

# Rainbow's Journey to Becoming Trauma Informed

Prepared for Rainbow Services, Ltd., San Pedro,  
CA

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## Introduction

Over the past several decades, service providers in many settings have increasingly recognized that experiences of trauma are widespread among the people who come to them for help and support. Trauma<sup>1</sup> affects individuals and families, as well as broader communities and groups who share historical devastation and contemporary disparities. Traumatic experiences of many kinds are especially common among people who seek help from domestic violence programs, and often occur in multiple ways across the lifespan and in diverse life circumstances. The varying combinations of trauma and range of individual, family, community and cultural supportive resources available mean that people's immediate and longer-term needs are complex, as are the best and most effective ways to help them (Davies & Lyon, 2014; Lyon, Bradshaw & Menard, 2011).

As the pervasiveness of trauma became increasingly recognized, service providers identified approaches that explicitly acknowledged its potential impact on the people they were working with, as well as on the staff (including volunteers) engaged in the work. What has become known as a "trauma-informed" approach (Harris & FalLOT, 2001) or "trauma-informed care" is now regarded as an essential part of effective and supportive service delivery (SAMHSA, 2014a).

The six key principles of a trauma-informed approach are: 1) safety, 2) trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality, 5) empowerment, voice and choice, and 6) cultural, historical, and gender issues (SAMHSA, 2014b). These principles are enacted within a program, organization or system that:

1. *“Realizes the widespread impact of trauma and understands potential paths for recovery;*
2. *Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;*
3. *Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and*
4. *Seeks to actively resist re-traumatization.” (p. 9)*

At about the same time, recognition was growing among federal funders and domestic violence state coalitions and programs that the ways services had been provided needed to take more explicit account of the impact of trauma on the people they serve as well as the secondary trauma experienced by people who provide the services. The National Center on Domestic Violence, Trauma and Mental

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<sup>1</sup> **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 may have 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.” (SAMHSA, 2014b)

**Collective Trauma:** Cultural, historical, insidious and political/economic trauma that impacts individuals and communities across generations.

Health (NCDVTMH) was 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 (FVPSP), starting in 2005. NCDVTMH's mission has been to develop and promote accessible, culturally relevant and trauma-informed responses to domestic violence and other lifetime trauma through training, consultation and resources to domestic violence/sexual assault advocates, treatment providers and others who work with people who have experienced these types of trauma. This work has included analysis of research on the intersection of domestic violence and mental health<sup>2</sup> and substance use, national needs assessments, and development of tools programs can use to become more trauma-informed, as well as ways to measure progress.

In 2011, FVPSP, which provides funding to state domestic violence coalitions and programs, included a requirement that coalitions conduct needs assessments to determine their programs' existing capacities to provide trauma-informed services and the types of training and consultation they would need to enhance their services in this way. In California, service providers were required to attend training on improving access to services for persons with disabilities, substance use issues, mental health issues, and LGBTQ survivors<sup>3</sup>; subsequently programs were required to adopt policies that services to survivors in shelter must be mandatory. Both of these requirements are consistent with moving California programs in a more trauma-informed direction. In addition, in 2016 Blue Shield of California Foundation funded ten domestic violence agencies to participate in four facilitated sessions to reflect on survivor-centered approaches—also consistent with trauma-informed principles. Rainbow Services of San Pedro was one of the ten, and contributed to the report from the Learning Circle (Blue Shield Against Violence [BSAV], 2017).

In 2015, Rainbow Services obtained funding from Blue Shield Foundation of California (BSCF) for a two-year project to provide intensive support to transition to a trauma-informed theoretical framework for domestic violence shelter and supportive services. This initiative built on efforts over the previous several years to provide staff training, planning and policy changes consistent with principles of trauma-informed care. An evaluation of these efforts completed in 2014 with help from Masters in Social Work students from the University of Southern California (Friedman, Rupani, Waring & Virga, 2014) had identified successes and suggested directions for further development. Rainbow contracted

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<sup>2</sup> E.g. Warshaw, C., Brashler, P., Gill, J. 2009. Mental health consequences of intimate partner violence. In C. Mitchell and D. Anglin (Eds.), *Intimate Partner Violence: A Health Based Perspective*. New York: Oxford University Press.

<sup>3</sup> The term "survivors" has become increasingly common to refer to people who have experienced domestic violence and sexual assault, as a way to emphasize human resilience; some still prefer the term "victims," to emphasize that people are not to blame for this experience, and to reflect their position when they involve the criminal legal system. Rainbow staff use the term "participants," since many of the people they serve do not refer to themselves as either survivors or victims. We use "survivors" here and on survey items, and "participants" when we discuss evaluation results from Rainbow staff perspectives.

with NCDVTMH research and evaluation staff to conduct the evaluation for the project. Description and a summary of results of that evaluation are provided in the remainder of this report.

## Evaluation Plan

The evaluation plan was designed to measure progress toward the project's primary goal and projected outcomes. The overarching goal was: "To build Rainbow Services' capacity to demonstrate, evaluate, and share lessons learned in the transition to a trauma-informed theoretical framework for domestic violence shelter and supportive services, which will establish a model for replication statewide for working with survivors of DV and their children." The four projected outcomes served as the basis for the evaluation. They were:

1. Rainbow Services will implement changes consistent with a trauma-informed organizational approach.
2. Rainbow staff will have increased understanding of how trauma affects individuals and families, and will be able to consistently implement trauma-informed and/or trauma-specific interventions in their daily work.
3. Survivors who access Rainbow Services will have enhanced wellbeing and service satisfaction.
4. Rainbow Services will share outcomes and lessons learned to contribute to establishment of a statewide model for working with survivors of domestic violence and their children.

The first three projected outcomes reflect the three related levels involved in trauma-informed settings: an organizational environment that supports survivor and staff healing and well-being, staff knowledge and resulting practice, and impact on survivors. To measure changes at these three levels, surveys already developed by NCDVTMH staff were adapted to reflect Rainbow's experience, based on discussion and feedback from Rainbow staff. Researchers met separately with all levels of Rainbow staff during a visit in February, 2016. These meetings were organized to obtain a clearer understanding of staff perceptions of the project, what it would mean to them to be "trauma-informed," and any concerns they had about this effort. The meetings also shared with all staff what they could expect from the evaluation, and solicited input on what they thought should be included.

After modifications were made, the first survey, "Rainbow Trauma-Informed Capacity Assessment," was administered to all staff.<sup>4</sup> They had nearly three weeks to complete the survey electronically, through SurveyMonkey. About a month and a half later, again following review by Rainbow supervisory staff, the "Rainbow Practice Survey" was administered through SurveyMonkey to

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<sup>4</sup> All surveys used in the evaluation, and the procedures for implementing them, were reviewed and approved by NCDVTMH's Institutional Review Board for adherence to standards for the protection of human subjects.

staff who provide direct services to program participants. They had three weeks to complete this survey. About two months later, the “Trauma-Informed Outcomes Survey” was administered to program participants over a six-week period. Although SurveyMonkey versions were made available, virtually all participants completed this survey on paper, in either the English or Spanish version. Each of the surveys is described in more detail next.

The Trauma-Informed Capacity Assessment is by far the longest of the three surveys. It addresses all the characteristics of trauma-informed organizations as listed earlier (SAMHSA, 2014b). It also encompasses all of the domains described in NCDVTMH’s toolkit on becoming trauma-informed (Warshaw, Tinnon & Cave, 2018). These include policies, procedures and rules; intake and assessment; perceived practice; staff support; training needs; challenges; confidence in Rainbow ability to support survivors with a range of needs; and barriers to services. Earlier versions of this survey were used to support ten state domestic violence coalitions in conducting the FVPSP-required trauma-informed needs assessments, and completed by 211 programs (Phillips, Kaewken & Lyon, 2015). Subsequent use with a smaller sample of programs in these states showed that the measure is sensitive to change: more organizational change occurred in programs that received more training and consultation on trauma-informed policy and practice.

The Trauma-Informed Practice Survey<sup>5</sup> was developed by NCDVTMH research staff, based on years of training and consultation with direct service providers and supervisors across the country. The self-report items address primarily the ways staff incorporate the six SAMHSA principles listed earlier. Staff work and organizational support experiences are also topics. Since a major focus of the Rainbow initiative was on training and support for supervisors, separate items were included to be answered by supervisors only.

The Trauma-Informed Outcomes Survey was also developed over several years by NCDVTMH research staff. It asks survivors about the services and support they received (including several questions adapted from the TIPS (Sullivan & Goodman, 2015)) and the changes they have experienced because of those services—changes for the adult survivor, for the survivor as a parent, and changes they have seen in their children. It was developed based on years of training and consultation experience, as well as nine focus groups with 59 survivors in six domestic violence programs in four states; three groups were conducted in Spanish, five in English and one in Korean. Six focus groups with advocates and counselors in the same programs about their perceptions of survivors’ priorities and changes and what they considered the most important practices also contributed to survey items. The survey was tested with 14 programs in two states and modified slightly before it was implemented at Rainbow.

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<sup>5</sup> This survey should not be confused with the Trauma-Informed Practice Scale—TIPS—which was designed to be completed by survivors, not practitioners (Sullivan and Goodman, 2015), and was supported in part by NCDVTMH.

In addition to these surveys, evaluation data were obtained from A Thousand Joys, the program contracted to provide and facilitate training experiences throughout the project. Qualitative data were also gathered in the meetings with staff early in the project, and again at the end of the project, when survey results were presented and discussed with different staff groupings.

## **Project Activities**

Initial meetings between A Thousand Joys and Rainbow’s service leadership began in January, 2016, about a month before the first survey, and the last was held in June, 2018. The “Leadership Series” followed a didactic and interactive format and covered topics such as “Effective Communication & Active Listening,” “People Management,” “Performance Management” (two sessions), “Conflict Resolution and Problem-Solving,” and “People Management: Inspiring, Motivating & Supporting Staff” before the final meeting. A Thousand Joys also facilitated a leadership retreat and conducted training for all staff, with an emphasis on direct service staff over three consecutive weeks on “Secondary Traumatic Stress and Self Care” and “Understanding and Dealing with Challenging Feelings and Behaviors” (two sessions). Staff were also supported individually in obtaining training they felt would be useful that was trauma-related; in this way, some also received training in self-awareness and on the Seeking Safety approach, among others. In addition, A Thousand Joys facilitated a staff retreat in fall, 2017, and provided two half-day follow-up training sessions.

## **Evaluation Results**

### ***Initial Staff Conversations***

Across levels at Rainbow, staff conveyed excitement about the prospect of the trauma-informed initiative. The supervisors reported that their initial meetings with A Thousand Joys had already led to “ah-ha” moments of understanding both themselves and their staff. Several noted they had previously begun using reflective practice (in 2014) and had already made changes in their approach with staff: “I do more active listening; I give myself time to listen and think, and not leap immediately to solving things.” Other staff reported that they saw the grant as an opportunity for growth, in approaches that would increase trust, choice and empowerment in their work with participants. They wanted to learn more about trauma, and ways to increase empathy. Some residential staff shared that a trauma-informed approach, as they understood it, would be “kind of a release—I don’t have to be an enforcer.” Others added that learning about trauma would increase their ability to empathize with residents, and increase trust.



At the same time, some staff expressed concerns as they approached the changes to come with the grant. They noted that Rainbow had seen “lots of turnover” in the past year, and related there was some insecurity related to staff having been laid off in the past two years. Residential staff acknowledged that there had been “some resistance” to the changes already implemented, such as voluntary participation in services and permitting residents to keep their cell phones. One staff member had left when shelter rules were eliminated: “We used to have over 30 rules, and now there are none, except related to safety.” They noted that if the residents don’t do chores, then the staff do them, and that doesn’t feel fair. They also observed that the shelter has multiple part-time staff, and those who are full-time are more committed. Some expressed concern about their own safety, and noted that “some participants want structure; what do we tell them?” Some supervisors also expressed concerns about staff who understand trauma-informed care as meaning no rules/guidelines/structure. Other concerns were largely related to available resources. As one said, “Families get promised things that we can’t always do; we work with staff on the fact that we can’t always do everything, but we can do our best. We take on challenging cases, ones that other agencies won’t touch, and then our staff have to clean up the mess.”

In general, staff approached the initiative with excitement or cautious optimism. They looked forward to more training, having greater clarity and consistency in messages about staff practice and the overall goals for becoming trauma-informed. They emphasized the importance of learning trauma-informed language to use with participants and other staff, including non-verbal communication. They reinforced the importance of physical and emotional safety across all levels of participants and staff. Finally, conversations with staff reflected the value of the work already begun with A Thousand Joys (“they’ve brought a heart and mind-set change that has helped”) and the importance of an agency culture that emphasizes support for staff: “It’s OK to make mistakes,” “being OK with doing what you can,” and being transparent about not knowing everything.

### ***Evaluations of Trainings***

Evaluations of trainings, both in the “leadership series” and those for the larger group of direct service staff, were overwhelmingly positive. A Thousand Joys used evaluations with every training that addressed content (overall assessment, would respondent recommend the training, increased knowledge, would training help develop/improve job-related skills), the instructor (breadth of knowledge, effective presentation, responsiveness to participants) and comments about what the respondent had particularly appreciated, what they saw as problems, and suggestions for improvement. Across all trainings, ratings of the content and instructor were consistently and entirely in the “excellent/above average” and “strongly agree/agree” range, with the majority in the highest category. Comments revealed more about the content of the training that were most significant.

Comments on trainings in the leadership series included:

- (Appreciated): that we need to know our staff's ways of communicating; action steps to be able to identify [communication patterns]
- (Appreciated): learning about smart goals; being able to identify and talk with staff about goal-setting and feedback
- (Appreciated): the discussion of delivering difficult messages and how we can work around that; I love that you always honor what's happening in the room
- (Appreciated): discussed present problems at the agency; I love that it gave me awareness of how I can work better with my staff; the role plays were helpful

In between the trainings focused on particular topics, A Thousand Joys staff held "coaching sessions" with supervisors. These sessions were extremely well-received, as seen in universal ratings of the highest level, and in the following comments:

[The coaching sessions] have been very helpful. I appreciated that they always focused on my current needs versus following a predetermined topic. They were supportive and responsive, and I walked away from each one feeling empowered and with a plan. They assisted me in strengthening my leadership skills and enhancing my communication. I was better able to identify my needs and learn a variety of ways to support my staff. I have gained an understanding and clarity about my role in the agency, as a supervisor and as an individual. I really appreciated having the space and an opportunity to speak and work through challenges I may have been dealing with in a safe, non-judgmental environment.

I really enjoyed the opportunity to role play situations. [The coach's] approach was very gentle and I felt very safe to talk about things that I have been avoiding not feeling comfortable dealing with. I really enjoyed being able to incorporate the skills we learned in our group sessions in some of our discussions in coaching.

Comments on trainings for the larger group of direct services staff included:

- (Appreciated): the reminders to ground ourselves and to take care of ourselves before taking care of others
- (Appreciated): being able to participate and feeling part of the team
- (Appreciated): ways we could word things differently to be effective
- (Appreciated): how to see behavior differently
- (Appreciated): that while learning about how to help victims of trauma, we also learn about us

It is clear from these comments that the trainings explicitly addressed many elements of trauma-informed approaches, and several of the issues identified by staff early in the initiative.

### ***Trauma-Informed Capacity Assessment: Changes Over Time***

The Trauma-Informed Capacity Assessment was administered twice to all staff: the first time starting at the end of February, 2016 (time1), and the second time starting at the beginning of May, 2017 (time2). Both administrations yielded completion rates over 90%. Time1 results reflected the fact that Rainbow had already made strides in becoming trauma-informed in policies, procedures, rules, intake, involvement of staff and participants in shaping Rainbow's direction, and training and staff support. In fact, responses to some questions (especially about policies) were so uniform and fully consistent with trauma-informed principles that they were eliminated from the time2 survey, since no change would be possible. The summary of results that follows focuses on changes in responses. All respondents were included in the time1 analyses; for time2, staff that had been newly hired were eliminated, so that the comparisons would be consistent and reflect staff that had been present for at least most of the initiative. Otherwise differences might be independent of transition efforts. The summary also includes responses from several open-ended questions asked at time2 about staff experience with the transition.

**Policies, Procedures and Rules.** Seventeen items asked staff to rate the extent to which Rainbow's policies, procedures and organizational culture incorporated a variety of trauma-informed elements. Ratings could range from 1 (not at all incorporated) to 9 (very well incorporated). Staff could also respond with "don't know." Time2 responses, in general, had lower responses of "don't know," which indicates increased staff knowledge of Rainbow policies. Five items were eliminated in time2 because over 90% of staff responded with ratings of 8 or 9 at time1. They were:

- Rainbow has a commitment to supporting survivor self-determination and choice.
- Rainbow recognizes the pervasiveness of multiple types of trauma in the lives of survivors and their children.
- Rainbow has a written non-discrimination policy that includes sexual orientation.
- Rainbow is flexible with rules & guidelines if needed, based on individual circumstances.
- Rainbow has made efforts to reduce the number of rules it uses.

Of the 17 items, average (mean) scores were higher (closer to "very well incorporated") on the following four, shown in descending order:

- Rainbow seeks and incorporates input from survivors on its rules, rights, guidelines and grievance procedures.
- Rainbow has a written non-discrimination policy that includes gender identity.
- Rainbow has a written non-discrimination policy that includes gender expression.
- Rainbow reviews its policies on a regular basis to identify whether they are responsive to the needs of trauma survivors.

On the remaining items, mean scores declined, but never by more than a point (e.g. a change from 8 to 7). There were no mean scores lower than 6 (on a scale from 1 to 9), and 3 of the lower scores were still 8 or higher.<sup>6</sup>

Staff were also asked about guidelines for shelter residents related to chores, curfew, group attendance and watching one's own children. Options were: yes—mandatory; determined case-by-case; no guidelines; and don't know. All four areas showed a decrease in responses of "yes—mandatory," as well as "don't know." This shift suggests increased flexibility for shelter residents, as well as more widespread knowledge of shelter program policy and practice across Rainbow staff.

**The Intake and Assessment Process.** Nine items addressed the process and topics involved in intake and assessment/planning. Staff were asked to report on the frequency with which topics were covered (always, usually, sometimes or never), or the extent of their agreement that assessment addressed issues (strongly agree/agree, strongly disagree/disagree); both types of questions allowed a "don't know" response. These were perception questions, since staff were asked to respond about what occurs at the agency. Seven items were eliminated from the original sixteen, because over 90% of responses at T1 were either "always/usually" or strongly agree/agree. They were:

- (How often) do staff members ask survivors about their goals?
- How strongly do you agree that Rainbow's intake assessment covers:
  - social supports in the family and community;
  - the current level of danger from other people;
  - other experiences of trauma
- How strongly do you agree that the following practices occur:
  - Rainbow staff members talk with survivors about why questions are being asked
  - Throughout the assessment process, Rainbow staff members check in with survivors about how they are doing (e.g. asking if they would like a break, water, etc.)
  - Rainbow provides an adult translator (not another survivor in the program or a child/family member, due to safety and confidentiality concerns) for the assessment process if needed

Of the nine items, the percentage of staff who responded "don't know" declined substantially—again indicating greater awareness of program practice across staff. Five of the items showed increases in a trauma-informed direction. They were the following topics or practices:

- Cultural strengths (e.g. world view, role of spirituality, cultural connections)

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<sup>6</sup> It is also worth noting that in several of the cases where average scores declined, "don't know" responses were less than half of what they were at time1.

- Experiences of cultural or historical trauma, homophobia, racism, stigma and other forms of discrimination
- Previous head injury
- Rainbow staff members inform survivors about what information will be shared with others and why
- Survivors and staff work together to develop plans for addressing children’s needs

**Staff Practice and Services.** Eleven items asked about the frequency with which staff engage in a variety of practices that are trauma-informed for domestic violence settings.<sup>7</sup> An additional four items were eliminated from the T2 survey because over 90% reported that staff “always or usually” did these things at T1. They are:

- Staff members help survivors obtain/maintain access to their medications, as needed.
- Staff members provide information that is helpful to survivors in understanding the impact of trauma and DV on their children.
- Staff members incorporate an understanding of the effects of trauma on development into their interactions with children of survivors.
- Rainbow has developed a trauma-informed approach to working with survivors who are experiencing mental health, substance abuse or trauma-related crises.

Staff were most likely to engage in four of the listed practices:

- Staff members incorporate an understanding of trauma into their interactions with survivors.
- Staff members support survivors in identifying potential emotional triggers (or traumatic reminders).
- Staff members approach survivors’ gender identity and sexual orientation with an understanding of gender variance and the effects of heteronormativity (seeing heterosexual as “normal” and others as “not normal”).
- Staff members inform survivors about the extent and limits of privacy and confidentiality within the program (e.g. the kinds of records that are kept, where they are kept, who has access to this information, and when the program is obligated to report information to child welfare or police).

For two items the percentages of “always/usually” were even, and the remainder declined slightly (by 6% or less) at T2. Nonetheless, the lowest of the declining responses was over 77% and ranged up to 88%.

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<sup>7</sup> Again, the percentage of staff who responded “don’t know” dropped across items, and ranged from less than 7% to just under 27% (for an item about shelter practice).

Finally, staff were asked to rate their agreement with a series of five statements about practice and services. Again three from T1 were eliminated because over 90% agreed or strongly agreed.<sup>8</sup> They were:

- Survivors have access to foods specific to their culture.
- Services are available in the primary language of survivors and their children.
- Rainbow is responsive to the cultural values of survivors.

Endorsement of three of the five items increased:

- Culturally specific healing approaches are available to program participants (the rate of “strongly agree” responses tripled).
- Rainbow recognizes and attends to culturally specific experiences of trauma (the rate of “strongly agree” responses doubled).
- Outside agencies with expertise in cultural competence provide on-going training and consultation pertaining to survivors’ cultures and identities.

The two items with declining rates of agreement still were endorsed by over 88% of staff. As noted previously, the measures in this section address staff perceptions of what is done or offered at Rainbow.<sup>9</sup> Responses show substantial movement in the direction of more trauma-informed practice, and more staff awareness of services and approaches.

**Staff Support.** The survey asked about the extent to which Rainbow responds to twelve different “self-care and trauma-related needs of staff.” For each item, possible responses were “very much” (1), “somewhat” (2), “a little” (3), or “not at all” (4). A comparison of mean (average) scores between T1 and T2 showed improvements for four of the items, and ratings about the same for another five. “Topics related to self-care are addressed in team meetings (e.g. vicarious/secondary trauma, burnout, stress-reducing strategies)” showed the greatest decline, but it had the highest rating at T1, and the shift was from 1.18 to 1.33 (still much closer to “very much” than to “somewhat.” “Careful attention to work load management” also declined, but just by .08, and the mean rating remained between “very much” and “somewhat.” The biggest improvements were in “wellness programs for staff” and “mental health and substance use benefits,” with lesser improvements for “staff access to clinical supervision or guidance” and “debriefing following a crisis.”

**Training Received and Desired.** The survey asked about training for staff on 18 different trauma-related topics; potential responses were “I’ve received all I need,” “I’ve received some but want more,” “I’ve

<sup>8</sup> Once again, the percentage who responded “don’t know” declined, except for one item (about written material being available in the primary language of program participants), in some cases dropping by more than half.

<sup>9</sup> Changes in what direct service staff report they do is covered in the summary of responses to the Trauma-Informed Practice Survey, in the next major section.

received none, and it's relevant to my work," and "this isn't relevant to my work." In general, at T2, more staff reported they had received all the training they need, fewer staff felt topics weren't relevant, and more staff responded with "I've received none, and it's relevant." More specifically, the two topics that most staff (30%) reported they had received all the training they need at T2 were:

- Understanding trauma and its effects on the mind, brain, body and spirit (compared to 14.3% at T1)
- Ways abusive partners use mental health and substance abuse against survivors (compared to 22.9% at T1)

Two-thirds or more of staff indicated they had received some training on the following six topics, but wanted more:

- Strategies and tools to support survivors' resilience, healing and well-being
- The impact of DV and trauma on children's development
- How trauma affects a child's attachment to caregivers
- Cultural differences in how people understand and respond to trauma
- Collaborating with mental health and substance abuse treatment providers and systems
- Vicarious or secondary trauma

The last two also had the lowest percentage of staff reporting they had received all the training they need (10%). Finally, the topic with the greatest percentage of staff responding they had received no training and it is relevant to their work was "the impact of immigration-related trauma on survivors, their families and communities."

The survey also asked about training on eleven different trauma-related *approaches*; potential responses were the same as questions about topics.<sup>10</sup> Again, higher percentages of staff indicated they had received all the training they need at T2—in response to every item; these responses at least doubled in response to eight items, with a high of 27% for three items. Sixty percent or more of staff indicated they had received some training on the following four topics, but wanted more:

- How to support survivors experiencing mental health and substance use-related effects of trauma and DV/SA
- Strategies and tools to support survivors' resilience, healing and well-being
- Trauma-informed approaches to working with survivors (sensitive to how people are affected by trauma, collaboration on working together, respect for their experience, supporting resilience and well-being)

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<sup>10</sup> Again, responses of "it's not relevant to my work" declined in T2—for every item except "trauma-informed approaches to supporting the parent-child bond."



- Strategies to support survivors in managing their own feelings in ways that are both respectful and helpful to them

The two items with the highest percentages of staff reporting they had received no training and it's relevant to their work (27%) were:

- Culturally specific approaches to healing relevant to southern California communities
- Trauma-specific interventions for children and adolescents.

In general, these data on training reflect that substantial amounts of training have taken place during this initiative. More staff than before feel they have received all that they need. At the same time, staff are interested in more training, and more staff feel that training is relevant to their work than before.

**Challenges.** Staff were asked to rate the extent to which they experience four different challenges in working with survivors. Responses ranged from “not at all” (1) to “very much” (9). They could also respond “doesn’t apply” (for staff who have no contact with survivors); these were not included in calculating mean (average) score. On one item “limited knowledge, experience and/or comfort in addressing the trauma-related effects of DV/SA” the mean scores were identical at T1 and T2: 4.44—near the middle between “not at all” and “very much.” At both times a third of staff responded to this item with 1 or 2. Mean scores showed some increases in the rating of challenges on the other three items, as follows:

- Concerns that survivors experiencing mental health- or trauma-related symptoms may not be able to make the best use of the program’s services (increase from 5.55 to 6.12)
- Concerns about how mental health symptoms or substance use may affect the physical and emotional safety of other program participants (increase from 5.63 to 5.96)
- Difficulties in responding effectively in interactions with survivors that make you uncomfortable (the lowest rating of challenges over all, and only a slight increase from 4.29 to 4.38)

**Confidence in Rainbow.** The survey asked staff to rate their “confidence in Rainbow’s ability to support survivors with a range of nine trauma-related needs, either onsite or through services in the community.” Ratings ranged from “not confident at all” (1) to “very confident” (10).<sup>11</sup> Ratings at T2 averaged from 6.37 to 8.25. Comparison of mean scores showed increases in confidence in Rainbow on six of the nine items. The greatest increases were shown for the following three items:

- Survivors experiencing the ongoing effects of DV/SA and other lifetime trauma (increase from 7.69 to 8.25)

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<sup>11</sup> A “don’t know” response was also available; those responses were excluded from calculation of means.



- Survivors experiencing the ongoing effects of cultural, political and/or historical trauma (increase from 6.88 to 7.42)
- Survivors with a range of mental-health-related needs (the greatest increase, from 6.11 to 7.04)

The largest of the three decreases was on “the parent-child relationship within the context of DV” (from 7.43 to 6.96—still nearly 7 out of 10).

**Barriers to Community Services.** Although this dimension was not a direct focus of the initiative, available community resources are important contextual factors that affect the ability of Rainbow staff to provide comprehensive services to program participants. The survey asked staff to indicate which of twelve potential barriers existed in connecting survivors to services provided in the community. Comparisons of T1 and T2 showed increases in eight, the same on one (half indicated “of the available mental health agencies, waiting lists prohibit timely access to services” at both times) and declines for three. Although “limited number of community mental health agencies” declined from 73% to 63%, it was the second most frequently indicated barrier at T2. Five barriers were selected substantially more frequently at T2 than T1:

- Lack of traditional/long-term housing available for people who have mental health or substance abuse-related needs (increased to #1, from 53.9% to 65.7%)
- Limited number of substance abuse treatment agencies (increased to #3, from 34.6% to 56.7%)
- Limited availability of inpatient substance abuse treatment facilities that are knowledgeable about trauma and DV (increased to #4, from 30.8% to 53.3%)
- Services are located too far away for survivors to access them (increased to #5, from 23.1% to 46.7%)
- No peer-driven/peer support or self-advocacy groups in the community (increased from 11.5% to 26.7%)

Although staff training and support have increased their capacity to provide services for program participants with increasingly complex needs, staff report that barriers to services in the community have increased. This makes providing comprehensive trauma-informed support more challenging.

**Summary.** Results of this lengthy survey, covering changes in policy, perceived practice, training, staff support and challenges, indicate substantial positive movement over the life of this initiative in these areas, and in organizational culture more generally.<sup>12</sup> Of course, desirable changes were not found on every dimension, so more can be done to continue this direction. Changes for direct service staff will be the focus of the summary of results from the next survey.

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<sup>12</sup> The T2 version of this survey included several open-ended questions asking about new efforts, greatest challenges and major successes. These are summarized at the end of this report, and incorporated with open-ended responses on the practice survey, following review of quantitative results.

### **Trauma-Informed Practice Survey: Changes Over Time**

The Trauma-Informed Practice Survey was distributed to all direct service staff through a SurveyMonkey link after the Capacity Assessment was completed. At both time periods, approximately 16 months apart, 88% of these staff completed this much shorter survey. Unfortunately, to enhance perceptions of confidentiality, staff were asked about their position, and not their length of service at Rainbow. Newly hired staff could not be excluded from comparisons, meaning that differences between the two time periods would be potentially greater if all responding staff had experienced all of the project's training and coaching. The survey addressed staff knowledge, practice and work experience. A separate section at the end contained questions only for directors/coordinators and supervisors. Comparisons of mean (average) scores are provided on charts in Appendix A.

**Changes in Knowledge.** The survey began by asking staff to rate their knowledge of 14 different topics. Possible responses ranged from “expert” knowledge (1) to “none/virtually none” (5).<sup>13</sup> As the charts show, knowledge increased over the life of the project on all 14 trauma-related topics for direct service staff as a whole. Because leadership received more of the training and coaching offered in this project, average changes for supervisors were compared to those not in a supervisory position. In general, mean scores showed that the supervisors rated themselves as more knowledgeable than non-supervisors on all 14 topics—at both T1 and T2.

Supervisors rated themselves as more knowledgeable at T2 on 13 of the 14 topics. The only exception was “how to talk with survivors about needs they may have related to substance use,” where the mean dropped from 2.33 to 2.14 (between somewhat and very knowledgeable). At T1, they rated themselves most highly (mean of 3.17—between very knowledgeable and expert) on “the ways my own experiences may affect my interactions with survivors.” At T2, their highest self-ratings were on the following:

- The impact of domestic violence (DV) and other trauma on adults (3.14)
- The range and types of trauma that survivors may experience (3.14)
- The challenges faced by people who have immigrated to the US (3.14)
- The ways my own experiences may affect my interactions with survivors (3.14)
- What it means to be “trauma-informed” in practice (not just the definition provided in the introduction) (3.0)

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<sup>13</sup> The instructions provided the following definitions of the alternative responses: “**Expert** means you have vast knowledge or experience; you could train others and use your knowledge in any situation. **Very knowledgeable** means you have lots of knowledge, and could supervise others; there aren't many situations where you couldn't use what you know. **Somewhat knowledgeable** means that you have some knowledge/understanding, and can apply it in many situations, but there are also many that you might not know about or know what to do. **Limited knowledge** means that you do know a little, and can use it in some situations, but you're often not really sure what to do. **None/virtually none** means you really don't know much about this at all, if anything.”

The direct service staff not in supervisory positions rated themselves as more knowledgeable at T2 on all 14 topics. At T1, they rated themselves most highly on “the challenges faced by people who have immigrated to the US” (2.67) and “the impact of domestic violence (DV) and other trauma on adults” (2.52).

**Changes in General Practice.** Staff were asked about the frequency with which they engaged in trauma-informed practices in working with any participant. Responses included “always—95-100% of the time” (1), “most of the time—60 – 94% of the time (2), “often—40-59% of the time” (3), “occasionally—10-39% of the time” (4), and “rarely/never—0-9% of the time” (5).<sup>14</sup> As the charts in Appendix A show, scores improved slightly (from 2.3 to 2.2, making it the least frequent of the six practices, but still close to “most of the time”) on one of the six: “talk about the physical and emotional responses (including trauma reminders/“triggers”) that may arise as a consequence of experiencing abuse or other difficulties. Scores remained the same for two practices: “keep in mind that challenging or puzzling behaviors may be related to trauma or abuse they have experienced (1.7),” and “talk about how abuse and other difficulties can affect people’s ability to think clearly and remember things (2.0).” Mean scores reflected slightly less frequent use of the practice on the remaining three items, but two still indicated quite frequent practice. At T2, “try to put myself into their shoes” averaged 1.8, and “they determine what to share about their lives and when” had a mean of 1.4—the most frequent of these practices.

**Changes in Practice with Adult Survivors.** Nine items focused on the frequency with which staff engaged in trauma-informed practices with adult survivors. The response options were the same as the previous questions. As shown in Appendix A, six showed increased frequency, one averaged the same at T1 and T2, and two showed, on average, somewhat decreased frequency. All scores at both time periods averaged below 3 (more frequently than “often”), and four averaged below 2 (more often than “most of the time”) at T2. These were:

- Talk about various strategies such as relaxation skills to cope with trauma-related responses or stressful situations
- Ask survivors how their children are doing
- Decide together what we will work on, and how
- Make sure to take time to reflect on my own responses to the survivors and children I’m working with

**Changes in Practice with Children.** Three items focused on the frequency with which staff engaged in trauma-informed practices with children. The frequency decreased for all three items, but the least frequent average at T2 was 2.0 (“most of the time”), for “talk with children about things they can do to feel safe.”

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<sup>14</sup> A “does not apply” option was available for all practice questions. Between 33% and 41% of staff selected this option for responses to questions about working with children; between 0 and 18% selected it in response to other practice. These responses were eliminated from calculations of mean scores.

**Changes in Approach to Practice and Work Experience.** Fourteen statements addressed various aspects of practice approach and experience working at Rainbow. Responses could range from strongly agree to strongly disagree. The “does not apply” option was used for only one item—the one that mentions children. The changes in mean scores for direct service staff as a whole are shown in the charts in Appendix A. It shows that scores were the same for 5 items, changes counter to becoming trauma-informed for 4 items, and changes consistent with becoming more trauma-informed for 5 items. Average scores of 2 or less (between “agree” and “strongly agree”) at T2 were found for the following:

- I feel good about working at Rainbow (1.5—the “best” average score)
- I use various strategies, such as relaxation skills, to cope with stressful situations at work (1.7)
- I am very aware of my own triggers or feelings of burnout (1.8)
- I feel comfortable talking with someone here about my feelings of burnout (1.8)
- I feel respected and valued in the work that I do (2.0)

Of the items that showed changes counter to becoming trauma-informed, the biggest change was in the direction of agreement with the statement “I am sometimes too uncomfortable to raise issues or express concerns at work,” although average at T2 was 3.3—on the “disagree” side of the mid-point of “neither agree nor disagree.” Other changes were not as large—on “I feel like I am part of a team in the work I do” (T2 mean 2.3) and “My colleagues and I provide support and make accommodations for each other when difficulties arise in our lives” (T2 mean 2.2).

Two new questions were added to this last section for the T2 survey, so changes cannot be reported. However, the responses are informative:

- I feel like there’s too much work to do on an average day—I just can’t get to all of it: 27% agreed or agreed strongly (63% of supervisors and 16% of non-supervisors)
- I enjoy the work I’m doing: 92.6% agreed or agreed strongly (86% of supervisors and 95% of non-supervisors)

**Summary.** Responses to this survey show substantial positive changes in staff reports of their knowledge of trauma-related topics and approaches, and in their responses to questions about their own trauma-informed practice with adult survivors and their children. Responses also show that staff experiences are complex—they sometimes feel there is too much work to finish, and sometimes don’t raise issues or concerns, and yet they enjoy their work and enjoy working at Rainbow. While much has been accomplished, there is still more that can be done in the transition to becoming trauma-informed.

### ***Trauma-Informed Outcomes: Changes Over Time***

The Trauma-Informed Outcome Survey was administered to Rainbow’s program participants over a two-month period beginning in August 2016, and again for two months beginning in October, 2017.<sup>15</sup> Rainbow staff were provided with paper copies of the survey and an “information sheet” (explaining the survey’s purpose and that it was voluntary and confidential, as approved by NCDVTMH’s Institutional Review Board) in English and Spanish to share with participants. Staff also received explanations of survey procedures, guidelines for talking with participants about the survey, and stamped envelopes addressed to NCDVTMH offices in Chicago. Procedures were reviewed with Rainbow’s Director of Communications & Fund Development,<sup>16</sup> who then reviewed them and served as ongoing contact with Rainbow direct services supervisors and staff. Program participants who were age 18 or older and had completed at least two appointments/visits<sup>17</sup> (or days in a residential program). For the T2 administration, staff were instructed to make sure that participants had not completed a T1 survey. Participants who completed surveys were offered \$10 out of respect and appreciation for their time. Surveys were also available on SurveyMonkey in both English and Spanish. Data were entered and analyzed in the Chicago offices of NCDVTMH.

The surveys asked participants about the services they were receiving, how long they had stayed (or how many visits/appointments they had had), how staff had treated them, and what changes they had experienced themselves and the changes they saw in their children. The summary that follows focuses on outcomes for survivors.

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<sup>15</sup> While it would have been ideal to have the first administration occur earlier, the sequence of three surveys for this evaluation was challenging for Rainbow staff to oversee and manage, and the one for survivors was most complicated, so the surveys were completed sequentially. This does mean, however, that staff training for this project had begun about seven months prior to the first survey of participants, likely reducing the potential differences in outcomes attributable to the impact of training.

<sup>16</sup> The grants administrator first completed certified training in “protection of human subjects,” as required by NCDVTMH’s IRB.

<sup>17</sup> Staff were instructed that this was the minimum, but that more/longer would be better. Participants in DV programs often do not have an identifiable, planned exit/termination, so administration at the conclusion of services is not possible with consistency. In addition, selecting only longer-term participants may systematically exclude those who have not been happy with services. Our guidelines for inclusion try to balance these and other considerations to obtain a sample that is as representative as possible.

**Comparison of the Participant Samples.** Sixty-three participants completed surveys at T1, and 73 at T2. The table below shows some relevant comparative information.

	<b>Time 1</b>	<b>Time 2</b>
Survey completed in Spanish (yes)	44.4%	47.9%
Participant has children	98.4%	93.0%
Latinx	72.6%	73.6%
Services received by participant (all that apply):		
Advocacy/support/case management	55.6%	50.7%
Counseling/therapy	61.9%	65.8%
Support group	87.3%	83.6%
Emergency shelter	30.2%	37.0%
Transitional housing	25.4%	37.0%
Legal services	46.0%	30.1%
Parenting support	19.0%	32.9%
Childcare	46.0%	45.2%
Supports or services for children	26.8%	24.7%

Participants at the two time periods are quite similar. The vast majority of participants identified as Hispanic/Latino/a (now more commonly written as “Latinx”), and the rest reflected a range of races/ethnicities. At T1 6.5% identified as “Caucasian/White,” compared to 2.8% at T2. Nearly all had children, and participants were receiving a wide array of services at both time periods—a reflection of the complexity of needs with which participants come to programs for help. The largest differences between the two groups were that substantially more T2 participants were in receiving residential services, more were getting support for parenting, and fewer were receiving legal services. As shown in Appendix B, participants in the two surveys had received similar amounts of service from Rainbow: nearly two-thirds had come for services at least six times, and 47% and 59% of those in residential services had stayed three months or more at T1 and T2, respectively. However, the 2016 sample, on average, reported staying in Rainbow’s shelter or transitional housing a longer amount of time than those in the 2017 sample.

**Perceptions of Staff Practice: Changes Over Time.** Participants were asked about 8 specific staff practices related to trauma-informed approaches. Possible responses were “very true,” “somewhat true,” “a little true,” and “not true at all.” As shown in the charts in Appendix C, participants reported that the particular practice was “very true” at a higher percentage for six of the eight items. The increase was especially notable for the following five practices:

- Staff have talked with me about how to handle unexpected reminders of the abuse and difficulties I have endured (63% to 78%)

- Staff provide opportunities to learn how abuse and other difficulties affect people’s ability to think clearly and remember things (69% to 77%)
- Staff respect the choices I make (79% to 86%)
- Staff provide opportunities for me to learn how abuse and other difficulties affect people’s physical health (74% to 82%)
- Staff provide opportunities for me to learn how abuse and other hardships affect people’s relationships (77% to 82%)

Although rates of these practices were high at T1, they still increased at T2. The two items that showed declines were moderate (less than 5% and under 2%), and were still rated “very true” by more than 75% of participants at T2.

**Participant Outcomes: Changes Over Time.** The survey asked about 24 different outcomes participants might experience *in themselves, as a result of services*<sup>18</sup> they had received at Rainbow. Responses could range from strongly agree to strongly disagree. As shown the charts in Appendix D, the percentages of participants who agreed or agreed strongly increased at T2 for ten items; six were about the same, and eight showed some decline. The following are the ten with increases:

- I feel less alone than I did before (greatest increase)
- I think I go about solving problems better than I did before (2<sup>nd</sup> greatest increase)
- I am more likely to feel that I can be myself
- Even on hard days, I feel more hopeful about the possibilities for my life
- I don’t feel sad or have other painful feelings as often as I did before
- I feel more comfortable exploring my own interests
- I have more interest in connecting with people in my community
- I am more likely to trust my own sense of what will keep me safe
- I feel less anxious than I did before
- I am more comfortable expressing what I think and feel

Of the eight that showed some decline, most were by small percentages, and some remained quite high at T2 (for examples 94.3% agreed/strongly agreed that “I better understand how I have been affected by abuse and violence”). Two declined somewhat more, while remaining above 80%:

- I better understand my own anger (declined from 90.3% to 80.3%)
- I more often feel that the world is open for me and less about abuse and violence (declined from 90.3% to 83.1%)

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<sup>18</sup> The questions were phrased so that they asked about changes “as a result of services received at Rainbow.”



**Changes in Perceptions of Staff Practice and Outcomes Related to Parenting.**<sup>19</sup> The survey asked four questions about perceptions of staff support related to parenting. Response options were very true, somewhat true, a little true, and not true at all. Participants' responses of "very true" increased on all four, and ranged from 79% to 83.9% at T2. The largest increase was for "Staff support me to strengthen my relationships with my children" (an increase in "very true" of 69.6% to 83.9%).

Participants were asked about six outcomes related to their parenting. Responses could range from strongly agree to strongly disagree. Four showed increases in agree/strongly agree at T2, one was about the same, and one declined. The one that declined ("I know more ways to support my children when feelings about abuse or violence come up") was still about 90% at T2. The following show increased rates of agreement/strong agreement:

- I better understand how my children have been affected by abuse and violence
- I am better able to talk with my children about how abuse and violence might have affected them
- I more often see my children as themselves and different from my abusive partner
- I am more likely to feel that my children and I can talk about anything (the largest increase)

Finally, the survey had four items that addressed parent's perceptions of outcomes for their children. The percentages who agreed or agreed strongly increased on all items, in some instances substantially. The four items follow:

- My child has more ways to calm him or herself down when upset (increase from 79.2% to 87.0%)
- My child turns to me for help more than before (increase from 84.3% to 94.2%)
- My child has used what he or she has learned from Rainbow in relationships with other people (increase from 68.6% to 100%)
- Because of their experience with Rainbow, my child feels better about him- or herself (increase from 73.6% to 97.8%)

**Discussion of Outcomes.** The outcomes results just reviewed show, in general, improvements at T2, despite a somewhat briefer length of stay for those in residential programs. In fact, further analysis showed clear (and statistically significant) relationships between duration of program participation and improved outcomes. When participants who had been in residence a week or less were excluded, the number and extent of improved outcomes increased.

The results also show that participants' perceptions of trauma-informed staff support increased at T2. Further, analyses show that perceptions of support and participants' outcomes are related:

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<sup>19</sup> All of the data related to this section are found in charts in Appendix E. Data reflect analyses for parents only.



stronger staff support was significantly associated with improved outcomes. That was especially true for support and outcomes related to parenting and children.

While improvements were not found for every item, these results are certainly encouraging.

### **Qualitative Results**

The second round of staff surveys asked several open-ended questions. The results are summarized here.

**New efforts made by Rainbow over the past two years to increase flexibility and options for participants.** There was a range of types of responses.

- New programs—a housing department, participation in a community art initiative, more types of support groups (Beyond Trauma, Seeking Safety and a parenting class)
- New structure—counselor at the shelter, new intake coordinator to “streamline participant enrollment into services”
- Flexibility—participants can use phones in shelter, new spaces created for families with pets and for adult male participants, some transitional families allowed to stay beyond 12 months, flexibility in scheduling
- Process—team meetings where participants express thoughts and feelings, more training and support for reflective supervision, “so that staff supervision is less about management issues and more about vicarious trauma...”. Residential workers “offer to watch participants’ children in order for participants to practice self care.” “Providing a menu of services...and openly having conversations about [participants’] needs and what is working for them and what is not.”

**Major challenges in becoming trauma-informed.** Challenges were described in four major categories: participants, staff boundaries, agency changes and the “outside world.”

- Examples of challenges related to participants:
  - “With participants that exhibit signs of aggression (including passive aggression), there can be too much emphasis placed on working [with] them at the expense of the emotional safety of other participants and staff. From the perspective of the participants, they may feel as if some participants are given more attention than others...Although aggression can be a symptom of PTSD, there should be clearer lines drawn between what behavior is permissible and which behavior is not.”
  - “A major challenge has been that it seems staff often feels that becoming ‘trauma-informed’ means they have no ability to hold participants accountable for problematic behavior. We need more guidance for staff that TIC and boundaries/accountability for

participants are not mutually exclusive...In addition, staff sometimes feels that the participants we have take up more staff time because we are accepting people who have serious mental health, substance abuse, and/or trauma issues, which can lead to staff frustration and burn out.”

- “The most challenging aspect initially was reminding myself that participants were not purposefully being difficult or challenging [and] that this was a result of trauma and survival.”
- Examples of challenges related to staff boundaries:
  - “...It’s a bit hard to work with challenging participants and not know how much help is too much or how far shall we go if the participant isn’t responding or wanting the help we are providing.”
  - “It can be difficult establishing boundaries and remaining empathetic to the trauma response in my participants. Often, I allow my boundaries to become fluid...I have to remind myself to establish my boundaries.”
  - “Employees being trauma-informed with participants but not staff.”
- Examples of challenges related to agency changes:
  - “The ongoing transitions of our leadership team as well as a fairly significant turnover in our residential staff has hindered our ongoing learning process a bit. The turnover in residential workers has been somewhat positive, as at least three have been promoted to other positions...”
  - “Several changes in staffing and programs.”
- Examples of challenges related to the “outside world”:
  - “The challenge at this time is working with some other agencies/providers who are not trauma-informed and difficulties participants encounter when referred to them.”
  - “The challenges of ‘the outside world’ and not being nice or trauma-informed.”

**How using trauma-informed approaches has a positive impact on work with participants.** The major types of examples of positive impact were described for participants and the staff themselves.

- Examples of positive impact on participants:
  - “I have noticed that participants feel much more safe to disclose...information.”
  - “Many participants have stated that they feel this is the first agency that has fully understood them...Participants have stated that they feel comfortable and safe when they arrive for services.”
  - “Explaining the process of services has decreased participants’ anxious feeling...Being transparent and informing about direct services has increased attendance and participation...Having worked at another domestic violence agency [that] was not

trauma-informed, I can see the differences and ways that participants feel understood. Participants have felt more in control...”

- Examples of positive impact on staff:
  - “...Staff members and participants treat each other as human beings.”
  - “[I have a] better understanding of how to approach situations with survivors. I love learning how to better communicate and better help them in a positive meaningful way.”

**Major successes in Rainbow’s efforts to become more trauma-informed.** The major areas of success identified by staff were participant options, engagement and choice, staff compassion and openness to change, and training. Examples of increased participant options, engagement and choice include:

- “Survivors are given options instead of mandatory rules and regulations they must follow. Most of the time survivors follow those options because they see that staff cares about their wellbeing.”
- “Being more successful in identifying participants’ needs based on their trauma history, versus staff assumptions of what participant needs *should* be based on their communication, behaviors demeanor, etc.”
- “Many participants find that they are given the opportunity to flourish and grow on their own tie. With less emphasis on mandatory services and more emphasis on meeting participants where they’re at, this allows participants the voice and choice to choose their path towards healing.”

## Discussion of Implications

The summary of evaluation results just provided demonstrate that Rainbow has had substantial success at meeting the three primary goals proposed for this initiative. Significant strides have been made in establishing agency changes in structure, policies and culture. Training and coaching—especially provided to leadership—have increased staff knowledge of topics and approaches consistent with trauma-informed practice. Notably, program participants’ feedback supports staff self-reports of changes toward utilization of trauma-informed styles of intervention. Most important, changes in program and practice have generally improved outcomes for program participants—especially with regard to parenting and children. These three components of the transition toward becoming more trauma-informed are working together at Rainbow. And this movement can be seen despite Rainbow having started this initiative more trauma-informed because of prior changes and training than many agencies would be. If the evaluation had started at the beginning of the transition, measurable changes

to date would likely have been substantially greater. All of this reflects that becoming trauma-informed can be complicated and clearly takes time and commitment, but is worth the effort.

The journey has not been entirely smooth. There has been staff turnover—some of it directly attributable to the transition—and some because there always is turnover in domestic violence programs. This is very challenging work. This initiative also took place during a period of precarious funding in some of its program areas. The resulting staff uncertainty most likely affected some of the results showing decreases on some trauma-informed indicators.

The results also suggest the importance of continuing this effort, in the following general areas:

- Continue to find ways to increase communication across departments—to enhance service transparency and awareness, and the consistency of what it means to be trauma-informed.
- Clarify and address the questions about accountability—of participants within the program, of staff and participants reciprocally, and of staff to one another.
- Continue to offer training, utilizing in part the priorities identified by staff, and find ways to make it available to all staff. Training for residential staff, especially when some are part-time, work evening shifts, and have other jobs, can be especially challenging, but is important, especially because of the time they spend with survivors.
- Continue to provide training in the basics and nuances of trauma-informed approaches in response to staff turnover and to reinforce basic principles.
- Continue to provide safe spaces for coaching and mentoring—for managers so they can model and reinforce trauma-informed practice with staff, and for staff to ensure the principles are embodied in their interactions with participants and each other.

Embarking on the transition to becoming trauma-informed in a challenging and unpredictable world with highly traumatized program participants is a difficult task. It takes a substantial investment of time and resources, as well as commitment from both leadership and front-line staff. But Rainbow has made that commitment and is well on the road.

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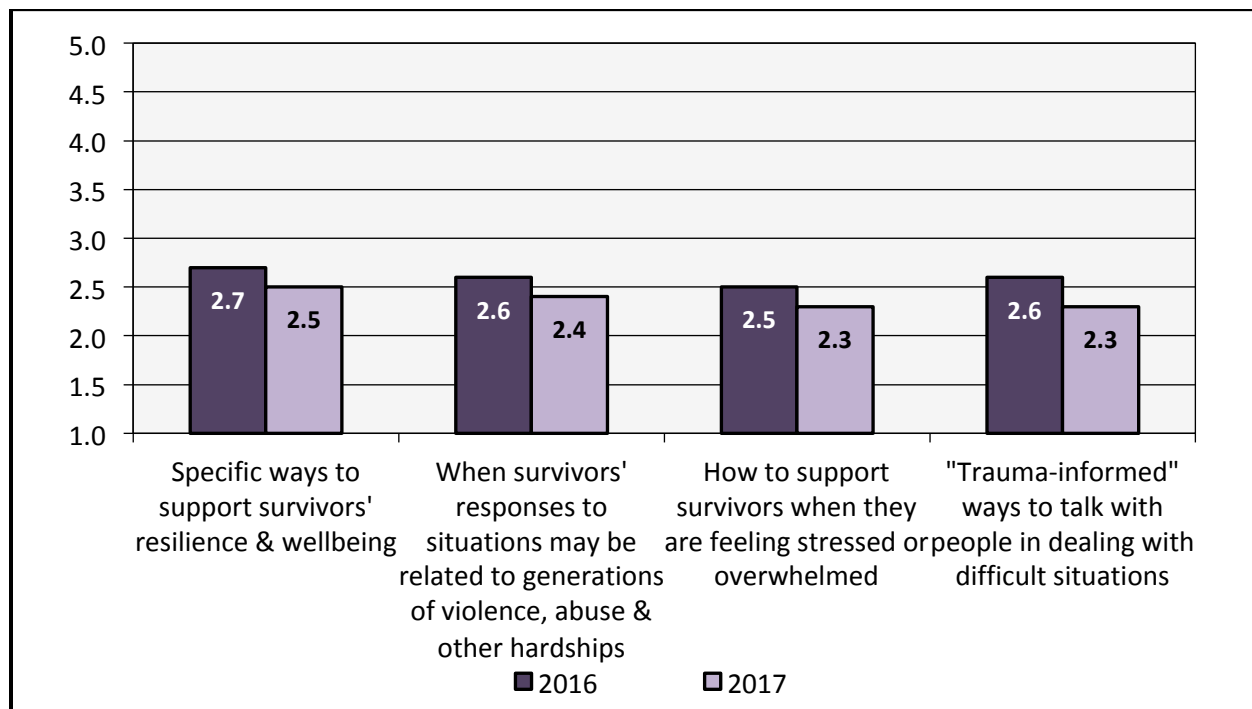
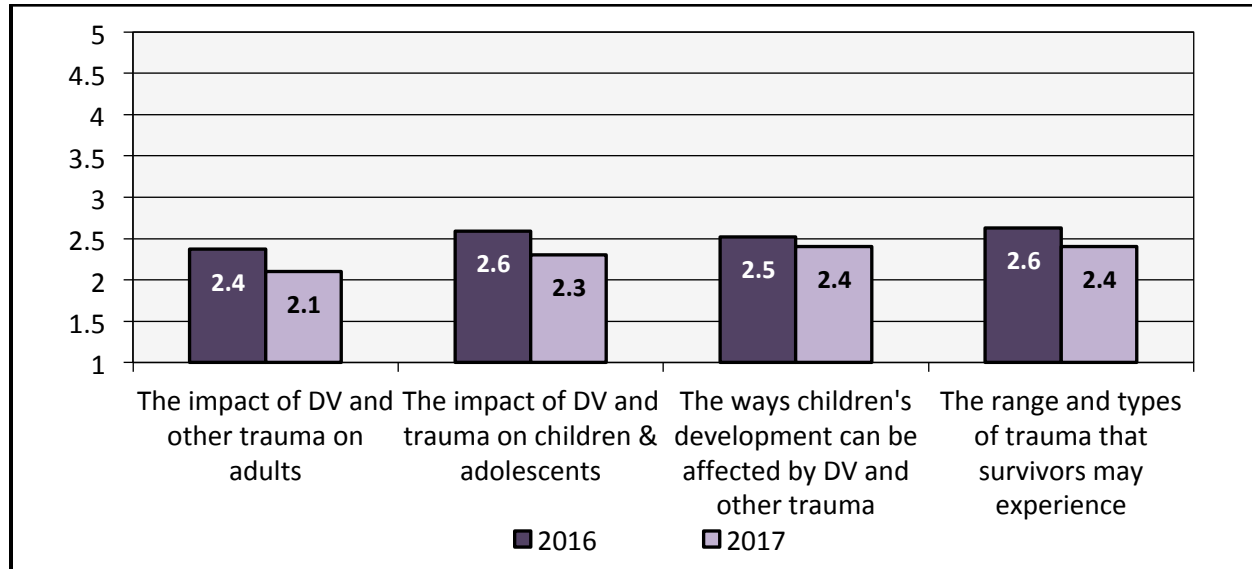
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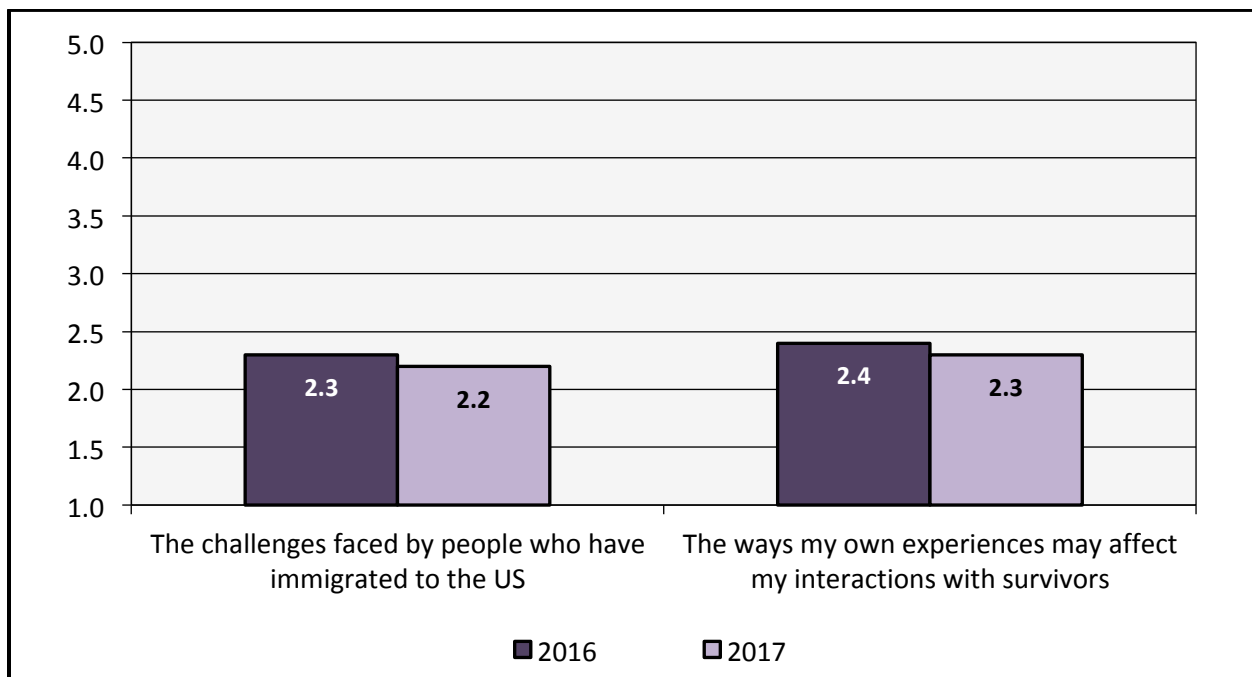
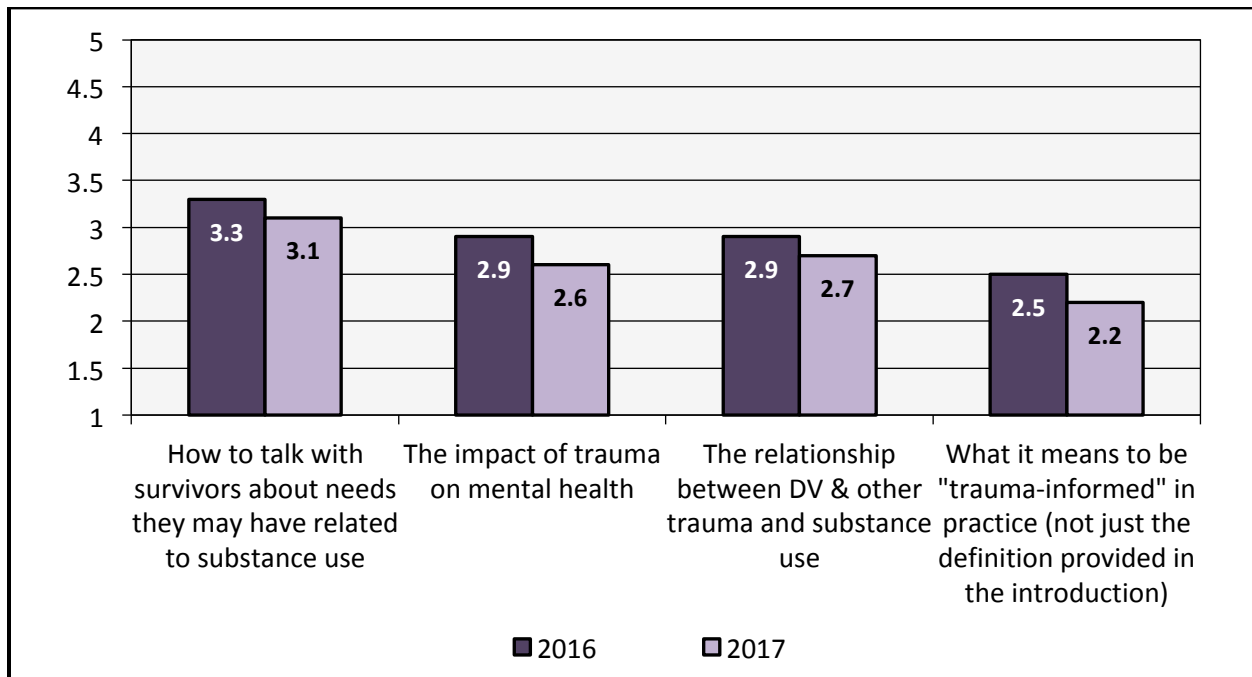
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## Appendix A: Rainbow Trauma-Informed Practice Measures, 2016 vs. 2017

Please rate your knowledge/understanding of the following topics or processes.<sup>20</sup>

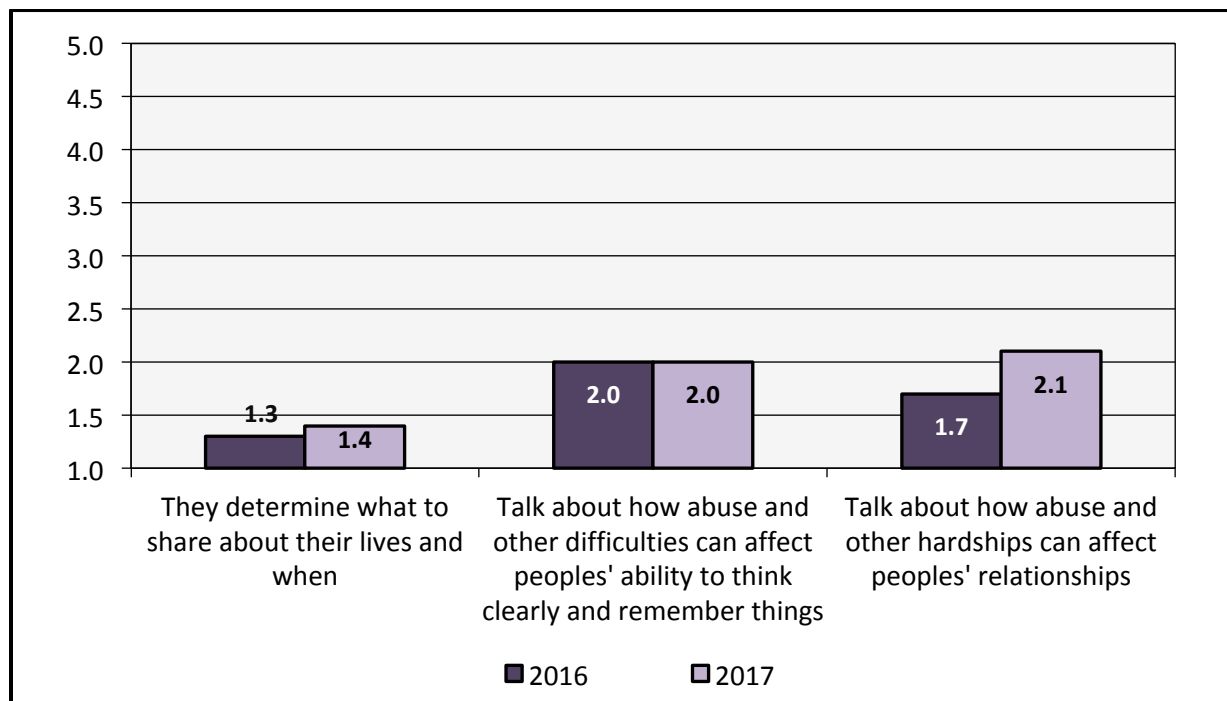
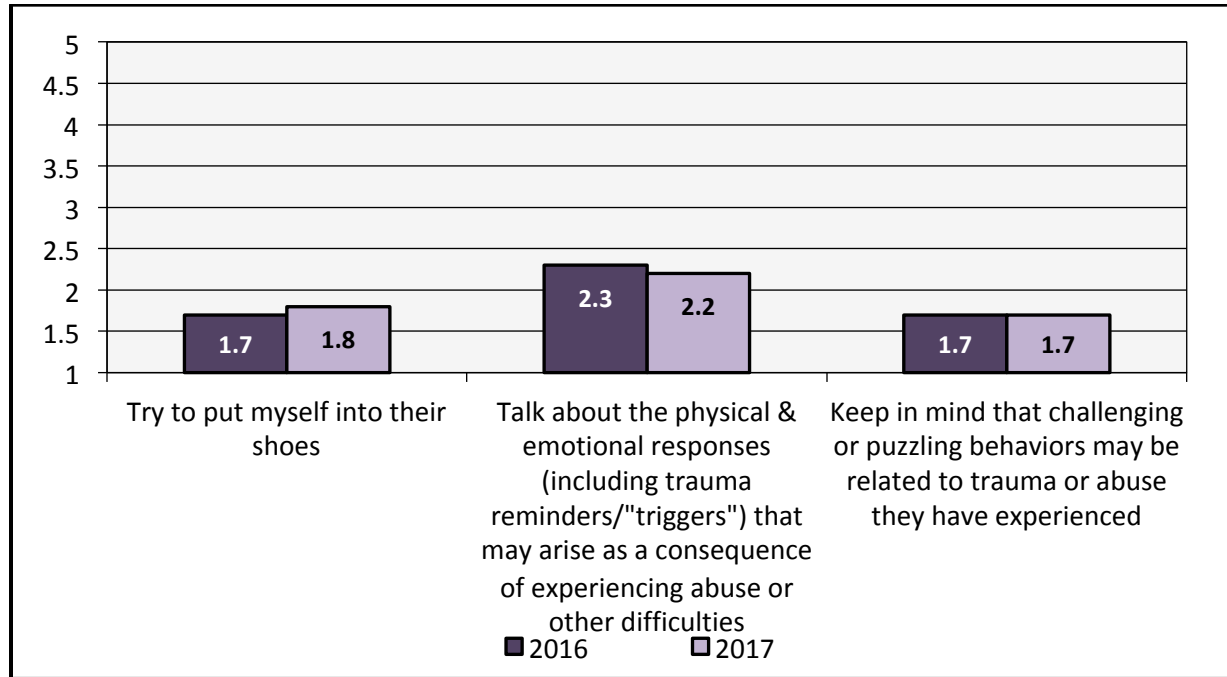


<sup>20</sup> Expert = 1 and None/Virtually None = 5. Therefore, a lower score equals greater knowledge or understanding.



**I do the following when I work with adults, youth and children who access our services...**

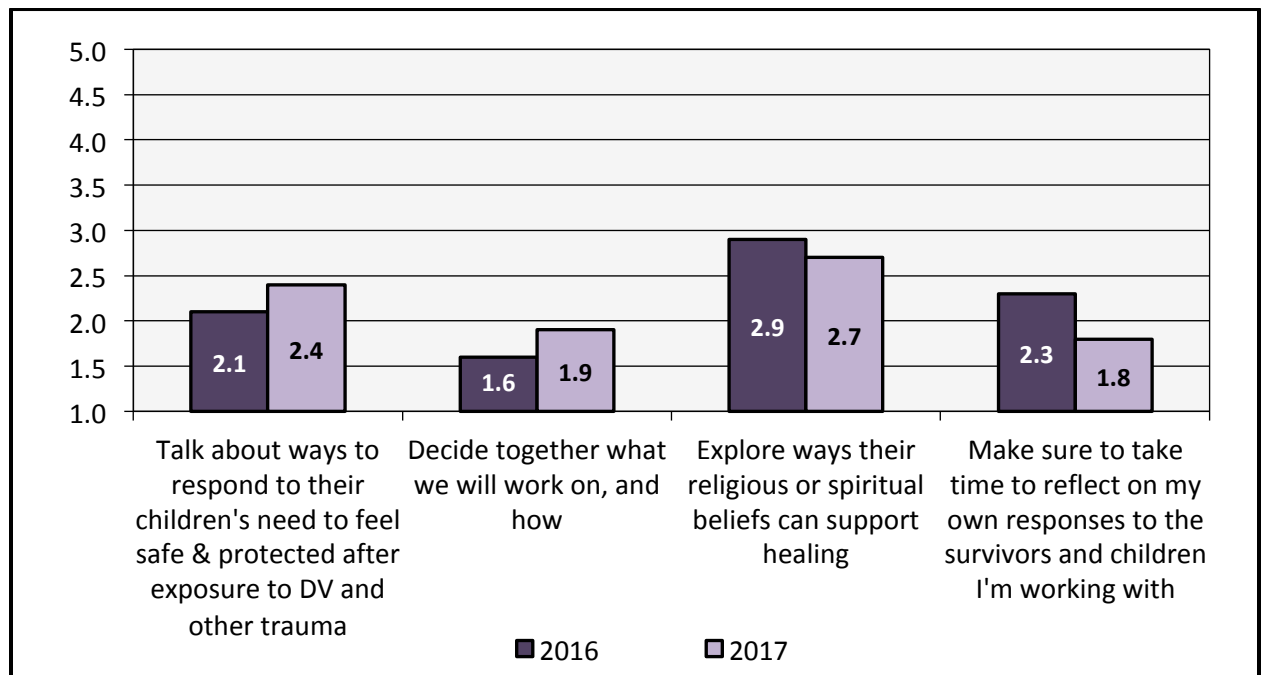
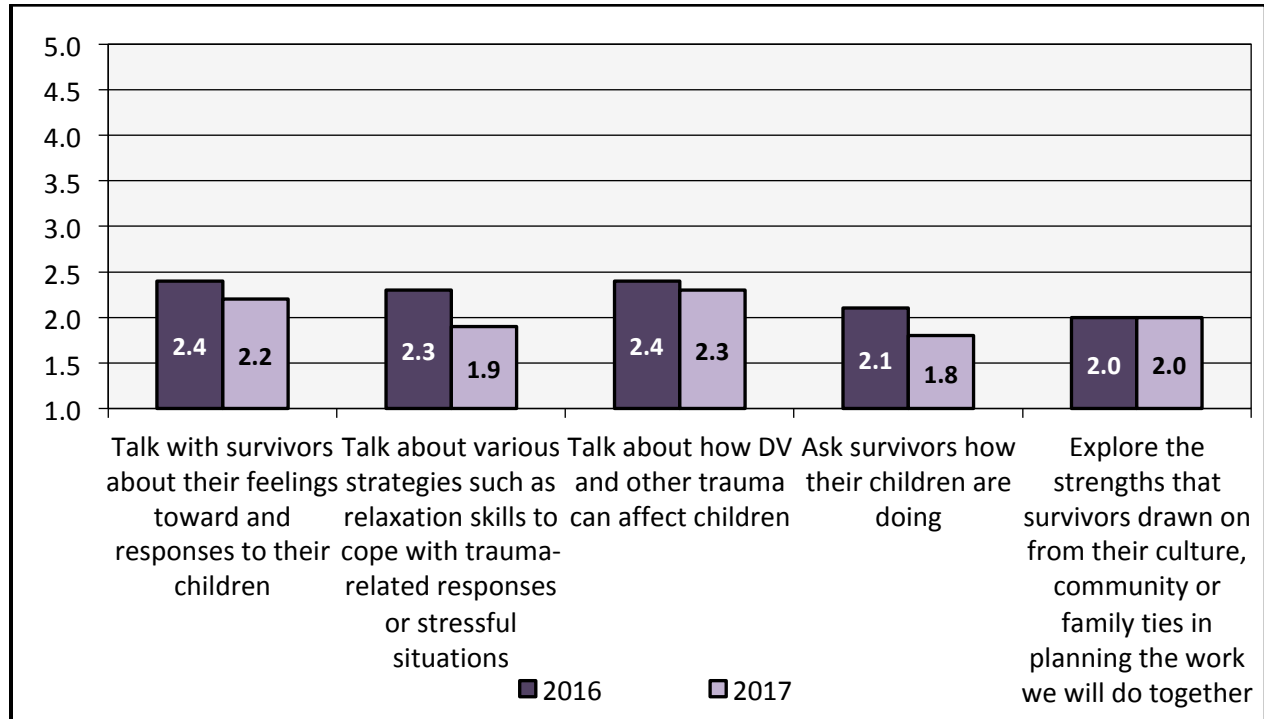
Always = 1 and Rarely/Never = 5. Therefore, a lower score equals utilizing the skill more frequently.





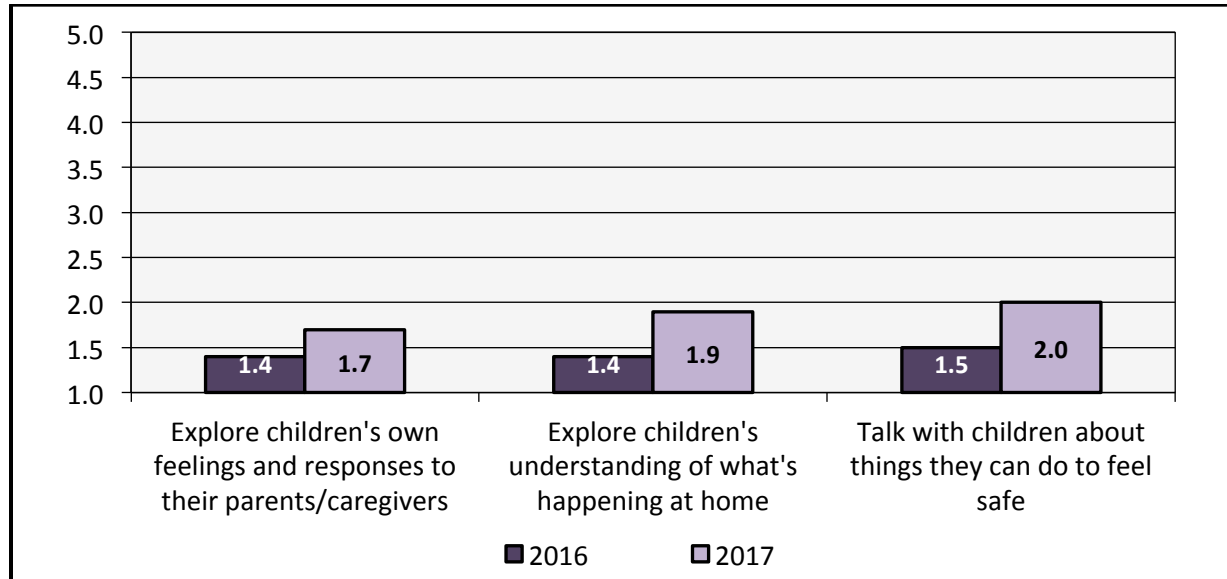
**I do the following when I work with (adult) survivors...**

Always = 1 and Rarely/Never = 5. Therefore, a lower score equals utilizing the skill more frequently.



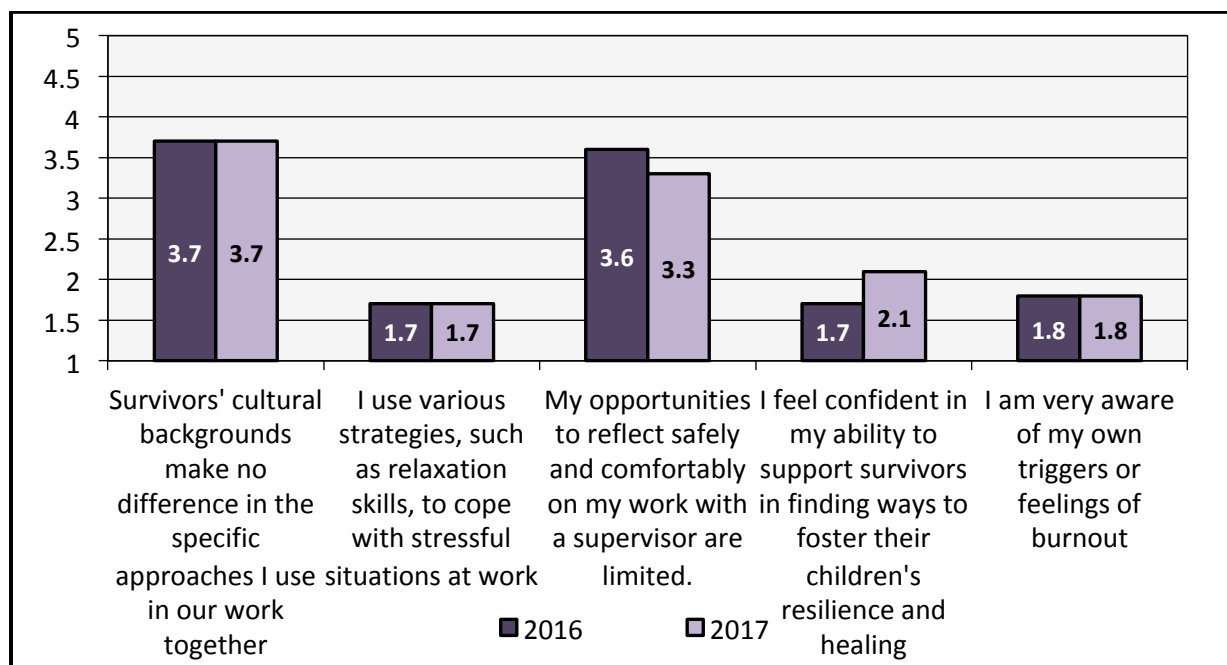
**I do the following when I work with children...**

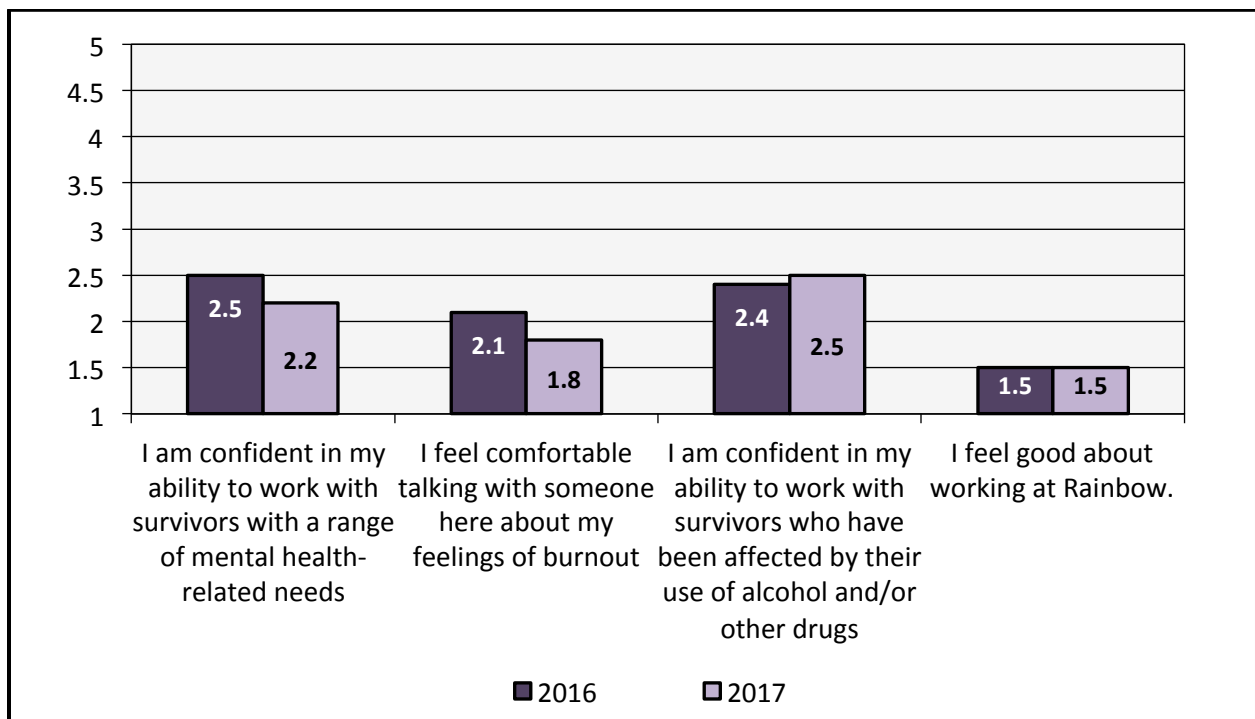
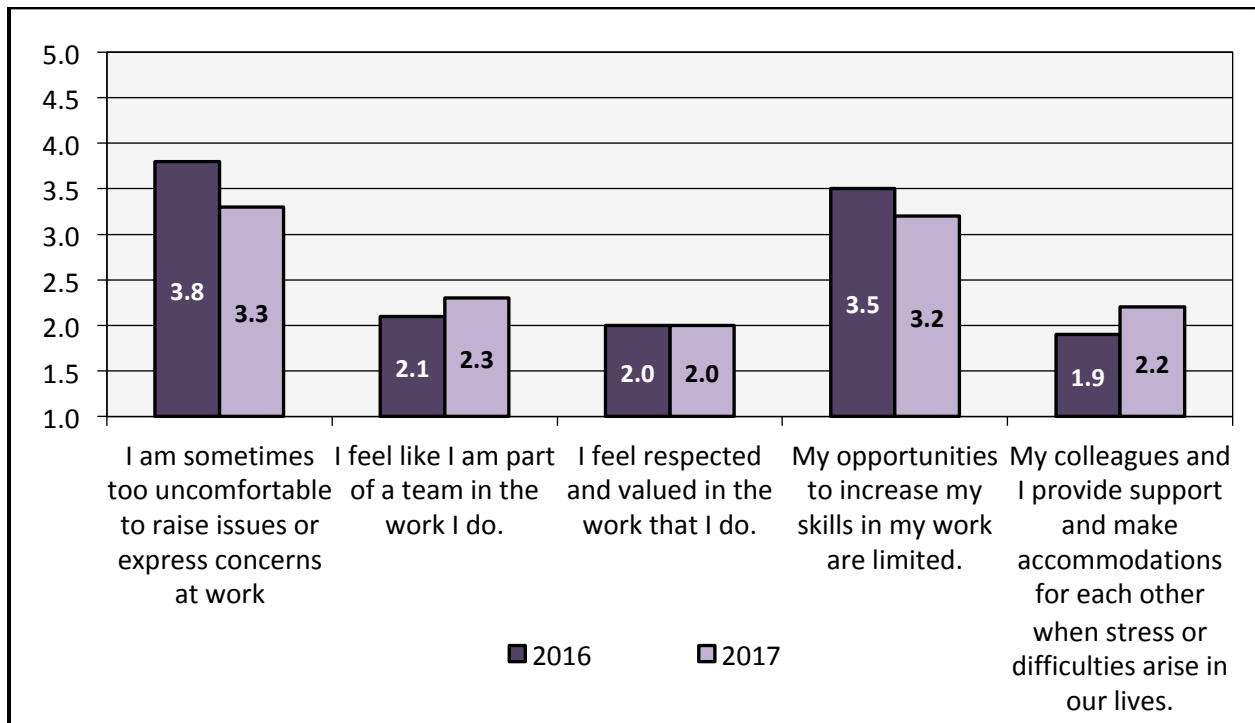
Always = 1 and Rarely/Never = 5. Therefore, a lower score equals utilizing the skill more frequently.



**Please indicate how much you agree or disagree with the following statements.**

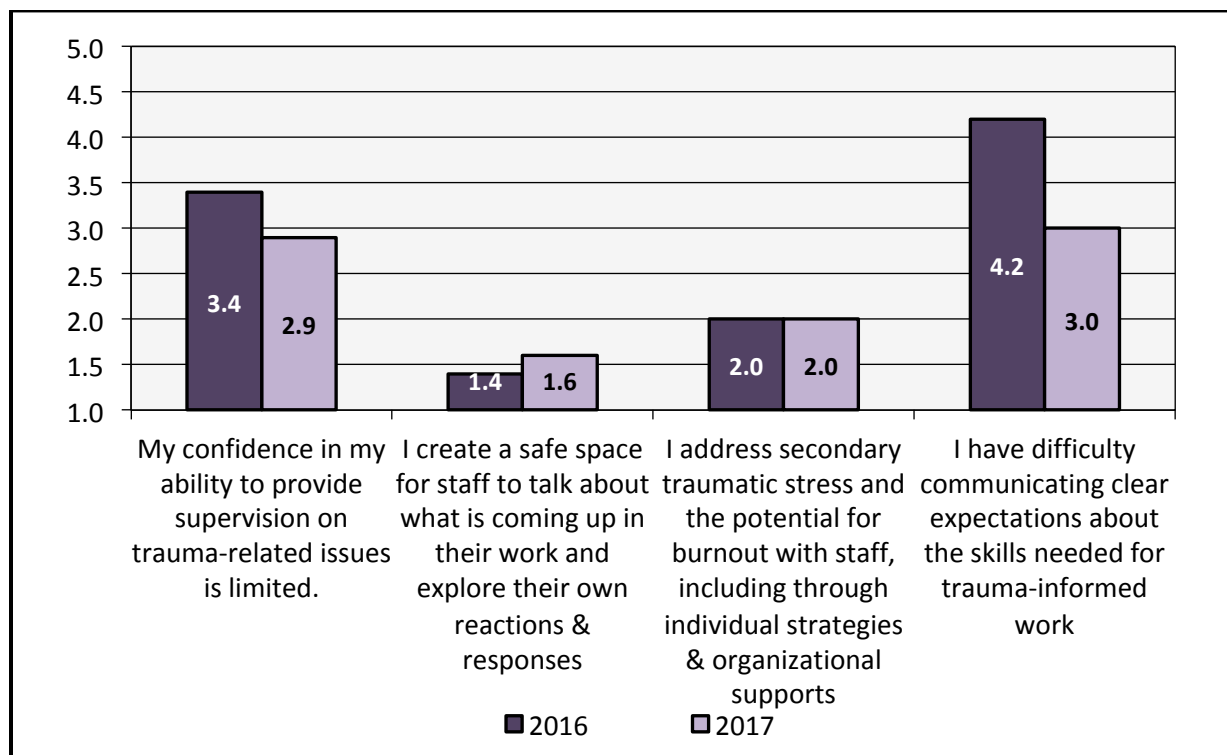
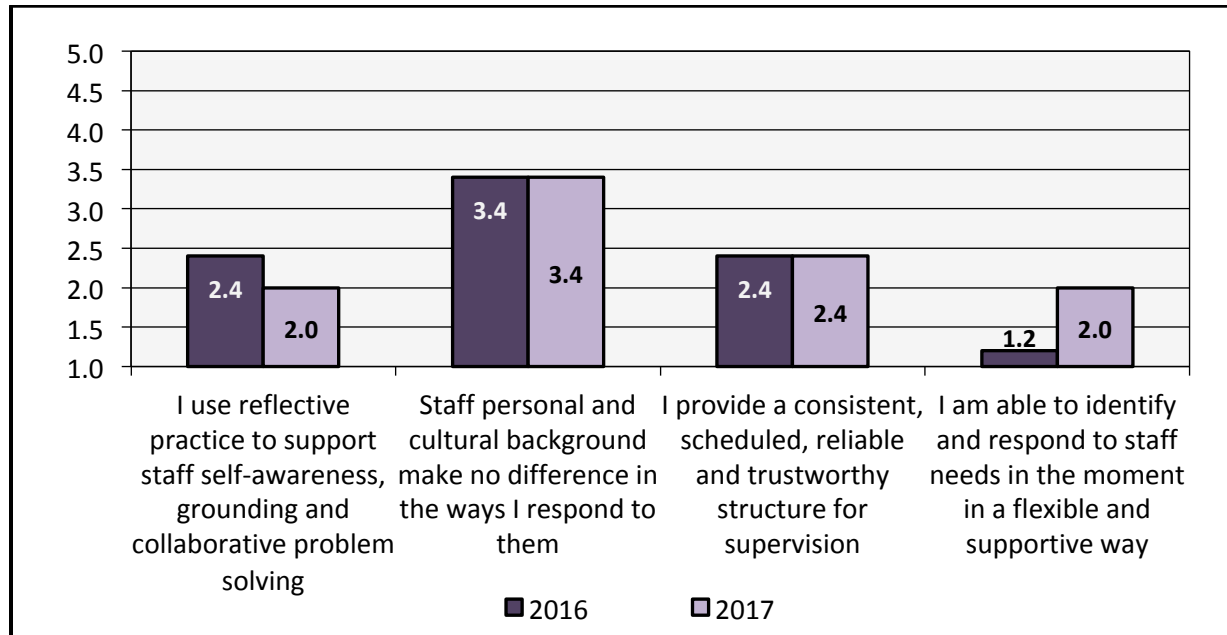
Strongly agree = 1 and Strongly disagree = 5. A lower score equals greater agreement with each statement.

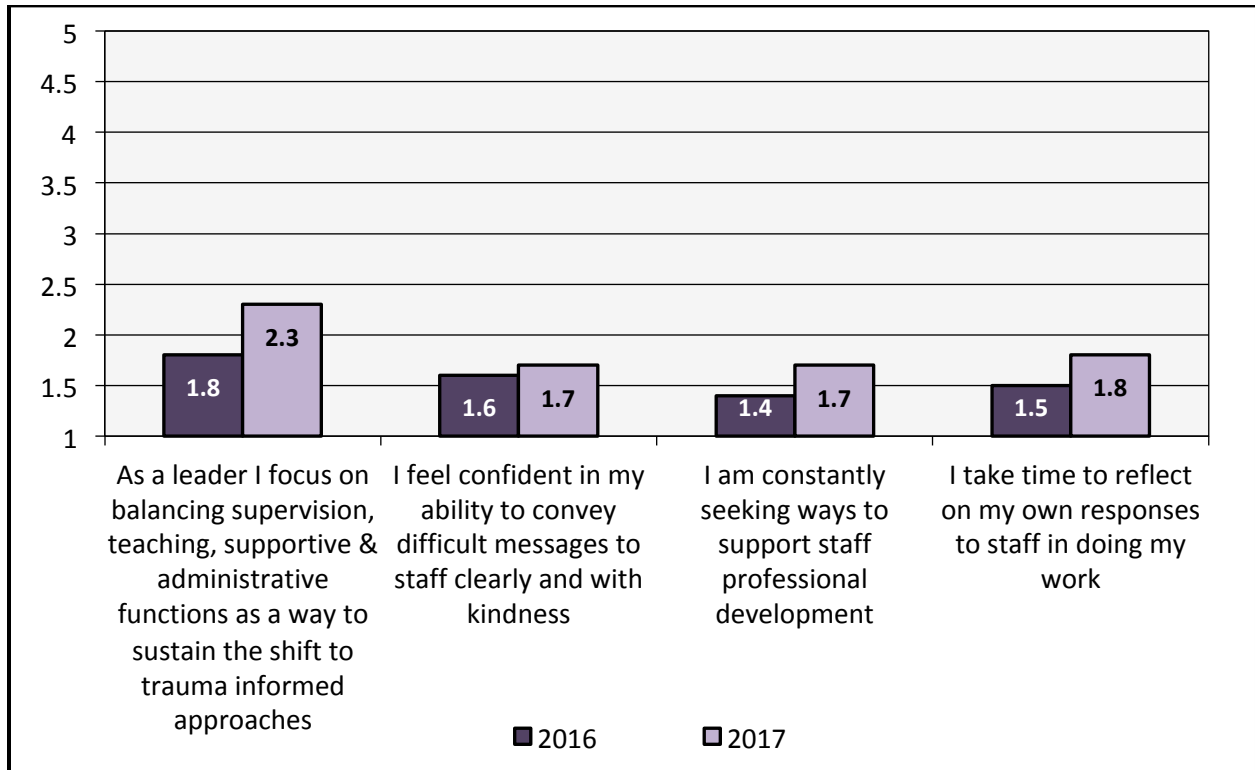




**For Directors/Coordinators/Supervisors only: Please indicate how much you agree or disagree with the following statements.**

Strongly agree = 1 and Strongly disagree = 5. A lower score equals greater agreement with each statement.



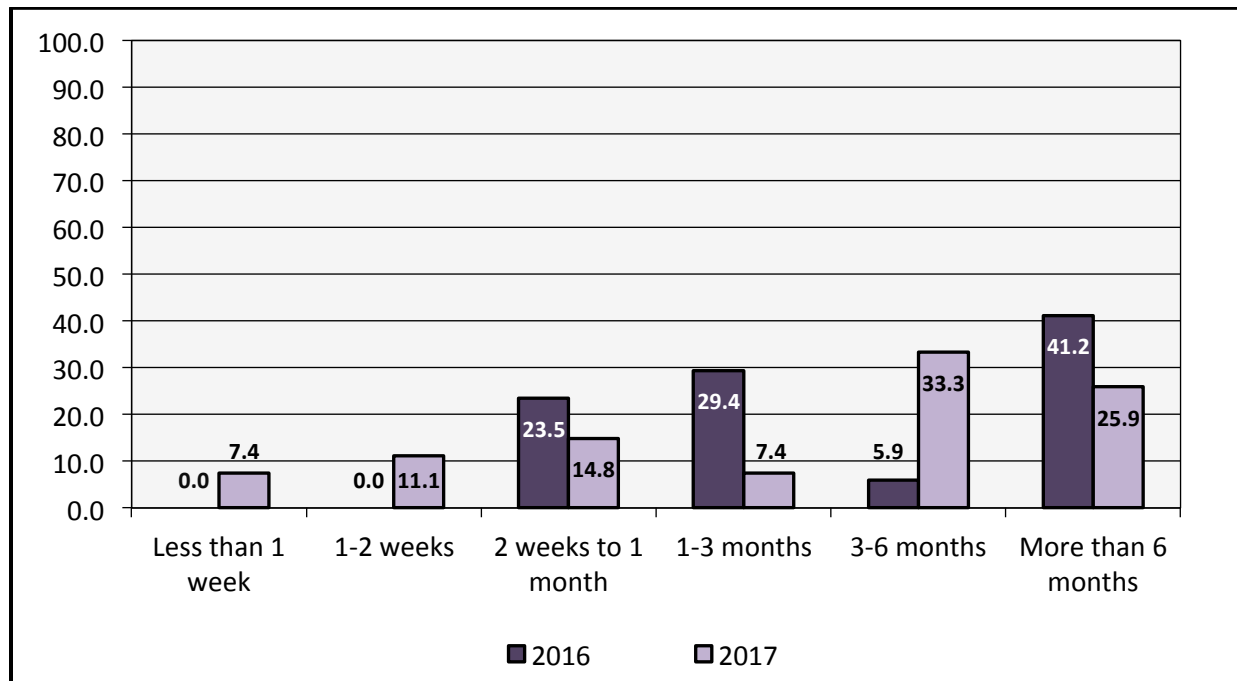


## Appendix B: Service Utilization, 2016 vs. 2017

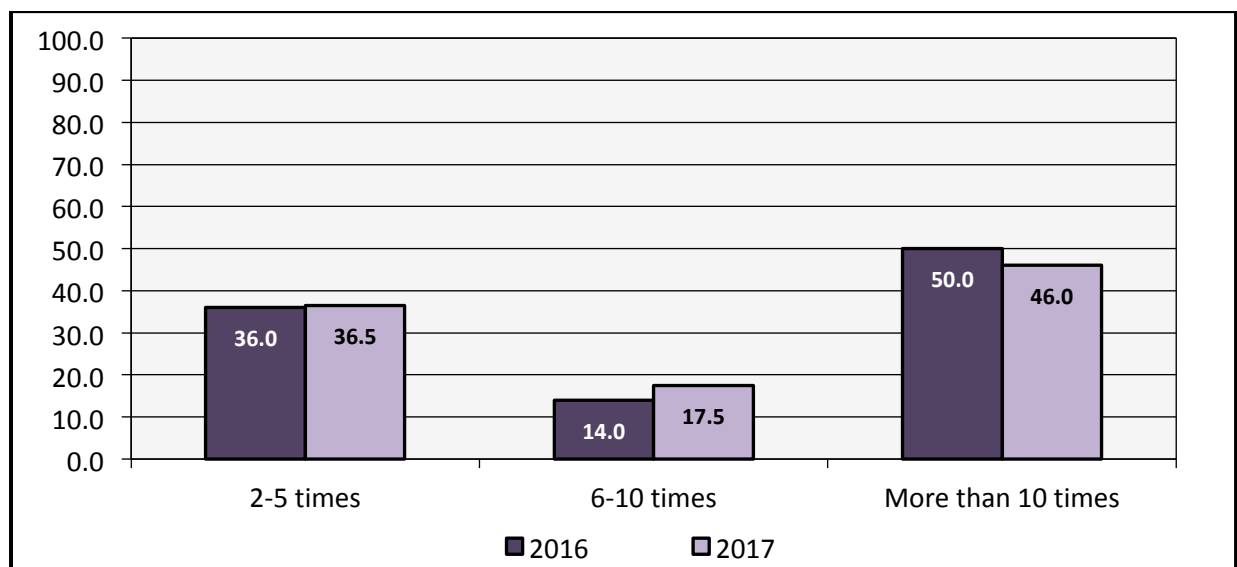
### Length of Shelter or Transitional Housing Stay, 2016 vs. 2017

2016: 17 participants reported staying in Rainbow Services' shelter or transitional housing.

2017: 27 participants reported staying in Rainbow Services' shelter or transitional housing.

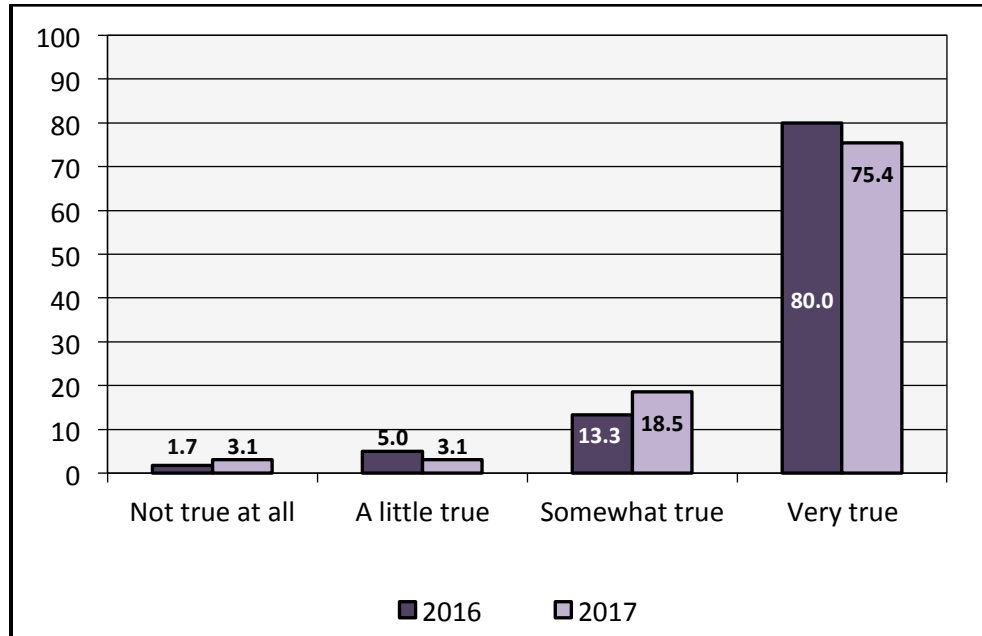


### Number of times participants came to Rainbow for services, 2016 vs. 2017

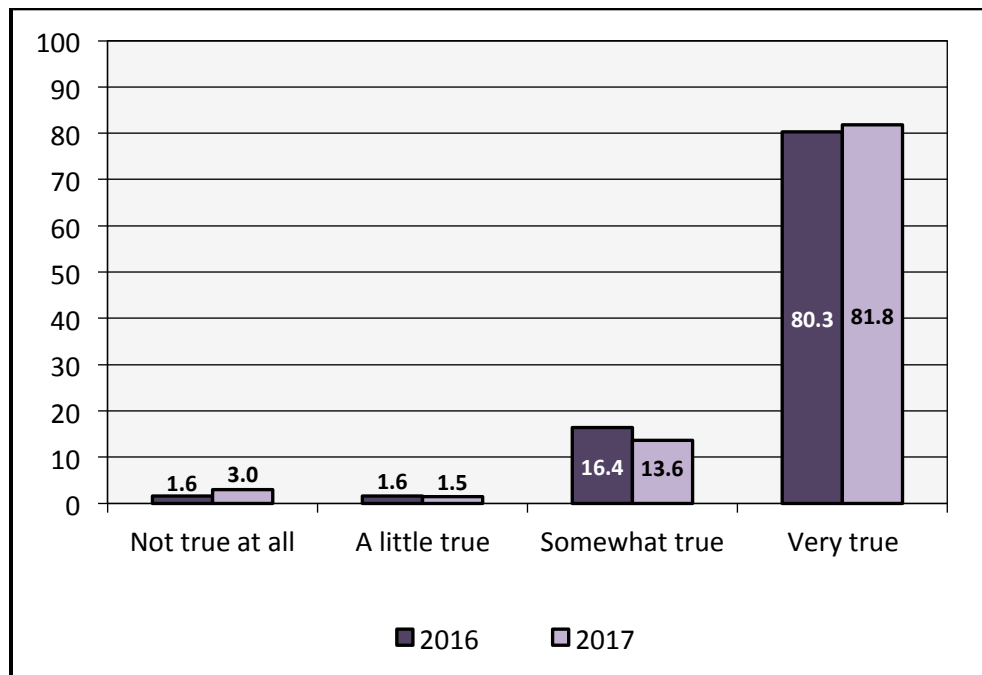


## Appendix C: Perceived Staff Practice, 2016 vs. 2017

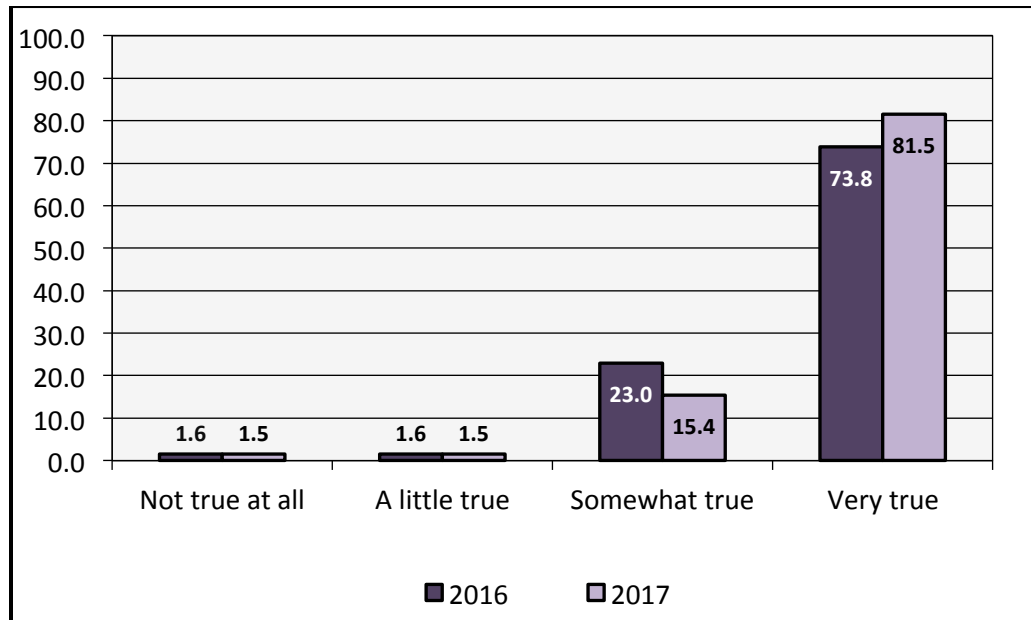
### 1. Staff are supportive when I'm feeling stressed out or overwhelmed.



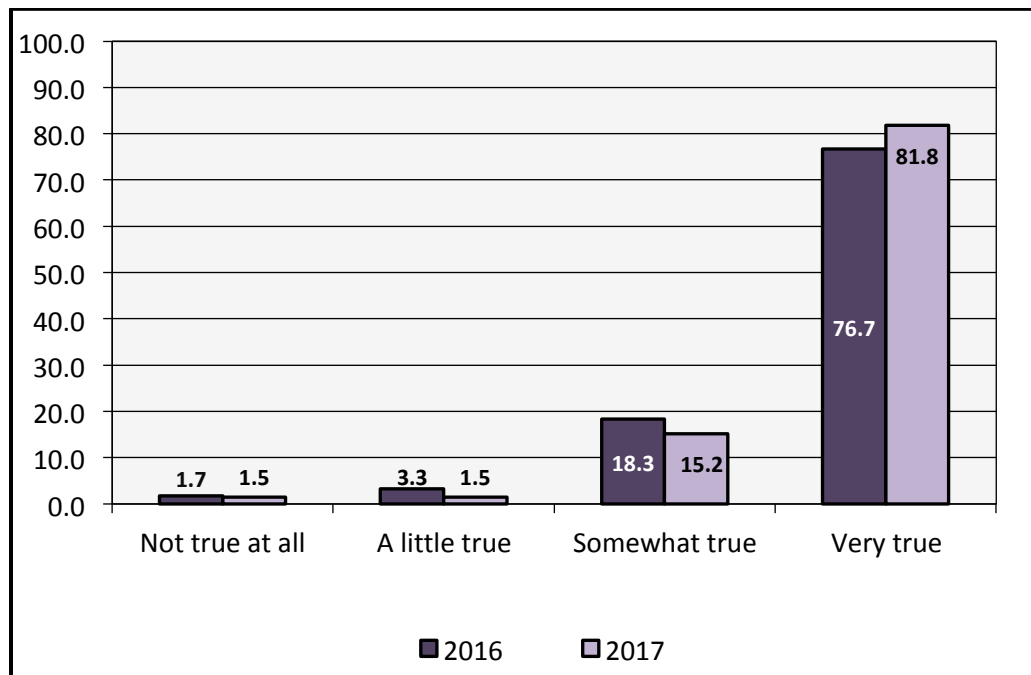
### 2. Staff provide opportunities for me to learn how abuse and other difficulties affect peoples' mental and emotional health.



**3. Staff provide opportunities for me to learn how abuse and other difficulties affect people’s physical health.**

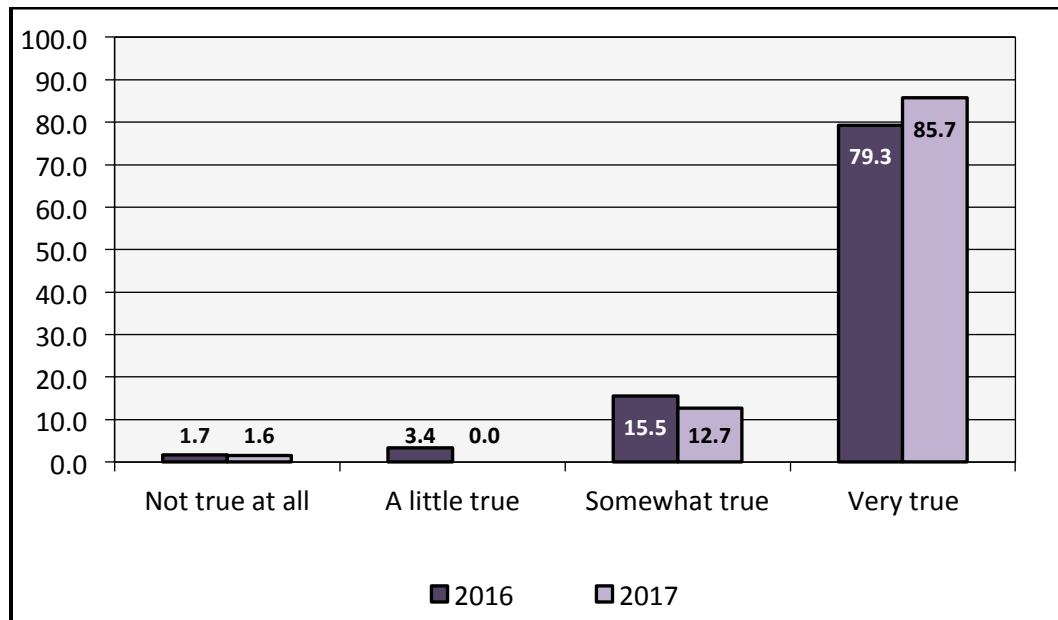


**4. Staff provide opportunities for me to learn how abuse and other hardships affect peoples’ relationships.**

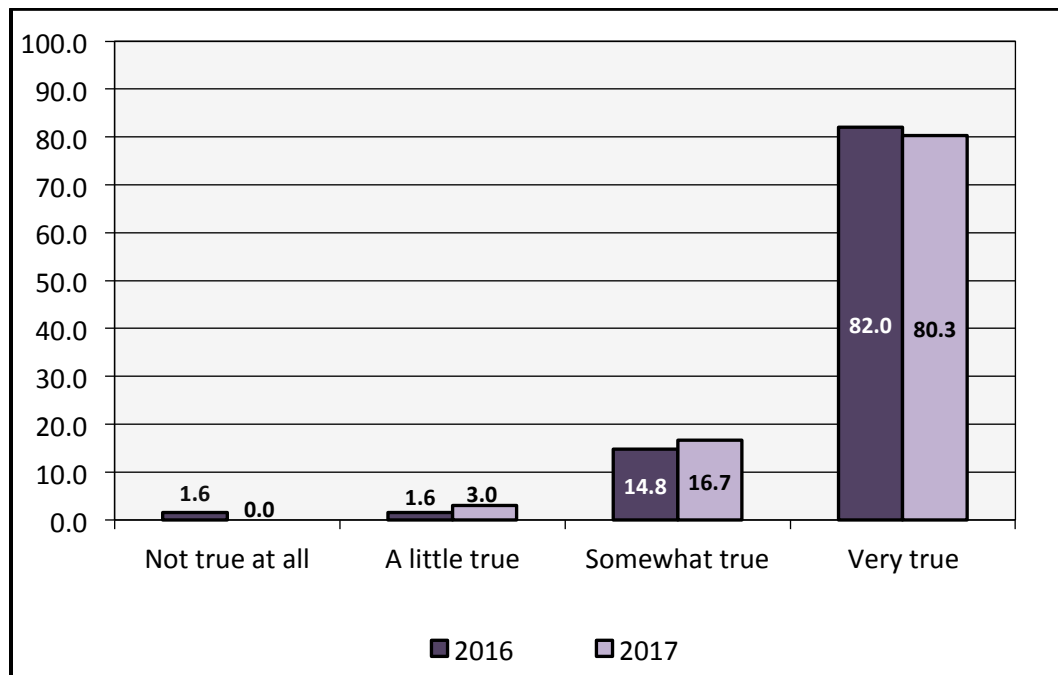




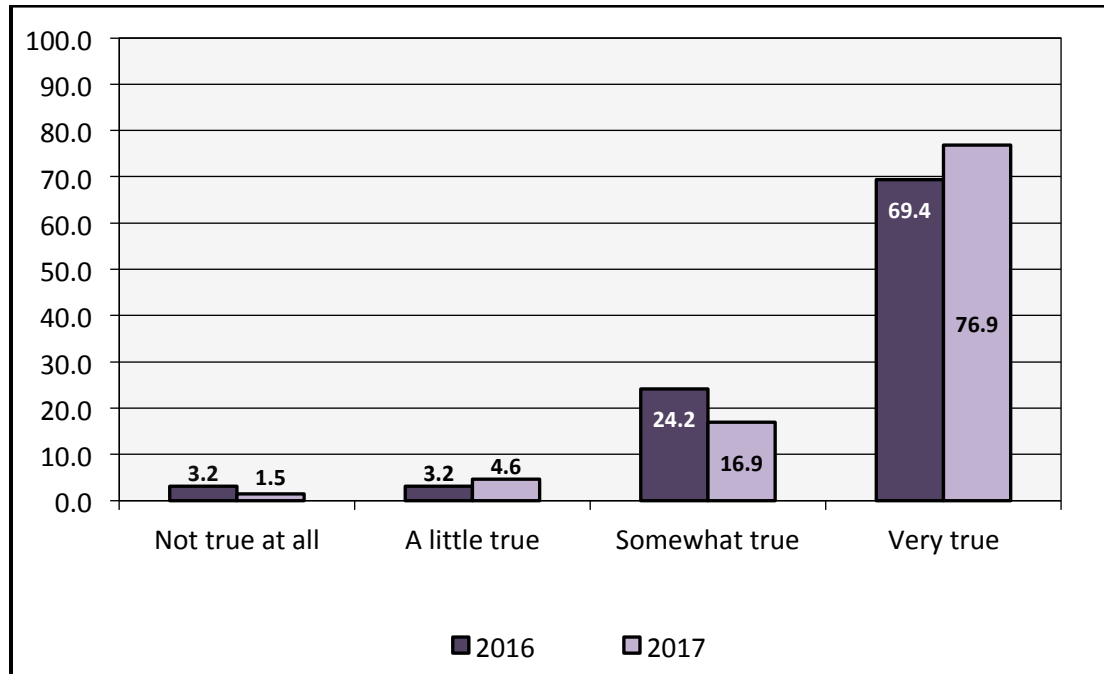
**5. Staff respect the choices that I make.**



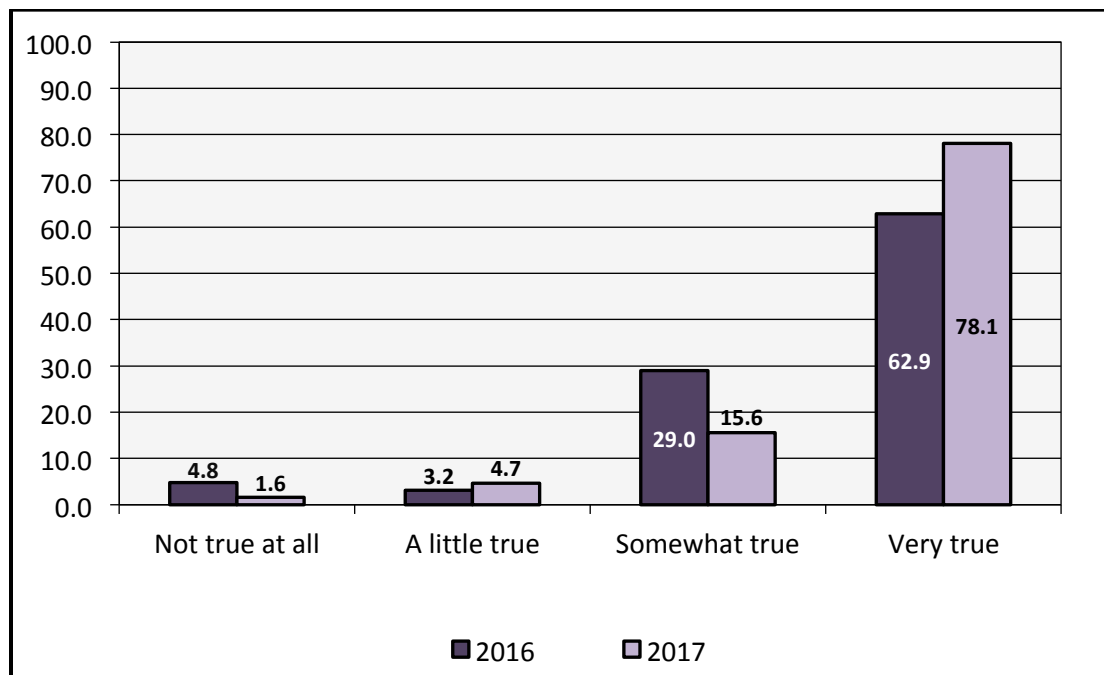
**6. Staff make me feel comfortable sharing things about my life on my own terms and at my own pace.**



**7. Staff provide opportunities to learn how abuse and other difficulties affect people's ability to think clearly and remember things.**

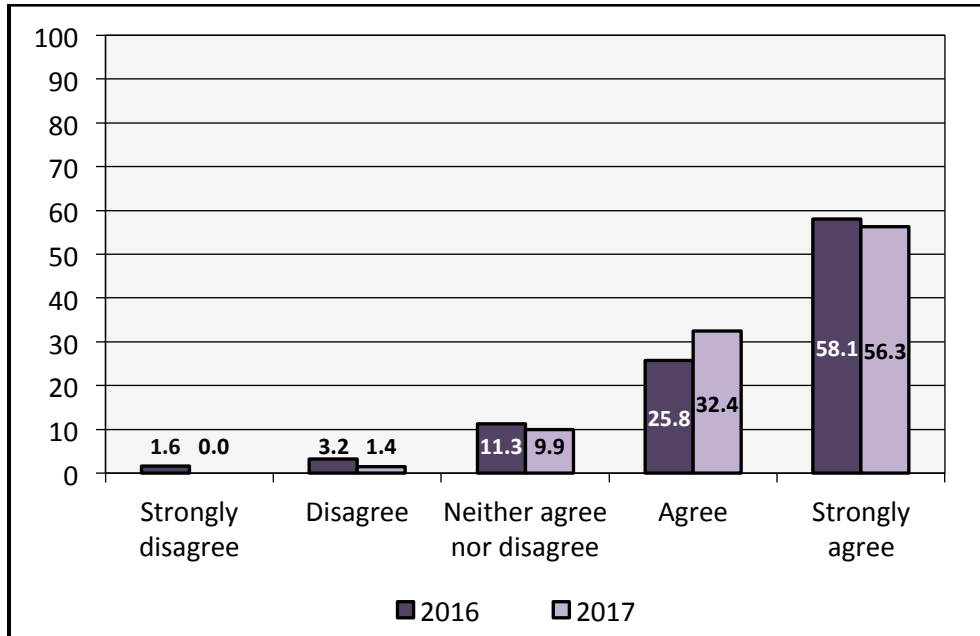


**8. Staff have talked with me about how to handle unexpected reminders of the abuse and difficulties I have endured.**

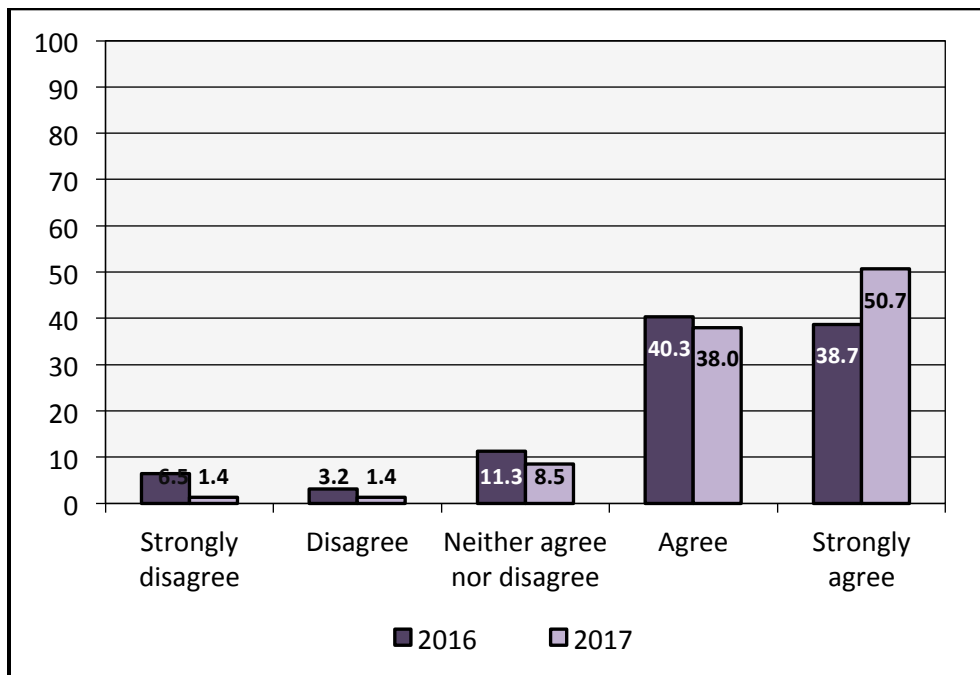


**Appendix D: Charts of 24 Adult Outcomes, 2016 vs. 2017**

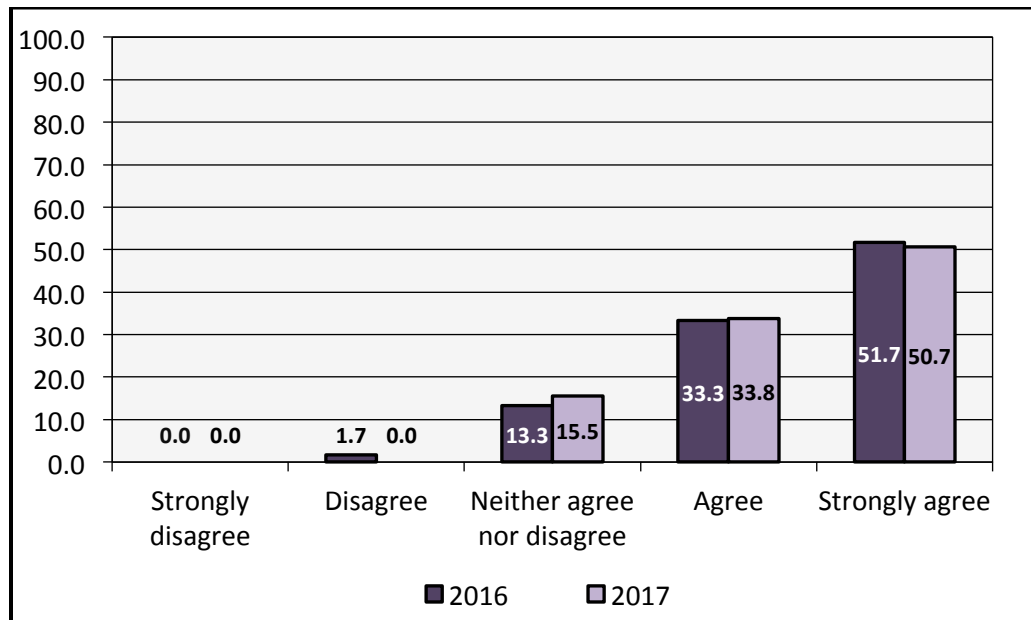
**1. I am more likely to feel that I can be myself.**



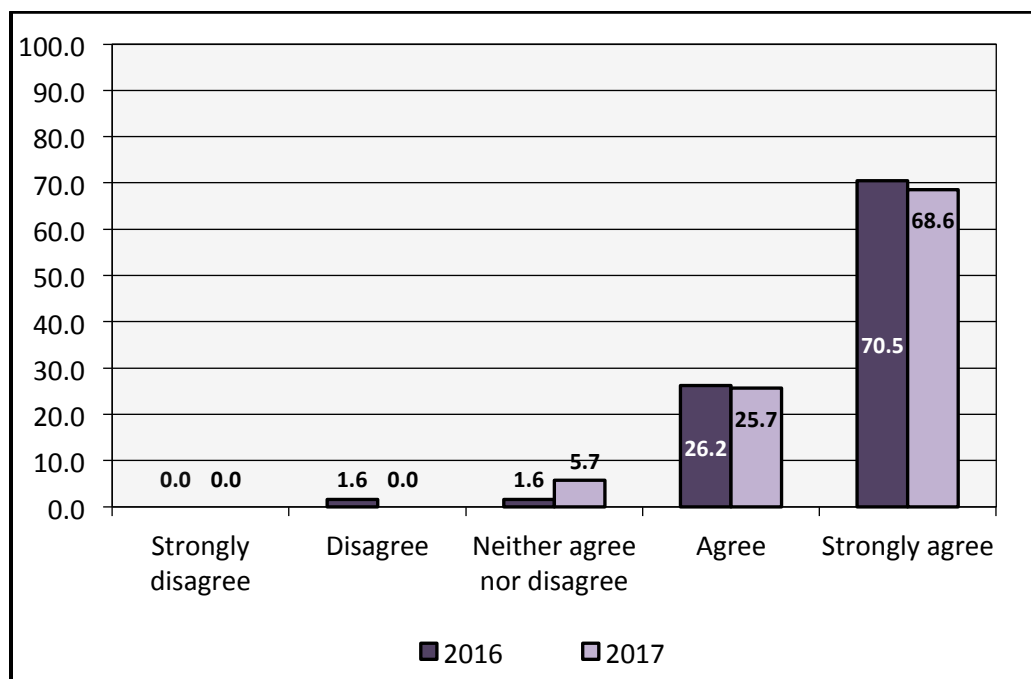
**2. I feel less alone than I did before.**



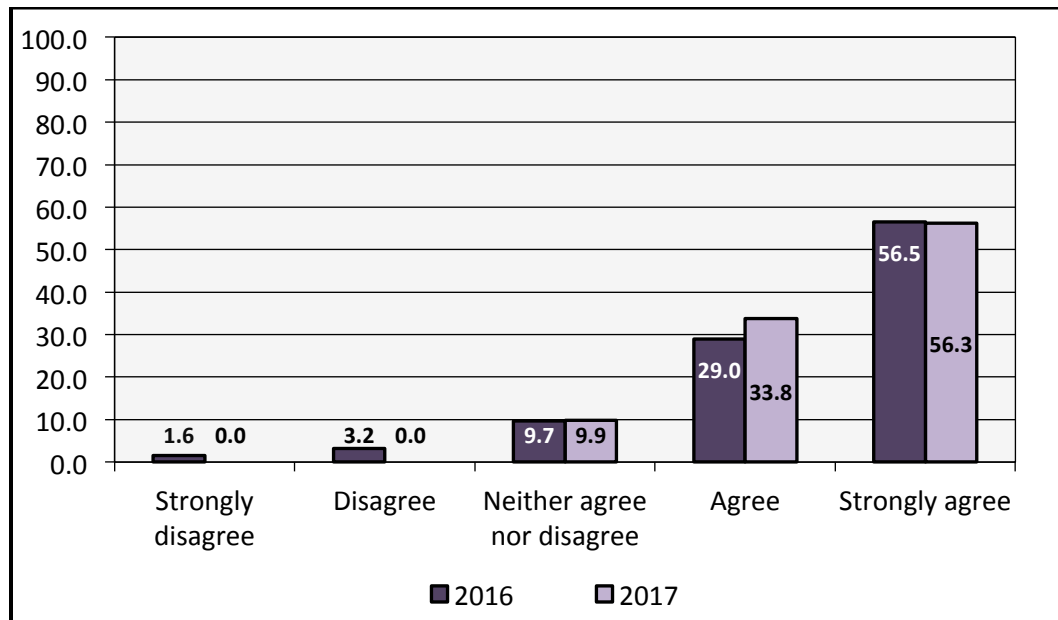
**3. I trust my gut feelings about other people more often.**



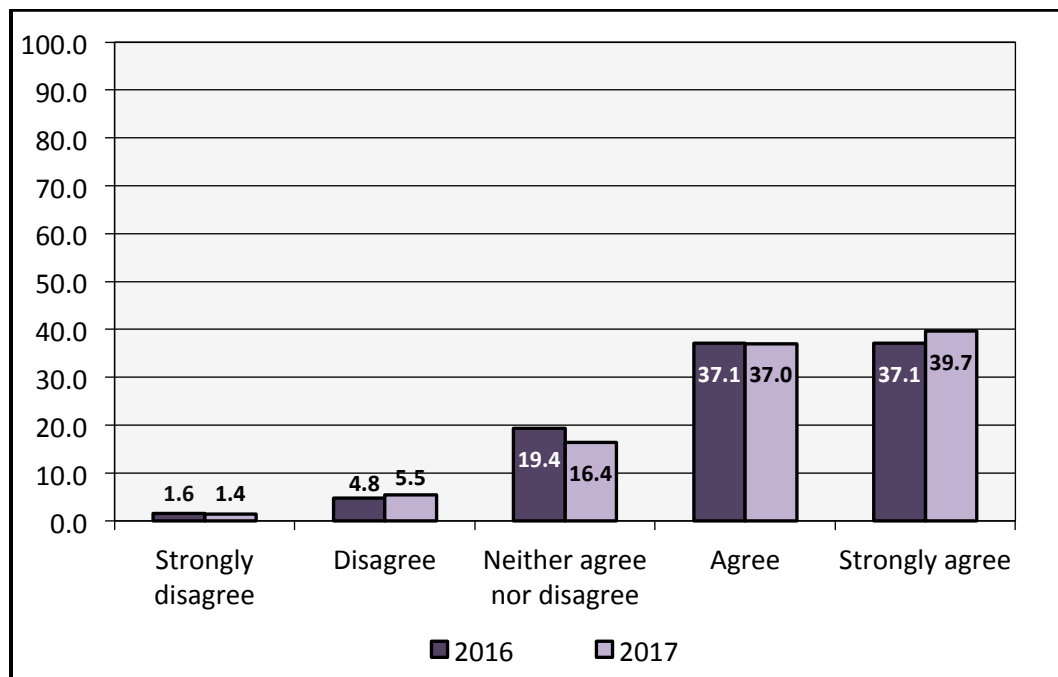
**4. I better understand how I have been affected by abuse or violence.**



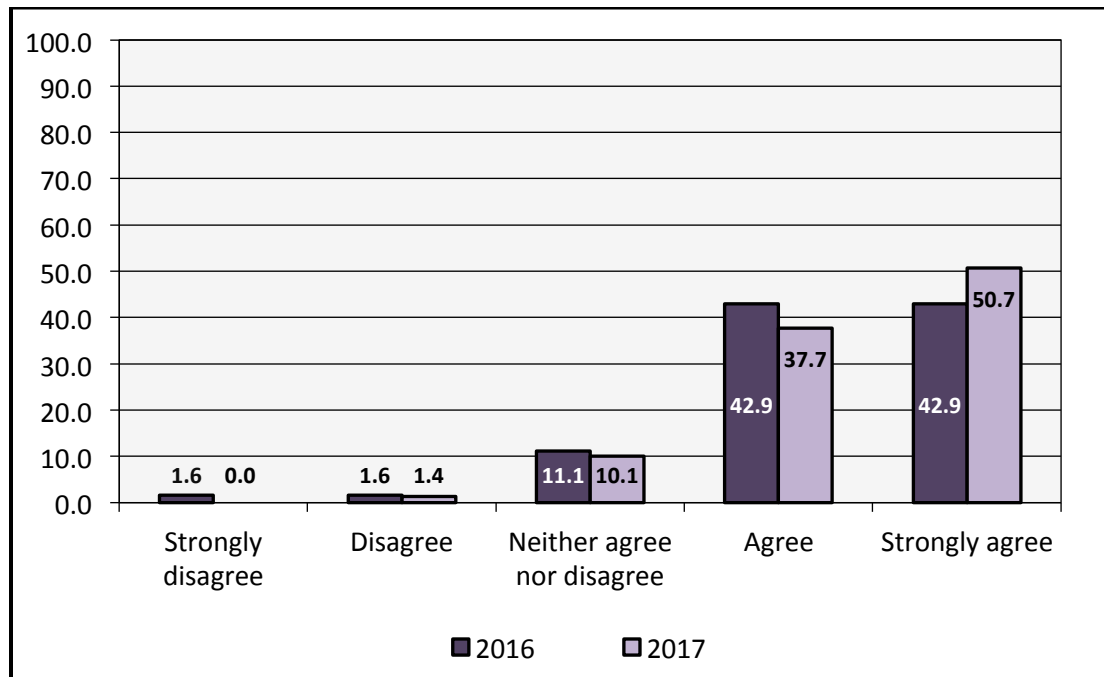
**5. Even on hard days, I feel more hopeful about the possibilities for my life.**



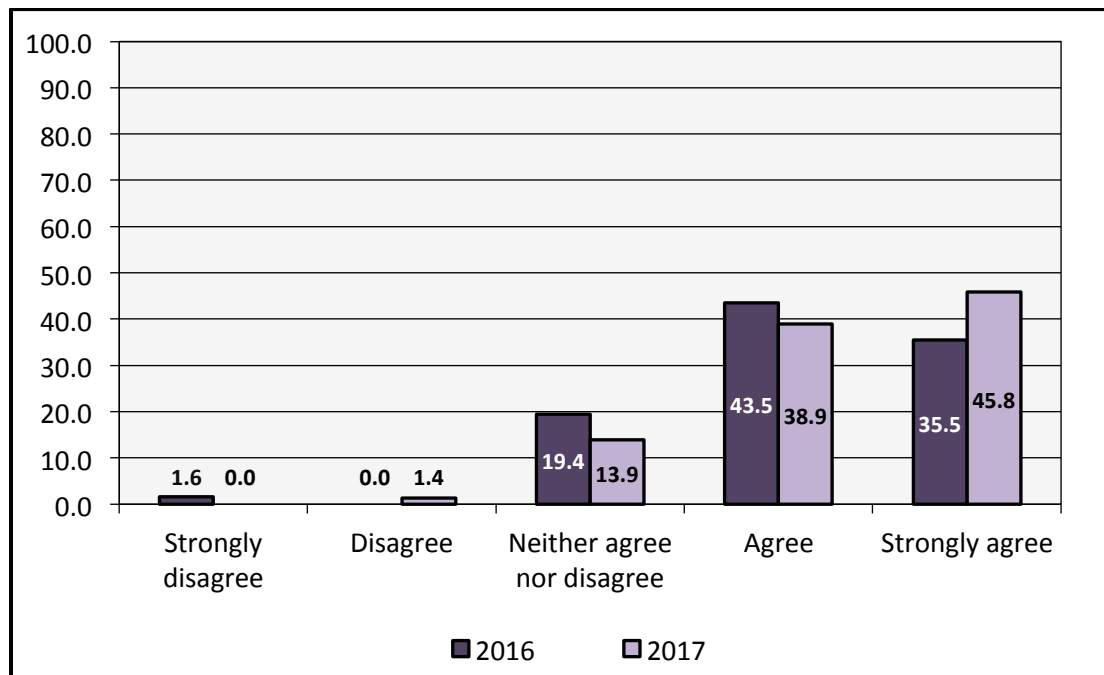
**6. I don't feel sad or have other painful feelings as often as I did before.**



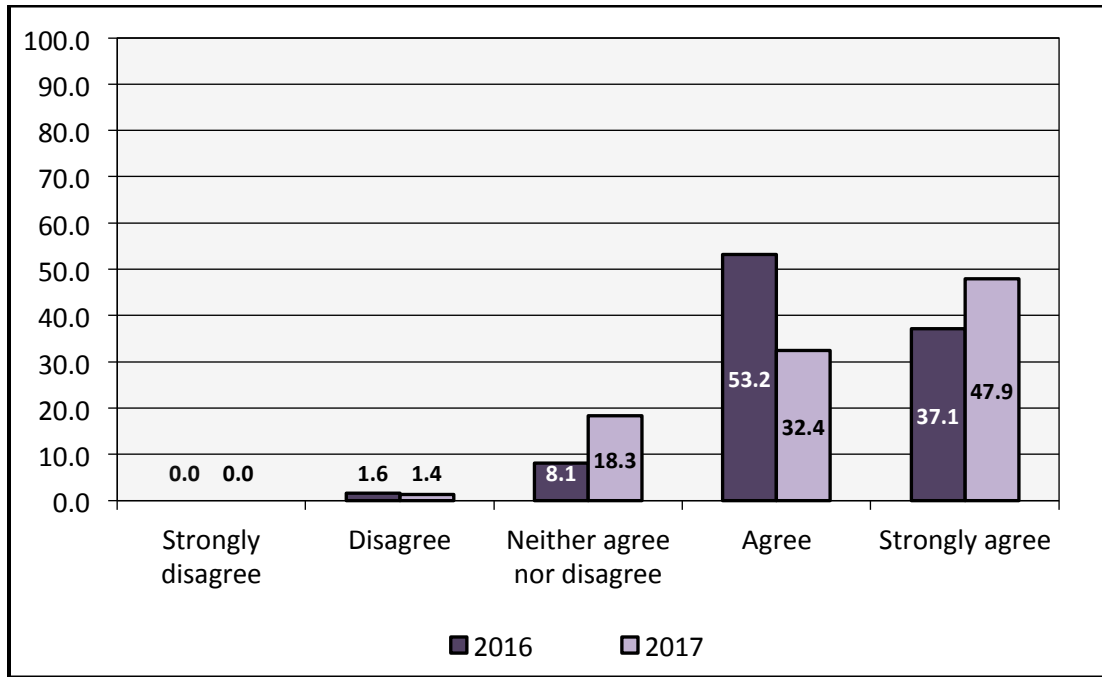
7. I feel more comfortable exploring my own interests.



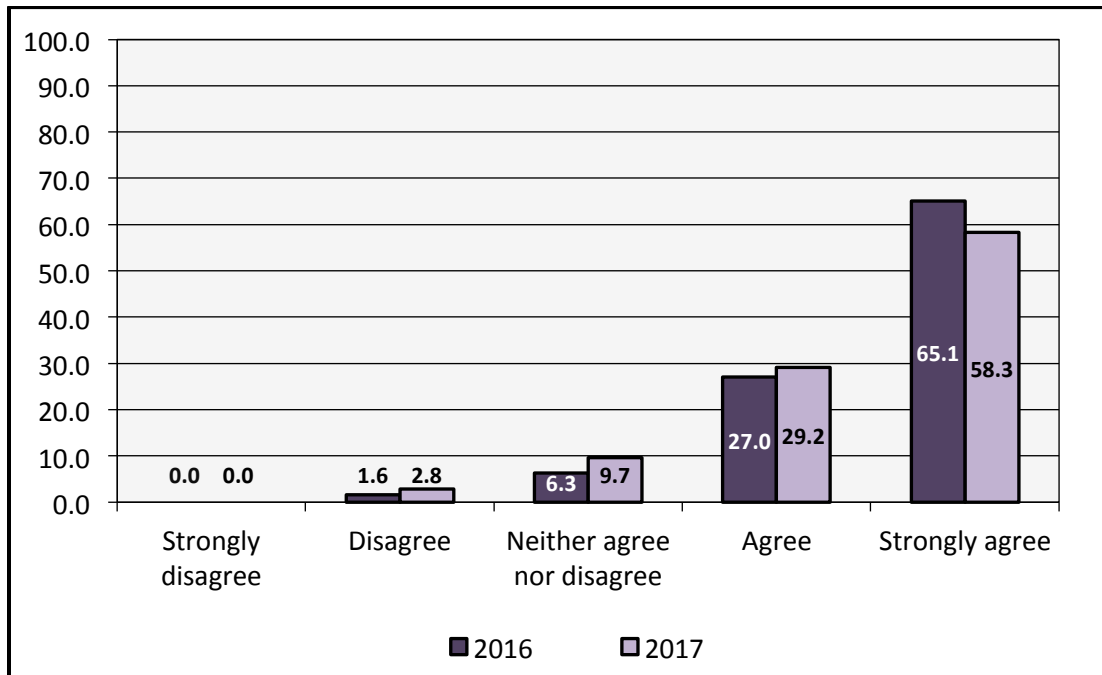
8. I have more interest in connecting with people in my community.



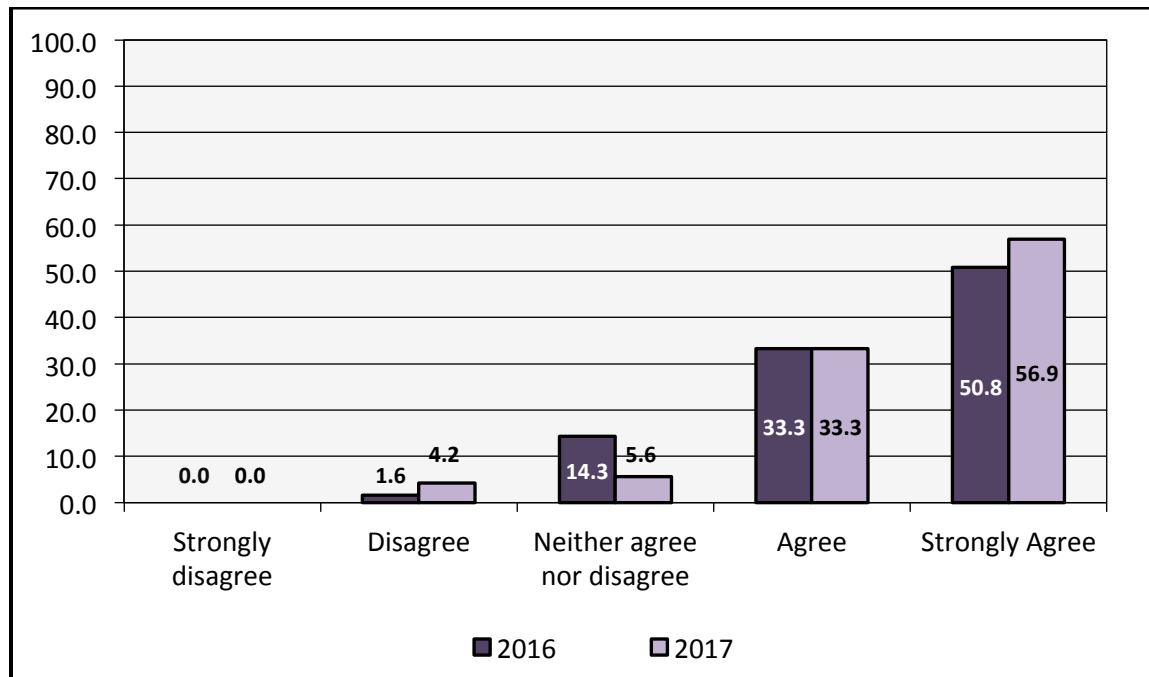
**9. I better understand my own anger.**



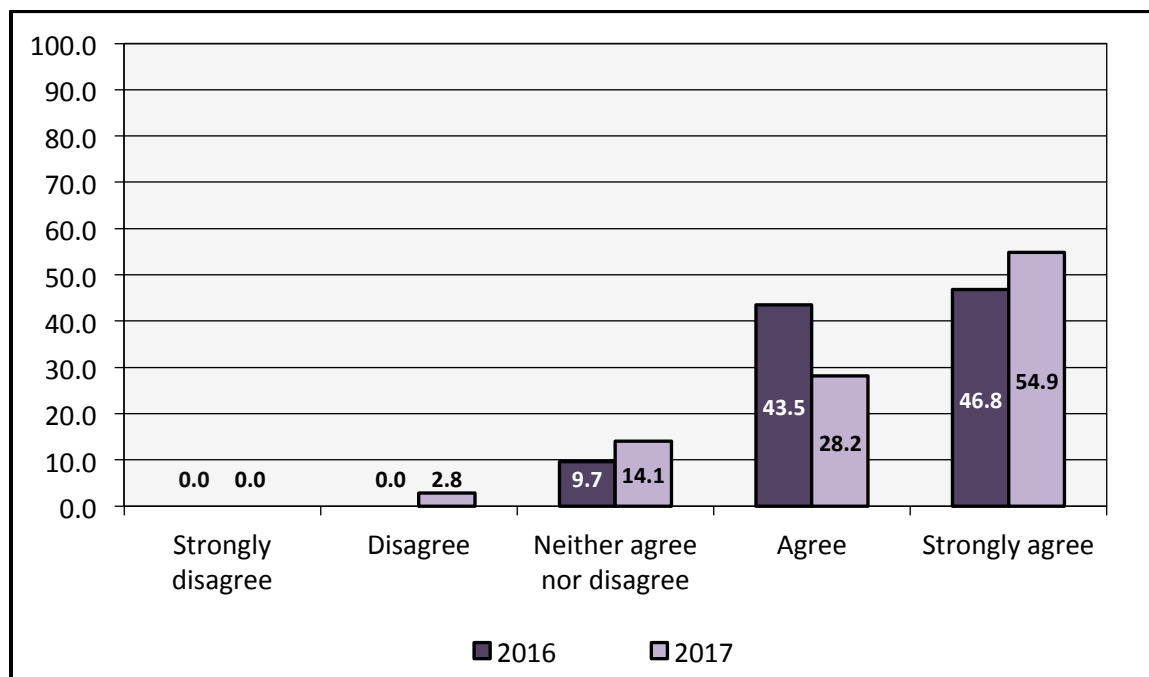
**10. I more often feel that I matter as a person.**



**11. I think that I go about solving problems better than I did before.**

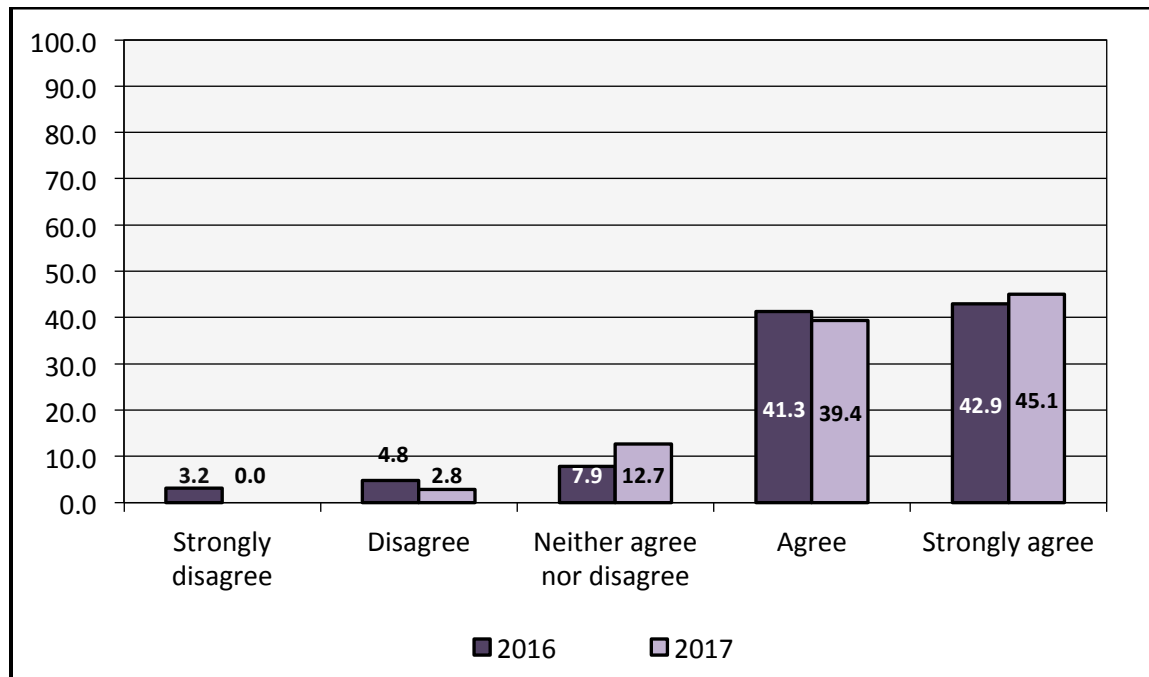


**12. I more often feel that the world is open for me and less about abuse and violence.**

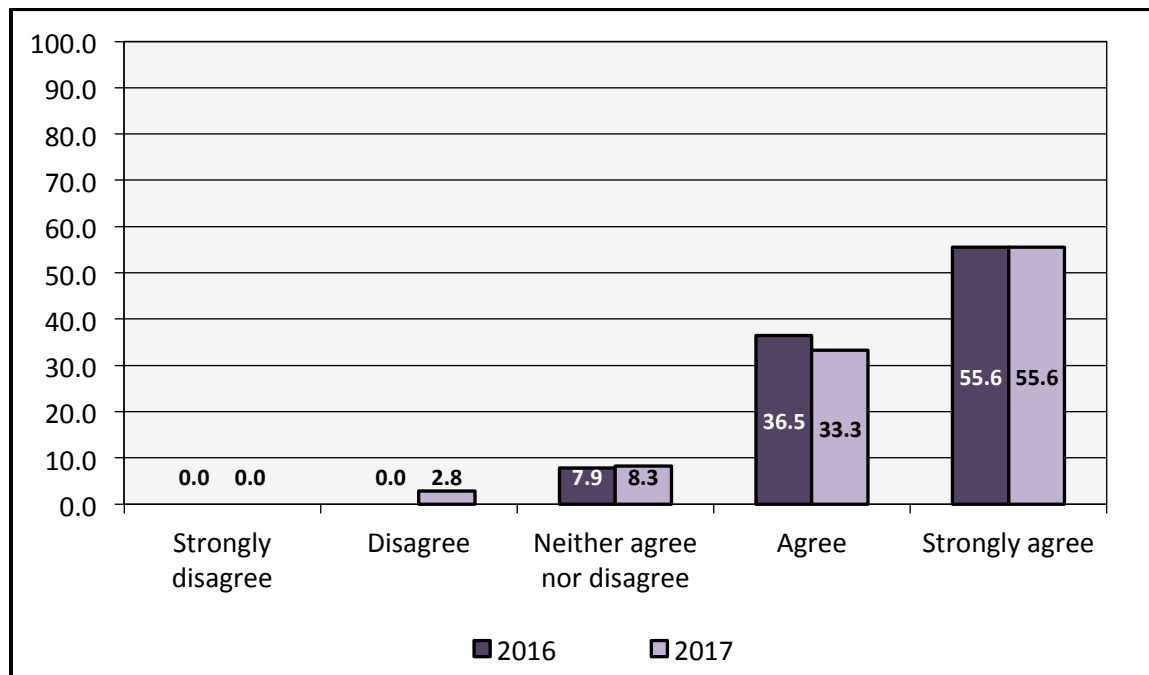




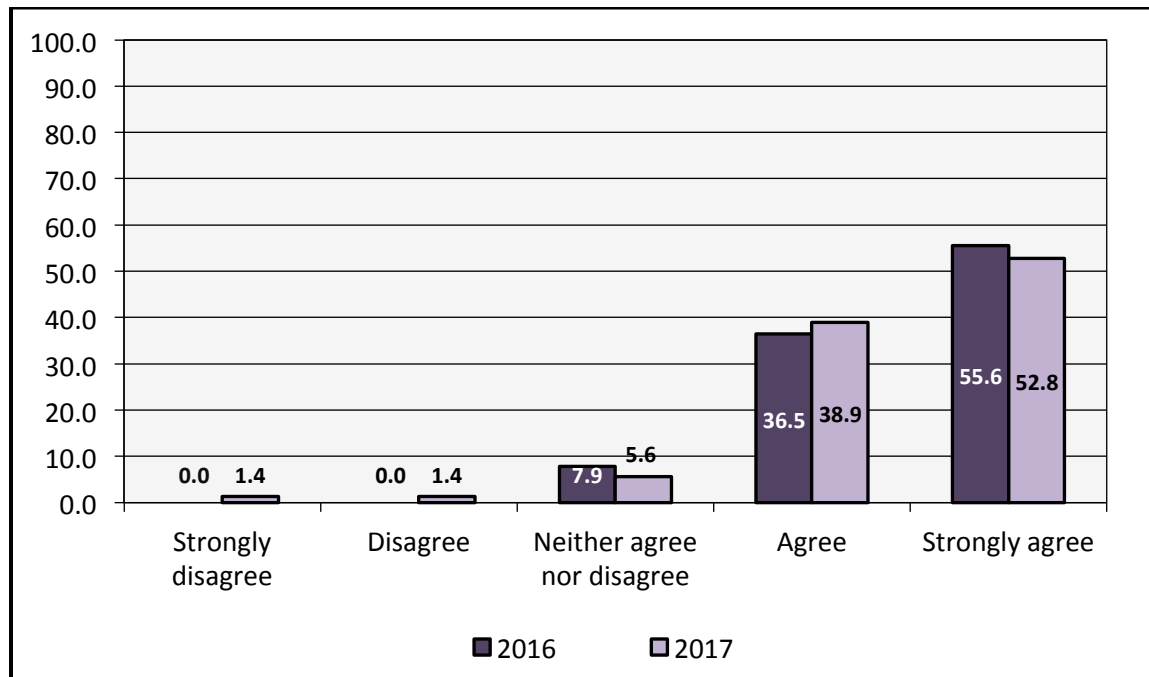
**13. I am less likely to take what other people say personally.**



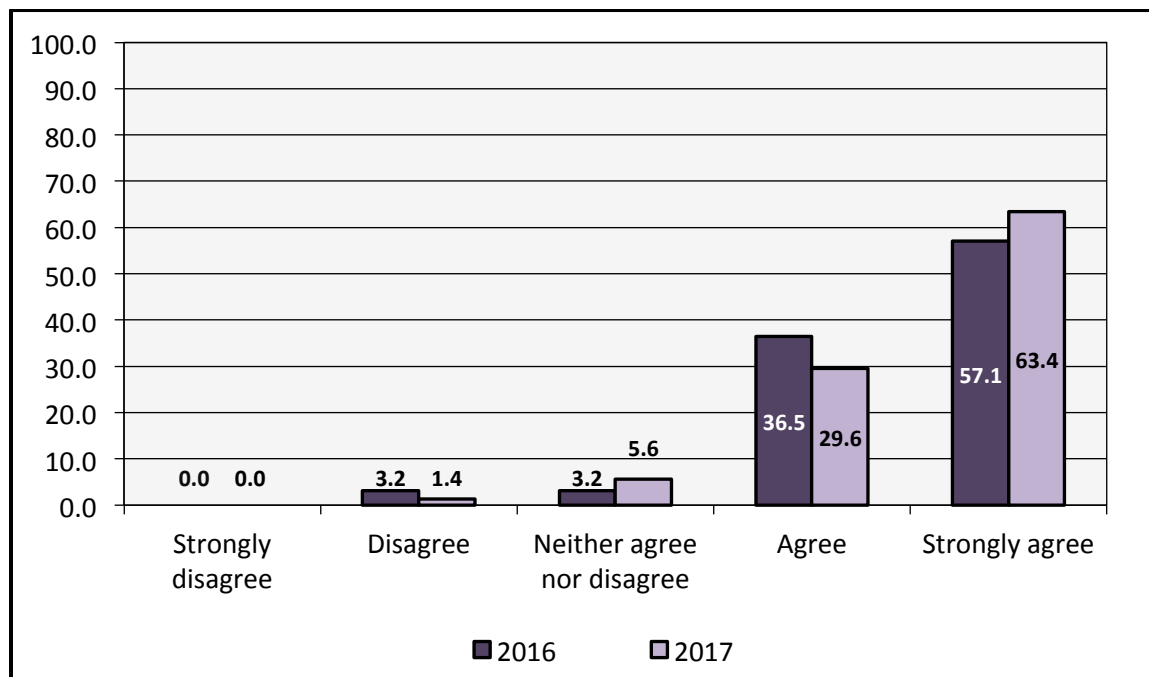
**14. I am more in touch with my feelings than I was before.**



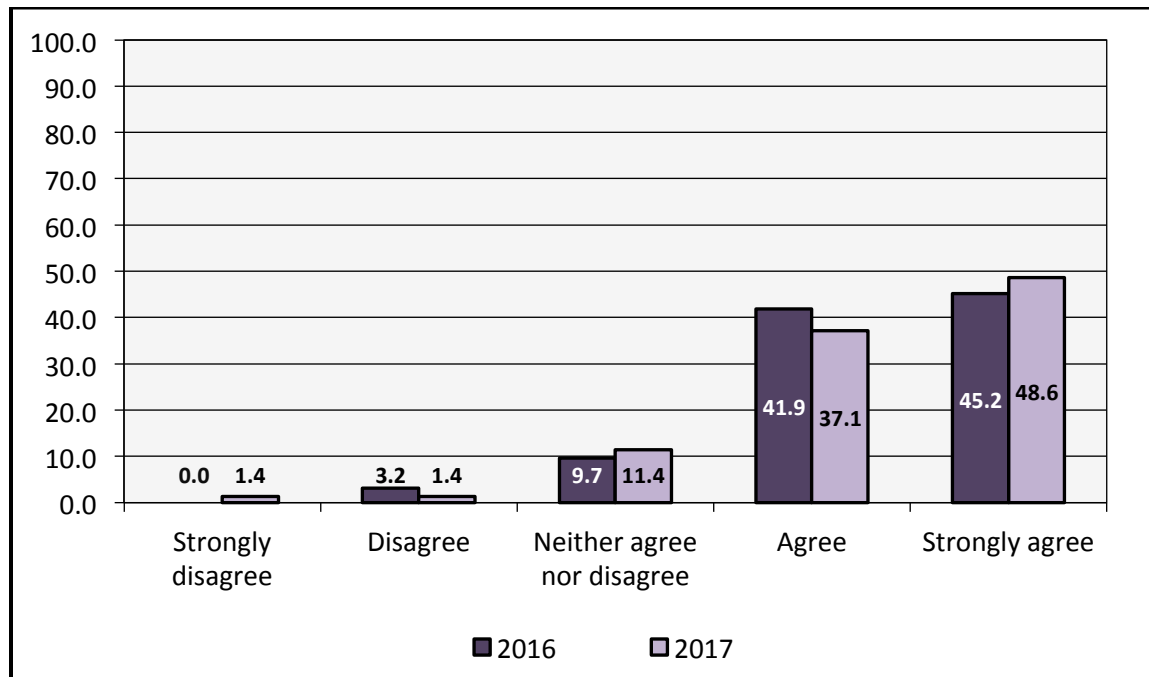
**15. Even on hard days, I am more confident that I can do what feels right for me.**



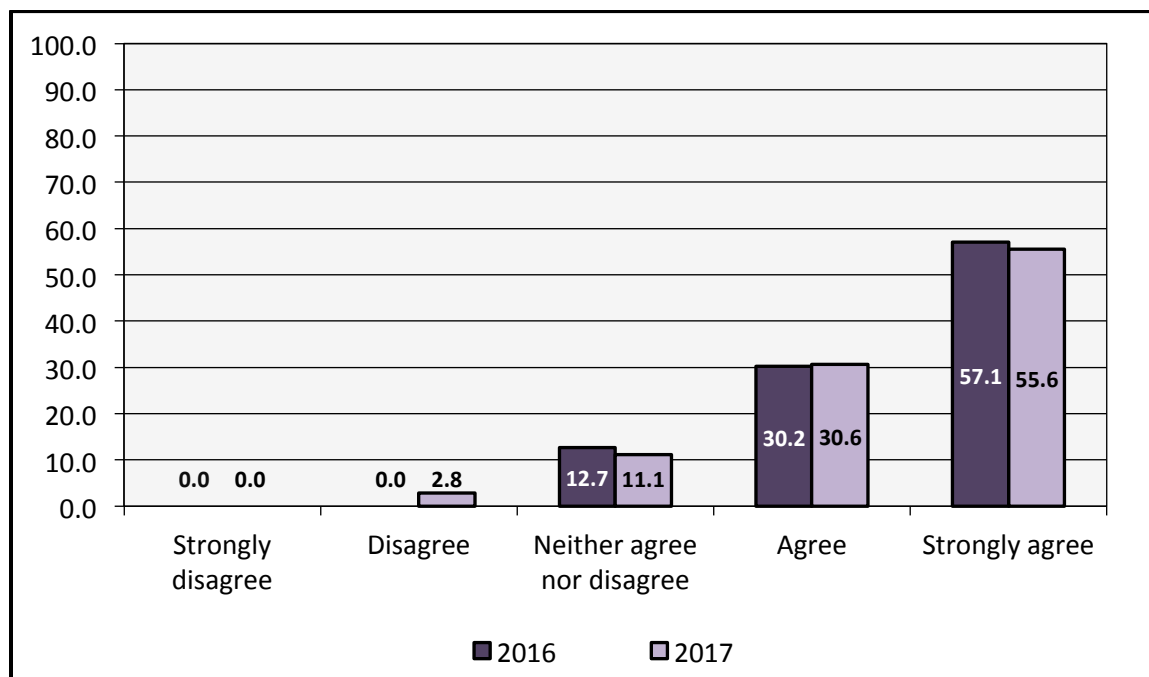
**16. I have more interest in helping other survivors of abuse and violence.**



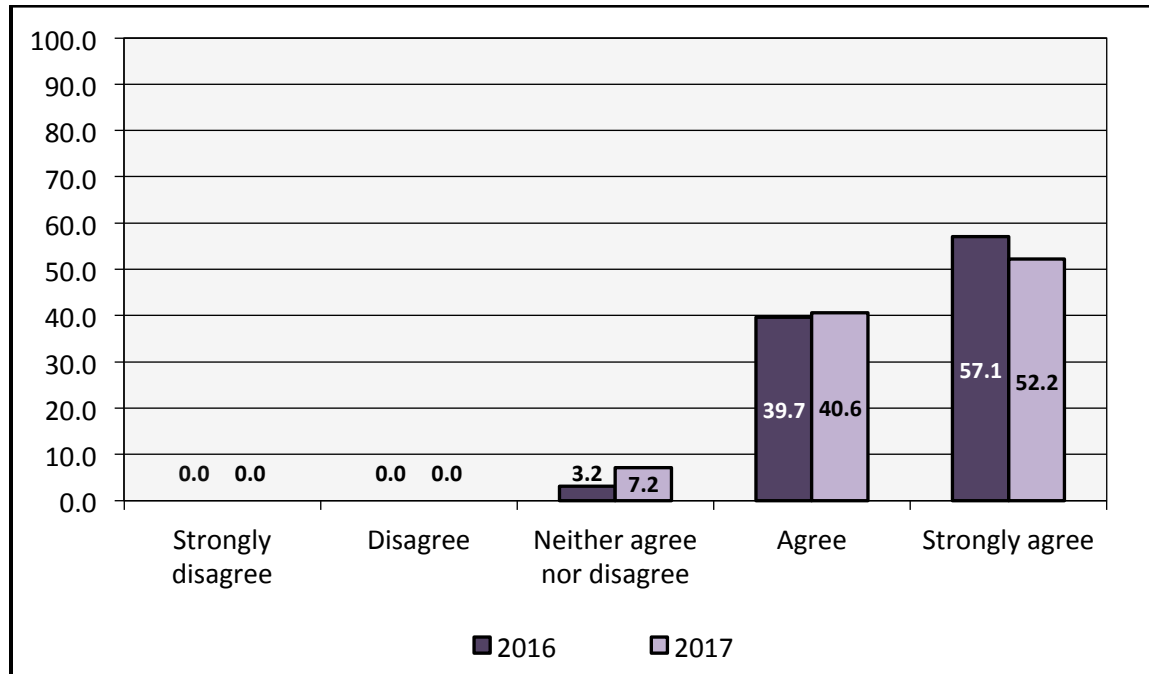
**17. I am better able to handle the anger that I feel.**



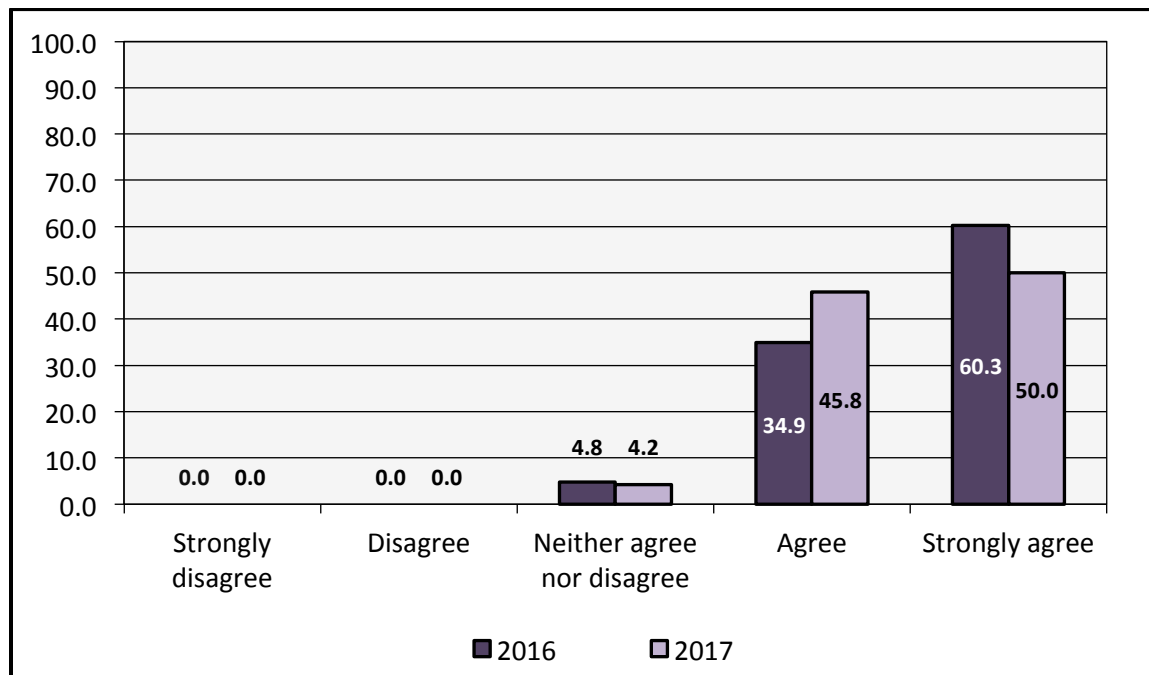
**18. I am more aware that there are good people in the world.**



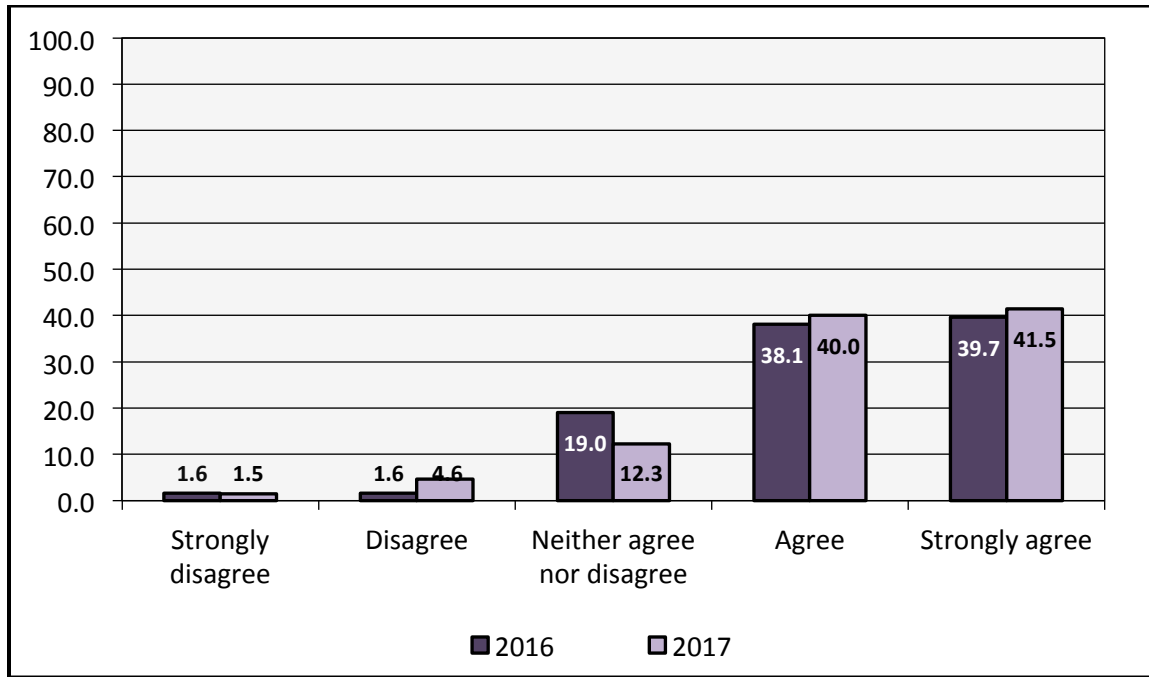
**19. I have more ways to deal with my feelings related to the abuse or violence I have experienced.**



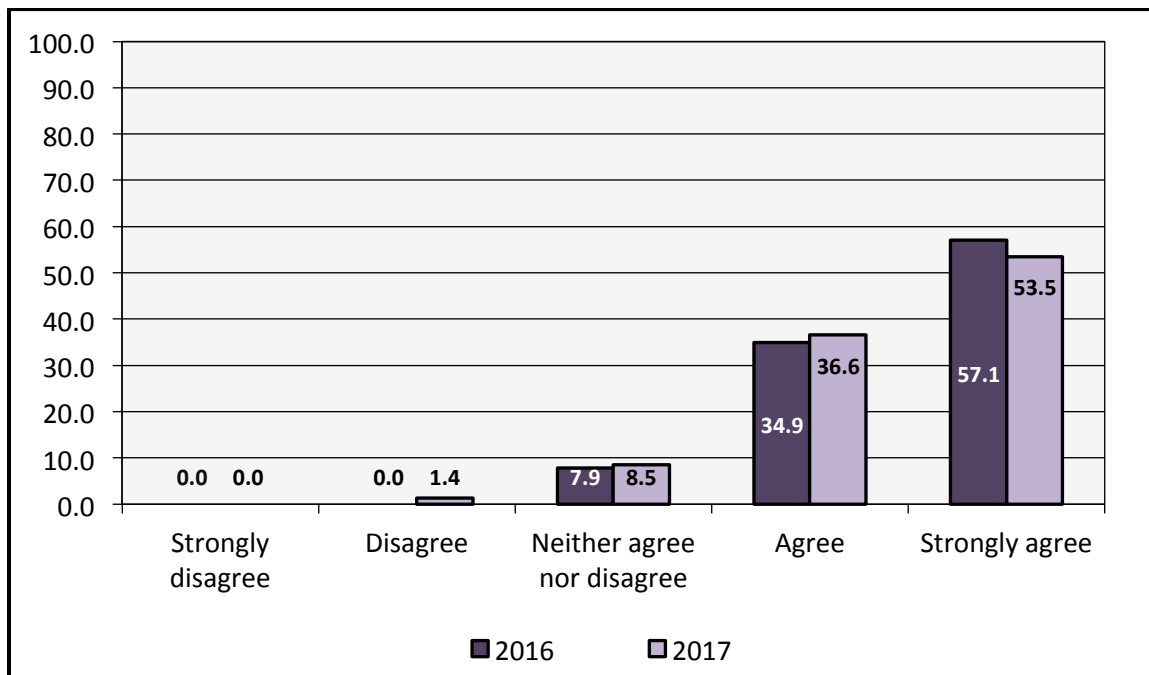
**20. I am more likely to trust my own sense of what will help keep me safe.**



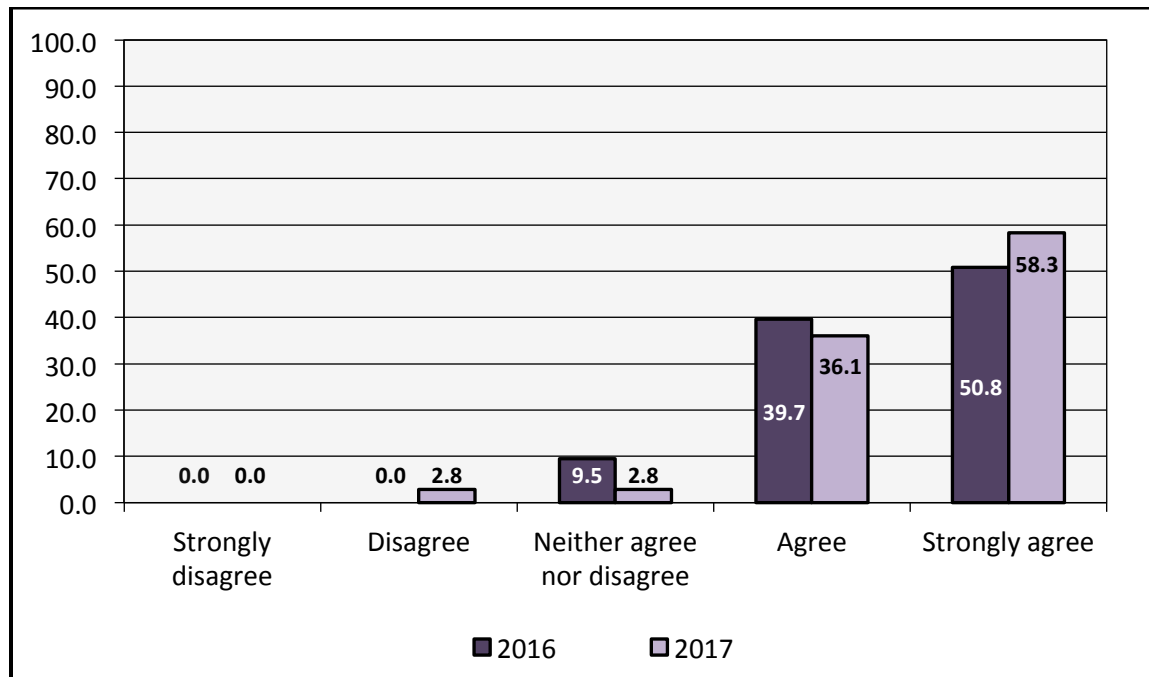
**21. I feel less anxious than I did before.**



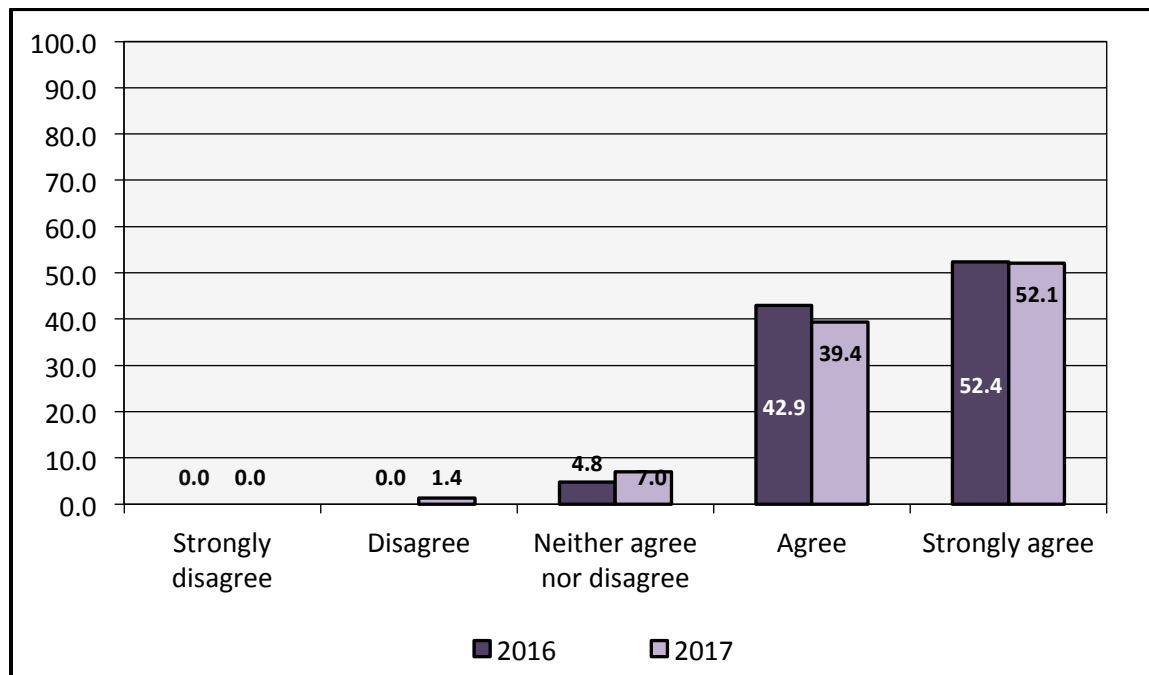
**22. I am better able to recognize when other people may have been affected by abuse and violence.**



**23. I am more comfortable expressing what I think and feel.**



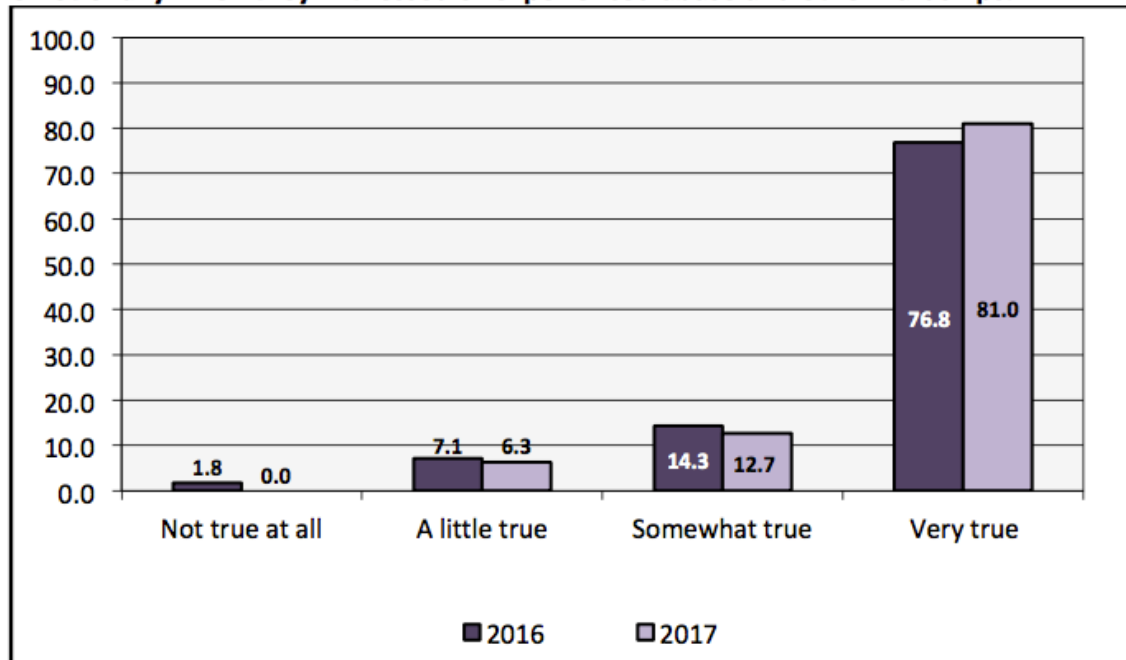
**24. I know more about what I need to have a sense of well-being.**



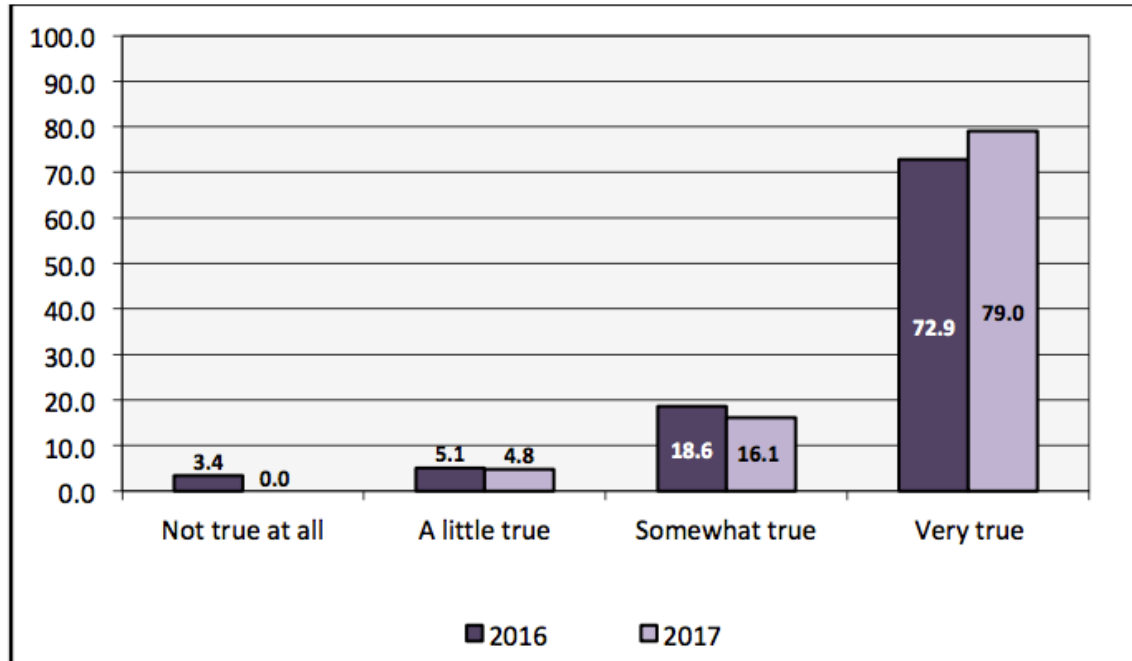
## Appendix E: Parenting and Perceived Child Outcomes, 2016 vs. 2017

### Experience of Staff Practice Related to Parenting

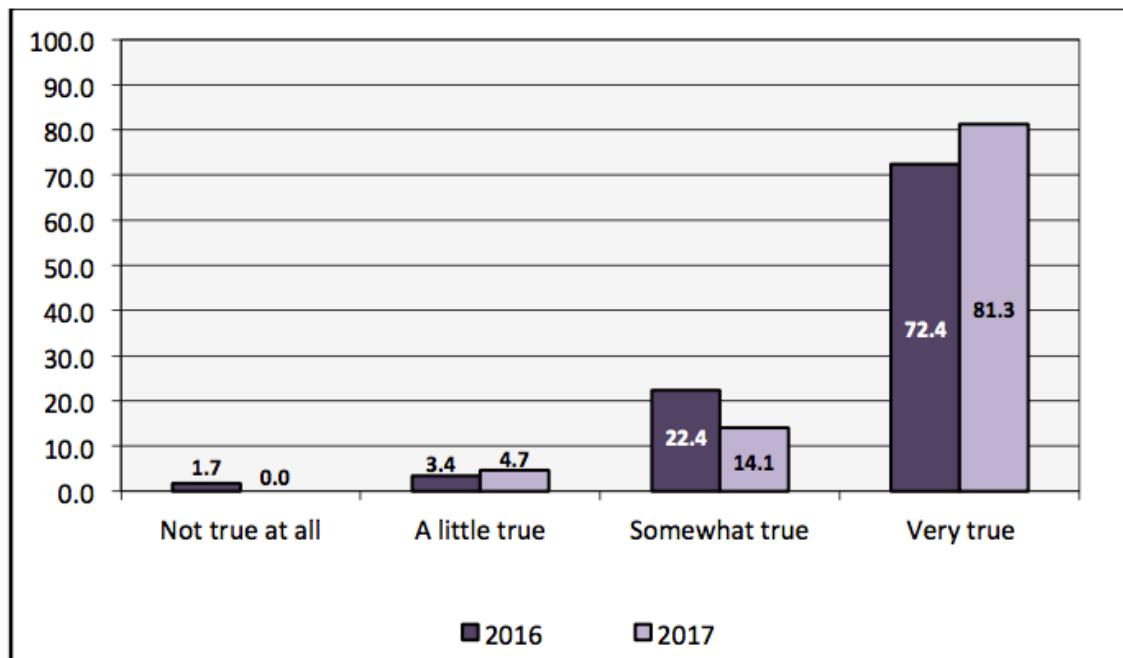
**1. Staff have provided opportunities for me to learn more about how children react emotionally when they witnessed or experienced abuse and other hardships.**



**2. Staff help me explore how children’s relationships can be affected by witnessing or experiencing abuse and other life difficulties.**

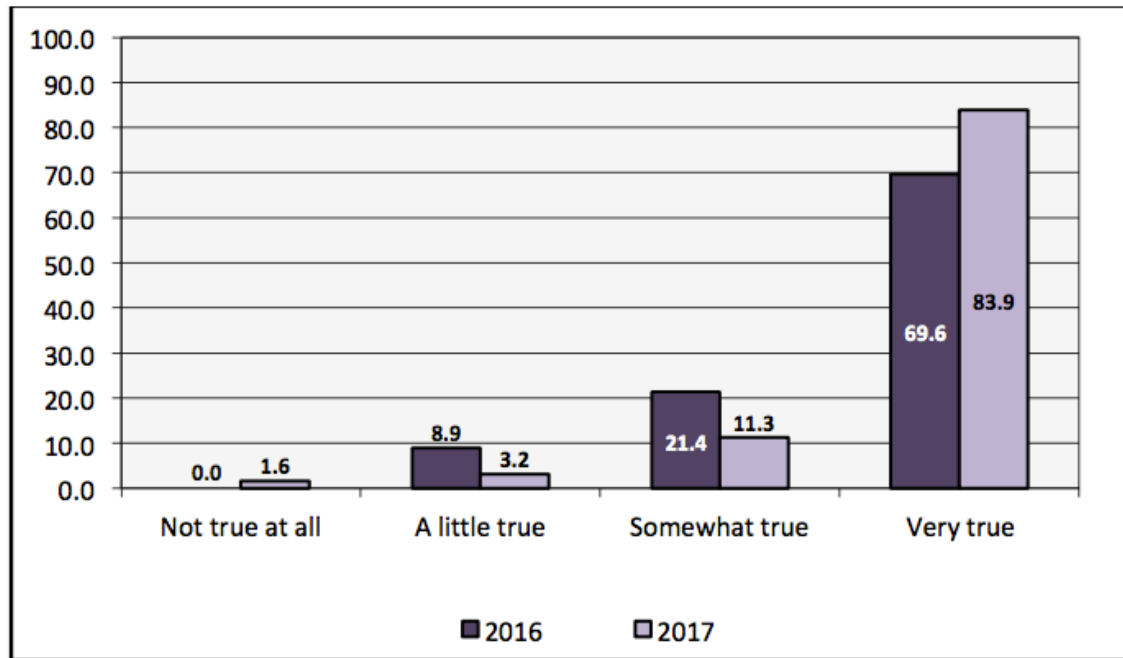


**3. Staff help me learn more about how my own experience of abuse can influence my relationships with my children.**



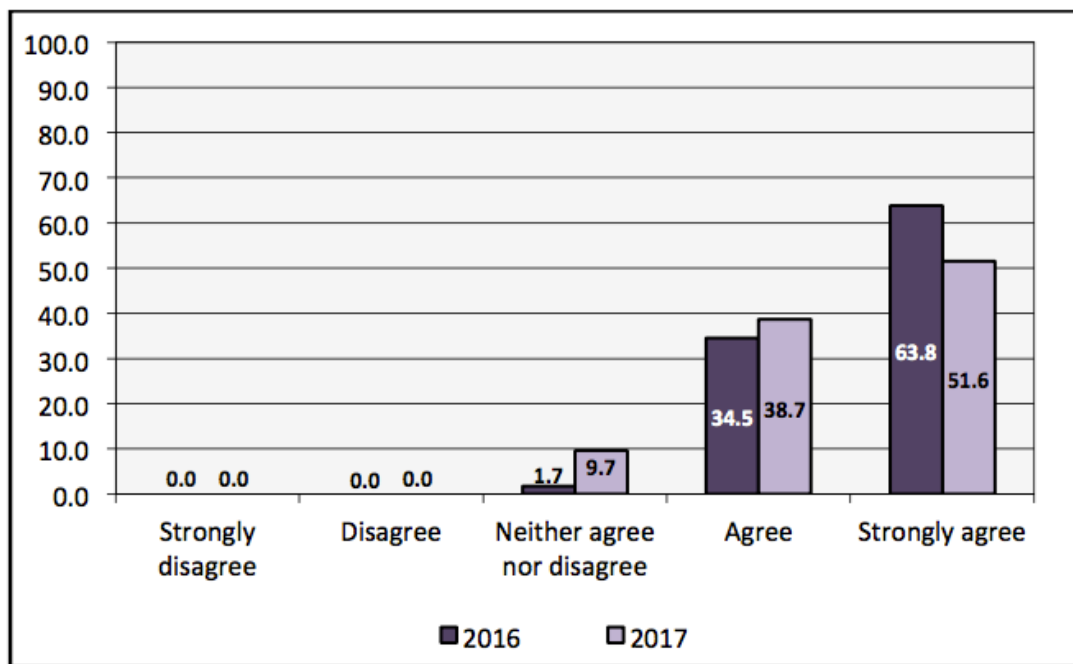


**4. Staff support me to strengthen my relationships with my children.**

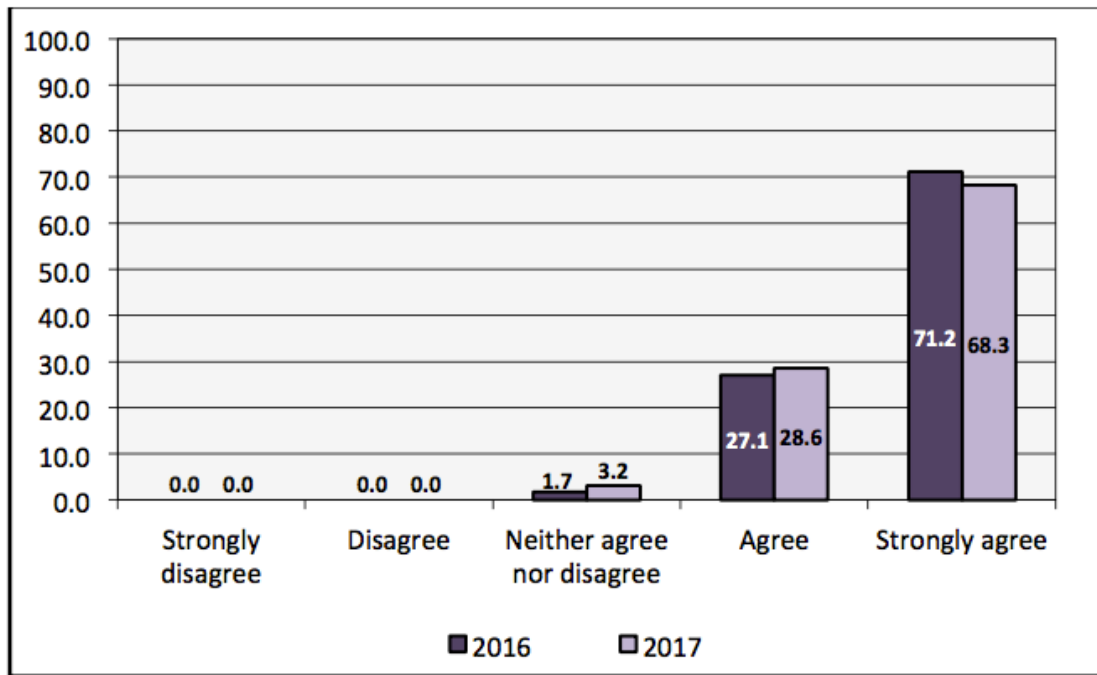


**Parenting-Related Outcomes**

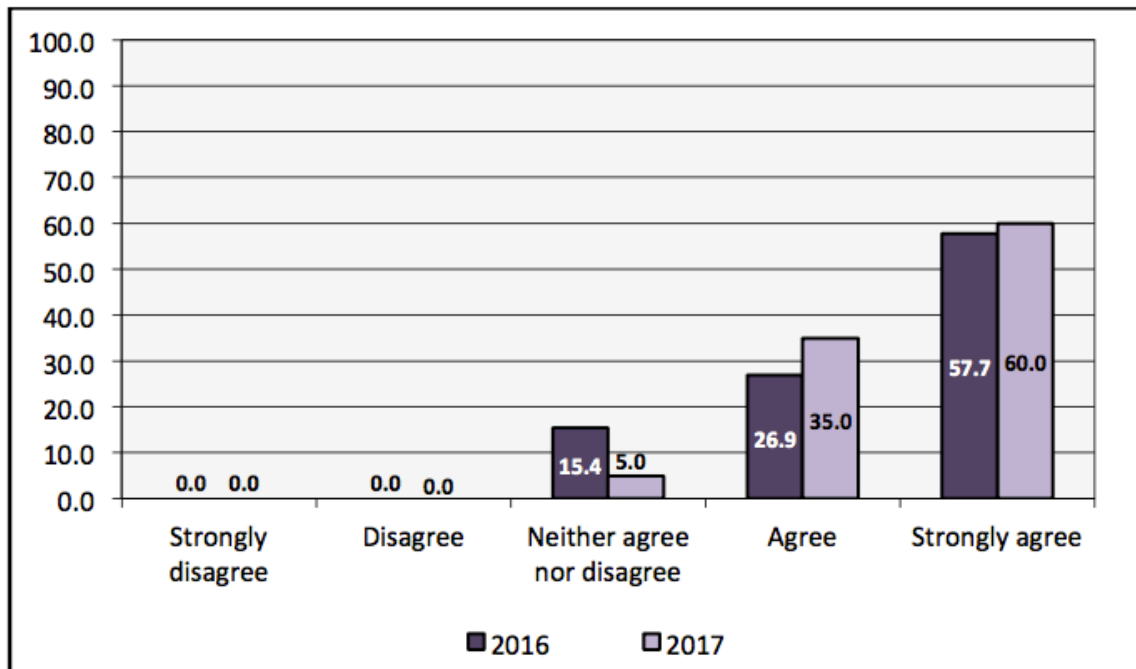
**1. I know more ways to support my children when feelings about abuse or violence come up.**



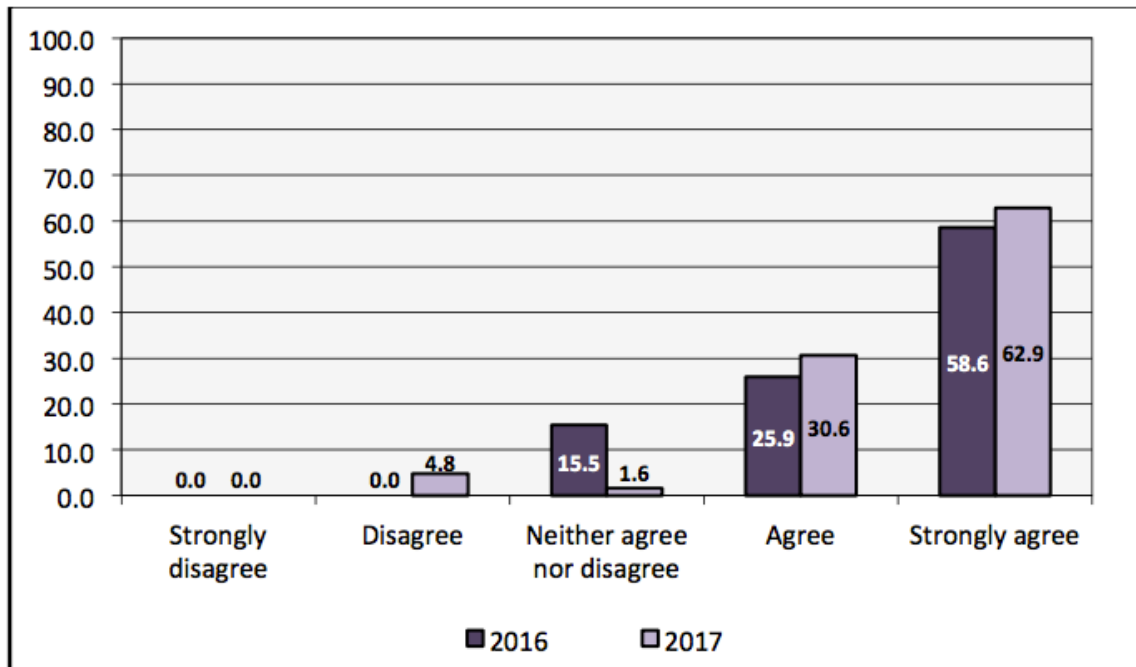
**2. I better understand how my children have been affected by abuse and violence.**



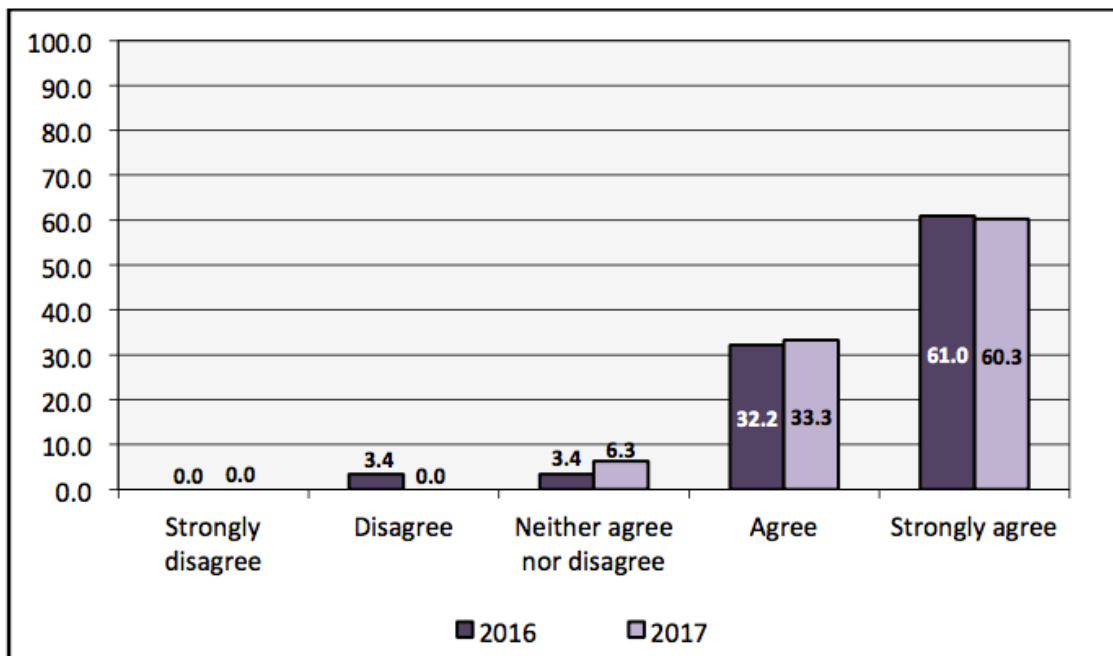
**3. I am better able to talk with my children about how abuse and violence might have affected them.**



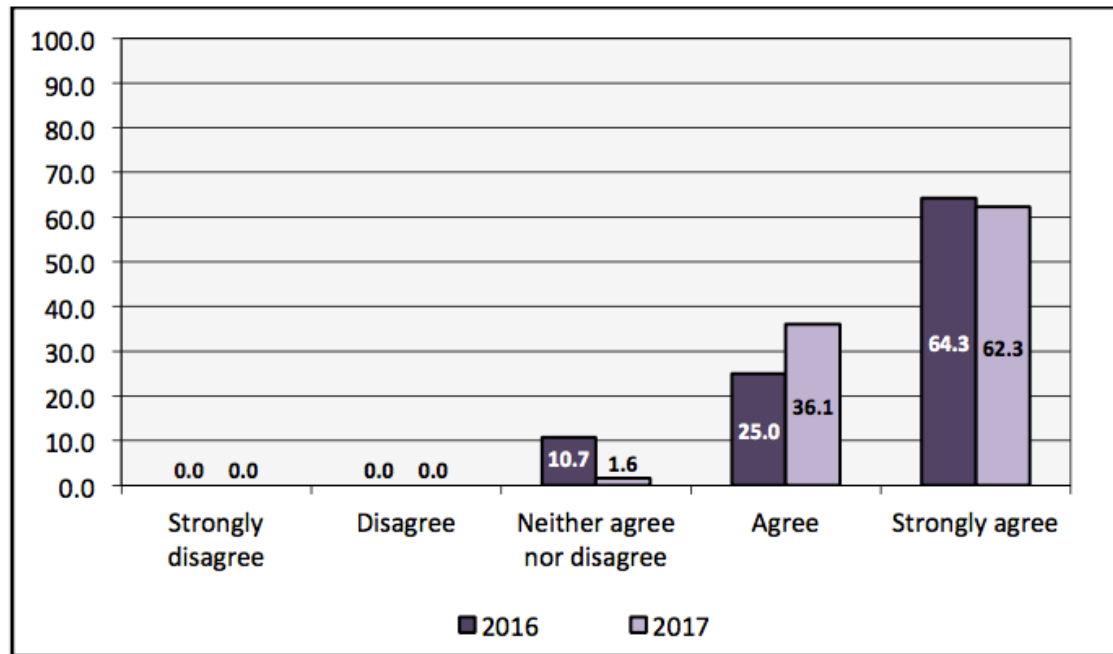
**4. I more often see my children as themselves and different from my abusive partner.**



**5. I feel better about how I respond when my children do things that I don't like.**

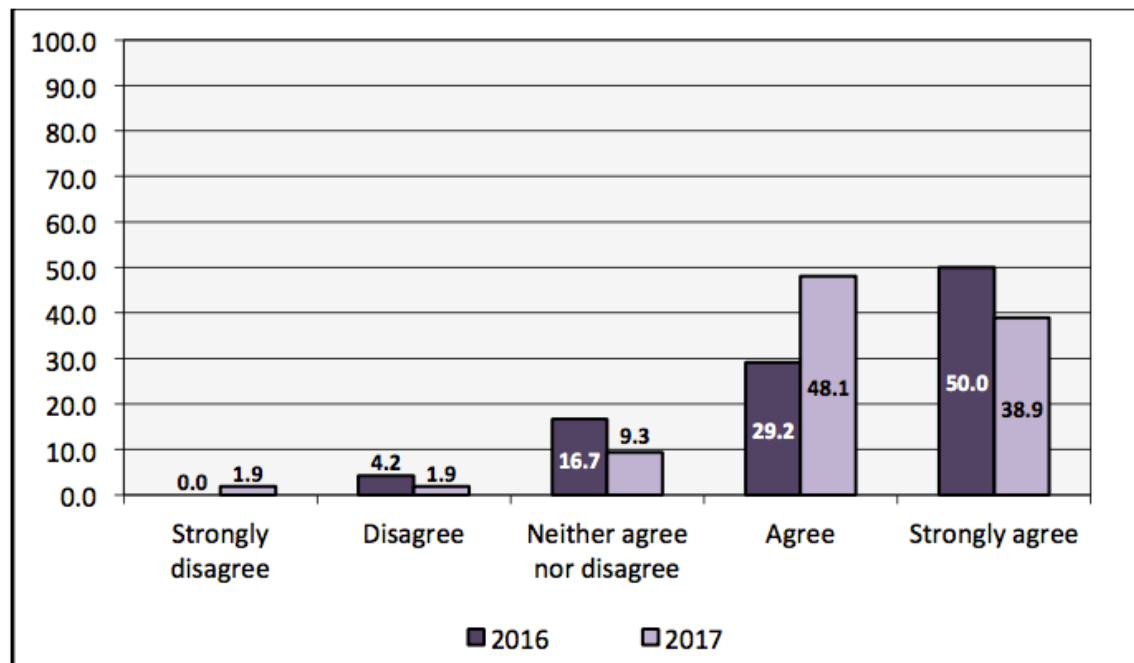


**6. I am more likely to feel that my children and I can talk about anything.**

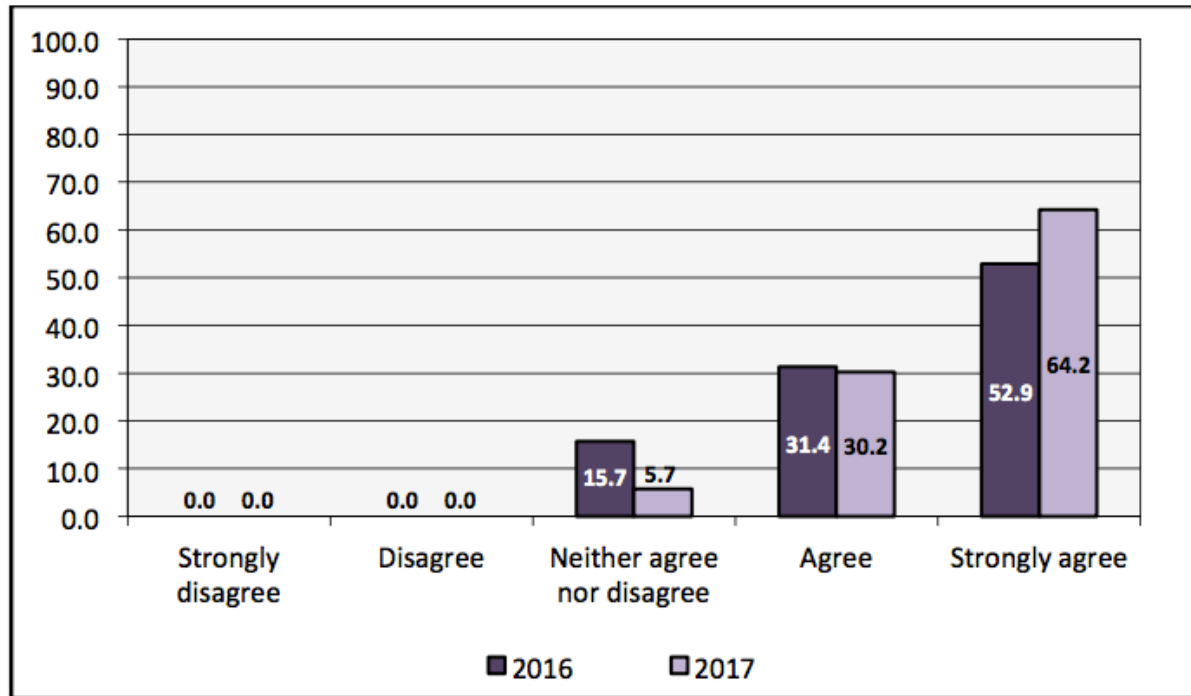


**Parents' Perceptions of Outcomes for their Children**

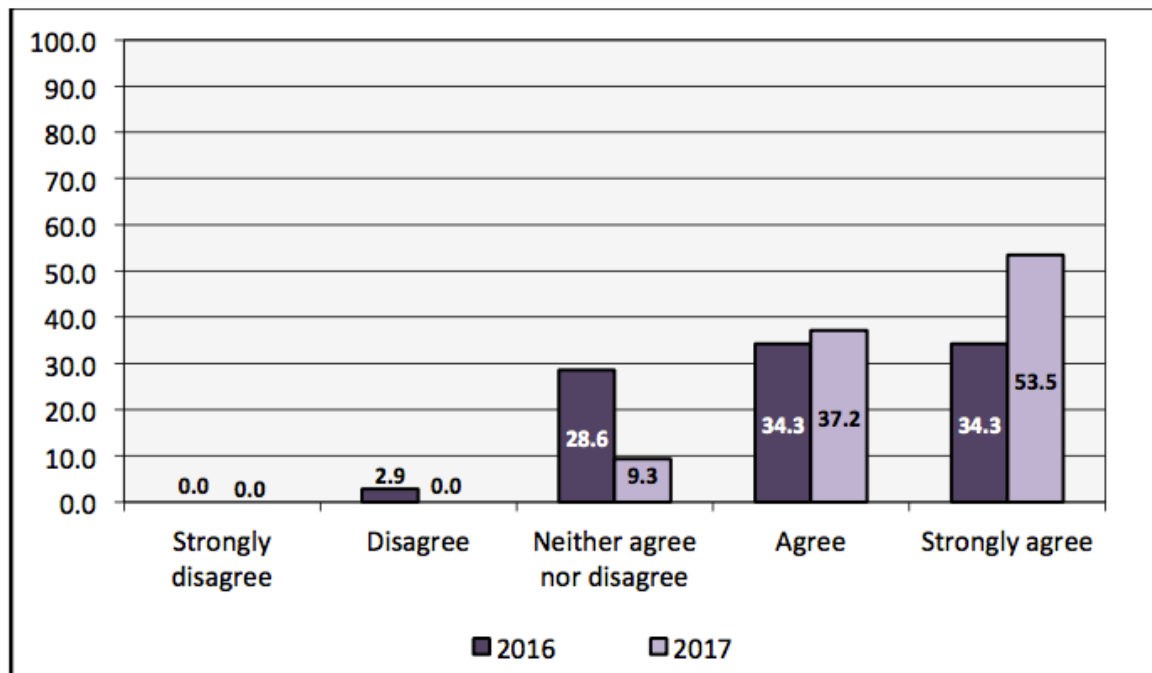
**1. My child has more ways to calm him or herself down when upset.**



**2. My child turns to me for help more than before.**



**3. My child has used what he or she has learned from Rainbow in relationships with other people.**



**4. Because of their experience with Rainbow, my child feels better about him or herself.**

