-informed (ACRTI) organization, attention is paid not only to what services are offered but also to how services are offered. This includes formal policies and all practices. Programs and services are designed to meet survivors where they are, take into account the range of ways that survivors may have been affected by trauma, recognize strengths and resources, and provide choice and flexibility.

In what ways are the agency's programs and services accessible, culturally responsive, and trauma informed? Are programs and services flexible and designed to meet survivors where they are? Do they provide opportunities for choice and reflect respect for the needs and decisions of survivors? Do they account for the ways that trauma may impact a survivor's experiences of programs and services and ability to participate in activities? Do they recognize survivors' sources of strength and support? In what ways do they demonstrate that everyone is valued? How do they honor all manifestations of resilience?

With an Accessibility Lens: How do the agency's programs and services demonstrate and enhance accessibility, inclusive of people with disabilities and Deaf individuals?

With a Cultural Lens: How does the agency create and implement programs and services in ways that affirm and are inclusive of the many aspects of all staff, leadership, board members', and participants' identities, including identity related to race, class, age, disability, language, sexual

orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system?

With a Trauma-Informed Lens: How do the agency's programs and services align with and facilitate implementation of trauma-informed principles and practices?

Indicators of Accessibility in Practice:

- ❑ Staff members feel comfortable and have been trained in working with survivors who are neurodivergent, people who are Deaf or hard of hearing, who have cognitive disabilities, and who are experiencing challenges related to their trauma, substance use, and/or mental health.
- ❑ Programming is offered in a variety of ways that are tailored to many learning styles including visual, kinesthetic, verbal, logical, physical, oral, solitary, social, spatial, and other relevant learning styles for participants.
- ❑ Activities are designed with all people in mind. No one is excluded from participating in activities based on their mobility or sensory abilities. When it is discovered that an activity is exclusionary, efforts are made to correct the problem immediately.
- ❑ Programs and services are regularly reviewed, with feedback from individuals and participants who are Deaf or disabled, and changes are made to reduce barriers to access.
- ❑ Programs and services are designed to ensure that participants and potential participants have affordable and accessible transportation options when traveling to and from the organization. Programs offer transportation assistance whenever possible.
- ❑ Decisions about accessibility are made with the intention of integrating everyone in the environment in equal ways, including residential sleeping areas, communal spaces, and programming. All primary entrances are accessible to everyone; participants who use mobility aids are not expected to use service elevators or come in through a back entrance. Communication and sensory needs are fully supported by staff.
- ❑ The agency is responsive to people with varying degrees of literacy and is also sensitive to providing services that account for memory challenges and diverse cognitive abilities.
- ❑ Individual privacy needs are taken seriously and all efforts are made to accommodate participants.
- ❑ Programs directly challenge ableism by intentionally developing and enhancing services over time to decrease the need for accommodations.
- ❑ Programs and services integrate an understanding of how disability and Deafness impact and inform experiences of violence, the meaning people make of their experiences, and what is necessary to heal from trauma.
- ❑ All outreach and education efforts are inclusive of disabled people and people and who are Deaf.
- ❑ Ability is not a prerequisite for participating. Disability is not conceptualized as a barrier to success.

Indicators of Cultural Responsiveness in Practice:

- ❑ The agency's programs and services reflect a commitment to providing culturally responsive services for a wide variety of communities.
- ❑ The agency serves people inclusive and affirming of race, class, age, disability, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system, among other important identities.
- ❑ Staff members understand participants' identities through disclosure rather than by assumptions.
- ❑ Services are available in the first languages of the majority of people served, and use of the language line is a last resort. The agency and its staff identify opportunities to go above and beyond legal mandates for language access to effectively connect with and support survivors.
- ❑ The agency has policies and procedures for providing services for people whose first language is less common than the majority of survivors served.
- ❑ The services and supports offered are culturally sensitive and relevant for communities being served. Culturally specific programming is also available, including celebrating national holidays and events such as Black history month or Pride month.
- ❑ The agency offers identity specific support groups connected to language, gender, and sexuality.
- ❑ Participants' agency and choice over their own bodies, outward presentation, and clothing are respected at all times. Programs understand that body shaming and imposing dress codes or expectations for survivors that call for conformity or "professionalism" replicate abusive dynamics.

Indicators of Trauma-Informed Practice:

- ❑ Staff members understand what it means to work with survivors in truly collaborative and non-hierarchical ways.
- ❑ Staff members offer information about the wide range of trauma responses that people may experience. Staff talk with survivors about what would be helpful to them when they are distressed. Staff offer to work with survivors on developing strategies for anticipating and managing their trauma responses.
- ❑ Staff members talk with survivors about coercion related to mental health and substance use and incorporate strategies for addressing mental health and substance use coercion into their advocacy and safety planning.
- ❑ Staff members respond knowledgeably and empathically when a person talks about experiences of current or previous abuse, and are able to listen and offer support in a setting and structure that the survivor chooses, to the extent possible.
- ❑ When survivors choose to discuss past trauma, staff are able to respond empathically to feelings related to fear, shame, and stigma, and to offer perspective that supports survivors' awareness and understanding of trauma and coercion.

- ❑ Staff members are able to support parents in understanding the impact of domestic violence and other trauma on their children and can offer age-appropriate ways to support children's healing and resilience.
- ❑ Staff members support survivors to identify and safety plan around trauma reminders that may cause them to disconnect, or to feel frightened, overwhelmed, or off balance.
- ❑ Staff members offer support to survivors in exploring ways to create physical and emotional safety through identifying people in the survivor's life who support their physical and emotional safety; in developing clarity about personal space and boundaries; in being able to voice needs, concerns, and opinions; and in exploring how needs vary in different contexts.
- ❑ Staff members are transparent about expectations, policies, procedures, rules, and activities that might affect survivors' ability to access services. Staff members are mindful about flexibility, timing, and pacing of programming, especially if someone is feeling overwhelmed, afraid, or distressed.
- ❑ Staff members support survivors' choices and agency with regard to participation and service planning, while acknowledging that this may be overwhelming or unfamiliar for some survivors of trauma.
- ❑ Specific programming exists for parents, children, and youth.
- ❑ Specific programming exists for survivors in recovery from substance abuse.
- ❑ Specific programming exists that supports healing from trauma.
- ❑ A range of on- or offsite programming and services are offered that support healing, well-being, and recovery via gender- and culture-affirming health and mental health services, support groups, 12-step or 16-step programs, harm reduction strategies, mind-body practices, community activities, dual recovery groups, medication assisted treatment, and medication support.
- ❑ Staff members support survivors' engagement in their own personal, cultural, and spiritual healing practices and intentionally create opportunities for their respective practices. If someone cannot burn anything indoors, space is offered in alternative area; if sensory needs of multiple participants come into conflict, spaces are created to fulfill the various needs of all participants to facilitate healing; there are private, flexible, non-denominational spaces for religious engagement, spiritual practice, and prayer.

Pause and Reflect

- ❑ In what ways are your agency's programs and services already accessible, culturally relevant, and trauma-informed?
- ❑ In what ways does your agency address the intersection of mental health, substance use, domestic violence, sexual assault, and other trauma, inclusive of the effects of mental health and substance use coercion?
- ❑ In what ways does your program actively support the healing, resilience and well-being of survivors, youth, and children? What programs and services

Pause and Reflect

are you already offering? What else do you need?

- ❑ Who can access your services easily? What are the barriers to access?
- ❑ What can be improved? What are some initial actions you can take to improve?
- ❑ What resources do you already have that will support your efforts?
- ❑ What else do you need? Who can be helpful?

Focus Area 6: Community Partnerships

Cross-sector community partnerships create a more robust safety net for survivors, allowing them to connect with the services and supports they want and need. Ideally, domestic and sexual violence programs work to build partnerships with culturally specific organizations, trauma therapists, peer support services, and local health care, mental health, and substance abuse treatment providers. These collaborations can also provide opportunities for domestic and sexual violence programs and coalitions to play a critical role in influencing the development of ACRTI services and policies across their communities and states.

How does the agency create partnerships with organizations that also reflect accessible, culturally responsive, and trauma-informed (ACRTI) principles and knowledge? How does the agency work with other systems in ways that improve services for survivors and their children? How does the agency cultivate community partnerships to ensure survivors have access to the range of services they might need?

With an Accessibility Lens: How do the agency's community partnerships demonstrate and enhance accessibility, inclusive of people with disabilities and Deaf individuals?

With a Cultural Lens: How do the agency's community partnerships honor the many aspects of all

staff, leadership, board members', and participants' identities, including identity related to race, class, age, disability, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system?

With a Trauma-Informed Lens: How do the agency's community partnerships align with and facilitate implementation of trauma-informed principles and practices?

Policies and Agreements

- ❑ The agency has written policies or agreements, such as MOUs or linkage agreements, that support people in accessing resources in other organizations.
- ❑ Community partnerships are developed with shared mission, vision, and values in mind. Partnerships are based on ACRTI principles.
- ❑ The agency seeks to form relationships with and refer to community partners that incorporate an understanding of domestic and sexual violence; provide accessible, culturally responsive, and trauma-informed services; offer trauma-specific treatment interventions, including trauma-specific mental health and substance abuse services for adults, children, and youth; and provide gender-affirming services. If these resources are not readily available in your community, consider working with partners to develop them.
- ❑ The agency seeks to form relationships and refer to agencies that provide affordable or sliding-scale treatment options; actively work with Medicaid, Medicare, child and family assistance services, and other supportive social services and benefits programs; and that are attentive to the specific transportation realities of participants.
- ❑ The agency has mechanisms to talk with survivors about following up with them if they have been referred to another agency.
- ❑ The agency has a commitment to obtaining community-based feedback from people living and working in the area.
- ❑ The agency creates intentional community partnerships with organizations that provide resources a person might need after leaving a domestic or sexual violence agency, such as housing, job training, employment opportunities, transportation, child care, health care, and other resources that are integral to survival.

Training and Practice

- ❑ The agency regularly engages in cross-training, cross-consultation, and cross-referrals with community partners about domestic and sexual violence, substance use, mental health, and an ACRTI approach.
- ❑ Staff members are knowledgeable about the services available through other agencies in the

community, including:

- Culturally specific and culturally relevant services, including LGBTQ2SIA (Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit, Intersex, Asexual) specific resources.
- Options for mindfulness-based healing practices (yoga, tai chi, relaxation and grounding techniques, other mind-body techniques, traditional healing modalities).
- Community mental health and substance use services, including access to support groups, Medication Assisted Treatment, detox, and residential services.
- Trauma-Specific and Trauma-Informed treatment.
- Services for children and parenting resources.
- Peer support services and resources.
- Health care providers, hospitals, and inpatient treatment centers.
- Resources related to transitional housing, permanent housing, or independent living.
- Options for employment and education, including vocational support.
- Disability support services.
- Services to access benefits including food stamps, Medicaid, social security, WIC, and unemployment benefits.
- Support for survivors navigating immigration, asylum, and documentation.
- Opportunities for survivors to become leaders in their communities.

- ❑ Staff members are knowledgeable about confidentiality policies of their own and of partner agencies. When making referrals staff talk with survivors about any risks and obtain informed consent before sharing information with another organization.
- ❑ The agency ensures that information about outside agencies and resources is readily available and accessible to all participants.
- ❑ The agency intentionally develops relationships with peer support organizations in addition to other mental health and substance abuse treatment services.

Pause and Reflect

- ❑ What partnerships do you already have with other agencies in the community? What is the quality of each of these partnerships?
- ❑ In what ways do your partnerships improve services for survivors?
- ❑ How do you create partnerships or networks of services that are accessible, culturally responsive, trauma-informed, and reflect an understanding of domestic and sexual violence?

Pause and Reflect

- ❑ How do staff members connect people with other resources in the community?
- ❑ What can you do better? What are the initial actions you can take? What support do you need to make these actions a reality?

Focus Area 7: Feedback and Evaluation

Obtaining regular feedback and input about our services and organizations from both staff and people utilizing our services is an important part of accessible, culturally responsive, and trauma-informed (ACRTI) work. It helps us to strengthen what is working, to try new and creative ideas, and to change what is not working well. Evaluation can create opportunities to pause and reflect on our progress in becoming an ACRTI organization.

Does the agency have mechanisms in place for obtaining and integrating regular input and feedback from the people who are utilizing services, from staff and volunteers tasked with delivering services, and from the broader community? Is attention to accessibility, culture, trauma, domestic violence, sexual assault, and stalking included in agency's quality improvement strategies?

With an Accessibility Lens: How do the agency's feedback and evaluation processes demonstrate and enhance accessibility, inclusive of people with disabilities and Deaf individuals?

With a Cultural Lens: How do the agency's feedback and evaluation processes consider and are inclusive of the many aspects of all staff, leadership, board members', and participants' identities, including identity related to race, class, age, disability, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system?

With a Trauma-Informed Lens: How do the agency's community partnerships reflect alignment with, and facilitate implementation of trauma-informed principles and practices?

Gathering and Implementation:

- ❑ The agency has a procedure for soliciting regular input and feedback from people who have accessed their services, including children and youth.
- ❑ Policies and procedures are in place for including people who use services in an advisory capacity to the agency.
- ❑ Feedback systems and evaluation methods are available in many languages, formats, and contexts, including verbal, written, video relay, TTY, digital that enable people of all abilities to participate in assessment and effecting change.
- ❑ People who access or have accessed services are able to provide feedback anonymously and confidentially.
- ❑ Exit interviews or equivalent methods for soliciting feedback when people leave the agency are available in the languages used by participants.
- ❑ The agency obtains confidential and anonymous feedback from staff members about whether they feel safe and valued at the agency.
- ❑ Focus groups are utilized to solicit feedback in a format that might feel safer for some participants. Group evaluation strategies provide opportunities for participants to listen and add to the contributions of other participants.
- ❑ The agency creates opportunities for participants to provide feedback about the usefulness, responsiveness, and relevance of services in a cultural context.
- ❑ The agency systematically incorporates feedback from participants into its ongoing improvement processes and does so in a timely manner.
- ❑ All evaluations are read and considered in making decisions about making organizational changes.
- ❑ Evaluation is both quantitative and qualitative, providing a variety of question styles, including scaling questions (e.g., on a scale from 1-5…), questions by comparison (e.g., is this more or less than…), feeling assessment (e.g., how did you feel when…), and opportunities for people to provide their own specific feedback to questions not asked.

Key Evaluation Topics and Themes:

The agency solicits **input and feedback** from people who participated in services on the following:

- ❑ Whether they felt treated with dignity, respect, and autonomy.
- ❑ Whether they felt visible or invisible.
- ❑ Whether they felt heard or not heard.
- ❑ Whether services were culturally relevant.

- ❑ Whether the physical, sensory, and relational environments felt welcoming and inclusive.
- ❑ Whether they felt informed about staff expectations and whether those expectations were fair.
- ❑ Whether they were able to influence rules that felt punitive or controlling.
- ❑ Whether they had access to information about domestic violence, sexual assault, and trauma.
- ❑ Whether they found staff to be nonjudgmental.
- ❑ Whether they felt understood and taken seriously when grievances were raised.
- ❑ Whether they experienced relationships with staff as hierarchical or as collaborative partnerships.
- ❑ How they were supported as parents (if relevant).
- ❑ Whether any service interactions or experiences were retraumatizing, frightening, or overwhelming.
- ❑ Whether services provided useful information and skills that enhanced physical and emotional safety, healing, recovery, and well-being.
- ❑ Whether they felt encouraged and enabled to be whole versions of themselves, particularly as it relates to identity, disability, mental health, and substance use.
- ❑ Whether the agency has adequate policies and procedures for obtaining regular input from people participating in services with regard to the accessibility, inclusiveness, cultural responsiveness, and physical and emotional safety, as defined by survivors.
- ❑ Whether they have any additional comments or suggestions for improvement.

Pause and Reflect

- ❑ What mechanisms does your agency have in place for obtaining and integrating regular input and feedback from the people who are participating in services? From staff? How are you implementing the changes suggested?
- ❑ How well do those mechanisms address whether or not the organization has created accessible, culturally responsive, and trauma-informed services?
- ❑ How are you doing? What are you learning? What can you do better?
- ❑ How are you addressing adverse or concerned feedback in a timely manner?
- ❑ If your agency does not have an evaluation or feedback process, what are some initial actions we can take to set one up? Who can you ask for support?

SECTION 3: KEY RESOURCES AND WORKSHEETS

Appendix A:

Glossary of Key Terms to Support Understanding for Accessible, Culturally Responsive, Trauma-Informed Work

✪ ***Accessible*:** means that people with all kinds of abilities are able to fully access our agencies, including our information and resources; environments and spaces; and services and support with ease. A Deaf or disabled person is able to acquire the same information, engage in the same interactions, and fully participate in the same programs and services as a hearing or non-disabled person in an equally effective and equally integrated manner. People are accepted as whole versions of themselves, and are fully welcome, embraced, and accommodated. People are not reduced or understood solely through their disability and do not have to change or hide parts of themselves to be able to participate in or benefit from services. People's wishes about how they want their abilities recognized and understood are fully respected. Accessibility in this context is inclusive of people who have disabilities related to physical, sensory, cognitive, and mental health conditions, in addition to Deafness, chronic illness, and recovery from substance abuse. This concept intersects with people's multiple identities around race, class, age, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system. All of these intersecting identities are important to include when thinking about how to best serve survivors and their children; accessibility involves recognition of the barriers to meaningful involvement for all participants. All too often, people with disabilities are left out or excluded from services because of their disability, despite experiencing higher rates of violence than non-disabled people. It is the perpetuation of discriminatory attitudes, policies, and practices, in addition to the lack of accessible environments and adequate supports that are disabling and keep people from being able to fully participate in our services. In this conceptualization of accessibility, it is critical to work toward cultivating awareness and understanding to decrease negative attitudes and stereotypes about disabled

people. It also means being conscious of the assumptions we make about ability and disability, and of the images and language we use day-to-day. Finally, ensuring that all survivors have access to inclusive, anti-oppressive environments as they heal from trauma requires us to actively support the ongoing involvement of survivors with disabilities in shaping our spaces, resources, and services. (*Note: there are many ways to talk about disabled people / people with disabilities, and there is quite a bit of debate about what term is best. We have included both here knowing that for some, this will feel imperfect)..

- ***Coercion:*** use of force or manipulation to control an intimate partner's thoughts, actions, and behaviors through violence, intimidation, threats, degradation, isolation, and/or surveillance. In the context of intimate partner violence, coercion can involve financial, psychological, physical, sexual, emotional, and other kinds of abuse to undermine and control an intimate partner. There are two specific forms of coercion that we discuss in this Toolkit – mental health and substance use coercion.

    - ***Mental Health Coercion:*** abusive tactics targeted towards a partner's mental health as part of a broader pattern of abuse and control. This often involves the use of force, threats, or manipulation and can include gaslighting, preventing a survivor's from accessing treatment, controlling or manipulating a survivor's medication, using a survivor's mental health to undermine and discredit them with sources of protection and support, leveraging a survivor's mental health to manipulate police or influence child custody decisions, engaging mental health stigma to make a survivor think no one will believe them, among many other tactics.

    - ***Substance Use Coercion:*** abusive tactics targeted towards a partner's substance use as part of a broader pattern of abuse and control. This often involves the use of force, threats, or manipulation and can include forcing a survivor to use substances or to use more than they want, using a survivor's substance use to undermine and discredit them with sources of protection and support, leveraging a survivor's substance use to manipulate police or influence child custody decisions, deliberately sabotaging a survivor's recovery efforts or access to treatment, engaging substance use stigma to make a survivor think that no one will believe them, forcing a partner into withdrawal, among many other tactics.

- ***Culture:*** an integrated pattern of behavior or shared belies, values, traditions, arts, history, folklore, and institutions of a group of people. This also includes shared experiences, thoughts, communication and actions. What unifies people can be related race, ethnicity, nationality, language,

religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender identity and/or expression, age, disability, or any other cohesive group identity. Cultural identity refers to the way individuals understand themselves and are viewed by others, and includes the ways individuals self-identify, collectively identity, the sense of belonging to a specific group, and relational identity, which includes interactions between groups. Culture shapes the experiences we have and the meaning we make of those experiences. Individuals often identify with and belong to many different identity groups at once (Adapted from Singh, 1998; Cross, Bazron, Dennis, & Isaacs, 1989).

- ***Culturally Responsive**:* means that our organizations and agencies are proactively integrating meaningful attention to the cultural identities of participants and staff, and to the ways culture can shape people's experiences of trauma and healing. Being culturally responsive also means systematically integrating awareness of culture into our services, policies, structures, and environments. It requires being interested in, learning about, and acknowledging the vast number of ways people express their cultural identities, values, connections, and experiences in order to provide services that are meaningful and relevant. It means seeking out and understanding the strengths, resources, and inherent resilience of individuals, families, and communities. Cultural responsiveness also means that organizations and individuals in agency settings affirm and are inclusive of the many aspects of human identities, including identity related to race, class, age, disability, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, mental health, employment, housing stability, family and important relationships, recovery, use of substances, military involvement, immigration or documentation status, access to education, and history with the criminal justice system. This includes having a complex understanding of the ongoing impact of historical trauma, structural oppression, and identity-based violence. It also means having mechanisms to evaluate and disrupt the impacts of those systems on the organizational culture with concrete processes to avoid replicating these experiences within our organizations. Being culturally responsive requires recognition and acceptance that microaggressive interactions will occur as a byproduct of unequal distributions of power within our relationships, organizations, and broader social context. This, in turn, allows us to actively respond when such interactions occur, to engage in open communication about harms people experience interpersonally, and to develop strategies to prevent further harm moving forward.

✪ ***Domestic Violence:*** this term describes intentional, patterned, ongoing, systematic behaviors and actions used to control, manipulate, and maintain power over someone in any kind of intimate relationship. This can manifest as physical, emotional, sexual, economic, and psychological abuse. It can specifically include gaslighting, sexual assault, and coercion related to mental health, substance use, or parenting; outing around sexuality, gender, disability, or documentation status; emotional manipulation of children; and constant threats to a person's physical and emotional safety.

✪ ***Effective Supervisory Practice:*** involves the consistent offering of a variety of approaches and ingredients within day-to-day supervisory interactions to provide the balance of education, administration, support, and leadership needed to guide staff in their work. Ingredients of Effective Supervision include attending to the values and ethics inherent to ACRTI work and creating an organizational climate that conveys these values. Effective Supervisory Practice also includes a strength-based and problem-solving orientation, clear expectations and accountability, giving and receiving feedback, supervisory modeling, an intentional process for staff skill development, and reflective practice (Cave & Johnan, 2014). Together, these components offer opportunities for new learning and can support staff in feeling connected and effective in their work; in handling challenging situations; and in cultivating self-awareness and self-care. The models and processes used are transparent and expectations are clearly defined, taught to staff and implemented consistently. These ingredients are incorporated on a regular basis and one component is not prioritized over another based on a supervisor's level of comfort. For example, the use of reflection, while essential, is not a replacement for modeling competence, setting clear expectations, or communicating about accountability. Each ingredient is a piece of the whole (Cave & Johnan, 2015). ***See also *Reflective Supervision*.**

✪ ***Gaslighting:*** can be understood as intentionally or unintentionally controlling and manipulating someone to make them question their memory, experience, or sanity. This often happens slowly, repeatedly, and over time, to make it more difficult for a survivor to recognize that they are being emotionally manipulated or to be able to trust themselves. Some tactics of gaslighting used by abusers include telling outright lies, manipulating the truth, attacking a survivor's character, denying they said or did something, telling the survivor no one will believe them, and telling a survivor that everyone else is a liar. There are many ways that gaslighting can happen, these are just a few examples.

- ***Microaggression:*** Microaggressions are brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the targeted person or group (Sue, et al., 2007, p. 273). Microaggressions can also be insults related to gender identity and expression, sexual identity, class background, ability, immigration status, religious or spiritual affiliation or any other identity marker. Experiencing microaggressions can result in lack of physical and/or emotional safety and further marginalization of individuals and groups. These experiences impact the accessibility and cultural responsiveness of our services and organizations.

- ***Neurodivergent:*** or ND means having a brain that functions in ways that significantly diverge from what is otherwise thought of as regular or common. The terms "neurodivergent" and "neurodiversity" were coined by Kassiane Sibley, a multiply neurodivergent neurodiversity activist. Neurodivergence can result from many things and present in multiple forms – genetic forms such as autism, epilepsy, or dyslexia, and experiential forms such as trauma, long-term meditation and trance-based activities, or heavy use of psychedelic drugs. This term is not positive or negative, but instead informed by the person's experience of being neurodivergent.

- ***Neurotypical:*** or NT is a term used to describe a person who does not have autistic or other neurologically atypical patterns of thought, communication, or behavior. This is a common term in autistic communities as a label for people who are not on the autism spectrum but is not the opposite of autistic. Neurotypical is the opposite of Neurodivergent. This is not a derogatory term or one that has a negative connotation.

- ***Oppression:*** is the systematic subjugation of one group for the social, economic, and political benefit of a more powerful group. Oppression can manifest through many forms of violence, including racism, classism, ableism, sexism, heterosexism, and other isms. Only the dominant group can be oppressive because only the dominant group can leverage power against less powerful groups. Structural oppression occurs when history, culture, ideology, public policies, institutional practices, and personal behaviors and beliefs interact to maintain a hierarchy – based on race, class, ability, gender, sexuality, and/or other group identities – that create the privileges associated with the dominant group and the disadvantages associated with the oppressed, targeted, or marginalized group to endure and adapt over time (adapted from the Dismantling Racism Works Book, 2018 ; Open Source Leadership).

✪ ***Reflective Supervision:*** is an ingredient or component of **Effective Supervisory Practice** that expands on the idea that supervision is a context for learning and professional development. The term Reflective Practice was coined by Donald Schon, who described it as "the capacity to reflect on action so as to engage in a process of continuous learning." The three key elements – *reflection* (zooming out from the work to examine thoughts, feelings, actions and reactions that are evoked in us), *collaboration* (between supervisor and supervisee, and between staff and participants, characterized by mutuality, joint exploration and integration of new learning), and *regularity* (predictable, regularly occurring with enough frequency to create a sense of safety and trust within the relationship) – are consistently woven into a stable supervisory relationship to explore the experiences, thoughts, reactions, and feelings that are directly connected to doing the work and to build trust.

The process is intended to engage staff in exploration and learning in an environment characterized by safety, calmness, and support that is parallel to the approach staff need to use in their work with others. Following exploration and perspective checking, the supervisor and supervisee work as a team to understand and identify next steps. Although often used in early childhood work with families, reflective practice can be useful in supervision in many human service arenas as a collaborative way to navigate challenges. This process can be used for co-reflection among colleagues, group supervision, and in individual supervision. **See also *Effective Supervisory Practice*.**

✪ ***Resilience:*** our inherent capacity to make adaptations in the face of adversity, trauma, tragedy, threats, or significant sources of stress. In talking about resilience, it is important to keep in mind that it is not a trait that a person does or does not have and that people can be resilient whether or not they are experiencing ongoing health, mental health, or substance use-related challenges. Research on resilience and experience working with survivors indicate that there are multiple intersecting factors that contribute to resilience, including psychological, cultural, and social factors. These include having a supportive community, feeling valued, having a sense of belonging and being able to engage with others, as well as having access to basic necessities such as food, housing, education, employment and transportation. For children, the most important contributor to resilience is having at least one meaningful relationship with a supportive parent, coach, teacher, caregiver, or other adult (adapted from The Harvard Center on the Developing Child, 2017; Southwick, Bonanno, Masten, Panter-Brick, &Yehuda, 2014).

- ***Retraumatization:*** occurs when any situation, interaction, or environmental factor replicates events or dynamics of prior traumas and evokes feelings and reactions associated with the original traumatic experience.

- ***Sexual Violence:*** is an overarching term to describe any sexual contact, manipulation, coercion, or behavior that occurs without explicit, freely given consent of the survivor. There are a myriad of reasons that someone might not be willing or able to give consent, including fear, intimidation, a person's age or disability, or being under the influence of medications, alcohol, or other drugs. Sexual violence can be experienced by anyone at any age. This term is often used to encompass sexual harm that occurs in the context of any relationship with an intimate partner, with a stranger, with a friend or coworker, or within a family or community system. Sexual violence in the context of an intimate partnership is often part of a larger pattern of violence and control (adapted from RAINN, 2017; National Sexual Violence Resource Center, 2010).

- ***Solidarity:*** involves showing up for and advocating for people's needs while taking direction from them about what feels the most helpful. Solidarity is different from allyship in that it centers the voices, perspectives, and needs of the groups most affected and how they want to see change happen, and it expects accountability from people, systems, and institutions who abuse their power. Solidarity means showing up with people to change the conditions that create injustice and finding ways to do so without centering the perspectives of those with the most privilege. Solidarity demands that people do their own work to learn about privilege, marginalization, and oppression.

- ***Survivor:*** we define survivor to mean adults, adults and their children, youth, young adults, elders, and anyone in the family system – as defined by survivors – who have experienced or witnessed violence. This can include violence experienced in ongoing ways in intimate relationships, family systems, state systems such as the police or prison, and in communities. It can also include traumatic events such as sexual assault, transportation accidents, loss of loved ones, terminal or serious health diagnoses, or other threats to someone's life or their physical or emotional safety.

- ***Trauma-Informed:*** The term trauma-informed describes an approach that recognizes the pervasiveness and impact of trauma on survivors, staff, organizations, and communities, and ensures that this understanding is incorporated into every aspect of an organization's administration, culture,

environment, and service delivery. A trauma-informed organization actively works to decrease retraumatization and support resilience, healing, and well-being. Additionally, trauma-informed organizations recognize ongoing and historical experiences of discrimination and oppression, and are committed to changing the conditions that contribute to the existence of abuse and violence in people's lives. A trauma-informed approach provides guidance on how trauma can affect people's experience of services and what we can do to reduce traumatization at every level of our organizations. In this context, our interactions with participants matter a great deal, as do our interactions with each other. When we understand trauma responses in the context of domestic and sexual violence as adaptations to surviving abusive power and control, then part of our work is to do everything we can to not replicate those dynamics and to reduce the likelihood that survivors will feel discounted and disempowered in our programs and organizations. A trauma-informed perspective supports the resilience of people and communities through the work we do and the way we work. This includes creating a physical and sensory environment that is accessible, welcoming, inclusive, and healing, and attends to potential trauma reminders; a cultural and linguistic environment that is responsive to the people and communities being served; a relational environment that is caring, respectful, empowering, and transparent, and strives to create emotional safety; and a programmatic environment that is flexible and responsive to individual and family needs. A trauma-informed approach involves providing access to a range of healing modalities and practices, and creating community partnerships to ensure survivors and their children have access to trauma, mental health, and substance use services. Trauma-informed organizations support survivors to feel more connected and empowered as they prepare for situations that are potentially retraumatizing, such as participating in a court hearing, job interview, or custody evaluation. Lastly, a trauma-informed approach fosters an awareness of what we, as service providers, bring to our interactions, including our own experiences of trauma as well as the ways we are affected when we are truly open to the experiences of other people.

- ***Trauma:*** Historically, the concept of trauma has focused on individual trauma - childhood abuse and neglect, adult or adolescent sexual assault, and abuse by an intimate partner as well as the individual effects of combat trauma and military sexual assault. Yet, many people experience collective forms of trauma, as well - trauma that affects people as part of a particular community, culture, or group and - experiences that continue to affect individuals and communities across generations, including the ongoing legacies of trauma resulting from structural violence, slavery, and colonization; the trauma of

war, poverty, displacement, and persecution; the trauma of transphobic, homophobic, and gender-based violence; as well as the insidious, microaggressive trauma of objectification, dehumanization, and marginalization that many people experience on a daily basis.

- ***Individual Trauma:*** The unique individual experience of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's mental, physical, social, emotional, or spiritual well-being. When a person experiences trauma, their coping capacity and ability to integrate their emotional experience is overwhelmed, causing significant distress. (NCDVTMH, 2017; SAMHSA, 2014).

- ***Collective, Historical, and Ongoing Trauma:*** **Collective Trauma** refers to cultural, insidious, political, and economic trauma that impacts individuals and communities, involving shared injuries to the group's social, cultural, and physical support structures. More specifically, **Historical Trauma** refers to the ongoing and cumulative emotional, psychological, and spiritual wounding over the lifespan and across generations, suffered by a group of people because of historical events that were destructive to the physical, mental, emotional, and spiritual life way. **Ongoing Structural Violence and Interpersonal Discrimination** refers to racist or other discriminatory beliefs and ideology used as justification for discriminatory structures, social inequities, mass incarceration, exposure to social stressors, intrusion, and economic disparities that are socially and systematically supported by culture, laws, institutions, and policies (Root, 1997; Fabri, 2003; Michaels, 2010; Goosby, 2013; Sotero, 2006; Saul, 2014; Packard, 2014; Braveheart, 1995).

- ***Trauma Reminder (commonly known as triggers):*** is something that evokes a memory of past traumatizing events, including the thoughts, feelings, and sensations associated with those experiences. They can take the form of smells, emotions, bodily sensations, images, situations, a tone of voice, a certain type of interaction, or a particular time of day or year. Trauma reminders may cause someone to feel frightened, overwhelmed, off balance, edgy, checked out, or feel like their mind and body are reliving the traumatic experience itself.

- ***Universal Design:*** is a concept used in design and architecture to ensure that buildings, products, and environments are developed to be accessed, understood, and used to their greatest extent regardless of age, size, ability, or disability. This concept, which is also named in the Americans with Disabilities Act (ADA), asks that design is used to reduce the need for adaptation, modification, or assistive devices to independently understand, navigate, or use a environment. Grown out of resistance to institutional and structural ableism, Universal Design asks us to shift our understanding, design, and construction of environments to be inclusive of all people. Examples of this can include flat entrances, wider doors and hallways, accessible cabinets, ergonomic chairs, accessible print and website materials, and acoustics that support a range of hearing needs. Some people refer to this approach as "human-centered design."

Appendix B:

Creating Trauma-Informed Services and Organizations: An Integrated Approach

Introduction

The National Center on Domestic Violence, Trauma & Mental Health's (NCDVTMH) approach to creating accessible, culturally responsive, and trauma-informed domestic and sexual violence services and organizations draws from a number of different places and perspectives - from the voices and experiences of survivors, advocates, and clinicians; from the insights of social and political movements; and from research and science, including a growing body of research on child development and neurobiology.

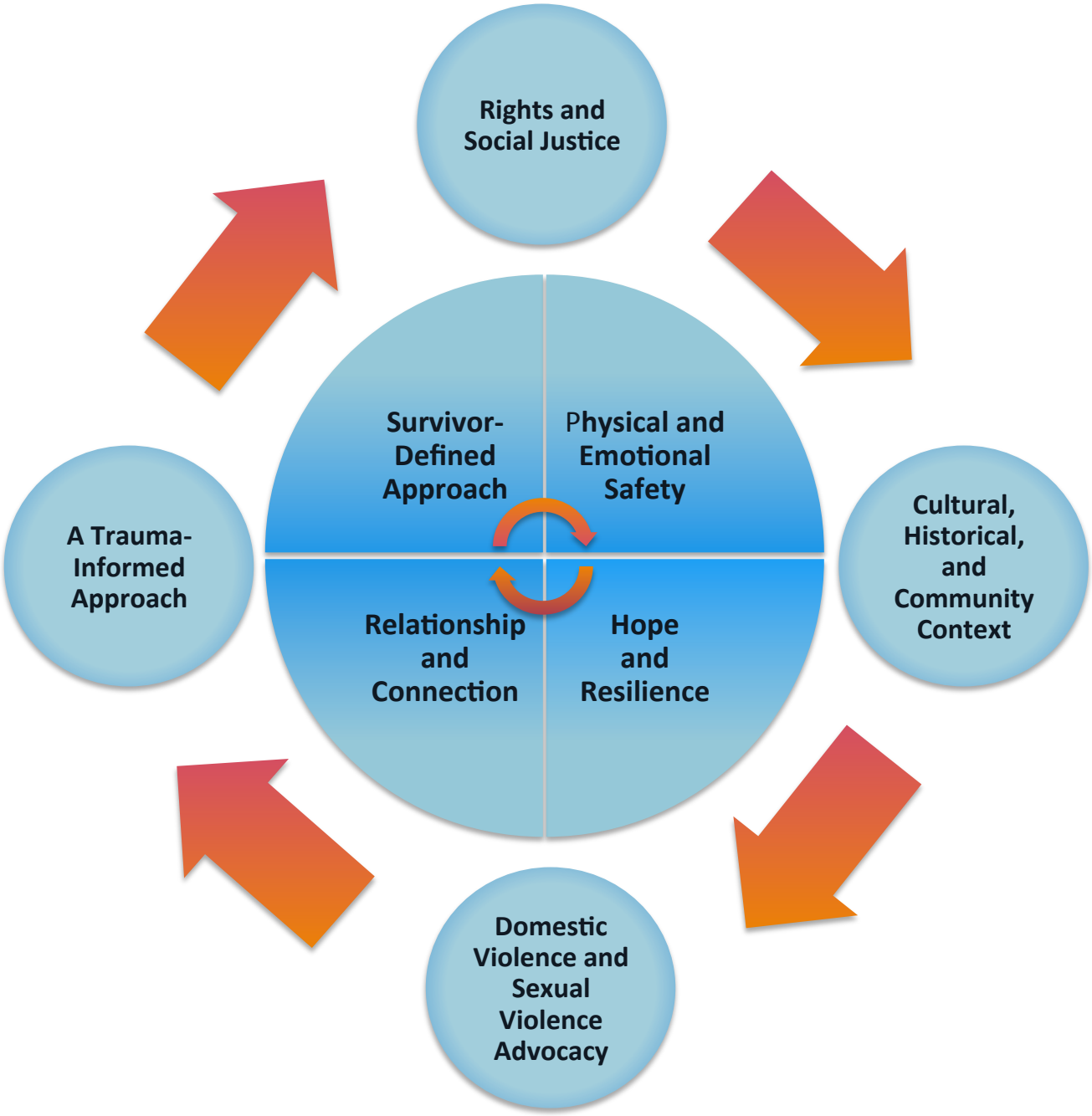
Initially developed as a way to bridge trauma-informed and advocacy perspectives, this more integrated approach has evolved into a framework for holding many of the key elements that are critical to doing our work - work that is grounded in domestic and sexual violence advocacy perspectives, that incorporates an understanding of trauma and its effects, that creates accessible environments for healing, that recognizes the centrality of culture, and that is committed to social justice and human rights.

More specifically, this framework provides a foundation for doing work that is inclusive and accessible, attuned to the range of people's experiences, and relevant to the people and communities we serve. It also provides a foundation for working in ways that are grounded in dignity, respect, and justice; that honor people's strengths and creativity; that foster resilience and healing; that attend to the well-being of staff, organizations, and communities; and that support activism and social change.

It provides additional scaffolding for holding the depth, nuance, sensitivity, attunement, self-awareness, and accountability that is so important to our interactions with others and the broader political awareness needed to understand our own and others' experiences in context. It also provides the inspiration, analysis, and tools to advocate for change within our organizations, in the systems that impact the lives of survivors, and in the attitudes and policies that contribute to abuse and violence in our world and restrict people's options. Given this, we use the term "survivor" to mean adults, adults and their children, youth, young adults, elders, and anyone in the family system – as defined by survivors – who have experienced or witnessed violence.

The following perspectives and principles help provide a foundation for accessible, culturally responsive, and trauma-informed work. They also offer a framework to draw on when our work becomes challenging and to support us in creating services and organizations that truly reflect our intentions and values. We hope that you can take strategies from this document to help you live and practice these values in your work.

Key Perspectives and Core Principles for Engaging in Accessible, Culturally Responsive, and Trauma-Informed Work



Key Perspectives

NCDVTMH's framework is informed by several key perspectives, which, when woven together, provide a more integrated approach for working with survivors and their children. Each perspective offers an important dimension that helps inform how we conceptualize and how we do our work. All contribute to our ability to ensure our programs are welcoming, inclusive, and accessible.

Domestic Violence and Sexual Violence Advocacy

This perspective highlights the importance of attending to not only the traumatic effects of domestic and sexual violence but also the ongoing realities of coercion and control by an abusive partner, and by the systems where survivors seek help. A domestic and sexual violence perspective also brings an analysis of gender-based violence, including transphobic, biphobic, and homophobic violence, to our work and emphasizes the importance of holding individuals and systems accountable for their abuse of power.

Cultural, Historical, and Community Context

This perspective focuses our attention on the historical and social context of people's lives including their ongoing experiences of oppression, discrimination, and microaggression. It helps us recognize the richness and complexity of people's identities, beliefs, and experiences, and the traditions, values, and relationships that serve as sources of meaning and strength. It also places the creation of services that are inclusive, culturally responsive, and linguistically accessible at the forefront of our work.

Human Rights and Social Justice

Incorporating human rights and social justice perspectives ensures that awareness of the conditions that create and uphold abuse, violence, oppression, and discrimination in our lives, our communities, and our society remains central to all that we do. It strengthens our ability to recognize social injustice, to critically analyze the conditions that produce it, and to work toward social change. It also helps us to be more attuned to any stigma or discrimination experienced by survivors and staff in our own programs and to actively take this on.

A Trauma-Informed Approach

A trauma-informed perspective brings an understanding of the pervasiveness of trauma and its impact on survivors, our organizations, our communities, and ourselves, and what we can do to help mitigate

those effects. It normalizes human responses to trauma and reminds us that the quality of our interactions is critical to the process of healing from abuse and trauma. A trauma-informed approach provides guidance on how trauma can affect people's experience of services and what we can do to reduce further traumatization at every level of our organizations. When we understand trauma responses as adaptations to being under siege, then part of our work is to do everything we can to reduce the likelihood that survivors will feel discounted and disempowered in our programs and systems. A trauma-informed perspective also informs the creation of services and environments that support the resilience and well-being of people and communities through the work we do and the way we work. A trauma-informed perspective acknowledges the need to support staff and to create opportunities for reflection and growth.

Core Principles

The following core principles or values provide a foundation for doing accessible, culturally responsive, and trauma-informed work. They are all part of creating a relational environment that can help to counteract people's experiences of trauma and dehumanization - one that is deeply respectful and that honors and supports each person's experience, resilience, agency, and humanity. Central to this integrated approach is recognizing the importance of the quality of our interactions and the relationships we create. Each of the following principles represents a somewhat different aspect of this overarching approach. These principles include recognizing and honoring the importance of:

***Physical and Emotional Safety*:**

A key aspect of accessible, culturally responsive, and trauma-informed work involves attending to both physical and emotional safety, with particular attention to culture and accessibility, while honoring each person's understanding of what safety means for them, and a commitment to ongoing self-reflection and evaluation of whether systems, policies, and procedures are facilitating feelings of safety among participants and staff.

***Relationship and Connection*:**

Relationships are central to healing, growth, and change, including our relationships to the people, places, practices, and things that help us to cope, grow, and thrive. As harm often occurs in relationship, the quality of our relationships and interactions has the potential to facilitate healing from experiences of abuse and discrimination, and create a sense of connection and belonging.

When trust has been betrayed, being honest, clear, transparent, and consistent and relating in ways that are genuinely respectful, collaborative, and non-hierarchical are essential to creating safety and building trust.

Hope and Resilience:

Believing in the human capacity to survive and heal, and recognizing the strengths, resources, and tools that survivors already possess, are central to holding hope and resilience. Being a steady source of hope, and acknowledging, naming, and reflecting people's profound resilience are critical parts of supporting survivors while they heal from trauma. It also means that we embody a genuine sense of openness in our relationships and our work.

A Survivor-Defined Approach:

Recognizing and honoring each person's right to define and determine what works for them, and guaranteeing choice and control over their experiences are critical components of a survivor-defined approach. This means taking cues and guidance from survivors, including adults, children, and youth, about our programs and services. This approach ensures the meaningful involvement of survivors who use or have used our services in our planning processes, in evaluation and oversight, and in volunteer, staff, and leadership roles within our programs. Engaging in survivor-defined work also means that we are working to acknowledge and jointly confront the power imbalances in our interactions, while working to change the conditions that facilitate violence in our relationships and communities.

Appendix C:

Additional Resources for Your Process of Transformation

Citations

Braveheart, M.Y., DeBruyn, L.M. (1998). The American Indian holocaust: Healing historical unresolved grief. American Indian Alaskan Native Mental Health Res. 8(2):56-78

Braveheart-Jordan, M.Y., & DeBruyn, L. (1995). So she may walk in balance: Integrating the impact of historical trauma in the treatment of Native American Indian women. In J. Adleman & G. M. Enguídanos (Eds.), *Haworth innovations in feminist studies. Racism in the lives of women: Testimony, theory, and guides to antiracist practice* (pp. 345-368). New York, NY, England: Harrington Park Press/Haworth Press.

Cave, C., Johnan, M. (2015). Effective supervisory practice. Presentation for Bringing Recovery Supports to Scale Technical Assistance Center. Albany, NY.

Center on the Developing Child. (2017). Resilience. Retrieved April 29, 2018, from https://developingchild.harvard.edu/science/key-concepts/resilience/

Dismantling Racism Works. (2018, February). Dismantling racism works book. Retrieved April 29, 2018, from http://www.dismantlingracism.org/racism-defined.html

Fabri, M. (2012). Understanding and responding to trauma in the lives of refugee survivors. Presentation at the National Center on Domestic Violence, Trauma & Mental Health Trauma Symposium. Seattle, WA.

Goosby, B.J., Heidbrink, C.T. (2013). The transgenerational consequences of discrimination on African-American health outcomes. *Sociology Compass*. 7(8): 630-643.

Michaels, C. (Ed.) (2010, October). Historical trauma and microaggressions: A framework for culturally-based practice. St. Paul, MN: University of Minnesota Extension Service, Children, Youth and Family Consortium.

National Sexual Violence Resource Center. (2010). What is sexual violence? [Fact sheet]. Retrieved April 29, 2018, from https://www.nsvrc.org/sites/default/files/ Publications_NSVRC_Factsheet_What-is-sexual-violence_1.pdf

Open Source Leadership. (n.d.). The dynamic system of power, privilege, and oppression. Retrieved April 29, 2018, from http://www.opensourceleadership.com/documents/DO Definitions.pdf

Packard, G. (2015). Thinking about trauma in the context of domestic violence: Complex trauma, collective trauma, ongoing risk. Presentation at the National Center on Domestic Violence, Trauma & Mental Health Pre-Conference Session at the National Healthcare Conference on Domestic Violence, Washington, DC.

Root, M.P. (1996). Women of color and traumatic stress in "domestic captivity": Gender and race as

disempowering statuses. In: Marella A., Friedman M., Gerrity E., Scuffled R., eds. *Ethnocultural aspects of posttraumatic stress disorder: Issues, research, and clinical applications*. Washington, DC: American Psychological Association.

Saul, J. (2014). Collective trauma, collective healing: promoting community resilience in the aftermath of disaster. New York: Routledge.

Sotero M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Health Disparities Research and Practice*. 1(1): 93-108.

Southwick, S.M., Bonanno, G.A., Masten, A.S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. European Journal of Psychotraumatology. http://dx.doi.org/10.3402/ejpt.v5.25338

Substance Abuse and Mental Health Services Administration, SAMHSA's concept of trauma and guidance for a trauma-informed approach. 2014, SAMHSA: Rockville, MD.

Sue, D.W., Capodilupo, G.C., Torino, J.M., Bucceri, A.M., Holder, B., Nadal, K.L., Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist.* 62 (4), 271-286.

Additional Materials from National Center on Domestic Violence, Trauma & Mental Health:

WWW.NATIONALCENTERONDVTRAUMAMH.ORG

Note: Look out for the upcoming webinar and implementation guide for this toolkit.

Trauma-informed resources for advocates:

- **Resources for Advocates – Trauma-Informed Domestic Violence Advocacy**

  HTTP://WWW.NATIONALCENTERDVTRAUMAMH.ORG/TRAININGTA/RESOURCES-FOR-ADVOCATES-TRAUMA-INFORMED-DV-ADVOCACY/

Mental Health and Substance Use Coercion information:

- **Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings**

  HTTP://WWW.NATIONALCENTERDVTRAUMAMH.ORG/PUBLICATIONS-PRODUCTS/COERCION-RELATED-TO-MENTAL-HEALTH-AND-SUBSTANCE-USE-IN-THE-CONTEXT-OF-INTIMATE-PARTNER-VIOLENCE-A-TOOLKIT/

- **Mental Health and Substance Use Coercion Surveys: Report from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline**

  HTTP://WWW.NATIONALCENTERDVTRAUMAMH.ORG/PUBLICATIONS-PRODUCTS/MENTAL-HEALTH-AND-SUBSTANCE-USE-COERCION-SURVEYS-REPORT/

- **Mental Health and Substance Use Coercion Surveys: Report from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline**

  HTTP://WWW.NATIONALCENTERDVTRAUMAMH.ORG/PUBLICATIONS-PRODUCTS/MENTAL-HEALTH-AND-SUBSTANCE-USE-COERCION-SURVEYS-REPORT/

- **Mental Health and Substance Use Coercion: Results of Two National Surveys and Implications for Practice – Webinar**

  HTTP://WWW.NATIONALCENTERDVTRAUMAMH.ORG/TRAININGTA/WEBINARS-SEMINARS/2015-WEBINARS-ON-INDEPENDENT-TOPICS/

- **Model Medication Policy for Domestic Violence Shelters**

  HTTP://WWW.NATIONALCENTERDVTRAUMAMH.ORG/PUBLICATIONS-PRODUCTS/MODEL-MEDICATION-POLICY/

Additional Resource:

- **Building Dignity: Design Strategy for Domestic Violence Shelter**

  HTTP://BUILDINGDIGNITY.WSCADV.ORG/

GETTING CONCRETE : CHANGE IN REAL TIME

Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

Focus Area 1: Organizational Commitment and Infrastructure

Vision: If our organizational commitment and infrastructure reflected an ACRTI approach, it would look like…

What are we doing well?

What are our challenges?

Based on our challenges, what would we like to change (initial actions)?

What is our timeframe (including when we will check back in on our goals and visions)?

How will we know when there has been change or progress?

Resources (what we have already and what we still need)?

GETTING CONCRETE : CHANGE IN REAL TIME

Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

Focus Area 2: Staff Support and Supervision

Vision: If our staff support and supervision reflected an ACRTI approach, it would look like:

What are we doing well?

What are our challenges?

Based on our challenges, what would we like to change (initial actions)?

What is our timeframe (including when we will check back in on our goals and visions)?

How will we know when there has been change or progress?

Resources (what we have already and what we still need)?

GETTING CONCRETE : CHANGE IN REAL TIME

Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

Focus Area 3: Physical, Sensory, and Relational Environments

Vision: If our physical, sensory, and relational environments reflected an ACRTI approach, it would look like:

What are we doing well?

What are our challenges?

Based on our challenges, what would we like to change (initial actions)?

What is our timeframe (including when we will check back in on our goals and visions)?

How will we know when there has been change or progress?

Resources (what we have already and what we still need)?

GETTING CONCRETE : CHANGE IN REAL TIME

Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

Focus Area 4: Intake Process

Vision: If our intake process reflected an ACRTI approach, it would look like:

What are we doing well?

What are our challenges?

Based on our challenges, what would we like to change (initial actions)?

What is our timeframe (including when we will check back in on our goals and visions)?

How will we know when there has been change or progress?

Resources (what we have already and what we still need)?

GETTING CONCRETE : CHANGE IN REAL TIME

Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

Focus Area 5: Programs and Services

Vision: If our programs and services reflected an ACRTI approach, it would look like:

What are we doing well?

What are our challenges?

Based on our challenges, what would we like to change (initial actions)?

What is our timeframe (including when we will check back in on our goals and visions)?

How will we know when there has been change or progress?

Resources (what we have already and what we still need)?

GETTING CONCRETE : CHANGE IN REAL TIME

Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

Focus Area 6: Community Partnerships

Vision: If our community partnerships reflected an ACRTI approach, it would look like:

What are we doing well?

What are our challenges?

Based on our challenges, what would we like to change (initial actions)?

What is our timeframe (including when we will check back in on our goals and visions)?

How will we know when there has been change or progress?

Resources (what we have already and what we still need)?

GETTING CONCRETE : CHANGE IN REAL TIME

Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

Focus Area 7: Feedback and Evaluation

Vision: If our feedback and evaluation processes reflected an ACRTI approach, it would look like:

What are we doing well?

What are our challenges?

Based on our challenges, what would we like to change (initial actions)?

What is our timeframe (including when we will check back in on our goals and visions)?

How will we know when there has been change or progress?

Resources (what we have already and what we still need)?