



Project CARE

Community Needs Assessment
For Women with Disabilities and Deaf Women
Who are Victims/Survivors of Sexual Assault,
Domestic Violence/Intimate Partner Violence, or
Stalking – and the Agencies that Serve Them

Hamilton County, Ohio
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EXECUTIVE SUMMARY

Project CARE

Project CARE is a community collaborative based in Hamilton County, Ohio. It is funded by the Office on Violence Against Women (OVW), U.S. Department of Justice. The community needs assessment will be the basis of a strategic initiative to improve service systems at the ***intersection of women with any disability and Deaf women and domestic violence/intimate partner violence, stalking and sexual assault.***

The following organizations are the Project CARE collaborative members whose services were analyzed in the community needs assessment.

- **The Center for Independent Living Options**
- **The Hamilton County Board of MRDD**
- **United Way of Greater Cincinnati/211**
- **The University Hospital Sexual Assault Forensic Examiner Program**
- **Women Helping Women**
- **The YWCA of Greater Cincinnati's Battered Women's Shelter**

The following are equal partners in Project CARE but do not provide direct services and thus were not analyzed in the needs assessment. These partners provide organizational resources and technical assistance to the Project CARE organizations that provide direct services to women.

- **The University of Cincinnati, Division of Criminal Justice**
- **The Family Violence Prevention Project**

Historically, women with disabilities and Deaf women have been disproportionately excluded from services for women who are victims or survivors of violence. Project CARE's approach of collaboration, policy change and improving organizational capacity was designed to counteract this exclusion by identifying and addressing the specific, systemic ways that women are excluded. Working within its member organizations, Project CARE will make internal policy changes that will eliminate exclusionary practices. Perhaps more importantly, these policy changes will ensure that services are welcoming and accessible to all women.

The Needs Assessment

To understand what changes its partner organizations must make to become welcoming and accessible, Project CARE conducted an assessment of the needs of women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking in Hamilton County. The needs assessment also sought to identify the needs of the agencies and staff that serve these women, and investigated opportunities for Project CARE partner organizations to improve their effectiveness as a network.

The needs assessment involved 103 individuals in the spring of 2009. Fifty-five professionals and forty-eight women who had used the services of Project CARE organizations participated in focus groups and individual interviews. These participants included women with disabilities and Deaf women; victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking; staff at disability service provider agencies; staff at victim/survivor service provider agencies; and leadership of Project CARE organizations.

The number of women who use Project CARE services, and the number of professionals, exceeded participation goals. Service users and service providers from all of the relevant Project CARE organizations took part in the needs assessment.

Key Findings

The needs assessment identified a number of key findings. These findings reflect trends that may affect the ability of Project CARE organizations to fully serve women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

A. Inaccessibility of Services:

Women with disabilities and Deaf women, and to a lesser extent, victims/survivors, identified numerous ways in which the system of service delivery in Hamilton County has been inaccessible to them. The ways that services are inaccessible are organized in this report into common types referred to as “barriers.” Project CARE personnel identified many of the same barriers to access that service users identified.

Three general types of barriers to services were reported:

1. Attitudes of service providers
2. Communication barriers
3. Physical barriers

B. Gaps in Staff Knowledge, Skill, and Competency:

Participants in all focus groups and interviews overwhelmingly indicated gaps in knowledge, skill and competency at Project CARE agencies, specific to serving women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. The gaps frequently coincided with the attributes of this population in which a particular agency did not specialize. For example, victim/survivor service providers are expert in services to victims/survivors but not disability issues and disability service providers are expert in services to people with disabilities but not in domestic violence, sexual assault, or stalking. Neither constituency reported being expert in serving Deaf women.

The following list identifies the gaps in knowledge, skill and competency that were reported:

1. How to ask whether accommodations are needed and how to ensure these accommodations were made.
2. A comprehensive understanding of the diversity and competency of individuals with disabilities, including developmental disabilities.
3. How to recognize the signs of violence against women and how to respond appropriately when violence against a woman is reported or recognized.
4. How to educate and empower women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

C. Lack Of Best-Practice Policies and Procedures Across Project CARE agencies:

Project CARE agencies do not have comprehensive, best-practice policies or procedures to respond to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. Each Project CARE site of change has effective policies and procedures within their areas of specialization (disability or victimization). Policies which do not account for both aspects of the intersection of violence and women with disabilities and Deaf women may result in the needs of some women going unserved or being underserved.

Collectively, interviews and focus groups pointed to a number of significant findings about Project CARE agencies related to policies and procedures. These findings are:

1. Disability agencies do not have a formal process for screening or otherwise identifying a woman who has experienced sexual assault, domestic violence/intimate partner violence, or stalking.
2. Disability agencies do not have adequate, comprehensive formal policies for responding to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.
3. Victim/survivor agencies have insufficient formal policies to screen for and meet the accommodation needs of women with disabilities and Deaf women.
4. Victim/survivor agencies do not have budget line items exclusively for accommodating women with disabilities and Deaf women.
5. Project CARE agencies do not have adequate, comprehensive formal policies for responding to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

D. Insufficient Awareness of Services – Within Project Care and Amongst Hamilton County Community Members

All Project CARE agencies reported ways in which they, and the women they serve, did not have complete knowledge of services that might be useful to a woman with a disability or a Deaf woman who is a victim/survivor of sexual assault, domestic violence/intimate partner violence, or stalking.

The following are the general areas where this lack of awareness was observed:

1. Project CARE agencies do not have comprehensive knowledge about the types of service that other relevant agencies provide.

2. Women with disabilities and Deaf women who are victims/survivors are often not aware of victim/survivor agencies, or are unaware that these agencies are ready and willing to serve them.
3. Outreach methods, including materials and media used, are inadequate or inaccessible.

Strengths and Assets to Address Critical Needs

The needs assessment also revealed strengths and assets at Project CARE organizations – strengths that were found in other Project CARE organizations to be needs. These strengths and assets are important to acknowledge for they can serve as a foundation, and as resources, in the response to needs that Project CARE will undertake.

Next Steps

Although this assessment was largely an exploration of “needs,” the final analysis paints a hopeful picture. Many of the strengths that Project CARE organizations already possess, if shared, are capable of contributing much to solving the problems that exist. Naturally, increased communication between organizations will be necessary to accomplish this. Part of this communication must be further dialogue about the findings, and matching them to strategies for change. The Office on Violence Against Women, the funder of Project CARE, will be an ongoing resource to guide this dialogue, as will collaboratives in other communities across the U.S. that have been previously funded by OVW.

The findings outlined in this report will be examined during Project CARE’s strategic planning process and will serve as the rationale and data-based justification for the development, implementation, and evaluation of core strategic initiatives. Importantly, service users and agencies appear to have been forthright about what they need and have provided a wealth of essential information. This should serve as a strong foundation upon which Project CARE organizations can create a seamless system of service delivery for women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

INTRODUCTION

Project CARE is a community collaborative based in Hamilton County, Ohio which is funded by the Office on Violence Against Women (OVW), U.S. Department of Justice. The focus of Project CARE is on improving service systems at the ***intersection of women with any disability and Deaf women and domestic violence/intimate partner violence, stalking and sexual assault***. Project CARE is the culmination of eight years of collaborative work amongst Hamilton County agencies concerned with building a community response to violence against individuals with disabilities. Funding by OVW will enable Project CARE, over the course of three years, to achieve its longstanding goal to develop and implement a comprehensive plan to improve its member agencies' ability to respond to domestic violence/intimate partner violence, stalking and sexual assault of women with disabilities and Deaf women in their community.

Several critical organizations that provide services to women in Hamilton County, including women with disabilities and Deaf women, comprise Project CARE. Through the OVW grant, these organizations have entered into a collaborative agreement under which they work together as equal partners to implement a shared vision and mission.

Our Vision

Project CARE's vision is that ***women with disabilities and Deaf women who are victims or survivors of violence are empowered to access highly effective services that are welcoming, comprehensive, and pose no barriers***. This vision will be achieved through the Project CARE mission, which is to transform services into a seamless system that fully meets the needs of women with disabilities and Deaf women who are victims or survivors of domestic violence/intimate partner violence, stalking and sexual assault, by:

1. cultivating and sustaining collaboration;
2. changing and improving policies, practices and culture; and
3. strengthening the abilities and responsiveness of our organizations.

Project CARE – Who We Are

Project CARE is an initiative to address the needs of women with disabilities and Deaf women who are victims or survivors of violence. It was created, through a grant from the Office on Violence Against Women, by a group of organizations that have convened for more than eight years as the disability subcommittee of the Family Violence Prevention Project (FVPP), a collaborative of more than forty agencies in Hamilton County, Ohio. This group has worked consistently to ensure the interests and historical problems of women with disabilities and Deaf women are considered in all activities of the agencies involved in the FVPP.

There are two categories of organizations in Project CARE: non-profit organizations that provide direct services to women in Hamilton County, and non-profit organizations that provide support and technical assistance to these and other organizations.

The following partners in Project CARE provide direct services to women in Hamilton County:

- **The Center for Independent Living Options**, which helps individuals of all ages who have physical, sensory, cognitive, and/or psychological disabilities become self-reliant and live independently to ensure their full inclusion in our community.
- **Hamilton County Developmental Disabilities Services**, which provides a variety of services to eligible individuals of all ages with developmental disabilities and their families. Formerly known as the Hamilton County Board of Mental Retardation and Developmental Disabilities (MRDD).
- **United Way of Greater Cincinnati/211**, which connects people with important community services and volunteer opportunities 24 hours a day.
- **The University Hospital Sexual Assault Forensic Examiner Program**, which collects forensic evidence for adult survivors of sexual assault and provides services to avoid further trauma to all sexual assault survivors.
- **Women Helping Women**, which provides crisis intervention and support services for direct and indirect victims of domestic violence/intimate partner violence, sexual assault and stalking.
- **The YWCA of Greater Cincinnati's Battered Women's Shelter**, which provides safe crisis line assistance, protective shelter and necessary supportive services for battered women and their children to move them toward self-sufficiency, independence and freedom from abuse.

The following partners in Project CARE provide organizational resources and technical assistance to the Project CARE organizations that provide direct services to women. These organizations function as equal partners and will contribute to the development and facilitation of the needs assessment as well as all stages of implementation of Project CARE. The following organizations do not, however, provide direct services to women in Hamilton County and therefore will not be evaluated in the needs assessment.

- **The University of Cincinnati, Division of Criminal Justice**, which is a division of an urban, public, research university that includes among its PhD fields of expertise crime prevention and victimology.
- **The Family Violence Prevention Project**, which is a collaborative of 40+ agencies dedicated to preventing all forms of family violence.
- **The INclusion Network**, which networks in the community to provide information and assistance to other organizations, with the goal of welcoming participation and contribution of people who have disabilities. Please note: the INclusion Network had been a partner in Project CARE since its inception, but is no longer a partner since it suspended its operations in June 2009.

The Project CARE Strategy

In 2007, Project CARE was able for the first time to address in a concerted way the needs of women with disabilities and Deaf women who are victims or survivors of violence. Funding from the Office on Violence Against Women made this possible. Project CARE began to address these needs through a systems-change strategy involving several components required by the funder.

Historically, women with disabilities and Deaf women have been disproportionately excluded from services for women who are victims or survivors of violence. Project CARE's approach is to counteract this exclusion by identifying and addressing the specific, systemic ways that women are excluded. Working within its member organizations, Project CARE expects to make internal changes and form partnerships that will eliminate exclusionary practices.

To ensure that Project CARE remains healthy and functioning, a collaborative charter was developed. This collaborative charter details Project CARE partners' obligations, definitions of terms, and the consensus decision-making process that were agreed upon by all. The charter serves as a guide and resource for all activities of Project CARE.

Project CARE clarified the scope of its work through the development of a "narrowing the focus" memorandum. The mission of each member organization was reviewed. On this basis, the focus of Project CARE's systems change efforts was determined to be as: ***the intersection of women with any disability and Deaf women (cross-disability); and domestic violence/intimate partner violence, stalking and sexual assault (cross-violence)***. Developmental disability was determined to be a sub-focus, as this is the sole concern of one of its Project Care partners.

In order to have a full and current understanding of the needs relevant to its area of focus, Project CARE planned and conducted a community needs assessment. The needs assessment will serve as the foundation for strategic planning and the implementation of systems changes necessary to achieve its mission.

Needs Assessment

To begin to understand what changes its partner organizations must make in order to become welcoming and accessible and systemically eliminate exclusionary practices, Project CARE planned a Hamilton County community needs assessment of women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. The needs assessment was also designed to identify the needs of the agencies and staff that serve these women, and to investigate opportunities for Project CARE partner organizations to improve their effectiveness as a systems network.

Goals Guiding the Needs Assessment

Project CARE organized its needs assessment around several goals. These goals are to:

1. Identify the strengths and assets existing within Project CARE organizations that serve women with disabilities and Deaf women who are victims or survivors of domestic violence, intimate partner violence, stalking and/or sexual assault.
2. Identify the gaps and barriers existing within Project CARE organizations that serve women with disabilities and Deaf women who are victims or survivors of domestic violence, intimate partner violence, stalking and/or sexual assault.
3. Identify opportunities to strengthen the capabilities of Project CARE organizations to address violence against women with disabilities and Deaf women by becoming increasingly accessible and responsive.
4. Identify opportunities for Project CARE organizations to work together as a seamless system to effectively meet the needs of women with disabilities and Deaf women who are victims or survivors of domestic violence, intimate partner violence, stalking and/or sexual assault.

The intent of these goals, and the community needs assessment that was based upon them, is to transform Project CARE services into a seamless system that fully meets the needs of women with disabilities and Deaf women who are victims or survivors of domestic violence/intimate partner violence, stalking and sexual assault

The Needs Assessment Plan

Great care was taken to prepare for a needs assessment process that captured essential information while remaining safe and accessible for all women involved. A thorough, collaborative effort resulted in a detailed needs assessment plan.

The essential components of the needs assessment plan were:

- Methodology for conducting interviews and focus groups
- Safety measures for potential and actual participants
- Accessibility measures
- Focus group and interview questions
- Effective handling of disclosures of victimization
- Process for obtaining consent
- Ensuring confidentiality
- Scheduling
- Recruitment process
- Data collection process

After approval of the needs assessment plan by OVW, the needs assessment was conducted in Spring 2009.

METHODOLOGY

Overview of Methodology

Project CARE used the following two methods to collect qualitative data for the needs assessment:

- Individual interviews
- Focus groups

Individual interviews were conducted with the leadership of each Project CARE site of change.

Focus groups were conducted with staff and service users for the following four constituencies of Project CARE agencies:

- Women Who Used Services for Victims or Survivors of Violence
- Women with Disabilities and Deaf Women
- Victim/Survivor Service Providers
- Disability Service Providers

Planned Focus Groups and Interviews

	Proposed Participants	Actual Participants
Service user focus groups	42-56	48
Service provider focus groups	42-56	43
Agency leadership interviews	9	12
Total participants		103

Seven service user groups were planned and six groups were held. Two planned focus groups were small enough to combine into one group.

Seven service provider groups were planned and seven were held.

Institutional Review Board

For ethical consideration of human subjects, a description of Project CARE, the purposes of the needs assessment and methodology, including a draft of the consent form, were submitted to the Institutional Review Board (IRB) at the University of Cincinnati on August 19, 2008. Given the internal use of the needs assessment by the Project CARE partners, the IRB determined that it was not human research and therefore would not need further IRB consideration (see Appendix A).

Development of Questions

The project manager and the needs assessment consultant collaborated with the Project CARE partners to develop questions for leaders of Project CARE organizations for staff and service user focus groups. The questions were approved by all Project CARE partners before conducting the needs assessment.

Interview Questions

Two sets of questions were developed for and asked of the leaders in each partnering organization. Nine questions for the leaders of victim service providers and disability service providers were developed (see Appendix B). These questions asked about a range of issues that included the following topics:

- Decision making;
- Support and assistance for staff;
- Specific policies/procedures to assist consumers;
- Difficulties in assisting women;
- Ways to improve services;
- Collaboration with other local agencies;
- Formal-long term changes;
- Most important need that should be addressed.

Focus Group Questions

Four sets of questions were developed; one for each of the different focus groups. Seven to nine questions were developed for each focus group (see Appendix C).

Women with disabilities and Deaf women, and victims/survivors: The questions asked to these two groups of women were similar in content. These questions asked about a range of topics about what local agencies do that is helpful and not helpful to meet their needs. Question topics included:

- How women find out about local services;
- Skills or knowledge staff should have to serve women well;
- A time when an agency was not able to fully assist women;
- Suggestions for service improvement;
- Most important thing that service providers need to address.

Disability service providers and victim/survivor service providers: The questions asked to these two groups of providers were similar in content. These questions asked about what agencies do to help victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking and what is helpful or not. Question topics included:

- What agencies do to ensure women's needs are met/served;
- Things agencies do to let women know they care about them;
- Examples of when agencies do not able to fully assist women;
- Comfort level working with women;
- Suggestions for improving services;
- Collaboration with other local agencies;
- Most important thing that should be addressed.

Preparation of Recruiters and Facilitators

Messages, announcements and scripts were developed for use in recruiting participants and facilitating focus groups. These materials were developed in collaboration with the Project CARE partners. Recruiters and facilitators were selected from the representatives of Project CARE partner organizations that regularly attended Project CARE meetings. They were trained in a two-hour session that covered skills for facilitators, tips for handling disruptive participants and keeping the focus group on topic, handling disclosures of victimization, providing accommodations, and ensuring safety.

Recruitment Process

Each site of change and some organizations that provide services to women in Hamilton County were involved in the recruitment of participants for focus groups.

The organizations that assisted with recruitment of women with disabilities and Deaf women were:

- Hamilton County Developmental Disabilities Services
- Center for Independent Living Options
- INclusion Network
- Hearing, Speech and Deaf Center of Cincinnati
- Hearing Loss Association, Southwestern Ohio Chapter

The organizations that recruited victims or survivors of violence were:

- YWCA Battered Women's Shelter
- Women Helping Women

Selection criteria for participants

The selection criteria for the participants were different for each set of participants. The criteria for each group are described below.

1. Interviews – leaders of Project CARE agencies that have decision-making authority over programs and staff were selected.
2. Service provider focus groups – each Project CARE site of change selected its own staff, with the goal of having a good cross section of roles within the organization. Focus groups for the most part did not include staff and managers together.
3. Victim/survivor service user groups – participants were current or former users of services provided by Project CARE agencies that serve victims/survivors.
4. Women with disabilities and Deaf women – participants were service users of Project CARE agencies, as well as other women with disabilities and Deaf women recruited through other organizations in order to have broad representation of different types of disability.

All participants were notified that the information collected would be kept confidential and that the report generated from this information would not include any personally identifiable information. Service users were informed that they would receive a \$25 gift card as an incentive to participate in the focus group.

Safety precautions for recruitment and conducting focus groups:

The initial contact with service users was in person. Follow-up and confirmation of attendance was done in person if possible, when a service user visited a provider or support group. Follow-up by phone was done only after confirming this method was safe for the participant, and no message mentioned services for women who have experienced violence. Only female staff made these contacts and messages were not left if the intended person was not reached.

All questions were carefully designed to avoid disclosure of personal experiences of violence. Facilitators were trained to respond appropriately should a disclosure be made, and a trained advocate was on site for all service user focus groups.

To maximize the safety of participants, potential participants were notified that their regular personal care attendant (PCA) would be permitted to accompany the participant to the focus group site, but not to sit in the room where the focus group is held, and a PCA would be provided if requested. None of the participants ultimately selected required a PCA.

No written materials were distributed for focus group participants to take with them after the focus group. Participants who had questions or concerns were instructed to contact United Way 211 by dialing 211 or by dialing 711 for the telecommunications relay service for the Deaf and hard of hearing.

Accessibility measures for recruitment and focus groups:

All women recruited for focus groups or interviews were asked what accommodations they require to participate. All focus group locations were reviewed and approved by

either the INclusion Network or Center for Independent Living Options for accessibility. All recruitment and facilitation materials were reviewed by the INclusion Network and Center of Independent Living for accessibility considerations. Focus group times were chosen so that they occur when accessible and affordable transportation was available.

American Sign Language (ASL) interpreters were provided for two Deaf women that participated. Consent forms were printed in eighteen-point Arial font and read aloud. All focus groups were held in rooms accessible to the women in wheelchairs that facilitated and participated in focus groups.

Interview And Focus Group Process

The project manager was present at all but two focus groups and interviews. The needs assessment consultant attended each focus group and interview. Project CARE partners served as facilitators.

Interviews

Twelve interviews with the leaders of all six Project CARE agencies that provide direct services were conducted from March 5 to May 12, 2009 during regular business hours. Each interview lasted about one hour. With the exception of one interview, each leader was interviewed at her or his home organization in a private office setting.

Twelve individuals, including one male, were interviewed. A minimum of one leader was interviewed, while two or three leaders were interviewed at larger organizations, as follows:

Name of Organization	Number of Leaders Interviewed
Hamilton County Developmental Disabilities Services	3
Center for Independent Living Options	2
YWCA Battered Women's Shelter	2
Sexual Assault Forensic Examiner Unit, University of Cincinnati Hospital	2
United Way/211	2
Women Helping Women	1
Total	12

Focus Groups

Thirteen focus groups were conducted from March 16 through April 2, 2009 at Project CARE agencies that provide direct services. Each focus group took one and a half to two hours. Licensed American Sign Language interpreters were employed in focus groups that included Deaf women. Service users were asked to sign a consent form (see Appendix D). Service providers serving as focus group participants agreed to

participate earlier in a private conversation with the Project CARE representative at their organization. \$25 gift cards were given to all services users.

Women Who Used Services for Victims or Survivors of Violence

Two separate focus groups were conducted with women who used services for victims or survivors of violence:

Focus Group	Number of Participants
Women Helping Women	8
YWCA Battered Women’s Shelter (residents)	8
Total	16

Women with Disabilities and Deaf Women

Four focus groups were held for women with disabilities and Deaf women. Deaf women, women with apparent physical disabilities and women with developmental disabilities participated. Groups consisted of service users identified by the following organizations and were held at that organization’s facility.

Focus Group	Number of Participants
Hamilton County Developmental Disabilities Services Goodwill-based group	12
Hamilton County Developmental Disabilities Services Advocates in Action	8
Center for Independent Living Options - Women of Worth	6
The INclusion Network	6
Total	32

Victim/Survivor Service Providers Focus Groups

Four focus groups were held at each of the Project CARE victim/survivor agencies. United Way 211, it should be noted, serves all women, men and children in need. Groups consisted of staff identified by the following organizations, and held at that organization’s facility.

Focus Group	Number of Participants
Women Helping Women – staff	8
YWCA Battered Women’s Shelter - staff	8
United Way 211 - staff	4
UC Hospital Sexual Assault Forensic Examiner Unit - nurses	3
Total	25

Disability Service Provider Focus Groups:

Three focus groups were held at each of the Project CARE disability agencies. Groups consisted of staff identified by the following organizations and were held at that organization's facility.

Focus Group	Number of Participants
Hamilton County Developmental Disabilities Services contracted service providers	8
Hamilton County Developmental Disabilities Services staff	6
Center for Independent Living Options - staff	4
Total	18

Data Capture

Focus groups were electronically recorded and transcribed unless one of the participants asked that the group not be electronically recorded. For focus groups not electronically recorded, notes were taken by the project manager and needs assessment consultant.

For personal interviews, the needs assessment consultant typed responses to questions directly into her laptop computer. The project manager handwrote notes while he asked the questions.

For all interviews and focus groups, no identifying information was included in the records (e.g., names of the participants).

The original audio and written records have been stored in a locked file cabinet office at the YWCA in the Project CARE manager's office. Copies of these materials have been stored in the needs assessment consultant's locked file cabinet in her locked office in the Division of Criminal Justice at the University of Cincinnati. Once the strategic plan is approved by the Office on Violence Against Women, these records will be destroyed.

Data Analysis

The project manager and needs assessment consultant read over the notes from each focus group and interview. Using these notes, they performed a content analysis. They listed key words, terms or phrases from each focus group and interview and entered them into a spreadsheet in order to sort responses into common categories across focus groups and interviews.

Findings highlighted in this report were included because they were either mentioned by multiple respondents, or thought to be particularly insightful and/or potentially useful to the Project CARE objective of creating a *seamless system of service delivery for*

women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. There were a number of needs and strengths identified by both service users and service providers, which lent credibility to these findings.

All Project CARE agencies were briefed on issues specific to their organizations only. This report describes the over-arching issues that were identified and does not identify specific agencies which findings the findings may refer.

A summary of findings and themes was reviewed and discussed by the entire collaborative, which resulted in the key findings found in this report.

Challenges

Unexpected and expected challenges were experienced, but none were seriously problematic.

It is important to note that service users (women with disabilities, Deaf women, and victims/survivors) **reported their experiences with Hamilton County agencies in general, and did not necessarily refer to Project CARE agencies.** Their responses serve primarily as a general indication of their priorities, preferences, common struggles and unmet needs.

A focus group of Deaf women was intended but recruitment efforts did not produce enough participants. Three organizations for Deaf individuals were approached. One posted an announcement in their office. The other organization allowed the project manager to speak in person at their monthly meeting. Recruitment efforts through Project CARE organizations resulted in two Deaf women participating in a focus group along with women with disabilities. The findings relevant to Deaf women might have been more instructive if more Deaf women had been involved, but a number of important needs were identified. However, it is important to note that Project CARE cannot generalize the findings from two members of the Deaf population to represent comprehensive needs or beliefs of all Deaf women.

The findings in this report may have been affected by some limitations in the staff focus groups and leadership interviews. First, participants may have been reluctant to criticize their own performance or skill set, and, in the focus group setting, uncomfortable doing the same about co-workers. Secondly, the responses of leaders may have been limited by concerns that their responses would reflect negatively on their own performance. Thirdly, staff and leadership may have had concerns about putting the organization at risk of negative consequence by exposing vulnerabilities. These limitations, however, are unavoidable in the process of self-analysis. The service user focus groups offer a less subjective perspective on some aspects of staff and agency performance. A number of topics discussed in this report may be more fully addressed by independent review, such as an accessibility review.

KEY FINDINGS

I. Critical Needs

The needs identified in focus groups and interviews suggested four major themes related to serving women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking:

- A. Inaccessibility of services**
- B. Gaps in staff knowledge, skill and competency**
- C. Lack of best-practice policies and procedures across Project CARE agencies**
- D. Insufficient awareness of services that are available**

The specific critical needs that were identified have been summarized and organized under these themes. In some cases, they have been further organized into subcategories.

It may be helpful to note that “needs” in this report refers to the needs of agencies and staff as well as the needs of women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

There is some overlap between the findings listed under different themes. This should be taken into consideration when any action steps based on the findings are considered.

A. INACCESSIBILITY OF SERVICES:

Women with disabilities and Deaf women, and to a lesser extent, victims/survivors, identified numerous ways in which the system of service delivery in Hamilton County has been inaccessible to them. The ways that services are inaccessible are organized in this report into common types referred to as “barriers.” Project CARE personnel identified many of the same barriers to access that service users identified.

Three general types of barriers to services that were reported:

1. Attitudes of service providers
2. Communication barriers
3. Physical barriers

1. Attitudes of service providers:

Women with disabilities and Deaf women indicated that attitudinal barriers related to disability were a *significant obstacle to getting the services they need from agencies*. Victim/survivor and disability service providers also found that the attitudes of their colleagues and/or themselves had posed barriers to appropriate

responsiveness to the women they serve. When the term “attitudinal barrier” is used, the authors of this report are referencing the prejudicial beliefs and misconceptions about women with disabilities and Deaf women as it applies to two key areas:

- a. *Paternalistic service delivery*
- b. *Reluctance to serve*

a. Paternalistic service delivery

One reason, as a victim/survivor staff stated, “women with disabilities are not coming through the door,” may be due in part to **paternalistic service delivery** by disability and victim/survivors service providers. Women with disabilities and Deaf women, as well as victims/survivors, clearly felt that paternalistic attitudes are being employed in agencies they use. These attitudes are categorized as paternalistic because they can lead to important decisions being made by service providers without properly considering opinions, needs, preferences or values of service users.

The paternalistic practice of “not being listened to” was reported a total of **thirteen times** by women with disabilities, Deaf women, and victims/survivors. Women with disabilities referred to this in a number of ways, including imploring service providers to “listen to us” and “don’t talk for us.”

Women in both disability focus groups attributed these paternalistic practices to widespread misconceptions about people with disabilities. For example, women in both groups identified the misconception that all who have a certain disability diagnosis are identical and therefore require the same services. As one woman with a disability explained, “they tend to lump everyone into one category.” Another woman referred to this misconception as being given a “label.” This practice of labeling and thinking women with disabilities are identical may be a deeper reflection of victim/service providers’ lack of awareness and knowledge of diverse disabilities. The ultimate result is that providers assume they do not need more information from the service user and make decisions for her. The details on how lack of knowledge of diverse disabilities can result in gaps in services are further outlined in Key Finding B of this report, “Gaps In Staff Knowledge, Skill, and Competency.”

One particular misconception that leads to paternalism was discussed by several women with disabilities: the idea that adults with disabilities are either childlike or otherwise not fully human adults. One woman with a disability cautioned service providers, “don’t baby us.” Another woman with a disability stated, “don’t assume I’m a saint because I have a disability,” and a third mentioned that people had assumed she was an angel. No provider involved in this needs assessment seemed to share this belief, but it can lead to women not being seen as potential candidates for victim/survivor services. This is discussed further in the remarks section below.

Staff and leaders of both disability agencies, and leaders of two out of three victim/survivor agencies, also recognized that paternalism is a concern. As one disability agency leader stated, “we may be too insistent on helping” and another staff member at the same agency elaborated, “we are more paternalistic than violence against women agencies but it is required by law.” This agency has a legally prescribed role to protect individuals with disabilities who may not understand the danger they are in. Several of this disability agency staff discussed how difficult it is to balance self-determination with their role as a protective agency. A disability agency staff working with a woman in a domestic violence situation noted that she wanted to *insist on certain actions to be taken*, and say, “this is a health and safety issue here, and you gotta come out of there (the abusive relationship).” One participant in the same focus group noted, “there needs to be a point when it’s no longer their right, because it’s a health and safety issue.” This conversation dealt with women with developmental disabilities, where the tension between paternalism and self-determination is particularly strong.

Victim/survivor agency leaders discussed paternalism in a different context. Instead of citing specific examples of when it occurred, they discussed approaches that they use to prevent paternalism. For example, one victim/survivor agency leader reported she cautioned staff to not “apply our own ideals to what we think the outcome can be [for a victim/survivor].” Several victim/survivor agency staff stated that their role is to empower women (as opposed to making decisions for them).

Remarks on findings about paternalistic service delivery:

Disability, as well as victim/survivor, agency staff and leadership consistently reported that staff are encouraged to listen to clients, empower them, and allow for self-determination. At the same time, women with disabilities, Deaf women and victims/survivors reported on thirteen occasions they are not listened to, which is a required element for empowerment and self-determination. There were acknowledgements among disability and victim/survivor agency staff and leaders that service providers don’t always employ self-determination and empowerment-focused actions. The idea that individuals with disabilities are children or are not fully human adults has a long and problematic history. Paternalistic service delivery has occurred when service providers have assumed that these individuals do not need or cannot use their services because these individuals cannot have healthy sex lives, do not have romantic relationships, or are incapable of making their own decisions. Agency staff and leadership responses in this needs assessment show that they know the women they serve are fully human adults, but new staff and personnel at other agencies they work with may not.

A possible avenue for change to ensure paternalism does not present a barrier to services may be for Project CARE agencies to systemize training about disability and violence against women across their organizations and the community at

large. Another recommended avenue of change is for disability and victim/survivor service providers to explore more fully the discrepancy between theory and practice of what it means at their agency to employ self-determination and empowerment of all women.

“Labels are for jars, not people.”

- Focus Group Participant with a Disability

“They know what [I’m] going to say and they say it – what they think I’m going to say.”

A woman in a disabilities focus group discussing paternalistic services

b. Reluctance to serve

All service user focus groups – victims/survivors and women with disabilities and Deaf women – reported staff attitudes that can be said to demonstrate a “reluctance to serve.” Many participants addressed the issue through suggestions for staff. These suggestions were often offered with urgency, and it was obvious to the observers of the focus groups that they reflected a history of service providers who had been reluctant to serve them. Staff were encouraged to “be kind,” “be nice,” “care about us,” and “don’t talk down to us.” Nine individuals specifically called for “respect,” and nine individuals also called for staff to, “*want* to help/support us.” Perhaps the strongest indication of reluctance to serve came from a woman with a disability who wanted to be treated, “like a regular person, not a pariah.” It should be noted that these comments did not for the most part identify any specific Project CARE agency or staff. Many women did also mention that there were staff at victim/survivor and disabilities agencies that were very welcoming.

Leadership at all three victim/survivor agencies, on the other hand, did not report that their staff exhibited attitudes that indicate a reluctance to serve. They reported that their organizations are guided by practices that can be summarized as welcoming, using terms such as “warm,” “polite,” “kind,” and “willing to help.” All leaders were confident that their staff followed this guidance for the most part. Victim/survivor agency staff did not discuss reluctance (or willingness) to serve, perhaps because they focused their conversation on accommodations when asked how they welcome women with disabilities and Deaf women. Another

explanation for this might be that victim/survivor staff see having a welcoming attitude as a given. One victim/survivor staff alluded to this, stating: “hopefully, we are treating them with respect - like we want to be treated.”

There is a disconnect between findings about service users who seemed to feel that they often encountered a reluctance to serve at agencies they use, and victim/survivor agency leaders, who were confident that their staff were welcoming. One victim/survivor agency leader did make a connection here, when she stated, “we must shift the attitude that women with disabilities are not our problem or not our specialty.” A staff person at the same agency also shed some light on the possibility that this might be a real concern when she stated, of a woman with a disability, “this is not the place that they can be, so we will work to see if we can get them somewhere else.” Another staff person at this agency noted that she was aware that there are staff that don’t believe some women with significant disabilities should be there. These findings are of fundamental concern.

Leaders at the disability agencies referred to reluctance to serve only once, noting that some agencies and staff are reluctant to serve anyone with the diagnosis of MRDD. Disability agency staff, like victim/survivor staff, seemed to believe that being welcoming was a given for someone in their field and overwhelmingly dismissed the idea of reluctance to serve out of hand. When asked how they make a victim/survivor welcome, responses included: “we do that every day for everybody,” “it’s just kind of who we are,” and “we feel for every single person that comes to our door.”

Remarks on findings about reluctance to serve:

Reluctance to serve was difficult to identify. In fact, the opposite theme emerged from disability and victim/survivor service providers in that they self-reported how opening, warm and welcoming they are. However, a flag was raised on reluctance to serve when that data was compared to the data from service users, both women with disabilities/Deaf women and victim/survivors. Although they did not use the phrase “reluctant to serve,” service user responses strongly suggested significant experience with staff whose attitudes that were not welcoming or respectful. We believe these attitudes are a sign of reluctance to serve. The flag on reluctance to serve was raised even higher when one leader and two staff at a victim/survivor agency highlighted that not all of their staff believe it is the job of a victim/survivor service provider to deal with accommodating a person with significant disabilities. Potential avenues for change are educating victim/survivor agencies on the importance of serving all women and exploring how to coordinate with other agencies to provide appropriate accommodations.

2. Communication with women with disabilities and Deaf women:

Women with disabilities and Deaf women experience a number of barriers related to communication. The most commonly reported problems centered on communicating with Deaf women and women with some hearing loss. Communication barriers related to technology, such as web sites and telephone systems, were also reported by women with disabilities. Service providers and women with disabilities also identified communication barriers related to the way individuals with disabilities speak and use language.

The three subcategories of barriers related to communication, discussed in detail below, are:

- a. Communicating with Deaf women
- b. Technology
- c. Communication method or style

a. Communicating with Deaf women: The two Deaf women participating in focus groups both mentioned the need for an interpreter for in-person services. They noted that there have been times when **an interpreter was not available at some agencies**. Both women also noted that, in general, agencies are out of step with best practices for communicating with Deaf women. One Deaf woman noted, “some service providers expect if you are Deaf that you will read lips.” Texting was said by one Deaf woman to be her preferred method of communication when not receiving services in person. A Deaf woman also noted that staff frequently do not know any sign language and recommended that staff know some basic sign language. This sentiment was echoed by one victim/survivor agency staff who also recommended that staff know essential sign language.

Only one disability agency staff spoke on the topic, stating, “I don’t think we do a great job with people who are Deaf,” although they did not elaborate. Three victim/survivor agency staff commented on the topic. One thought their agency should interact more with Deaf organizations. The other two staff, each from a different victim/survivor agency, noted that their agency had a TTD machine (Telecommunications Device for the Deaf) in place but it “**may not be answered**,” and, at the other agency, “**is not functional**.” Both victim/survivor agency staff commenting on the TTD machine also mentioned that their agency is uncertain whether they have the preferred technology. Leaders from each of the three victim/survivor agencies concurred, stating that their agencies are not fully up-to-date on how to communicate with Deaf women. Two victim/survivor agency leaders reported that they do call in interpreters when a Deaf woman arrives on site; one mentioned that interpreters arrive within a half hour.

Remarks on findings about barriers to communicating with Deaf women: Although there were not many comments about services to women who are Deaf, it is notable that two of the three victim/survivor agencies have TTDs that were reported as either going unanswered or not functional. The remaining agencies did not report on the technology they use for communicating with Deaf

women, but the Deaf women that participated warned that many organizations do not have the preferred equipment. Only one agency reported staff that use sign language. The suggestion offered by leaders from all three victim/survivor agencies should be seriously considered as an avenue for addressing these barriers: working more closely with Deaf organizations. Given that only two Deaf women were consulted, additional Deaf women should be involved in the Project CARE strategic planning process.

b. Technology: Five participants mentioned technology specifically (not including comments about technology for Deaf women). Three women with disabilities discussed barriers related to communication through technology such as web sites and telephone systems. One woman with a disability stated, “some people can’t use all the technology.” She also connected this caution about technology to the fact that “some people can’t read,” which is required to use most web sites. Another woman with a disability cautioned against telephone audio directories which, she explained, can be difficult to use because of the complexity of steps involved. No women with disabilities or Deaf women commented on the accessibility of any particular agency’s web site or telephone system.

Only one victim/survivor agency leader commented on barriers related to technology. This leader stated that, “the accessibility of our web site might need to be a higher priority.” A leader of the community service liaison agency (which is the one agency in Project CARE not identified as a disability or a victim/survivor agency) reported that their web site is accessible under “Bobby” standards, an evaluator for web site accessibility that they voluntarily involved. The only mention of technology by staff was a victim/survivor agency staff who noted that they use their web site for outreach, and stated with regard to accessibility, “we need to be educated on advances in technology and web sites.”

Remarks on findings about technology barriers:

Although few participants mentioned technology, the fact that most organizations utilize technology extensively seems to warrant acknowledging potential issues. It is notable that, of the nearly thirty reported sources through which service users heard about agencies they have used, only one participant, a victim/survivor, reported using a web site to locate an agency. The technology barriers discussed here largely concern communication, which indicates that the barriers experienced by Deaf women described above, and the speech and language barriers described below, should be considered when addressing the accessibility of technology in general. The information in this report about the accessibility of web site and telephone technologies, however, is inconclusive and requires an evaluation by a professional to be properly understood.

c. Communication method or style: Women with disabilities highlighted three ways that service providers may not properly accommodate an individual with a disability's method or style of communication. When discussing how agencies reach women with disabilities, one woman (as described above) reminded service providers: "not everyone can read." Another woman with a disability noted, "materials in audio format are not always available" at service agencies. A third woman suggested that the way people respond to speech affected by disability can also be a barrier. She explained how she had been turned away during a job interview with the excuse that "people here will not understand you."

Service providers commented on communication methods and styles in terms of language use and comprehension. One disability agency leader noted that her organization offered materials in "simplified language." A victim/survivor agency staff stated that she and her colleagues "need to know the right language," to work with different individuals with disabilities. This sentiment was echoed by a staff person at the developmental disabilities agency who explained that it is difficult to assess what services to provide when she was unclear of what exactly the service user means. She noted: "partly because of the communication level of some of the folks ... a big problem that I see over and over is knowing exactly what did happen. How much of this really happened?" A colleague responded, "if you don't know what the facts are, what do you do ... if you don't know what the person knows as far as their language? Are they saying something using a particular term or concept when, in reality, that's not what they mean because they're not educated enough?" One disability agency staff person described how she has worked with women with disabilities who did not use the term "rape" properly.

Remarks on findings about communication method or style:

Focus group and interview participants discussed communication method or style of women with disabilities infrequently. The low incidence of reporting may be explained by the nature of the questions, which focused on the communication styles of service providers, and did not guide participants to specifically consider the communication styles of individuals with disabilities. Although the incidence was low, these findings are reported because, in our experience, it is fairly common for women with disabilities and Deaf women to experience compromised services from providers who do not know how to appropriately respond to women with variations in communication method or style.

One woman with a disability made several useful observations related to both attitudinal and communication barriers when she offered the positive example of a staff person at a Project CARE disability agency:

*She's very kind ... if she doesn't understand you,
she asks you questions."*

- Focus group participant with a disability

3. Physical barriers to accessing services:

Women with disabilities and Deaf women experience a number of barriers related to physical accessibility. The reported barriers to physical accessibility dealt primarily with victim/survivor agencies. To facilitate the discussion of the findings on physical access, the following subcategories have been outlined:

- a. *Barriers to women who use wheelchairs and similar equipment*
- b. *Other physical barriers*

a. **Barriers to women who use wheelchairs and similar equipment:** All three victim/survivor agency leaders noted barriers related to wheelchairs. Each of their agencies had barriers to accessing their reception areas specifically. Other barriers mentioned were a reception window being too high, consultation rooms being too small, difficulty moving between service provision areas and lobbies, and inadequately wide doorways. Difficulty transferring a woman from a wheelchair to the examination table was also reported. These victim/survivor agencies leaders noted that women using wheelchairs can be, and have been, served at each of their service provision sites. Disability agency staff and leaders noted that their service provision sites were fully accessible.

b. **Other physical barriers:** A handful of physical barriers not related to women who use wheelchairs were reported. Two victim/survivor agency leaders mentioned that their multi-floor facilities are a barrier to persons with limited mobility. A woman with a disability mentioned this as a barrier without reference to a specific agency. Another woman with a disability reported difficulty when long distances must be traveled from the parking area or within buildings. A stretcher used by a victim/survivor health care provider was reported to be too small for some larger women. Several victim/survivor agency staff in one focus group discussed the lack of adequate evacuation equipment should a person with limited mobility need to be evacuated in an emergency.

It is useful to note the limited extent to which agencies discussed serving women who are blind or visually impaired. Women with disabilities, Deaf women, and victims/survivors, as well as disability agency staff and leadership, did not mention serving the needs of women who are blind or visually impaired. One victim/survivor agency was noted by staff and

leadership to have materials available in Braille. The two other victim/survivor agencies do not have materials in Braille according to both staff and leadership. One victim/survivor agency leader mentioned that its elevator had audio features but they did not function properly.

Remarks on findings about physical barriers to accessing services:

Leaders from each disability and victim/survivor agency stated that their agencies were ADA compliant. However, it should be noted that ADA compliancy is very specific and is not the highest level of global accessibility. This may indicate a need to further educate service providers on the range of issues that are incorporated in the term “accessibility”. Victim/survivor agency leaders did acknowledge that there were a number of physical barriers at their agencies and indicated they wanted to do everything in their power, but they also noted concern about what it was possible for them to do about limited floor space, ability to relocate, and limits in funds they might tap into to address accessibility barriers.

Project CARE has not conducted on-site accessibility reviews at this juncture; therefore, these findings report only physical access barriers mentioned by participants in focus groups and interviews. **The findings should not be construed to be a full list of physical access barriers that may need to be corrected.** Also, given what little was reported about meeting the needs of women who are blind or visually impaired, care should also be taken to ensure this aspect of accessibility is more fully explored.

B. GAPS IN STAFF KNOWLEDGE, SKILL, AND COMPETENCY:

Participants in all focus groups and interviews overwhelmingly indicated gaps in knowledge, skill and competency at Project CARE agencies, specific to serving women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. The gaps frequently coincided with the attributes of this population in which a particular agency did not specialize. For example, victim/survivor service providers are expert in services to victims/survivors but not disability issues and disability service providers are expert in services to people with disabilities but not in domestic violence, sexual assault, or stalking. Neither constituency reported being expert in serving Deaf women.

The following list identifies the gaps in knowledge, skill and competency that were reported:

1. **How to ask whether accommodations are needed and how to ensure these accommodations are made.**

Both staff and leadership at each victim/service agency acknowledged they were not as competent as they thought they should be in making sure effective accommodations are provided. One victim/survivor agency staff explained, “there have been people that come in with disabilities that we’re unsure about...how

we're supposed to help." Victim/survivor agency leadership for the most part did not discuss the process they follow to provide accommodations, although they did offer examples of times when they were able to provide accommodations to Deaf women and women in wheelchairs. Disability agency staff and leadership did not discuss accommodations specifically for the most part, although one disability agency leader noted generally that they may not be as competent as they could be in serving Deaf or "severe MRDD" service users. One victim/survivor agency staff described how her lack of confidence in how to ensure accommodations itself can be a barrier. She described how at times she has been reluctant to ask about accommodations because she feared she would misidentify a woman as having a disability. A disability agency leader noted a similar concern. In general, service providers in Hamilton County, she said, "do not think they know how to work with people with disabilities."

Remarks on findings about how to ensure accommodations are made:

Disability agency staff and leadership did not discuss accommodations specifically, which, as has been noted in other findings in this report, may be due to their predisposition to discuss services to victims/survivors, which they recognize as a weakness. Victim/survivor agency staff, on the other hand, did report challenges with accommodations. Leadership said little about this, which may be due to the fact that they are not providing services directly. Leadership knowledge about difficulties providing accommodations may also be affected by staff not confiding their difficulties with the leadership of an organization. This problem could be potentially resolved through training and the adoption of comprehensive policies that outline steps, as discussed below.

2. A comprehensive understanding of the diversity and competency of individuals with disabilities, including developmental disabilities.

The data from interviews and focus groups of victim/survivor service providers revealed that staff lacks a comprehensive understanding of the diversity and competency of individuals with disabilities, including developmental disabilities. For example, **all three victim/survivor agency staff and leadership** reported that they believed they did not have enough knowledge about the full spectrum of disabilities and staff at **all three victim/survivor agencies** reported they have been challenged by, as one provider simply stated: "specific things we need to do for specific disabilities." In fact, staff at victim/survivor agencies cited more than **twenty times** during interviews and focus groups that they lack comprehensive knowledge and systemic training on disabilities. Developmental disability was mentioned several times in this context. This lack of comprehensive understanding and knowledge of disabilities was not just recognized by victim/survivor service providers. The focus groups of women with disabilities and Deaf women overwhelmingly identified this lack of understanding and described how this ignorance leads to service barriers (as explained in Key Finding A, above). One woman specifically stated, "providers need more information about disability." Overall, the topic of knowledge of disabilities and need for education on the issue was reported **more than forty times** by women with disabilities.

Remarks on findings on knowledge about disabilities:

It is significant that women with disabilities/Deaf women and victim/survivor service providers both stressed the need for better staff understanding of disability. One victim/survivor agency staff suggested a solution, which was to “meet victims/survivors with disabilities.” Another suggested doing “role-playing with a caller with a disability.” Staff at a different victim/survivor agency called for disability groups to come in to explain “technical and social aspects of disability.” Training about disability and Deafness, overwhelmingly reported itself as a need, seems to be an appropriate strategy to explore. Inter-agency cooperation should be a component of this response given the complimentary strengths of Project CARE agencies, as described in Section II below.

3. How to recognize the signs of violence against women and how to respond appropriately when violence against a woman is reported or recognized.

Just as the data revealed victim/survivor service providers lacked knowledge, skills, and competency around issues of accommodations and the diversity of disabilities, the data also revealed that disability service providers lacked knowledge, skills, and competency concerning the disclosure of sexual assault, domestic violence/intimate partner violence and stalking. Focus groups of staff from **both disability agencies** discussed how they are not confident they can always identify violence against women or when a woman is at risk. This lack of appropriate skill set and protocol was highlighted when one disability service agency staff admitted, “I’m at a loss some times what to say or do.” In fact, more than **twenty-five times** disability agency staff and leadership reported that they lack training on issues of violence against women. A disability agency leader acknowledged this need when she stated, “staff may feel inadequately educated or aware.” A disability agency staff person suggested how this lack of preparation could lead to service delivery problems. In discussing “sex and abuse,” she noted, “a lot of staff don’t want to talk about that stuff.”

Remarks on findings about responding to violence against women:

Focus group and interview findings clearly point to a systemic lack of knowledge in disability agencies about how to address violence against women.

Victims/survivors, women with disabilities and Deaf women did not contribute to this finding, but this would be difficult for most of them to assess from their perspective and the questions asked of them were not designed to elicit this information. One disability agency staff specifically mentioned a policy solution, calling for the implementation of a process for “knowing what the risk ... is, and the steps that we’ve put into place to kind of minimize that.” Given that disability service providers cited more than twenty-five times a lack of knowledge, skills, and competency around the issue of addressing violence against women, their self-reported needs for training and policy solutions warrant serious consideration.

4. How to educate and empower women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

All disability and victim/survivor agencies reported that it is their standard practice to let women make healthy choices for themselves (although this may not always be the case, as was discussed under the topic of paternalistic practices in Key Finding A, above). Several disability agency staff also noted that making healthy choices is much more difficult when women with disabilities and Deaf women are not educated about what options for help are available to victims/survivors. A more fundamental need, several disability staff suggested, is “sexuality education, whether it is in the form of abuse prevention kinds of things or body identification.” This is because inadequate knowledge about victimization precludes getting help. A disability agency leader agreed that there is a need for “training of women we support – what’s not acceptable.” As an example, one disability agency staff commented that some of the women she serves probably do not know what the word “rape” means. There was some evidence that this is a problem that may extend to the community at large, as one victim/survivor, who did not identify as having a disability, pointed out she needed to be educated as to: “What is domestic violence? What is being battered?”

Remarks on findings about educating and empowering women with disabilities and Deaf women:

Women with disabilities, Deaf women and victims/survivors were not asked specifically about the intersection of violence and women with disabilities or Deaf women, which may explain why they did not address this topic. Disability agency staff and leadership, on the other hand, had good deal to say about the topic. This may be due to the fact that both agencies frequently see women with disabilities in crisis and encourage them to discuss the circumstances of their lives.

Victim/survivor staff and leadership did not discuss the knowledge level of women with disabilities and Deaf women, perhaps because they focused on their own knowledge levels, and because they have limited experience. Several staff in one disability agency focus group discussed how it has historically been very difficult to allocate resources to educating women with disabilities and Deaf women about violence against women. At the same time, a disability agency staff person in the same group, when asked what was the one most important thing that needs to be addressed, stated, “education of the individual [with a disability].” This approach was not on the radar screen of many participants in this needs assessment, but it should be considered when outreach, training and interagency collaboration are discussed.

“The part I would be more uncomfortable with [when working with a service user] would be more of the domestic violence and the sexual assault part than it would be the disability...because I feel like I know more about the disabilities part.”

- Community services liaison
(service provider)

“... we don’t think enough about that population [women with disabilities and Deaf women] to probably serve them as best we could ... to make sure that we serve them just as we would anyone else.”

- Victim/survivor service provider

C. LACK OF BEST-PRACTICE POLICIES AND PROCEDURES ACROSS PROJECT CARE AGENCIES:

Project CARE agencies do not have comprehensive, best-practice policies or procedures to respond to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. Each Project CARE site of change has effective policies and procedures within their areas of specialization (disability or victimization). However, policies which do not account for both aspects of the intersection of violence and women with disabilities and Deaf women may result in the needs of some women going unserved or being underserved.

Collectively, interviews and focus groups pointed to a number of significant findings about Project CARE agencies related to policies and procedures. These findings are:

1. **Disability agencies do not have a formal process for screening or otherwise identifying a woman who has experienced sexual assault, domestic violence/intimate partner violence, or stalking.**

As noted in Key Finding B, point 3 (how to recognize the signs of violence against women and how to respond appropriately), some disability service providers are not fully confident in their ability to identify a woman who may have experienced violence. To more fully explore how disability agencies identify violence against women, leaders were asked directly if they have a formal screening process to guide staff in this regard. All leaders, from both disability agencies in Project CARE, responded that they did not have a formal screening process for identifying violence against women specifically. As one

leader stated, “We do not screen for violence against women—not a question we ask. Strictly a reactive system.” The current “reactive” procedure at this agency addresses incidents of harm that are reported, and is not set up to proactively look for incidents of violence against women. A leader at the other disability agency reported a similar procedure, noting: “We don’t have a written policy specific to violence against women” and that the agency “does not screen for violence against women and there is no question on intake form.” Victims/survivor agency staff were not directly asked if their agency had a formal screening process on the assumption that the leaders interviewed would be able to inform us if such a policy existed.

Remarks on findings about policies to screen for violence against women:

Several disability agency leaders observed that they need to focus more specifically on violence against women. Leaders at both disability agencies also stated that screening is the appropriate approach and suggested collaborating with other partners. As one leader said, they need to “develop cross-agency formal procedures for screening for violence against women.” A disability agency staff person suggested additionally: “we need a formal process of identifying risk.” By clarifying that screening policies are not in place at either disability agency, this finding makes clear a potential avenue for improving services to women with disabilities and Deaf women who are victims/survivors.

2. Disability agencies do not have adequate, comprehensive formal policies for responding to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

Although both disability agencies reported that they have action plans on what to do after a service user discloses violence, it is unclear how formal and how aligned with best practices these action plans are, and how well they are implemented. Disability agency leaders, when asked directly if they had policies specific to responding to violence against women, all stated that they did not. One agency leader noted that they have “a procedure for reported incidents [which] requires a prevention plan,” but this procedure did not address violence against women specifically. Disability agency staff confirmed there were not formal policies related to violence against women. Several disability agency staff also discussed the policy for being informed of any crime. One staff described it in this way: “if anyone reports that they are being abused then they’re all investigated.” Disability agency staff did, in the context of the discussion on policy, mention numerous times that they did not feel adequately prepared to respond to reports of violence against women, as is described in Key Finding B3, above. One disability agency staff made a specific policy recommendation, stating that “violence against women training should be part of required crisis intervention training.”

Remarks on findings about comprehensive policies for responding to violence:

Project CARE disability agencies do not have policies specific to violence against women. At the same time, disability agency staff reported on numerous occasions that they felt unprepared to work with victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. Disability agency leadership agreed that staff need more information on addressing violence against women. The lack of preparedness and the lack of a policy highlight the potential for a policy to improve services to women with disabilities and Deaf women who are victims/survivors.

3. **Victim/survivor agencies have insufficient formal policies to screen for and meet the accommodation needs of women with disabilities and Deaf women.**

All victim/survivor agency leaders were asked what formal policies at their agency specifically address serving women with disabilities and Deaf women. Staff and leadership at each agency stated that it is their policy to serve all women and not discriminate. One leader noted their policy “addresses accessibility well.” No victim/survivor agency staff or leader, however, described a policy that was specific about how to screen women who may need accommodations or how to go about providing accommodations. One victim/survivor agency staff recounted a difficult experience that might have been more successful had there been a policy in place: she was working with a woman who needed assistance with bathing, and did not feel it was appropriate for her to be the one to provide this assistance. Although she did not mention whether or not a policy might have helped her, she was clearly not aware of what steps she might have taken to solve the problem.

Remarks on findings about policies related to accommodations:

It was unclear how staff is instructed to provide accommodations, although the needs assessment did make evident that staff is involved in providing accommodations. As no leader or staff described a standard process for identify accommodation needs, it is possible that accommodations are provided only when requested by an individual or when the need is relatively obvious. The findings also indicate that there is not a formal policy governing how victims/survivors are screened for accommodation needs. Each agency may be able to improve how it provides accommodations through improvements to its formal policies, but the full text of their policies must be reviewed first.

4. **Victim/survivor agencies do not have budget line items exclusively for accommodating women with disabilities and Deaf women.** Victim/survivor agency leaders were asked directly if they had budget line items exclusively for accommodating women with disabilities and Deaf women. All leaders responded that they did not. Several noted that they are permitted to use dollars in more general funds for accommodations. One victim/survivor agency

leader noted that previous grants had included funds earmarked for accommodations.

Remarks on findings about budget line items for accommodations:

The fact that no victim/survivor agency has money earmarked for accommodations implies that other budget pressures could affect, and possibly eliminate, an agency's ability to provide accommodations. No participant reported times when funding limitations affected the quality of accommodations, but this was not asked directly and may not have been a topic participants were comfortable discussing. It may be useful to discuss this topic again in more detail. However, the current finding that all victim/survivor agencies lack budget line items for accommodations calls into question whether these agencies truly value accommodating women with disabilities and Deaf women.

5. **Project CARE agencies do not have adequate, comprehensive formal policies for responding to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.**

All Project CARE agencies reported having policies that require them to serve all women that are eligible for their services, including women with disabilities and Deaf women who are victims/survivors. However, no agency reported policies that specifically address this population, as described in Key Findings C1-C4, above. In addition to gaps in policies, other barriers were discovered, including inaccessibility of services and lack of preparedness described in Key Findings A and B, above. One disability agency leader made an observation about the wide scope of the issues that need to be addressed when she suggested that "agencies to be part of a team focusing on the whole life of a person." This leader was calling not only for multi-agency involvement but also for a comprehensive process. The extent to which the barriers noted in this needs assessment exist at Project CARE agencies may be the result of the lack of comprehensive policies at those agencies.

Remarks on findings about comprehensive policies:

The numerous challenges identified in this report raise questions about the significance of the lack of a specific mechanism (formal policy) at any Project CARE agency to ensure women with disabilities and Deaf women who are victims/survivors are served well. Such a policy could guarantee that essential training, best-practice procedures, and interagency cooperation are coordinated and occur regularly. The complimentary strengths of Project CARE agencies, identified below in Section II, support the suggestion of the leader who called for a team approach.

“Need to have common procedures between YWCA, CILO, MRDD to make services seamless.”

- Focus group participant with a disability

“We need a seamless system [so women with disabilities and Deaf women who are victims/survivors] will get what they need quickly and effectively.”

- Disability service provider

D. INSUFFICIENT AWARENESS OF SERVICES – WITHIN PROJECT CARE AND AMONGST HAMILTON COUNTY COMMUNITY MEMBERS

All Project CARE agencies reported ways in which they, and the women they serve, did not have complete knowledge of services that might be useful to a woman with a disability or a Deaf woman who is a victim/survivor of sexual assault, domestic violence/intimate partner violence, or stalking. The following are the general areas where this lack of awareness was observed:

1. **Project CARE agencies do not have comprehensive knowledge about the types of services that other relevant agencies provide.**

Victim/survivor and disability agency personnel indicated that Project CARE agencies lack information about the complete range of services the other Project CARE agencies provide. For example, one victim/survivor leader did not know that a Project CARE disability agency might be able to assist them with the personal care needs of one of their service users. A disability agency leader noted she was unsure if a victim/survivor agency would accept a woman if the agency called on her behalf. One disability agency staff summed up the comments of other staff when she stated, “we need better knowledge of resources out there and what they do.” Both disability and victim/survivor agency staff reported that one part of the problem is that they receive little feedback about the effectiveness of the services received at other agencies they refer women to. Women with disabilities, Deaf women and victims/survivors also stated that the agencies they use did not know enough about each other. A woman with a disability’s comment encapsulated the opinions of a number of her peers: “providers need more information about where we can go for help.”

Remarks on findings about Project CARE agency awareness of other agencies:

Interagency awareness is critical. All agencies noted that they refer women that

use their services to other agencies. As the strengths identified below in Section II demonstrate, interagency awareness can also identify potential avenues to better meet needs collaboratively. Staff and leadership were not directly asked how familiar they were with other agencies, but they reported a number of gaps in knowledge about other agencies nonetheless, which adds some weight to their responses. Perhaps because the question was not asked, this topic was not discussed even more. The limited data gathered about interagency awareness is useful; however, given that this needs assessment has demonstrated how critical interagency cooperation is. Improving awareness of other agencies should be a component of any strategic initiative.

2. **Women with disabilities and Deaf women who are victims/survivors are often not aware of victim/survivor agencies, or are unaware that these agencies are ready and willing to serve them.**

When the list of participating agencies was read to focus groups of women with disabilities and Deaf women, the majority of them had not heard of the victim/survivor agencies. This was especially true among the women with developmental disabilities. Two disability agency staff supported this perspective when they commented that their service users were frequently unaware of the local services for violence against women. One woman with a disability put the process of identifying the appropriate services in context when she said: “you have to go through so many people to find the right person.” Several women in this group nodded in agreement. A victim/survivor also commented on how difficult it is to find help, stating: “it’s a maze to try to get through,” followed by verbal agreement from several other women in the room. This victim/survivor also noted: “women in a crisis don’t have time to prepare.”

Remarks on awareness of victim/survivor agencies:

The fact that most of the women with disabilities in focus groups did not recognize the victim/survivor agencies is a very significant finding. As was described in Key Finding B4, above, professionals believe many women with disabilities are not prepared to recognize violence against women, such as rape, and therefore are not capable of identifying an agency that might help in such circumstances. All agencies also mentioned the importance of empowering women. In order to remove a barrier even more fundamental than awareness of agencies, proactive efforts to educate women with disabilities and Deaf women about violence against women should be considered as a potential avenue for change, in addition to improved, collaborative outreach efforts.

3. **Outreach methods, including materials and media used, are inadequate or inaccessible.**

The comment made by one victim/survivor agency staff bears repeating: “women with disabilities are not coming through the door.” Deficiencies in outreach may be one reason. Several specific examples of inadequate or inaccessible outreach methods were identified in disability and victim/survivor agency staff focus groups

and among the leaders:

a. Disability and victim/survivor agencies did not uniformly distribute materials concerning women with disabilities and Deaf women who are victims/survivors in multiple accessible formats such as Braille, large font, or simpler language.

Only one agency (victim/survivor) mentioned it had materials available in Braille. Only one agency (disability) mentioned it had materials available in simpler language. No agency mentioned materials printed in large font. An accessibility review would be necessary to fully understand the availability and quality of materials in multiple formats.

b. All Project CARE agencies have limited outreach to the general community and may not reach women that do not use disability or victim/survivor service agencies.

Nearly all leaders, at both victim/survivor and disability agencies, mentioned that there was a need to raise awareness of their services in the general community where women with disabilities live, work and receive other services. Important overlooked partners in outreach included: physicians, housing and other support agencies, and members of rural communities. Women with disabilities added to this list: employers, internet users, and television viewers.

c. Project CARE agencies do not do enough to reach women who are Deaf:

Only leaders discussed outreach to Deaf women. Both disability and victim/survivor agency leaders felt they did not do enough. One victim/survivor leader, who had lost funding previously used to interface with Deaf women and organizations, stated they, “no longer do outreach to Deaf women.” Victim/survivor leaders alluded to inadequate outreach when they noted that they might need to work collaboratively with Deaf organizations and appear at gatherings for Deaf individuals. All victim/survivor agency leaders reported that they have provided ASL interpreters but did not comment on whether they felt the incidence of use of their services by Deaf women was low, other than by mentioning that they felt more outreach was needed.

Remarks on findings about adequacy and accessibility of outreach:

Given that Project CARE organizations have identified that they need to know more about each other, it is not surprising that there are gaps in outreach. A coordinated effort amongst these organizations that takes a more comprehensive look at the diverse women and community members might improve the efficacy of outreach efforts. Accessibility reviews of each Project CARE agency, including their materials and marketing processes, would be necessary to fully understand what needs to be done. Ultimately, collaboration on outreach may need to be part of a larger effort by Project

CARE agencies to work together to respond well to the needs of women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

“Have people in contact with people with disabilities regularly, have information about what’s available, educate people in public services.”

- Focus group participant with a disability

II. STRENGTHS AND ASSETS TO ADDRESS CRITICAL NEEDS

It is important to note that information gathered from the diverse Project CARE stakeholders (staff of disability service providers; staff of victim/survivor service providers; women with disabilities and Deaf women; victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking; and executives from all agencies) showed strengths and assets at some organizations that were found in other organizations to be “needs.” These strengths and assets are important to acknowledge for they can serve as a foundation, and as resources, for Project CARE partners to respond to the needs identified above.

Interestingly, six key strengths were identified and each strength lined up with a reported need.

The following section outlines six needs identified in this needs assessment and the identified strengths that may be useful in addressing those needs.

Need:

Project CARE victim/survivor service agencies lack some knowledge and skills in how to ask whether accommodations are needed and how to ensure accommodations are made.

Strength:

Project CARE disability service providers possess thorough policies and practices for screening and identifying accommodation needs and how to make accommodations.

Need:

Project CARE victim/survivor service providers have difficulties related to personal communication with women with disabilities and Deaf women (although some disability service providers have difficulties here as well).

Strength:

Project CARE disability service providers possess broad knowledge of best practices for communicating with women with disabilities and Deaf women, and have deep connections to other disability and Deaf organizations for obtaining additional support.

Need:

Project CARE disability service providers do not have a formal process for screening or otherwise identifying a woman who has experienced sexual assault, domestic violence/intimate partner violence, or stalking.

Strength:

Project CARE victim/survivor service providers have thorough and effective policies and practices for screening and identifying victims of violence against women.

Need:

Project CARE disability service providers lack some knowledge and skill in recognizing the signs of violence against women.

Strength:

Project CARE victim/survivor service providers have extensive experience in recognizing the signs of violence against women.

Need:

Project CARE disability service providers lack some knowledge and skill to respond appropriately when violence against a woman is reported or recognized, including how to safely follow up.

Strength:

Project CARE victim/survivor service providers have extensive knowledge of best practices for immediate and long term responses when a woman discloses she is a victim or survivor.

Need:

Project CARE agencies do not have adequate, comprehensive formal policies for responding to women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

Strength:

The most encouraging and perhaps most useful strength observed in the needs assessment is the great *commitment on the part of Project CARE partners* to address the needs of women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. All Project CARE agencies have been voluntary members of a larger collaborative, the Family Violence Prevention Project, since 2001. They have been consistent advocates in addressing the need in Hamilton County, Ohio, and the larger community, for systems-based change as it relates to violence against women with disabilities and Deaf women. The findings of this needs assessment process clearly indicate that staff and leadership at each site of change firmly believe they must all work collaboratively in order to impact the needs that have been identified.

CONCLUSION

Through the careful planning, data collection, and analysis of its community needs assessment, Project CARE identified and outlined four categories of critical needs:

- Inaccessibility of services
- Gaps in staff knowledge, skill, and competency
- Lack of best-practice policies and procedures across Project CARE agencies
- Insufficient awareness of services – within Project CARE and amongst Hamilton County community members

The community needs assessment also yielded another significant finding. The critical needs of some agencies were often matched by strengths and assets at other agencies. This has encouraging implications for the response to needs that Project CARE will undertake next.

Variance in findings across groups

There was some variance in the interpretation of the nature or scale of need between some of the four categories of participants in the needs assessment, which were women with disabilities and Deaf women, victims/survivors of violence, victim/survivor service providers, and disability service providers.

Women with disabilities and Deaf women identified a number of access barriers including transportation, sign language and interpreters for the Deaf, layout of offices and inaccessible technologies involving phones and computers. Focus group and interview questions did not ask participants to discuss how feasible or reasonable it would be to remove the access barriers that were discussed, and women with disabilities and Deaf women did not comment on this. However, while victim/survivor service providers noted some of the same barriers and indicated they wanted to do everything in their power to address them, they wondered whether they would be limited in their ability to do so. In addition, a couple of victim/survivor service providers acknowledged that there were staff who believed it is not possible or appropriate to accommodate women with disabilities in some cases.

Another variance was observed in the reports on staff attitudes towards serving women with disabilities and Deaf women. All service providers in the needs assessment overwhelmingly reported staff at their organizations to be welcoming and non-prejudicial towards women with disabilities and Deaf women. Women with disabilities and Deaf women, on the other hand, indicated that service providers (not necessarily Project CARE agencies) were often paternalistic and underestimated their abilities. It is possible that, as was discussed in the Challenges section above, it is difficult for service providers to recognize or acknowledge prejudice in themselves or their own agencies. Although it might be assumed that the background of staff, and the philosophy at social service agencies such as victim/survivor agencies, might counteract this more general

trend, it is possible that staff may not be aware of their “attitudinal” barriers or may not recognize when attitudes are impacting service delivery.

Implications and considerations for the future

It is important to remember that the responses of service users (women with disabilities, Deaf women, and victims/survivors) refer to Hamilton County agencies in general, and do not necessarily refer to Project CARE agencies. Their responses serve primarily as a general indication of priorities, preferences, common struggles and unmet needs. However, Project CARE firmly believes that the concerns of service users should be the ultimate guiding principle when making any changes to services under this grant, and in all aspects of their work. Additional feedback from service users may be warranted when changes are proposed.

Clearly, service users placed the highest priority on self-determination and respect. Difficulty understanding and navigating the system of service delivery was another highly important issue for both victims/survivors and women with disabilities/Deaf women. Women with disabilities were also particularly concerned about stereotypes that cause service providers to misconstrue their actual needs, which has obvious serious implications when violence against women is involved.

The needs assessment made clear that significant unmet needs exist for women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking. At the same time, staff and leadership were found to have their own unmet needs: they need information, community partners, best practices, and a new way of organizing their efforts. They may also need more funding, or more efficient ways of using funds, to eliminate the barriers identified in this report. Women will not have their needs met if the service providers do not have these needs met.

Victim/survivor agency leadership were particularly concerned with physical barriers and their ability to reach women with disabilities and Deaf women. They frequently recommended closer interaction with disability agencies. Victim/survivor agency staff were most concerned with their ability to serve women with disabilities and Deaf women, including their preparedness and supports.

Disability agency leadership saw addressing the need for more information about violence against women as a priority. These leaders also unanimously called for strengthening their relationships with victim/survivor agencies. Disability agency staff also saw the need for more information as highly important. Staff at the disability agency that serves individuals with developmental disabilities highlighted the need for assistance on how to communicate about violence against women with service users. These staff also suggested that education of the women they serve about violence against women would be necessary to remove barriers to services.

All agency staff and leadership were highly supportive of the idea of continuing to work together to address the needs they identified. Combined with the fact that these agencies have voluntarily worked together without additional funding for more than eight years, it seems that strengthening these relationships will be a likely outcome in the future.


Although the topic of policies was discussed at the suggestion of the focus group and interview facilitators, most participants seemed to be open to idea of formal policies as solutions, and some explicitly called for the adoption or modification of specific policies. All Project CARE agencies are aware that their purpose in this collaborative is to enact systems change, which would require policy changes. However, this needs assessment process did not allow for a discussion of viable policy options, and thus it cannot be predicted what specific policy changes may be adopted. It should be noted that the fact that a certain policy does not exist at an agency is not an assumption that this policy should be in place there. All findings reported here should be used a record of the current environment and the preferences of community members.

Next Steps

Although this assessment was largely an exploration of “needs,” the final analysis paints a hopeful picture. Many of the strengths that Project CARE organizations already possess, if shared, are capable of contributing much to solving the problems that exist. Naturally, increased communication between organizations will be necessary to accomplish this. Part of this communication must be further dialogue about the findings, and matching them to strategies for change. The Office on Violence Against Women, the funder of Project CARE, will be an ongoing resource to guide this dialogue, as will collaboratives in other communities across the U.S. that have been previously funded by OVW.

The findings outlined in this report will be examined during Project CARE’s strategic planning process and will serve as the rationale and data-based justification for the development, implementation, and evaluation of core strategic initiatives. Importantly, service users and agencies appear to have been forthright about what they need and have provided a wealth of essential information. This should serve as a strong foundation upon which Project CARE organizations can create a seamless system of service delivery for women with disabilities and Deaf women who are victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

APPENDIX A

	<p align="center">Determining Whether a Proposed Activity is Human Research According to DHHS or FDA Regulatory Definitions</p> <p>Investigators: Please complete this form and checklist; submit in hard copy to the IRB Office, ML 0567 (G-08 Wherry Hall). You will be notified in writing of the IRB's determination.</p>
<p>PERSON REQUESTING DETERMINATION AND CONTACT INFORMATION:</p>	<p>Bonnie S. Fisher, Professor, Division of Criminal Justice, (513) 556 5828, Bonnie.Fisher@uc.edu Co-Partner with Carol Buschur, Clinical Manager, SAFE Program, University Hospital, (513) 584-3379, BuschuC@healthall.com</p>
<p>TITLE OF STUDY:</p>	<p>Project CARE (Collaboration, Attitude, Responsiveness, Empowerment)</p>
<p>DESCRIPTION OF RESEARCH, INCLUDING THE PURPOSE:</p>	<p>See attached</p>
<p><input type="checkbox"/> The activity involves research because all of the following are true:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input checked="" type="checkbox"/> The activity is a systematic investigation, including research development, testing and evaluation</p> <p><input type="checkbox"/> Either of the following is true:</p> <div style="border: 1px dashed black; padding: 5px;"> <p><input type="checkbox"/> The activity is designed to develop generalizable knowledge.</p> <p><input type="checkbox"/> The activity is designed to contribute to generalizable knowledge.</p> </div> </div> <p><input checked="" type="checkbox"/> The activity involves human participants because both of the following are true:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input checked="" type="checkbox"/> The data the investigator is planning to obtain are about living individuals</p> <p><input checked="" type="checkbox"/> Either or both of the following is true</p> <div style="border: 1px dashed black; padding: 5px;"> <p><input checked="" type="checkbox"/> The investigator plans to obtain the data through one or more of the following:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Physical procedures performed on those individuals</p> <p><input type="checkbox"/> Manipulation of those individuals</p> <p><input type="checkbox"/> Manipulation of those individuals' environments</p> <p><input checked="" type="checkbox"/> Communication with those individuals</p> <p><input checked="" type="checkbox"/> Interpersonal contact with those individuals</p> </div> <p><input checked="" type="checkbox"/> The information to be obtained is both:</p> <div style="border: 1px solid black; padding: 5px;"> <p><input checked="" type="checkbox"/> Private, because either of the following is true</p> <div style="border: 1px dashed black; padding: 5px;"> <p><input type="checkbox"/> The information is about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place</p> <p><input checked="" type="checkbox"/> The individual has provided the information for specific purposes and can reasonably expect that the information will not be made public (for example, a medical record)</p> </div> <p><input checked="" type="checkbox"/> Individually identifiable, because either of the following is true:</p> <div style="border: 1px dashed black; padding: 5px;"> <p><input checked="" type="checkbox"/> The identity of the participant is or may readily be ascertained by the investigator</p> <p><input type="checkbox"/> The identity of the participant is or may readily be associated with the information</p> </div> </div> </div> </div>	

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Research for which FDA regulations may apply

The activity involves an FDA regulated test article because one or more of the following is true:

The activity involves the use of a drug, other than the use of an marketed drug in the course of medical practice:

The activity will involve the use of a drug, meaning one of the following:

- An article recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them
- An article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals
- An article (other than food) intended to affect the structure or any function of the body of humans or other animals
- An article intended for use as a component of any article specified in the above items

Either of the following is true:

- The drug is NOT approved by the FDA for marketing
- The drug is NOT being used in the course of medical practice

The activity involves the use of a medical device, other than the use of an marketed medical device in the course of medical practice:

The activity will involve the use of a medical device, meaning one of the following:

- Recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them
- Intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in humans or other animals
- Intended to affect the structure or any function of the body of humans or other animals, and which does not achieve any of its primary intended purposes through chemical action within or on the body of humans or other animals and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes

Either of the following is true:

- The medical device is NOT approved by the FDA for marketing
- The medical device is NOT being used in the course of medical practice

The activity is otherwise subject to FDA regulation:

- Data from the activity will be submitted to, or held for inspection by, the FDA.
- The activity involves an FDA-regulated article one or more of the following:


<input type="checkbox"/> Food or dietary supplement that bears a nutrient content or a health claim	<input type="checkbox"/> Infant formula
<input type="checkbox"/> Food or color additive for human consumption	<input type="checkbox"/> Biological product for human use
	<input type="checkbox"/> Electronic product for human use
	<input type="checkbox"/> Other article subject to the FD&C Act

The activity involves human participants because one or more of following is true:

- The test article will be used on one or more humans
- All of the following are true:
 - The test article is a medical device
 - The medical device will be used on human specimens
 - The activity is being done to determine the safety or effectiveness of the device
 - Data from the activity will be submitted to, or held for inspection by, the FDA.

For IRB Office Use Only

Determined to be human research
 Determined to NOT be human research


 Signature of IRB Chair or Designee

8/20/08
 Dated

Version 0503-2008

Interview Questions – Victim Service Provider Leadership

We have some questions for you about your agency and the services you provide, as they relate to women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

1. What does your organization do to ensure that women with disabilities and Deaf women who are victims or survivors are served?
Prompts:
 - a. How does your organization ensure that women with disabilities and Deaf women receive the accommodations they need?
 - b. What training does staff receive?
 - c. What measures do staff take to ensure that women with disabilities and Deaf women feel welcome and respected?
 - d. What formal policies specifically address serving women with disabilities and Deaf women?
 - e. In what ways do staff follow these policies? In what ways do they not follow these policies?
 - f. How does your budget specifically address serving women with disabilities and Deaf women? Are there line items for accommodations for people with disabilities and Deaf people?

2. Talk about times when, maybe, your organization was not able to fully assist women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking. What happened?
Prompts:
 - a. What challenges have you had providing accommodations for women with disabilities and Deaf women?
 - b. What difficulties have there been related to the physical space where you provide services?
 - c. In what ways could staff have been better prepared?
 - d. How do attitudes and beliefs affect your ability to serve women with disabilities and Deaf women?
 - e. What other aspects of your organization have affected your ability to assist women with disabilities and Deaf women?

3. What could your organization do to improve the way it provides services to women with disabilities and Deaf women who are victims or survivors?
Prompts:
 - a. What staff knowledge or skills could be improved?
 - b. How might the physical layout or location where services are provided be improved?
 - c. What about the way you reach out and communicate with women you serve? How might you improve the way you interact in person? How might you improve your outreach and educational services to reach women with disabilities and Deaf women?
 - d. What policies and practices might be instituted?
 - e. What resources might be offered?
 - f. How might you partner with disability or Deaf organizations?
 - g. How else might your organization improve the way it provides services to victims or survivors?

4. Think about other agencies that women use or that you refer women to. Describe what these organizations could do so you all could improve the way you assist women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?
Prompts:
 - a. How do agencies currently work together?
 - b. How do they work together to ensure that women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking are served?
 - c. Do you have any formal agreements with other service providers? Do you have any formal agreements with disability organizations?
 - d. What agencies need to work together that do not currently work together?
 - e. How should agencies work together?

5. What formal, long-term changes might your organization make to better serve women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?
Prompts:
 - a. What policy changes might your organization institute?
 - b. What about the network of agencies in Hamilton County? What changes could be implemented so that agencies work together better to serve women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?

6. Please take a minute to think about the one thing that you consider most important, that needs to be addressed within your organization regarding services for women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking. What is that one thing?

7. Is there something you haven't had a chance to say that you really want us to know?

Interview Questions – Disability Service Provider Leadership

We have some questions for you about your agency and the services you provide, as they relate to women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

1. What does your agency do to assist women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?

Prompts:

- a. How does your agency screen and identify women who are victims or survivors of violence?
 - b. What training does staff receive related to violence against women?
 - c. What measures do staff take to ensure that victims or survivors feel welcome and respected?
 - d. What formal policies specifically address the needs of victims or survivors of violence?
 - e. In what ways do staff follow these policies? In what ways do they not follow these policies?
 - f. How does your budget specifically address the needs of victims or survivors of violence?
2. Talk about times when, maybe, your organization was not able to fully assist women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking. What happened?
Prompts:
 - a. What difficulties have there been related to the physical space where you provide services?
 - b. In what ways could staff have been better prepared?
 - c. How do attitudes and beliefs affect your ability to serve victims or providers?
 - d. What other aspects of your organization have affected your ability to assist victims or survivors?
3. What could your organization do to improve the way it provides services to victims or survivors?
Prompts:
 - a. What staff knowledge or skills could be improved?
 - b. How might the physical layout or location where services are provided be improved?
 - c. What policies and practices might be instituted?
 - d. What resources might be offered?
 - e. How might you partner with organizations that serve victims and survivors?
 - f. How else might your organization improve the way it provides services to victims or survivors?

4. Think about other agencies that women use or that you refer women to. Describe what these organizations could do so you all could improve the way you assist women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?

Prompts:

- a. How do agencies currently work together?
 - b. How do they work together to ensure that women with disabilities and Deaf women are served?
 - c. Do you have any formal agreements with other service providers? Do you have any formal agreements with organizations that serve victims or survivors?
 - d. What agencies need to work together that do not currently work together?
 - e. How should agencies work together?
5. What formal, long-term changes might your organization make to better serve women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?
Prompts:
 - a. What policy changes might your organization institute?
 - b. What about the network of agencies in Hamilton County? What systems-based change could be implemented to better serve women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?
 6. Please take a minute to think about the one thing that you consider most important, that needs to be addressed within your organization regarding services for women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking? What is that one thing?
 7. Is there something you haven't had a chance to say that you really want us to know about the issue of women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?

Focus Group Questions – Women with Disabilities and Deaf Women

We are interested in learning about your experience with agencies that serve women in Hamilton County. We will use this information to improve services for women with disabilities and Deaf women.

1. Tell us about a time when you were seeking services. How did you find out about the services?
Prompts:
 - a. What was your experience contacting the agency?
 - b. What makes it easy for you to contact an agency?
 - c. What makes it hard to contact an agency?

2. Think about the staff at places where you go for services. What skills or knowledge should staff have so they can serve you well?
Prompts:
 - a. What should staff know about communicating with women with disabilities and Deaf women?
 - b. What about attitudes? What should be the attitudes of staff who provide services to you?

3. Think about times when an agency was not able to fully assist you. What happened?
Prompts:
 - a. In what ways did staff make it difficult to get the services you needed?
 - b. What difficulties were there with the buildings where services are provided?
 - c. What difficulties have you had communicating with agencies in Hamilton County?

4. What kinds of things have agencies done to show they cared about you?
Prompts:
 - a. What did they do to make you feel welcome?
 - b. What did they do to make you feel respected?
 - c. What could an agency do to make you feel more welcome or respected?

5. If you went to an agency for some type of service, what could you suggest to the agency so they could serve you well?
Prompts:
 - a. What knowledge should staff have about women with disabilities and Deaf women?
 - b. How do attitudes or beliefs affect the services you receive from an agency?
 - c. What could agencies do to reach out to women with disabilities and Deaf women?
 - d. What else could an agency do to better serve women with disabilities and Deaf women?

6. Think about a time when you received services from more than one agency. How well do agencies work together in Hamilton County to serve women with disabilities and Deaf women?
Prompt:
 - a. How would you improve the way agencies work together in Hamilton County?

7. Take a minute to think about your most important wish in terms of services that you get. [What would be] What is your biggest wish for the agencies that you use?

8. Is there something you haven't had a chance to say that you really want us to know about services for women?

Focus Group Questions – Victims or Survivors

Thank you for participating in our focus group. We will be discussing what local agencies do that is helpful and what is not helpful to women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking. We are interested in how well these services work for all women, including women with disabilities and Deaf women. We will use this information to improve services in Hamilton County.

1. Tell us about a time when you were seeking services. How did you find out about the services?
Prompts:
 - a. What was your experience contacting the agency?
 - b. What makes it easy for you to contact an agency?
 - c. What makes it hard to contact an agency?

2. What did you like about the way staff interacted with you when you received services from an agency?
Prompts:
 - a. How did staff interact with you that was positive?
 - b. How did you know that staff cared about you?
 - c. How did staff make you feel welcome and comfortable when explaining your situation?
 - d. What would have been more helpful?

3. Maybe there were times when your needs or the needs of someone you know were not met by an agency. Talk about that. What might they have done differently?
Prompt:
 - a. Maybe there were times when an agency was not able to provide you or someone you know safe access to services. What might they have done that that would have been safer?

4. What do you believe staff at agencies that don't often provide services to victims and survivors need to know?
Prompts:
 - a. What information do they need?
 - b. What skills do they need?

5. Think about a time when you received services from multiple agencies. How well do agencies work together in Hamilton County to support victims and survivors of sexual assault, domestic violence/intimate partner violence, or stalking?
Prompts:
 - a. How would you improve the way agencies work together to support victims or survivors?
 - b. What agencies should work together that do not work together?

6. Please take a minute to think about the one thing that you consider most important, that needs to be addressed regarding services for victims and survivors of sexual assault, domestic violence/intimate partner violence, or stalking. What is that one thing?

Prompt:

- a. What's the most important thing for service providers to know about victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?
7. Is there something you haven't had a chance to say that you really want us to know about services for victims/survivors of sexual assault, domestic violence/intimate partner violence, or stalking?

Focus Group Questions – Disability Service Providers

Thank you for participating in our focus group. We will be discussing what local agencies do that is helpful and what is not helpful to women with disabilities and Deaf women. We would also like to know specifically about agencies for women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking. We will use this information to improve services for women in Hamilton County.

1. What does your agency do to assist women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?

Prompts:

- a. How does your agency screen and identify women who are victims or survivors of violence? When do you do this?
- b. What resources do you offer victims?
- c. What training does staff receive?
- d. What policies and practices are in place for assisting women with disabilities and Deaf women who are victims or survivors?

2. What kinds of things does your agency do to make victims or survivors know you care about them?

Prompts:

- a. What do you do to make them feel welcome?
- b. How do you make them feel respected?
- c. What could your agency do to make them feel more welcome and respected?

3. Talk about times when, maybe, your organization was not able to fully assist women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking. What happened?

Prompts:

- a. What difficulties have there been related to the physical space where you provide services?
- b. In what ways could staff have been better prepared?
- c. How do attitudes and beliefs affect your ability to serve victims and survivors?
- d. What other aspects of your organization have affected your ability to assist victims or survivors?

4. Talk about your comfort level working with victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking.

Prompts:

- a. What was it like for you to work with a victim or survivor?
- b. What went well?
- c. What didn't go well?
- d. What would have helped you work with a victim or survivor?

5. What could your agency do to improve the way it provides services to service users who have experienced and/or disclosed violence or abuse?

Prompts:

- a. What staff knowledge or skills could be improved?
 - b. How might the physical layout or location where services are provided be improved?
 - c. What policies and practices might be instituted?
 - d. What resources might be offered?
 - e. How might you partner with organizations that serve victims and survivors?
 - f. How else might your organization improve the way it provides services to victims or survivors?
6. Think about other agencies that women use or that you refer women to. Describe what these organizations could do so you all could improve the way you assist women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?
Prompts:
 - a. How do agencies currently work together to ensure that women with disabilities and Deaf women who are victims or survivors are served?
 - b. Do you currently work with providers of services for victims or survivors?
 - c. What agencies need to work together that do not currently work together?
 - d. How should agencies work together?
 7. Please take a minute to think about the one thing that you consider most important, that needs to be addressed within your organization regarding services for women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking? What is that one thing?
 8. Is there something you haven't had a chance to say that you really want us to know about the issue of women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?

Focus Group Questions – Victim/Survivor Service Providers

Thank you for participating in our focus group. We will be discussing what local agencies do that is helpful and what is not helpful to women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking. We will use this information to improve services for women in Hamilton County.

1. What does your agency do to ensure that women with disabilities and Deaf women who are victims or survivors are served?

Prompts

- a. How does your agency ensure that women with disabilities and Deaf women receive the accommodations they need?
- b. What resources do you offer women with disabilities and Deaf women?
- c. What training does staff receive?
- d. What policies and practices are in place for assisting women with disabilities and Deaf women who are victims or survivors?

2. What kinds of things does your organization do to make women with disabilities and Deaf women know that you care about them?

Prompts:

- a. What do you do to make them feel welcome?
- b. How do you make them feel respected?
- c. What could your organization do to make them feel more welcome and respected?

3. Talk about times when, maybe, your organization was not able to fully assist women with disabilities and Deaf women who were victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking. What happened?

Prompts:

- a. What challenges have you had providing accommodations for women with disabilities and Deaf women?
- b. What difficulties have there been related to the physical space where you provide services?
- c. In what ways could staff have been better prepared?
- d. How do attitudes and beliefs affect your ability to serve women with disabilities and Deaf women?
- e. What other aspects of your organization have affected your ability to assist women with disabilities and Deaf women?

4. Talk about your comfort level working with women with disabilities or Deaf women.

Prompts:

- a. What was it like for you to work with women with disabilities or Deaf women?
- b. What went well?
- c. What didn't go well?
- d. What would have helped you work with women with disabilities or Deaf women?

5. What could your organization do to improve the way it provides services to women with disabilities and Deaf women who are victims or survivors?

Prompts:

- a. What staff knowledge or skills could be improved?
- b. How might the physical layout or location where services are provided be improved?
- c. What policies and practices might be instituted?
- d. What resources might be offered?
- e. How might you partner with disability or Deaf organizations?
- f. How else might your organization improve the way it provides services to victims or survivors?

6. Think about the way you reach out and communicate with women you serve. How might you improve your outreach to women with disabilities and Deaf women?

Prompts:

- a. How might you improve the way you interact in person?
- b. How might you improve your materials?
- c. How might you improve your use of interpreters?
- d. How might you improve your hotline?

7. Think about other agencies that women use or that you refer women to. Describe what these organizations could do so you all could improve the way you assist women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?

Prompts:

- a. How do agencies currently work together?
- b. How do they work together to ensure that women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking are served?
- c. Do you currently work with disability organizations?
- d. What agencies need to work together that do not currently work together?
- e. How should agencies work together?

8. Please take a minute to think about the one thing that you consider most important, that needs to be addressed within your organization regarding services for women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking? What is that one thing?

9. Is there something you haven't had a chance to say that you really want us to know about the issue of women with disabilities and Deaf women who are victims or survivors of sexual assault, domestic violence/intimate partner violence, or stalking?

Consent Form [Women with Disabilities and Deaf Women]

Please read the following explanation carefully and ask questions about anything you do not understand before you sign this form. When you sign this form, that means you agree to participate in the focus group and be part of the effort to improve services in Hamilton County for women with disabilities and Deaf women.

We have invited you to discuss what local agencies do that is helpful and what is not helpful to women with disabilities and Deaf women. We would also like to know about **services** for women who get physically hurt, sexually hurt, or repeatedly bothered/followed (this is sometimes referred to as stalking). Your participation will help us develop a plan to improve services for women with disabilities and Deaf women in Hamilton County.

The focus group will last two hours.

Because your participation in the focus group is voluntary, this means you can leave the group at any time. You do not have to discuss any question that you do not want to talk about.

We think that you have much to share with us. Because of your knowledge, experience and willingness to help, we will pay you with a \$25 gift card. If you need to leave early, you may keep the gift card.

We do not expect that anything that we talk about will cause you to become upset. We will not ask you to talk about anything that makes you feel uncomfortable. We will not be talking about your relationships or your personal experiences with people in your life. If for some reason you do become uncomfortable, one of the group leaders will be glad to talk with you privately.

For confidentiality reasons, please do not call each other by name during the focus group, even if you know each other. We have placed numbers in front of you so that we don't need to call you by name. After this focus group is finished, please respect each others' privacy by not sharing personal information with anyone else.

We will make a recording of the focus group using a sound recorder. We will use this recording later to create a report on what is learned in the

focus group. We may write down issues or ideas that you mention, but we will not use your exact words. We will use the information in this report to create a plan to improve services in Hamilton County.

Our notes will not mention your name or any personal information about you. None of the information we share with other agencies will contain any personal information. Our notes and the sound recording of this focus group will be stored in locked file cabinets at the YWCA and at the University of Cincinnati. Information from the focus groups will be used to help improve agencies in Hamilton County. All notes will be destroyed once our plan is completed.

Participant Signature _____

Date: _____

Oral presentation of consent to participant who is not able to read the written consent form

Signature and title of person obtaining / witnessing consent:

Date: _____

Consent Form [Survivors]

Please read the following explanation carefully and ask questions about anything you do not understand before you sign this form. When you sign this form, that means you agree to participate in the focus group and be part of the effort to improve services in Hamilton County for women with disabilities and Deaf women.

We have invited you to discuss what local agencies do that is helpful and what is not helpful to victims or survivors. We would also like to know how these services might work for a woman with a disability or a Deaf woman. Your participation will help us develop a plan to improve services for women with disabilities and Deaf women in Hamilton County.

The focus group will last two hours.

Because your participation in the focus group is voluntary, this means you can leave the group at any time. You do not have to discuss any question that you do not want to talk about.

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