DOMESTIC AND SEXUAL VIOLENCE COHORT DEMONSTRATION PROJECT:
Taking action to move from services to social change
# THE FULL FRAME INITIATIVE

*changing systems, changing lives*

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

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1 See Appendix A for a complete list of Cohort member organizations and allies.
The Genesis of the Domestic and Sexual Violence Cohort Project

The Full Frame Initiative (FFI) is a nonprofit organization committed to changing systems so that people and communities experiencing poverty, violence and trauma have the tools, supports and resources they need to thrive. Since 2010, FFI and its partners have catalyzed change in fields as diverse as housing, domestic violence and juvenile justice, crossing traditional service and funding silos to help systems and programs put people — not specific problems — at the center of their efforts.

Working with people and communities in the Full Frame of their lives means recognizing our universal needs for what FFI calls the Five Domains of Wellbeing: social connectedness, safety, stability, mastery and meaningful access to relevant resources. Outside of Full Frame organizations, people often cycle repeatedly through services because they are forced to make tradeoffs and work on discrete issues or challenges in a linear way, undermining their overall progress. Full Frame organizations understand the interdependent nature of wellbeing and, counter to prevailing service delivery models, do not require people to prioritize one need or domain over another. Instead, they work to minimize tradeoffs among the domains and to open up entirely new ways of addressing intergenerational cycles of poverty, violence and trauma at the individual, community, family and institutional levels.

Yet, these programs cannot sustain this work alone. FFI understands that lasting change comes from organizations, communities and agencies working together to achieve a larger social purpose. FFI uses a networked approach to help organizations practice in a more Full Frame way and ultimately create broad systems change. This is not traditional technical assistance, which relies on a single expert sharing information in one direction and strengthening one organization at a time. Instead, FFI creates opportunities to effect large-scale change through peer learning, distilling collective knowledge, and advocating in the policy and funding arenas. This approach achieves three simultaneous and interrelated goals:

1. Strengthens individual organizations by advancing and supporting their Full Frame practice;
2. Increases organizational sustainability by removing barriers to Full Frame practice; and
3. Informs and influences larger policy and funder systems to improve services and service provision in multiple arenas.

Over the past two years, an important subset of domestic and sexual violence (DSV) organizations from around the country have sought out FFI’s assistance.

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2 See Appendix B for definitions of the Five Domains of Wellbeing.

3 See Appendix C for a summary of the Full Frame Approach 2.0 — the 10 principles demonstrated by Full Frame programs.
These organizations are outliers in the domestic and sexual violence field. They are committed to strengthening their work with survivors who face multiple additional challenges and to moving away from focusing solely on the violence. These organizations recognize that people’s lives are not linear; that safety can be increased by attending to other issues as well, such as housing or job stability or increasing social connections; and that survivors often have challenges not related to the violence (e.g. illiteracy or caring for a child with disabilities). They strive to serve survivors as whole people who face complex challenges, who also come with a range of assets and community resources. However, these organizations lack the infrastructure and support to sustain this practice. They feel hamstrung by pressure from funders, and even colleagues in their own field, to focus on a narrow concept of “safety first,” and feel constrained by externally imposed, inapt definitions of success that prioritize separation from the batterer. As a result, members of these organizations feel stymied and often isolated or out of step with the larger field.

Ten of these exemplary organizations specifically sought out FFI for its experience with the complex, intersecting issues of poverty, trauma and violence, as well as its approach of putting whole people and their progress towards wellbeing at the center, rather than prioritizing fixing discrete problems or deficits. The Five Domains of Wellbeing framework and FFI’s work supporting change that breaks cycles of poverty violence and trauma across issue areas resonates with these organizations.

They are eager and motivated to pioneer change in their programs and the wider field.

On December 4-5, 2013, FFI convened these organizations (Cohort), along with allies from national advocacy organizations and government, for a two-day summit in Atlanta.4

The goals of the summit were to:

1. Examine current challenges in the DSV field and explore ways to more effectively address the needs of people facing multiple forms of violence, poverty, health disparities and other barriers to health and wellbeing;

2. Increase understanding of the Full Frame Initiative’s Five Domains of Wellbeing, their definitions and supporting research, and how this framework can be used to enhance responses to people experiencing domestic and sexual violence;

3. Strengthen relationships among a select group of innovative and creative DSV organizations and key allies from policy and government; and

4. Begin to chart a course to strengthen services and systems to more effectively respond to DSV survivors/victims.

This gathering spawned a new, action-oriented campaign to inform the domestic and sexual violence field and redesign service delivery systems to ensure relevance for all survivors; their families, friends, and allies; and the

4 See Appendix D for the Atlanta Meeting Agenda. See Appendix E for the Atlanta Meeting Summary
This report presents this Cohort’s compelling case for change, and an ambitious action plan to achieve that change. It draws on FFI’s experience working at the intersection of issues and fields; FFI’s additional work capturing how survivors understand success and wellbeing; the experience and expertise of the extraordinary organizations and allies which make up the DSV Cohort; input from partners in government, research and other human service fields; academic research; and the findings from FFI’s two-day summit in Atlanta.

The implications of this collective work and resultant findings are bold and urgently needed: put people, families and communities back at the center of our work, and re-envision programs and services to support people in their communities. In so doing, we can finally move beyond fragmentation among issues, and the bright and unproductive line between community-based prevention efforts and individually-oriented crisis intervention. We can finally support people who have experienced domestic and sexual violence, as well as their communities, in achieving what they seek for themselves and their children: increased connectedness, mastery, safety, stability and meaningful access to resources and, ultimately, health and wellbeing.
The Domestic and Sexual Violence Cohort Demonstration Project

EXECUTIVE SUMMARY

Now is the Time for Change

Ensuring safety, primarily through separation from the perpetrator, was the cornerstone of the domestic and sexual violence (DSV) movement, when social change advocates and battered women brought these formerly private issues to the forefront of public discussion. Today, 40 years later, the traditional DSV service framework continues to prioritize addressing the violence and/or sexual assault over all other issues and it focuses on supporting “victims” in their evolution into “survivors” by helping them to leave the abusive relationship. But now, in part due to shifting demographics, this traditional system no longer fully responds to the survivors’ current reality. The DSV field must evolve to be truly effective.

The current data as well as the Cohort members’ front line experiences show that many DSV survivors today struggle with multiple complex challenges, not just violence. Indeed, survivors’ ideas and desires for safety are highly individualized and more nuanced than simply physical safety, and often their safety is compromised by poverty, oppression and other trauma. Just as being healthy is much more than the absence of sickness, being safe is much more than the absence of (or separation from) violence. Survivors seeking services from DSV programs may use the DSV as the “door in,” but their concerns, needs and wants are discernibly more varied and complex.

The traditional DSV service framework ignores this interplay of people’s challenges, priorities and assets. This results in significant problems on many levels, including: the breaking up of families and communities; forcing survivors to fragment their lives and prioritize DSV over everything else (even if attending to other issues actually means being safer and happier); fitting programs into narrow, predetermined service silos; misallocating and wasting resources; undermining community resources such as critical informal networks; and diverting funding and infrastructure away from services and supports that are most effective. Drawing upon FFI’s work nationally, the literature and current landscape of initiatives, and, importantly, the findings of FFI’s two-day convening of a subset of exemplary DSV organizations (Cohort), we conclude the following about the current state of the field:

1. Funders, policy makers, social service organizations and other partners and stakeholders propagate limited concepts of who survivors are and what constitutes their success, and the pathways for achieving those incomplete ideas of success. These narrow concepts include prioritizing survivors’ experiences with violence over everything else; viewing safety achieved through separation as the only right course of action; and recognizing services provided by trained professionals as the method to realizing success.

2. Survivors seek to be recognized and supported as whole people, living their lives in families and communities, not in programs (an orientation much more aligned with prevention efforts).
Requiring survivors to claim a primary “victim” or “survivor” identity in order to receive support forces them to dissect their lives into unrelated parts, jeopardizing sustainable progress.

3. The community-based focus of prevention efforts is at odds with the individually-focused, service-heavy, crisis-response nature of DSV services, creating a false divide that ultimately further fragments people and communities.

4. Pressure to conform to narrow concepts of survivor success and the role of services undermines the ability of exemplary programs to be their “authentic organizational selves,” limiting their effectiveness and sustainability.

5. The experiences and lessons of people working and living in culturally-specific communities mirror much of the data generated from talking directly with survivors across a variety of communities, and therefore may be far more widely applicable than traditionally thought to be.

We conclude, most importantly, that now is the time for change. It is time to listen to people, communities and organizations to learn about what is working and what is not. It is time to build on, but also go beyond, the scope of some current national initiatives and have the courage to forge a new direction and reclaim the movement, putting people and their assets at the center of the work. It is time to challenge the traditional dichotomy of prevention and intervention efforts to capitalize on the role of community and connection at all stages of preventing, addressing and healing from violence.

The Cohort of DSV programs assembled in Atlanta are already part of this change. They are all working outside the bounds of traditional practice. They recognize that addressing violence directly is part of, but not the whole, solution to supporting wellbeing, and that programs and services are one, but not the sole, pathway to achieving wellbeing. They are moving forward with the Full Frame Initiative’s Five Domains of Wellbeing, and are strengthening their own organizations’ responses to survivors. They seek, collectively, to define a new way forward for the DSV field.

This report is their story, their experience, and our collective call to action.
THE STATE OF THE DOMESTIC AND SEXUAL VIOLENCE FIELD

It’s Not Working for Many Survivors

As recently as 40 years ago, there was no domestic and sexual violence “field.”\(^5\) There was what, in hindsight, we call the beginning of a movement. The evolution from a relatively few people making a clear and passionate demand to claim a “private” issue as a matter of public responsibility, to a broadly held belief that violence and abuse against one’s partner, children and pets is a dangerous crime to be dealt with by the state, represents a breathtaking shift in a relatively short period of time.

Indeed, there is now a DSV “field,” with expectations, norms and framings that drive policy, funding and practice. It is a field at a crossroads, challenged by shifting demographics and the very real limits of continuing to operate within a corseted definition of the problem of domestic and sexual violence. There are an increasing number of conversations about the “state” of the DSV field, which focus on learning from past lessons to strengthen services and systems for people experiencing violence and other challenges.

But where these conversations fall short is on how to get to this new place. The question that should be at the center is: Do we hold fidelity in traditional services and approaches we know have some value and that have support from external stakeholders and funders, or do we take the risk of re-envisioning how we support survivors and families and communities, in order to increase the value of what we offer, by really listening to what people are saying about what they have, want and need?

We know there is a fundamental misalignment between the current crisis intervention focus of the DSV field, and the needs of those who seek out support from the organizations and programs designed to address domestic and sexual violence — people who do not, necessarily, see the violence in their lives as their primary challenge. This misalignment, clearly evident in the literature, surfaces in the Cohort’s daily work and in FFI’s projects with practitioners and survivors.

I have been working in the anti-violence against women field for over 20 years and believe the field has made great strides during that time… And yet, there is much progress still needed. Despite our efforts, the field continues to orient our response around the survivor’s experience of domestic violence first and foremost. In reality, we hear from survivors every day for whom their relationship experience is small piece of the situation and often other issues and needs … are far more pressing.

– Lynnette Irlmeier, Empower Yolo

\(^5\) For the purpose of this report, “field” is defined broadly as encompassing the range of policies, rules, laws, funding streams, service delivery systems and programs, and research that inform, regulate, guide and implement anti-domestic and sexual violence work in the United States.
Over the past 10 years in particular, DSV programs report a shift in demographics among those seeking help. The gap between survivors who can maintain some stability without formal services and those who must access DSV shelters and programs is wider than ever before. This has led to what Cohort members describe as a new reality: many survivors they work with today face not just domestic violence but also a host of often interrelated challenges which traditional DSV programs are not set up or supported to adequately address.

We are a relatively new organization [founded in 2007], so we developed our model based on these changing demographics and the fact that women with addiction and mental health issues, as well as those with disabilities and criminal records, were being shut out of mainstream shelter programs. We heard this first-hand through the focus groups we conducted with survivors and advocates.

- Suzanne Marcus, District Alliance for Safe Housing

Organizations working in marginalized communities have been working like this for over 30 years. It’s new [using Full Frame practices] for the mainstream organizations, but not for us.

- Josie V. Serrata, The National Latin@ Network for Healthy Families and Communities, Casa de Esperanza

Compared to past trends, survivors currently requesting services from Cohort organizations are poorer and present with more complex challenges including substance abuse, criminal justice and child welfare involvement, mental health issues and many more. In addition, some Cohort organizations report changes in the racial makeup of their service population, with people-of-color and recent immigrants being overrepresented compared to the larger geographic service area.

We have seen a shift in racial demographics over the last 15 years, serving increasingly more women of color (38% in 1999, 56% in 2013). But the most dramatic change we have seen is in the needs of the women we are serving, across race. In 2013, 54% had substance use issues (compared to 45% in 2004), 63% had mental health issues (compared to 41% in 2004), 49% dealt with both substance abuse and mental health issues, 94% had incomes that met federal poverty guidelines, and 20% had criminal justice system involvement (not as victims or perpetrators of domestic violence, but accused or convicted of another crime).

- Amy Evans, Friendship Home

A wide body of research clearly shows that the Cohort programs’ experience is not an aberration: many DSV survivors live at the intersection of poverty and multiple forms of violence (e.g., relationship, community), and struggle with addiction, physical and mental health challenges, legal issues, involvement with Child Protection
Services, and more. In the United States, up to 40% of women on or applying for Temporary Assistance for Needy Families name domestic violence as the reason they need public benefits.\(^6\)

Survivors often experience increased risk of unplanned pregnancies, sexually transmitted diseases including HIV/AIDS, eating disorders, and chronic pain.\(^7\) Women who have been abused are 15 times more likely to abuse alcohol and nine times more likely to abuse drugs than women who have not been abused.\(^8\) Other studies have found more than half of women seen in a range of mental health settings either currently are being, or have been, abused by an intimate partner.\(^9\)

In response to this new reality, Cohort organizations have developed effective but non-traditional practices to address the needs of deeply marginalized populations, yet they are pressured to keep this work under the radar due to funding and regulatory requirements as well as clear messages from other DSV organizations about what constitutes “good” or “safe” practice. The DSV field today reflects the convergence of a number of forces, some unique to the field itself, others mirroring larger trends in society and in human and social services.

1. An historical emphasis on incident response which prioritizes the experience of domestic violence;

2. The outdated assumption that safety is achieved through separation and separation leads to wellbeing;

3. The shift from a community-oriented movement to individually-focused services provided by trained experts;

4. The increasing pressure to document outcomes may, in fact, undermine the very practices that are the most effective; and

5. The false divide between prevention and intervention efforts.

These forces and trends have collided to create a field that may be causing new harms even as it attempts to support survivors. We address each issue in turn below, and then discuss the implications for organizations, staff and survivors.

1. The violence isn’t everything

As the DSV field grew and evolved, crisis intervention services aimed primarily at increasing survivors’ physical safety, such as shelter, became the center of service delivery. With the advent of federal laws and regulations and corresponding funding, the movement further evolved with a dual focus: short-term intervention (separation) for victims, and


prosecution of abusers.

This crisis orientation likely saved many lives, but it also created deep challenges for the field and for survivors that remain unresolved. Today, survivors often encounter services that treat the DSV as 1) the primary, salient issue in their lives; 2) the root of all other challenges they face; and 3) an issue to be addressed by trained professionals, operating in programs that are separate from and outside of community rather than embedded in community. But as Goodmark writes,

Domestic violence does not transform every woman who experiences it into a stereotypical victim, nor should this victim stereotype shape domestic violence law and policy. Instead, anti-essentialist feminism compels us to delve into the complexities of the lives of individual women and consider the totality of who they are, rather than reducing them to their lowest common denominator — their common experience with domestic violence.¹⁰

Furthermore, many service systems treat survivors themselves as “broken” people whose only experience is victimization and who may have personal strengths, but certainly are not recognized as having important social connections or community resources. The reality is that every survivor is a whole person with a variety of experiences, assets, challenges, and informal support networks.

[This workshop was] a great way for us as women in the shelter to express how we feel and not necessarily focus on the domestic violence but on our lives and our children. Thank you for asking about me, not my domestic violence.
– Survivor in workshop focused on self-defined success¹¹

DSV cohort members are committed to moving beyond traditional DSV service models, to respond to the survivors by putting people, not problems, at the center.

Amy Evans of Friendship Home remarked that Full Frame practice is about “stepping outside of the pull-down menu of services,” which is common to traditional service models, and asking an entirely different question: “What does she need?”

Lynnette Irlmeier of Empower Yolo added, “But also it’s about understanding and building on what she already has.”
– Excerpt from a conversation at the DSV Cohort summit in Atlanta about intentionally shifting organizational practice toward the Five Domains of Wellbeing


¹¹ In 2012-2013, FFI conducted 46 workshops with survivors and practitioners throughout California to document survivors’ understanding of success and wellbeing in their own lives, and how this understanding aligned with practitioners’ assumptions.
To be sure, a wider group of DSV advocates and researchers have, more recently, also begun to recognize the interplay among seemingly intractable issues such as intergenerational poverty, systematic oppression, and inadequate access to basic resources. But to most organizations, these issues are still considered secondary, and often treated as results, not causes, of vulnerability to violence. Understanding race, for example, through the lens of domestic violence is fundamentally different than understanding a survivor’s experience of domestic violence through the lens of individual and institutional racism.

2. Safety and wellbeing are achieved through more than separation

When DSV is assumed to be the most urgent issue in people’s lives, it necessarily follows that the primary threat to a survivor’s safety is the abusive partner. But just as health is not simply the absence of sickness, safety is not simply the absence of violence. Survivors’ concepts of safety are individualized, nuanced and complex. Safety is compromised by community violence, societal oppressions and disinvestment, and even by systems themselves. Safety is rarely all about leaving an abusive partner, or even all about addressing the DSV. Physical safety and separation and/or prosecution of the perpetrator rarely equate with or lead directly to health, wellbeing and happiness. Indeed, leaving and separation often create new, additional problems.

I left my husband after he shot me four times. And then he killed himself. Having the threat of him gone did not make us whole, did not help us heal, and did not bring us closure. My kids lost their father; I was a widow.
– Survivor at Converge conference

I left my abusive husband and eventually got divorced. I ended up getting the house out of the settlement but my neighbors wouldn’t speak to me. I lost my community.
– Survivor at Converge conference

The Full Frame Initiative defines safety as “the degree to which a person can be her or his authentic self and not be at heightened risk of physical or emotional harm.” Being valued for what one has to contribute is inherent to the concept of “authentic self.” In 2012-2013, FFI worked throughout California to document survivors’ understanding of success and wellbeing in their own lives, and how this understanding aligned with practitioners’ assumptions. The initial findings from this project directly mirror the experiences of survivors in Cohort organizations — they have a far more rich understanding of success and wellbeing than the conventional “safety from the abuser first” approach most often applied in traditional DSV service framework.

Many survivors identify themselves as fulfilling many simultaneous roles

12 In February 2014, FFI staff attended the Converge conference in Miami, hosted by the University of Miami Law School and their partners.
(mother, employee, student, friend, church member), not simply as “survivor” or “victim.” They repeatedly define their challenges and successes in the context of their whole lives, with the violence being one, but not the only, or even central, relevant experience.

We hold listening sessions in the community and hear what [community members] need and that [informs] our core services. Our shelter work is not our core service, but that’s what’s valued by funders. Poverty, racism, classism [are the issues families and survivors talk about]. Women say, “We want our men to work. They cannot get jobs, and that leads to our issues at home.” We’ve opened several community centers which we see as very relevant, [as well as] our leadership program for youth led by community participants, many of whom are survivors. Funders often ask, “Aren’t you in prevention? You really aren’t in DV.”

- Josie V. Serrata, The National Latin@ Network for Healthy Families and Communities, Casa de Esperanza

And while safety is critical, transformation, health and wellbeing are often achieved through heightened social connectedness, mastery and faith.

Before this moment, I had always felt alone, even when I had people around me who loved me…. It was just in that instant, I felt … that I didn’t have all the burden, because [my wife] was also sharing … I felt comforted … generally I usually feel alone, but in that moment I didn’t … That was a bond and it was motivating to try to find something and go for it, try to find purpose …. I completed my Masters … In a couple of weeks I will be graduating. It’s something I am proud of. Finishing grad school with straight As even through all of that. I know I will be okay.

- Survivor in workshop focused on self-defined success

A few years ago I moved here from Massachusetts. I didn’t have any money and I needed a car. My brother-in-law dropped me off at the car dealer. I was really scared, because I’d always had a guy with me, or taking care of things for me. I’d never made a purchase that big; I didn’t even think I could … But I filled out a credit report and they told me I had excellent credit and could take any car I wanted … I’ve always thought I was a loser, that nothing I did meant anything. But at that moment I realized I had done something right. And what’s possible now, is that I can live in that frame … I got my car, which created more opportunities, more security, more independence.

- Survivor in workshop focused on self-defined success
3. Formal services aren’t the only solution

The dominant emphasis on safety through incident response and separation has also obscured the reality that many survivors actually have important resources. The current state of the field reflects a shift from community-focused, reciprocity-based social change movement to unidirectional professional services given to individuals, with all the concomitant rules around roles and boundaries.

Given the strong cultural pull toward an individual level of analysis, it becomes difficult to maintain a macro-level movement analysis of the problem in the face of concrete pressures to intervene (and thus conceptualize) at the individual level. As resources are directed toward individual services for victims, a myopic analysis of the issue as “that individual’s problem” becomes possible, with the potential result an exclusive focus on therapeutic interventions.13

Despite a commitment to survivor-centered empowerment, staff in DSV services all too often see themselves — not survivors — as owners of knowledge and solutions. Even the oft-quoted language of, “She is the expert in her own life,” leaves open the question, “Who — survivor or practitioner — is the expert in domestic or sexual violence?” Giving rise to and exacerbating this trend are the structures that define and support service delivery. Many policies, services and program practices are influenced directly by research, both academic and non-academic. Yet a literature review to understand how success is defined by and for domestic violence survivors reveals a troubling absence of survivor voice and perspective.14

This is reflective of the larger field where assumptions are made about what is important to a survivor’s own success and wellbeing, and where practitioners are viewed by funders, researchers and other practitioners as the experts and are relied upon to “speak for” and represent survivors. This also reinforces the “us vs. them” undercurrent inherent in social services. When service providers are systematically encouraged to view themselves as the experts and to guide knowledge in one direction toward survivors, little room is left for recognizing the contributions survivors make to achieve and sustain their own wellbeing.

The damage can be deep for survivors and staff alike. Survivors are pigeonholed into caricatures of their real, whole selves, forced to fragment their lives into siloed


14 In 2012, FFI completed a literature review to understand what exists on how success is defined by and for domestic violence survivors. The review included 27 sources, including two from the United Kingdom and one from Canada.
problems and be passive recipients of help and services. Staff members report being restricted in ways that interfere with their ability to engage in effective advocacy and relationship building with survivors, and unable to be their authentic selves on the job.

I felt tied to my chair. What I want to do is get up out of my chair and give the client a hug and as a therapist I don’t do that. I felt very constrained.

- Practitioner in workshop focused on survivor success

DSV Cohort organizations report an inverse relationship between the professionalization of staff and their ability to work with survivors as equal partners. This, in turn, can lead to the erosion of relationships between staff and survivors, victim-blaming behaviors, increased emphasis on punitive rules and, often, disengagement. It can translate into less effective service delivery, and to funders and community partners questioning the program’s ability and efficacy.

Furthermore, the professionalization of the work has field-level consequences beyond that of those for survivors and staff. The hard-won battles of the movement positioned DSV programs as the only ones in the social service sphere equipped to support survivors, in essence, the experts in DSV. This fragmentation of social services is a problem reinforced by funding and public policy and professional training, and creates “turf” struggles that benefit no one. Each social service delivery system, including DSV services, must justify its existence by claiming the expertise in its “issue area.” This further divides people and communities into a mosaic of problems, and marginalizes solutions that focus on collaboration and putting the focus on the entire person.

Connecting to the human and viewing and treating everyone as equals — not “us versus them.”
Now it’s “we.”

- Written comment from DSV Cohort member about what she finds exciting about intentionally shifting organizational practice using the Five Domains of Wellbeing framework

4. Whose success is it, and how should it be measured?

In the current era of increased competition for funding, DSV programs, like all social service programs, are under intense pressure to prove their effectiveness. Implicit in the evaluation models is the assumption that DSV is the central organizing identity for survivors, and that safety achieved through separation, services and prosecution (rather than in the context of community) is the first, pivotal step toward transformation and wellbeing. There has been inadequate attention paid to how survivors understand success for themselves and who and what they believe enables that success. Researchers and academics do not appear to be asking survivors directly, “What does success mean to you?” or “How do you define success?” without preconditioning such questions on a focus on services or surviving violence.
Survivor-centered evaluation — it’s the biggest deficit. People do a lot of participant feedback surveys, etcetera, but there’s little out there. It’s really hard to capture meaningful information [from survivors themselves].
- Jennifer Rose, Walnut Avenue Women’s Center

Much well-intended time and resources are being spent trying to understand best practices and effective program elements for survivors. However, without meaningful inclusion of survivors’ voices and perspectives, these efforts have resulted in a misguided emphasis on evidence-based practices, defined as those proven through randomized controlled trials and touted as the gold standard, and insufficiently informed program outcomes.

Too often, standard outcome measurement models treat clients as if they were merely inputs to programs. Instead of treating participants as objects of intervention, however, an outcome evaluation framework should acknowledge the codetermination work that they pursue in collaboration with staff members.¹⁵

In response to these external pressures and trends, several national projects have emerged to help DSV programs integrate current research and evaluation studies with their practice, and to build a more robust body of evidence about appropriate program outcomes for the field. These initiatives, a few of which are described here, are critical to helping programs meet funder demands to use evidence-based practices.

The Domestic Violence Evidence Project, an initiative of the National Resource Center on Domestic Violence and funded by the United States Department of Health and Human Services, developed a website highlighting academic studies and profiles of innovative practices in DSV organizations.¹⁶ Researcher Cris Sullivan, Ph.D. (whose recent work measuring domestic violence programs’ impact is supported and promoted through the Domestic Violence Evidence Project) offers a new approach to building the case for program effectiveness using her Social and Emotional Well-Being Promotion Conceptual Framework.¹⁷ This framework looks at how domestic violence services restore a survivor’s sense of wellbeing over time.

Researcher Lisa Goodman, Ph.D. is also developing tools for domestic violence programs, to measure their impact on survivors’ sense of empowerment. Goodman oversees the Domestic Violence Program Evaluation and


Research Collaborative, which includes researchers and practitioners developing a safety-related empowerment measure that the field can use for evaluating practices across programs.\textsuperscript{18}

Goodman and Sullivan are also currently collaborating to develop outcome measures of trauma-informed DSV services.\textsuperscript{19} This work has great potential for helping DSV programs strengthen practices that incorporate an understanding of the trauma that survivors have experienced and to demonstrate the impact of these practices on program outcomes.

These initiatives collectively progress the field’s ability to appropriately document the impact of programs. Unfortunately, however, most national research and outcome measurement projects are designed with programs and services at the center. These efforts focus on documenting the effectiveness of programs as they currently exist, not on fundamentally evolving the field. As critically important as they are, these efforts in and of themselves are not sufficient because they cannot challenge the prevailing dual “safety first” and “services as the primary pathway to that safety” approach.

Without such a challenge, the DSV field stagnates.

A smaller number of initiatives and researchers aim to examine traditional ideas of who survivors are and what they need and want, and to document outcomes for families and communities, not programs. Importantly, this subset of initiatives and academic work begins to make explicit what survivors across the country are saying: survivor success is often created in community, through informal connections and achievements unrelated to separating from the abuser, and programs can be helpful but are rarely the agents of change.

Sherry Hamby, Ph.D. challenges historical notions of the effectiveness of current social service and criminal justice responses for people who have experienced violence. Hamby asks us to question “the dominant deficit-focused paradigm for victims of domestic violence”\textsuperscript{20} and why survivors are treated differently from other victims of crime. For example, why must survivors change their relationship status to qualify for assistance and services?

The National Latin@ Network, along with other federally funded culturally-specific domestic violence institutes,\textsuperscript{21} are beginning to conduct research about and develop tools to measure best and promising practices in culturally-specific communities responding to domestic violence, outside of traditional programming. These efforts capitalize on

\textsuperscript{18} Phone conversation with Deb Heimel, Director of Operations, REACH Beyond Domestic Violence, Inc. 2/28/14.
\textsuperscript{19} Phone conversation with Cris Sullivan, Director of the Michigan State University (MSU) Research Consortium on Gender-based Violence, and Professor of Ecological/Community Psychology at MSU. 2/25/14.
\textsuperscript{21} The federal Department of Health and Human Services funds the Domestic Violence Resource Network, which includes culturally-specific institutes. http://www.mcdf.org/dvm
the lessons generated over decades from culturally-specific communities across the United States, consistently pointing to the importance of whole community response to community and interpersonal violence. Representatives and advocates in culturally-specific communities have for years understood the importance of community connection as a solution to DSV, and that recognizing survivors as whole people with many identities and experiences is a key pathway to providing relevant support. Unfortunately, these lessons have traditionally been consigned to culturally-specific communities and not been viewed as relevant to mainstream communities and programs.

Through projects like this, as well as FFI’s work in California and with the DSV Cohort, the case is being built to break down these myths. Indeed, FFI’s work in California to document how “success” is understood by survivors and other stakeholders, reveals no significant differences between culturally-specific communities and the wider group of DSV survivors. In reality, survivors are people first, and all people need social connections, stability, safety, meaningful access to relevant resources, and mastery — not services — to thrive.

5. Dividing intervention and prevention efforts ultimately divides communities

Despite early and ongoing efforts by feminist advocates to frame DSV as a social problem that should engage us all, traditional service models operate from the implicit view that DSV is an individual issue, to be addressed with only the victim and maybe the children, by a social services program. In these service settings, enhancing social and community support is a cornerstone of prevention efforts, but once intervention is deemed warranted, the frame of reference shifts from community as asset, to family and community as part of the problem, or of little use.22

For most people experiencing multiple forms of violence and other challenges, their lives do not progress in this linear way. Friends, family members and other informal connections can be both sources of harm, and support and protection. The community-based focus of prevention efforts is at direct odds with individually-focused, service-heavy intervention efforts, creating a false divide that ultimately fragments people and communities. That many survivors still must leave their communities to access help, whether or not they feel separation is warranted, further disconnects intervention from community and the practitioner from the survivor’s context. The very responses developed to support survivors have, to some extent, deepened their marginalization and isolation, or at least failed to diminish it.

As individuals, we are rooted within the community. For many, especially people of color, it provides the lifeblood of existence. A disempowered community weakens its members, whereas an empowered one becomes the source of their strength. A victim and her abuser live in the community and this is where the security of women inevitably rests. Even though communities may not yet be ready to support and guarantee safety for women, the onus of ending violence begins here.

Organizations working with FFI through the DSV Cohort project conclude that helping survivors draw on and strengthen their social networks is a critical pathway to safety, stability and wellbeing and is therefore a necessary strategy to reducing vulnerability to violence and preventing people from living their lives in systems.

There is a worldview that has assumptions about what the safety plan should be. Real safety planning — the amount of time and effort you [the advocate] use to help the survivor maneuver other systems — is not often funded or understood. [We’re] helping her maneuver her social networks and social connections as part of her plan when others

[traditional funders and traditional advocates in the DSV field] want them to go away. - Maria Pizzimenti, REACH Beyond Domestic Violence, Inc.

Cohort organizations often recognize survivors’ informal networks, which sometimes include the abuser, as irreplaceable sources of material and emotional support. However, these organizations frequently have to keep efforts to engage survivors’ supportive networks under the radar to avoid harmful scrutiny from community partners and funders.

We have a visitors’ policy designed to outmaneuver the isolation participants often feel in traditional, confidential domestic violence housing programs that forbid participants from having visitors. By allowing participants to have friends and family members visit, including males, and on rare occasions spend the night, we’re creating the opportunity for participants to stay connected to their community. And we see how this positively influences their ability to meet their goals, which often include establishing or reestablishing important relationships in their lives. We’re proud of our policy and believe it is effective, but we constantly have to defend it to the community and funders who expect DV programs to be fortresses.

- Suzanne Marcus, District Alliance for Safe Housing

The field has created a false dichotomy where prevention efforts rely on public education, collaboration and community involvement and response, and where intervention efforts focus on the individual, often at the sacrifice of community. In reality, the best intervention efforts create space for and strengthen community connections, as a strategy for reducing vulnerability to violence in the future. Breaking down the contrived divide between prevention and intervention allows people to gain support at multiple points, from multiple sources and ultimately builds resilience on the individual, family and community level.
THE 10 DSV organizations that convened with allies in Atlanta in December 2013 seek to fundamentally reframe the field to focus on people, not problems, and put communities, not programs, at the center of long-term change. These organizations are already employing a range of Full Frame practices that are effective, creative, nuanced and highly specific to the communities with which they work. Yet, they all report significant difficulty sustaining these practices, especially with the constant pressure to comply with external expectations from funders and even other DSV service organizations about what services they should provide and who they should serve.

During the summit in Atlanta, the DSV Cohort members shared their experiences of pushing the boundaries of service delivery and daily practices, their successes with a Full Frame Approach, and how difficult it is to employ this approach within the current DSV framework. Foundational “boundary-pushing” strategies include:

1. Engaging with survivors and families long-term to create meaningful connection and sustainable change

While the traditional DSV program is designed to help survivors leave the source of violence and provide short-term crisis response assistance, Cohort members report that advocacy and support is most effective when provided well beyond the traditional “30, 60, 90-day model,” and even beyond the typical 24 months characterizing “long-term” housing support. These relationships can sometimes take years to develop, and sometimes longer to support sustainable change.

“You need to cultivate the relationship before you can solicit an outcome from someone. You wouldn’t go into a funder and just ask for the money without any relationship-building.”
- Julia Kathary, Coburn Place

Longer-term engagement often means going beyond the boundaries of allowable activities in grant agreements. At the Center for Hope and Healing in Lowell, MA, advocacy includes offering a safe space for a survivor to retreat to when s/he feels overwhelmed, to just “be” without necessarily being involved in a “service.” The Walnut Avenue Women’s Center in Santa Cruz, CA, helps survivors in a variety of ways including filling their refrigerators with groceries, even if they are not engaged in traditional counseling services or not actively planning to leave the abusive relationship.

“She [a mother with three children who is chronically homeless and a substance user, whose partner has substance abuse issues and sexually assaulted her daughter, whose children are in and out of the CPS system, and whose oldest son is in jail] came into the Center just to get a moment of stability. She had no social support — the only support was the Center. She...
was never believed by anyone; she was blamed and reprimanded by the system. [Her story] captures the multiple issues [survivors face] and how [the Center] wraps around and provides support. If we were to document all the things we’ve done over the years for her and her family, many are not accounted for.

- Jennifer Obrien-Rojo, Walnut Avenue Women’s Center

However, these Full Frame approaches to DSV work are not being funded. Emphasizing longer-term support of the person’s overall health and wellbeing over crisis intervention has not historically been valued by funders, who often prioritize quantity over quality of services and frequently expect quick results over a period of weeks, not months. To be truly effective, Cohort members need explicit support, including funding, to do more “relationship-based advocacy,” as opposed to what they described as “just checking off boxes on a goal plan.”

2. Addressing the intersection of addiction, mental health, homelessness, trauma and poverty to provide meaningful support

Most people coming to DSV programs — certainly to Cohort programs — face multiple challenges, many of which are equally or more pressing than the DSV. However, when Friendship Home in Lincoln, NE requested funding for a counselor credentialed in both addiction and mental health, they were told to “stay in your silo.”

Funders value the shelter beds and they don’t want to hear stories of complexity of issues, how messy people’s lives are. When we talk about substance abuse, etcetera, they value our services less and value our clients less.

- Amy Evans, Friendship Home

When programs are required to stay inside service silos, the people that come to them seeking assistance must dissect their lives into unrelated parts accordingly, which fundamentally jeopardizes sustainable progress. For Cohort members, supporting survivors effectively means surreptitiously providing assistance they know people need but is frequently outside of what is allowable or funded. Empower Yolo in Woodland, CA, facilitates group and peer counseling with incarcerated women. While this work is desperately needed in the area’s prisons, Empower Yolo must keep it quiet. With no stable funding, the work is not reflected in any of their program statistics and is difficult to plan for and count on.

[We have] very little funding to work with people who are incarcerated and victims of DV. [It’s] frustrating that funders tell us who the worthy people are.

- Lynnette Irlmeier, Empower Yolo
3. Engaging friends, family, youth, abusers and men to fully understand and support survivors, families and communities

The dominant view in the DSV field is that safety is achieved by removing survivors not only from contact with abusers, but also, in many cases, from current friends and family. The relationship between the survivor and the person who abuses her is viewed as unilaterally unhealthy and unhelpful. When it is allowed, the role of families and friends is generally understood in a very restricted way: enabling or discouraging a survivor to sever or alter her relationship with the person who abuses her. Organizational practices and services tend to focus on helping the survivor name and understand the abuse she has experienced, far more than on helping the practitioner understand the full nature of the survivor’s relationship with her abuser and the range of needs it may help fill. In reality, among survivors who participated in FFI’s California project and those seeking support from the Cohort organizations, most say they simply want the relationship to be safer, and many often want or need to maintain contact with the abuser for any number of reasons.

Cohort members understand that helping survivors draw on and strengthen their social networks is a critical pathway to safety, stability and wellbeing. But often their efforts invite scrutiny and even repercussion from community partners and other stakeholders.

Caminar Latino in Atlanta, GA hosts an annual Thanksgiving celebration, where survivors are encouraged to invite their families and the survivors determine who this includes. In some cases, this means the invitees include the person who has used violence, youth who have witnessed the violence, and extended family members such as grandparents or aunts and uncles. The celebration is considered an indication of the importance and strength of working with the entire family and addressing the issue of violence from a family perspective. However, the organization goes to lengths to minimize the event’s public visibility for fear of backlash.

4. Working with individuals who do not define themselves as “survivors” or “victims,” and whose identity does not center on experiences of violence

Many individuals seeking help from Cohort organizations do not identify as a “victim” or “survivor” of DSV and do not necessarily see their experiences with domestic violence and sexual assault as their most salient issue or challenge. For example, the Center for Hope and Healing talked about someone who engaged with the organization but did not disclose she was a sexual assault survivor.

She broke the rules. Technically we can’t count her. What she wanted [from the program] is...
In reality, Cohort members offer a variety of support and advocacy that is not focused primarily on traditional DSV services. For example, they may help survivors with everything from regaining custody of their children, stopping smoking, or attaining their driver’s license, to graduating from an educational program. For some survivors this “other” work becomes the catalyst for further change, including shifts in the abusive relationship. Yet, despite responding directly to the range of needs and experiences of survivors in their programs and recognizing this advocacy as the foundation for long-term wellbeing, this work is often unfunded because it cannot easily be characterized as “traditional DSV services.”

"She was told she was a victim of domestic violence even though she didn’t identify as such [which is why she was referred to a DV program]. She just wanted to get her kids back — that was her immediate crisis. ...It took time for her to be able to go through this process and name things on her own. She was with us nine months. We want to have quality of services, but the pressure is to have quantity of services. Funders eventually decide they want to fund numbers." – Meg Rogers, Cherokee Family Violence Center, Inc.

The consequences of hiding the authentic self: there is a better way

As these experiences show, Cohort organizations must essentially keep up certain appearances while keeping critical, relationship-based advocacy and Full Frame practices under the radar. At the summit in Atlanta, Cohort members identified dire consequences of this dance for everyone involved.

Survivors continue to be marginalized, isolated and viewed as people who are broken and in crisis because most often they must fit into programs designed only to fix discrete problems and respond to crises. For some, progress is undermined because they feel they cannot speak openly about the multiple issues they face, and because the DSV is not their primary challenge. Since programs can rarely overtly support survivors in creating and sustaining relationships with friends and family, including the abuser, survivors feel they must be dishonest with the program when they have that contact. In turn, they are forced to compartmentalize their lives in truly unhelpful ways and consequently may not receive the full range of services they want and need to feel connected, safe and stable.

Staff may not be able to anticipate the range of issues that surface because survivors initially may only reveal what they believe the program is expecting to hear: issues related to domestic violence and sexual assault. Staff may also lack critical contextual information about the survivor and his or her contact with the
abuser because survivors are typically discouraged from having that contact, much less talking about it. Unrealistic limits on how long staff can work with survivors, and what issues they can or cannot focus on, may undermine staff’s inclination toward relationship building and relational advocacy. This puts staff in a catch-22: despite their desire for longer, contextualized relationships with survivors, both staff and survivors are constrained by external expectations, which can lead to higher rates of burnout among staff who are unable to realize the full benefit of deeper advocacy.

Organizations forced to keep their best work under the radar spend a great deal of time and resources trying to fit into the existing service and funding frameworks, and attempting to balance the real needs of the community with externally imposed expectations of whom the organization should be serving and how. This takes valuable time away from working directly with survivors, and translates into lost efficiency, reduced cost-effectiveness, and increased burnout on all levels.

Importantly, keeping best practices under the radar significantly reduces the likelihood that exemplary organizations can connect with, learn from, and teach each other. Cohort members report feeling disconnected from their counterparts in the DSV field and are often the outliers at conferences and meetings.

[We] do not have a community of providers to talk to about these really hard issues. Most programs are grappling with issues [program name] struggled with 10 years ago. When we’re talking about really marginalized populations, like transgender survivors, other programs will say “you have to serve them” but will not engage in a discussion about the challenges of serving this population. [Program name] is probably the only shelter that does serve this population, but there is no space for the critical conversations.

– Program Director at Cohort organization (anonymous)

This stifles organizations’ evolution, problem-solving and ability to disseminate their work and findings. The larger result is a status quo that goes largely unchallenged, with a continued focus on what has not worked and putting problems at the center, instead of field building based on what does work for people experiencing multiple challenges.
MOVING BEYOND WORDS: REFRAMING THE RESPONSE TO DOMESTIC AND SEXUAL VIOLENCE

The December 2013 summit in Atlanta was, in a word, revolutionary. Originally conceived as an exploratory planning session, it quickly became a campaign for action, with an eye towards the future while learning from the past.

[I’m] excited to finally figure out the language to incorporate the “wholeness” of a person into our outcome/impact purpose — and then being able to follow the dots back into the programming and support we offer: [I’m] super excited to be strategically and intentionally attempting to influence the larger body of work.

– Written feedback from Cohort member during the Atlanta meeting

Cohort members were explicit about their relief and excitement about being in discussion with like-minded people, and the opportunity to be completely honest and open about their practices and philosophies.

[Being at the Cohort meeting] felt like “coming out of the closet,” being your authentic self and bringing your entire identity to the table.

- Isa Woldeguiorguis, Center for Hope and Healing

The importance of the relationship building among Cohort members, and the critical nature of creating space for authentic conversations, was palpable in Atlanta. Since the summit, the desire for peer learning and support has been a source of unity and strength among the group’s members. Cohort members urgently need structured space to share lessons learned, resources and information without having to curtail learning opportunities with apologies, qualifications, or hiding their “authentic selves.”

What emerged from the summit was the foundation for a community of practice, defined as:

Groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.… A community of practice is not merely a community of interest people who like certain kinds of movies, for instance. Members of a community of practice are practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems — in short a shared practice. This takes time and sustained interaction.

In the months since meeting in Atlanta, Cohort members and FFI have worked collectively to craft a plan for change and map a way forward to enhance Full Frame practices in their own organizations and the greater field via the creation of a DSV Cohort Demonstration Project. As part of this work, FFI has met

with and trained member organizations’ staff on the Five Domains of Wellbeing, and Cohort organizations have begun their individual journeys towards more Full Frame practice, even as each engages in the larger change process of the Cohort. This “in between” work is as critical as the larger project goals and is sparking new ways of thinking about the role of services and social networks in survivors’ lives, and the relevance of the Five Domains of Wellbeing framework in a multitude of contexts. Indeed, Cohort members already report a range of improvements, including an ability to look beyond service coordination to include informal community assets, and having better language to talk about their work and values with staff.

Efforts to critically examine movement goals and to shift priorities within the DSV field are not new. For example, in February 2014, movement leaders, survivors and advocates met at the Converge Conference in Miami, sponsored by the University of Miami law school and others, to discuss the need for the field to be more responsive to intersecting inequalities and be more inclusive of marginalized populations. Similarly, FFI and Cohort member staff have attended a number of national and statewide conferences focused on “new conversations” and on encouraging advocates to “think outside the box.”

While inspiring and catalyzing for many advocates, these conversations focus primarily on examining what the field can learn from the past. It is clear from these initiatives that many people are unsatisfied with the current state of the DSV field, and yet do not have a path forward. FFI and the Cohort are moving beyond these conversations to action, with tangible next steps missing from many discussions.

The DSV Cohort has developed a robust action plan for social change. It details a process from discussion and relationship building to concrete, pragmatic steps that will strengthen organizations and systems response through application of the FFI’s Five Domains of Wellbeing framework.

Through the development of strategic goals, project activities, and outcome measures designed around the Five Domains of Wellbeing, and the collection of program data, Cohort members seek to make a case for widespread adoption of Full Frame practices that will revolutionize the field. These goals, activities and indicators of progress are summarized here.

**Goal 1:** Survivors and those seeking services from DSV Cohort members will have increased access to a full range of supports and services they want and need, in order to make sustainable progress in all Five Domains of Wellbeing.

Cohort members are focused on strengthening and building organizational capacity in order to support survivors and other participants.

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26 See Appendix F for the DSV Cohort Project proposed timeline of activities.
in their programs in all Five Domains of Wellbeing simultaneously, minimizing the tradeoffs among the Five Domains of Wellbeing.

Critical to meeting this goal is meaningful involvement of survivors and program participants at all stages of the framing and developing of the DSV Cohort Demonstration Project. Mechanisms for engaging ongoing survivor feedback will help illuminate and document how successful Cohort member programs are in intentionally shifting practice towards the Five Domains of Wellbeing. Additionally, in order to make sustainable progress, the Cohort members will identify allies from within and outside the DSV field, as essential partners in developing project materials and influencing the larger field.

FFI and the Cohort will look for the following indicators (among others) to signify progress:

1. Survivors and program participants report feeling co-ownership of the project’s mission and goals.

2. Cohort organizations have increased knowledge and understanding of how their current practices and policies support and/or undermine the Five Domains of Wellbeing for the people they serve.

3. Cohort members report Full Frame practices are strengthened through peer-learning and sharing of ideas, experiences and resources amongst the Cohort members.

4. Survivors and program participants report they are better supported by Cohort organizations, to address issues and goals as they define them.

Key activities include:

1. Developing strategies for engaging survivors and other program participants in the collaborative work of the DSV Cohort project, including inviting survivors to meetings and trainings; engaging allies and other stakeholders in the project at various stages.

2. Using facilitated mapping exercises of current programs and policies to identify areas for strengthening practice.

**Goal 2: The DSV Cohort Demonstration Project will create a supportive and dynamic learning community among members to facilitate strengthening Full Frame practices within members’ organizations and the larger DSV field.**

This goal prioritizes fostering and sustaining a community of practice, in response to the isolation which DSV Cohort members report experiencing. Virtual and in-person meetings will be created to maintain and deepen the connection and solidarity established between DSV Cohort members who are located across the country. Cohort members will be able to lend support
and legitimacy to one another’s efforts to implement Full Frame practices within their respective communities.

FFI and the Cohort will look for the following indicators (among others) to signify progress:

1. Cohort members report feeling less isolated, through the process of connecting with like-minded organizations.

2. FFI and Cohort members report learning and gaining new information and ideas from each other through regularly sharing innovative practices, resources, ideas and guidance.

Key activities include:

1. Creating multiple opportunities for peer learning and sharing of information and resources via virtual and in-person meetings, trainings and site visits, and intentionally making time to connect with each other when attending other (unrelated to DSV Cohort project) national meetings and trainings.

2. Establishing a listserv, regularly scheduled conference calls, and web-based meetings to facilitate peer learning about the use and implementation of Full Frame practices and tool development.

3. Compiling and distributing in-depth expanded organizational profiles for each Cohort member, to increase a fuller understanding of each other’s programs and the context in which members are working.

4. Cross-posting articles on one another’s organizational websites and blogs and presenting at one another’s organizational or community meetings.

Goal 3: DSV Cohort members will be better equipped to make the case for the value and effectiveness of the Five Domains of Wellbeing framework and related Full Frame practice to funders and the larger DSV field.

This goal reflects the DSV Cohort’s aim to harness their collective organizational experiences using the Five Domains of Wellbeing to create macro level change. Activities are focused on methodically documenting the impact of intentionally shifting practice within their own organizations. Cohort members will collaboratively develop Five Domains of Wellbeing outcome measures and related assessment and tracking tools. Together, the Cohort members and the FFI will analyze the consolidated outcome data and use the information to make the case to funders and the DSV field regarding the need for the shift in practice.

FFI and the Cohort will look for the following indicators (among others) to signify progress:

1. Cohort members report that being part of the Cohort and drawing upon and highlighting each other’s work publicly facilitates their own ability to openly discuss the Full Frame practices they currently keep under the radar, to strengthen practices that support the Five Domains of Wellbeing framework, and to gain support from their respective communities.

2. Cohort members increasingly use a shared language to more explicitly
describe their practices that support the Five Domains of Wellbeing in fundraising efforts, Board and staff recruitment, and communications to community partners.

3. FFI and Cohort members have evidence linking best practices that support the Five Domains of Wellbeing to relevant and sustainable survivor-defined outcomes.

4. FFI and Cohort members report effectively leveraging relationships with allies in and outside of the DSV field who value and endorse the Five Domains of Wellbeing framework and Full Frame Approach to strengthen the case for such best practices.

5. A group of public and/or private funders are in conversation with FFI and Cohort members to better understand how to incentivize organizational practices that support the Five Domains of Wellbeing in funding requests and related outcome and performance measures.

Key activities include:

1. Creating, testing and implementing outcome measures and related tracking and assessment tools.

2. Strategizing with key allies (in DSV, funding and other service arenas) to effectively make the case for Full Frame practices.

3. Developing toolkits, including case studies, literature reviews and other supporting information, to help make the case for Full Frame practices.

4. Disseminating project results through a report on members’ consolidated outcome data that highlights practices, tools and lessons gleaned from DSV Cohort Demonstration Project, as well as making presentations at meetings and events.

Goal 4: The DSV Cohort Demonstration Project generates information and knowledge about how DSV organizations maintain, strengthen and intentionally shift toward more Full Frame practices that support the Five Domains of Wellbeing, and what is required in terms of resources and support.

Knowledge and support generated from, and rooted in, practice can be offered to the DSV field through the process of identifying and documenting what it takes for Cohort members to intentionally shift practice towards a Full Frame Approach. Imbedded in this goal is the Cohort’s intention to offer practical, meaningful support to the DSV field through the documentation of the management and staff challenges they encounter, and the tools and organizational processes they establish, to strengthen Full Frame practices within their organizations.

FFI and the Cohort will look for the following indicators (among others) to signify progress:
1. FFI and Cohort members can better communicate about the tangible resources and changes in policy and process required to strengthen and internalize the use of the Five Domains of Wellbeing framework in daily practice.

2. FFI and Cohort members have increased understanding of the unexpected or unintended consequences and the lessons learned as a result of using the Five Domains of Wellbeing framework in daily practice.

3. FFI and Cohort members document the number and type of training and other educational conversations required to bring along staff, Board members, and community partners.

Key activities include:

1. Creating a survey tool to identify and quantify the management practices used (including hiring practices, staff training, staff evaluation, etc.) and supporting materials developed that effectively helped to foster a fertile ground from which Full Frame practices can take root and flourish.

2. Tracking changes within the organizations as Cohort members shift towards the Five Domains of Wellbeing framework.

3. Writing a guide/report consolidating the management practices and processes of implementation that support Full Frame practice.

4. Disseminating project findings throughout the DSV field, as well as with intersecting fields.
The Domestic and Sexual Violence Cohort Demonstration Project

CONCLUSION

The DSV field is at a critical juncture. It has evolved away from a social justice movement and become one of service delivery and criminal justice response, and it is not working for most survivors. The current focus on service-heavy crisis response obscures the reality that most survivors face multiple and complex challenges, and also have significant internal and community resources. Most survivors accessing programs experience poverty, multiple forms of violence, a range of health and other challenges, and systemic oppression on an ongoing basis, not in isolated incidents. Yet, they do not define themselves as “victims” or even “survivors,” but rather as parents, friends, co-workers, community members, and more.

The field is also characterized by a false dichotomy where prevention efforts rely on public education, collaboration and community involvement and response, and where intervention efforts focus on the individual, often at the sacrifice of community. In reality, the best intervention efforts create space for and strengthen community connections, as a strategy for reducing vulnerability to violence in the future. Breaking down the contrived divide between prevention and intervention allows people to gain support at multiple points, from multiple sources and ultimately builds resilience on the individual, family and community level.

The question facing the field is — Will we, collectively, continue to provide adequate individually-focused services to a small percentage of survivors, or do we have the courage to really examine where we are falling short, thoughtfully listen to survivors, their families and communities, and re-envision our work to be responsive and relevant for the majority of survivors?

The DSV Cohort Demonstration project, comprised of a subset of exemplary DSV organizations and allies across the country, emerged in response to this question. These organizations seek to enhance their practice using FFI’s Five Domains of Wellbeing, to put people and their assets, not problems, at the center of their work.

Cohort organizations are acutely aware that while change can be frightening and risky, the costs of sticking to the status quo are great. Indeed, the need for change is urgent. These organizations are caught in a no-win struggle between engaging in effective practices that are working for multiply-challenged survivors, and operating in a larger field and climate that devalues the best work, keeping it under the radar. When exemplary programs must keep their work to themselves they have no opportunity to connect with, learn from and teach each other. This stifles the evolution of the field and affirms the status quo with a continued focus on problems and services.

The DSV Cohort project is both changing the conversation and taking meaningful action. The Cohort has come together as a community of practice, to lead the change that is needed and pioneer
a way forward for the larger field. Over the next several years, FFI and the Cohort will systematically create space for critical conversations and peer support and learning; create and implement assessment and tracking tools using the Five Domains of Wellbeing framework; compile their collective data and document their process; and generate materials and other information to inform and influence the larger field. Ultimately, this will help the field reclaim its roots in social change so that survivors and those seeking help from service systems have access to the full range of supports they want and need, in order to make sustainable progress towards health and wellbeing.
### APPENDIX A

**Full Frame Initiative Domestic and Sexual Violence Cohort Demonstration Project**

**Member Organizations and Allies**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Location</th>
<th>Executive Director(s)</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caminar Latino, Atlanta, GA</td>
<td>Atlanta, GA</td>
<td>Jessica Nunan, Executive Director</td>
<td><a href="http://www.caminarlato.org">www.caminarlato.org</a></td>
</tr>
<tr>
<td>Friendship Home, Lincoln, NE</td>
<td>Lincoln, NE</td>
<td>Amy Evans, Executive Director, Jane Cogan, Program Director</td>
<td><a href="http://www.friendshiphome.org">www.friendshiphome.org</a></td>
</tr>
<tr>
<td>The Center for Hope and Healing, Inc., Lowell, MA</td>
<td>Lowell, MA</td>
<td>Isab Woldegiorguis, Executive Director, Kate Lessard, Director of Programs</td>
<td><a href="http://www.centerforhopehealing.org">www.centerforhopehealing.org</a></td>
</tr>
<tr>
<td>Empower Yolo, Woodland, CA</td>
<td>Woodland, CA</td>
<td>Lynnette Irlmeier, Executive Director, Celina Alveraz, Director of Crisis Support Services and Community Education</td>
<td><a href="http://www.empoweryolo.org">www.empoweryolo.org</a></td>
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<tr>
<td>Cherokee Family Violence Center, Canton, GA</td>
<td>Canton, GA</td>
<td>Meg Rogers, Executive Director, Maggie Jackson, Shelter Director</td>
<td><a href="http://www.cfvc.org">www.cfvc.org</a></td>
</tr>
<tr>
<td>The National Latin@ Network for Healthy Families and Communities, Casa de Esperanza, St. Paul, MN</td>
<td>St. Paul, MN</td>
<td>Josephine Serrata, Assistant Director of Research</td>
<td><a href="http://www.casadeesperanza.org/national-latino-network">www.casadeesperanza.org/national-latino-network</a></td>
</tr>
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<td>Coburn Place Safe Haven, Indianapolis, IN</td>
<td>Indianapolis, IN</td>
<td>Julia Kathary, Executive Director, Jenni White, Adult Services Director</td>
<td><a href="http://www.coburnplace.org">www.coburnplace.org</a></td>
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<tr>
<td>New Orleans Family Justice Center/ Crescent House, New Orleans, LA</td>
<td>New Orleans, LA</td>
<td>Mary Claire Landry, Executive Director, Deanne Bowman, Program Director</td>
<td><a href="http://www.nofjc.org">www.nofjc.org</a></td>
</tr>
<tr>
<td>DC Coalition Against Domestic Violence, Washington, DC</td>
<td>Washington, DC</td>
<td>Karma Cottman, Executive Director</td>
<td><a href="http://www.dccadv.org">www.dccadv.org</a></td>
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<tr>
<td>REACH Beyond Domestic Violence, Inc., Waltham, MA</td>
<td>Waltham, MA</td>
<td>Deborah Heimel, Director of Operations, Maria Pizzimenti, Director of Advocacy</td>
<td><a href="http://www.reachma.org">www.reachma.org</a></td>
</tr>
<tr>
<td>District Alliance for Safe Housing, Inc. (DASH), Washington, DC</td>
<td>Washington, DC</td>
<td>Margaret ‘Peg’ Hackshaw, Executive Director, Suzanne Marcus, Impact Analyst</td>
<td><a href="http://www.dashdc.org">www.dashdc.org</a></td>
</tr>
<tr>
<td>Walnut Avenue Women’s Center, Santa Cruz, CA</td>
<td>Santa Cruz, CA</td>
<td>Jenn O’Brien-Rojo, Co-Executive Director, Jennifer Rose, Co-Executive Director</td>
<td><a href="http://www.wawc.org">www.wawc.org</a></td>
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</tbody>
</table>
These Five Domains of Wellbeing are:

- UNIVERSAL, INTERDEPENDENT and NON-HIERARCHICAL.
- ASSET-BASED and REALITY-DRIVEN.
- drawn from PRACTICE and validated by RESEARCH.
- relevant at the INDIVIDUAL, FAMILY, COMMUNITY and INSTITUTIONAL levels.
- deeply informed by CULTURE, CONTEXT and HISTORY.
- reflective of an ORIENTATION TO PRACTICE AND OUTCOMES, not a prescription for programs.
PRELIMINARY DEFINITIONS AT THE LEVEL OF THE INDIVIDUAL:

**SOCIAL CONNECTEDNESS**

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

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

**STABILITY**

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

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

**SAFETY**

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

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

**MASTERY**

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

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

**MEANINGFUL ACCESS TO RELEVANT RESOURCES**

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

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

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

*We hope our materials are useful to you. If you would like to reproduce them or use them for your own work, please contact us first. Using these materials without our consent is not permitted.*
Approach + Leadership + Place = Change

Individual/family strengthening and development, and community building are mutually reinforcing and equally reliant on each other

PRINCIPLE 1: LIFE IS MESSY People’s vulnerabilities and strengths—both personal and contextual—interact in complex and unexpected ways, such that the interplay among issues and context needs to be addressed in concert with the issues themselves.

PRINCIPLE 2: FRIENDS AND FAMILY MATTER Relationships and role definitions are central for all of us and therefore need to be honored and respected, whether they are causing difficulties, providing support, or some of each.

PRINCIPLE 3: THROUGH THICK AND THIN AND DIFFERENCE Supporting individuals and communities in envisioning, attempting and realizing new possibilities requires starting with and respecting what matters to people, and then relentlessly sticking with them.

PRINCIPLE 4: BE A COMMUNITY WITHIN THE COMMUNITY, NOT AN ALTERNATIVE TO THE LARGER COMMUNITY The human need to feel part of something where one can have impact and legacy is universal and is a necessary element in personal and community growth and sustained change. Full Frame Programs are a community in addition to others in people’s lives, rather than requiring people leave their community to participate.

PRINCIPLE 5: PLACE MATTERS Organizational history is informed by and intertwined with that of an organization’s community, and its ability to impact individuals and families requires it be a force for good in the larger community, bridging to and building resources that benefit those who may never participate in the organization.

PRINCIPLE 6: SOME OF THE BEST WORK HAPPENS IN THE GRAY AREAS Hold complexity without being paralyzed by it.

PRINCIPLE 7: CHANGE IS GOOD Continually learn and evolve in concert with changes and opportunities in the community, in every relationship with participants, and in how participants and the organization and the community interact.

PRINCIPLE 8: IT ONLY WORKS WITH THE RIGHT PEOPLE WORKING Carefully select and support staff because this work is not for everyone and not everyone can or should do this work. Even the right people need tremendous support to do this work.

PRINCIPLE 9: BE ACCOUNTABLE Pay attention to a wide range of indicators to ensure that the work being done is generating real, sustained results.

PRINCIPLE 10: LEADERSHIP MATTERS Continuously foster and exert leadership, within the organization and the community.
APPENDIX D

Domestic and Sexual Violence Cohort Demonstration Project
Planning Meeting

December 4th & 5th, 2013 ~ Atlanta, GA

**Purpose:** To bring together a select group of domestic and sexual violence (DSV) organizations from across the country, to collectively identify the value and goals of a multi-year demonstration project, and engage in planning to shape FFI’s funding proposal for such a project.

**Goals:**
1. Strengthen relationships among like-minded DSV organizations, for peer support and to improve system response for multiply challenged survivors.
2. Increase understanding about the Five Domains of Wellbeing, including definitions, supporting research, and practical applications.
3. Articulate the current challenges in the field, and the value of this project in addressing those challenges.
4. Generate broad goals, objectives and activities, to inform plan for the larger project.

**AGENDA**

**December 4th, 2013**

**Welcome**
9:00- 10:30am
- Introductions, Meeting Purpose and Goals

**State of the Field**
10:30- 12:00pm
- Discussion of the current issues and challenges in the field and impetus for project.
- Naming where what works or what is needed does not equal what is valued, and is kept “below the surface”; and the consequences for survivors, staff and organizations.

*Each organization is asked to share a specific story or concrete example of where the work you want to do (the work you know is the most effective and valuable) is not aligned with the work you are expected or required (funded) to do.*

**Lunch (on your own)**
12:00- 1:30pm

**State of the Field continued**
1:30 – 2:45pm
- Examining the barriers that keep the most effective work below the surface, and the forces that create those barriers.
- Identifying areas for opportunity - Who are the allies in the field? What are the bright spots that can be leveraged for change?

**Break**
2:45- 3:00pm
December 4th, 2013 continued

Five Domains of Wellbeing Framework  3:00- 5:00pm
- 5 Domains of Wellbeing – how the 5 Domains of Wellbeing framework builds on and compliments existing survivor-centered models including trauma-informed and voluntary services. Detailed discussion of definitions, supporting research, and working examples.
- Overview of FFI’s research and findings from other projects (MO, CADV)

Adjourn  5:00pm

December 5th, 2013

Gathering Together, Re-cap of Day 1  8:30- 9:30am
- Reflections and discussion about the Five Domains of Wellbeing in individual organizations.

Creating Solutions through the Cohort Demonstration Project  9:30-11:30am
- Building on exercises from day one, discussion and small group exercises designed to surface:
  o What individual organizations need to shift toward, and sustain, work that is below the surface
  o How the Five Domains of Wellbeing framework can address those needs
  o What can be achieved together, and the added value of the Cohort itself

Break  11:30-12:00pm

Brainstorming for Implementation Plan (working lunch)  12:00-1:30pm
- What do we need to collectively move the needle? Creating a broad roadmap for getting there:
  o Activities and timeline
  o Tools needed
  o Organizational roles, responsibilities and commitment

Next steps and adjourn  1:30- 2:00pm
- Schedule for follow up conference calls, and soliciting ongoing input from organizations as FFI develops project implementation plan and seeks project funding.

Adjourn  2:00pm
The Full Frame Initiative (FFI) on December 4-5, 2013, convened representatives from ten Domestic and Sexual Violence programs (DSV Cohort), as well as members of key allied organizations and government agencies, all of whom share the view and experience that many existing service models are not fully responsive to current reality of what survivors need and want. This select group of organizations is eager to increase the relevance of service systems for survivors, their families and communities by moving from an issue-centered to a more person-centered approach.

The DSV Cohort discussed the evolution of DSV programs and the people who seek support, and shared their first-hand experiences of pushing the boundaries of service delivery and daily practices. It is clear that Cohort members are serving survivors facing multiple and complex issues, beyond the violence itself, and yet traditional service delivery models discount these intersecting issues by putting the domestic and sexual violence at the center of people’s experiences. This is a dangerous trend which leaves whole groups of survivors without access to comprehensive support. The Cohort agreed that the Full Frame Initiative’s Five Domains of Wellbeing framework provides a resonant and useful strategy for further supporting survivors and the full range of their experiences, needs and assets. The Cohort expressed the urgency in beginning this work and determined the need and value of establishing an active learning community, through an FFI DSV Cohort Demonstration project. The goals are to document and enhance current Cohort members’ practices, and to affect systems change by influencing and strengthening the larger DSV field. The following is a summary of those discussions and meeting findings.
Purpose and Goals

- Examine current challenges in the domestic and sexual violence (DSV) field and explore ways of more effectively addressing the needs of people facing multiple forms of violence, poverty, health disparities and other "challenges."

- Increase understanding of the Full Frame Initiative’s Five Domains of Wellbeing, their definitions and supporting research and how this framework can be used to enhance responses to people experiencing domestic and sexual violence.

- Strengthen relationships between a select group of innovative and creative domestic and sexual violence (DSV) organizations and key allies from policy and government.

- Chart a course to strengthen services and systems to more effectively respond to DSV survivors/victims.

The DSV Field: Then and Now

The DSV movement began more than 40 years ago as a grass-roots effort, formed and led by survivors themselves. Together with allies, these movement founders successfully pushed the issues of domestic violence and sexual assault to the forefront of public discourse. As the movement grew and evolved, crisis intervention services aimed primarily at increasing survivors’ physical safety, such as shelter, became the center of service delivery. With the advent of federal laws and regulation and corresponding funding, the movement further evolved with a dual focus on short-term intervention for victims and prosecution of abusers. In short, services and interventions in the movement originally responded directly to survivor’s expressed needs.

However, over the past ten years, in particular, there has been a shift in demographics among those seeking help. In the United States, up to 40% of women on, or applying for, Temporary Assistance for Needy Families cite domestic violence as the reason they need public benefits,¹ and among women receiving public financial assistance, those who report experiencing relationship abuse have higher rates of depression and drug and alcohol use, compared to those who report no abuse.²

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help. This has led to what Cohort members describe as a new reality: many of the survivors they work with today face not just domestic violence, but a host of often interrelated challenges, among them, poverty, trauma, community violence, addiction, and health issues, which traditional domestic and sexual violence service programs are not set up or supported to adequately address. Many DSV programs, because of their funding, regulatory requirements and community relationships, are still expected to focus singularly on the violence a person has experienced in their relationship and provide a narrow range of services accordingly.

DSV Programs and the New Reality: Cohort Member Experiences

Engaging with survivors and families long-term to create meaningful connection over time.

The DSV field has been characterized by programs designed to remove survivors from the source of violence and provide short-term crisis response assistance. However, Cohort members report that advocacy and support is most effective when provided well beyond the traditional “30, 60, 90 day model.” One member likened working with a survivor to building a relationship with funders or other partners in the work. These relationships can sometimes take months or even years to cultivate, and sometimes longer to support sustainable change.

These longer-term relationships often mean also going beyond the scope of allowable activities outlined in grant agreements. For example, at Empower Yolo, Center for Hope and Healing (CHH) and Walnut Avenue Women’s Center (WAWC), advocacy work includes offering a safe space for a survivor to retreat to when s/he feels overwhelmed, to just “be” without necessarily partaking in a “service”; filling a family’s refrigerator with groceries; or providing support around everything from addiction to mental health to small business development.

“‘You need to cultivate the relationship before you can solicit an outcome from someone.”

Cohort members need explicit support, such as funding, to do more “relationship-based advocacy,” as opposed to what they described as “just checking off boxes on a goal plan.” Without a meaningful connection, developed over time, programs are often not privy to the full range of strengths and challenges survivors and their families bring, and the full range of ways a program can offer support.
Addressing the intersection of addiction, mental health, homelessness, trauma and poverty to provide meaningful support.

“Stay in your silo,” is the response Friendship Home staff got when they requested funding for a counselor credentialed in both addiction and mental health.

But most of the people coming to programs are facing multiple challenges, some of which are equally or more pressing than the domestic and/or sexual violence.

Requiring programs to stay in silos means requiring people to dissect their lives into unrelated parts, and only talk about or “show” a piece of their experience depending on which program they are in. Because the programs are constrained in terms of the breadth and depth of assistance they can provide, people seeking support are constrained to only ask for certain types of help, and the cycle continues without sustainable progress.

For Cohort members, supporting survivors effectively means surreptitiously providing assistance they know people need, but is frequently outside of what is allowable or funded. Empower Yolo has been facilitating groups and peer-counseling in the prison with incarcerated women. While this work is desperately needed, Empower Yolo must keep it quiet; with no stable funding, the work is not reflected in any of their program statistics. “[We have] very little funding to work with people who are incarcerated and victims of DV. [It’s] frustrating that funders tell us who the worthy people are.”

Engaging friends, family, youth, abusers, and men¹ to fully understand and support the survivors, families and communities.

The mainstream DSV field has historically operated on the premise that “safety” for survivors is achieved by removing them completely from contact with abusers and, in many cases, from current friends and family. This approach discounts the variety and individuality of survivors’ experiences, and robs survivors of their agency to leave (if and when they decide to) on their own terms.

Cohort members understand that helping survivors draw on and strengthen their social networks is a critical pathway to safety, stability and wellbeing. Often survivors want or need

¹ Cohort members talked about ‘men’ in a variety of contexts – as allies in the movement, as former or current abusers, as victims and as friends and family members.
to maintain contact, and most simply want their relationships to be safer, without having to leave at all. Several in the group talked about having to keep their efforts to engage the survivor’s supportive network, which sometimes includes the batterer, under the radar — despite the clear effectiveness of this approach.

**Working with individuals who do not identify with the “Victim” and “Survivor” label, or do not view the DV or SA as their primary challenge.**

Many individuals in Cohort members’ programs do not identify as a “victim/survivor” of DSV and do not necessarily see their experiences with domestic violence and sexual assault as their most salient issue or challenge. For example, Isa Woldegiorguis of CHH talked about someone who engaged with their program but did not disclose she was a sexual assault survivor.

Cohort members offer a variety of support and advocacy, not focused primarily on DSV services. For example, they may help survivors with everything from regaining custody of their children, stopping smoking, or attaining their driver’s license, to graduating from an educational program. Yet, despite responding directly to the range of needs and experiences of survivors in their programs, this work must often be done under radar. Emphasizing longer-term support of the person’s overall health and wellbeing over crisis intervention has not historically been valued by funders, who often prioritize quantity over quality of services, and often expect quick ‘results’ over a period of weeks, not months.

**Keeping Full Frame practices under the radar has detrimental consequences for Survivors, Staff and DSV organizations.**

Survivors continue to be marginalized, isolated and pigeonholed as “people in crisis,” because most often they must fit into programs designed only to respond to crises. For some, progress is undermined because they feel they cannot speak openly about the multiple issues they face and because the DSV is not their primary challenge. Since programs rarely overtly support survivors in creating and sustaining relationships with friends and family, including the abuser, survivors feel they must be dishonest with the program when they have those contacts. Survivors are in turn forced to compartmentalize their lives in truly unhelpful ways and consequently do not receive the full range of services they want and may need to feel connected, safe and stable.

“She broke the rules. Technically we can’t count her. What she wanted [from the program] is connectedness and what she got is connectedness.”
Staff are ill-prepared for the range of issues that surface as their work with the survivor unfolds because survivors often share only what they believe the program is prepared to hear: issues related to domestic violence and sexual assault. Staff may also lack critical contextual information about the survivor and his/her contact with the abuser because survivors are typically discouraged from having that contact, much less talking about it. Unrealistic limits on how long staff can work with survivors, and what issues they can or cannot focus on, may prompt staff to question the need for relationship building with survivors altogether. Staff are more likely to experience burnout because they are unable to explicitly work with survivors over longer periods of time and in comprehensive ways, and cannot realize the full benefit of their advocacy.

Organizations forced to keep their best work under the radar spend a great deal of time and resources trying to fit into the existing service and funding frameworks, and attempting to balance the real needs of the community with externally imposed expectations of who the organization should be serving and how. This takes valuable time away from working directly with the survivors, and translates into lost efficiency, reduced cost effectiveness, and increased burnout on all levels.

FFI’s Five Domains of Wellbeing Framework: A Strategy for Improving Systems Response for Multiply-Challenged People and Families

This planning meeting was a direct response to the Cohort member organizations, who express that FFI’s Five Domains of Wellbeing framework resonates with their practice and survivors’ life experiences more than other frameworks under which they are currently required to operate. Moving from the challenges illuminated above to a solutions orientation, the meeting moved into a discussion about this framework and how it can be explicitly used to enhance current practices that must be kept under the radar.

FFI’s Five Domains of Wellbeing: Social Connectedness, Stability, Safety, Mastery, and Meaningful Access to Relevant Resources provides a non-hierarchical framework counter to prevailing models of service delivery that require people to prioritize one need over another. For example, traditional DSV programs often prioritize “safety” above all else and are often organized to help survivors first “achieve safety” and then focus on securing other resources to increase stability or connections to others. In reality, people do not achieve safety in this linear way and often, increasing safety must come through strengthening social connections.
DSV Cohort Demonstration Project: Moving Forward

DSV Cohort members summed up the way forward with comments like those as they agreed on the following steps to enhance Full Frame practices in their own organizations and to develop the goals of the DSV Cohort Demonstration Project.

- Create a vibrant learning community among DSV Cohort members to share practices and experiences and lessons learned; and build on the relationships they began to form during the planning meeting.
- Move beyond practices that focus solely on physical safety and crisis response.
- Document and enhance current Full Frame practices that are kept under the radar and are therefore not sustainable, by developing outcome measures that show Full Frame practices are more effective than traditional approaches with people and communities experiencing entrenched poverty, trauma and violence.
- Intentionally support survivors to draw on their natural supports and engage friends, family, and community members.
- Provide training and further skill development of Cohort members in the Five Domains of Wellbeing. Create advocacy tools and training for staff and volunteers.
- Facilitate the use, and the sustainability, of Full Frame practices by bringing the survivors, staff, community partners, and funders into the conversation.
- Help move the larger DV/SA field toward more comprehensively responding to people who have experienced DSV, by documenting the effectiveness of person-centered (not issue-centered) approaches.

The DSV Cohort members, who generally feel isolated, hemmed in by funding and regulatory policy and misunderstood by community partners and funders, generated an almost immediate sense of solidarity and commitment to the project. The two-day meeting captured the urgency these organizations feel for change, and catalyzed unprecedented momentum. The Cohort is ready and eager to build on this planning meeting, and work together to move the field from issue-centered to people-centered, from services to social justice.

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Meeting Attendees

**DSV Programs**

Caminar Latino, Doraville, GA  
**JESSICA NUNAN**, Executive Director

The Center for Hope and Healing (CHH), Lowell, MA  
**KATE LESSARD**, Director of Programs  
**ISA WOLDEGUIORGUI**, Executive Director

The Cherokee Family Violence Center (CFVC), Canton, GA  
**MAGGIE JACKSON**, Shelter Director  
**MEG ROGERS**, Executive Director

Coburn Place Safe Haven (Coburn Place), Indianapolis, IN  
**JULIA KATHRYN**, Executive Director  
**JENNIE WHITE**, Adult Services Director

District Alliance for Safe Housing (DASH), Washington D.C.  
**PEG HACSKAYLO**, Executive Director  
**SUZANNE MARCUS**, Impact Analyst

Empower Yolo, Woodland, CA (formerly: Sexual Assault and Domestic Violence Center (SADVC))  
**CELINA ALVERAZ**, Sexual Assault and Response Team Coordinator  
**LYNETTE IRMEIER**, Executive Director

Friendship Home, Lincoln, NE  
**JANE COGAN**, Program Director  
**AMY EVANS**, Executive Director

Full Frame Initiative (FFI), Greenfield MA  
**ANNA MELBIN**, Director of Network Growth and Strategy  
**KATYA FELS SMYTH**, Founder and CEO  
**LAURA STRAVINO**, Chief Capacity Officer

New Orleans Family Justice Center (NOFJC), New Orleans, LA  
**DEANNE BOWMAN**, Program Director  
**MARY CLAIRE LANDRY**, Executive Director

REACH Beyond Domestic Violence, Inc. (REACH), Waltham, MA  
**DEBORAH HEIMEL**, Director of Operations  
**MARIA PIZZIMENTS**, Director of Advocacy

Walnut Avenue Women’s Center (WAWC), Santa Cruz, CA  
**JENNIFER OBIEN-ROJO**, Co-Executive Director  
**JENNIFER ROSE**, Co-Executive Director

**Allied Organizations**

Division of Violence Prevention  
National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), Atlanta, GA  
**JENNIFER DILLS**, Health Scientist

The National Latin@ Network for Healthy Families and Communities (NLN), Casa des Esperanza, St. Paul, MN  
**JOSEPHINE V. SERRATA**, Assistant Director of Research

Support for the DSV Cohort Planning meeting was provided by a grant from the Robert Wood Johnson Foundation and by the Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC).

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

For more information about the DSV Cohort, contact:  
Anna Melbin, FFI’s Director of Network Growth and Strategy, anna@fullframeinitiative.org

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<table>
<thead>
<tr>
<th>Activities</th>
<th>Proposed Timeline</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tr>
<td>Establish Cohort listserv</td>
<td>February 2014</td>
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<td>Convene regular cohort conference calls</td>
<td>February 2014 - Ongoing</td>
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<td>Create post-planning meeting survey to collect, compile, and distribute</td>
<td>April - June 2014</td>
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<td>expanded organizational profiles for each DVC cohort member</td>
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<td>Coordinate and convene in-person 2-day DSV cohort meeting</td>
<td>June 2014</td>
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<td>Members regularly conduct site visits, call or meet in-person to share</td>
<td>Spring 2014 - Ongoing</td>
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<td>practices and resources, and continue to build relationships with each</td>
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<td>When possible and appropriate, members support each other through a</td>
<td>Spring 2014 - Ongoing</td>
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<td>variety of activities including cross-posting articles on one another’s</td>
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<td>another’s organizational or community-level meetings.</td>
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<td>Develop in-depth mapping of current practices within DSV cohort</td>
<td>June - Early Winter 2014</td>
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<td>organizations using the Five Domains of Wellbeing framework</td>
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<td>Begin to develop survivor/program participant feedback mechanisms, for</td>
<td>August - October 2014</td>
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<td>project and organizational programming</td>
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<td>Develop strategy and engage allies (within and outside the DSV field,</td>
<td>Fall 2014 - Ongoing</td>
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<td>funders, and thought leaders)</td>
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<td>Implement survivor/program participant feedback mechanisms.</td>
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<td>Generate staff training and opportunities for staff development using the</td>
<td>Fall 2014 - Spring 2015</td>
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<td>Five Domains of Wellbeing framework</td>
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<td>Begin to develop appropriate outcome measures using the Five Domains of</td>
<td>Late Fall 2014 - Spring 2015</td>
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<td>Wellbeing framework, and related assessment and tracking tools.</td>
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<td>Collaboratively develop a survey tool to identify and quantify the hiring</td>
<td>Late Fall 2014 - Spring 2015</td>
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<td>and management practices used and supporting materials developed.</td>
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<td>Develop tool for tracking number and type of training, conversations</td>
<td>Late Fall 2014 - Ongoing</td>
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<td>member organizations engage in, to increase and maintain ongoing</td>
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<td>understanding and investment among staff and other stakeholders.</td>
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<td>Develop tool for documenting unintended consequences (positive/negative)</td>
<td>Late Fall 2014 - Ongoing</td>
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<td>and lessons learned.</td>
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<td>FFI and Cohort members convene small group of strategically identified</td>
<td>Winter 2015</td>
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<td>funders</td>
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<td>Test, adjust and implement outcome measures and related tracking and</td>
<td>Winter 2015 - Ongoing</td>
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<td>assessment tools.</td>
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<td>Collect and analyze outcome data from Cohort members.</td>
<td>Summer 2015 - 2016</td>
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<td>FFI develops toolkit for members, including case studies, literature</td>
<td>Spring 2016</td>
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<td>reviews and other supporting information to help make the case for FFI</td>
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<td>practices</td>
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<td>Develop plan for dissemination of project findings and lessons gleaned.</td>
<td>Summer 2016</td>
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<td>Based on survey data and conversations between members, begin to</td>
<td>Early Spring - Fall 2017</td>
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<td>consolidate management practices and processes into a report; publish report</td>
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<td>on project findings</td>
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