

SurviveAbility

Needs Assessment Report

July, 2008

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I. INTRODUCTION

Background

In October 2006, our collaborative was awarded funding by the Department of Justice, Office on Violence against Women. This collaborative, since named SurviveAbility, is a partnership between Lane County Department of Children and Families, Womenspace, Siuslaw Outreach Services (SOS), Sexual Assault Support Services (SASS), Lane Independent Living Alliance (LILA), Direction Service, Community Sharing Program of Cottage Grove, ShelterCare, and the Lane County Domestic Violence Council. During Year One of this three-year project, the collaborative must complete assessment and planning activities.

Information and results from our needs assessment will inform the development of a strategic plan to build upon the strengths of our system and address gaps and barriers within the services designed to support women with disabilities who have experienced violence or abuse. The geographic scope of the project is Lane County, Oregon. This document will describe the findings of the needs assessment, and introduce the strategic planning process our collaborative will undertake.

Vision, Mission and Context for our Work

The Vision of SurviveAbility:

Women with disabilities and Deaf women throughout Lane County who have experienced violence and abuse will be empowered to disclose abuse and access services and safety. The services women seek will be accessible, responsive and informed because agencies throughout Lane County will understand and address the vulnerabilities, barriers and challenges that survivors encounter and will embrace the important role each plays in promoting safety for women with disabilities and Deaf women.

The Mission of SurviveAbility:

The mission of SurviveAbility is to effect system change in Lane County around services for women with disabilities and Deaf women who have experienced violence or abuse. With the active participation by survivor consumers, we will: nurture better relationships between our agencies; provide cross training to collaboration members; integrate the experiences of women with disabilities and Deaf women into our agency policies and protocols; and, sustain our work beyond the grant funding.

Overview of Needs Assessment

The Needs Assessment was developed in consideration of the collaborative's ability to influence and make sustainable change, where anecdotally we observe we have the greatest need, where there appears the greatest readiness for change, where we hold a knowledge base, or have existing relationships with that would be available to increase our knowledge base. Our underlying assumption is that it is most important to begin our efforts by focusing on our own areas of expertise, need and capacity.

Because of this, we focused our information gathering efforts using the following framework:

- € Focus on women living in independent living situations
- € Focus on points of entry for help-seeking behavior
- € Focus on our agencies' ability to serve women with disabilities who have experienced violence

Global Assessment Questions

Our collaborative crafted our needs assessment plan to help us better understand the barriers and facilitators of our current service system. Our process emphasized a qualitative approach, seeking to bring forward the voices of women with disabilities, and the direct service providers working in our partner agencies. The following broad questions guided our needs assessment and will help shape our subsequent strategic planning:

1. What happens within our system that impedes the help-seeking behavior of survivors with disabilities when reaching out, and all that they try to do to get help fails?
2. What are the capacities, strengths and limitations of the partner agencies in addressing the needs of women with disabilities who experience violence in their lives?
3. What are the experiences of women with disabilities in reaching out to and in receiving services from either disability-oriented services or victims' services?
4. What are the experiences of direct service staff in working within their system and across systems and agencies?
5. What are the opportunities for change within our systems?

II. METHODOLOGY OF THE NEEDS ASSESSMENT

In order to gather relevant information to guide our planning process, our needs assessment sought to gather information from staff at different levels of our primary partner agencies as well as from women with disabilities. The voices of staff and women are reflected in the findings below. This melding of observations, opinions, perceptions, experiences, and suggestions helped us gain deep insight into the global assessment questions, listed above.

The needs assessment included both qualitative and quantitative data. Qualitative data included discussion groups and interviews with women with disabilities, and discussion groups with agency staff. Quantitative data included responses from pre-interview surveys distributed to participants in the Agency Staff Discussion groups.

Discussion Groups – Women with Disabilities

In order to capture the voices of women with disabilities (WWD), our needs assessment plan allowed the flexibility to conduct both discussion groups and 1:1 interviews with women. Discussion groups allowed us to gather information from women who have established a level of comfort in accessing system or agency services. However, we felt it was important to be prepared to meet the particular accessibility and safety needs of women who live in rural areas, who may not feel comfortable identifying as either a woman with a disability and/or a survivor of violence or abuse in group settings, or for whom 1:1 interviews would accommodate different learning, safety, comfort, communication, or other needs. As we moved through outreach, recruitment, and the actual groups, we were asked to conduct one 1:1 interview. Our goal was to recruit 20 participants; we were able to recruit a total of 14 (70% of our goal).

Outreach efforts extended beyond our primary partners, to include agencies, services, faith community, transportation services, and others. Because of this, we were fortunate to hear the voices of women who had not accessed services through our primary partners. The depth of information we received through the discussion groups included diverse perspectives across disabilities, age, help-seeking behaviors and experiences, and urban/rural residents.

Discussion groups began with an introduction to the co-facilitators, inquiries into any accessibility or comfort needs, an introduction to SurviveAbility and housekeeping issues, such as bathrooms, etc. The protocol included explanation of confidentiality procedures, requests to the group to help with confidentiality by verbally agreeing to keep information shared “in the room”; the

group also went over safety strategies, such as taking breaks, not answering questions if feeling uncomfortable, talking with support people either during or directly after the group.

Women were asked to talk about their experiences seeking help and support. Women were first asked to talk about what real help looks like, through discussing who in their communities helps them the best, and why. Follow-up questions included prompts to describe examples of real help, and to describe what they liked best about the help. Women were then asked to share their ideas about what would help women reach out for help and to brainstorm where women they know receive help or support. Questions also focused on women's awareness of and perceptions about the seven primary partners of SurviveAbility. The last question asked women to share the most important thing they would want providers to know about helping women with disabilities. (Please see Appendix A: Discussion Groups with Women with Disabilities.)

Agency Staff Discussion Groups

Discussion groups were held within each of our seven partner agencies. These groups gathered responses from across organizational levels: direct service staff and supervisory/management level, including executive directors. Because of the differences in structure and size of our agencies, there were differences in the number of discussion groups and positions involved across our agencies. We conducted at least one group in each of the agencies.

Discussion groups began with participants completing a short introductory survey, designed to help participants focus on issues of service delivery and outreach. Additionally, the exercise was intended to provide additional quantitative data for our needs assessment. All participants of the discussion groups returned the survey. Survey responses were compiled across agencies within the survivor advocacy and the disabilities advocacy systems. These summaries did not highlight any specific areas of note. However, when examining the responses by agency, there appears to have been inconsistencies in understanding of agency policies. Given the small sample size, and issues of confidentiality, those results will not be detailed in this report. However, summaries of these inconsistencies will be provided to each agency's leadership team, and project staff will assist each agency in brainstorming opportunities for agency-specific steps towards improvement.

The groups then focused discussion on seven main questions. The questions began by asking staff to consider successes and strengths in their agency's approach to supporting women with disabilities who may have experienced

violence or abuse. Participants were asked to describe their response when a woman requests or needs an accommodation or support around abuse or violence. Questions then focused on the barriers staff feel their agency faces in supporting women with disabilities who have experienced violence or abuse, and strategies for overcoming those barriers. From there, participants were asked to provide input on the community response, and on co-advocacy efforts. Finally, participants were asked to share suggestions, tips and strategies for those working in the other system.

A total of 42 agency staff members participated in the groups. Below is a breakdown of participants by agency:

AGENCY	NUMBER OF GROUPS	PARTICIPANTS
Community Sharing Program of Cottage Grove	1	5
Direction Service	1	5
LILA	2	11
SASS	1	3
ShelterCare	1	4
SOS	1	3
Womenspace	2	11
TOTAL	9	42

Outreach and recruitment for these staff discussion groups went relatively as planned. ShelterCare participation was significantly lower than anticipated. This was due in part to changes in staffing at the agency, including their designated representative to SurviveAbility. Other factors included the closure of one of their programs due to funding cuts, and an attempt by staff and management team to focus the systems change efforts of SurviveAbility within the agency. While the response rate was low for this partner agency, the input gathered was informative, and enriched the overall themes that emerged across agencies. We anticipated a total of 77 staff participants; our response rate was 55% of that estimate. (Please see Appendix B: Discussion Groups with Domestic Violence and Sexual Assault Advocates; and Appendix C: Discussion Groups with Disability Advocates.)

III. SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

“It would be great if there was a staff member at agencies that understands a little more about the barriers that a woman with a disability faces. How difficult it is for me who can’t dial a phone by myself and can’t drive myself to talk to someone. I alert everyone when I ask for help” – Participant, Women with Disabilities (WWD) Discussion Group.

This statement speaks very well to the information shared by women participating in our Needs Assessment process. The sentiment expressed highlights the challenges faced by our agencies as they seek to provide real help to women: supports that are perceived as relevant and based upon truly listening and connecting with women as individuals. In addition, the statement validates our belief that our change efforts must be guided by the voices of women with disabilities.

We also approached our Needs Assessment process with the goal of hearing from staff of our partner agencies regarding their experiences in working within their own system, and across systems and agencies. The perception quoted below captures an idea echoed across the discussion groups. Focusing on issues, barriers, or services in a fragmented way can create additional challenges to this already hard, and very important, work.

“I’d add we do the person we’re serving a better turn if we view them holistically instead of in a one dimensional way. If an agency is just focused on psychiatric disability that could be to the exclusion of a whole lot of other issues that it would be good for us to have on our radar and attend to. It can be so slanted in that direction, that it ends up being to the exclusion of being more broad-based.” – Participant, Agency Staff Discussion Group.

Overall, the activities implemented in the Needs Assessment appeared to successfully capture information to guide our planning process. By combining the feedback, perspectives, and suggestions of agency staff and women with disabilities, we are able to craft a picture of the system currently in place amongst our partner agencies.

Findings are grouped by the major categories of- ***Coordination and Networking, Person-Driven Philosophy and Approach, Policy and Practice, and, Increase Knowledge and Skill Base Around the Intersection of Disabilities and Violence/Abuse.*** Under each key finding an explanation of variables within that category are explored and supported with examples from the data. It is important to realize that the barriers, gaps and challenges listed below

are hugely amplified for women from immigrant and/or non-English speaking communities.

GLOBAL AREA #1- Coordination and Networking

Summary:

The members of the SurviveAbility Collaboration, and other service providers in Lane County, have established fairly good coordination of services. However, we lack a mechanism to consistently share updated information, resources, and changes in programmatic specifics; this is true for both inter- and intra-agency communication.

1. Discussion group participants know the importance of developing a “web of services”.

“What we are trying to do is build a web of services with the woman, and we need people to stay in the web with us; so if agencies want to just pass the ball off to us, or to take it all on, that doesn’t work” – Participant, Agency Staff Discussion Group.

While some participants in the discussion groups reported that Lane County has fairly good coordination of services, respondents did not consistently indicate that this translated into a coordinated or seamless system of services for consumers. As the quote above highlights, participants often spoke of the need to work with staff from other agencies more often, and more effectively. When asked “When working with another agency to support a woman with a disability who has experienced violence, what works well and what doesn’t?” participants of staff discussion groups consistently identified two perspectives of the same problem. Staff described an issue in referring a woman to another agency, and feeling cut off from continuing to work with the woman; conversely, staff also described contacting agencies that referred women for services to discuss joint planning, and experiencing a “closed door” response. Both of these experiences speak to a need to address a lack of coordination of services.

Specific barriers listed included lack of time, lack of connection with staff from other agencies and the need to address HIPAA and other confidentiality requirements. When asked what works in co-advocacy, staff participants were able to identify current strengths, including a community culture fostering collaboration, successes from other initiatives upon which to model. For

example, in the South Lane area, staff from social service providers meet monthly to share programmatic and system information. The relationships that develop from these meetings increase interagency understanding and facilitate successful co-advocacy. A challenge noted in our needs assessment: While there is a climate of cooperation and coordination, oftentimes the realities of this seem to hinge on personal relationships developed between individual staff members rather than an institutionalized practice or process within agencies.

Both staff and women indicated that co-advocacy work is much more effective when done in partnership with the woman. A team approach to planning should be centered on facilitating decision-making. Participants noted that all parties, staff and women, hold knowledge that is essential to move to success; the key is to improve how that knowledge is combined. Women and staff spoke of the importance of following up when making referrals, and if the client requests, to have a face to face meeting about how things are going, and what roles each will play, what pieces do each take on.

2. Staff seem to struggle in finding a balance between knowing agency focus and mission, and a commitment to providing meaningful referrals and connections.

“I think that we need to know our limitations and boundaries, because as an agency, we cannot possibly provide everything to every person who walks in the door, and do a good job. We need to know where our strengths are, where we can help people, and then know where we have the resources to refer them, and to make connections...So setting our agency and personal boundaries, knowing where our strengths and limitations are, and then having a good cadre of services and referrals” – Participant, Agency Staff Discussion group

This key observation speaks to the need to balance agency capacity, focus, and core competencies with the goal of providing service, supports, and/or connections. Participants in both staff and WWD discussion groups noted the importance of having at hand reliable, knowledgeable alternatives. This would give women a better sense of having been heard and a sense of confidence in the referrals given. In addition, supporting staff through this struggle can help increase their sense of efficacy, knowing they have the tools and information to increase connection with women.

This is especially pertinent in the current climate of pending budget cuts. As agencies see their budgets shrink, they may experience cuts in services. This will make addressing Information/Referral (I/R) processes more important than ever. In the midst of this, holistic approaches to assessing strengths and needs

of women seeking supports and services may improve ability to identify appropriate referrals. Improving this initial process may identify feasible services and supports the agency may actually be able to provide.

Group participants also spoke of the need to look beyond the presenting issue or need, and to look beyond the focus of the agency. Women may come to an agency because the agency name or tag line is familiar to them, but the issue they really wish to address is not the primary focus of the agency. Or, often women will come into an agency asking for information or help around one issue, when they are really seeking support around something else. This is not to imply that participants were asking for wholesale changes in partner agencies' missions; rather, a request for agencies to create strategies to allow time for staff to use the network of services. By taking a more holistic initial approach, agencies may find themselves in a position to better understand the needs or issues as defined by the individual, and support connections she is seeking.

“Sometimes it is hard to focus on the domestic violence, because women are just trying to get their basic needs met and if those are met, maybe then we can begin to look at their relationships” – Participant, Agency Staff Discussion group

3. There is a need for a consistent mechanism to update provider community on program details.

“I typically will only call one place and if they don't have information I need or a clear idea of where to get it, I won't call again. It would be great if people had a backup referral system and had a clear understanding of other agencies that might work for someone” – Participant, WWD Discussion Group

As noted above, most of the partner agencies, as well as most social service providers in Lane County, are facing budget cuts and program cut-backs. This, combined with staff turnover, makes keeping information up to date particularly challenging. The current budget climate, however, amplifies the need to establish a “user-friendly” way to keep each other informed of agency or program changes such as (but not limited to): program or staff changes, policies/procedures, wait lists, regular reminders of program eligibility, openings, fees, etc.

This level of information-sharing does occur, but in a fragmented way. For instance, changes may be announced at meetings of the United Way Agencies Directors' Organizations or other community meetings, or between staff who have developed relationships. However, participants clearly noted a lack of consistent and timely programmatic information sharing. It would be helpful to

develop a method to document and institutionalize processes to minimize the impact of staff turnover, and to maintain the knowledge base in the face of turnover to increase continuity of knowledge, practice and relationships.

Staff noted that there are many resource lists available in different formats throughout the county. Many of them are not regularly updated due to cost, logistics, and restrictions on changing information. For instance, at least one participant in each agency staff group mentioned accessing 211Lane (211lane.org), a web-based information and referral system. While respondents generally felt this was a good resource, suggestions were offered on how to improve navigation, search tools, and the process allowing agency staff to update entries. One specific suggestion included working with the 211Lane Advisory group to address issues of accessibility. Another suggestion for the partner agencies is to include in job descriptions of appropriate staff the responsibility of updating the agency entry as needed.

In addition to programmatic updates, participants also noted the need to create networks that will allow regular feedback between agencies. Currently, there is no consistent, county-wide forum or protocol/process in place between agencies to encourage, or allow, a feedback loop. Because of this, feedback from one agency to the other about referrals, co-advocacy, etc either does not consistently happen, or happens when there is a problem or a crisis. With this communication, staff will not know the outcome of the referral, and won't know what next steps they need to take. This can lead to duplication of services, unnecessary burden on staff time, less effective outcomes, and potentially less safety for women. Another repercussion of inconsistent feedback is the potential for increased misunderstandings, misperceptions, or feelings of blame or defensiveness. What is lacking is a commitment to follow up on referrals made or received with feedback about what went well and what could be improved. Such a communication loop must be developed in the spirit of good faith and accountability to be effective and to build relationships.

“Sometimes referrals that we get are not a good fit, and I do want to trace back, and provide information about what we do.” – Participant, Agency Staff Discussion Group

4. There is a need for systemic programmatic method to share information internally.

“Something that I could use is - we have grown tremendously. I'd like a big meeting, to hear the details about what each program does. For example, the programs and the nitty-gritty of what is covered in the programs, so it's not just

the brochure...like a training on our infrastructure.” – Participant, Agency Staff Discussion Group.

Communication challenges exist within agencies, as well as between. This challenge was particularly noted amongst the larger partner agencies, or when an agency experienced significant and sudden growth. Both staff and WWD group participants noted issues related to lack of communication between agency staff and programs.

Supports and services could be enhanced by developing internal processes for staff to share their perspectives and expertise in a way that enhances all staff’s knowledge. While discussion group participants often noted a need for ‘go-to’ people within the agencies, there was also consistent feedback that all staff would benefit from sharing information and resources. At a minimum, staff should be aware of their agency’s missions, structure, changes, and general guidelines for service provision.

“It is important that agencies are more than one person. It is great to have someone there that is informed and responsive, but that is not the whole agency and it’s important to remember that. I had contact with multiple people there, but others weren’t as knowledgeable or responsive.” – Participant, WWD Discussion Group.

Also related to internal communication is the issue of training, monitoring and support of volunteers staffing initial entry points for agencies. Participants across groups noted the importance of volunteers, particularly in providing crisis line and I/R services. However, there was a wide range of experiences expressed regarding interactions with volunteers. Given the important role they play in initial response and in referring to supports, volunteers benefit from clear understanding of agency mission, values, and programs. Agencies will benefit from including volunteers in considering strategies to increase internal information sharing.

“Volunteers are like gold, and have to be treated with kid gloves. But they also have to make sure they are trained. The worst thing for me is to call up and hear, ‘I’m just a volunteer, I don’t know’; that just makes the volunteer frustrated. And if I can’t get the help, and if the voice on the other end of the phone is frustrated, why would I call back?” – Participant, WWD discussion group.

GLOBAL AREA #2- Person-Driven Philosophy and Approach

Summary:

Women with disabilities want to be heard as people first. They see themselves as part of the solution, and desire to be involved in both their individual service planning and in agency and community change in general. Language is important; look past the diagnosis, the presenting need, and work together as humans. The diagnosis or the experiences of violence are not the definition of an individual. Women also want staff to come to the work from a strength-based approach.

1. Participants in discussion groups challenged agencies to take a holistic view that includes strengths as well as challenges and needs.

“One thing I find helpful is when the service provider is not as judgmental as the diagnoses that someone may have. I have a particularly difficult diagnosis and some therapists are less patient because of it and others kind of look out side of the box and aren’t as rigid in defining who I am to my diagnoses. They help me understand my diagnosis is not who I am, it is separate from who I am.” – Participant, WWD Discussion Group

As noted in the summary, participants of WWD discussion groups felt very strongly that the strengths they bring as individuals are not always noticed or valued. Participants in staff groups generally agree with the need to focus on strengths as well as needs of clients/consumers, however consistently “doing the work” in this framework is seen as challenging. Because agencies tend to be driven by forms and reporting requirements, interactions can often be more focused on the presenting issues than on creating relationships. Staff working in agencies with crisis lines, drop-in centers, or I/R phone services noted the additional struggle created by one-time connections. When women call a crisis or I/R line, it is not always possible to create a longer-term relationship.

Participants in WWD discussion groups expressed concern that people focus so much on their disability or their diagnosis that there is not room to identify and build upon the resources and strengths that they have. In addition, working from a strengths-based approach was seen as much more encouraging and empowering, whereas overly focusing on barriers and needs impedes problem-solving.

Some staff participants noted that by taking a strengths-based approach, supports will focus on what individuals do well, what they “bring to the table”, rather than focusing so heavily on the barriers facing the individual and the agency. Group participants spoke of the value to staff of recognizing that the women with whom they work have survived a great deal, developing resources and skills that must not be overlooked.

“Instead of focusing on a weakness, which is the trauma, to look at what they do well and build on that. It very much encourages the consumers to feel as if they are capable and strong” – Participant, Agency Staff Discussion Group.

2. Women also emphasized the importance of a Person-driven approach that recognizes they are part of the solution.

“They are great because they listen, they are empathetic and rather than talking about all the bad stuff, they work with me to create solutions. They are really positive about what I need to do and what my future can look like.” – Participant, WWD Discussion Group

Participants throughout the groups strongly endorsed a team approach to supports and services. While the concept of a web of services was strongly endorsed, there was equal strength given to the view that goal-setting, service planning, assessments, or other processes typically associated with service providers must include the woman herself. Perhaps the principle of “Nothing About me Without Me” best captures this notion.

“We don’t drive the car; we should be the passenger, the navigator. Sometimes I’m offering information from the map, sometimes I’m just along for the ride (meaning, I’m a being a support person)” – Participant, Agency Staff Discussion Group.

A key to a person-driven approach is the importance of listening, and for women to be heard. This was expressed at both a theoretical and practical level. Participants in groups talked about the importance of feeling heard when sharing information with staff; their perceptions on being heard or not impact their sense of being able to receive real help from that individual, and for some, from the agency as a whole. And, participants also discussed the importance of seeing the person with whom they are communicating act upon what they are hearing. Women consistently noted that it is important to demonstrate respect and trust when listening. It was also strongly noted that real help sometimes means listening, offering options, suggestions, resources, etc. and then trust the choices made. Both staff and WWD group participants noted the importance of time –

time for relationships to build, time for communication to happen, time for decisions and plans to be made.

Discussion group participants also noted that women themselves can offer important insight and guidance for agency staff around the realities they face. While direct service providers gain awareness and knowledge from each other, women with disabilities or women who have experienced violence also have very important information to share. By being open to learning these lessons, staff can shift from focusing on what it is like to be a woman with a disability to hearing the realities and barriers women face.

“It would be great to have ongoing and diverse trainings or conversations on the barriers that women with disabilities face and be able to educate ourselves on some of the additional needs our clients might be faced with when coming in for services. I think this also goes further in educating ourselves on the barriers that women face including; domestic violence and disabilities.” – Participant, Agency Staff Discussion Group

Women discussion group participants spoke of the value of peer support. This refers to someone who has gone through similar experiences, and has a good deal of knowledge, and yet is not perceived as so organized around system requirements and eligibilities. Being able to connect with peer support was seen as critical for breaking isolation and for connecting more effectively with systems and agencies.

“Having to qualify. That was so frustrating for me. I had to really think about what I was going to say to get the help I knew I needed to get out of the situation I was in. So, turning to somebody at LCC, or somebody at church, where I didn’t have to qualify to get something I needed was vitally important to me. Just to be able to have somebody hear me, and not make me tell my story in a way that I had to qualify, to meet their criteria to have them get me what I needed.” - Participant, WWD Discussion Group

GLOBAL AREA #3 – Policy and Practice

Summary:

Participants across the discussion groups recognize the need to examine agency policies and practices. Critical areas included assessment and identification, referral processes, and agency- and self-care.

1. Focus group participants agreed that agency assessment and identification processes need to be revamped

“People usually come here for other things...women don’t come here saying, ‘I’m a victim of violence’. They come here saying they need help with housing, or employment, or benefits or something. So our task then is to really figure out what is going on. And that can be really difficult sometimes.” – Participant, Agency Staff Discussion Group

Agency participants spoke of the need to balance intake and assessment procedures with a desire to have a more holistic approach. The process of moving the conversation beyond the presenting issue is important, and particularly challenging for staff working on crisis or I/R lines.

Both women with disabilities and agency staff agree that intakes and assessments that are completed without listening, and without taking time to establish some level of rapport, are likely to be shallow, are likely to miss the real point of the person coming to the agency, and may even be a reason for the person to not come back to the agency. In addition, materials need to be presented in accessible ways. This means concrete language, alternative formats if written materials, and ability to present information in picture or taped format, and other flexible procedures to allow for the different ways people process information. And it may mean changing how and when the information that is required to be entered on the form is actually collected; instead of filling out an entire form in one meeting, it may be more effective to take several meetings, using a discussion format rather than question/answer style.

“Too often people don’t listen. They look like they are listening, but they aren’t absorbing what you’re saying, what you’re trying to communicate. They are assessing what the needs are, and kind of too focused on their paperwork” – Participant, WWD Discussion Group.

2. Discussion group participants spoke of the need for a holistic and realistic approach to the referral process.

“I was referred and was told that this agency would help you. They told me how many times I would meet with them a week and everything that they would help me with. I was given a lot of information about what they would provide me and that is what I expected and that isn’t what I got.” – Participant, WWD Discussion Group

As noted above, it is important for staff to have good information about other agencies. Participants noted the importance of being able to give a full picture of the agency to which referring. This should include information about eligibility requirements, hours, intake processes, and a general picture of what to expect. At the same time, this is to be balanced by accurate information to avoid setting up unrealistic expectations. Staff struggle with strategies to offer information without setting up unrealistic expectations. This can be particularly important when working with women in crisis who have already contacted other agencies to no avail, or who are at a point where they will process the information in order to hear what they need to hear.

Discussion group participants talked about the importance of follow-through on the part of staff. It is also important to follow along when a referral has been made. This may include checking back with the client, with permission or checking in with the “point person” at the agency. This following along process can also help identify as-yet unmet needs.

3. All participants recognize the need for agency- and self-care

“I think that’s important, that is why we meet weekly, and staff cases together because it is a collaborative effort to meet the needs of our clients. And, you don’t know what you don’t know. We really all have unique experiences, and so we draw upon each other’s experiences and expertise to do a good job in serving each unique situation.” – Participant, Agency Staff Discussion Group

“And one thing I’ve seen, and I’ve done it myself, you try to do so much you get burned out after awhile. Agencies are so short staffed and you don’t mean it or want it, but you are burned out. Sometimes I don’t think they see it, they get so used to hearing things or doing the job. I think maybe people need to rotate the jobs or something.” – Participant, WWD Discussion Group

Doing this type of work can have an impact on staff, women seeking support, and relationships with other agencies. Staff noted the importance of debriefings and staffings, appropriate and realistic training, and supportive supervision. When asked to describe successful examples of working with women with disabilities who have experienced violence, staff often listed such communications as key agency support; conversely, lack of these opportunities were noted in discussions about what doesn’t work, or barriers to effective work. Agencies need to examine policies around self-care and support, working to create an environment that values staff asking for support.

Participants in staff discussion groups noted the need to recognize and empathize with other agency staff around these same issues. Being able to recognize each others' limitations and struggles can improve inter-agency relationships and understanding. Women also reported that they can tell when a staff person is feeling overwhelmed or burned out. Some women noted that this can impact their willingness to access services.

GLOBAL AREA #4- Increase Knowledge and Skill Base Around the Intersection of Disabilities and Violence/Abuse

Summary:

Both women with disabilities and agency staff recognize a need to increase the capacity of the broader community to identify, support and connect women with services. At the same time, SurviveAbility recognizes the need to increase partner agencies' preparedness to respond to increased referrals from the community.

1. Participants identified the need for agencies to increase their knowledge and skill base

“Having a child with a disability can be damaging to a relationship. I think there is a danger of her being so grateful that their partner is participating in the parenting, and they are not having to parent all by themselves, so they may feel it is ‘worth’ a little bit of abuse.” – Participant, Agency Staff Discussion Group

Specific examples noted include response to disclosures, appropriate safety planning, mandatory reporting requirements, confidentiality policies, and ADA requirements. Staff also reported needing basic information as a framework for developing skills to better support women with disabilities who have experienced violence in a person-centered approach. In addition, staff participants mentioned the need to increase their knowledge of, and improve their capacity to respond to, other types of family violence or sexual assault. Some staff participants noted the need to improve how they support survivors of DV and/or Sexual assault who are mothers – both women with disabilities who are mothers, and mothers of children with disabilities.

An area frequently noted is the need to shift the approach taken to avoid advocacy or services feeling prescriptive or to be so guided by system history and philosophy as to feel inflexible. Participants noted that such an approach

can have negative impacts on both staff and women. Agencies would do well to create environments and debriefings for staff, supporting them to maintain their effectiveness with women who may not consistently follow “case plans” or “service plans”. Group participants identified a need for increased awareness by staff of differing goals, timelines, and realities. This related to both clients and other agencies or systems.

“It is always client directed, which I appreciate. So if they’re not in a place where they want to do anything different, we ask them about how they can protect themselves, and how we can keep them safe. And so that’s difficult sometimes to back off when you’re the provider and you want to make sure someone is safe.” - Participant, Agency Staff Discussion Group

Agency staff often noted the need to develop creative strategies to address communication issues. For instance when working with a Deaf woman or a woman with a sensory disability, staff need to be able to connect with knowledgeable support. Group participants reported successes in this effort, for instance providing signage in Braille, email support for Deaf survivors, and recruiting volunteers with the needed expertise. However, staff also struggle with insufficient resources, connections and timing to identify and institutionalize a range of effective and flexible strategies.

Staff across systems noted the particular importance of increasing knowledge and skills in connecting with and supporting Deaf women. Staff in survivor advocacy agencies noted the importance of assessing the relationship between the woman seeking support and interpreters that may accompany her. They also reported a need to assess their current communications technology in order to be more accessible to Deaf women and women with hearing impairments. Staff in disability advocacy agencies expressed a need to increase their understanding of the dynamics of isolation Deaf women may face. They also identified the need to improve their support for other agencies in this area. Comments from both systems also highlighted the need to review brochures, forms, and other materials to address potential language barriers. Finally, staff across systems are concerned with the lack of skilled interpretation, in particular, Deaf interpretation, and Sign Language interpreters for languages other than English.

2. Women in the groups reported needing information about domestic violence, sexual assault, and disabilities, as well as the services available when they experience domestic and/or sexual violence.

“I didn’t realize that the relationship I was in was domestic violence. I really thought domestic violence was more about hitting and not about the emotional

stuff. I would say that was the biggest reason I didn't reach out." – Participant, WWD Discussion Group

Women report not identifying barriers, situations, experiences, or relationships as domestic violence, sexual abuse, or disabilities. For some women, definitions of sexual abuse or domestic violence were limited to physical assaults; many did not define coercive control, harassment, withholding of basic needs as violence. Likewise, many women reported they or women they knew might not necessarily identify themselves as women with disabilities unless they had a medical diagnosis or other such eligibility statement.

Participants in both WWD and staff discussion groups noted that in order to really raise awareness of individuals about what is abuse, dating/domestic violence, and about healthy relationships, boundaries, etc, it is important to start this awareness much younger, in the schools. And such efforts should be grounded in, and focus on, respect. This kind of awareness effort also needs to be available to students with disabilities. And it needs to be offered in a universally accessible ways.

When asked whether they or people they knew had accessed the partner agencies, many women said they had not heard of the agencies. None of the participants in the groups with women knew of all seven partner agencies. Women reported that they found it difficult to get information about services. Some women said they had seen the names of the agencies in the telephone directory or even on brochures and outreach materials, but had no idea what services were offered. Women suggested less emphasis on agency names, and more on services provided and how to access them. Other women reported that they never felt a need to know the services listed until they were in crisis, and then they felt incapable of finding the information on their own.

"It would be helpful if brochures focused more on the services the agency provides rather than on the name. The name tells me nothing." – Participant, WWD Discussion Group

3. Women identified internal and societal barriers to reaching out for help that agencies need to understand.

Well, one of the things is you're afraid. Or, you don't want other people to know. Maybe you're ashamed. You were raised that your marriage, you stay in that marriage, you must have done something wrong, so you have to make your marriage work. – Participant, WWD Discussion Group

Women reported that a cultural, societal, familial value of self-reliance and independence prevents them from reaching out for help. Some of these values were internal (for example: I'm too independent, I trust myself, pride); some were external (for example: 'there is a sense of you made your bed, lay in it', 'people would ask, why don't you just leave'). This was of particular significance amongst rural discussion group participants. In some sense, this sentiment lends weight to the challenge to agencies to take on a more strength-based approach to services.

4. Both women and staff reported a need to improve response by members of the police, medical community, and faith community.

"Sometimes mental health people want to avoid things like that because they don't want to put ideas in your head. So, one time I started to tell my doctor, I was just trying to talk about how I felt about things and they said that well that just sounds like someone was trying to protect you. I decided right then not to say anything else. It was sort of like they were defending the person instead of listening to me." – Participant, WWD Discussion Group

Often, these systems are the first point of contact for women with disabilities who have experienced violence. Discussion group participants felt that if these first responders could improve service delivery, connections to healing supports could be increased. Suggestions included improving processes to identify women's needs, strengths, and challenges; improving connections with the survivor advocacy and disabilities advocacy systems; and improving and updating referral information available through the services.

IV. MOVING TO ACTION

The chart below organizes the Global Areas with potential for action. We are now charged with developing a Strategic Plan to respond these documented needs and opportunities. The chart below will guide our brainstorming and prioritizing for that purpose. SurviveAbility will engage technical assistance from the Accessing Safety Initiative to prioritize the broad areas listed under Potential for Action. The strategic planning process will allow us to develop detailed work plans with specific activities to move us forward on 1 to 3 initiatives.

GLOBAL AREA	POTENTIAL FOR ACTION
Coordination and Networking	<ol style="list-style-type: none"> 1. Address confidentiality/information sharing questions and concerns 2. Create a sustainable networking opportunity to increase inter-agency communication, and to facilitate jointly creating processes and agreements to address specific issues both from this Needs Assessment and as new issues arise 3. Build upon lessons learned from other initiatives, including co-located staff, point people, joint staff meetings 4. Work with other partners to improve inter-agency information sharing 5. Within the DV Council structure provide support for convening and disseminating information to the network; including updates, what's working and not, and emerging issues.
Person-Driven Philosophy and Approach	<ol style="list-style-type: none"> 1. Review agency intake forms, client file policies, etc to determine opportunities for change 2. Identify ways to increase use of peer-support or advocacy 3. Provide training and support for staff around effective listening
Policy and Practice	<ol style="list-style-type: none"> 1. Create a process to jointly review and revamp assessment and intake forms 2. Work with agency leadership to develop strategies to address compassion fatigue
Increase Knowledge and Skill Base Around the Intersection of Disabilities and Violence/Abuse	<ol style="list-style-type: none"> 1. Develop training and cross-training designed to increase knowledge of issues such as mandatory reporting, ADA requirements, etc. 2. Develop training and cross-training around trauma and healing, motivational interviewing, and other models and techniques to increase staff skill-base 3. Develop community-awareness raising strategies to increase understanding of domestic violence, sexual assault and disabilities 4. Work through the Lane County Domestic Council to increase knowledge and awareness among other systems 5. Jointly review and update outreach materials and strategies

V. CONCLUSION

The next steps for SurviveAbility need to focus on reviewing the information and potential for change summarized in this report. Through the process of this needs assessment, we have been able to bring together the voices of both women and staff. The information they have given us focuses on our community's strengths and our gaps and challenges. Clearly, we have an opportunity to continue to improve our relationships within the collaborative, as well as work with other systems to create a more seamless, person-driven approach to providing services. We must approach this opportunity with trust in each other, and a commitment to support changes in both our individual partner agencies, and within our collaborative.

Appendix A: Discussion Groups with Women with Disabilities

Protocol

Introduction:

Step 1 Check in with participants about needed accommodations, and offer information on bathroom locations, rules regarding smoking, etc. Announce that even though we don't have breaks scheduled, people should feel comfortable taking a break if they want to or need to, for the restroom, for a snack, if they need to answer their cell phone, if the conversation is tiring, etc.

1. Introduce yourself.
2. Thank the women for participating.
3. Review any mandatory reporting requirements.

Step 2 Information about the Project:

Purpose SurviveAbility is made up of agencies who have come together to begin addressing gaps and needs within the services designed to support women with disabilities who have experienced violence or abuse. Our vision is that women with disabilities and Deaf women throughout Lane County who have experienced violence and abuse will be empowered to disclose abuse and access services and safety. These services will be accessible, responsive and informed by you, who will help our agencies understand and address the vulnerabilities, barriers and challenges that survivors encounter.

Confidentiality during our discussion groups we will not be recording names or contact information. We will be audio-taping and taking handwritten notes to capture the important information you will be sharing with us today. Both, audio-tapes and handwritten notes will be locked in a filing cabinet and will only be available to Program and Research Staff and will be destroyed within 6 months. We will be using placards with letters to identify you, rather than using your name. It is also important for you not to talk about things that are said during our discussion group.

Safety please remember that our biggest concern is you. You don't have to answer questions if you don't want to. You should take breaks for any reason, without asking permission. We understand that some of the conversations might be uncomfortable, so if that happens, take a break, go to the room we have set up next door and relax for a minute or talk with one of our support people if you want to. If you have questions about something going on in your life right now, we have someone set up to offer information and referral to other agencies and services that may be of help to you. Everyone has a right to leave or take a break without being judged.

Housekeeping participating in this group is completely voluntary. You do not need to complete the discussion group to be given your \$20 stipend. We appreciate you sharing and taking any time you have to be here. Please remember that we want to hear from you about services: What works, what doesn't how we can do better. If you want to talk more about something that may have happened to you or someone you know, feel free to talk with one of our support people – they are here for you. Finally, if any of us have concerns for your safety, we will discuss that with you and talk about options.

Do you have any questions?

Consent Form Review Process:

Read and review the following points from the consent form:

Check off

_____ Thank you for your participation in this discussion. Participation in an interview means you will be asked to discuss your experiences with getting help or support for domestic or sexual abuse.

_____ Before we go on, we want to see if you have any questions about the project. So, do you have any questions about the project or our discussion group from what we talked about before?

_____ Everything said in the discussion will be audio tape recorded and written notes will also be taken.

_____ This meeting will take about two hours.

_____ We will give you \$20 for participating. As we talked about before, if you can't or choose not to finish, you will still receive the thank you money.

Talking in a group like this does have some risks. We want you to be aware of the risks before you decide whether you want to participate.

_____ YOU MAY FEEL UNCOMFORTABLE ANSWERING SOME OF THE QUESTIONS WE ASK YOU. If there is a question you don't want to answer, just say you would like to pass. Or, if you decide after you have begun talking that you don't want to continue, just tell us. You can quit at any point. And, you can take a break any time you need or want to, for any reason at all. We have people here who you can talk to or ask for help, if you want to do that.

_____ YOU MAY BE WORRIED THAT OTHER PEOPLE WILL FIND OUT WHAT YOU HAVE TOLD US. Only the people who work on this project will have access to the audiotapes and questionnaires, and they are trained in keeping things confidential. To make it very unlikely that anyone outside our project could find out what you tell us, we don't keep your name on any information you give us, except on your payment receipt.

_____ BECAUSE WE WANT TO HONOR PRIVACY, WE WANT TO TALK ABOUT CONFIDENTIALITY. We would like to have everyone agree that what gets said in the group stays in the group. Sometimes people might say things they want us all to help keep private. And even though we ask everyone to help keep our group private, it is

possible that someone might say something outside of the group. This is one reason we encourage you to not use names, and to talk about the services and help you needed or used.

_____ Sometimes if you give us information about being hurt or hurting others or yourself, we may have to report that to authorities. If that happens, we will let you know. We also have people here that you can talk to about your story, and who can help you decide about reporting to the authorities.

Please read through your copy of the consent form and ask us any questions you might have.

Definitions of terms – Read and Review these definitions before continuing:
Working definitions

“Disability” - means anyone with mobility, sensory, or communication issues; mental illness, intellectual or developmental disabilities; or are Deaf or hard of hearing. We also know that sometimes people may not be “diagnosed”, but still experience disability

“Sexual violence” – can mean when a person is forced or pressured into doing something sexual that they don’t want to do. Sexual violence can be an assault by someone that you know or someone who is a stranger. It can also be unwanted sexual comments, violating a person’s boundaries, or sexual harassment. Sexual violence is any behavior of a sexual nature that makes you feel uncomfortable.

“Domestic violence” - means a pattern of abuse or control control, including physical, sexual, financial, spiritual, psychological, and medical. The abuser might be a spouse, intimate partner, someone you date, partner, ex- partner or ex -spouse. The abuser might try to gain control or abuse by making the other person feel isolated, afraid of being hurt, afraid of losing their money or their independence. Abusers might criticize the other person to make them feel bad about themselves. Sometimes they might take away medicine, or take away mobility or communication equipment. Sexual pressure, withdrawing, discomfort, or abuse can also be ways the abuser gains control.

“Caregiver violence – is when a caregiver abuses someone who they are supposed to be helping. This can be physical or sexual abuse. It can also be things like taking away medicines or assist devices that are important to a person with a disability, it can mean refusing to help you get to the places you need or want to go.

“Survivor” - Is a person who has experienced domestic violence or sexual violence.

“Caregiver” – is someone who helps a person with a disability to provide support they need because of the disability.

Discussion Group Questions:

1. Who in your community helps you the best? What makes their service or help the best? Can you give some examples of a helpful service provider? Why did you like what they did?
2. A lot of women don't reach out for help. What would help women to reach out?
3. Who do women in your life reach out to and why? [FU: Have you or someone you know ever started to tell someone about a time someone was hurt or abused but then decided to stop telling? If so, can you explain what happened to stop you or that person from telling? What sorts of things made it hard to ask for help or support? What help do you wish agencies would provide?
4. Did you go to any of these places to ask for help or support for yourself or someone you know? {HAVE our agencies listed on chart paper, and read them} [FU: why or why not? Did you get help you wanted or needed?
5. What is the most important thing service providers need to know about helping women with disabilities who have been hurt or abused? What do you think agencies could do differently? Is there anything else you want us to know about how agencies can be more helpful to women with disabilities who have been hurt or abused?

NOTE: As mentioned above, we felt it important to be prepared to offer interviews for women who may not feel comfortable or able to participate in discussion groups. The questions for interviews were the same as the discussion groups. Below is the Interview protocol:

Protocol

Introduction:

Step 1 Check in with participant about needed accommodations, and offer information on bathroom locations, rules regarding smoking, etc. Announce that even though we don't have breaks scheduled, you should feel comfortable taking a break if you want to or need to, for the restroom, for a snack, if you need to answer your cell phone, if the conversation is tiring, etc.

1. Introduce yourself.
2. Thank the woman for participating.
3. Review any mandatory reporting requirements.

Step 2 Information about the Project:

Purpose SurviveAbility is made up of agencies who have come together to begin addressing gaps and needs within the services designed to support women with disabilities who have experienced violence or abuse. Our vision is that women with disabilities and Deaf women throughout Lane County who have experienced violence and abuse will be empowered to disclose abuse and access services and safety. These services will be accessible, responsive and informed by you, who will help our agencies understand and address the vulnerabilities, barriers and challenges that survivors encounter.

Confidentiality during our interview, we will not be recording names or contact information. We will be audio-taping and taking handwritten notes to capture the important information you will be sharing with us today. Both, audio-tapes and handwritten notes will be locked in a filing cabinet and will only be available to Program and Research Staff and will be destroyed within 6 months.

Safety please remember that our biggest concern is you. You don't have to answer questions if you don't want to. You should take breaks for any reason, without asking permission. We understand that some of the conversations might be uncomfortable, so if that happens, take a break, go to the room we have set up next door and relax for a minute or talk with one of our support people if you feel you need to talk to someone one on one. If you have questions about something going on in your life right now, we have someone set up to offer information and referral to other agencies and services that may be of help to you. You have a right to leave or take a break without being judged.

Housekeeping participating in this interview is completely voluntary. You do not need to complete the discussion group to be given your \$20 stipend. We appreciate you sharing and taking any time you have to be here. Please remember that we want to hear from you about services: What works, what doesn't, how we can do better. If you want to talk more about something that may have happened to you or someone you know, feel free to talk with one of our support people – they are here for you. Finally, if any of us have concerns for your safety, we will discuss that with you and talk about options.

Do you have any questions?

Consent Form Review Process:

Read and review the following points from the consent form:

Check off

_____ Thank you for your participation in this interview. Participation in an interview means you will be asked to discuss your experiences with getting help or support for domestic or sexual abuse.

_____ Before we go on, we want to see if you have any questions about the project. So, do you have any questions about the project or our discussion group from what we talked about before?

_____ Everything said in the interview will be tape recorded, notes will be taken.

_____ This interview will take about two hours.

_____ We will give you \$20 for participating. As we talked about before, if you can't or choose not to finish, you will still receive the thank you money.

Being interviewed like this does have some risks. We want you to be aware of the risks before you decide whether you want to participate.

_____ **YOU MAY FEEL UNCOMFORTABLE ANSWERING SOME OF THE QUESTIONS WE ASK YOU.** If there is a question you don't want to answer, just say you would like to pass. Or, if you decide after you have begun talking that you don't want to continue, just tell us. You can quit at any point. And, you can take a break any time you need or want to, for any reason at all.

_____ **YOU MAY BE WORRIED THAT OTHER PEOPLE WILL FIND OUT WHAT YOU HAVE TOLD US.** Only the people who work on this project will have access to the audiotapes, and they are trained in keeping things confidential. To make it very unlikely that anyone outside our project could find out what you tell us, we don't keep your name on any information you give us, except for your payment receipt.

_____ Sometimes if you give us information about being hurt or hurting others or yourself, we may have to report that to authorities. If that happens, we will let you know. We also have people here that you can talk to about your story, and who can help you decide about reporting to the authorities.

Please read through your copy of the consent form and ask us any questions you might have.

Appendix B: Discussion groups with Domestic Violence and Sexual Assault Advocates

Interview Protocol

Step 1: Check in with participants about needed accommodations, and offer information on bathroom locations, rules regarding smoking, etc. Announce that even though we don't have breaks scheduled, people should feel comfortable taking a break if they want or need to, for the restroom, for a snack, to answer their cell phone, etc.

1. Introduce yourself.
2. Thank the group members for participating.

Step 2: Information about the Project:

Purpose SurviveAbility is made up of agencies who have come together to begin addressing gaps and needs within the services designed to support women with disabilities who have experienced violence or abuse. Our vision is that women with disabilities and Deaf women throughout Lane County who have experienced violence and abuse will be empowered to disclose abuse and access services and safety. This is not an assessment of intent or an audit of your agency. The goal of our conversation is to gather your best thinking about how we can all do better in understanding and addressing the vulnerabilities, barriers and challenges that survivors with disabilities encounter.

Confidentiality during our discussion groups we will not be recording names or contact information. We will be audio-taping and taking handwritten notes to capture the important information you will be sharing with us today. Both, audio-tapes and handwritten notes will be locked in a filing cabinet and will only be available to Program and Research Staff and will be destroyed within 6 months.

Housekeeping participating in this group is voluntary. You don't have to answer questions if you don't want to. You should take breaks for any reason. We appreciate you sharing and taking any time you have to be here. Please remember that we want to hear from you about your services: What works, what doesn't, how we can all do better.

Do you have any questions?

STEP THREE: Introductory Information Gathering - short survey:

Who are you? [check all that apply]

- A domestic violence advocate
- A sexual assault advocate
- Other (please describe) _____

1. At your program, how often do you receive training about ways to serve women with disabilities who have experienced domestic or sexual violence?

- Never
- Once
- Less frequently than once a year
- More frequently than once a year

2. When someone contacts your program, when do you ask if they need an accommodation for a disability?

- During initial crisis call or preliminary screening for eligibility of services
- After someone is determined to be eligible for services
- When they enter into services
- We don't ask if they need an accommodation
- Other _____

3. Domestic violence and sexual assault programs are beginning to develop policies, procedures or strategies related to serving survivors with disabilities. Do you have policies, procedures or strategies that address any of the following issues:

[check all that apply]

- Program participants who use personal attendants or other hired support workers
- Ongoing process for evaluating agency accessibility
- Service animals used by program participants
- Mandatory reporting of abuse of a vulnerable adult
- Providing reasonable accommodations for survivors using your services
- Providing reasonable accommodations for staff and volunteers with disabilities
- Medications used by a survivor in your shelter
- Advocacy for survivors with mental health issues
- Hiring practices at your agency regarding applicants with disabilities
- Responding to situations where the caregiver is the abuser
- Ongoing process to ensure materials are available in alternative formats
- Other _____

4. In the last year, has your program made any changes to rules, policies or practices to accommodate survivors with a disability? [Check all that apply]

- Changed intake form questions
- Changed safety planning questions
- Changed shelter rules

- Changed policy regarding transportation to and from the shelter
- Changed policy regarding meeting potential program participants in their home or another location
- Other _____

STEP FOUR: Discussion Group Questions:

1. Are there instances where you or a co-worker worked with a survivor with a disability and were proud of how you, your co-worker and/or agency handled the situation? [FU: What resources did you draw upon that helped make that a successful situation? Were there policies or practices in place that helped support you? Were there any policy or practice changes that came out of that?]
2. What happens when a woman requests or needs accommodation? What is your experience around trying to identify and meet accommodation needs? [FU: If you need assistance, training or help in meeting the accommodation, where or who do you call? What strategies do you have in place to provide alternative communication devices or techniques for Deaf women or women with hearing or speech impairment? Alternative formats? Is there someone in your agency who you can turn to for help?]
3. What barriers within your agency do you face when working with women with disabilities? What kinds of resources would help your agency become better prepared to support survivors of DV or sexual abuse who have disabilities?
4. What can your agency do to help improve the community response?
5. When working with another agency to support a woman with a disability who has experienced violence, what works well and what doesn't? [FU: are there particular issues or policies, or misunderstandings that get in the way? Examples: mandatory reporting, confidentiality/info sharing practices, referral process, lack of information]
6. What do disability advocacy agencies need to do differently to support women to disclose, and to be able to respond appropriately [FU: How can you help them do this differently? Probe for: referrals, safety planning confidentiality, etc]
7. Take a look at the notes on the chart paper. Is there anything else you would want our collaborative to know about working with women with disabilities who have experienced violence?

Appendix C: Discussion groups with Disability Advocates

Interview Protocol

STEP ONE: Check in with participants about needed accommodations, and offer information on bathroom locations, rules regarding smoking, etc. Announce that even though we don't have breaks scheduled, people should feel comfortable taking a break if they want or need to, for the restroom, for a snack, to answer their cell phone, etc.

1. Introduce yourself.
2. Thank the woman for participating.

STEP TWO: Information about the Project:

Purpose SurviveAbility is made up of agencies who have come together to begin addressing gaps and needs within the services designed to support women with disabilities who have experienced violence or abuse. Our vision is that women with disabilities and Deaf women throughout Lane County who have experienced violence and abuse will be empowered to disclose abuse and access services and safety. This is not an assessment of intent or an audit of your agency. The goal of our conversation is to gather your best thinking about how we can all do better in understanding and addressing the vulnerabilities, barriers and challenges that survivors with disabilities encounter.

Confidentiality during our discussion groups we will not be recording names or contact information. We will be audio-taping and taking handwritten notes to capture the important information you will be sharing with us today. Both, audio-tapes and handwritten notes will be locked in a filing cabinet and will only be available to Program and Research Staff and will be destroyed within 6 months.

Housekeeping participating in this group is voluntary. You don't have to answer questions if you don't want to. You should take breaks for any reason. We appreciate you sharing and taking any time you have to be here. Please remember that we want to hear from you about your services: What works, what doesn't, how we can all do better.

Do you have any questions?

STEP THREE: Participants fill out short survey, as follows:

1. At your organization, how often do you receive training about ways to serve people with disabilities who have experienced domestic or sexual violence?

- Never
- Once
- Less frequently than once a year
- More frequently than once a year

2. When someone contacts your program, when do you screen for abuse/safety concerns or issues?

- During initial contact or preliminary screening for eligibility of services
- After someone is determined to be eligible for services
- When they enter into services
- We don't ask about abuse/safety concerns or issues
- Other _____

3. Do you have policies or procedures that address any of the following issues:
[check all that apply]

- Asking about domestic violence or sexual abuse from a person who is seeking services
- Working with a domestic violence or sexual abuse program when advocating for a person with a disability who is experiencing violence
- Safety planning for women who have experienced violence
- Mandatory reporting of abuse of a vulnerable adult
- Protective order or other court processes related to domestic or sexual abuse
- Workplace policies for staff that experience domestic violence or sexual abuse
- Responding to situations where the caregiver is the abuser
- Other _____

4. In the past year has your program made any changes to rules, policies or practices to accommodate a survivor/victim with a disability? [Check all that apply]

- Changed intake form questions
- Changed safety planning questions
- Changed program, group or other service rules
- Changed policy regarding transportation to and from shelter or other services
- Changed policy regarding meeting potential program participants in their home or another location
- Other _____

STEP FOUR: Focus group/discussion circle questions:

1. Are there instances where you or a co-worker worked with a woman with a disability who disclosed abuse in her life and were particularly proud of how you, your co-worker and/or agency handled the situation? [FU: What resources did you draw upon that helped make that a successful situation? Were there any policy or practice changes that came out of that?]
2. What happens when a woman requests or needs support around abuse or violence? [FU: If you need assistance, training or help in meeting the accommodation, where or who do you call? What strategies do you have in place to provide safety planning and immediate and longer term needs? Do you have a process or strategy in place to handle disclosures? Is there someone in your agency who you can turn to for help, someone who has expertise in safety planning for violence and abuse, and is there a procedure or policy to refer women to them?]
3. What barriers does your agency face in serving women who have experienced domestic violence or sexual assault/abuse? What kinds of resources would help your agency become better prepared to support survivors of DV or sexual abuse who have disabilities?
4. What can your agency do to help improve the community response?
5. When working with another agency to support a woman with a disability who has experienced violence, what works well and what doesn't? [FU: are there particular issues or policies, or misunderstandings that get in the way? Examples might be: mandatory reporting, confidentiality/info sharing practices, referral process, lack of information]
6. What do DV and sexual assault advocacy agencies need to do differently to more effectively support women with disabilities, and to be able to respond appropriately [FU: What can you do to help them get there?]
7. Take a look at the notes on the chart paper. Is there anything else you would want our collaborative to know about working with women with disabilities who have experienced violence?