

Needs Assessment *Report*

Project SAFE
(Safe Access For Everyone)
Ending Violence Against Women with Disabilities
In Suffolk County

A Collaborative Project between
VIBS Family Violence and Rape Crisis Center
∞
United Cerebral Palsy Association of Greater Suffolk, Inc.

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Executive Summary

Project SAFE (Safe Access For Everyone) was created in October 2008 as a collaborative project between two local Suffolk County agencies, VIBS Family Violence and Rape Crisis Center and UCP-Suffolk (United Cerebral Palsy Association of Greater Suffolk Inc.). Project SAFE is federally funded for three years by the Office on Violence Against Women, US Department of Justice through the "Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program". Its purpose and main objective is to create sustainable organizational changes within VIBS and UCP-Suffolk by providing a safer, more accessible, and more responsive service delivery system to individuals with a physical and/or developmental disability who have experienced domestic and/or sexual violence.

- VIBS is a not-for-profit agency that has been offering counseling and advocacy services to survivors of domestic and sexual violence as well as community education for over 30 years. VIBS Family Violence and Rape Crisis Center is the lead fiscal agent in this collaboration who was awarded the funds for this grant.
- UCP-Suffolk is a not-for-profit agency that has been offering an array of services to individuals with disabilities and their families for over 35 years. UCP-Suffolk has agreed to join VIBS as the partner organization in this collaboration.

Both VIBS and UCP-Suffolk have acknowledged that the intersection of domestic / sexual violence and disabilities is an important issue that has not been fully addressed by either organization.

There are two phases to this three year grant project; the planning and development phase and the implementation phase. We are currently in the planning phase. The planning phase consists of identifying all collaboration members; strengthening and building our collaboration with the creation of a charter; identifying the particular audiences to engage and the methodologies to utilize as specified in our needs assessment plan; conduct focus groups, interviews, and

surveys in our needs assessment process; identify significant findings gathered from our needs assessment in a needs assessment report; and identify initiatives to be implemented as outlined in a strategic plan. We completed all above mentioned phases except for the strategic plan. Our needs assessment report is attached.

Project SAFE identified five goals for our needs assessment:

- Identify current policies/procedures/practices that exist, those that don't exist, and those that need to be improved upon at both organizations in order to serve, support, and respond to survivors with disabilities.
- Identify service aspects experienced by our staff that facilitate or hinder our ability to provide a safe, accessible, and responsive service delivery system for survivors with disabilities.
- Identify the service aspects experienced by survivors and individuals with disabilities that support or inhibit a more accessible, safe, and responsive service delivery system.
- Identify the strengths and weaknesses of the existing relationship between our two organizations and ways to enhance our partnership to provide seamless services for survivors with disabilities.
- Identify opportunities for change and strategies for improvement within our organizations to enhance services for survivors with disabilities.

Project SAFE engaged 131 people in our needs assessment from both agencies including boards of directors, leadership, supervisors, direct service delivery staff, VIBS volunteers, survivors of domestic and sexual violence, and individuals with disabilities.

We conducted 13 focus groups with a variety of audiences from both agencies including supervisors, direct service delivery staff, VIBS volunteers, survivors of domestic and sexual violence, and individuals with disabilities. Ninety one (91) people in total were engaged in this process.

- 2 focus groups with supervisors (one group at VIBS and one group at UCP-Suffolk), engaging 17 supervisors in total.

- 5 focus groups with direct service delivery staff (3 groups at VIBS and 2 groups at UCP-Suffolk), engaging 34 direct service delivery staff in total.
- 3 focus groups with survivors of domestic and sexual violence (all groups for clients receiving services at VIBS), engaging 19 survivors in total.
- 2 focus groups with individuals with disabilities, (all groups for clients receiving services at UCP-Suffolk), engaging 16 individuals with disabilities in total.
- 1 focus group with VIBS volunteers, engaging 5 volunteers in total.

We conducted 8 individual interviews, 6 of which were with leadership (3 leadership members at VIBS and 3 leadership members at UCP-Suffolk) and 2 were with survivors of elder abuse.

We received 32 surveys, 14 from Boards of Directors at both agencies and 18 from Direct Service Delivery Staff at UCP-Suffolk.

During our needs assessment, we gathered some very valuable information from all audiences engaged in this process regarding the possible modifications needed for systemic change at both organizations. Some of the more consistent information that was continually raised was as follows:

1.) **Policies and Procedures:** Both organizations have shortfalls in their policies and procedures which limit the provision of safer, more accessible, and more responsive services to survivors with disabilities.

2.) **Barriers to Safety:** Survivors of domestic and sexual violence as well as staff at VIBS have identified ways in which both organizations can create environments that promote a safer atmosphere for survivors with disabilities.

3.) **Barriers to Accessibility:** Individuals with disabilities as well as staff at UCP-Suffolk have identified ways in which both organizations can create environments that promote a more accessible atmosphere for survivors with disabilities.

4.) **Knowledge Building:** Both agencies have deficits in the training and education they provide to their staff and the individuals they serve regarding survivors with disabilities, safety, and accommodations.

5.) **Partnership Building:** Both organizations have limited knowledge of each other's discipline and service delivery.

Project SAFE plans to utilize these key findings as guideposts to help inform us as to the initiatives we will propose to work on in our strategic plan.

I. Introduction

Over the past five months, beginning in November of 2009 until March of 2010, Project SAFE has engaged survivors of domestic / sexual violence, individuals with physical and developmental disabilities, VIBS volunteers, and both agencies leadership, boards of directors, supervisors, and direct service delivery staff in a thorough needs assessment. The information and feedback gained through this process will be shared in the following needs assessment report. This report will contain an overview of Project SAFE including its vision and mission; an overview of the planning stage including a detailed description of our collaboration charter, our needs assessment plan, the purpose and goals of our needs assessment; use of information; strategic plan and end goal; detailed description of the methodologies we utilized in our needs assessment process including focus groups, interviews, and surveys; and lastly our key findings including their implications and possible solutions.

Overview of Project SAFE

Project SAFE (Safe Access For Everyone) was created in October 2008 as a collaborative project between two local Suffolk County agencies, VIBS Family Violence and Rape Crisis Center and UCP-Suffolk (United Cerebral Palsy Association of Greater Suffolk Inc.). Project SAFE is federally funded for three years by the Office on Violence Against Women, US Department of Justice through the "Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program". Its purpose and main objective is to create sustainable organizational changes within VIBS and UCP-Suffolk by providing a safer, more accessible, and more responsive service delivery system to individuals with a physical and/or developmental disability who have experienced domestic and/or sexual violence.

- VIBS is a not-for-profit agency that has been offering counseling and advocacy services to survivors of domestic and sexual violence as well as community education for over 30 years. VIBS Family Violence and Rape Crisis Center is

the lead fiscal agent in this collaboration who was awarded the funds for this grant.

- UCP-Suffolk is a not-for-profit agency that has been offering an array of services to individuals with disabilities and their families for over 35 years. UCP-Suffolk has agreed to join VIBS as the partner organization in this collaboration.

Both VIBS and UCP-Suffolk have acknowledged that the intersection of domestic / sexual violence and disabilities is an important issue that has not been fully addressed by either organization.

Project SAFE began its journey in October of 2008 with two collaborative partner agencies and six collaboration members; three representatives from VIBS and three representatives from UCP-Suffolk. The three collaborative representatives from VIBS include the Project Director, the Supervisor of the Project Director who is also the Director of Advocacy Services at VIBS, and the Associate Director of VIBS. The three collaborative representatives from UCP-Suffolk are a part-time Certified Rehabilitation Counselor, the Director of Adult Day Services, and the Chief Operations Officer of UCP-Suffolk. As of December 31, 2009 our collaboration has changed from six members to five members. The Chief Operations Officer of UCP-Suffolk is no longer with the agency. The position has recently been filled at UCP-Suffolk, with some changes in responsibilities. The collaboration will consider, as this project moves forward, other management staff that may be needed for the project at certain points during the strategic plan phase.

Project SAFE's Vision

Women with disabilities in Suffolk County who are survivors of domestic and sexual violence will have universal access to a network of organizations that promote a culture of dignity, respect, and acceptance. Service providers will work in a seamless and timely manner as partners with these individuals on their journey toward safety, empowerment, and economic justice.

Project SAFE's Mission

VIBS Family Violence and Rape Crisis Center and UCP-Suffolk will work together to promote a safe, accessible and responsive service environment for women in Suffolk County who are survivors of domestic and sexual violence with a physical and/or developmental disability. We will accomplish this by creating sustainable changes in our organizational cultures through:

- Fostering collaboration
- Sharing resources and knowledge
- Enhancing the existing service delivery system
- Implementing policies and procedures that reflect best practices of professional ethics, trust, open communication, and true understanding of the challenges and needs of survivors with disabilities.

Overview of Planning Phase

Project SAFE initially began its work together in October of 2008. All collaboration members for Project SAFE were identified and hired in the early part of October and our individual roles in this project were loosely defined in the beginning stages. As the project evolved, our individual roles and responsibilities became more clearly delineated. Our first deliverable for this project was our charter.

Description of Collaboration Charter

Our collaboration charter enabled us to clearly define each collaboration member's role in this project, the expectation of each collaboration member, the expectation of each agency, our values and guiding principles, decision making protocol, communication plan, identification of conflict resolution strategies, and confidentiality guidelines. Throughout the process of developing our charter, we were given the opportunity to learn more about each other on an individual basis as well as on a professional level. We learned what professional attributes, education, and experiences we each brought to this project in strengthening our collaboration. We also learned more about our partner agency, the services it provides, who they assist, their mission, and their commitment to the issue of domestic / sexual violence and disabilities.

Upon the completion and approval of our collaboration charter in April of 2009, we advanced to our next stage in the planning and development phase, our needs assessment plan. Project SAFE worked on this needs assessment plan from April 2009 through October 2009. We submitted our plan on October 20th and received approval on October 30th. We began the needs assessment process in November of 2009 and concluded all activities in March of 2010.

Description of Needs Assessment

Prior to conducting our needs assessment, Project SAFE developed a needs assessment plan. Our needs assessment plan included the following components:

- Needs Assessment Goals: these five goals were identified to help guide the work of the collaboration in the needs assessment process and thereafter in the strategic plan and during implementation.
- Information Sources: a search for local studies / research relevant to Project SAFE's needs assessment.
- Overview of Methods: including focus groups, interviews, and surveys to be utilized in the needs assessment.
- Identification and Description of Participating Audiences: included boards of directors, leadership, supervisors, direct service delivery staff, VIBS volunteers, survivors of domestic and sexual violence, and individuals with disabilities.
- Facilitation Process: including the facilitator, note-taker, and counselor role in the needs assessment process.
- Recruitment Strategies: explains how we planned to enlist particular individuals to voluntarily participate in our needs assessment.
- Consent Procedures: acknowledgement and willingness of participants to be involved on a voluntary basis.
- Confidentiality Protocol: how participant identity would be protected in this process as well as how the information they share would be used and who would have access to it; included mandatory reporting guidelines.
- Data Collection and Storage: how written notes and materials would be safeguarded and stored for safekeeping.

- Safety and Access Considerations: those components that should be in place to provide a safer and more accessible needs assessment process for survivors and individuals with disabilities.
- Work Plan Timeline: a projected timeline of how long each task should take in each phase of this project.
- Needs Assessment Tools: are pre-determined questions specially designed to elicit information important to this needs assessment.
- Referral and Resource List: a list of local domestic / sexual violence, disability, and legal agencies.

Upon the approval of our needs assessment plan in October of 2009, Project SAFE began conducting its needs assessment. This phase of the project was conducted and completed over a five month time period. We held focus groups with supervisors, direct service delivery staff, VIBS volunteers, survivors, and individuals with disabilities; interviews with leadership and elder abuse survivors; and surveys were completed by boards of directors at both agencies. Surveys were also completed by direct service delivery staff members at UCP-Suffolk who were unable, due to shifts, remote work locations and size of the agency as a whole, to participate in the focus groups. Although we felt that the input from this group was important, it has not been granted the same weight as the focus groups and interviews because of the lack of opportunity for follow-up and discussion. Our needs assessment was essential in determining what service aspects at VIBS and UCP-Suffolk need to be modified, enhanced, and/or changed in providing a safer, more accessible, and more responsive service delivery system for individuals with disabilities who have experienced domestic and/or sexual violence.

Purpose and Goal of Needs Assessment

The purpose of our needs assessment was to gain insight from the above mentioned audiences, who we consider to be experts on domestic and sexual violence and on disabilities from a variety of perspectives. Their knowledge and experience of the current service delivery system at VIBS and UCP-Suffolk, as well as other services in the community, was considered a source of expert information on

welcoming, responsive, safe, and accessible service atmospheres for survivors of domestic and sexual violence and individuals with disabilities. The following goals were developed to help guide the work of the collaboration in the needs assessment process, as well as to serve as guideposts in the strategic planning and implementation phases:

- Identify current policies/procedures/practices that exist, those that don't exist, and those that need to be improved upon at both organizations in order to serve, support, and respond to survivors with disabilities.
- Identify service aspects experienced by our staff that facilitate or hinder our ability to provide a safe, accessible, and responsive service delivery system for survivors with disabilities.
- Identify the service aspects experienced by survivors and individuals with disabilities that support or inhibit a more accessible, safe, and responsive service delivery system.
- Identify the strengths and weaknesses of the existing relationship between our two organizations and ways to enhance our partnership to provide seamless services for survivors with disabilities.
- Identify opportunities for change and strategies for improvement within our organizations to enhance services for survivors with disabilities.

Use of Information

The information gathered through our needs assessment will be utilized in this report which will be shared with the Office on Violence Against Women, Vera Institute of Justice, VIBS, UCP-Suffolk, and any potential future community stakeholders. This report will help to inform the work of our collaboration by identifying the potential changes needed to be made within each agency in providing a safer, more accessible, and more responsive service delivery system for individuals with disabilities who have experienced domestic and sexual violence. These findings will help to establish initiatives for our strategic plan and will clearly define the tasks and goals that need to be addressed during implementation.

Strategic Plan and End Goal

The findings from this report were generated from the feedback of those audiences who engaged in our needs assessment process and will help to create initiatives for our strategic plan. Our strategic plan will identify those specific initiatives that are conducive to this grant program and will outline the ways in which we plan to address them during implementation. Project SAFE's end goal is to enhance, modify, and/or change the current service delivery system within VIBS and UCP-Suffolk to create a safer, more accessible, and more responsive environment for individuals with disabilities who have experienced domestic / sexual violence.

II. Methodology

Project SAFE chose the following methodologies to gain knowledge, feedback, and insight from select audiences regarding policies, procedures, and protocols; helpful versus not helpful service aspects, and conditions that create a safe, accessible, and responsive service environment:

- **Focus Groups:** provided the opportunity to meet with a group of people in a time efficient manner. Focus groups allowed for a diversity of ideas to be shared, and carefully constructed questions were asked to encourage a wide variety of opinions and perspectives to add to the group process.
- **Individual Interviews:** provided the opportunity to elicit in-depth information from one person at a time in a private forum. A one-to-one interview relationship allowed a more open discussion and safeguarded confidentiality more so than in a group setting.
- **Surveys:** provided supplemental feedback in the most anonymous fashion to large groups of people.

Project SAFE anticipated engaging anywhere from 173 to 294 people in the needs assessment process and actually engaged 131 people in total including participants in all focus groups, individual interviews, and surveys.

Focus Groups

Project SAFE proposed to hold 14 focus groups. Out of these 14 proposed focus groups, 13 were conducted. The focus groups for all supervisors and direct service delivery staff were held at their respective agency, VIBS volunteers focus group was held at the VIBS facility, survivors of domestic and sexual violence attended focus groups held at the VIBS facility, and individuals with disabilities attended focus groups held at the UCP main administrative building. Group dates and times varied dependent on differing work and service program schedules. It was established and strongly

encouraged that all focus group participants utilize their regularly scheduled work time or service program time to attend our needs assessment activities. All survivors and individuals with disabilities were offered a \$20 gift card to Target as a token of our appreciation for their time and participation. All focus group participants were offered light refreshments as well.

The facilitation team for VIBS supervisors' focus group included a UCP-Suffolk collaboration representative as facilitator, a UCP-Suffolk collaboration representative as note-taker, and a VIBS collaboration representative as counselor. The facilitation team for UCP-Suffolk supervisors and direct service delivery staff focus groups was composed of VIBS collaboration representatives as facilitator, note-taker, and counselor. The facilitation team for VIBS direct service delivery staff, volunteers, and survivors of domestic and sexual violence included a UCP-Suffolk collaboration representative as facilitator, a VIBS collaboration representative as note-taker, and a VIBS collaboration representative as counselor. The facilitation team for individuals with disabilities included a VIBS collaboration representative as facilitator, a UCP-Suffolk collaboration representative as note-taker, and a VIBS collaboration representative as counselor.

The following chart signifies the audiences we chose to capture for focus groups, the anticipated number of participants, and the actual number of participants.

Target Audience	Anticipated Number Of Participants	Actual Number Of Participants
VIBS Supervisors	5 – 7	4
UCP Supervisors	12 – 15	13
VIBS Direct Service Delivery Staff # 1	6 – 8	13
VIBS Direct Service Delivery Staff # 2	6 – 8	2
UCP Direct Service Delivery Staff # 1	6 – 10	7
UCP Direct Service Delivery Staff # 2	6 – 10	9
UCP Direct Service Delivery Staff # 3	6 – 10	3
VIBS Volunteers	8 – 10	5
Domestic Violence Survivors # 1	6 – 8	9
Domestic Violence Survivors # 2	6 – 8	6
Rape / Sexual Assault Survivor	8 – 10	4
Individuals with Disabilities # 1	6 - 8	10
Individuals with Disabilities # 2	6 – 8	6
**Individuals with Disabilities # 3	6 – 8	0
<i>This group was cancelled - see explanation page 18</i>		
Total:	93 - 138	91

Supervisors:

Supervisors from both agencies were chosen as an appropriate audience to engage in the needs assessment process due to their specific role in their respective agencies. Supervisors have insight into fiscal and budgetary concerns, have a significant impact on

policy and procedure changes and implementation, and provide supervision and training to their staff.

Target Audience: Supervisors	Projected Number Of Participants	Actual Number Of Participants
VIBS	5 – 7	4
UCP	12 – 15	13
Total:	17 – 22	17

Project SAFE conducted one focus group for the supervisors at VIBS and one focus group for the supervisors at UCP-Suffolk. Both focus groups generated a substantial amount of information and feedback regarding current and existing policies and procedures, organizational aspects that support or hinder their supervisory role with staff in their efforts to assist survivors with disabilities, suggestions on what is needed to better inform staff and help survivors with disabilities, the impact of organizational culture on survivors with disabilities, and identifying other professional relationships with other organizations.

Although the number of supervisor’s attending the focus group at VIBS was slightly under the anticipated projected estimate, the feedback provided was fruitful and quite significant and seemed to encompass views from different service departments. The number of supervisor’s attending the focus group at UCP-Suffolk was rather impressive. It provided a wealth of perspectives to be shared as well as an in-depth view of the different departments within UCP-Suffolk.

Challenges

The only drawback to the large number of people attending was that we may have missed some feedback from some group members due to the number of people present.

Direct Service Delivery Staff in the Adult Day Services Programs:

Direct service delivery staff from both agencies was chosen as an appropriate audience to engage in the needs assessment process due to their specific role in their respective agencies. Direct service delivery staff informed us of what does and does not work well within

our agencies' current service delivery systems, either through their own experience as employees or through their knowledge of the individuals they work with.

Target Audience: Direct Service Delivery Staff	Projected Number Of Participants	Actual Number Of Participants
VIBS # 1	6 – 8	13
VIBS # 2	6 – 8	2
UCP # 1	6 – 10	7
UCP # 2	6 – 10	9
UCP # 3	6 – 10	3
Total:	30 – 46	34

Project SAFE conducted two focus groups for direct service delivery staff at VIBS and three focus groups for direct service delivery staff at UCP-Suffolk. All focus groups generated a significant amount of information and feedback regarding current and existing policies and procedures, organizational aspects that support or hinder their efforts in assisting survivors with disabilities, suggestions on what is needed to better inform staff and help survivors with disabilities, and important factors to consider when assisting survivors with disabilities.

The VIBS focus groups for direct service delivery staff were disproportionate in how many people attended each group session. More staff attended the day focus group as opposed to the evening focus group due to convenience and more flexibility. Although Project SAFE's facilitation team was successful in incorporating all the key elements being sought from our needs assessment, an in-depth discussion from all participants may have been curtailed by time and schedule constraints.

Challenges

Time and schedule constraints seemed to pose somewhat of a challenge with the VIBS direct service delivery staff focus group that engaged 14 participants as opposed to its anticipated limit of 10. The evening focus group consisted of a very small number of staff

which limited our ability to explore varying perspectives. The focus groups for UCP-Suffolk did not reflect a huge disparity of how many people attended each group regardless of the time or date.

VIBS Volunteers:

VIBS volunteers were chosen as an appropriate audience to engage in the needs assessment process due to their specific role in their respective agencies. VIBS Volunteers provided an unbiased view of how certain policies, procedures, and practices affect staff, survivors receiving services, the organization as a whole, and the SANE (Sexual Assault Nurse Examiners) Centers.

Target Audience: Volunteers	Projected Number Of Participants	Actual Number Of Participants
VIBS # 1	8 - 10	5
Total:	8 – 10	5

Project SAFE conducted one focus group for VIBS volunteers. This focus group generated a considerable amount of information and feedback regarding current and existing policies and procedures, organizational aspects that support or hinder their efforts to assist survivors with disabilities, suggestions on what is needed to better inform staff and help survivors with disabilities, and important factors to consider when assisting a survivor of domestic and sexual violence.

Challenges

Of the five members that attended this focus group, it was only two members that provided the bulk of the feedback. Two members were very new to the volunteer program and had no real experience to share and one member had to leave the process early. The remaining two members have been volunteers for a number of years and were able to draw on their numerous experiences with clients and their longevity with the agency.

Survivors of Domestic and Sexual Violence:

Survivors were chosen as an appropriate audience to engage in the needs assessment process due to their first hand experience in

receiving services for domestic and/or sexual violence. Survivors are true experts as to which service aspects are helpful, which ones are not helpful, and what is specifically needed to make the current service delivery system safer and more responsive to their needs.

Target Audience: Survivors	Projected Number Of Participants	Actual Number Of Participants
Domestic Violence Survivors # 1	6 – 8	9
Domestic Violence Survivors # 2	6 – 8	6
Rape / Sexual Assault Survivors	8 – 10	4
Total:	19 - 26	19

Project SAFE conducted three survivor focus groups at VIBS. Two were with survivors of domestic violence and one was with survivors of rape / sexual assault. These focus groups generated an extensive amount of information and feedback regarding service aspects that make them feel safe and comfortable, service aspects that do not make them feel safe and comfortable, and important factors that should be known about safety, domestic / sexual violence, and survivors in general.

Challenges

There were no significant challenges to report regarding the process of any of these groups.

Individuals With Disabilities:

Individuals with disabilities were chosen as an appropriate audience to engage in the needs assessment process due to their first hand experience in receiving services and accommodations for disabilities. Individuals with disabilities are true experts as to which service aspects are helpful, which ones are not helpful, and what is specifically needed to make the current service delivery system more accessible and more responsive to their needs.

Target Audience: Individuals With Disabilities	Projected Number Of Participants	Actual Number Of Participants
Individuals with Disabilities# 1	6 - 8	6
Individuals with Disabilities# 2	6 - 8	10
Individuals with Disabilities# 2 <i>** This focus group was cancelled – see below</i>	6 - 8	0
Total:	18 - 24	16

Project SAFE initially planned to conduct three focus groups for individuals with disabilities participating in day programs at UCP-Suffolk but only two focus groups were held. These two focus groups generated a wealth of information and feedback regarding service aspects that make them feel comfortable and are accommodating, service aspects that do not make them feel comfortable and are not accommodating, and important factors that should be known about the various types of disabilities, accommodations, and individuals with disabilities in general.

Both focus groups were well attended. Although the focus group with ten participants was larger than originally projected, it went smoothly and everyone had the opportunity to speak. The use of communication devices was familiar and respected by all participants.

Challenges

In planning for our needs assessment, we initially proposed to offer three focus groups for individuals with disabilities, one for people with acquired disabilities, one for people with developmental disabilities living in UCP-Suffolk’s residential program, and one for people with developmental disabilities living at home. In the recruiting phase, we received a substantial number of people who were interested in participating in one of the groups due to the convenient time frame. In that group there was a mix of individuals with developmental and acquired disabilities. It did not make sense to the collaboration to try to pull those individuals out for a third

group which was not as convenient for them. Since we captured the populations in question, we were satisfied that we would be getting the input we were looking for without the third group.

Individual Interviews

Project SAFE proposed to conduct 9 individual interviews and 8 of these interviews were accomplished. Leadership members at VIBS were interviewed at the VIBS facility and leadership members at UCP-Suffolk were interviewed at the UCP-Suffolk administrative site. The survivors of elder abuse were interviewed in their homes where they generally receive VIBS services.

The facilitation team for VIBS leadership included a UCP-Suffolk collaboration representative as facilitator and as note-taker. The facilitation team for UCP-Suffolk leadership included a VIBS collaboration representative as facilitator and as note-taker. The facilitation team for the survivors of elder abuse included a VIBS collaboration representative as interviewer, note-taker, and counselor.

The following chart signifies the audiences we chose to capture for these individual interviews.

Target Audience	Projected Number Of Participants	Actual Number Of Participants
Leadership	6	6
Elder Abuse Survivors	3	2
Optional Interviews - Offered as an alternative to focus group	Unknown	0
Total:	9	8

Leadership:

Individual interviews were conducted with the leaders of each agency including the VIBS Executive Director, UCP-Suffolk President and CEO, VIBS Associate Director, UCP-Suffolk Chief Operations Officer, VIBS Director of Advocacy Services, and UCP-Suffolk Director of Adult Day Services. Leadership was as an appropriate audience to engage in the needs assessment process due to their direct role as lead change agents at their respective agencies. Their support,

guidance, and buy-in are essential in developing and implementing the initiatives of Project SAFE.

Target Audience: Leadership	Projected Number Of Participants	Actual Number Of Participants
VIBS Executive Director	1	1
VIBS Associate Director	1	1
VIBS Director of Advocacy Services	1	1
UCP Executive Director	1	1
UCP Chief Operating Officer	1	1
UCP Director of Adult Day Services	1	1
Total:	6	6

Project SAFE offered leadership individual interviews by appointment. All leadership officials that were recruited for an interview accepted. Their participation and feedback provided essential information regarding current and existing policies and procedures, organizational supports or barriers in guiding staff to assist survivors with disabilities, opportunities for change, how organizational change occurs, what the organizational culture is, and what relationships exist, if any, with other organizations.

Challenges

There were no significant challenges to report. The interviews with leadership were conducted accordingly and provided very valuable feedback.

Survivors of Elder Abuse:

Individual interviews were conducted with two survivors of elder abuse, although three interviews had been planned. The survivors of elder abuse were an appropriate audience to engage in the needs assessment process due to their first hand experience in receiving services for domestic and/or sexual violence. Survivors are true experts as to which service aspects are helpful, which ones are not helpful, and what is specifically needed to make the current service delivery system safer and more responsive to their needs.

Target Audience: Elder Abuse Survivors	Projected Number Of Participants	Actual Number Of Participants
Elder Abuse Survivor # 1	1	1
Elder Abuse Survivor # 2	1	1
Elder Abuse Survivor # 3	1	0
<i>**Our efforts in recruiting a third elder abuse survivor was unsuccessful</i>		
Total:	3	2

Project SAFE offered individual interviews to survivors of elder abuse by appointment. We were hoping for three interviews but only two survivors accepted. Their participation and feedback provided information regarding service aspects that make them feel safe and comfortable, service aspects that do not make them feel safe and comfortable, and important factors that should be known about safety, domestic / sexual violence, and survivors in general.

The needs assessment process for these survivors was different from the process for focus groups, not only due to being interviewed one-on-one but also because of where they were interviewed. Both of these survivors were interviewed in the privacy of their own home and had the opportunity to set the boundaries that the other survivors did not have.

Challenges

There are no challenges to report. The fact that we arranged to have the two survivors of elder abuse interviewed in their own home enabled Project SAFE to engage this audience successfully.

Optional Interviews:

Optional interviews were offered to any focus group participant who wanted to be a part of Project SAFE's needs assessment but felt uncomfortable or not safe being interviewed in a group setting. No one opted for this alternative.

Target Audience: Focus Group Participants	Projected Number Of Participants	Actual Number Of Participants
Optional Interviewee # 1	Unknown	0
Total:	Unknown	0

Surveys

Project SAFE initially proposed to distribute surveys to boards of directors at both agencies and to UCP-Suffolk direct service delivery staff whose varying shifts and remote work locations would prevent them from participating in focus groups. The surveys for the boards of directors were to be distributed at regularly scheduled board meetings held at the respective organization. The survey for UCP-Suffolk direct service delivery staff was to be delivered via SurveyMonkey.com. The following chart signifies the audiences we chose to capture for these surveys.

Target Audience	Projected Number Of Participants	Actual Number Of Participants
Board of Directors	29	14
UCP-Suffolk Direct Service Delivery Staff		
Original projection	500 – 600	
Revised projection	150	18
Total:	500 - 679	32

Boards of Directors:

Surveys were distributed to both VIBS and UCP-Suffolk boards of directors. Boards of directors were identified as an appropriate audience to engage in the needs assessment process due to their role in supporting services and programs that reflect our organizational missions. They also have a considerable amount of authority over policy and procedure implementation and over fiscal matters.

Target Audience:	Projected Number Of Participants	Actual Number Of Participants
Board of Directors		
VIBS Board of Directors	10 - 12	8
UCP-Suffolk	17	6
Total:	10 – 29	14

Project SAFE offered surveys to both VIBS and UCP-Suffolk boards of directors. Project SAFE distributed written surveys in person to the VIBS board of directors during a regularly scheduled board meeting. A VIBS collaboration representative distributed and collected completed surveys from them.

Challenges

Due to one bad weather cancellation and one meeting completely dedicated to a serious agency issue, the paper surveys could not be distributed to the UCP-Suffolk board members as planned. In order not to add to the delay and hold up the work of the collaboration, it was decided to distribute the surveys to the UCP-Suffolk board by email. To minimize any confidentiality concerns, they were given the option to return the survey via email or regular mail.

UCP-Suffolk Direct Service Delivery Staff:

UCP-Suffolk direct service delivery staff was identified as an appropriate audience to engage in the needs assessment process due to their direct experience in planning, developing, and delivering services to individuals with disabilities. They also know first hand what does and does not work well within the current service delivery systems, either through their own experience as service providers or through their knowledge of the individuals they work with.

Target Audience:	Projected Number	Actual Number
Direct Service Delivery Staff	Of Participants	Of Participants
UCP-Suffolk Direct Service Delivery Staff		
Original projection	500 – 600	
Revised projection	150	18
Total Number of Direct Service Delivery Staff Participants:		18

Challenges

Surveys were to be distributed via SurveyMonkey.com to all direct service delivery staff at UCP-Suffolk who could not participate in the focus groups. However, there was an unexpected complication with

the use of SurveyMonkey.com. We were surprised to learn, late in the process, that survey respondents would each need their own e-mail address in order to participate, a circumstance we did not understand at the beginning. Since only certain employees have e-mail access, our original plan became unfeasible, and we had to move to a paper survey with the same questions. Due to the significant logistical difficulties of distribution and collection of paper surveys at multiple remote locations, our collaboration decided to decrease the number of survey participants to 150. The newly identified audience was selected based on their similarities in job description to the staff who participated in the focus groups, and because they work with many of the individuals with disabilities who also participated in focus groups. The number of responses to the paper survey we received was 18. These complications along with the low response rate confirmed the collaboration's decision that these surveys would be used as supplemental, not primary, input.

III. Key Findings, Implications, and Possible Solutions

Overall, our needs assessment was productive and generated a lot of information regarding the needs of survivors of domestic / sexual violence and of individuals with physical and developmental disabilities. It also informed us in significant ways of the ability of VIBS and UCP-Suffolk to provide services to survivors with disabilities. Many of our preconceived notions about both organizations' capacity to provide safe, accessible, and responsive services were confirmed. However, we also learned a great deal and received a wealth of suggestions about how both agencies can improve. While many positive aspects of the services of both agencies were brought out during the needs assessment, the substance of this report will focus on the features that will prompt organizational change to which Project SAFE is dedicated. Throughout this section we provided quotes that were chosen to illustrate the repeated themes presented by the needs assessment participants. The following key findings were generated from the information provided by boards of directors, staff members (leadership, supervisors, direct service delivery staff, and VIBS volunteers), individuals with disabilities, and survivors and were obtained through focus groups and individual interviews. Survey results were not included in this section, as they were considered supplemental. Survey findings will be presented in the following section of this document.

- 1.) **Policies and Procedures:** *Both organizations have shortfalls in their policies and procedures which limit the provision of safer, more accessible, and more responsive services to survivors with disabilities.*
- 2.) **Barriers to Safety:** *Survivors of domestic and sexual violence as well as staff at VIBS have identified ways in which both organizations can create environments that promote a safer atmosphere for survivors with disabilities.*
- 3.) **Barriers to Accessibility:** *Individuals with disabilities as well as staff at UCP-Suffolk have identified ways in which both*

organizations can create environments that promote a more accessible atmosphere for survivors with disabilities.

4.) **Knowledge Building:** *Both agencies have deficits in the training and education they provide to their staff and the individuals they serve regarding survivors with disabilities, safety, and accommodations.*

5.) **Partnership Building:** *Both organizations have limited knowledge of each other's discipline and service delivery.*

Key Finding Discussion

Key Findings #1:

Policies and Procedures: *Both organizations have shortfalls in their policies and procedures regarding the provision of safer, more accessible, and more responsive services to survivors with disabilities.*

Policies and procedures of an organization are the rules, regulations, and concrete guidelines that govern all aspects of an agency. This includes the steps that should be taken in dealing with a particular issue when and if it should arise. All policies and procedures should be written and clearly identified in a policy and procedure manual which should function as a fluid working document and be available for all employees to have at their disposal.

Gaps in Current Policies and Procedures

During our needs assessment, most staff from both agencies acknowledged that in general, many policies and procedures are reviewed during orientation and are verbally reviewed by leadership and/or their direct supervisor as needed. Project SAFE learned that VIBS has many written and known policies on staff and client safety but nothing is specifically outlined for people with disabilities and accommodations. In addition, VIBS staff told us that issues of consent related to survivors with developmental disabilities arise without any definitive guidelines for staff as to how to proceed. We also learned that UCP-Suffolk has many written and known policies

on staff and participant accommodations but any existing policies and procedures on domestic / sexual violence are uniformly geared toward New York State OMRDD (Office of Mental Retardation and Developmental Disabilities) requirements and they lack comprehensive proactive protocols for addressing domestic / sexual violence in general. In addition, new policies and protocols need to be implemented to compliment the ever changing needs of UCP-Suffolk individuals. As noted by leadership, *"Participants are likely to live longer lives... This is largely due in part to advances in the medical field and greater understanding of the unique needs of people with disabilities. This is wonderful, yet presents UCP staff and other people who have been in the field a long time with experiences they have never had to deal with before. In that sense it's a challenge – new protocols need to be implemented. Professionals in the field are learning as they go."*

VIBS Policies & Procedures Regarding Survivors with Disabilities

When Project SAFE inquired about policies and procedures at VIBS regarding survivors with disabilities, the consensus within all levels of the agency was that none existed to their knowledge. Leadership at VIBS summed up the issue as follows: *"VIBS should establish policies and procedures regarding women with disabilities."* Even though there are no specific policies regarding survivors with disabilities, staff at all levels agreed that when a person with a disability presents her/himself at VIBS for services, staff will do their best to assist that individual. According to one VIBS direct service delivery staff member, *"I am not sure that there are any written policies regarding survivors with disabilities but we are to do what is best for our client regardless of the situation. We either keep them here at VIBS for services or we refer them out to another more specialized agency."* Another direct service delivery staff member at VIBS stated, *"We can't have a blanket policy for all clients as their situation may be different from others. We need to take each case on an individual basis."* Most staff members concurred that an appropriate supervisor would be notified in providing guidance in how to respond to a survivor with a disability. VIBS and its staff are also able to provide a minimal level of accommodation for certain disabilities but additional options and education are warranted for the

most responsive approach. There seemed to be a focus on referring survivors with disabilities out to another agency due to a lack of knowledge and experience of how to accommodate survivors with disabilities. As one direct service delivery staff member states, *"Sometimes a person with a disability may have to be referred out to another agency due to her/his severity of disability or due to the lack of concrete services in her/his life. These issues may need to be addressed prior to them addressing the domestic / sexual violence. This can be very disappointing for the client."* A few staff expressed the wish for a specialty counselor to work with survivors with disabilities.

VIBS supervisory staff spoke at length about issues relating to consent and disability. Staff members sometimes are uncertain as to whether a survivor with a disability has the cognitive capacity to consent, both to a sexual relationship and to counseling and/or medical treatment. They also expressed concern that some survivors with cognitive disabilities (and even survivors in general) may not have the capacity to understand that a crime and an act of domestic or sexual violence has been committed. It is left to the professional judgment of the staff to determine the client's level of understanding of the situation, without benefit of specific procedures and systems for doing so. In the words of one supervisor, *"We don't have any guidelines, and it's a judgment call on the staff's part."*

UCP-Suffolk Policies & Procedures Regarding Survivors with Disabilities

At UCP-Suffolk there was a wide variance in knowledge about written organizational policy. A majority of supervisors and upper senior leadership staff at UCP-Suffolk acknowledge that policies and procedures do exist regarding individuals with disabilities who have experienced domestic / sexual violence, but most of these pertain to NYS (New York State) OMRDD (Office of Mental Retardation and Developmental Disabilities) regulations. Another UCP-Suffolk supervisor reported that even though there are written policies and procedures regarding individuals with disabilities who have experienced domestic / sexual violence, not everyone is fully aware of them and not everyone is apprised of when they are changed.

Some frontline staff stated that their reporting responsibility is simply to notify a supervisor of all allegations of abuse; they expressed frustration that they did not always receive follow-up information that would enhance their ability to work with the survivor with a disability. One staff member stated, "*There is often no further discussion after the disclosure is shared with the supervisor – line staff usually doesn't know the outcome.*" Other frontline staff seemed to lack any knowledge of policies and procedures regarding allegations of abuse. As one UCP-Suffolk direct service staff member stated, "*I am not familiar with any specific protocol regarding domestic / sexual violence.*" It was the consensus that not only should these policies be clearly known, but more specific proactive protocols should be established for domestic and sexual violence in general aside from the NYS OMRDD regulations. It was also suggested that, "*... the self advocacy handbooks should talk more about abuse per se. They don't tell clients what steps to take to get help.*"

Implications

In lacking formal written policies and procedures on how to provide services and accommodations to survivors with disabilities, the staff at VIBS may handle situations in a non-uniform manner. Since VIBS has not formalized its thinking about services and accommodations to survivors with disabilities, situations may be handled differently depending on who the staff member is. In turn, these factors can result in limited opportunities and choices for survivors with disabilities and frustration on the part of the staff.

Staff uncertainty about the capacity of a survivor with a disability to give consent may result in staff designing interventions that are not totally appropriate to the person's needs. For example, staff may respond to a caregiver's distress regarding a perceived sexual assault rather than to the client's own experience. In addition, it may be difficult for VIBS staff to assess whether the client has the capacity and/or right to accept or decline services. Conversely, staff may respond to the caregiver's belief that the client is exaggerating or lying about the alleged sexual assault, thereby risking not believing her client. The lack of clear understanding of issues of consent can

confuse staff regarding appropriate procedures and could impact service delivery.

For UCP-Suffolk, policies and procedures that are regulation driven can and do result in responses to incidents of domestic and/or sexual violence that are more about reactively and properly addressing the regulations and less about the proactive attention to the scope of the safety needs for individuals with disabilities. While the existing policies and procedures define abuse, the lack of a definition of domestic or sexual violence precludes effective proactive safety planning in this area.

The variance of responses among UCP-Suffolk staff regarding policies, procedures, and updates suggest a lack of uniformity across the agency regarding how to respond to incidents of domestic or sexual violence, and when and to whom updates are provided. This could result in a lack of consistency across the agency in how incidents of abuse / domestic violence / sexual violence are responded to and addressed outside of the NYS OMRDD regulations. Staff may not be fully informed about regulation policies and procedures and changes in them, and therefore are not fully prepared to respond to situations of domestic or sexual violence that arise.

Possible Solutions

Possible solutions, which will be explored in more depth during our strategic plan process, could include, but are not limited to, the following:

- VIBS may benefit in establishing specific written policies and procedures regarding services and accommodations to survivors with disabilities.
- UCP-Suffolk may benefit from creating formal comprehensive definitions of domestic and sexual violence and for enhancements to its policies and procedures regarding proactive safety planning.
- Both organizations may consider incorporating each others terminology in their policy and procedure documents as appropriate.

Key Finding # 2

Barriers to Safety: Survivors of domestic and sexual violence as well as staff at VIBS have identified ways in which both organizations can create environments that promote a safer atmosphere for survivors with disabilities.

Project SAFE has previously defined safety as the state of living free from fear, danger, harm, abuse, control and violence, and the presence of environments that are nurturing and healthy. A survivor of domestic violence clearly established that the element of safety for her is not only when she feels safe but when she is "*not afraid.*" Survivors spoke of safety as being an essential component of their recovery and general well-being. During the needs assessment the issue of safety was framed in a variety of different ways, which centered on personal physical safety and emotional safety.

Safety Concerns for Survivors

There were a number of factors that contributed to survivors feeling unsafe. Many felt that the courts and legal system, including attorneys and the police, are not a safe place for them. In the words of one survivor, "*When I have to go to court, I never feel safe. If my attorney is not there before me I always feel very intimidated. I also feel very vulnerable at court; it does not provide a sense of safety.*" They often feel re-victimized: "*We are asked (by attorneys) to reveal confidential information and they share that information with the abuser's lawyer.*" Another said, "*Legal jargon in the courts and amongst attorneys makes me feel unsafe due to my limited knowledge of the laws. I need someone who will be patient with me and explain to me the specific laws that I should be knowledgeable of.*" And yet another survivor proclaimed, "*The police did not take my story seriously and they took the assailant's statement instead of mine.*" A fair amount of survivors felt that police were not educated on all the laws and tended to minimize the abuse and blame the victim. Another avenue of re-victimizing was through Child Protective Services (CPS): "*CPS can be very intimidating. They give me the sense of no control in my life. They dictate what I can and cannot do with my own children. They judge you and yet they don't even know the full situation, nor do they understand.*" Social Services, including

its shelter system, was also cited as being unsafe. One person said, *"Fights are always erupting there and the police are often called. People are rude and not helpful at all."*

"Not having money to provide for your family is an unsafe feeling. Without money we are lacking good legal advice which ultimately puts us in danger and makes us even more vulnerable," said one survivor. Long waiting lists and slow services make survivors feel vulnerable, as these gaps allow time for the abuser to assault again. Survivors also feel unsafe when they don't have adequate information about the laws and the different services that are available to them.

Physical Safety Needs

When speaking about their physical personal safety needs, survivors mentioned receiving services in a secure, locked building. One survivor stated, *"I like knowing that no one can get past the reception area and enter the VIBS offices because the doors are locked."* They stated they felt safer in a location that was familiar to them, discreet, and relatively free of male employees and strangers. One survivor said, *"It is great that VIBS does not put a sign outside their building to advertise. It makes me feel safe knowing that my abusive partner won't be able to find this facility."* VIBS staff and clients alike referred to the importance of good exterior lighting, as it felt unsafe to them to walk into a dark parking lot at night.

Emotional Safety Needs

When speaking about their emotional safety, survivors referenced a friendly atmosphere and a kind and gentle demeanor and tone of voice. One survivor stated, *"A place that greets me with a warm welcome and has a nice hospitality and is nice to its customers."* Trust was also highlighted as a key factor in feeling safe. A survivor of domestic violence reports, *"Trust is a huge factor. If I don't have trust or feel as if I can trust the person or place, then I don't feel safe."* Knowing one's surroundings or being around familiar faces and places was another really important aspect that created a sense of safety. As one survivor stated, *"Frequenting a place I am familiar with is comforting. I know my way around and I*

may know some of the same people. Familiarity is always comforting." Another key safety factor was when people have an understanding of domestic / sexual violence. One survivor reported, *"People who are in the same situation as myself, or having someone who understands domestic violence makes it a safer place for me."* A non-judgmental attitude by others and being heard and believed were cited as being equally critical. One survivor stated simply, *"If someone does not believe me or judges me, I feel very unsafe."*

Confidentiality

For survivors, confidentiality was closely related to both personal physical safety and emotional safety. They felt that when their confidentiality was secure, their identity would not be revealed. They would therefore feel that their personal physical safety was ensured, and they would in turn not have to be fearful about being harmed. One survivor stated, *"The phone company and bank were great with my confidential matters. Instead of having my social security number and birth date on my account, I was able to have a verbal made-up password that I created for my safety. I was able to maintain a previous state's area code even though I live here now. That is a way to hopefully make my abuser think that I still live where I was living a while ago."* Some survivors spoke about how they liked that VIBS does not call out their full name in the reception area, as being anonymous makes them feel physically safe. Also, they liked the private contact arrangements VIBS makes with them as part of their safety plan. Knowing that VIBS will not identify themselves over the phone to the abuser or anyone else makes them feel safe. *"I like that everything is confidential here (VIBS) and I never have to fear whether my identity will be revealed. That is how I wish all agencies were,"* said one survivor.

Safety Concerns for UCP-Suffolk

Some aspects of safety became evident at UCP-Suffolk during the focus groups with staff. One aspect was the rights versus risk debate. Although UCP-Suffolk staff are trained to respect individual rights and choices, this is sometimes in conflict with a primary responsibility of the agency to keep people safe. Keeping people safe can sometimes mean preventing them from having sexual

relationships when there is concern that they might somehow be harmed in the process. As one staff member put it, *"We need to find balance between protecting human rights versus allowing risk."* Staff seems to feel that there needs to be more ongoing dialogue at all levels at the agency regarding this issue. In addition, staff can be faced with determining whether aggressive behavior is an inadvertent function of disability or whether it is a learned violent behavior. One UCP-Suffolk staff said, *"There is a lack of safety here for victims because certain abusive behavior is seen as part of the disability. Safety is a huge ongoing issue for participants."* This is due in part to the fact that UCP-Suffolk serves a number of medically fragile individuals who are not able to defend themselves from violent / aggressive acts whether intended or not. In addition, UCP-Suffolk's primary focus and expertise is on disabilities and accommodations. While there is response to allegations of abuse, the larger picture of domestic / sexual violence is not well acknowledged or understood.

Implications

UCP-Suffolk may have some challenges in their efforts to provide safer and more responsive services to survivors with disabilities. Some of these challenges may include not providing adequate safety planning and therefore possibly overlooking or misguiding individuals regarding their safety concerns. These factors could further jeopardize the safety and emotional well-being of these individuals and place them at increased risk. An individual's safety may be handled differently depending on the particular staff member who is assisting them, the staff's knowledge of domestic and sexual violence, and the particular domestic and/or sexual incident that has occurred. Regardless of the situation, there are certain factors that need to be taken into account when providing for safety for survivors with disabilities. Overlooking these factors may increase the risk of harm for survivors with disabilities and preclude their access to needed resources.

UCP-Suffolk may not have adequately fleshed out the conflict between risk and rights as it relates to consent. In addition, it may not have adequately included staff and individuals with disabilities in this kind of dialogue. Therefore, some individuals we serve may not

receive the full benefit of their right to choose to engage in sexual relationships, whereas others may not receive the full benefit of knowing whether or not a relationship is safe or abusive. Further, individuals with disabilities may not always receive the education they need in determining whether a sexual act is actually ill-intended or even a crime.

Possible Solutions

Possible solutions, which will be addressed in more depth in our strategic plan process, could include, but are not limited to, the following:

- UCP-Suffolk may benefit from learning and incorporating language specific to the domestic and sexual violence field.
- UCP-Suffolk may benefit from learning what the most important key considerations are with respect to safety planning for survivors with disabilities.
- UCP-Suffolk may benefit from standardizing training for all staff on domestic and sexual violence so that everyone is fully prepared to work with a survivor with a disability.
- UCP-Suffolk may benefit from considering ways to foster dialogue, conversation, and education among staff and participants regarding healthy sexual relationships v. abuse / crime, consent, and the risk v. rights conflict.
- UCP-Suffolk may devise ways to empower its participants regarding domestic and sexual violence in the same effective ways that it does so with disabilities.

Key Finding # 3

Barriers to Accessibility. Individuals with disabilities as well as staff at UCP-Suffolk have identified ways in which both organizations can create environments that promote a more accessible atmosphere for survivors with disabilities.

Project SAFE has previously defined barriers as any obstructions, hurdles, or difficulties that impair one's access to the necessary and/or desired activities of daily life or to desired service delivery systems. Some examples are stairs; printed materials; lack of

services in native language; doors with pull or push handles; standard telephones; negative attitudes of others, such as prejudging, stereotyping, discriminating, and disregarding safety. The issue of barriers to accessibility was consistently identified throughout the needs assessment process.

Architectural Barriers

Focus group participants described barriers that were architectural in nature and some that were attitudinal. In the architectural category, people stated that doors were a frequent problem in that there are, "... *no push button doors or just one push button door, both sets of doors have to have it.*" They referred to mobility issues, stating that, "*Spaces are sometimes too small and crowded to move around in with a wheelchair.*" The lack of ramps and curb cuts were noted, causing people to, "... *have to rely on others, sometimes strangers, to help get me into stores or on a sidewalk.*" When able-bodied people park in handicapped parking spaces, this also presents mobility problems for people who have disabilities. People reported that, "*Buildings do not follow the ADA federal guidelines and officials say they are grandfathered in as the building is old and they are not mandated to make the necessary accommodations. This keeps people from participating at important meetings or at any meeting offered to the community.*" Other building issues included doorways that are not wide enough, bathrooms that are often not accessible, and places that have a second floor but no elevator. In one particularly poignant example, one individual with a disability told of going to a laboratory for a routine drug test related to an employment application: "*The bathroom was not accessible. My sister had to help me, and at first the lab tech would not let her assist me. The policy at the lab was to have people go into the bathroom alone for a urine sample so there is no tampering with the sample or the bottle. But there were no grab bars and the sink and floor were wet which made it dangerous for me. Finally they agreed to let my sister help. This lab was even on the UCP referral list!*"

Attitudinal Barriers

In the attitudinal category, people stated that sometimes their independence was threatened or violated by other people who wanted to impose their way. For example, *"I asked where the baby changing table was and was offered to have them change my baby's diaper for me! It is okay if you ask to help me, but when I decline your help please be respectful of me."* One person stated, *"It's good when people know me and know the right way to help. Once at the grocery store someone offered to help me unload my groceries on the conveyor belt, and I said, 'No thanks, I have it.' The person continued to ask me if I needed help and then proceeded to help me anyway. I found that very rude and disrespectful."* Another person stated, *"I don't like when people feel sorry for me. I find that to be an insult."* Individuals with disabilities dislike intrusive questions and being patronized. In a disturbing incident, one person described being approached by a stranger in a shopping mall who told the person that it was a sin to have a disability and offered God's blessings for forgiveness. This person said, *"I don't even understand why they would say that. It is very hurtful when people see me as the disability and not a person, and when they blame me for my disability. I would like to be treated like everyone else."* Another person reported that, *"Store clerks don't take me seriously. They look at us differently from non-disabled people. I don't like it when they don't treat me like a paying customer."* Someone else followed this up with, *"I am there or in the store for an appointment or a reason – recognize me! Stores and the public look at me like I am a nobody."* Visits to health professionals generated another round of animated conversation. One individual said, *"Staff does not trust me to talk for myself, as if I can't communicate my own needs."* Another added, *"Doctors don't always listen to me or look at my problems. They sometimes shrug me off and do not take my condition seriously."* Another stated, *"I don't like to have to leave a place to get them to fix the problem."*

Accessibility and Accommodations

Project SAFE has previously defined accessibility as the ease of use and navigation in one's environment, including the programmatic, communication, physical, and attitudinal. Focus group participants

added many specifics to this general definition. They told us that when a place is accessible and attitudes are good, they have a much more successful and pleasant service experience. Some conditions that contribute to this are friendly greetings, nice staff, being asked if help is needed, and people introducing themselves. When accommodations are in place ahead of time, *"I don't have to ask for help every 15 minutes."* Regarding help, one person stated that anticipating her needs is appreciated. When she goes to meetings at her children's school, someone meets her and opens the elevator for her. *"They are there but not in my face."* People stated they liked going to convenient buildings with ramps, elevators, automatic doors, and big bathrooms. Grab bars in the bathrooms were also indicated as a necessity as were widened doors, a toilet in the middle of the bathroom floor, and sufficient space for a large power wheelchair. They also indicated the importance of clean, hygienic, and allergen-free buildings: *"It's important that buildings are clean as it's dangerous to our health if they aren't."* Further people stated they like going to a place where they know people have a set routine, and know what to do. They like to have a chance to help others.

Accessibility Concerns for VIBS

Some aspects of accessibility became evident at VIBS during the focus groups with staff. VIBS physical facility is not fully accessible and presents architectural barriers to individuals with disabilities who might want to receive services there. Two different staff members at VIBS highlighted this point by stating, *"Our building is inaccessible, especially for the physically disabled"* and *"Our building is horrible, not only for survivors with disabilities but for our clients in general."* VIBS is located in a two story office building shared by several other businesses. As one staff member reports, *"We have an elevator but we wish it was more accessible."* The elevator itself is small and the doorway is narrow. It is located at the opposite end of the building from the VIBS offices and the entry requires the use of a key pad. This, in turn, requires pre-arrangement on the part of the individual coming for services. Staff reports that the bathrooms, while minimally modified, are not adequate to meet the needs of people who use varying types of equipment. The hallways are narrow with many corners, making wheelchair navigation difficult if not impossible

and many of the offices are quite small. The doorways would present obstacles being that they are not widened for wheelchairs or other possible equipment.

Aside from VIBS having numerous architectural challenges, staff also identified its location as being inaccessible. One staff member said, *"Our location is not ideal."* Another staff member highlighted that a different location would be much better for all clients in general. *"The VIBS building is in a bad location due to not being local to bus stops, trains, and just being in the middle of nowhere."* Transportation to and from VIBS can be a struggle in and of itself. *"Transportation is a huge barrier for some of our clients. SCAT (Suffolk County Accessible Transit) is ridiculous. They will not bring the client to a non-medical facility or appointment [sic] and many of the Medicaid taxis have been known to not wait for the client if they are a little late with an appointment."* It was noted that although VIBS is located in central Suffolk, it provides one office location and only a few community based locations for select populations. The elder abuse program at VIBS provides home visits for clients who cannot drive or who have difficulty in getting to the VIBS facility. Many staff discussed the possibility of providing this same service model for survivors with disabilities.

There are other accessibility issues at VIBS. While VIBS has a TDD for communicating with the hearing impaired, not all staff know it exists, and not all staff know how to use it. Accommodations are not available for people with other types of disabilities that limit understanding and/or communication.

Implications

VIBS may have some challenges in their efforts to provide more accessible and responsive services to survivors with disabilities. Some of these challenges may include architectural barriers in the current physical plant, an organizational culture that may support "referring out" over accommodating within, and not having complete knowledge about the various disabilities and ways to accommodate individuals with disabilities so that people can better access the services VIBS has to offer. These factors could result in loss of

clientele for VIBS and in clients having to seek services at other agencies whose main focus is not on domestic and/or sexual violence. Accommodations may be handled differently depending on the particular staff member who is assisting them and how much that staff member knows about disability and accommodations. Regardless of the type of disability, there are certain attitudinal factors that need to be taken into account when providing for accessible, responsive services. Without these essential factors, a survivor with disabilities may not be offered the most effective or most appropriate services.

Possible Solutions

Possible solutions, which will be addressed in more depth in our strategic plan process, could include, but are not limited to, the following:

- VIBS may benefit from learning what the most important key considerations are with respect to accessibility and accommodations for survivors with disabilities.
- VIBS may benefit from standardizing training for all staff on disabilities and accommodations so that everyone is fully prepared to work with a survivor with a disability.
- VIBS may benefit from adopting a service model of providing services within the home, at the UCP-Suffolk collaboration site, or at another location for convenience and accessibility of its clients.
- VIBS may want to provide accommodations so as to support survivors with disabilities in the same effective way that it serves all other survivors.
- UCP-Suffolk may benefit from reviewing its agency wide referral lists to make sure they do not contain locations and services that are not accessible.

Key Findings #4

Knowledge Building: *Both agencies have deficits in the training and education they provide to their staff and the individuals they serve regarding survivors with disabilities, safety, and accommodations.*

Training and Education

Every organization or business provides training to staff to enhance the effectiveness of the services they provide. Trainings are generally offered to teach new concepts, review existing ones, or present information on an unfamiliar topic. Some trainings are provided on a continual basis while others are only offered as a one-time opportunity. During our needs assessment, all levels of staff were asked about training in their organization. The feedback differed depending on the staff member's position in the organization. The findings ranged from there are no training offered at all to there is training offered but it is not consistent or sufficient.

Staff at VIBS acknowledged that training is rarely offered, if even offered at all, on the topic of disabilities and accommodations. A direct service delivery staff reports that from her knowledge, *"I don't know that I have received any specific training on disabilities. If there was any training, I did not receive it."* A volunteer at VIBS offered, *"I don't think we ever received training on developmental and/or physical disabilities. The only training we have received was on mental and emotional health components."* It was consistently noted that staff at VIBS would like to have training on disabilities and accommodations, specifically cognitive disabilities. As one direct service delivery staff member reported, *"There appears to be no support or training for cognitive disabilities, we are definitely in need of that."* A supervisor at VIBS stated, *"I don't think there is enough training / resources in understanding developmental disabilities for our staff."* It was acknowledged on all levels at VIBS the training on physical and specifically on developmental / cognitive disabilities would not only be helpful but necessary to their role as direct service providers. A supervisor at VIBS summed it up by stating, *"On-going*

training is important, knowledge needs to be imbedded, it's not a one-shot deal."

There appeared to be a discrepancy amongst staff at UCP-Suffolk as to whether training on domestic and sexual violence is offered. Some staff acknowledged that it is, whereas other staff members report no knowledge of same. For the staff members who either knew of these trainings and/or have attended them, they report that these trainings are not consistent, not mandatory, and not in-depth enough. Staff suggested that important trainings should be mandatory and offered during work hours. Exposure to and knowledge of available training opportunities at UCP-Suffolk seemed to correlate to hierarchical position in the agency and job titles: the higher the position in the agency, the more opportunity for training there is, and the more awareness there is of these trainings. Many staff members did acknowledge that during orientation the topic of domestic and sexual violence is covered but mostly from the perspective of state reporting regulations. One member of UCP-Suffolk leadership summed it up as, "*We provide much training on OMRDD regulations regarding abuse ... but no training specifically in domestic violence and sexual assault.*" The type of training that should be offered to all staff members at UCP-Suffolk regarding domestic / sexual violence was suggested as follows by one leadership member: "*UCP-Suffolk should provide more training on identifying signs of abuse, especially in cases where there are no blatant signs. Training should also be provided to the participants themselves where appropriate. And training is also needed on how to help people open up, how to discriminate credibility issues (some of population are suggestible and may agree that there is abuse when there is none), and how to support participants who have made a disclosure.*"

Another aspect that was presented during the needs assessment by supervisors at UCP-Suffolk was the lack of case conferencing and training amongst their peers. An incident that affects one unit or department of the agency is usually contained to that one unit or department. As reported by one supervisor, "*Only staff directly involved in the experience learn from it, there is no mechanism to*

use information gained from an experience to provide further training to other staff." Some staff felt that it would be useful for all staff to have access to training or case conferencing regarding any incident of abuse as it will help prepare other staff in the event it should happen again.

It became apparent during our needs assessment that VIBS lacked a true, comprehensive understanding of disabilities and a definition of accommodation. It was suggested by a VIBS staff member that, *"We need to be more aware of the different disabilities and accommodations."* VIBS staff acknowledged that during the intake process it inquires whether a person has a disability but does not ask about their need for accommodations. Asking about a disability does not equate to knowing what all their accommodations needs may be. *"I am not sure what an accommodation would be for someone with a cognitive disability. I guess a screening process for any specific disability would help to address the accommodation needed and if a referral should be given"* as noted by a VIBS direct service delivery staff. A supervisor added, *"Staff may be reluctant to ask about accommodations because they don't know what an accommodation exactly is or what can be offered."*

It also became evident that UCP-Suffolk likewise does not have a comprehensive understanding and specific definition of domestic and sexual violence. While there are ample definitions and examples of abuse as defined by OMRDD, there is no broader universal set of key terms by which the staff can more effectively understand this issue. The staff's scope of knowledge regarding domestic and sexual violence and the personal safety of survivors with disabilities is defined by OMRDD and does not include the full range of safety concerns for domestic and sexual violence. The consensus at UCP-Suffolk was that they have a limited understanding of domestic and sexual violence and all that is encompassed within it. One direct service delivery staff asked, *"What is abusive behavior anyway?"* UCP-Suffolk staff indicated that they tend to view abuse primarily as physical, verbal, and neglect and does not fully acknowledge the various forms and extent of domestic and sexual violence. Most staff members at UCP-Suffolk agreed that when the word violence is

used, most people interpret it to mean an aggressive, physical act or behavior. A supervisor suggested that domestic and dating violence should be more clearly defined because "... *staff is geared to think more about 'violent incidents' versus ongoing abuse. More discussion should be had on what constitutes domestic violence.*" Staff does acknowledge that physical, aggressive behaviors are sometimes exhibited between two residents, service recipients, or between a staff member and participant but other forms of abuse such as control and manipulation may not be viewed as domestic violence and may be overlooked. It was also suggested by another supervisor that the issues of domestic violence in intimate relationships of participants should be regularly spoken about. Consensus of staff seemed to support the need for a broader and more comprehensive definition of domestic and sexual violence as well as open discussions amongst staff on the subject.

Another important issue that was raised was how UCP-Suffolk as an agency is reluctant to acknowledge that their participants engage in intimate relationships. Therefore, the organizational mindset is that domestic and sexual violence is not a pressing concern. Staff at UCP-Suffolk felt that the agency takes a conservative attitude regarding people with disabilities as sexual beings. Some staff felt that UCP-Suffolk is reluctant to allow sex education beyond the most elementary type due to the belief that their participants are not engaging in sexual activities, and the belief that individuals with developmental disabilities do not date and are not viewed as sexual beings. A staff member asked, "*If you are retarded [sic], can you be sexual? Do they have the capacity to consent to sexual activity?*"

What UCP-Suffolk Should Know About Domestic and Sexual Violence

The survivor of domestic and sexual violence has endured a traumatic experience that can have very devastating and life altering effects on her emotional and physical well-being. Her thought process may be dramatically changed and her sense of safety and trust can be greatly impacted in a profound way. Although others will never be able to change what has happened to the survivor, the ways in which we attempt to help this individual can either have a very positive effect on her or quite the contrary.

VIBS needs assessment participants were very informative about what a disability agency should know about domestic and sexual violence. Having a non-judgmental attitude scored high on the list of the most important factors to consider. As one VIBS direct service delivery staff member stated, "*Never blame the client.*" A survivor of domestic violence agreed that blaming and passing judgment on a client is one of the worse things someone can do. As one VIBS volunteer proclaimed, "*For someone that has been raped or sexually assaulted, don't pass judgment on them. It does not matter how they were dressed at the time of the incident. Always side with the victim regardless of your preconceived notions.*" Being where the client is and truly understanding the aspects of domestic / sexual violence was another critical consideration. A survivor of domestic violence described how important it was to her to have someone not minimize her situation and her concerns. Two other survivors agreed by saying it is helpful when they are dealing with someone who "... *takes me seriously and listens to me and my situation*" and "... *respects me and my situation.*" Many survivors felt that it is helpful when people are knowledgeable and educated on domestic / sexual violence: "*Knowledge is power.*"

It was also stressed that survivors should never be told to leave their abuser, as leaving tends to be the most dangerous time for them with the risk of increased violence being heightened. Many survivors report and agree that the abuse does not stop even after you leave. In the words of one survivor, "*The control does not stop once you leave; you are controlled even more when you are divorced.*" Constant encouragement and support is needed in all phases of this process. Well meaning staff might be seen as the enemy if they give the directive advice of telling the survivor to "*just leave*" if someone is not ready to do so or cannot safely do so. They should be given the opportunity to make their own decisions in their own time: "*Give the survivor her power back.*" Survivors of domestic and/or sexual violence told us they appreciate the VIBS mindset of giving the client her power and control back. VIBS never forces a client to get the police or legal system involved and "*we honor their decision to leave an abusive relationship or not. We give them the*

autonomy and power [sic]." Providing the client with options and the choice to make her own decisions is one of the most empowering things someone can do for her. As one survivor illustrated, it feels good "... *when I have been empowered. Empowerment can get you a long way.*" Needs assessment participants described that they are always grateful when the decision is theirs to make.

Staff perspective is also important. VIBS staff stressed the importance of being well-informed about domestic and sexual violence in order to work effectively with survivors. Having knowledge of the common symptoms and effects of domestic / sexual violence is crucial in working effectively with a survivor. A direct service delivery staff explains that it is "*good to know that there are different levels of abuse and different stages of adjustment to domestic and sexual violence.*" Education is essential in working with survivors. It was noted that, "*People need to be educated. Some clients do not even know they are being abused and many service providers do not know the signs of abuse.*" The issue of safety planning was also highlighted as imperative for a survivor. A detailed, customized safety plan will help to provide some control and power in a survivor's life and may also help to prevent or minimize future violence.

What VIBS Should Know About Disabilities and Accommodations

Project SAFE has previously defined a physical disability as one that has a physical limitation that substantially restricts one or more major life activities. It has defined a developmental disability as a substantial limitation to the individual's ability to accomplish routine activities of daily living; or any other condition resulting in a similar limitation of general intellectual functioning or adaptive behavior. These individuals may encounter difficulty in accessing services and in navigating certain aspects of their communities due to architectural and/or attitudinal barriers. It is not the disability that creates a problem, but rather the way in which society reacts to the disability.

UCP-Suffolk needs assessment participants were very informative about what a domestic / sexual violence agency should know about disabilities and accommodations. Many key issues were discussed as

important concepts to consider when assisting an individual with disabilities. One of the most consistent themes was treating a person with disabilities just like anyone else. Many participants highlighted how important it is to be treated equally. As one individual with disabilities noted, *"Treat me like any other member of the human race."* Another directed, *"Make eye contact with me. Listen and look when I talk."* It was encouraged not to say *"you people"*, as that also implies separation. *"One of the guys"* was offered as a great way to refer to people with disabilities. It was emphasized never to use the word normal as it *"separates us and puts us in another category from everyone else."* Another person said, *"I wish people did not run away from me like I am contagious or am dangerous."*

Many needs assessment participants agreed that much of society tends to see the disability first and the person second. One individual with disabilities said, *"I am a person, not a disability."* Often individuals with disabilities have to contend with other people staring at them. They all seemed to agree that it is okay when children do it but when adults stare, point, and make comments, that is very upsetting and frustrating. As one individual with disabilities explained, *"I don't like when people stare at me, especially adults. I find it very rude. Children are a different story – they don't know or understand. Children are innocent and need to be educated on differences. It is the adults that are the problem."* They wish to be taken seriously and spoken to as an adult. Many participants stated that people tend to talk to them as if they are children or as if they don't understand. As one individual with disabilities stated, *"Don't talk down to me or talk to me like I am a kid – no baby talk."* It was emphasized that just because a person has a disability does not imply that they are stupid or incapable, or that they don't want the same things we all want: *"We have dreams too. Never tell me I can't."*

Staff perspective is also important. UCP-Suffolk staff stressed the importance of being well-informed about disabilities in order to work effectively with people who have them. It was noted that having a disability does not equate to low intellect. A UCP-Suffolk direct service delivery staff member said, *"People need to understand*

that individuals with developmental and cognitive disabilities still have some normal functioning. You need to know the individual and know what their abilities are as well as their disabilities." They spoke about the different types of disabilities as well as the different levels of cognition and overall functioning. As one supervisor stated, *"You need to learn about different cognitive levels – as it pertains to their ability to consent and as it pertains to language used."* One direct service delivery staff member indicated that disclosures of domestic / sexual violence can sometimes be impacted by the participant's level of cognitive ability: *"The lower functioning participants may be unable to disclose while higher functioning participants may manipulate with disclosures."* Another important issue highlighted was not only understanding the disability but getting to know the person on an individual basis. Each individual possesses their own personality, vulnerabilities, and capabilities. *"Some participants change stories or say things for attention, it is hard to know what's true"*, as underlined by one supervisor. It was also recommended that professionals learn the appropriate ways in interviewing and asking questions. It is very important not to ask leading questions as some individuals are more *"suggestible"* than others. Other staff members have identified the difficulty in determining whether the individual with disabilities understands her/his situation. As cited by another supervisor, *"Participants themselves may not know what abuse is."* The overall consensus from the staff at UCP-Suffolk is to obtain a good understanding of various disabilities, identify the different cognitive levels of understanding, get to know the individual for him/herself and most importantly, as proclaimed by a UCP-Suffolk supervisor, recognize that *"there is very much a person in there."*

Implications

Training and Education

It was consistently cited throughout our needs assessment that both agencies were lacking specific training necessary in assisting survivors with disabilities. Without the necessary training regarding this issue, efforts in assisting survivors with disabilities may not be fully responsive or effective. Since each agency has a specific area of expertise, they both may not be fully addressing service delivery to survivors with disabilities. More can be done together than is

currently being done separately. It follows that this creates lost opportunities for survivors with disabilities who need them.

The fact that neither agency has a specific comprehensive definition of the other's subject of expertise puts the staff at a disadvantage not only for serving people who need their help, but also for engaging in ongoing conversations about the intersection of domestic and sexual violence and disabilities. Having a set of key terms and definitions will enable a broader understanding of domestic / sexual violence and disabilities / accommodations. As more than one participant told us, "Knowledge is power." As our collaboration increases its knowledge both organizations will be empowered to provide safer, more accessible, and more responsive services to survivors with disabilities.

What UCP-Suffolk Should Know About Domestic and Sexual Violence

Due to the fact that UCP-Suffolk's primary expertise is with disabilities and accommodations, the agency as a whole may have an incomplete knowledge base regarding domestic and/or sexual violence. An incomplete knowledge base can result in the agency staff not always being able to identify an individual who has experienced domestic and/or sexual violence, and it may render the staff less than fully effective in their ability to prevent and address such incidents. This in turn has an obvious impact on the individuals with disabilities served by UCP-Suffolk: domestic or sexual violence may go unidentified and unaddressed for some people, and for others the opportunity for more comprehensive services and even for prevention will be lost.

Another implication is in the realm of organizational culture and agency attitude toward domestic and sexual violence. If there are staff attitudes of blame and judgment and if there are limits on the agency's willingness and ability to have ongoing conversations with staff about domestic and sexual violence, then the agency will not be able to empower its individuals to deal with domestic and sexual violence in the same positive way that it empowers them to deal with the impact of their disabilities.

What VIBS Should Know About Disabilities and Accommodations

Due to the fact that VIBS' primary expertise is with domestic and sexual violence, the agency as a whole may have an incomplete knowledge base regarding disabilities and accommodations. An incomplete knowledge base can result in the agency staff not always being able to neither respond appropriately to an individual with a disability nor know how to provide the necessary accommodations. This in turn may result in referrals of persons with disabilities who are seeking services for domestic and sexual violence out to other agencies, rather than VIBS being able to serve them in-house.

Another implication is in the realm of organizational culture and agency attitude toward disabilities and accommodations. If there are interfering staff attitudes and if there are limits on the agency's willingness to modify the ways services are delivered and on its ability to provide accommodations, then the agency will not be able to empower its staff to deal with disabilities and accommodations in the same positive way that it deals with domestic and sexual violence.

Possible Solutions

Possible solutions which will be addressed in more depth in our strategic plan, could include, but are not limited to, the following:

- VIBS may wish to review its current training opportunities on disabilities and accommodations and revise them so that they are specific and stronger in content, more standardized across the staff, and more frequently offered.
- VIBS may wish to place training emphasis on the cognitive disabilities, which were the ones with which staff claimed to be the least knowledgeable, and therefore the least comfortable.
- VIBS may devise training programs / materials that promote non-judgmental attitudes and incorporate service delivery modifications based on improved knowledge.
- VIBS may review its current formal knowledge base on disabilities and accommodations.

- VIBS may want to establish formalized definitions of disabilities and accommodations, which would enable more intra-collaboration communication, a better informed staff, and more comprehensive services to survivors with disabilities.
- UCP-Suffolk may wish to review its current training opportunities on domestic and sexual violence and revise them so that they are specific and stronger in content, more standardized across the staff, and more frequently offered.
- UCP-Suffolk may devise training programs / materials that promote non-judgmental attitudes with respect to survivors.
- UCP-Suffolk may review its current formal knowledge base on domestic and sexual violence.
- UCP-Suffolk may want to establish formalized definitions of domestic and sexual violence which would enable more intra-collaboration communication, more comfortable intra-agency conversations about domestic and sexual violence, a better informed staff, and safer, more responsive services to individuals with disabilities who have experienced domestic and/or sexual violence.
- Both agencies may want to tailor new training opportunities toward creating changes in organizational culture that will promote a safer, more accessible, and more responsive service delivery system.

Key Finding # 5

Partnership Building: Both organizations have limited knowledge of each other's discipline and service delivery.

A partnership between two or more organizations exemplifies a commitment to work together, share knowledge and resources as applicable, resulting in a joint end product or change that strengthens each organization. The process of building a collaborative partnership is multidimensional. It involves:

- recognizing opportunities for change;
- mobilizing people and resources to create changes;

- developing a vision of long-term change;
- seeking support and involvement from diverse and non-traditional partners;
- choosing an effective group structure;
- building trust among collaborators; and
- developing learning opportunities for partners.

Although the effort takes time and requires careful attention, it's essential to creating strong, viable partnerships that produce lasting change.

During our needs assessment it became clear that VIBS staff has limited knowledge of UCP-Suffolk and the services that they provide. Some staff claim to have heard of UCP-Suffolk before but most only became more knowledgeable about UCP-Suffolk due to this collaboration project. Since VIBS has served very few survivors with disabilities, a consistent relationship with UCP-Suffolk was never formally established prior to this project. It appeared that staff at VIBS felt that it was imperative that we learn more about UCP-Suffolk and all the services that they provide in order to establish a good working relationship. They also seemed to be very excited and quite interested in getting to work more intimately with UCP-Suffolk. As one leadership member noted, *"The most effective relationship between VIBS and other local disability agencies are those with effective one-on-one relationships where staff work hard to make the relationship work. These relationships are maintained and improved through frequent contact and cross training / utilization."*

Our needs assessment also provided information regarding UCP-Suffolk's limited knowledge of VIBS and its services. In the first 15 minutes of our focus group with UCP-Suffolk supervisors, they were very interested to know more about VIBS and asked a lot of questions about our services, where we are located, the population we serve, and how we interact with Adult Protective Services (APS). Many supervisors reported having some knowledge about VIBS but some were unclear of the actual services that we provide as well as the clients that we serve.

Implications

As a result of this project, VIBS and UCP-Suffolk have had the opportunity to learn more about each other's organization. Prior to Project SAFE, it appeared that both organizations had limited knowledge of each other and of the services provided. While the five collaborative members have gained the most knowledge about their partner agency, it is essential that all staff become cognizant of the particular services offered, different programs available, and specific populations being served. Without this knowledge, VIBS staff may refer a client to UCP-Suffolk when another referral may be better suited for her. By the same token, UCP-Suffolk may inappropriately refer a client to VIBS. This lack of knowledge could prevent VIBS and UCP-Suffolk staff from building professional relationships with each other for the purposes of serving survivors with disabilities.

Possible Solutions

- VIBS may want to provide cross-training to UCP-Suffolk regarding VIBS services.
- VIBS may want to provide a referral list of other domestic and sexual violence organizations, service providers, and advocacy / legal services to UCP-Suffolk.
- UCP-Suffolk may want to provide cross-training to VIBS regarding UCP-Suffolk services.
- UCP-Suffolk may want to provide a referral list of other disability organizations, service providers, and self advocacy groups to VIBS.
- Both agencies may want to offer joint agency staff meetings to enhance relationships between VIBS staff and UCP-Suffolk staff.
- Both agencies may want to provide tours of their agency to our partner agency staff.

Supplemental Survey Results

Both VIBS and UCP-Suffolk boards of directors as well as UCP-Suffolk direct service delivery staff who were unable to participate in staff focus groups were engaged in our needs assessment by

completing surveys that provided supplemental information relevant to our needs assessment. Although we utilized these surveys as a supplemental means in gaining additional information, Project SAFE felt that the results were important to include.

Boards of Directors

Eleven respondents from both agencies agreed that the goals of Project SAFE are completely consistent with the agency missions of VIBS and UCP-Suffolk, and that the project completely aligns with the strategic goals of VIBS and UCP-Suffolk. Three VIBS respondents felt that the program goals were somewhat consistent with the agency mission and strategic goals. Among VIBS respondents, six indicated that they would definitely support new initiatives to address the intersection of domestic/sexual violence and disability. Five UCP-Suffolk respondents indicated the same. Two VIBS respondents indicated that they would most likely support new initiatives and one UCP-Suffolk respondent said s/he needed more information. Respondents from both agencies indicated they would be willing to support the work at the intersection of domestic / sexual violence and disability as follows:

- continuing to support VIBS
- providing their personal time
- helping organize an awareness presentation
- contacting other people and spreading the word
- fundraising and public relations
- updating policy statements
- gathering information
- incorporating appropriate language into bylaws
- supporting the project to agency leadership

Challenges to this project foreseen by the boards of both agencies ranged from none to significant with most indicating minimal to moderate. Challenges foreseen include:

- information collection from individuals with disabilities who may have experienced domestic and/or sexual violence

- creation of a dual organizational task force to coordinate services
- getting people to speak out if they are a victim
- time management when we have reduced staff
- financial
- learning something new

Overall, the feedback from both boards was very positive. One board member summed it up nicely: *“This appears to be a fantastic way to partner between these two organizations and to coordinate services to those who need help from both of us.”*

UCP-Suffolk Direct Service Delivery Staff

When asked about how they find out if an individual with a disability to whom they are providing services has experienced domestic and/or sexual violence, the most common survey response was by asking when it is suspected that someone might have been abused. To a question about the helpfulness of a variety of agency policies addressing response to individuals with disabilities who have experienced domestic and/or sexual violence, most people felt that the most helpful ones were reporting abuse to an immediate supervisor and having a zero tolerance for abuse policy. When asked to select the top three barriers at UCP-Suffolk that might make it difficult for an individual with a disability to disclose domestic and/or sexual violence to agency staff, the most commonly cited barriers were that staff does not ask direct questions about domestic and/or sexual violence, staff is uncomfortable in addressing the subject, and staff lacks awareness of safety planning measures. When asked to choose the top three barriers that might make it difficult for staff to assist individuals with disabilities who have experienced domestic and/or sexual violence to safely access appropriate support services, there was a tie between the agency lacks specific procedures on how to assist when someone discloses domestic and sexual violence and the agency does not provide adequate resources to staff to help them assist. There was also a tie in this question between the agency does not provide enough training to staff on domestic and sexual violence and staff may be confused about confidentiality as it applies to domestic / sexual

violence. When asked about the top three ways UCP-Suffolk can better respond to individuals with disabilities who have experienced domestic and/or sexual violence, the most common responses were by providing more staff training on the subject, improving staff awareness of resources in the community on domestic / sexual violence, and building partnerships with domestic and sexual violence service providers. Lastly, when asked about the top three things that domestic and sexual violence agencies should know / do about assisting individuals with disabilities, the most common responses were knowledge of how to work with people who have various degrees of cognitive challenges, training on disabilities should be offered to all staff, and they should be knowledgeable about accessibility and accommodations.

Overall the staff supplemental survey responses were in sync with the information provided to us by staff who participated in the focus groups. Our collaboration was pleased to be able to extend this opportunity to additional staff at UCP-Suffolk in spite of the complications involved and the low response rate.

IV. Conclusion

Our collaboration found the needs assessment process to be an exhilarating and an educational one. Much valuable information was brought to our attention which will guide us in the next phase of our project, strategic planning. The key findings, implications, and their possible solutions as highlighted in this report centered around the main themes of 1. policies and procedures, 2. barriers to safety, 3. barriers to accessibility, 4. knowledge building, and 5. partnership building. In the strategic planning phase, we will focus on turning these findings into sustainable, systemic changes at both organizations that will bring us closer to our project objectives. We were pleased to have obtained the buy-in of the boards of directors and leadership of both organizations, and we are confident that they will continue to support our efforts as our work goes forward.

Appendix

Project SAFE Survey for Board of Directors

Project SAFE (Safe Access For Everyone) is a local collaborative between two Suffolk County not-for-profit agencies, VIBS Family Violence and Rape Crisis Center and United Cerebral Palsy Association of Greater Suffolk, Inc. (UCP-Suffolk). This collaboration was formed in October 2008 and is funded by the Department of Justice, Office on Violence Against Women. The goal of Project SAFE is to bring about organizational change at VIBS and UCP-Suffolk in order to better assist individuals with physical and developmental disabilities who have experienced domestic and/or sexual violence. The purpose of our needs assessment is to collect information from our agency leadership, agency supervisors, agency staff, volunteers, survivors, and individuals with disabilities who have knowledge of and experience with both of our agencies' current service delivery systems. We are interested in obtaining your input on how this project aligns with your organization's mission and strategic initiatives, and on how you see your Board of Directors as being able to influence and support this project. Your feedback and input will help to guide Project SAFE in creating organizational changes that will lead to a more accessible, safe, and responsive service system for the future within VIBS and UCP-Suffolk. We would appreciate your assistance in completing the following survey.

1. The goal of Project SAFE is to bring about organizational change at VIBS and UCP-Suffolk in order to better assist individuals with physical and developmental disabilities who have experienced domestic and/or sexual violence. To what degree do you think this project is consistent with UCP/VIBS mission?

- A. Completely consistent
- B. Somewhat consistent
- C. Not consistent at all

COMMENT: _____

2. To what degree do you think this project aligns with UCP's/VIBS strategic goals?

- A. Completely aligns
- B. Somewhat aligns
- C. Does not align at all

Comment: _____

3. To what degree would you be willing to support new initiatives at UCP/VIBS to address the intersection of domestic/sexual violence and disability?

- A. Definitely would
- B. Likely would
- C. Not sure
- D. Likely would not
- E. Definitely would not
- F. Need more information

4. In what ways would you be willing to support the work at the intersection of domestic / sexual violence and disability?

5. To what extent do you see any challenges for UCP / VIBS in addressing the intersection of domestic / sexual violence and disability?

- A. Significant
- B. Moderate
- C. Minimal
- D. None

6. What challenges, if any, would you see for UCP/VIBS in supporting the work of Project SAFE, at the intersection of domestic / sexual violence and disability?

7. Would you like to provide any additional feedback?

Survey Questions for Direct Service Delivery Staff at UCP

Project SAFE (Safe Access For Everyone) is a local collaborative between two Suffolk County not-for-profit agencies, VIBS Family Violence and Rape Crisis Center and United Cerebral Palsy Association of Greater Suffolk, Inc. (UCP-Suffolk). Your feedback and input will help to guide Project SAFE in creating organizational changes that will lead to a more accessible, safe, and responsive service system for the future within VIBS and UCP-Suffolk. We would appreciate your assistance in completing the following survey. All responses will be anonymous.

Before you participate in this survey, we thought it might be helpful to review the following terms:

Domestic Violence: The use of power and control by one person over another person to get what s/he wants; can take the form of physical, sexual, economic, emotional and psychological abuse; can be perpetrated by an intimate partner, family member, caregiver, other program participant, household member, or other group home resident.

Sexual Violence: The force of any sexual contact without permission; unwanted sexual acts including rape and touching someone with their clothes on or without their clothes on.

Barriers: Any difficulties that prevent someone from accessing necessary activities of daily life or desired services.

Safely: Being free of any harm, threat, or punishment whether physical, verbal, social, or through non-verbal gestures or actions.

1. How do you find out if an individual with a disability to whom you are providing services has experienced domestic and/or sexual violence? (Please select all that apply)

- A. Ask at intake.
- B. Ask at an individual service meeting.
- C. Ask when it is suspected that someone might have been abused.
- D. Wait until they tell.
- E. Don't Know
- F. Other (Please list): _____

2. Please indicate how helpful each of the policies listed below are, if they exist, in guiding your response to individuals with disabilities who have experienced domestic and/or sexual violence.

A. Confidentiality Policy

very helpful___ somewhat helpful___ not helpful___ doesn't exist___

B. Incident Reporting Policy

very helpful___ somewhat helpful___ not helpful___ doesn't exist___

C. Personal Safety Policy

very helpful___ somewhat helpful___ not helpful___ doesn't exist___

D. Intake / Assessment Policy

very helpful___ somewhat helpful___ not helpful___ doesn't exist___

E. Reporting Abuse to Immediate Supervisor Policy

very helpful___ somewhat helpful___ not helpful___ doesn't exist___

F. Reasonable Accommodations Policy

very helpful___ somewhat helpful___ not helpful___ doesn't exist___

G. Zero Tolerance for Abuse Policy

very helpful___ somewhat helpful___ not helpful___ doesn't exist___

H. Other Policies (please list and indicate level of helpfulness):

very helpful___ somewhat helpful___ not helpful___

very helpful___ somewhat helpful___ not helpful___

very helpful___ somewhat helpful___ not helpful___

3. From the list below, please select the top three barriers at UCP-Suffolk that you believe might make it difficult for individuals with disabilities who experience domestic and/or sexual violence to DISCLOSE the abuse to agency staff.

A. Staff lacks adequate knowledge on domestic / sexual violence

- B. Staff is uncomfortable in addressing domestic /sexual violence
- C. Staff does not ask direct questions about domestic / sexual violence
- D. Staff may not be able to fully protect confidentiality in the incident reporting process
- E. Staff lacks awareness of safety planning measures for individuals who have experienced domestic and/or sexual violence
- F. There are no barriers to disclosure at UCP-Suffolk
- G. Other (please list):

4. From the list below, please select the top three barriers at UCP-Suffolk that you believe might make it difficult for STAFF TO ASSIST individuals with disabilities who experience domestic and/or sexual violence to safely access appropriate support services.

- A. Agency does not provide enough training to staff on domestic / sexual violence
- B. Agency lacks adequate policies on domestic /sexual violence
- C. Agency lacks specific procedures on how to assist when someone discloses domestic / sexual violence
- D. Staff may be confused about confidentiality as it applies to domestic / sexual violence
- E. Agency does not provide adequate resources to staff to help them assist individuals who disclose domestic / sexual violence
- F. Other (please list):

5. From the list below, please select the top three ways UCP-Suffolk can better respond to individuals with disabilities who have experienced domestic and/or sexual violence.

- A. Improved policies and procedures regarding domestic and sexual violence
- B. Provide more staff training on domestic and sexual violence
- C. Improve staff awareness of resources in the community on domestic and sexual violence
- D. Building partnerships with domestic / sexual violence service providers
- E. Provide more supportive supervision to enable staff to become more comfortable in addressing domestic and sexual violence
- F. Other (please list):

6. From the list below, please select the top three things that domestic and sexual violence agencies should know / do about assisting individuals with disabilities.

- A. Accessibility and accommodations
- B. Person first language should be utilized throughout agency and with staff
- C. Training on disabilities should be offered to all staff
- D. Have an understanding of the use of alternative means of communication, including sign language
- E. Knowledge of how to work with people with various degrees of cognitive challenges
- F. Employ qualified people with disabilities
- G. Include people with disabilities in brochures, written literature, and posters
- H. Knowledge of the Americans with Disabilities Act
- I. Other (please list):

Questions for Leadership (Interview)

1. What does your organization do well to support staff in their efforts to assist individuals with disabilities who have experienced domestic and/or sexual violence?

- **VIBS**: What policies exist in your agency to support your staff in providing accommodations? **UCP**: What policies exist in your agency to support your staff in addressing domestic / sexual violence?]
 - a. Which of these policies work well for staff?
 - b. Which of these policies do not work well for staff?
- **VIBS**: What resources exist in your agency to support staff in providing accommodations **UCP**: What resources exist in your agency to support staff in encouraging /addressing disclosures?.
- **VIBS**: What relationships does your agency have with other disability organizations that support your staff in providing accommodations?
 - a. With who?
 - b. How are they beneficial?**UCP**: What relationships does your agency have with other domestic / sexual violence organizations that support your staff in addressing domestic / sexual violence?
 - a. With who?
 - b. How are they beneficial?

2. What challenges exist at your organization in supporting staff in their efforts to assist individuals with disabilities who have experienced domestic and/or sexual violence?

- What policies and procedures present obstacles?
- How might these obstacles be resolved?
- What resources are lacking?
 - a. Financial?
 - b. Training?
 - c. Staffing?
 - d. Other?

3. What could your organization do better to support staff in their efforts to assist individuals with disabilities who have experienced domestic and/or sexual violence?

- What new policies or policy modifications would help?
- **UCP-Suffolk**: What types of training should be available to better support the staff in responding to disclosures of domestic and/sexual violence?

* If so, how often and for whom?

VIBS: What types of training should be available to better

support the staff in providing accommodations?

* If so, how often and for whom?

- **UCP-Suffolk:** What resources should be available to better support the staff in responding to disclosures of domestic / sexual violence?
VIBS: What resources should be available to better support the staff in providing accommodations?
- **UCP-Suffolk:** What relationships would you establish to support your staff in responding to disclosures of domestic / sexual violence?
 - a. With whom and why?**VIBS:** What relationships would you establish to support your staff in providing accommodations?
 - a. With whom and why?

4. What opportunities for change do you see within your organization through this collaboration?

- What changes might occur regarding policies and procedures?
- What opportunities might emerge?
 - a. What are the financial opportunities?
 - b. What are the resource opportunities?
- What challenges do you foresee?

5. How does organizational change occur at UCP / VIBS?

- What is the process?
- What is the decision-making hierarchy?
- What motivates change?
- How are modifications made in the budget to enable change?

6. Does your organizational culture recognize the issue of domestic and sexual violence against individuals with disabilities?

- If yes, in what ways?
- Is your organizational culture receptive to making changes that would better support staff in providing more accessible, safe, and responsive services for individuals with disabilities who have experienced domestic and/or sexual violence?
 - a. In what ways?
- What would the ideal organizational culture be like in helping staff identify and respond to disclosures?
 - a. What would the organizational attitudes be like?
 - b. What would the organizational values be like?

7. To what degree do you see this collaboration, Project SAFE, as consistent with your current mission and strategic goals / initiatives?

- In what ways is it consistent?
 - a. Where, if any, are the inconsistencies?
 - b. How could these inconsistencies be addressed?

8. What relationships exist between [UCP and any other local domestic/sexual violence agencies or VIBS and any other local disability agencies]?

- What are these other agencies?
- What is the nature of the relationships?
 - a. What makes these relationships effective?
 - b. How are these relationships different from collaborations?
 - c. How can these relationships be improved?

9. Is there anything else you would like to comment on regarding Project SAFE?

Questions for Supervisors (Focus Group)

1. What does your organization do well to support you in supervising staff in their efforts to assist individuals with disabilities who have experienced domestic and/or sexual violence?

- **VIBS**: What are the current policies and procedures regarding providing accommodations? **UCP-Suffolk**: What are the current policies and procedures in addressing domestic / sexual violence?
 - a. Which of these policies work well for staff?
 - b. Which of these policies do not work well for staff?
- **VIBS**: What resources are available at your agency to support staff in providing accommodations? **UCP-Suffolk**: What resources are available at your agency to support staff in encouraging /addressing disclosures?
- **VIBS**: What training opportunities are available at your agency to support staff in providing accommodations?
 - * How often are they provided?
 - * What staff attends these trainings?
 - * Who provides these trainings?
 - * Internal trainings versus external training?**UCP-Suffolk**: What training opportunities are available at your agency to support staff in addressing domestic / sexual violence?
 - * How often are they provided?
 - * What staff attends these trainings?
 - * Who provides these trainings?
 - * Internal trainings versus external training?
- What type of supervision is available to staff who are responding to individuals with disabilities who disclose domestic and/or sexual violence?

2. What obstacles exist at your organization in supporting your staff in [VIBS: providing accommodations or UCP: responding to domestic and/or sexual violence issues]?

- Does one type of [**UCP**: disability or **VIBS**: incident of domestic / sexual violence] pose more of a challenge than others?
 - a. Which ones?
 - b. Why?
- **UCP-Suffolk**: Does the relationship between the individual with a disability and the abuser increase the challenge in supporting staff?
 - a. Which relationships are the most challenging?
 - b. In what ways?
- **VIBS**: Do the family circumstances of the survivor increase the challenge in supporting staff?
 - a. Which circumstances are the most challenging?
 - * What is the impact when children are involved?

- * What is the impact of financial circumstances?
- * What is the impact if the abuser is the caregiver?
- * What is the impact of the survivor's living arrangements?

3. Are there barriers at your organization that prevent or discourage disclosures by [VIBS: survivors regarding their disabilities or UCP: individuals with disabilities regarding domestic / sexual violence]?

- At the organizational level?
 - a. How does the culture of your agency interfere with discouraging disclosures by individuals with disabilities who have experienced domestic and sexual violence?
 - b. Are the policies and procedures prohibitive in any way?
 - *What is the impact of current procedures on confidentiality?
 - * **UCP-Suffolk**: What is in place to address safety risks and concerns?
 - * **VIBS**: What is in place to address reasonable accommodations?
- At the staff level?
 - a. Is training inadequate?
 - b. Are knowledge and resources inadequate?
 - c. **UCP-Suffolk**: Is there reluctance on the part of staff to inquire about and respond to disclosures of domestic and/or sexual violence?
 - d. **VIBS**: Is there reluctance on the part of staff to inquire about accommodations for disabilities?

4. What could your organization do better to support staff in their efforts to assist individuals who have experienced domestic and/or sexual violence?

- What new policies or policy modifications would help?
- **UCP-Suffolk**: What training should be available to better support the staff in responding to disclosures of domestic and/sexual violence?
 - * If so, how often and for whom?
- **VIBS**: What training should be available to better support the staff in responding to disclosures of disabilities and in providing the necessary accommodations?
 - * If so, how often and for whom?
- **UCP-Suffolk**: What resources should be available to better support the staff in responding to disclosures of domestic and/sexual violence?

- **VIBS:** What resources should be available to better support the staff in responding to disclosures of disabilities and providing the necessary accommodations?
- Would you establish additional relationships around this issue?
 - a. With whom and why?

5. How can supervisors influence organizational change to enhance services for survivors with disabilities?

- What tools are available to you for change?
 - a. What resources are available?
 - b. What training is available?
 - c. How do program or service outcomes influence change?
- How do supervisors directly influence change?
- What motivates change at your agency?
- Who initiates it?

6. Does your organizational culture* recognize the issue of domestic and sexual violence against individuals with disabilities?

- If yes, in what ways?
- Is your organizational culture receptive to making changes that would better support staff in providing more accessible, safe, and responsive services for individuals with disabilities who have experienced domestic and/or sexual violence?
 - a. In what ways?
- **UCP-Suffolk:** What would the ideal organizational culture be like in helping staff identify and respond to disclosures of domestic and/or sexual violence?
 - a. What would the organizational attitudes be like?
 - b. What would the organizational values be like?
- **VIBS:** What would the ideal organizational culture be like in helping staff identify and respond to disclosures of disability and provide accommodations?
 - a. What would the organizational attitudes be like?
 - b. What would the organizational values be like?

***Organizational Culture:** The attitudes and values within the organization as a whole regarding work environment / conditions, services provided, and individuals who receive services.

7. What relationships exist between [UCP and any other local domestic/sexual violence agencies OR VIBS and any other local disability agencies?

- What are these other agencies?

- What is the nature of these relationships?
 - a. What makes these relationships effective?
 - b. How are these relationships different from collaborations?
 - c. How can these relationships be improved?

8. *Is there anything else you would like to comment on regarding Project SAFE?*

Questions for Direct Service Delivery Staff (Focus Groups)

1. Think about a time when you suspected you might be working with [VIBS: a survivor with a disability or UCP-Suffolk: an individual with disabilities who was experiencing domestic and/or sexual violence].

- What skills has your agency given you to help you make that identification?
- How did you know what to do?
 - a. Did you attend special training?
 - b. Did your supervisor inform you of what to do and support you in doing it ?
- **UCP-Suffolk:** What avenues exist at your agency to explore the possibility of an individual with a physical and/or developmental disability experiencing domestic and/or sexual violence?
 - a. Does your agency encourage you to ask directly upon suspicion?
 - b. Is direct inquiry made at intake?
 - c. Is inquiry made at other meetings / sessions?
 - d. Do you wait until the person discloses to you?
- **VIBS:** What avenues exist at your agency to explore the possibility that a survivor may have a physical and/or developmental disability and may need accommodations?
 - a. Does your agency encourage you to ask directly upon suspicion?
 - b. Is direct inquiry made at intake or on hotline call?
 - c. Is inquiry made at other meetings / sessions?
 - d. Do you wait until the person discloses to you?

2. What policies and procedures does your organization have, if any, to help guide you in responding to [VIBS: survivors with disabilities or UCP-Suffolk: individuals with disabilities who have experienced domestic/sexual violence]?

- **UCP-Suffolk:** Which policies and procedures help you to respond to individuals with disabilities who have experienced domestic and/or sexual violence?
 - a. How did you learn about these policies / procedures?
 - b. How often do you receive updates on policies / procedures?
- **VIBS:** Which policies and procedures help you to respond to survivors with disabilities?
 - a. How did you learn about these policies / procedures?
 - b. How often do you receive updates on policies / procedures?

- Which policies and procedures do not help you in responding to survivors with disabilities?
 - a. Why are they not helpful?

3. *What conditions exist at your agency that encourage disclosures by [VIBS: survivors regarding their disabilities or UCP: individuals with disabilities regarding domestic / sexual violence]?*

- **UCP-Suffolk:** How does the agency communicate its willingness to receive disclosures of domestic and/or sexual violence by individuals with disabilities?
 - a. What policies and procedures exist that encourage disclosures?
 - b. What safety and confidentiality measures exist that encourage disclosures?
- **VIBS:** How does the agency communicate its willingness to receive disclosures disability and requests for accommodations?
 - a. What policies and procedures exist that encourage disclosures?
 - b. What safety and confidentiality measures exist that encourage disclosures?

4. *What barriers exist at your agency which discourages disclosures by [VIBS: survivors regarding their disabilities and accommodations or UCP: individuals with disabilities regarding domestic / sexual violence]?*

- What are the policies and procedures that hinder disclosures?
 - a. Confidentiality and reporting requirements?
 - b. **UCP-Suffolk:** How are safety concerns addressed? / **VIBS:** How are accommodations provided?
- **UCP-Suffolk:** What, if any, are the attitudinal barriers about domestic and sexual violence?
- **VIBS:** What, if any, are the attitudinal barriers about disabilities?

5. *What barriers exist at your agency that makes it difficult for direct service delivery staff to provide safe and accessible support services to [VIBS: survivors with disabilities or UCP: individuals with disabilities who experience domestic / sexual violence]?*

- What barriers exist in resources?
- What barriers exist in training?
 - a. Awareness / knowledge building?
- **VIBS:** What architectural barriers exist?
What communication barriers exist?
What attitudinal barriers exist?

Questions for Volunteers at VIBS

1. Think about a time when you suspected you might be working with a survivor with a disability.

- What skills has your agency given you to help you make that identification?
- How did you know what to do?
 - a. Did you attend special training?
 - b. Did your supervisor inform you of what to do and support you in doing it?
- What avenues exist at your agency to explore the possibility that a survivor may have a physical and/or developmental disability and may need accommodations?
 - a. Direct inquiry during initial contact?
 - b. Does VIBS encourage you to ask directly upon suspicion?
 - c. Do you wait until the person discloses to you?

2. What policies and procedures does VIBS have, if any, to help guide you in responding to survivors with disabilities?

- Which ones help you to respond to survivors with disabilities?
- How did you learn about these policies / procedures?
 - a. How often do you receive updates on policies / procedures?
- What doesn't help you in responding to survivors with disabilities?

3. What conditions exist at VIBS that encourage disclosures by survivors regarding their disabilities?

- How does VIBS communicate its willingness to receive disclosures of disabilities and requests for accommodations?
 - a. What policies and procedures exist that encourage disclosures?
 - b. What safety and confidentiality measures exist that encourage disclosures?

4. What barriers exist at VIBS which discourage disclosures by survivors regarding their disabilities?

- What are the policies and procedures that hinder disclosures?
 - b. Confidentiality and reporting requirements?
 - c. Do policies provide for accommodations?
- What, if any, are the attitudinal barriers about disabilities?

5. What barriers exist at VIBS that make it difficult for volunteers to provide accessible support services to survivors with disabilities?

- What barriers exist in resources?

- What barriers exist in training?
 - a. Awareness / knowledge building?
- What architectural barriers exist?
- What communication barriers exist?
- What attitudinal barriers exist?
- What barriers exist in building partnerships with other agencies?
 - a. Lack of knowledge and awareness?
- Are there any other barriers?

6. *What can VIBS do better in responding to survivors with disabilities?*

- What new or modified policies and procedures would be helpful?
- What new opportunities would be available in the areas of:
 - a. Training
 - b. Resources
 - c. Awareness / knowledge building
 - d. Building partnerships

7. *What do you think is important for disability organizations to know about assisting survivors of domestic / sexual violence with disabilities?*

- What should disability organizations know about domestic / sexual violence in general?
- What should disability organizations know about safety risks and concerns?
- What is most helpful for disability organizations to know?
- What is the least helpful for disability organizations to know?

8. *Is there anything else you would like to comment on regarding this topic?*

Questions for Individuals with Physical and/or Developmental Disabilities

1. *How do you get information from service providers about services you may need?*

- Who do you go to?
- Where do you look for this information?

2. *Think about a time when you went somewhere in the community for services and you felt welcome?*

- What made this experience good?
- What about the place made you feel welcome?
- How was the building?
- What did the staff do/not do?
- Explain how the atmosphere was?

3. *Think about a time when you went somewhere in the community for services and you did not feel welcome.*

- What made this experience bad?
- What about the place made you feel unwelcome?
- How was the building?
- What did the staff do/not do?
- Explain how the atmosphere was?

4. *When you go somewhere in the community for services and someone really understands you and your disability, what is that like?*

- What happens?
- How do you know they understand you?
- How do you know they understand your disability?
- What did you like about what the person did to help?

5. *When you go somewhere in the community for services and people don't understand you and your disability, what is that like?*

- What happens?
- How do you know they do not understand you?
- How do you know they don't understand your disability?
- What didn't you like about what the person did to help?

6. *What suggestions do you have for making things better for people with disabilities when they go somewhere in the community for services?*

Questions for Survivors of Domestic / Sexual Violence and Sexual Violence

1. *How do you get information from service providers about services you may need?*

- Who do you go to?
- Where do you look for this information?

2. *Think about a time when you went somewhere in the community for services and you felt safe.*

- What made this experience feels safe?
- What about the place made you feel safe?
- What did the staff do/not do?
- How was confidentiality addressed?
- How was privacy addressed?
- What about the atmosphere made you feel safe?
- What kind of material was available?

3. Think about a time when you went somewhere in the community for services and you did not feel safe?

- What made this experience feel unsafe?
- What about the place made you feel unsafe?
- What did the staff do/not do?
- What about the atmosphere made you feel unsafe?

4. What makes you decide to tell someone that you have/are experiencing domestic / sexual violence?

- What do they do to make you feel comfortable?
- What do they do to make you trust them?

5. What makes you decide not to tell someone you are experiencing domestic/sexual violence?

- What do they do to make you feel not comfortable?
- What do they do to make you not trust them?

6. What suggestions do you have for making things better for survivors when they go somewhere in the community for services?