

NEEDS ASSESSMENT REPORT

EXECUTIVE SUMMARY

**Violence against Women with Disabilities
and D/deaf Women Project (Disability
Grant Program)**

1. Introduction

In October of 2007, with the overall goal of improving services for survivors with disabilities and D/deaf survivors, the DRN, PCADV and PCAR received a three-year grant, the Disability Grant Program, from the U.S. Department of Justice, Office on Violence Against Women. This grant provides technical assistance including planning phase at the beginning of the funding period and an implementation phase at the end. As part of the work under this grant, our collaboration conducted a comprehensive assessment of the strengths and needs of selected communities in the central region of the state. The focus areas of our needs assessment process were accessibility of services for women with disabilities and Deaf women and the response to violence by disability services providers and organizations serving Deaf or hard of hearing individuals.

The following pages of this document contain the summary of the results of the Needs Assessment that was conducted by our collaborative during the spring and summer of 2009. The findings from this report will be utilized to inform the development of a Strategic Plan that will guide our work with the selected communities. The overall goal of our collaborative is to improve these communities' response to women with disabilities and D/deaf women who have experienced domestic and sexual violence and to increase access to services.

2. Overview of Collaboration

The Pennsylvania collaboration consists of the Disability Rights Network (DRN), the PA Coalition Against Domestic Violence (PCADV) and the PA Coalition Against Rape (PCAR). Approximately 15 years ago, the Disability Rights Network of Pennsylvania (DRN) joined efforts with the Pennsylvania Coalition Against Rape (PCAR) with the intent to eliminate sexual violence in the lives of persons with disabilities. In the summer of 2004, DRN and PCAR joined efforts again, this time in conjunction with other organizations including the Pennsylvania Coalition Against Domestic Violence (PCADV), who became a member of the team a year later. Our work together has focused on improving physical, programmatic and attitudinal accessibility to victims' services for people with disabilities. Additionally, it has focused on raising awareness on the part of disability services providers of the prevalence and higher risk to violence of persons with disabilities and the existing community resources available to the individuals they support.

Our work during the planning phase focused on formalizing our collaboration by documenting our process, shared values and shared vision for our work. Our shared vision will guide and direct the work of our collaboration throughout implementation and for years to come:

Vision Statement

People with disabilities in Pennsylvania who have experienced sexual or domestic violence will receive appropriate, responsive and accessible supports and services.

Our funding also afforded us the opportunity to assess the needs of selected Pennsylvania communities around the issue of violence against persons with disabilities, D/deaf or hard of hearing. Based on our shared vision for Pennsylvania, our collaboration decided for our work to be cross-disability and cross-violence against women. Additionally, we developed a set of criteria that assisted us in selecting the communities in which we worked. Some of the elements taken into account included geographic and cultural diversity, willingness among community members to take part in this process, and areas where collaboration among disability and victims' services providers was already in existence or about to occur. Ultimately, we decided to conduct our needs assessments in Dauphin/Perry and Lancaster counties.

While the work of our organizations takes place at the state level, this grant required us to limit the number of participating communities in this project. In addition to the requirements of the grant, considering the size of the state of Pennsylvania made it impossible for our collaborative to assess the needs of all the communities within the timeframe of the grant. However, based on the selection criteria stated above, these pilot sites exhibited demographic characteristics representative of our state. An analysis of their strengths and needs around the delivery of services to victims/survivors with disabilities, D/deaf or hard of hearing persons will provide us with the opportunity to utilize the results of the needs assessment in the future, as they will continue to inform our work for many years to come. The information and data collected from this needs assessment will be used to develop a strategic plan that will guide our work throughout the implementation phase of this grant.

3. Needs Assessment Goals

During our planning for the needs assessment, our collaborative arrived at a series of questions that guided our work with the selected communities. What follows are the general themes our team explored with the pilot sites:

- What are the strengths and barriers that victims/survivors with disabilities experience within victims' services and disability service providers when seeking safety?
- What do persons with disabilities and victims/survivors need from victims' services and disability providers to experience welcoming, comfortable and responsive environments? What exists and what is still needed? How do persons with disabilities know an organization is welcoming and comfortable?

- What are the strengths, challenges and barriers experienced by disability and victims' services providers when serving victims/survivors with disabilities?
- What are organizations' understanding (including DRN, PCAR and PCADV) of access and safety and how is this incorporated into policy, practice, training, budgets, community connections etc.? How can it be improved upon?
- To what extent do relationships among organizations exist and how do they function together?

4. Participating Pilot Sites

As stated in the previous section, Dauphin/Perry and Lancaster counties are the selected communities for this project. Dauphin and Perry counties have the characteristic of sharing resources and services in both the disability and the victims' services fields and served as one of the pilot sites. These counties also represent urban, suburban and rural communities. Lancaster shares this profile and also has the largest D/deaf and hard of hearing community in our state. Both pilot sites exhibit a wide array of ethnic and cultural groups and specific geographic characteristics representative of the diversity existent among Pennsylvanians and their communities.

5. Participation of Partner Organizations

One of the most important elements of this grant for our collaboration consisted of assessing our own organizations (DRN, PCAR and PCADV) in regards to accessibility and safety. We followed a process similar to what took place within the pilot sites. Honoring such a process provided critical information that will influence how we modify our policies and procedures in regards to accessibility and safety during the implementation phase. Additionally, subjecting our organizations to a process similar to that of the pilot sites assisted us in relating to these communities on a much closer and concrete level. Our collaborative appreciated this opportunity particularly because of the statewide focus that characterizes the work of our organizations. Although focus groups of our own staff were not conducted for reasons of confidentiality, objectivity and feasibility, our collaborative administered online surveys to members of our staff and to a sample of each of our board of directors.

6. Challenges

Although the original intent of our collaborative was to maintain a cross-disability scope in both pilot sites, there were some unforeseen circumstances that challenged our original plan. This situation modified the makeup of one particular pilot site in a significant way. The Dauphin/Perry pilot site is no longer cross-disability in scope or representation. Its members comprise sexual assault/domestic violence (sa/dv) organizations and a mental health consumer group. The latter makes this site mental health focused and not cross-disability. The majority of the problems were related to the lack of key personnel to carry on the work of this grant without additional funding. Some organizations experienced challenges that might have been directly related to the economic climate of our times. One particular Executive Director (ED) expressed, when withdrawing from our project, that this was an activity her organization was unable to take on due to the small size of their staff and without additional funding. Another organization had a high turnover rate that contributed to great instability in the part of the organization. This situation affected that agency's commitment to this grant and the different individuals that were designated for coordinating the activities could not relate to the project in a meaningful manner. The lack of consistency combined with problems in responding to our e-mails and other forms of communication in a timely manner by the leadership prolonged our data collection phase in a significant way. Small staff size and financial difficulties were some of the similar challenges in the Lancaster site, modifying the number of organizations involved to date. However, that site continues to be cross-disability and cross-violence against women. Additionally, Lancaster has representation from a D/deaf and hard of hearing organization.

After working with the pilot sites members who remain involved to date over these past months, and having the opportunity to get to know many of them well through our work, it is obvious that there is commitment and desire to make services more accessible and responsive to persons with disabilities and D/deaf individuals. Maybe the economic difficulties of our times challenged some of the original pilot site members to remain involved for the remainder of our grant. However, our collaborative feels that at this point in our process, the organizations that remain at the table continue to show a significant level of investment to this work. It is our hope that the findings contained in this report will pave the way for concrete initiatives and stronger community connections.

7. Exploring what we knew

Our collaborative embarked on the assessment of the selected communities in areas related to accessibility and responsiveness to survivors of violence with disabilities and Deaf survivors. We began conducting our needs assessment process with several ideas and information, gathered through the work of all the partner organizations from the lens of their respective disciplines. The following sections explain some of the information we were aware of before starting our data collection process.

For the past several years, through cross-systems work and collaboration among members of the disability and anti-violence communities at the state level in Pennsylvania, we have gathered some useful information about victims/survivors with disabilities. There is increased awareness on the part of violence against women services' providers of the needs of women with disabilities and D/deaf women. Along the same lines, there is also a gradual increase in understanding of the roles and responsibilities on the part of disability services in their response to victims/survivors with disabilities. However, much more needs to be done and improved in both fields to enhance the responsiveness and access to services for persons with disabilities and D/deaf individuals who experience violence in their lives. Although there are some programs in the state that model best practices in both fields, the work continues to be in the early stages for many of our violence against women and disability services' providers.

For persons with disabilities, the availability of services and access to them vary greatly, depending on the region of the state. For example, rural areas face the majority of challenges related to transportation issues and limited or lack of options. Additionally, obstacles resulting from lack of attitudinal access on the part of service providers across the board contribute to these challenges. Nevertheless, the existing collaboration among some disability and victims' services entities serves to provide a model for best practices.

In the case of D/deaf individuals, work is still needed in the areas of establishing and fostering partnerships between D/deaf and hard of hearing organizations and victims' services groups. However, although that effort is in its infancy at this point, a commitment and the desire to move in this direction are present in some communities.

Based on what we know at this stage, gaps and lack of services continue to exist for victims/survivors with disabilities trying to access necessary and appropriate supports. In an effort to learn more about specific barriers to services experienced by survivors with disabilities and Deaf survivors, we conducted a series of focus groups, interviews and surveys of members of our pilot sites and collaboration partners.

8. Methodology

This section delineates the process that our collaboration followed to collect information from the selected communities. We include here the data collection methods that were utilized and all the elements that made possible the completion of this phase of our project.

Defining the role of recruiters

Preceding the data collection process with the participating organizations, persons with disabilities, and survivors our collaboration trained individuals designated by each ED/CEO to represent the partner organizations. These individuals assumed the role of recruiters in the next phases of this project. The training provided them with information on the goals of the project and the necessary tools to recruit participants for the focus groups or interviews when requested. Both disability and victims' services organizations posted information about the upcoming focus groups provided by our collaboration and announced these events when appropriate to the individuals they were currently serving. Existing venues were utilized to recruit participants such as support groups in the case of sa/dv programs and consumer gatherings in the case of disability organizations. Recruiters were instrumental in keeping track of the RSVP's and closely monitored the needs of each group in terms of accommodations, dietary requirements, transportation, and safety precautions. They also pointed our collaborative in the right direction for purchasing gift cards from places that were appealing and useful to consumers/survivors because of their knowledge of the diverse communities represented in this project. Recruiters also served as the liaison between our collaborative and their organizations and also assisted in coordinating interviews and focus groups involving their colleagues and supervisors. They were able to explain organizational structures and chains of command facilitating the processes of gathering information from key personnel.

The following section describes the data collection methods that were utilized in this phase of our project and the rationale for choosing each approach.

Focus groups took place at each pilot site and averaged one hour to an hour and a half in length. Depending upon the size of the organization, one to three focus groups were conducted for each audience. There were two kinds of focus groups conducted: those comprised by non-management staff and those with consumers/survivors. This data collection method gave us the ability to collect qualitative information from numerous participants in a relatively short amount of time. We provided a meal at the beginning of each session. In the case of focus groups comprised of consumers/survivors, an incentive consisting of gift cards followed the meal (\$10 gift cards per participant). We intentionally distributed the cards following the meal, making sure participants understood that they were not obligated to participate in the focus group and could leave at any point. Additionally, collaborative members arrived before the scheduled session to spend time with participants in an informal way as they were arriving for the focus group and during meal time. Once the focus groups began, participants and collaborative members were enjoying a friendly and welcoming atmosphere. All of these factors contributed to productive and safe sessions. None of the participants requested to leave early. All requested accommodations were provided, which solely consisted of ASL certified interpreters. The physical locations where the focus groups were held were physically accessible as this was one of our prerequisites for hosting those sessions.

Interviews were conducted when gathering information from the leadership of all the participating organizations, including the partners. Two phone interviews were conducted with the leadership from one partner organization due to scheduling difficulties.

During our needs assessment plan phase, we decided that interviews were also going to be used in the case of consumers and/or survivors who requested this data collection method for privacy or other reasons. Although no one specifically requested this method, we interviewed survivors from Perry County. We were unable to conduct focus groups in rural Perry County due to transportation and scheduling conflicts. Members of our collaborative met with survivors at places of their choosing to conduct interviews. Additionally, an interview was conducted with a D/deaf/blind consumer in Lancaster County. A member of our collaboration performed the duties of the interviewer while another partner acted as the note taker. However, there were instances where one person performed both duties. Similar to the focus groups, gift cards were also provided to consumers/survivors following introductions. Meals were provided for several but not all consumers/survivors, but all were given the option. This data collection method provided us with qualitative information and offered participants a private forum to share information. This method was also utilized when our collaborative dealt with a very small organization where focus groups were not appropriate for the staff members. This was the case of the Disability Empowerment Center (DEC), the CIL in Lancaster County.

Surveys were administered for the partner agencies (DRN, PCAR and PCADV) to assess accessibility and safety. Members of our staff and our boards of directors received electronic surveys. We used "Survey Monkey". Additionally, surveys were administered to obtain information from larger numbers of individuals belonging to the pilot sites' organizations, serving in the capacity of members of the Board of Directors.

9. Key Findings

This section of the report highlights the overall themes collected across pilot sites after analyzing the data. Although we illustrate these findings in more depth later in this report, these themes are reflective of the information collected and will assist in prioritizing initiatives during the implementation phase of this project. Later in this section, we provide quotes from participants with the intent of honoring their voices and highlighting their presence. Spending time with consumers/survivors provided our collaborative with invaluable information as well as gave us renewed energy and deeper understanding of these issues. Their contributions will continue to inspire our work towards ending the violence against women with disabilities and D/deaf women. Additionally, we are also documenting information that, although cannot be addressed under this grant, is worth noting because of its implications for consumers and survivors.

The lettered points illustrate our key findings. We will document such findings following this order:

- A. Training
- B. Policies and Procedures
- C. Values
- D. Community Collaborations
- E. Violence against Deaf Women and Other Issues Affecting the Deaf Community
- F. Funding

A. Training

The issue of training came up consistently regardless of the audience. Some specific areas where training is lacking were mentioned, however, our collaborative will provide this information while highlighting contrast among participants in this process. Considering training at this point in time provides us with ideas that will shape specific initiatives during implementation. Our collaborative understands that training in isolation will not result in cultural or systems change but could certainly be utilized as a tool towards making possible the necessary changes. One of the positive aspects of training is the need for cross training. We view this as a positive outcome because the expertise of our pilot site members can be utilized under this initiative. Each organization has a specific area of expertise based on services provided to the community. Every time we discuss issues that relate to the lack of awareness and knowledge about disabilities, violence against women, and the Deaf community, we could potentially refer to the organizations already at the table to share what they know on these topics. Doing so in an organized and intentional fashion will be one way to respond to this need in the future; at the same time, fostering relationships that lead to ongoing teaching moments speak to the sustainability of this initiative. For example, victims' service providers have tremendous strength in the areas around safety; conversely disability service providers have in-depth knowledge in the areas of accessibility. The D/deaf and hard of hearing organization focuses its efforts to provide services to the D/deaf community, giving this organization knowledge and expertise in issues related to the D/deaf culture. As stated earlier, beginning to coordinate the delivery of these trainings based on their topics early on in the implementation phase will assist us in establishing a self-sustaining mechanism for the future.

Below, we point out the areas where training is needed but recognize that this list is by no means inclusive.

Need for cross-training/training on the following topics:

- Disability
- Safety and abuse
- Deaf culture
- Stigma (mental health, other disabilities, sexual and domestic violence survivors)
- Violence against women
- Assistive Technology
- Mandates under ADA, Fair Housing Statutes, etc.

However, it also became apparent that training needs differed depending on the organization. In an effort to clarify this point further, we will separate the information by organization.

Victims Services Providers

In this section we are highlighting training topics that are relevant to anti-violence organizations represented in our pilot sites. As stated at the beginning of this section, victims' services organizations shared through participation in our focus groups, interviews and through the experiences of survivors that there was a need to improve knowledge, skills and awareness in the following areas:

Disability

The need for disability awareness training for victims' service providers was evident in the majority of the organizations that we had the opportunity to engage in our project. At times, there were inconsistencies in the message presented by the organization to the community it served. For example, we heard difference of opinions between the leadership and front line staff in organizations providing domestic and sexual violence counseling services. In one particular example, the ED shared that in her opinion, the staff at the organization had the necessary tools to provide services to persons with disabilities and D/deaf persons. However, when speaking with front-line staff, we learned that there was great variety in terms of knowledge, skills and awareness regarding the needs of survivors with disabilities and D/deaf survivors. Often, people would determine that someone was not appropriate for services due to her disability. Some shared that there was a generalized lack of knowledge of the agency's mandates under the ADA as well as some discomfort when interacting with persons with disabilities and D/deaf persons. For example, many of these professionals did not feel skilled enough to interact with persons with intellectual disabilities. They admitted to assuming that such individuals were not appropriate for their services, and were subsequently screened out. There was also a generalized assumption among some of the participating organizations that these survivors would be better served by "another system". In terms of working with the D/deaf community, the majority of these organizations felt that it was appropriate to communicate with a D/deaf survivor in writing without really exploring her/his

preferences.

On the other hand, these situations were not the reality for all the organizations at the table. Some continued to resolve issues as they arose in a creative and effective way, regardless of financial challenges. A welcoming and accessible environment is something that survivors referred to when speaking about these organizations. Therefore, providing training on disability and D/deaf etiquette could be done not only from the disability side of this issue, but also from the perspective of the victims' services agencies in a position to share their best practices.

Offering disability sensitivity training that would provide counselors and advocates with tips and knowledge on disability and D/deaf culture as well as other tools will greatly assist the organizations that need this support. For the rest of the organizations, refreshing these points will be useful as striving toward accessibility is a fluid process, a goal to achieve for many years to come. Being able to borrow from each other's expertise to accomplish this important goal speaks to the sustainability of this initiative when we embark on the implementation phase of this project.

Our collaborative acknowledges that this issue is twofold. There is a real need for training but also for policies that will address these inconsistencies. We will provide more information under the "Policy and Practices" section but want to explain that these two initiatives will work in concert. For example, mandating disability sensitivity and D/deaf culture awareness trainings as part of regular staff development opportunities will assist in making this process more consistent and manageable. This is a concrete example where two initiatives of a different nature will be supporting each other (training and policy related).

"Having to PROVE you are disabled is a big barrier" (consumer)

Stigma

In some cases, stigma around mental illness and other disabilities negatively affected survivors who had chosen to disclose their disability when trying to access SA/DV services.

Recovery

Training sa/dv programs on "Recovery" from a mental health perspective constitutes an important learning topic in the process of increasing accessibility at all levels. Providing this education will supplement the work around ending stigma towards persons with psychiatric disabilities.

Assistive Technology

Becoming familiar with assistive technology devices or how to access or prepare an accessibility toolkit should be addressed as training activities for victims' services providers. In terms of devices for the D/deaf and hard of hearing community in particular, these issues can be addressed by the D/deaf and hard of hearing organization already at the table, as training in this area is something that this agency routinely offers the community. Our collaborative will also utilize the expertise of the Disability Empowerment Center (CIL) to provide additional information on this topic once this becomes an initiative under implementation.

Disability Service Providers

The following paragraphs contain a list of training topics that became relevant for disability service providers based on the information that our collaborative gathered through focus groups, interviews and surveys of consumers and staff at the organizations represented in our project.

Safety and Abuse

Knowledge, awareness and consistency about safety and abuse varied greatly among participating organizations. However, there was a clear need for training in the areas of safety and responding to violence. Raising knowledge and awareness about these issues are needs expressed either directly or indirectly by staff from disability services' organizations.

Our collaborative learned that although most disability services providers often understood that responding to abuse was critical, there was no consistent way of defining abuse within the an organization. Issues were clearer when they related to physically violent incidents such as assaults. Another interesting finding was how staff at these organizations usually assumed that we were referring to acts of violence perpetrated by consumers against other consumers when we asked them to define abuse. However, if prompted with other possibilities, they usually agreed that there were other forms of abuse. The fact that so many individuals working within these organizations had preconceived notions and different opinions about how abuse affected peoples' lives and what abuse was raised many red flags during our focus groups and interviews. Providing training in these areas will assist the organizations in developing skills around recognizing and addressing abuse. Our collaborative is aware that single training will not resolve this issue, therefore; we view this particular training topic as something that would need to be institutionalized through the development of specific policies. This is another area that will need to work in concert with policy development in order to affect change at the organizational level. We will expand this idea under the "Policy and Practices" section.

Violence Against Women

Understanding sexual and domestic violence in terms of their definitions and available services for survivors, among other topics, are areas that require education of disability services providers.

Stigma

Provide training to staff with the goal of increasing knowledge and awareness of their own stigma regarding survivors of sexual and domestic violence.

D/deaf and Hard of Hearing

Our collaborative will expand on the needs of the D/deaf community under a separate section, as there are issues that are truly specific to this community. However, we wanted to list these two training areas under this section for consistency.

Knowledge About Rights

Members of the D/deaf community spoke of the lack of training regarding their rights under the ADA. This would be another area where our collaborative can assist the D/deaf community. Conversely, this community through DHHS, could train service providers about its needs and characteristics.

Responding to Violence in the D/deaf Community

Providing training on violence against women tailored to the D/deaf community is also another area that would benefit DHHS and the community it serves.

B. Policies and Procedures

Themes around policies and procedures were prevalent across the board. Although the points of view expressed by participants varied somewhat depending on the audience, it was clear to our collaborative that the lack of consistent policies and procedures to address accessibility, confidentiality and safety need to be prioritized during implementation. What follows are the main policies and practices development areas shared by focus groups and interview participants:

- The development of policies and procedures related to addressing violence against persons with disabilities and D/deaf persons

- The creation of policies to provide accommodations when necessary
- The development of policies and procedures for responding to abuse within the workplace
- The development of an agency wide process to communicate new and revised policies and procedures to current and new staff as well as consumers/survivors

In an effort to document the differences shared by participating service providers, we have separated those findings based on the agency we are describing in the following paragraphs.

Disability Service Providers

“...There is probably something in the employee handbook” (Disability service provider staff when asked about existing policies to address abuse.)

Although all disability service providers shared that responding to abuse was among their regular practices and guidelines, nobody seemed to know whether there was something in the way of a policy to address these issues. Particularly, no one seemed to be aware if such policies existed to respond to abuse within the workplace. The leadership of these disability organizations acknowledged that responding to abuse was something they routinely did, but there was a general consensus that the majority of them were used to handling disclosures of violence within the organizations. When thinking about abuse, all of them, without exception, assumed that our questions only related to the consumers they served, not their staff. Referrals to other community agencies (for the consumers) did not routinely occur and, although most providers were aware of the existence of victims' services organizations, they had never thought about referrals for consumers. Responding to abuse was, in some cases (as expressed by the leadership of the disability organizations), within their priorities and main activities but was not part of policies adopted agency-wide. We are highlighting below how these potential policies relate to disability service providers:

- The development of policies and procedures to respond to sexual/domestic violence and stalking within the workplace

In the case of developing policies to respond to violence, our collaborative feels that disability services providers can benefit from focusing their attention on specific policies to address violence in the workplace. This is something that such providers could possibly learn from their pilot sites partners, the victims' services organizations. We learned from speaking with providers that there was nothing in the way of policies to address violence in the workplace or how to respond to disclosures of violence from their own staff. In terms of safety, victims' services organizations were consistent and deliberate about addressing abuse

and providing safety within their organization. For example, several safeguards were put in place to screen visitors and provide safety as a regular practice. Additionally, policies were in place to address abuse in the workplace and with provisions specifically designed for survivors of violence. Such policies and practices can serve as a model for disability services' organizations.

- The development of policies and procedures related to addressing violence against persons with disabilities and D/deaf persons

How to consistently respond to abuse cases is another area that needs attention. The development of procedures that outline the process to handle these incidents including appropriate referrals is another area where work needs to take place. Knowing that responding to abuse is something the organization does is not enough in light of our findings. As we learned from speaking with line staff and leadership from the disability provider agencies at the table, there is a need for clarifying what constitutes abuse and how to consistently address it. In this particular area, training that will cover these topics is necessary. However, this kind of training needs to be institutionalized within the agencies making the development of a policy that mandates the delivery of this training logical and appropriate.

- The development of an agency wide process to communicate new and revised policies and procedures to current and new staff as well as consumers/survivors

Our collaborative learned that in organizations with high staff turnover rates, there is a need to develop a mechanism to routinely communicate changes in policies and procedures agency-wide. The work in this area will also assist with the delivery of training while clarifying required educational events for staff at these agencies. This initiative speaks to the institutionalization of these practices whether through specific training topics or policy development.

“Sometimes you know no one will help so what’s the point?” (consumer-survivor)

Victims Service Providers

What follows are our thoughts after analyzing the data collected from speaking with victims services professionals and survivors who utilized those services. The development of these potential policies/procedures relates to victims services providers as follows:

- The creation of policies to provide accommodations when necessary

Persons with disabilities and D/deaf persons shared that accessing services in the community varied depending on the culture of the organization. Most individuals did not know whether they could request accommodations when needed or how to access services to the full extent possible. In particular, there was a generalized lack of faith among individuals with disabilities and D/deaf individuals when trying to access 'mainstream' services.

From the perspective of victims' service providers, most front line staff responded that they "provided services to everyone who needed them". However, when asked if there were policies at the agency to consistently guarantee that providing necessary accommodations took place, they seemed to be unaware of anything of that nature.

- The development of policies and procedures related to addressing violence against persons with disabilities and D/deaf persons

There is a need to develop policies and procedures delineating these organizations' mandates to serve *ALL* victims of sexual and domestic violence who attempt to access these services as required by the ADA, fair housing statutes, etc. Clear policies and procedures that outline how to respond to abuse against persons with disabilities and D/deaf persons including necessary and appropriate referrals and partnerships with other organizations are critical in improving these agencies response to the needs of the disability and D/deaf community. Additionally, institutionalizing training in these areas by designing policies that require these staff development opportunities contribute to the overall cultural shift of the organizations involved.

One area that needs to be mentioned relates to the impact of shelter rules and their inflexibility, creating at times an atmosphere more punitive than healing particularly for survivors with disabilities and D/deaf survivors. The development of procedures as well as the delivery of training on how to reduce shelter rules and provide accommodations to survivors with disabilities and D/deaf survivors is critical to this process.

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There is a need to develop policies and procedures delineating these organizations' mandates to serve *ALL* victims of sexual and domestic violence who attempt to access these services as required by the ADA, fair housing statutes etc. Clear policies and procedures that outline how to respond to abuse against persons with disabilities and Deaf persons including necessary and appropriate referrals and partnerships with other organizations are critical in improving these agencies response to the needs of the disability and Deaf community. Additionally, institutionalizing training in these areas by designing policies that require these staff development opportunities contribute to the overall cultural shift of the organizations involved.

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- The development of an agency wide process to communicate new and revised policies and procedures to current and new staff as well as consumers/survivors

Our collaborative learned that, just as in the case of disability service providers, with high staff turnover rates, there is need to develop a mechanism for routinely communicating changes in policies and procedures agency wide. This area will also assist with the delivery of training while clarifying required educational events for staff at these agencies. This initiative speaks to the institutionalization of these practices whether we are speaking of specific training topics or policy development.

The lack of consistent policies and practices regarding safety, abuse and accessibility can be detrimental to the organizations providing services to the community. When these exist, as it was somewhat true in the case of one organization, services reach most members of the community in a more inclusive and effective manner. Additionally, when policies are in place and staff members, consumers and survivors are aware of them, a culture is fostered where accessibility and safety are promoted and honored. All practices then fall into place in a more consistent way. However, the development of policies and practices alone will not suffice when cultural change is needed. Policies, training and other crucial aspects are necessary to affect sustainable change, as it will be delineated in this report.

C. Values

The need to examine personal values regarding safety, abuse, disabilities, mental illness, Deaf culture, etc. among sa/dv and disability organizations' staff members was another theme present throughout our needs assessment process. Values drive most practices and permeate cultures, shape processes and policies whether or not we are aware of them. How to measure the existing values of an organization is something that cannot always be done in a tangible way. However, our collaborative anticipates an exploration of personal values through training, the development of policies and partnerships among pilot sites' members. Therefore, we view the topic of "values" as a supplement to the work that will be taking place under other initiatives. However we are including this section here because of its prevalence and relevance across all groups represented by our pilot site members.

There are two main sets of values that became evident during our needs

assessment process. These are the existing values and beliefs of those providing services regarding:

- a) Victims/survivors
- b) Persons with disabilities and D/deaf persons.

“Fear of judgment stopped me from seeking help” (survivor)

Values/Beliefs About Victims/Survivors

Consumers and survivors spoke about stigma, for example. We were made aware of a situation where a survivor was questioned at the public assistance office for not leaving a domestic violence relationship “soon enough”, according to her assigned caseworker. We heard about stigma related to mental illness and the Deaf culture and how pervasive the views and personal values of the individuals’ providing services could be as they colored the way in which they related to others in need of such services.

In the case of disability service providers, often personal values would be evident when speaking about safety and abuse. Some individuals attributed the prevalence of violence among the community they served as a generalized lack of knowledge about relationships.

Values/Beliefs About Persons with Disabilities/Deaf Persons

“One person in legal office is hard of hearing, and when this information was brought up, another staff member said, oh that explains the feelings I have about her” (SA/DV advocate)

Among victim services’ providers, personal values about disabilities and the D/deaf community would present themselves as people shared sometimes ‘discomfort’ when working with these individuals. Although no one referred to these feelings as “discomfort”, there was a visible attitude of creating barriers and establishing clear separations between “us and them”. There was at times a sense of helplessness among these service providers with statements such as “they [persons with disabilities] are not appropriate for our services”. Unfortunately, personal values of those providing the services can interfere with their service delivery.

Our collaborative understands that values are often ingrained and, on the part of helping professionals, do not necessarily emerge as a result of bad intentions. However, their effects can be very pervasive and determine how individuals relate to one another. Changing personal values often results from educating each other. In this particular instance, the provision of training accompanied by the development of policies that promote safety and accessibility will contribute to

improving issues affected by personal values.

Changing personal values can be a difficult and lengthy process. Our collaborative believes that an honest examination of those values may oftentimes result in the beginning steps towards changing them. As most of these attitudes are deeply ingrained, the majority of these individuals might be unaware of some of them and their devastating impact for persons with disabilities and D/deaf persons. Being intentional about the impact on values of our initiatives is something that our collaborative will practice throughout our implementation phase.

Our collaborative is aware that the honest analysis of values and beliefs is a process that does not take place overnight. However, this is a critical step in order to improve the services provided to victims and survivors with disabilities/D/deaf victims and survivors. It is our intent to support the exploration and analysis of personal values and beliefs during the implementation phase through training and the development of necessary policy and procedures that will result in cultural change.

D. Community Collaborations

Another theme, shared by all participants related to the need for the establishment of community partnerships among SA/DV, disability, D/deaf/HoH and consumer-run organizations. It was a shared sentiment, across the board, that addressing accessibility, safety and abuse were tasks that could not be effectively handled in isolation. Most service providers admitted to not knowing much about each other but recognized that making those connections was necessary. However, there were major differences amongst our two pilot sites. In this section of the report, our collaborative is going to highlight such differences, as they will impact the specific initiatives that will be developed during the implementation phase of our project.

Lancaster Site

The Lancaster site is comprised of a group of organizations where the conditions exist to begin developing long lasting partnerships, as most members are eager to start this process or were primed to do so preceding this grant.

One of the interesting practices adopted countywide is a human services directory that is shared among its members and in which all of the pilot site organizations are currently listed as community agencies. Having such a resource assists individuals when trying to locate resources. However, our collaborative acknowledges that having such a useful resource does not guarantee continuity of these services. On the other hand, for that community, we will utilize this already existing mechanism and build upon such idea. We have discussed the possible development of a more in depth directory among the members of the pilot sites with description of the services that are provided.

In addition to having such a resource, most partners at the table are

already working collaboratively to respond to the violence perpetrated against persons with disabilities and D/deaf persons. One of the unintended consequences of working on this project was the increase in the reporting of sexual and domestic violence by the D/deaf community and consequently, an increase in the number of those persons who are seeking victims' services. Although the number of reports continues to challenge the existing infrastructure of the D/deaf and HoH agency and their ability to respond to the needs of these survivors, it has pushed the organization toward working collaboratively with the local sa/dv programs. Our collaborative has witnessed the diligent work of these local pilot site partners. A Deaf case manager from DHHS has become the point of entry for D/deaf survivors who seek her assistance and have chosen her as the person to disclose to for cultural and other reasons. Our collaborative learned of creative solutions and sacrifices already being set in motion in an effort to meet the increasing needs of D/deaf survivors. For example, we learned that the ED at DHHS volunteered his time for a month in order to be able to compensate the Deaf case manager for her time. She typically works only one day a week at that agency but the increase in the demands for services, she found herself putting in many more hours than what her part-time status permitted. In turn, the dv and sa programs are discussing the possibility of sending an advocate to DHHS to collaboratively work with the Deaf case manager and offer competent services to D/deaf survivors. This example highlights the level of commitment already present among the partners at the Lancaster site.

In addition, all the EDs agreed to visit each other and hopefully pursue some funding opportunities for local efforts in the future. This includes the Arch St. Center, a consumer-run organization supports to individuals living with a mental illness. This organization is equally engaged in this process and is willing to provide support in the way of "recovery-centered" training and other initiatives in the future of this collaboration.

The development of these partnerships is a process that continues to happen organically with little help from our collaborative. At this point in our project, we are able to propose suggestions to this site and receive critical thinking solutions in return. These organizations are active partners in this process. Additionally, our collaborative has witnessed first hand their commitment to increasing accessibility and responsiveness to victims/survivors with disabilities and D/deaf survivors.

Dauphin/Perry Site

The Dauphin/Perry site experienced several challenges during our needs assessment process. These resulted in changes to the configuration of this site from five original organizations at the beginning of the grant to three at this stage of the project. Our collaborative will provide support and resources to this pilot site to facilitate collaboration among its members as much as possible.

A note about consumers/survivors

Consumers and survivors in the Dauphin/Perry site spoke of the need for community collaborations in a different way. Most of them shared the desire to have a more centralized service delivery system. We believe that although the concept of “one stop shop” will not be possible in this instance, yet having organizations that routinely collaborate with one another are expected to provide an effective referral system. Many survivors and consumers expressed frustration about most service providers and their lack of knowledge about other organizations outside of their realm of expertise when making referrals. This issue caused many of these referrals to be inappropriate or simply not the right match for the person who needed these services.

Our collaborative will make a deliberate effort to develop initiatives with input from our pilot sites, which will result in community partnerships. Addressing this need can be accomplished from several different fronts. As stated in the previous paragraphs, our collaborative anticipates that this initiative will occur as a direct result of working on training and policy development among the members of our pilot sites, among other initiatives.

Once partnerships are developed we will include information about such collaborations. Our collaborative is suggesting that this resource be created as an online tool. This is an initiative that will be explored during the implementation phase of our project.

E. Violence against Deaf Women and Other Issues Affecting the D/deaf Community

Although the key findings generated from the focus groups and interviews with members of the D/deaf community are consistent with the rest of the data, our collaborative decided to share in more detail some of the issues affecting D/deaf women in Lancaster County. This geographic area of Pennsylvania houses the largest concentration of Deaf individuals between Philadelphia and the District of Columbia. One of the reasons why this is the case is because of the existence of the Deaf and Hard of Hearing Services of Lancaster County (DHHS), one of the members of our pilot site. This organization provides an array of services to the D/deaf community.

Our data collection process took place only in Lancaster County. However due the high concentration of D/deaf individuals in this community, we feel confident that our findings provide some information that can be potentially generalized to the rest of this population in Pennsylvania. Below are the major key findings affecting this community based on our needs assessment process:

- Need for training about rights of D/deaf persons under the ADA
- Need for certified/qualified interpreters in SA/DV situations
- Need for funding to address the needs of the D/deaf community (i.e. case management)

“We need to learn our rights under the law” (Deaf consumer)

The lack of certified and qualified interpreters to interpret in sexual and domestic violence situations is an issue that has dramatic implications for D/deaf survivors. The use of signed waivers during medical procedures and emergency situations often leaves the survivor at the mercy of interpreters without the proper credentials and basic knowledge. In these cases, the D/deaf person is offered the services of an interpreter who is not certified and the survivor or family member is asked to sign a waiver stating that s/he agrees with the services of such interpreter. Often times the D/deaf person agrees due to the emergency nature of the situation or because s/he simply is unaware that there is another avenue. We learned of cases where sexual assault survivors were only provided with an interpreter for part of the rape exam or only for a few hours during medical proceedings. When speaking with members of the D/deaf community at length it became apparent that there is a generalized lack of knowledge about their rights under the ADA. However, we also learned that the ADA alone falls short in advocating for the services of an interpreter for long period of times, as there is room to interpret how long is required or “sufficient”. Oftentimes providing an interpreter just for part of the hospital stay is considered “reasonable”. More organized and effective advocacy efforts are needed but in order to sustain these interventions additional funding might be required.

One of the culturally specific characteristics of the D/deaf community relates to the closeness of its members or the “Deaf grapevine”. Although this is, without a doubt, a strength in many situations, it oftentimes represents severe challenges for survivors of sexual and domestic violence. Most individuals know each other or are somehow connected to one another. This connection adds a new layer to the many difficulties faced by survivors when deciding whether or not to report their case to the proper authorities.

We also learned of instances in which the court decided to assign the same interpreter to both sides the plaintiff and the defendant, in domestic violence cases. In one situation the defense attorney “took ownership” of the interpreter and spent the majority of the time in court communicating with the defendant. The victim, on the other hand, was unable to keep up with what was happening and assumed that everything was going well because as her advocate stated “everyone seemed happy”.

Unfortunately, we could keep listing many more of these cases however this is not the purpose of this report. We are including this section here because as a result of our interactions with the members of the D/deaf community during the focus groups and interviews, there has been an increase in the number of reports of violence against Deaf/d women. Although we followed the protocol utilized with all the other communities during the focus groups and interviews, one of the unintended consequences of this process is the above-mentioned phenomenon. After careful analysis we realized that our focus groups provided the D/deaf community, for the first time, with a forum to share their experiences

when accessing services. The presence of our partners representing anti-violence organizations added an important element to this process: safety. Participants found themselves thinking about these issues and seeking help to stop the violence in their lives and for deaf friends and family. Hope and new connections resulted. Fortunately, the D/deaf and HoH organization and the domestic violence program in the county are both pilot sites members. They have already established a relationship that will continue to grow overtime. This is one of the cases where we are seeing concrete positive consequences happening in the present time.

F. Funding

The lack of sufficient funding to address some of the needs prevalent among the communities studied in our needs assessment process was another tangible challenge faced by most organizations. This was particularly prevalent in light of current economic challenges affecting our nation at large. Securing funding to provide accommodations, particularly ASL interpreters, was something that most victims' service organizations struggled with at the time. This was particularly difficult, of course, in those cases where a line item in the budget had not been dedicated to funding these efforts. Providers shared that oftentimes they had to figure out how to provide such accommodations at the time of the crisis. This kind of situation added a new set of challenges to the already existing issues faced by Deaf survivors. The results included returning to the abusive situation where communication was possible. The lack of technologically accessible features particularly in shelters made the stay difficult and sometimes impossible for Deaf survivors. Other providers spoke of the limits in the services they offered because of funding. Some were time limited and providers oftentimes were forced to close cases after the number of counseling sessions had come to an end even when the survivor was still in need of that service and without having an appropriate referral source.

Although our collaborative is not sure whether this issue can be addressed under this grant, we felt it was necessary to mention in this section of the report. Almost all providers (disability and victims' services) shared their need for more funds for training initiatives and/or the purchase of accessibility kits. These will be among the initiatives that we are expecting to support financially after we are able to re-budget.

In terms of funding, our collaborative feels like this topic is closely related to other initiatives, as it will offer the means to address some of the pilot sites' needs in a tangible way. Some other funding needs, especially those shared by consumers/survivors such as those related to transportation, fall unfortunately outside the scope of this grant. However, if some of these above mentioned initiatives are put into place their impact will positively affect consumers/survivors. On the other hand, our collaborative is currently at a stage where more information is needed to list some concrete activities that will require allocation of funds. We anticipate the development of specific initiatives with input

from the members of our pilot sites. This is a process yet to occur.

Issues that came up but cannot be addressed under this grant

Transportation

Consumers and survivors cited the following examples:

- Lack of accessible, reliable, and affordable transportation particularly in rural areas.
- Delays in getting to or missed appointments because transport for persons with disabilities show up late or require a wide time range for arrival and pick up. DV/SA programs that schedule some of their services by appointment lose sight of the struggles experienced by persons who rely on this kind of transportation.
- Inability of victims with disabilities to access timely transport can result in missed appointments in court, inability to participate in support groups, etc.

10. Conclusions and Implications for pilot sites

In this section of the report, we will be highlighting the overall conclusions that our collaborative arrived at after the analysis of the collected data. Additionally, we will be explaining the impact of these findings as they have several long and short-term implications for all the parties and individuals involved in this project. This includes the partner organizations. However, we will report those findings and implications in a separate section of this report.

Based on our findings, there are specific areas on which our work will focus in the upcoming months in the way of initiatives for implementation. The major focus areas as reflected by our key findings are: *training, policies and practices, values, community collaborations and funding*. The following paragraphs provide an analysis of the implications of our findings.

Training

It is not surprising that training appears as such a consistent theme across the board. The provision of training constitutes a critical step in the process of increasing capacity and competency building. It will also contribute to fostering relationships among community members for years to come.

In the area of training we anticipate the development of concrete initiatives to support a series of activities during the implementation phase that will focus on the provision of training and cross training among pilot sites. Members of the pilot sites will have numerous opportunities to provide input and guidance in terms of training topics and their delivery. Therefore, our collaborative will make a concerted effort to guarantee that pilot site members are taking ownership of this project before implementation. In the case of dv and sa organizations each

agency has staff designated as trainers/educators. Their skills and expertise will be incorporated into both the planning and provision of training. Our goal is to develop initiatives that can be sustained over time regardless of new or additional funding. We anticipate the design and development of training in the following areas:

- Disability
- Safety and abuse
- Deaf culture
- Stigma (mental health, other disabilities, sexual and domestic violence survivors)
- Violence against women
- Assistive Technology
- Other topics as suggested (i.e. legal mandates under the ADA, Fair Housing etc.)

Policies and Practices

The development of policies and practices to increase accessibility and provide safety in a systematic and consistent manner constitutes another priority area for the implementation phase of our grant. The lack of policies requiring the provision of accommodations on a consistent basis as well as a systematic and effective way to respond to violence and abuse demonstrates the need for implementation activities in these areas. The findings collected from interviewing leadership and line staff, and surveying members of the board of directors strongly support this point. Experience has taught us that when policies are developed, their effects remain overtime regardless of funding. They also have the capacity to affect change at all levels of the organizations. We anticipate intense work in these areas with leadership and board of directors as the development of policies often require.

Values

A careful examination of individuals' values as they relate to disabilities, Deaf culture, violence and abuse, will be part of another initiative. Our collaborative understands that training, in some levels, can support this initiative. However, training alone will not suffice as values and beliefs are often well ingrained. In order to modify them a process of honest and careful analysis in conjunction with education and policies is required. When working in concert, all these elements can have everlasting impact, as they will operate as agents of change, cultural change from within the participating organizations. These processes are not simple but crucial. Values shape how we do things and how we understand violence, abuse, disabilities and other cultures. Paternalistic practices towards persons with disabilities and Deaf persons succeed unchallenged when

individuals and organizations have not examined their values. Most times, as we observed during our interactions with disability and victims' services organizations, these practices are also ingrained and often times the result of good intentions. We anticipate that this process of value analysis will take many forms and will need to be supported by other initiatives. Our overall goal is promoting and fostering sustainable cultural change from within.

Community Collaborations

The lack of partnerships between disability and victims' services organizations was a consistent theme throughout our focus groups and interviews. Establishing and fostering these partnerships is another way to coordinate activities in a more intentional way. The initial goal of our collaboration is to focus around fostering partnerships between the existing members of the pilot sites. To date, some of these organizations have begun working together on their own, motivated by the meetings and conversations that have taken place from the work of our grant. Once these partnerships are well established and individuals begin working together through training activities, for example, we anticipate an increase in the number of community partnerships. This initiative will hopefully begin a process of ongoing community collaborations and resource sharing, not necessarily linked to funding.

Funding

Providing funding to participating pilot site members with the purpose of carrying on their initiatives will also be an initiative by itself. We anticipate re-budgeting and distributing the funding based on the needs and size of each organization and their particular activities. As with the training aspect of our implementation phase, we will include the pilot sites prior to the beginning of implementation to provide us with input related to the areas where they find allocation of funds would be most useful.

11. Partner organizations: Key Findings

The following sections of this report include the findings collected from the collaborative partners: DRN, PCAR and PCADV. This data is the result of interviews conducted with the leadership of these organizations, and surveys administered to the staff and the boards of directors. An identical process was utilized with all the partners.

It is important to note that although these partners provide services at the statewide level, both coalitions house their respective National Resource Center. This is a situation unique to Pennsylvania. Therefore, the scope of both coalitions, in terms of their resource centers, is national. Although we are aware

that this grant is only focused on the communities designated during our needs assessment plan, we know that anything with impact at the organizational level can also have potential impact at the national level.

We are including the main themes collected from the analysis as well as a more detailed section that includes the result of the surveys utilizing some of the tools that *Survey Monkey* provides. That information appears following the Key Findings' section.

Key Findings

Although some of the themes are consistent with what we found among the pilot sites, there are clear differences among DRN, PCAR, and PCADV.

As a disability rights' organization, DRN devotes its attention to protecting and advancing the rights of persons with disabilities and Deaf persons. Promoting accessibility is at the core of the mission of this organization, which offers DRN an advantageous position in reference to the other partners, PCAR and PCADV in this area. However, DRN lacks some of the practices and policies that are at the forefront of the two coalitions because of their emphasis on safety. As anti-violence organizations, much has been done to promote safety in both PCAR and PCADV while there are some areas that lack accessibility. In other words, if the three organizations could work together on a day-to-day basis, one could complement one another. This almost symbiotic relationship, for lack of a better term, is something that our collaborative is planning to nurture during implementation to design initiatives that will utilize each other's expertise. Our collaborative will explain this relationship in more depth in the following sections of this report.

Below are our key findings:

A. Training, cross-training

- Disability awareness
- Violence against women, SA/DV
- Safety
- Deaf culture

B. Policies and practices

- Develop policies and practices specifically tailored to respond to violence and address abuse in the workplace
- Develop policies and practices to provide accommodations in a consistent manner. This is expected to result in an increase in service delivery to and participation of all individuals with disabilities and D/deaf individuals.

C. Values

- Examine personal values and the values of the organization at large, in terms of violence, abuse, disabilities, D/deaf culture, accessibility etc.

Overall goal: Cultural Change

In the case of the partner organizations, our collaborative believes that when all the initiatives are implemented, they will result in cultural change. It is our intention that once the above findings are turned into concrete initiatives organizational changes at all levels will begin to take place. These changes will not be tied to funding and will remain over time.

Findings that cannot be addressed under this grant

- Need for installation of locks and/or intercoms to secure the buildings
- Physical alterations of the buildings to increase accessibility where necessary

12. Conclusion for the partner organizations

The work under the Disability Grant program is providing the partners in this project, for the first time, with the opportunity to deliberately and much more intentionally than in the previous years, focus energy and resources towards increasing access to services for survivors with disabilities and D/deaf survivors and pay closer attention to current practices and policies across the board. This process has taken a two level approach, not only outwards (towards the selected pilot sites) but inwards. Our collaborative appreciates the repercussions of this process because this kind of approach has only strengthened the commitment among the partners to this important work. Although all three partners had already demonstrated a commitment to addressing these issues, all parties involved lacked a formalized process to pursue this work. The Disability Grant Program has provided us with this incredible opportunity.

Each partner has learned valuable information related to areas where work still needs to be done. We are more aware than ever before of agency wide practices that hinder the process of responding to violence and abuse against persons with disabilities, D/deaf persons or even ourselves, working in these fields. Our collaborative is certain that we will continue to work in concert with one another, supplementing expertise towards improving upon each other's deficit areas. Our collaborative is stronger than at the beginning of this project, as we have learned and thought about very tangible ways to make a difference in people's lives for years to come.

All of our partners provide technical assistance at the state level. Increasing the accessibility and responsiveness of our service delivery to persons with disabilities and D/deaf persons will translate into an enhanced

technical assistance provision in Pennsylvania for the member sa/dv programs, consumers, and survivors. Changes in our cultures, policies and practices will serve as models for our pilot sites. This is a tangible way to continue engaging in this process as equal partners, as it is clear to all parties involved that we are moving in the same direction and share common goals. Therefore our implementation activities are expected to mirror what we hope to see taking place within the pilot sites.

As stated earlier in this report, each coalition houses its national resource center. Changes within those organizations will impact their practices at the national level. This is certainly an unintended consequence of this work and outside of the realm of this grant, but a positive outcome without a doubt.

All partners continue to be actively involved as co-chairs of the Pennsylvania Cross-Systems Advocacy Coalition, which serves as an advisory entity to this project. The Coalition brings together advocacy organizations from a variety of disability related fields and anti-violence organizations. The results of this report will be shared with the members of the Coalition, and it is expected to serve as a guide to expand our work to all the coalition members and their respective organizations. This is another unintended consequence of this grant, but certainly a positive outcome.

Our collaborative believes that through the development of new policies and practices within our own organizations we will be able to better meet the needs of survivors with disabilities and D/deaf survivors while responding to abuse in a more proactive and efficient manner. All of these results will enhance and support the mission and values of our organizations and pave the way for more culturally affirmative services at all levels.