Domestic Violence Services Network Assessment: Uintah County

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Acknowledgments

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Design & Implementation

Uintah County Community Partner Panel

This project was also made possible through the engagement of the Uintah County Community Partner Panel. The panel was made up of representatives from organizations that are part of the Uintah Basin Domestic Violence Coalition:

Andrea Arnold, Andrea Arnold, *BIA*	Cassie O'Brien, *Friends Against Family Violence*
Chief Keith Campbell, *Vernal City Police Department*	Camille Oostveen, *Friends Against Family Violence*
Adam Gaus, *Friends Against Family Violence*	Katie Scholes, *Utah Domestic Violence Coalition*
Chase Hall, *Uintah County Sheriff's Department*	Barbara Toler, *Division of Child and Family Services*
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Reporting

This report and all subsequent community reports were prepared by Leah Davis, Teresa Larsen, Dr. Jayme Walters, and Jessie Miller.

Funding

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About Transforming Communities Institute
The Utah State University Transforming Communities Institute (TCI) exists to bring Utahns together to build knowledge and create solutions for social issues that matter to their communities. TCI's approach to community engagement that centers on the Framework for Collaborative Community Action on Health to address and create meaningful change with communities on issues they prioritize.

About Uintah Basin Domestic Violence Coalition
The Uintah Basin Domestic Violence Coalition is a community-driven organization dedicated to addressing and combating domestic violence in the Uintah Basin region, which includes the areas of Uintah, Duchesne, and Daggett Counties, as well as the Ute Indian Tribe of the Uintah and Ouray Reservation. This organization comprises a diverse group of professionals who work collaboratively to raise awareness, provide survivor support, engage in professional networking, and implement preventive measures across the tri-county and reservation service areas. The efforts of the Uintah Basin Domestic Violence Coalition also helped to bring about the creation of Friends Against Family Violence, the area's domestic violence services provider.

The Current Project

Through this project, TCI collaborated with Uintah Basin Domestic Violence Coalition (UBDVC) and Friends Against Family Violence (FAFV), a nonprofit that provides domestic violence services in the Uintah Basin area, to conduct a human services assessment focused on domestic violence services in the Uintah County area during 2023.

Background

Domestic violence is defined as "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner" and can include "physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behavior that influence another person within an intimate partner relationship" (U.S. Department of Justice, Office on Violence Against Women, 2023). In Utah, recent data from Duchesne, Uintah, and Daggett counties – known as the Uintah Basin area – indicated higher than state averages in poor family management, family conflict in the home, family history of antisocial behavior (fighting, stealing, arrests, etc.), and guns in the home that are not locked (State of Utah Department of Human Services, Division of Substance Abuse and Mental Health, 2021). Similarly, over the past two years, the domestic violence services provider for the Uintah County area – FAFV – has seen an increase in monthly averages in monthly crisis calls (27.2 to 37.17), monthly case management services (69.25 to 293.33), and monthly days of service (67.52 to 92.5). There has also been an increase in victims needing services outside of the shelter (7.1 to 20.83 monthly; FAFV, 2023).

The rurality of the Uintah Basin also confounds these concerns and needs. Rural communities present a problem of physical isolation and distance, which makes accessing services difficult as they now exist. Lack of reliable and affordable internet services, transportation, and cultural and social norms compound these issues. In Uintah County between 2018-2022, approximately 88.3% of residents had access to broadband internet subscriptions, which was consistent with the U.S. average, but below the Utah average access (U.S. Census Bureau, n.d). There is also one public transit service for the tri-county area, Uintah, Daggett, and Duchesne counties that travels between three rural hubs in the area, Duchesne City, Roosevelt, and Vernal. Additionally, 11.9% of the population was considered to be living in poverty in 2022, which is higher than the Utah average of 8.2% during the same time (U.S. Census Bureau, n.d.).
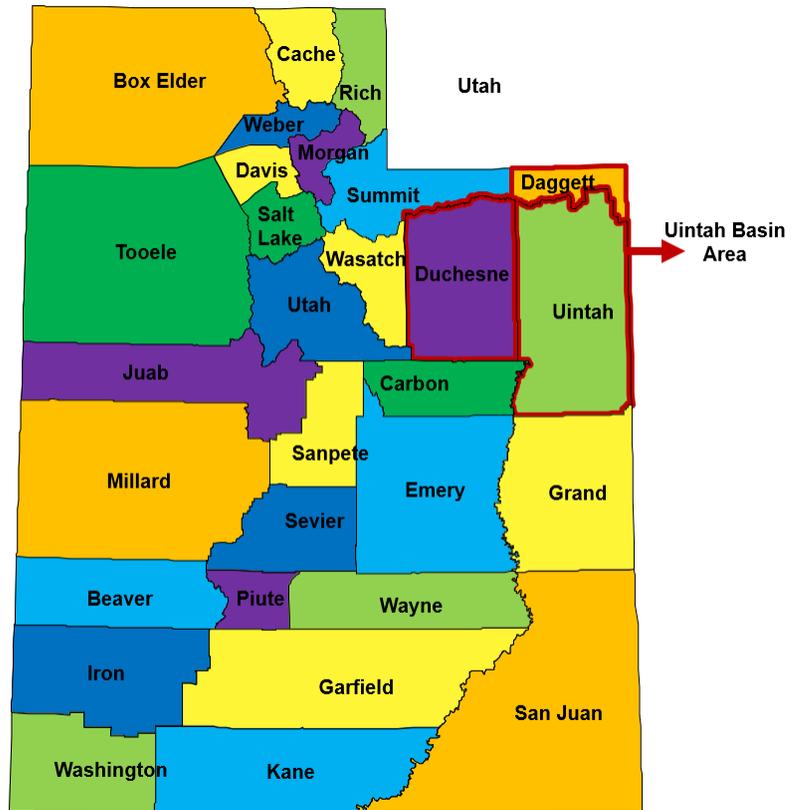
The Uintah Basin is unique in that it is home to Ute Tribe of the Uintah and Ouray Reservation, which covers more than 4.5 million acres across multiple counties, including Uintah County (Utah Division of Indian Affairs, 2023*). In Uintah County, approximately 7.5% of the population identifies as American Indian or Alaska Native (U.S. Census Bureau, n.d.). The Ute and Ouray reservation has their own governmental and service systems that are led by tribal leadership and members to provide culturally responsive services for their population. In addition to the indigenous population in the area, 9% of the population identify as Hispanic or Latino (U.S. Census Bureau, n.d.). The American Indian and Hispanic/Latino populations are the largest minority groups in the geographic area, making up a combined total of 16.5% of the local population.

Prior to the founding of FAFV, a state-run Women's Crisis Center offered a crisis line and emergency shelter for DV survivors. In 2020, the Women's Crisis Center added community-based advocates, prevention and education coordinators, and rapid rehousing services, and were re-named Friends Against Family Violence. Additionally, three law enforcement agencies serve Uintah County as part of the emergency response network for domestic violence issues, which includes the Uintah County Sheriff's Office, the Vernal City Police Department, and the Naples City Police Department. While they are three unique agencies, all three utilize the Vernal Victim

Advocates to provide system-based advocacy for the victims in their cases. Vernal Police Department utilizes its own prosecutor, while the Uintah County Sheriff's Department utilizes the Uintah County Attorney's Office. Naples PD utilizes both the Vernal City Prosecutor and the County Attorney's Office. These interconnected resources lend themselves to more collaboration between departments while, at times, creating the potential for confusion from other community partners. Other partners include: the Uintah Basin Association of Governments, Department of Workforce Services, Department of Child and Family Services, and several therapists throughout the area.

Although these resources and programs have benefited the community, clients referred to service providers in the network often face barriers to engaging with providers and receiving the help they need (Robinson, Ravi, & Voth Schrag, 2021). The initial assessment team meetings have illustrated challenges in collaboration between relevant parties, a need to systematize collaboration to make current resources accessible, and a need to design new resources.

Therefore, the goals of the project include:

- assessing available services related to domestic violence;
- identifying gaps in the domestic violence service network/coalition;
- uncovering organizational capacity issues in domestic violence organizations/services; and
- understanding the relationship and communication dynamics between domestic violence services.

Note: As part of this study, the researchers were not able to connect with tribal leadership to gain approval to gather information from tribal services. Therefore, this study does not adequately represent that service system or the survivors of domestic violence primarily receiving services from tribal providers.

Executive Summary

The two-phase research initiative conducted by Utah State University's Transforming Communities Institute and MSW program in collaboration with Uintah Basin Domestic Violence Coalition offers a comprehensive examination of the domestic violence service provider network from both provider and survivor perspectives. This executive summary synthesizes the project's methodology, key findings, and provides recommendations for enhancing domestic violence services in Uintah County.

Methodology

The research project was designed and executed in two distinct phases. Phase 1 employed an online human services assessment survey distributed to local service providers (n=28) to ascertain the availability of domestic violence resources, identify service gaps, and understand organizational and communication dynamics within the service provider network. Phase 2 utilized qualitative interviews with domestic violence survivors (n=14) to gather insights into their experiences within the service network, focusing on resource availability, service gaps, and barriers to accessing support.

Key Findings

Phase 1 revealed a robust awareness among service providers of emergency shelter, advocacy and support, legal services, and therapy as readily available services. However, it identified significant gaps in childcare services, transitional housing, and other specialized supports. The analysis highlighted the challenges of inadequate funding, staffing, space, and inter-organizational communication affecting the network's effectiveness.

Phase 2 highlighted survivors' experiences, emphasizing the improved availability of services over time yet pointing out significant barriers to accessing these services. Survivors cited issues such as lack of awareness about available resources, negative interactions with law enforcement, and the need for more supportive, informed, and coordinated service provision.

Strengths

- *Comprehensive Service Availability*: The study underscores Uintah County's commitment to addressing domestic violence, evidenced by the broad range of services available to survivors.

- *Organizational Capacities and Collaboration*: Internal strengths such as technology, training, and organizational structure indicate a solid foundation to support programming for survivors. Collaborative efforts like multidisciplinary team meetings and joint training sessions highlight the community's dedication to shared values to address domestic violence.

Areas for Growth

- *Service Provision Gaps*: Despite the availability of essential services, the lack of childcare and transitional housing remains a significant concern, underscoring the need for a more comprehensive support system for survivors. Minimal supports are available to address a diverse population, including inclusive services for Indigenous and Latinx communities.

- *Organizational and Communication Challenges*: The findings point to the need for enhanced funding, staffing, and improved communication and collaboration among service providers to better address survivors' needs effectively.

Key Recommendations

1. *Enhance Education and Awareness*: Initiatives to increase community awareness about domestic violence resources and support mechanisms are crucial. This includes broad community education efforts to foster a deeper understanding and access to services.

2. *Improve Service Access and Collaboration*: Addressing key service gaps in childcare, housing, and financial assistance, and fostering greater collaboration among service providers will enhance the network's capacity to meet community needs. More attention is needed to addressing diverse populations in the community as well.

3. *Build Trust and Knowledge Among Service Providers*: Specialized training for service providers, particularly law enforcement and judicial staff, can improve interactions with survivors, building trust, and facilitating access to necessary services.

4. *Continuous Evaluation and Adaptation*: Ongoing research and evaluation to assess the effectiveness of services and adapt strategies based on evolving community needs are essential for sustained support to domestic violence survivors.

In conclusion, this study provides valuable insights into the strengths and challenges of the domestic violence service provider network in Uintah County. By addressing the identified gaps and leveraging the community's collective strengths, service providers can significantly enhance the support system for survivors of domestic violence, ensuring more accessible, effective, and comprehensive care.

Phase 1 Description

In Spring 2023, students enrolled in the SW 6150 and SW 6200 courses in the MSW program at Utah State University collaborated on this intensive research project with community partners representing Uintah County, under the direction of Drs. Jayme Walters and Derrik Tollefson. The community-partner panel consisted of professionals representing agencies involved with the Uintah Basin Domestic Violence Coalition (see list on page X). The instructors guided students through the process of research design with practical assignments that progressed the project. Through each phase of the design and implementation, students and instructors met with the community partner panel to solicit their ideas and feedback on the work being done. Figure 1 provides a glance at the process and timeline for the project.

Figure 1 – Project Timeline

December 2022 to February 2023
- Initial information gathering
- Partner panel assembly
- Partner & class kickoff
- Research goals/questions development

February to March 2023
- Background research on the issue
- Creation of an asset map based on secondary data
- Development of the research design

March and April 2023
- Gather feedback from panel and finalize research design
- Submit IRB Protocol
- Collect Data
- Pre-analysis of data

May to December 2023
- Analysis of data
- Presentation of initial findings to various stakeholders and gathering feedback
- Writing of reports

Phase 1 Methods

The study's first phase utilized a human services assessment to understand available domestic violence resources in Uintah County and the service provider network that provides these resources. The research questions that guided the first phase of this study were:

- What are the domestic violence resources available in Uintah County?

- What are the gaps in the domestic violence service network in Uintah County?
- What are the organizational capacity issues in domestic violence services within Uintah County?
- What are the communication dynamics between domestic violence service providers in Uintah County?

Phase 1 utilized an online survey via Qualtrics that was distributed across service providers who were known to are involved with individuals and families impacted by domestic violence in Uintah County via email. Service providers were identified by the community partner panel members and students as part of background research in the community. If interested, the potential participants completed screening questions, and if screening criteria were met and they provided consent, participants were directed to the human services assessment survey, which included quantitative and qualitative questions (see Appendix A for screening questions and Appendix B for the assessment survey). Participants received a $10 e-gift card for completing the surveys.

The findings were analyzed by the graduate students and a research team comprised of undergraduate and graduate researchers led by Dr. Walters. Analysis consisted of descriptive statistics for quantitative data. For the qualitative data in the survey, a two-cycle coding process was used. First, three students coded the data, and then a fourth person – a research assistant – validated their first-round codes. The codes were then grouped into patterns by the students and research assistant. Dr. Walters also reviewed the data independently and validated the eventual findings.

Phase 1 Key Findings

The following results represent data collected through the human services assessment sent to community, domestic violence service providers that provide services to residents of Uintah County, Utah. Survey respondents (28) identified as members of nine different local organizations. Some organizations have been combined into categories to protect the anonymity of respondents: 25% of the survey respondents identified as directors of their service or organization, and approximately 22% identified as members of law enforcement. Other self-identified roles include advocate, attorney, therapist, administrative staff, medical provider, and specialist (see Table 1). It should be noted that although most participants responded to all questions, some respondents did not complete the survey or answer every question. Therefore, some questions do not include 28 participants in their results. Those question results have been calculated only using the responses received in the survey process.

Table 1 - Demographics

First Responder or Service Provider		
First responder to the scene of domestic violence	n=6	21.4%
Employee of an organization that provides domestic violence services	n=22	78.6%
Neither	n=0	0%
Organizations/Agencies		
Friends Against Family Violence	n=7	25%
Uintah County Attorney's Office	n=4	14.3%
Uintah County Sheriff's Office	n=6	21.4%
Therapy Services	n=7	25%
Other	n=4	14.3%
Organizational Role of Participant		
Director	n=7	25%
Law Enforcement	n=6	21.4%
Therapist	n=4	14.3%
Attorney	n=3	10.7%
Advocate	n=2	7.1%
Other	n=6	21.4%

Availability of Services

Respondents were asked to identify, from a pre-determined list, the specific domestic violence services available within their community according to their knowledge (see Figure 2 for list and data). The four most available services within the community were emergency shelter, advocacy and support, legal services, and therapy. This demonstrates that service providers are most aware of these services within the community. The three services considered least available were childcare services, transitional housing, and other. One participant included several services in their response to the other option: "High-risk task force for offender accountability," "funding source for survivor mental health needs," and "financial assistance for offender mental health treatment." As those services were only mentioned by one participant, it can be assumed that those services are either not well-known by other providers or not utilized regularly by the other service providers who typically provide victim services and do not regularly engage with offender services.

Figure 2- Services Available in the Community
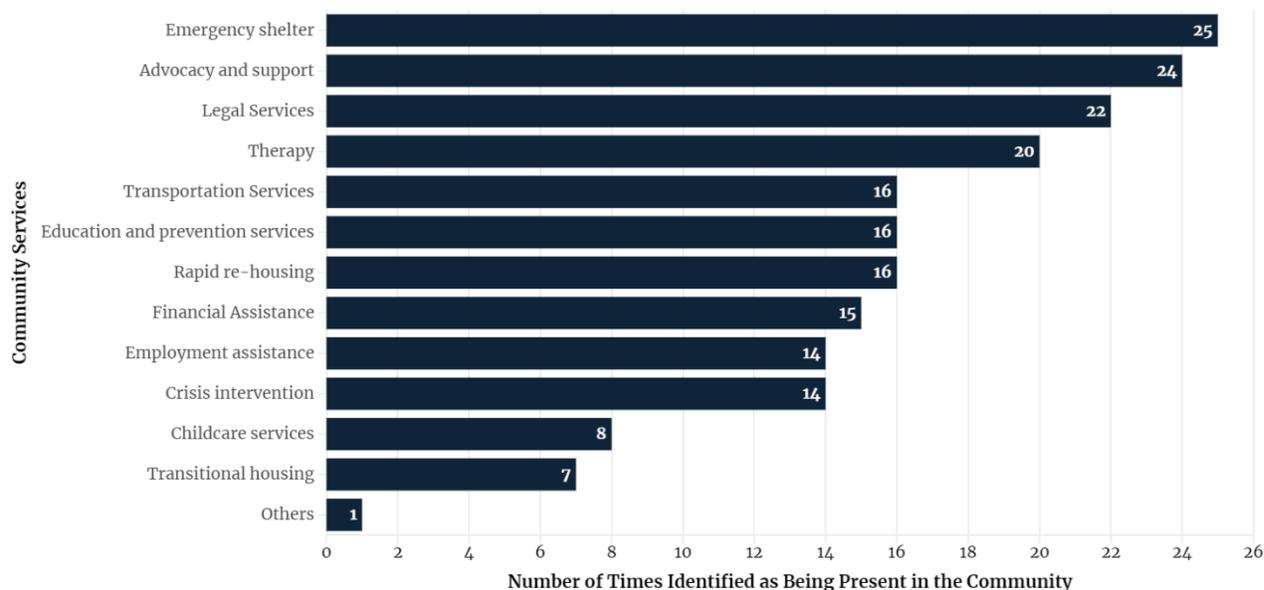
Gaps in Domestic Violence Services

A second series of questions regarding perceived service availability and potential gaps (see Table 2). Participant responses were consistent with results from the previous question: childcare and transitional housing have the highest rates of "not available and we need it." At least one respondent identified each service as being present in their area. Still, most respondents stated that neither service was available and that service was needed in the domestic violence services network.

Regarding the category of "service being available, but there is a need for more in the community," a much broader spread of the data exists. While therapy and advocacy and support services were the highest two services in this category, they were closely followed by rapid re-housing and crisis intervention. Specific to services that participants believe are available and adequate, the highest marked service in this category was emergency shelter, but with more than a third stating more is needed, a consensus does not exist.

These responses also demonstrate a more significant demand than what can be met by services already in the community. For example, many respondents stated that therapy services are available. Still, most of those respondents also signified insufficient providers for the community's needs. Similar trends regarding financial assistance, crisis intervention, rapid rehousing, advocacy and support, and employment assistance were also found.
Another interesting finding in this section is the number of service providers who indicated that they did not know if a service existed. Depending on the service, sometimes a third of respondents were unsure about the existence of a service.

Table 2 - Gaps in Community Services

	Not available and we don't need it	Not available and we need it	Available, but we need more	Available and we have enough	Do not know
Childcare services	n=0	n=12	n=5	n=1	n=8
Transitional housing	n=0	n=11	n=6	n=0	n=9
Legal services	n=0	n=4	n=7	n=7	n=8
Transportation services	n=0	n=3	n=14	n=0	n=9
Financial assistance	n=0	n=3	n=10	n=6	n=7
Rapid re-housing	n=0	n=2	n=16	n=0	n=8
Crisis intervention	n=0	n=2	n=16	n=2	n=6
Emergency shelter	n=0	n=1	n=9	n=10	n=6
Therapy	n=0	n=0	n=20	n=2	n=4
Advocacy and support	n=0	n=0	n=18	n=6	n=2
Employment assistance	n=0	n=0	n=11	n=4	n=11
Other	n=1	n=0	n=1	n=0	n=12

Referrals

Referrals made and received between service providers are crucial to the service provider network. Understanding who is giving and receiving referrals can illustrate the connections between providers and the perceived demand for various services. The top five referral destinations include 1) an advocate, 2) Friends Against Family Violence, 3) the Uintah Basin Association of Governments, which includes several services like the food bank and HEAT program, 4) therapists, and 5) the Department of Workforce Services (see Figure 3). This information does not address how the referral or handoff of a client is made between service providers so that this referral process could be a direct, in-person handoff between providers, a phone call to another provider with the client nearby, or by sharing provider location and contact information, but no direct link to the organization. While other services were also destinations of referrals, they are not being referred to as frequently as the other service providers (see Table 3).

Figure 3 - Referral Destinations: Top 5

1. Advocate (System - or Community-Based)
2. Friends Against Family Violence
3. Uintah Basin Association of Governments
4. Therapists
5. Department of Workforce Services

Referral Destinations

Table 3 - Referral Destinations

Referral Destination	Count of Respondent Mentions
Advocate (System- or Community-Based)	n=13
FAFV	n=12
UBAOG (all services)	n=10
Therapist	n=9
Department of Workforce Services	n=7
Division of Child and Family Services	n=6
Legal Services	n=5
Law Enforcement	n=4
School District/Educational Service	n=3
Medical/Dental Provider	n=2
Other Government Services	n=2
Utah Victims of Crime	n=2
Vocational Rehabilitation	n=2
Unknown	n=1
Health Department	n=1
Transit	n=1
Utah DV Coalition	n=1
Ute Tribe Family Services	n=1
Vulnerable Adult and Elderly Abuse Services	n=1

Barriers to Accessing Services

Respondents identified potential barriers clients face when accessing services. As shown in Figure 4, providers see many barriers for their clients, with the lack of financial resources being the biggest barrier and access to 24-hour services being the most minor barrier. Three written responses were provided by respondents in the other category:

- It's a small town, sometimes consumers don't trust the agencies or people working in the agencies."
- "Lack of QUICK access to mental health assistance. They aren't in life-threatening danger but also can't wait a month."
- "Providers that work in conflict at times or give conflicting information as part of their help."

Figure 4 - Barriers to Accessing Service
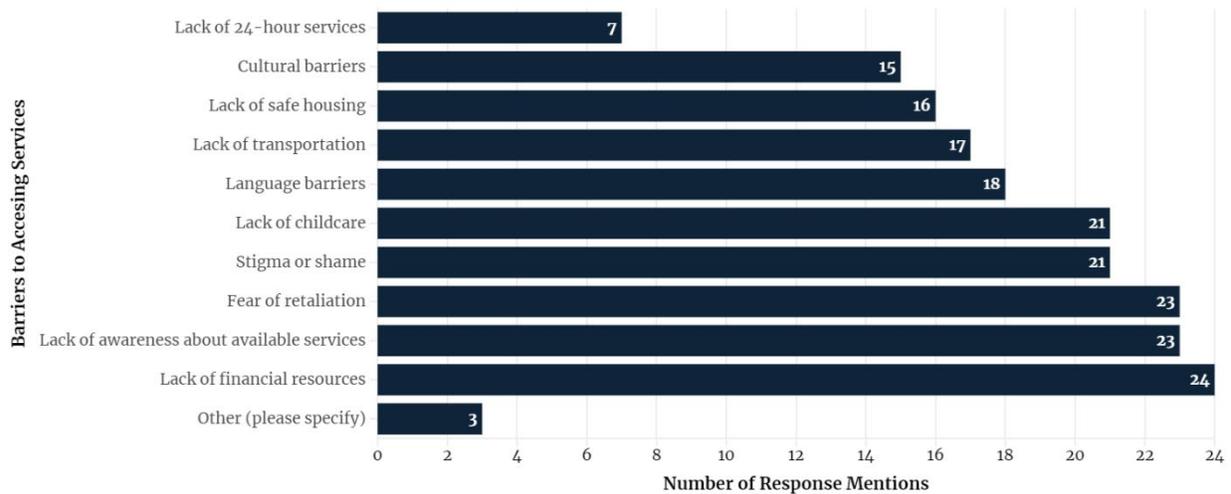
Organizational Capacity

Organizational capacity is anything that allows an organization to accomplish their mission, which could include staffing, technology, funding, space, and other areas. Understanding organizational capacity provides insight into how or why specific community programs or services may not meet needs or be overburdened in their efforts. Participants addressed adequacy related to funding, staffing, space, technology, organizational structure, organizational policies and procedures, and training and professional development.

Demonstrated in Figure 5, there are some areas of organizational capacity that most participants find adequate (above 50%): technology, organizational structure, organizational policies and procedures, and training and professional development. Funding, staffing, and space are areas of organizational capacity with the most common response being sometimes adequate and having the greatest percentages of "not adequate." Regarding staffing, this capacity issue has the smallest number of respondents stating that there is adequate staffing (8%) at their organizations. Concerning funding, this is the second highest area of concern with only 21% of respondents stating that there is adequate funding. Lastly, about 33% of respondents stated that their space was adequate.

Figure 5 - Organizational Capacity of Service Providers
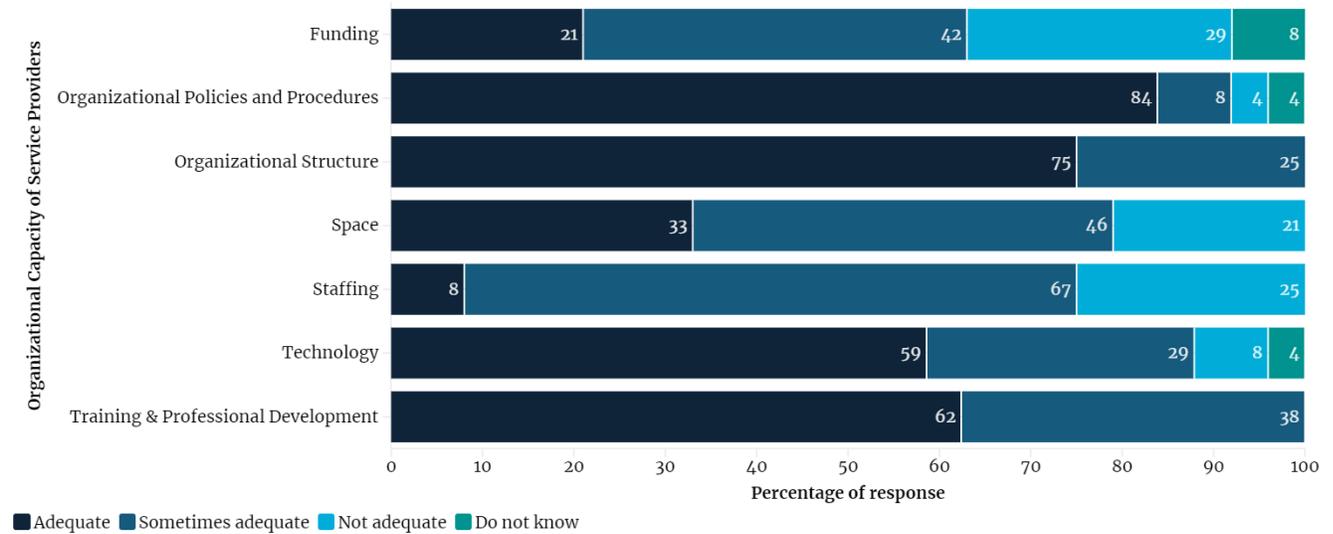
Organizational Communication

Four questions to gain insight into organizational communication efforts were included in the survey. Figure 6 concerns perceived adequacy of internal and external communication of the organizations. Most respondents indicated that internal communication is adequate (67%). External communication, however, was more varied: While there are some respondents (38%) who feel that external communication is adequate, there are many respondents who feel that external communication is only sometimes adequate (38%) or not adequate (17%).

Table 4 shows the responses to how frequently an agency communicates with another agency and how effective that communication is in service provision. Respondent responses indicate overall frequent communication across agencies with most participants (77.3%) stated that they communicate very often or often with other organizations providing DV services. Regarding efficacy of communication, about half of participants believe that the communication between agencies is somewhat effective (54.5%).

Figure 6 - Organizational Communication of Service Providers

Internal Communication

External Communication

Adequate Sometimes adequate Not adequate Do not know
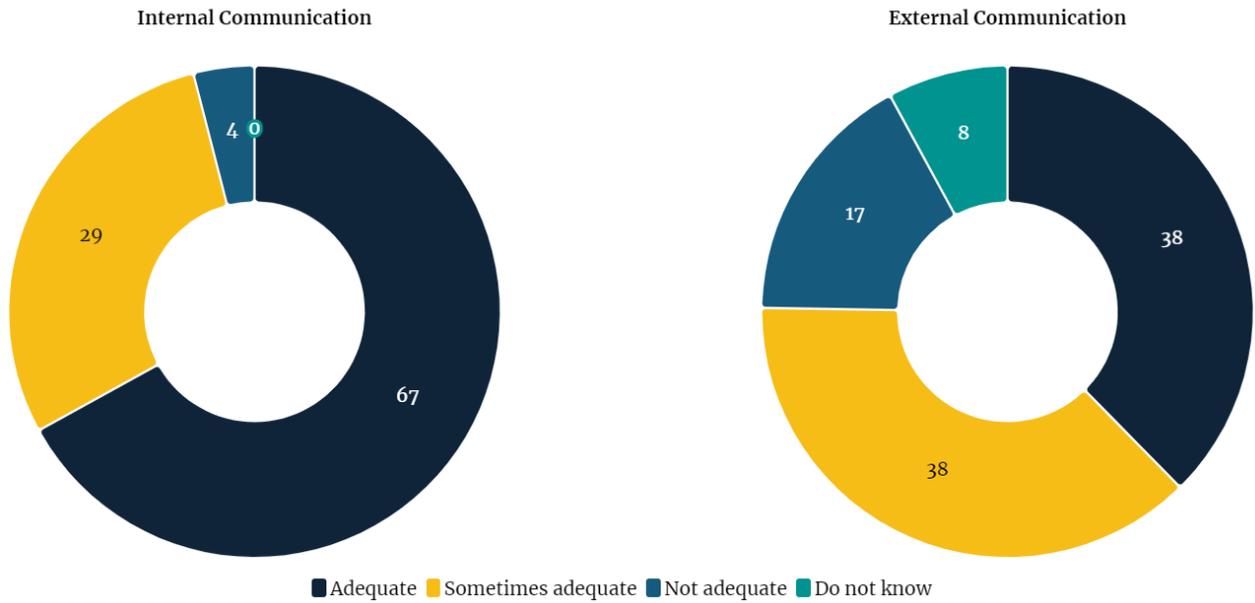
Table 4 - Frequency and Effectiveness of Inter-Agency Communication

Frequency of Inter-Agency Communication		
Very often (daily)	n=8	36.4%
Often (twice a week)	n=9	40.9%
Sometimes (once a month)	n=4	18.2%
Rarely (once a quarter)	n=0	0%
Never	n=0	0%
Don't know	n=1	4.5%
Effectiveness of Inter-Agency Communication		
Highly Ineffective	n=1	4.5%
Somewhat Ineffective	n=2	9.1%
Neither Effective or Ineffective	n=5	22.7%
Somewhat Effective	n=12	54.5%
Highly Effective	n=2	9.1%

Collaboration

Collaboration between service providers and organizations is another integral network element. Figure 8 represents the types of collaboration service provider respondents currently utilize when working with other organizations. The most utilized forms of collaboration are multi-disciplinary team meetings and joint training. Respondents who marked "other" provided the following written descriptions of collaborative efforts: "ROI and phone calls" and "referrals." After others, the least used form of collaboration was "shared funding proposals."

To understand barriers to collaboration, respondents ranked pre-selected potential obstacles to collaboration with rank 1 representing the most challenging barrier to collaboration and rank 6 is the most minor barrier (see Table 5). Figure 7 illustrates the top barriers.

Figure 7 - Top 3 Barriers to Collaboration
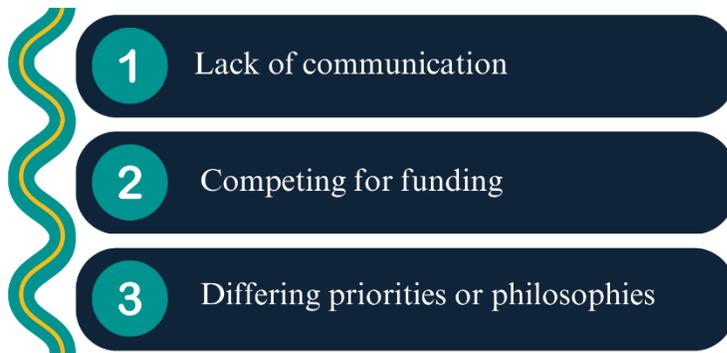
"Other" was the lowest-ranked response. At the rank 3 position, the respondent stated that the "other" barrier to collaboration was "misaligned expectations." At the rank 5 position, the respondent said that "allowing personal feelings to interfere" was a barrier to collaboration efforts. Lastly, one respondent who ranked other as rank 6 stated, "personal boundaries or differences amongst staff" creates barriers to collaboration between organizations.

Figure 8 - Types of Collaboration Used Between Service Providers
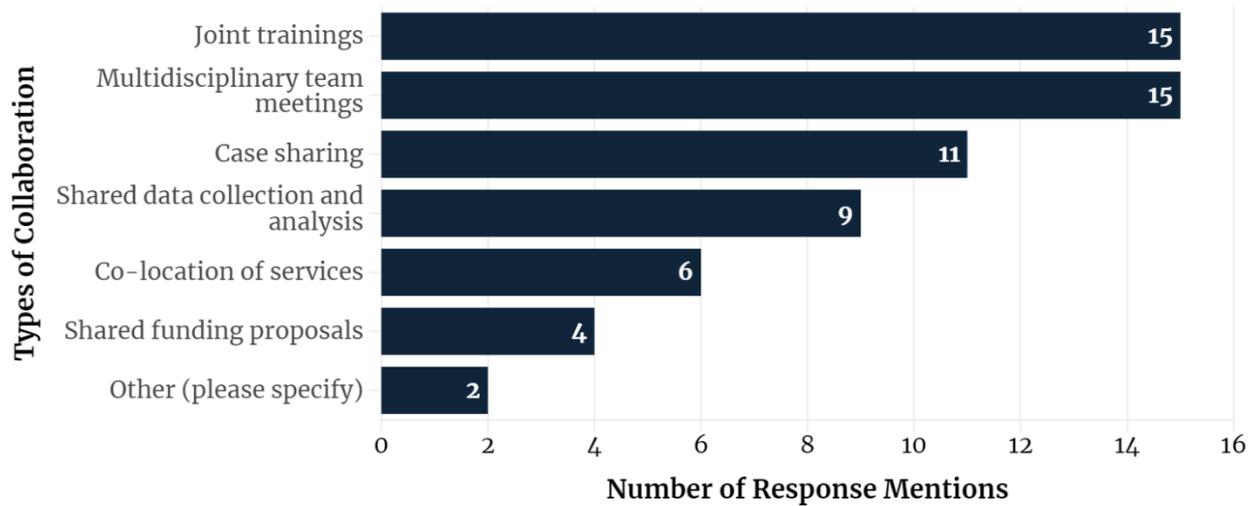
Table 5 - Barriers to Collaboration

Barriers to Collaboration	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Average Rank
Lack of communication	n=7	n=2	n=9	n=4	n=0	n=0	2.45
Competing for funding	n=7	n=6	n=3	n=0	n=6	n=0	2.64
Differing priorities or philosophies	n=4	n=5	n=4	n=9	n=0	n=0	2.82
Difficulty in sharing confidential information	n=3	n=6	n=4	n=5	n=4	n=0	3.05
Unwillingness to coordinate	n=1	n=3	n=1	n=3	n=11	n=2	4.05
Other	n=0	n=0	n=1	n=0	n=1	n=20	5.82

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Phase 1 Summary & Discussion

In this section, a summary and discussion of Phase 1 findings are structured by Phase 1 research questions, addressing strengths and areas for growth.

- **What are the domestic violence resources available in Uintah County? What are the gaps in the domestic violence service network in Uintah County?**

  o *Strengths*: According to service providers, residents of Uintah County have access to every category of service that was asked about, which is uncommon for most rural communities. The availability of services indicates that importance of domestic violence issues in the area and that organizations and community members have invested time, effort, and resources to ensuring that survivors have resources they need. Many providers indicated that services such as emergency shelter, advocacy and support, legal services, and therapy were adequate or available and more were needed. There was some consistency among providers regarding unavailable but needed services, which signals some overlap in provider priorities.

  o *Areas for Growth***:** Regarding gaps in services, childcare and transitional housing rated as the perceived highest needs for survivors that are not currently addressed in the Uintah County area. These findings are closely aligned with previous research that said the top needs of domestic violence survivors in Utah were housing and financial support (Fukushima, 2022). One of the key areas for growth is increasing awareness of available services. Even among services rated by most as "available and we have enough," a substantial number of providers indicated that they did not know if the service was available in Uintah County. Related, knowledge of services is noted as one of the biggest barriers to survivors accessing services *and* collaboration among providers. This connects to the inconsistencies found in communication between provider organizations. Some providers may not be communicating their mission or services effectively, while other providers are not engaging in the service network and, thus, not obtaining knowledge that comes as part of those collaborations. The lack of knowledge is leading to fewer referrals or referrals that are not made with full confidence that the survivor will have access to vital resources.

- **What are the organizational capacity issues in domestic violence services within Uintah County?**

  o *Strengths*: Internally, service providers indicated that they have adequate access to technology, training opportunities, and well-developed organizational structures and policies. These indicate that many organizations have a somewhat solid infrastructure to support programming for survivors, which will allow these more mature entities to thrive and expand in areas of need. Organizations can use these strengths, along with their programmatic successes, to apply for funding and increase capacity in other areas that not as well developed. Additionally, these

more stable organizations can serve as mentors or fiscal sponsors for new grassroots groups or organizations until they are able to build capacity needed to operate on their own.

o *Areas for Growth*: Several areas for growth related to organizational capacity were identified. Inadequate funding impacts nearly every area of capacity. Without money, organizations cannot hire people, pay existing employees well, buy updated technology, and so on. Leveraging the combined capacity and impact of the UBDVC and its members *together* could create a compelling case for grant proposals and philanthropy dollars. Related to staffing, issues identified were retention, hiring processes, low pay, burnout, and inconsistent workflow. Unfortunately, these challenges are consistent among previous research regarding human services agencies and continue to plague the industry. Increasing funding is the first step, but changing standards and shifting culture to one that cares for employees' overall well-being will ultimately impact the outcomes for organizations and the survivors they serve. External communication issues were raised among participants in the organizational capacity section as well.

● **What are the communication dynamics between domestic violence service providers in Uintah County?**

o *Strengths*: Internal communication in the organizations was viewed as adequate, likely leading to the success as individual organizations. External communication and collaboration among service providers is occurring to some degree, even despite the dissatisfaction. The most utilized forms of collaboration are multi-disciplinary team meetings, joint training, and case sharing.

o *Areas for Growth***:** Challenges with external communication and interaction between service providers arose in nearly every part of Phase 1. Ineffective, irregular, or no communication can result in similar problems Previously discussed was the problems with lack of knowledge related to available services for survivors, resulting in inadequate referrals. Communication struggles may be resulting in varying priorities or philosophies, whether real or perceived, could be impacting the broader collaborative efforts of domestic violence service providers. Clearly, lack of communication, along with competitive and territorial natures, are impacting organizations' willingness to collaborate on funding proposals, though the collaborative approach and demonstrating collective impact would only strengthen the chance of funding. UBDVC must consider how to strengthen relationships among providers and help the collective come together as one team in order to improve outcomes for the community and survivors.

Phase 2 Description

The second phase of the study utilized a qualitative design and sought to understand domestic violence survivors' experiences within the service provider network. The research questions that guided this portion of the study were:

- What are domestic violence survivors' perspectives on the availability of domestic violence resources within Uintah County?
- What gaps in the domestic violence service provider network have domestic violence survivors experienced?
- What are the barriers to accessing domestic violence resources within Uintah County?

Phase 2 Methods

Phase 2 utilized interviews to gather data from domestic violence survivors in Uintah County. The research team utilized several methods to recruit interview participants. These methods include: emails to community partners to share through their organizations, emails directly to potential participants, social media posts on local social media pages and service provider pages, and flyers placed throughout Uintah County in high traffic, public areas like grocery stores and restaurants. To be included in the interview process, participants had to meet the following inclusion criteria (Appendix C): must be 18 or older, previously experienced, or currently experiencing, domestic violence, and live in Uintah County.

Once a participant was confirmed to meet the criteria for the study, research assistants then organized individual interviews with each person that took place either in person, online via Zoom, and over the phone. These interviews were approximately one-hour long, and followed a semi-structured interview design (Appendix D). The audio from each interview was recorded using Zoom, which produced transcripts. Student researchers transcribed the interviews, and a team of undergraduate and graduate research assistants coded the interviews.

Phase 2 Key Findings

The research team interviewed 14 survivors of domestic violence who currently live in Uintah County. Each participant began their journey after domestic violence in various years, spanning from 1998 to 2023. Of the interviewees, 13 were women, and one was a man. All participants identified as white. It should be noted that during phase 2, survivors used their own words to describe the services that they utilized. There were several instances when survivors described using the women's shelter, but at the time that they were accessing services, this shelter had merged with Friends Against Family Violence. For the more recent responses, these labels are interchangeable in the data.

Journey Maps

Journey maps provide an overview of the steps taken by each participant on their journey through the domestic violence service provider network. Through each interview, the participants outlined their general journey through the domestic violence service system from

their entry point to the last service they used or are currently utilizing (see Figure 10). The research team then reviewed each interview and visually portrayed each individual's journey through the service system. The journey maps also include symbols that designate if the interviewee received referrals for other services, was referred to a provider from another provider, or was referred to the provider by a family member or friend. Highlights from the journey maps are described below.

System Entry & Referrals. The first highlight concerns how survivors enter the service system or learn about the services available to them. Survivors indicated that they are entering the service system most often in one of two ways: law enforcement or therapeutic services. However, many service providers connected survivors to other providers. For example, after survivors first engaged with a service provider, six of the 14 providers then provided referrals to other providers. Agencies providing the most referrals (about 60%) to survivors interviewed were the women's shelter, which was merged with Friends Against Family Violence as the current shelter provider in the area and the Department of Workforce Services. There were only four instances of survivors recounting family or friends providing referrals to any service provider.

Role of Victims' Advocates. Victims' advocates were involved in the service journey of 12 of 14 interviewees. However, survivors were only referred to an advocate by an agency or friend/family member twice. The research team did not differentiate between a community-based or a system-based advocate in how the question was asked, as advocates serve similar functions for survivors regardless of the system.

Available Services. In comparing participants who experienced domestic violence more recently, more services are available now than in previous years. For example, one participant who first participated in domestic violence in 2001 stated that no resources were available in the area, such as a shelter. Four total participants noted that an emergency shelter or safe space was not available at the time they experienced domestic violence, though they were available and the survivors were not aware of their existence. Other unavailable services to one or more participants included therapy, rapid re-housing, free or reduced-cost food, long-term support or after-care, financial assistance for legal costs, and a support group.

Figure 10 - Journey Maps

Journeys of Domestic Violence Survivors in Uintah County

Themes

Access, Referrals & Collaboration

Strengths of the service provider network shared by participants included that they felt heard, professional behavior, and easy to connect with and access. Participants reported a range of helpful features they experienced when working with various service providers. Many participants appreciated how service providers were knowledgeable, protected the privacy of the participants, and provided compassion. As one interviewee described the most helpful part of using the domestic violence service network, "Probably the Victim's Advocate down at Friends

Against Family Violence, gave me kind of a lot of information it kind of I guess, put some things in perspective that I hadn't really thought of in that way."

Participants typically accessed service providers they previously knew about or found online without being referred by another service provider or individual. If participants were referred from one service provider to another, one service provider was typically responsible for referring them to several other service providers they utilized. However, survivors identified communication problems with the DV service network. Participants reported multiple instances of lack of communication between themselves and service providers, and most of these communication obstacles occurred when working with the justice system. For example, when talking about the justice system, one participant said,

> "...they never notified you of the steps, the way that they told you about it, and then nothing was ever done, or nothing was being suggested as a contingency plan or something along those lines in case something happened."

One participant who used the DV system more than 20 years ago stated:

> "I think that there needs to be somebody else in any kind of … situation. Where there's somebody there that knows all of the services provided in the area and can refer you to any of them, then they can also be there for you if you go for - to the court system. Or if you go through Northeastern Counseling, somebody you can talk to and things like that so."

Two participants used the Department of Workforce Services and noted how they connected them with other available resources. For example, one participant who accessed services around 2014-2016 said,

> "When I went to Workforce Services, they could tell that I was really distraught and they told me about the women's shelter, and then the women's shelter is the one that like sort of like, they don't do stuff for you, but they just give you all the information to get some help yourself. So through the woman's shelter, I was able to like you know call and get a protective order with the police and talk to the victim's advocate, and you know, and then they would ask me… "we have people in the community that will come bring clothes if that's something you want" or "would you like some dishes when you move out, would that be okay"

A few participants also shared about times when service providers did not connect them with other services or resources. For one participant, their therapist did not refer them to law enforcement, although they shared about the many instances of physical abuse by their partner. In a similar thread, participants were unable to provide specific examples of collaboration besides service providers referring participants to other service providers, though they also did not indicate that providers were uncollaborative.

Five participants noted that a lack of awareness about available services was a barrier to accessing domestic violence resources. One participant shared,

"I wish I would have known if there were services that I could use. Because like the law enforcement and therapist – none of them had any resources for me other than like, 'You should probably leave him.' Or like my therapist, 'You might feel bad you left.' No follow-up with like what to do or how to do it."

Other barriers included lack of family support, services offered by providers that did not meet the current needs of the participant, general fear or anxiety, and inefficiency of service providers offering their services.

Perceptions of Law Enforcement

An area of challenge for survivors was interaction with law enforcement. A participant reported that law enforcement arrested their abuser but did not offer any services or resources to them as a survivor of domestic violence. Multiple participants reported negative interactions with law enforcement. One participant shared,

"Cop showed up that day, and I realized that I never wanted to try to get involved with the police again because that day they asked me what I did to deserve to be thrown into the glass door. So, after that, I was like, nope, we're not going to contact law enforcement because I don't want to go through that again."

Another participant explained,

"...law enforcement didn't tell me anything. They just said they would lock him up for the night and put him in a drunk tank pretty much. They never said anything to domestic violence or anything. He just kind of told me the spiel of like "Hey well if this happens again", like it was kind of about the domestic violence, but he never really named it."

Another participant noted,

"Dealing with the system and law enforcement was more traumatic for all of us involved, then the actual trauma itself. So, you know your whole life you've lived thinking that these people are here to protect you. That's not really what happens when it's needed."

At least half of participants reported that a lack of trust between them and a service provider was a barrier to accessing domestic violence resources. Five participants stated they did not feel the service provider believed them. Two participants indicated they did not trust the service provider would help them. Nearly all of these situations where a lack of trust in the service provider emerged occurred when the participant sought help from law enforcement. One participant shared that although she wished she could call law enforcement, the mother of her abuser was closely connected with them. She said, "So you know your whole life you've lived thinking these people are here to protect you. That's not really what happens when it's needed." Similarly, another survivor indicated her abuser's social proximity to local law enforcement:

"He was a personal trainer – [redacted], and a few of the guys that will come and train with him were police and I was afraid that it would be one of them that would show up to the call or somebody that knew him and his family is very well connected in this community that it would turn into a "he said/she said." I'd be the crazy one and nothing would come out from it."

Another participant explained that although she trusted law enforcement, she was scared of the potential outcomes of seeking their help:

"Maybe this is an unpopular opinion, or maybe like this is counterproductive, but I think a lot of times the reason that I didn't call the police and ask him to leave was because of the mandatory charges, like the mandatory charging law where something has happened then the police are like required to charge the person right, and so that really swayed my hand as far as reaching out for police assistance."

Four participants noted that the fear of retaliation was a barrier to accessing domestic violence resources. Two participants also stated that they did not originally report abuse when they initially experienced an event, which prevented them from receiving help when they did report the abuse later. One participant stated,

"It was hard because [law enforcement] told me that, you know, because I didn't report things when they happen that there wasn't any proof, and so there was nothing they could do. But they were really. It's fine when they explained that to me that like it's not enough. You don't go after somebody unless there's proof, you know. Yes, can't just be my word against his and they just told me that if I was ever in that situation again which I have not been, that, you know, that I have to report things as they happen, so that there is proof. Along the way, I can't just wait til after the fact."

Solutions for Improvement

The participants also suggested specific ways of improving access to domestic violence resources and the service provider network in their area:

- Three participants suggested teaching family members about domestic violence and how to support their family members who have experienced domestic violence.
- Two offered general community education regarding domestic violence and its potential signs.
- Three participants suggested improved advertising of available services.
- Two participants stated the need for a domestic violence support group in the area.
- Two participants noted the need for pamphlets or other resources in easy-to-read language provided by service providers to explain their services and processes.

Phase 2 Summary and Discussion

In this section, a summary and discussion of Phase 2 address strengths and areas for growth related to service availability, gaps, quality, and barriers.

Strengths

Over time, more services have become available to survivors of domestic violence. Participants who first experienced domestic violence prior to the 2000s reported a lack of resources like emergency shelters, support systems, therapy, financial assistance, and support groups. In contrast, survivors entering the system more recently have accessed services like law enforcement, therapy, shelter referrals, workforce agencies, victim advocates, and other community resources. Regardless of time period though, survivors primarily entered the service system through law enforcement or therapeutic services, with many receiving referrals to other providers. Victims advocates are also key roles in systems, as nearly participants worked with them at some point in their experiences. Participants shared about many service providers in a positive manner, accentuating compassion and professionalism.

Areas for Growth

Given the increase in services in the area, the most important area for growth is to ensure access to available resources through increasing knowledge among providers and community. The two main areas of entry to the network are therapists and law enforcement staff, and as such, these professionals must have comprehensive, updated information on available services. For the network as a whole, visible and regular coordination and communication between agencies must be improved. Survivors were unable to speak to how collaboration happens, and this is likely leading to mistrust and misinformation. Being more transparent about how processes work in the DV system and providing decipherable materials at whatever point the survivor enters the system would be a starting point. Further, only a few survivors reported getting information about resources from family and friends, indicating a gap in knowledge in the overall community about DV network providers and an understanding of how to help survivors through their DV experiences. Finally, challenges expressed by survivors with law enforcement from the early 2000s to present day are numerous: distrust, victim shaming, misinformation, minimal action, and fear of retaliation are a few. Intervention at all levels (macro, mezzo, and micro) will be essential to help change the response, culture, and image of law enforcement in the community, particularly among DV survivors.

Conclusions

This two-phase research initiative sought to elucidate the landscape of domestic violence service provision in Uintah County from provider and survivor perspectives. This assessment aimed to delineate better network strengths, weaknesses, and opportunities to coordinate regional resources and providers for domestic abuse response. The ultimate objective lies in understanding current capacity, coordination, and collaboration to meet the multidimensional needs of those experiencing intimate partner violence.

Strengths

Service Availability and Accessibility: One of the prominent strengths highlighted in the study is the range of services available to domestic violence survivors in Uintah County. The efforts of various organizations have ensured access to emergency shelters, advocacy and support, legal services, and therapy. This demonstrates a strong community response to domestic violence, emphasizing the importance of addressing these issues in rural areas. The involvement of victims' advocates and the provision of referrals to survivors indicate a networked approach to support, enhancing survivors' journeys through the system.

Organizational Capacity and Collaboration: The internal strengths of service providers, including adequate access to technology, training, and organizational structures, suggest a solid foundation for supporting programming for survivors. The collaborative efforts, such as multidisciplinary team meetings and joint training, further exemplify the community's commitment to addressing domestic violence comprehensively.

Areas for Growth

Gaps in Service Provision: Despite the availability of various services, gaps remain, particularly in childcare and transitional housing, reflecting a critical need for comprehensive support for survivors. Increasing awareness of available services among both providers and the community is essential to bridge these gaps. The study also highlights the need for more services tailored to diverse populations and offender accountability and support, indicating a broader approach to addressing domestic violence.

Organizational and Network Challenges: The findings point to inadequate funding, staffing, and space as significant barriers to enhancing service provision. These capacity issues, coupled with challenges in external communication and collaboration, suggest a need for strategic efforts to strengthen the domestic violence service network. The variation in knowledge about service availability among providers underscores the importance of improving information dissemination and coordination within the network.

Barriers to Accessing Services and Law Enforcement Perceptions: Survivors' experiences reveal significant barriers to accessing services, including a lack of awareness and trust issues, especially regarding law enforcement. Negative interactions with law enforcement and the fear of retaliation highlight the critical need for training and systemic changes to ensure a supportive response to domestic violence survivors.

This study faced several limitations that may affect the generalizability and depth of its findings. Firstly, the absence of perspectives from Indigenous and Latinx communities presents a significant limitation, as it overlooks the unique experiences and challenges faced by these groups within the domestic violence service network. Additionally, the study did not encompass all service providers in the area, which may have resulted in a partial view of the available services and gaps within the network. The inability to access secondary data from agencies further constrained the study, limiting the scope of context available and increasing the reliance on primary interviews for data collection, which may have placed additional pressure on the recruitment of interview participants. Finally, while valuable for obtaining in-depth insights, the community-engaged process is time-consuming and can lead to waning participation over time, potentially affecting the consistency and completeness of the data collected. These limitations highlight the need for further research that includes a wider range of perspectives and data sources to fully understand the dynamics of domestic violence service provision and access within diverse communities.

Nonetheless, the study underscores the critical need for a coordinated, comprehensive, and survivor-centered approach to addressing domestic violence in Uintah County. While notable strengths exist within the current service provider network, strategic efforts are required to address the identified gaps, enhance organizational capacities, and improve survivors' experiences within the system. Collaborative, community-wide initiatives can significantly impact the effectiveness of domestic violence services, ultimately supporting survivors' journeys toward safety and recovery.

Recommendations

To identify areas of focus, it is essential to address the findings of this study within the community context of Uintah County. Edwards et al. (2016) stated, "A one-size-fits-all approach to addressing IPV in rural locales will likely be unsuccessful and underscores the need for intervention and prevention efforts that are tailored to the community's stage of readiness to address intimate partner violence" (p. 368). To accomplish this, domestic violence service providers and relevant stakeholders must first address their goals, motivations, and involvement within the service provider network. Then, service providers can collaborate to create systems-wide changes that address current areas of weakness and further strengthen this collaborative network.

Although the purpose of this research and report is to assess the current status of the service provider network in Uintah County, service providers must now **seek research-informed solutions that align with the needs of their community.**

Education and Awareness

As evidenced by both Phase 1 and 2 findings, those who work within the service provider network and domestic violence survivors both experience a lack of awareness of current resources available within the service provider network. Although the sources of this lack of awareness may be broad, service providers can increase the awareness of available resources and educate the community on services to increase community understanding and access to domestic violence services. Previous research shows that comprehensive community education about domestic violence, providing resources to survivors, and support related to job creation were among the top community prevention efforts that can reduce domestic violence (e.g., Edwards et al., 2016). Therefore, the potential benefits of increasing community education and awareness are great.

Service Access & Collaboration

Childcare services, housing, and financial assistance are key areas to focus on for increasing resources. Literature suggests implementing mobile services, outreach programs, and utilizing technology such as telehealth to provide counseling, legal advice, and support services. This approach helps overcome transportation and accessibility barriers that many survivors face in rural communities.

Developing increased collaboration between service providers is another essential step toward improving the service provider network in Uintah County. Breaking down the barriers to macro-organizational collaboration and communication is necessary to help the entire community of service providers find solutions to meet community needs. Evidence from Phase 1 suggests that employees working within organizations effectively communicate and collaborate. However, employees focusing on macro-level tasks, organization management, and cross-provider collaboration are not communicating or working together effectively. This includes, but is not limited to, finding common ground between organizations and building on the strengths of each organization rather than competing against one another.

Therefore, organizations must seek to improve and increase their collaborative efforts, especially when working with other organizations. Recent research suggests that collaboration among agencies, public education, and outreach programs enhanced practices, increasing service access for DV survivors (e.g., Youngson et al., 2021). Developing standardized processes for referrals and information sharing among service providers can enhance the efficiency and effectiveness of the network. Encouraging joint initiatives and shared funding proposals can foster a more unified approach to addressing domestic violence. Further, united advocacy efforts for policy changes at the local, state, and federal levels can lead to better-resourced programs, specialized training for service providers, and the development of infrastructure to support survivors.

Increasing Trust and Knowledge of Service Providers

Service providers must work to improve their relationships with survivors, particularly to increase survivors' trust in them. Utilizing specialized training, increasing systems alignment across providers, and increasing overall transparency are potential steps providers can take to achieve this goal. Findings from Phase 2 indicate that survivors often do not have positive experiences with law enforcement and the court system, which aligns with past research (e.g., Crowe & Murray, 2015). Training programs focused on domestic violence awareness, sensitivity, and survivor-centered approaches are essential for improving interactions between survivors and law enforcement. Establishing clear protocols for responding to domestic violence incidents can help build trust and ensure a supportive response.

Recognizing and incorporating the cultural, ethnic, and linguistic diversity of rural communities into service provision is essential. This study's findings, along with previous research, point to the need for culturally sensitive approaches that respect the unique experiences of Indigenous, Latinx, and other minority populations. Offering services in multiple languages and hiring staff from diverse backgrounds can enhance trust and accessibility.

Ongoing Evaluation

Research to understand the specific needs of the community and evaluate existing services is necessary. Community-based research methods to directly involve rural providers, survivors, and the community at-large are critical in identifying gaps and developing solutions on a regular basis, as opposed to sporadic research efforts. Continuous evaluation of services ensures that they remain effective and responsive to the evolving needs of survivors.

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Appendices

Appendix A. Phase 1 Participant Screening Questions

1. Are you 18 years of age or older?
   a. Yes
   b. No
2. Are you:
   - An employee of an organization that provides services for domestic violence survivors in Uintah County; **<u>or</u>**
   - A first responder to the scene of domestic violence within the boundaries of Uintah County.
3. To make sure you are a human respondent, please select the third response choice that says you live in Uintah County.
   a. I live in the United States.
   b. I live in another country.
   c. I live in Uintah County.
   d. I live in the South.

Appendix B. Phase 1 Survey Questions

We appreciate you taking the time to complete the following survey. It should take about 10 minutes. Your responses are voluntary and will be confidential. Responses will not be identified by individual. All responses will be compiled together and analyzed as a group.
You will have the opportunity to receive a $10 e-gift card for your participation. At the end of the survey, you will have the option to click a link to a separate form to provide your contact information. Your contact information will not be associated with your survey responses in order to maintain confidentiality.

What agency do you work for? (This question will appear as a dropdown box; required)
    a. Altitude Counseling and Consulting Services
    b. Ashley Regional Family Medicine
    c. Ashley Regional Medical Center
    d. Ashley Valley Education Center
    e. Ashley Valley Food Pantry
    f. Basin Clinic
    g. Basin Transit Authority
    h. Bureau of Indian Affairs
    i. Child and Family Services
    j. Duchesne County Adult Ed
    k. Family Support Center of the Uintah Basin
    l. Friends Against Family Violence
    m. Heat Office
    n. Higgins Family Center
    o. Indian Health Service: Fort Duchesne Health Center
    p. Lighthouse Youth and Family Therapy
    q. Mountainlands Family Health Center
    r. Northeastern Counseling Center
    s. Prime Time 4 Kids
    t. Red Pine Residential Treatment
    u. The Journey Counseling Center, Uintah
    v. Three Corners Counseling
    w. TriCounty Health Department
    x. Uintah Basin Association
    y. Uintah Basin Technical College
    z. Uintah Community Center
    aa. Uintah County Attorney's Office
    bb. Uintah County Sheriff's Office
    cc. Utah Department of Workforce Services
    dd. Utah State University Uintah Basin: Vernal Campus
    ee. Valley Family Clinic
    ff. Vernal City City Hall
    gg. Vernal City Justice Court
    hh. Vernal Police Department
    ii. Vernal Victim's Advocate

jj. Other (Please Specify)

What is your role/title in your agency? (Fill in the blank)

Section 1 – Domestic Violence Resources in Uintah County
1. What types of domestic violence services are available in Uintah County? Check all that apply. (Appears as list w/ check boxes)
   a. **Emergency shelter**: temporary place to stay until more long-term accommodations are found
   b. **Transitional housing**: longer-term temporary housing that offers supportive services
   c. **Rapid re-housing**: short-term rental assistance
   d. **Legal services**: includes all persons and systems that engage with the judicial system at either the city or county level for domestic violence
   e. **Legal clinics:** program that provides free legal services to those in need
   f. **Advocacy and support**: victim's advocates, community advocacy, formal and informal supports
   g. **Crisis intervention**: short-term management of a crisis event to reduce long-term damage
   h. **Childcare services:** formalized organizations that provide ongoing childcare
   i. **Financial assistance:** direct or indirect financial assistance that can be available to the general public or set aside for victims of domestic violence
   j. **Education and prevention services**: organizations or programs that help educate others about domestic violence
   k. **Employment assistance**: direct or indirect employment assistance that can be available to the general public or for victims of domestic violence
   l. **Transportation services:** public or private services that people can use to travel to appointments or other services
   m. **Therapy:** public or private therapeutic services that are available to people impacted by domestic violence
   n. **Other** (please specify): _____

2. Describe the services/programs your organization provides within your organization's stated mission. (Open ended question w/ text box)

3. What agencies do you frequently refer individuals involved with or impacted by domestic violence to? (Open ended question w/ text box)

Section 2 - Gaps in the Domestic Violence Service Network in Uintah County

4. We are seeking to understand what gaps may exist in the Domestic Violence Service Network in Uintah County. Please share how you perceive the availability of each service listed below using one of the following answers: (question will appear as matrix, services on left column and answers across the top of the matrix)
   ● not available and we don't need it
   ● not available and we need it

- available but we need more to meet the need
- available and we have enough of this type of service
- do not know

a. **Emergency shelter**: temporary place to stay until more long-term accommodations are found
b. **Transitional housing**: longer-term temporary housing that offers supportive services
c. **Rapid re-housing**: short-term rental assistance
d. **Legal services**: includes all persons and systems that engage with the judicial system at either the city or county level for domestic violence
e. **Advocacy and support**: victim's advocates, community advocacy, formal and informal supports
f. **Crisis intervention**: short-term management of a crisis event to reduce long-term damage
g. **Childcare services:** formalized organizations that provide ongoing childcare
h. **Financial assistance:** direct or indirect financial assistance that can be available to the general public or set aside for victims of domestic violence
i. **Employment assistance**: direct or indirect employment assistance that can be available to the general public or for victims of domestic violence
j. **Transportation services:** public or private services that people can use to travel to appointments or other services
k. **Therapy:** public or private therapeutic services that are available to people impacted by domestic violence
l. **Other** (please specify): _____

5. From a service provider perspective, what barriers do individuals and families impacted by domestic violence encounter when they try to access domestic violence services in Uintah County? (Appears as list w/ check boxes)
   a. Lack of awareness about available services
   b. Stigma or shame
   c. Fear of retaliation
   d. Language barriers
   e. Lack of transportation
   f. Lack of childcare
   g. Lack of financial resources
   h. Lack of safe housing
   i. Lack of 24-hour services
   j. Cultural barriers
   k. Other (please specify)

6. What improvements could be made to domestic violence resources in Uintah County? (Rank ordered question)
   a. More funding
   b. More staff
   c. More outreach to underserved populations
   d. More collaboration between agencies

e. Community education
f. Staff training
g. Other (please specify)

10. Do you think that the available services match the needs of those impacted by domestic violence in your area? Please explain why or why not. (Open-ended question w/ text box)

Section 3 – Organizational Capacity of Domestic Violence Services in Uintah County
Organizational capacity is defined as anything that allows an organization to meet its mission, including staff, funding, technology, space, policy, and training, among other areas. This section explores your organization's access to necessary resources to fulfill your role in providing domestic violence services in your community. (question will appear as matrix, capacity area on left column and answers across the top of the matrix)

1. Does your organization have adequate:
   a. Funding
      i. Yes
      ii. No
      iii. Sometimes
      iv. Don't know
   b. Staffing
      i. Yes
      ii. No
      iii. Sometimes
      iv. Don't know
   c. Space
      i. Yes
      ii. No
      iii. Sometimes
      iv. Don't know
   d. Technology (e.g., reliable internet, computers)
      i. Yes
      ii. No
      iii. Sometimes
      iv. Don't know
   e. Organizational Structure (identified jobs, their functions, and where they report to in the organization)
      i. Yes
      ii. No
      iii. Sometimes
      iv. Don't know
   f. Organizational Policies & Procedures (a set of rules or guidelines for your organization and employees to follow to achieve compliance)
      i. Yes
      ii. No
      iii. Sometimes

    iv. Don't know
 g. Training & Professional Development
    i. Yes
    ii. No
    iii. Sometimes
    iv. Don't know
 h. Communication: Within the organization
    i. Yes
    ii. No
    iii. Sometimes
    iv. Don't know
 i. Communication: Outside of organization
    i. Yes
    ii. No
    iii. Sometimes
    iv. Don't know

2. Describe any concerns you have about your agency's or other agencies' organizational capacity. (Open ended question w/ text box)

Section 4 – Relationships and Communication between Domestic Violence Service providers in Uintah County
1. How often does your agency communicate with other agencies that provide services to people experiencing domestic violence? (multiple choice/select one question)
 a. Very often (daily)
 b. Often (twice a week)
 c. Sometimes (once a month)
 d. Rarely (once a quarter)
 e. Never
 f. Don't know
2. How effective is the communication between your agency and other agencies? (Likert-scale question with 1 to 5 scale)
 a. Highly effective
 b. Somewhat effective
 c. Neither effective or ineffective
 d. Somewhat ineffective
 e. Highly ineffective
3. How do you currently collaborate with other organizations who provide services to individuals and families impacted by domestic violence in your community? (appears as a list w/ check boxes)
 a. Case sharing
 b. Joint trainings
 c. Co-location of services
 d. Shared data collection and analysis
 e. Shared funding proposals

     f. Multidisciplinary team meetings (a weekly or monthly meeting that takes place between service provider professionals, to discuss victim caseloads)

     g. Other (please specify)

4. What challenges has your agency encountered in collaborating with other organizations to provide services to individuals and families impacted by domestic violence in your community? (Rank order question)

     a. Lack of communication

     b. Unwillingness to coordinate

     c. Differing priorities or philosophies

     d. Competing for the same funding sources

     e. Difficulty in sharing confidential information

     f. Other (please specify)

5. What is your procedure for referring clients to other agencies? (Open ended question w/ textbox)

6. What do you think could be done to improve collaboration and communication between organizations who provide services to those impacted by domestic violence? (Open-ended question w/ textbox)

7. Do you have anything else to say regarding the topics covered in this survey? (Open-ended question w/ textbox)

Appendix C. Phase 2 Participant Screening Questions

1. Are you 18 years of age or older?
   ● Yes
   ● No
2. Select the statement that describes your experiences with domestic violence services in Uintah County (domestic violence services may include, but are not limited to: law enforcement intervention, therapy, shelter services, or food assistance that is directly connected with a concern of domestic violence):
   ● I have accessed domestic violence services previously, but am not currently receiving services; or
   ● I am currently receiving services for domestic violence-related experiences; or
   ● I am currently or have previously experienced domestic violence, but did not use any domestic violence services; or
   ● I have never personally experienced domestic violence or accessed domestic violence services
3. Which of the following best describes where you live?
   ● I live in another country.
   ● I live in Box Elder County.
   ● I live in Uintah County.
   ● I live in the South.

Appendix D. Phase 2 Semi-Structured Interview Questions

Hello. My name is _____. I appreciate your time today and participating in this interview. As you might recall, I am a _____ at Utah State University. The purpose of this interview is to understand your experiences as a survivor of domestic violence. More specifically, we want to know about how you may have accessed the resources available to you and your experience with those services.

This interview will last about one hour, and I have planned questions. However, I may have follow-up question to clarify your responses, but in general, I will have minimal reply to the information that you provide. Just as a reminder, I will be recording our interview today and taking notes throughout the interview. Your identity will remain confidential.

Any information shared today will not be linked with your name. However, your answers – at least in part – will be shared in the study results and to help inform program development. Your participation is completely voluntary, meaning that you may refuse to answer any question or end the interview at any time. Does this sound ok? Do you have any other questions? Are you ready to begin?

If you have any questions along the way or are uncomfortable answering any questions, please let me know.

Primary Question	Follow Up/ Exploratory Questions
Are there any questions you would like to ask about the project before we continue on with the interview?	
Tell me a little bit about yourself.	How old are you?
	What gender do you identify with?
	What is your ethnicity?
	How long have you lived in Uintah County?

	Are you employed?
	  1. If yes, please tell me about your job.
	  2. If no, move to the next question.

	Do you currently live with anyone, including children?
The next section of questions will focus on domestic violence services. When I say "services," I am talking about any type of resource, individual, or support you may have used as a domestic violence survivor. Those might include Law enforcement, domestic violence shelter, a therapist, food bank, family members or friends, or any other resource that specifically helped you on your journey through domestic violence.	

Can you tell me about your experiences with domestic violence and the community and systems-based services that you used? Please only share what you feel comfortable with sharing.	When (month or year) did you first experience domestic violence? Are you currently experiencing domestic violence, or was it a past experience? If a past experience, when did you feel like you were no longer in that situation?

Now, I'd like to talk about what it was like using services that helped you when you were experiencing domestic violence.	How did you first learn about DV services and which services did you learn were available to you at that time?
	
	When and how did you reach out for help when you needed it? Which service provider did you reach out to first? Has this been consistent or intermittent?
	
	Did you have a family or friend support system? How did they help you on your journey?
	
	Were children involved when you experienced domestic violence?
	    1. If yes, did having children impact you seeking support from local services?
	    2. If yes, did your children get help from any local services that you did not?
	
	Did you ever engage with law enforcement?
	    1. If yes, what was that experience like for you? How long did you use services from law enforcement? (Were there multiple calls or incidents?)
	    2. If no, was there a specific reason that you didn't involve law enforcement?
	
	Did you ever engage with DCFS?
	    1. If yes, what was that experience like for you?
	
	Did you ever use childcare services because of your experiences with DV?
	    1. If yes, what was that experience like for you?

	2. If no, was there a specific reason you did not use childcare services?
	
	Did you ever participate in a program to receive free or reduced cost food while experiencing DV or after experiencing DV?
	   1. If yes, what was that experience like for you?
	   2. If no, was there are specific reason you did not seek out those programs?
	
	Did you ever use shelter or other services provided by FAFV?
	   1. If yes, what was that experience like for you? How long did you use those services?
	   2. If no, was there a specific reason that you didn't use those services?
	
	Did you ever work with the Prosecutors' Office to attempt to prosecute your case?
	   1. If yes, what was that experience like for you? How long did you engage with the Prosecutor's Office?
	   2. If no, was there a specific reason you didn't attempt to prosecute your case?
	
	Did you ever engage with the district court system outside of the Prosecutor's Office?
	   1. If yes, what was that experience like for you?
	   2. If no, was there a specific reason that you didn't engage with that system?
	
	Was the choice to use DV services easy or difficult? Why or why not? Is there anything that could be improved or changed to make this choice easier?

Did you use multiple types of DV services at the same time? (If answers yes: what was it like to use multiple services at a time?)	If they have children, what was it like navigating services for yourself and for your kids at the same time? Were service providers working together effectively to meet your needs?

	Is there anything that would have made navigating services simpler or easier? Were there any services that you wish were available? This could mean that either you couldn't use a service or that the service you wanted doesn't exist in Uintah County.
What was the most helpful part of using DV services?	What services or agencies were most helpful for you? Why?
What was the most challenging part of using DV services?	What services or agencies were the most challenging? Why? How did this affect you?
Were you aware of the benefits and risks of using DV services before you sought help from them?	If yes: What did you know?
Were DV services easy to access?	Were they located near or far to you? How did you get to the services you used? Was there a period you had to wait or were services immediately available? Were service providers adequately staffed?
Were you for any reason unable to access, or chose not to use DV services?	Tell me more about this. How did that affect you? How did you overcome this? Is there something that you think could change that would help someone new to using DV services feel comfortable accessing those services? Based on your experience, are there other reasons that might prevent someone from using DV services?

Did service providers use language that was easy to understand?	Did DV service providers have accommodations for people who speak another language? How could this have been improved?
If you had a friend experiencing DV, where would you tell them to go first? Why?	Are you comfortable talking about DV services with an acquaintance, friend, or family member? Are there any pieces of advice you would give a friend about accessing services?
How did your friends and family support you through this process? Did this impact which services you accessed?	Were friends and family supportive of your decision to use DV services? Is there anything service providers can do to help those conversations? Has this changed over time?
Is there anything you would like to add about your experience with using domestic violence services in Uintah County?	