

Needs Assessment Plan

disAbility Advocacy Project of the Washington State Collaboration Approved September 18, 2007

Introduction

In 2006, the disAbility Advocacy Project (dAP) of the Washington State Collaboration received a three year award from the Office on Violence Against Women (OVW), Education and Technical Assistance Grants to End Violence Against Women with Disabilities Grant Program. The lead agency for the grant is the Washington State Coalition Against Domestic Violence (WSCADV). The collaborative partners of the disAbility Advocacy Project include the Abused Deaf Women's Advocacy Services (ADWAS), Disability Rights Washington (DRW) and the Washington Coalition of Sexual Assault Programs (WCSAP).

The first year of this project is a planning period during which the dAP collaborative partners will conduct an in-depth needs assessment in several communities in Washington State, from which a community-specific strategic plan will be developed for three of these communities. Our collaborative has the capacity to perform in-depth needs assessments in four communities, and the information gleaned from the needs assessment will help us select our three pilot sites.

Although this is the first year of the current grant cycle, the dAP has been working for several years with the assistance of previous grants from OVW. The work done in these previous grant cycles informs our current work, and has allowed our collaborative to narrow our focus in several ways. We have:

- Zeroed in on four geographic regions in our state.
- Identified four target audiences for our needs assessment activities.
- Selected four statements reflecting the research questions we hope to answer in the needs assessment

This document will lay out the approach, methods and activities of the needs assessment being conducted by the dAP.

Goals for the needs assessment

Through the in-depth needs assessment, we hope to:

- Learn from people with disabilities about their experiences of domestic and sexual violence and the barriers they face when seeking services.
- Learn from people with disabilities why they may choose *not* to access DV/SA services.
- Learn from domestic and sexual violence advocacy programs and disability advocacy programs about their organizational access (physical, programmatic, and attitudinal) and removal of barriers.
- Identify opportunities for organizational change in service delivery.
- Examine outreach strategies utilized by community-based advocacy organizations, ascertain how people with disabilities learn about resources in their communities, and identify opportunities for organizational change in outreach strategies.
- Identify opportunities to support partnerships that lead to co-advocacy strategies that respect the choices made by survivors with disabilities; and
- Identify elements of co-advocacy in the existing pilot site communities that could then be adapted and tailored by other communities.

Research statements

To that end, we have identified four statements that define the goals of our needs assessment. They are:

Identify gaps and barriers to services experienced by survivors with disabilities when they seek DV/SA services from community-based domestic violence, sexual assault or disability advocates.

Identify the current strengths and assets of community-based domestic violence, sexual assault and disability advocacy organizations currently providing DV/SA services to survivors with disabilities.

Identify gaps and barriers to effective outreach by community-based advocacy organizations that discourage survivors with disabilities from seeking DV/SA services.

Identify the elements that contribute to effective co-advocacy between community-based DV/SA advocacy programs and community-based disability advocacy organizations.

Vision, mission and context for our work

The vision of the disAbility Advocacy Project is that people with disabilities and Deaf individuals who experience domestic or sexual violence are aware of the range of services that are available to them and they have the same access to those services as others. We believe that all people should have equal opportunity to participate in a society where *Abilities*, rather than *disabilities*, are recognized.

It is important to note that when we talk about “disability,” we mean anyone with mobility, sensory, or communication issues; mental illness, intellectual or developmental disabilities; anyone who is Deaf or has hearing loss. We also include people who have “invisible” disabilities, such as diabetes, traumatic brain injuries or substance use disorders. We recognize that some Deaf individuals do not identify as having disabilities, but we include the Deaf community in our definition of disability to ensure their inclusion in our work and to recognize that Deaf individuals who are abused do not have the same access to services as other individuals.

Needs Assessment Plan

I. Analyze existing data, create a narrower focus

A. Compile & analyze existing data

The disAbility Advocacy Project has worked together since 2000 to increase access for survivors and raise awareness about the abuse experiences of survivors with disabilities who may or may not seek advocacy services. Among the advocacy fields of domestic violence, sexual assault and disability advocacy organizations, we observed different understandings of policy, practice and the dynamics of domestic and sexual violence.

During our years together, our project has held community gatherings, collected statewide demographic data, used survey information and interviews, and convened two pilot sites (one at a rural site and another in a small urban setting) to document the stories of violence and abuse experienced by survivors with disabilities, to illuminate ineffective advocacy program policy and practices, and demonstrate strategies for removing barriers and increasing access to advocacy programs. The existing data from this previous work, along with new data collected during our needs assessment activities, will be used to develop our strategic plan (please see Sections VII and VIII).

Partners in dAP have visited communities statewide to explain the work of the project and gauge willingness of individuals and organizational commitment to participate in activities that would increase access to advocacy organizations for survivors with disabilities.

B. Criteria to select pilot sites

Our collaboration has determined that we would use the following criteria to select the pilot sites:

1. Pilot sites should be selected to reflect the geographic and demographic diversity of Washington State.
2. It is important that a potential pilot site have existing community-based resources; a domestic violence program, a sexual assault program, and a Center for Independent Living (CIL) or similar disability advocacy agency.
3. It is important that the local advocates express a strong interest in the project and a willingness to do the work necessary to form a strong collaborative presence in the community.

4. The local advocacy organizations should also express a desire to work with the dAP to receive technical assistance and create and document model co-advocacy strategies between DV/SA and disability advocates.
5. The community would optimally include a specialized program or resource unique to the state that addresses issues of domestic and sexual violence (for example, the Tacoma Area Coalition of Individuals with Disabilities which offers peer support groups for people with disabilities who experience DV/SA, and the Korean Women’s Association which has the only confidential domestic violence shelter focused on the needs of the Korean community in Washington state).
6. The advocacy organizations in the community should express a strong interest in improving DV and SA services for individuals with disabilities; and
7. The advocacy organizations in the community should express a strong interest in improving outreach regarding DV and SA services for individuals with disabilities.

II. Implement the in-depth needs assessment within four communities

Under previous grants, we have two existing pilot sites. One is in a rural setting, centered on the small town of Pullman, in the far eastern part of the state. The second existing pilot site is in a small urban setting in an economically depressed area of the state on the Pacific coast. The Grays Harbor pilot site includes the small cities of Aberdeen and Hoquiam. These two pilot sites have developed in very different ways and provide a variety of opportunities to pursue our mission. Because they meet the criteria established by our collaboration, we will continue to work within these two sites. We will determine the third pilot site based on the information gathered in the needs assessment.

To ensure geographic and demographic diversity, our third pilot site should be located in a larger urban community, and Tacoma and Spokane stand out when looking for an urban pilot site. Each community meets all seven of our criteria and dAP partners already have existing relationships with advocates and survivors with disabilities in those communities. These pre-existing relationships will be helpful in scheduling focus groups and finding individuals to interview when implementing the needs assessment. These existing relationships will also be helpful when seeking additional willing partners in each of the four communities.

Therefore, we will conduct the in-depth needs assessments in the following four communities:

- Spokane – large urban setting
- Tacoma – large urban setting
- Pullman, Whitman County (existing pilot site) – rural setting
- Grays Harbor County (existing pilot site) – small urban setting

To reduce duplicative data collection, we will utilize some of the information that is available to us from previous years in which we have collected demographic and other information from each of the four communities.

III. Target populations to be interviewed in needs assessment

Our needs assessment will focus on DV and SA services for people with disabilities. Those services could be provided by a domestic violence program, a sexual assault program, or a disability advocacy organization. There are four distinct groups of individuals who have first-hand experience regarding the provision of DV or SA services to individuals with disabilities. These four groups are: a) survivors with disabilities, b) community-based disability advocates, c) community-based domestic violence advocates, and d) community-based sexual assault advocates.

To accomplish the goals of our needs assessment we need to construct an accurate picture of the gaps and barriers to services and outreach, as well as document the strengths and assets of current services, and identify opportunities for co-advocacy. To accomplish this, we plan to interview or conduct focus groups with individuals belonging to each of these four target groups.

Our dAP partners are uniquely qualified to identify individuals and organizations in the four communities who belong to the four target groups.

- WSCADV and WCSAP have extensive relationships with DV and SA programs and have been communicating with advocates in the four communities for years. Many advocates and organizations have expressed interest in participating in this project.

- DRW is a statewide disability advocacy organization that has been doing outreach in these four communities for decades. Not only does DRW have contacts with organizations, such as CILs, Clubhouses, People First chapters, local Arcs, they also have extensive relationships with local peer support counselors and self-advocates who are active in disability rights advocacy. Because DRW has, for many years, focused on abuse and neglect issues among people with disabilities, they know a large number of people who are not only interested in our project, but anxious to participate in seeking ways to provide better DV and SA services to individuals with disabilities.
- ADWAS is a local King County program, but has a statewide network of supporters, particularly in the Deaf and deaf-blind communities. Their groundbreaking work on behalf of survivors of domestic and sexual violence has not only brought them national recognition, but the trust and respect of the entire disability community. Their relationships and reputation will give our project credibility with organizations and individuals who otherwise might be reticent to participate in this project.

For a discussion of how the dAP will select the third pilot site, please see section VII. For information on how participants will be recruited for the focus groups, see section VI, A.

IV. Identify methodology used to acquire new data

A. Overview

To ensure that our community needs assessments are comprehensive and well-informed for strategic planning, we will be utilizing a variety of available data in addition to new data. We will utilize both quantitative and qualitative data analysis, ranging from descriptive statistics for previous community surveys to thematic coding of new focus group and interview data. Due to the exploratory nature of our needs assessment goals, the majority of the new data we will be collecting in the four communities will be gathered through focus groups and interviews.

B. Schedule of focus groups and interviews

In each community, data gathering will be conducted as follows:

- *People with disabilities* - At least one focus group will be scheduled in each community specifically for people with

disabilities. Participants will be recruited by local community-based advocates who will inform participants of the subject matter to be covered in the focus group. Interviews, either by phone or in-person, with other individuals with disabilities will be scheduled to ensure there is cross-disability representation in our data.

- *Community-based DV and SA advocates* – At least one focus group will be scheduled in each community that includes DV and SA advocates. WSCADV and WCSAP will invite member programs in each community to attend, and will request program directors to urge all staff to attend the focus group. Interviews, either by phone or in-person, with other advocates will ensure that multiple perspectives will be included in our data.
- *Community-based disability advocates* - At least one focus group will be scheduled in each community that includes local disability advocates. DRW and ADWAS will invite local advocacy organizations in each community to attend, and will request program directors to urge all staff to attend the focus group. Interviews, either by phone or in-person, with other advocates will ensure that multiple perspectives will be included in our data.

C. Quantitative data collection

At the beginning of each focus group or interview, we will administer a brief survey, which we are calling an orientation exercise. These surveys will be tailored to the participants of the focus group or interview and designed to help participants focus on issues of service delivery and outreach. Additionally, the exercise will provide important quantitative data for our needs assessment. The content of the orientation exercises are included in the appendix of this document, in the research tools.

D. Methodological model

We will employ a modified version of the “Getting to Outcomes” (GTO)¹ methodology of doing a needs and resources assessment. GTO is a comprehensive program planning and evaluation process that was originally designed to improve substance abuse prevention program planning, and is now being expanded to other social and health areas, such as mental health, intimate partner abuse and sexual violence. The needs and resources assessment process recommended in GTO is one of the most thorough models to follow for doing these kinds of community-based needs and resources assessments. We wanted to

¹ More information about GTO can be found at http://www.rand.org/pubs/technical_reports/TR101/

utilize a needs assessment process that was straightforward yet comprehensive, and GTO allows for both in a thoughtful manner.

Although a needs assessment can take a year to fully complete, there is flexibility within this model to complete a thorough needs and resources assessment with the input of all dAP partners within just a few months. Our evaluator is experienced in using GTO and is working with dAP staff to collect and analyze appropriate data to arrive at a thorough, yet timely understanding of the context in the selected communities for addressing the needs of survivors with disabilities.

E. Analysis

Once the information has been gathered, we anticipate facing the challenge of analyzing what we have learned, prioritizing specific problem areas in which to concentrate our future work, and developing activities and strategies to address those problems. Our plan for analyzing and prioritizing the data we collect is discussed in section VII of this document. Our plan for development of strategic activities in future years of the current grant cycle is discussed in section VIII.

V. Research tools and protocols

A. Tool development

Most of the data we plan to collect in the in-depth needs assessment will come from focus groups and interviews with individuals and organizational representatives from our four target groups.

The dAP has developed multiple research tools designed to gather information from each of the target groups. Each tool contains questions designed to probe deeply into our goal statements. Collecting qualitative data in this manner creates challenges because individuals respond to questions in different ways. The wording of a particular question may elicit a detailed response from one individual and a one-word reply from another. The dAP has skilled facilitators within the collaborative who will be flexible in administering the research tools. Paraphrasing, re-stating of questions, as well as asking unscripted follow-up questions will be utilized to draw out focus group and interview participants.

These research tools were developed in consultation with the Vera Institute for Justice, and are attached as an appendix to this document.

B. Confidentiality, safety and disclosure

Confidentiality will be maintained throughout the interview and focus group process. At the beginning of each session, participants will be informed that no attendance will be taken, and nobody's name will be recorded in any notes from the session. All participants will be asked to respect the confidentiality of other participants and be reminded to ensure that they do not, in the future, identify any other participants by name or any other information that might serve to identify them.

Safety is important when discussing experiences of domestic or sexual violence. Interviewers and focus group facilitators will strive to create an atmosphere that is welcoming and accepting of the experiences and choices of survivors. However, discussions of these subjects can often lead to disclosure of ongoing or past domestic or sexual violence. These disclosures can bring up intense emotions and participants may need support and/or advocacy. At all focus groups, dAP will have a domestic violence and/or sexual assault advocate present to speak with survivors if the need arises. In addition, interviewers will be prepared to provide appropriate, local resource information for any participant. The dAP will request local resource providers to review their materials for accessibility and inquire about availability of those materials in alternate formats.

C. Focus group and interview protocols

Responses from interview and focus group participants will be recorded as accurately as possible. In most cases, we will use skilled typists to record the responses of participants. In some cases, we may record interviews or focus groups on audio. When audio recordings are utilized, the dAP will determine that the recording will be unlikely to inhibit participants. Permission will be expressly granted by any participant being recorded on audio and all participants will be informed that while direct quotes will be utilized in the report created by the dAP, no participant will be identified in any way. If interviews are recorded on audio, dAP will adhere to the following protocol:

- a) tapes will be kept secured in locked cabinets when not in the possession of a dAP partner.
- b) tapes will be kept only until the dAP partner has the opportunity to take detailed notes from the tape.
- c) tapes will be erased after the detailed notes have been taken, and under no circumstances will tapes be retained longer than six months.

D. Accessibility

All focus groups will be accessible. Gatherings will be scheduled at locations that have appropriate parking for individuals who have needs for accessible parking, and where possible, within reach of public transportation. The route of travel to the meeting location will be accessible and free of obstacles, doors and entryways will be checked for accessibility, and the path of travel within the building to the meeting room will be reviewed. Meeting rooms will be able to accommodate individuals in wheelchairs or who have other mobility issues. WSCADV owns a portable PA system that can be utilized if the size of the gathering or room requires it, or if an individual requests it as a reasonable accommodation.

Local organizations who host these gatherings will be asked to collect any requests for accommodations, and WSCADV will provide and pay for these accommodations whenever possible. Sign language or other interpreters will be made available on request.

VI. Outreach plan for target groups

A. Outreach to individuals and community organizations

The dAP has many existing relationships with advocates and survivors in the four communities participating in our needs assessment. In many cases, individuals in these communities are already aware of and interested in the work of the dAP. In each community, dAP partners will ask their existing contacts who else in the community should be involved in needs assessment activities. Organizations and individuals who are identified in this manner will also be contacted and asked the same question, leading to further potential participants.

Local organizations that express interest in the work of the project will be asked to recruit individuals to participate in the focus groups that will be facilitated by dAP partners. Publicity will not be general, but targeted to individuals that belong to the target population for the focus group. Host organizations will also be asked to be active in assisting the dAP to implement the accessibility plan for any gatherings (see section V, D, above).

Some individuals will be unable to attend scheduled focus groups, or may feel uncomfortable talking in a group. These individuals may be candidates to be interviewed by phone or in person.

B. Interviews and focus groups

We anticipate traveling to each of the four communities to administer the research tools. Please see section IV, B for a discussion of how we plan to schedule focus groups in each community.

During focus groups that have been scheduled for people with disabilities, we will not ask community-based advocates to participate, other than to inform participants of available resources, be present for support, or to provide subsequent individual advocacy for any survivor who requests it.

In-person or telephone interviews will help ensure that each of the four target groups are represented in our data collection and will have opportunities to give their input.

Other opportunities that present themselves will be utilized to reach relevant individuals or organizations in the four communities. dAP partners may participate in conferences, trainings or other community gatherings that are attended by individuals whose knowledge or expertise will enhance our data collection. When these events occur, dAP partners may seek to interview these individuals and record their responses, using our research tools and adhering to safety and confidentiality protocols.

At each focus group or interview, the confidentiality and safety protocols will be utilized. Participants will be told that their responses will be recorded as accurately as possible, and that their responses may be included in a published report. However, no identifying information will be linked to any published response, no attendance will be taken at any focus group, and the dAP will take steps to ensure that the confidentiality of each participant will be maintained.

VII. Compile and analyze data

A. Analysis and prioritization of themes

Once completed, the data accumulated through the needs assessment will be analyzed by dAP partners and other individuals. These other individuals will be identified by the dAP collaborative as those likely to provide alternative perspectives to the analysis being done.

Partners and other analysts will be asked to examine the collected data, both old and new, with the goal of identifying themes and relevant information. This process is called thematic coding. The dAP evaluator will assist the analysts in the coding process.

dAP will schedule discussion groups among analysts to share and discuss the thematic coding and to develop a group consensus of important themes and information that will be included in a final analysis of the data. These discussion groups will isolate not only themes, but will identify problem areas that are likely to be ameliorated by subsequent dAP and pilot site activities.

B. Selection of third pilot site

The collaborative partners will have an additional task at this stage of the needs assessment process. A third pilot site must be selected from the two candidate communities, Tacoma and Spokane. The partners will select the most promising of the two communities based on the seven criteria outlined in section I, B of this document.

VIII. Identify key activities for strategic plan

Analysts will prioritize and identify activities that may be undertaken by the dAP in subsequent years under the grant. These recommendations will be discussed and evaluated by the collaborative. The recommended activities that are agreed to by the collaborative partners will then be written into a strategic plan, which will guide the dAP in the remaining years of the grant.

The dAP evaluator will assist the partners in writing the strategic plan which will be developed in consultation with the Vera Institute for Justice. When completed, the plan will be submitted to OVW for final approval.

IX. Estimated timeline

June - July 2007	Develop needs assessment plan in consultation with Vera.
July - August 2007	Develop needs assessment research tools in consultation with Vera. Submit needs assessment plan and research tools to OVW for review and approval.

August – October 2007	Needs assessment implementation in Spokane, Pullman, Grays Harbor and Tacoma.
November - December 2007	Compile data and develop findings. Create strategic plan for 2008-2009 in consultation with Vera.
December 2007	Strategic plan reviewed and approved by OVW.

Appendix

Focus Group and Interview Tool

There are three Focus Group and Interview tools to be used to collect data for the disAbility Advocacy Project's Needs Assessment. One of the three tools will be specific to each of the three target populations identified in the Needs Assessment Plan. The three target populations are:

- Individuals with disabilities (with an emphasis on individuals who are survivors of domestic or sexual violence).
- Advocates from community-based domestic violence or sexual assault programs.
- Advocates from community-based disability advocacy programs.

Each of the three tools will be administered in four steps. The first step will be an accommodation check of participants to ensure that everyone has what they need to participate. The second step will be an orientation exercise that consists of a few multiple choice or short answer questions that will be distributed to participants. Participants will be asked to indicate their answers to the questions and submit their responses. No names will be collected on the orientation exercise and only aggregate data from these responses will be published. The exercise will be available in alternate formats, and appropriate support will be available for those who do not read or process written language.

The third step will consist of a short, facilitated discussion that will frame the particular areas of inquiry we wish to pursue. During this discussion, important concepts or definitions may be discussed, such as “what exactly is domestic violence” or “what do we mean when we say disability?” This discussion will also help us focus the conversation on domestic violence and sexual assault services for individuals with disabilities, rather than straying into a discussion of, for example, the criminal justice system.

The fourth step in each tool consists of specific, yet open-ended questions that will be asked of the participants. These questions are designed to elicit responses related to the experiences of the participants, and to help us collect data relevant to the following research goals:

1. *Identify gaps and barriers to effective outreach by community-based advocacy organizations that discourage survivors with disabilities from seeking domestic violence or sexual assault services.*
2. *Identify gaps and barriers to services experienced by survivors with disabilities when they seek domestic violence or sexual assault services*

from community-based domestic violence, sexual assault or disability advocates.

- 3. Identify the current strengths and assets of community-based domestic violence, sexual assault or disability advocacy organizations currently providing domestic violence or sexual assault services to survivors with disabilities.*
- 4. Identify the elements that contribute to effective co-advocacy between community-based domestic violence or sexual assault advocacy programs and community-based disability advocacy organizations.*

Focus Group-Interview Tool to be used with People with Disabilities

Step 1 - Accommodation check – check in with participants about needed accommodations.

Step 2 - Orientation Exercise – participants fill out short survey, as follows:

1. How do you find out about things happening in your community?

[check all that apply]

- I talk to my friends or family
- Radio, newspaper, TV
- Community gatherings or events
- Social service offices
- Food bank
- Courthouse
- Doctor's office, clinic, Hospital
- Church, synagogue, or mosque
- Grocery store/laundromat bulletin board
- Other _____

2. Have you ever told anyone about an experience with domestic violence or sexual abuse? The violence could have happened to you or to a friend or family member.

- Yes
- No
- Does not apply

3. Have you ever contacted a group that helps people who have experienced domestic violence or sexual abuse?

- Yes
- No
- Does not apply

4. If you told someone about the violence that happened to you or someone else, did you get what you wanted?

- Yes
- No
- I never told anyone
- Does not apply

Step 3 – Facilitated discussion talking points

- Ask permission of participants regarding note-taking, audio recording, explain why typist or tape recorder is present, explain safety/confidentiality protocols, talk about resources available to participants who want them.
- Discuss reasons for focusing on domestic violence/sexual assault services, rather than other barriers faced by survivors with disabilities.

- Discuss definitions of key terms (see appendix for working definitions).

Step 4 - Focus group/Interview Questions

1. Who in your community serves you the best? What makes their service the best? Can you give some examples of working with a service provider who was helpful? Why did you like what they did?

2. What advice would you give an advocate about how to better serve people with disabilities who have experienced domestic violence/sexual assault? *(follow-up questions – make sure both domestic violence/sexual assault and disability advocates are addressed. What is the biggest barrier you faced when you tried to get help from a domestic violence or sexual abuse program? How could they do better accommodating your disability?)*

3. I want to ask a question about how you decide to trust an advocate or a service provider. Often there are good reasons for not telling a service provider things about you, for example, about your disability, or about bad things that happened to you. What do service providers do or say that makes you trust them? What do service providers do or say that makes you hesitant or careful about giving them too much information about yourself? *(f/u questions - When you worked with someone in the past and you stopped trusting them, what happened that made you stop trusting? What are some of the reasons you have for not telling service providers about your disability or about bad things that happened to you? Would you tell an advocate about abuse that was happening to you? Why or why not? What kind of help or support would you need from a domestic violence or sexual assault program to live your life the way you want to?)*

4. Many people with disabilities experience domestic violence or sexual abuse. In your experience, what do abusers say or do that made people with disabilities think nobody would help or believe them? *(f/u: Abusers have lots of ways to try to control you or the people you know – making you feel afraid, not helping you get dressed or out of bed; controlling your medication or money; punishing you for resisting in any way; threatening that you will lose your housing, children, independence; breaking equipment you need - can you talk about specific ways that abusers try to control a person with a disability who is trying to resist the abuse in some way?)*

5. If domestic violence and sexual abuse programs want to talk to people with disabilities, where should they go to talk about the services they offer? Where should they place brochures or fliers about their services? *(f/u: What ways should the information be presented so that it tells you that people with disabilities are welcome? Are brochures/fliers a good method? What makes a good brochure? What words should advocates use to describe what happens to you or people you know – does “domestic violence” or “sexual assault” describe it, or are there better words that would help you understand that these services would help with what is happening to you?)*

**Focus Group – Interview tool to be used with
Domestic Violence and Sexual Assault advocates**

Step 1 - Accommodation check – check in with participants about needed accommodations.

Step 2 - Orientation Exercise - participants fill out short survey, as follows:

Who are you? [check all that apply]

I am a domestic violence advocate I am a sexual assault advocate

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

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

2. *Infonet* asks you to request information from people who contact your program, including if they have a disability. When do you collect this information?

- At the beginning of a crisis or preliminary screening call or meeting
- At the end of a crisis or preliminary screening call or meeting
- After someone is determined to be eligible for services
- Other _____

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

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

4. If a survivor requests an accommodation for a disability, do you provide it?

- Yes
 - If "yes," what is a typical accommodation you provide? _____
- No
 - If "no," why not? _____
- Don't know/not sure

5. Many domestic violence and sexual assault programs are beginning to develop policies or procedures that relate to serving survivors with disabilities. Do you have

policies or procedures that address any of the following issues:

[check all that apply]

- Recruiting, hiring and working with ASL interpreters
- Program participants who use personal attendants, or other hired support workers
- Ongoing process for evaluating agency accessibility
- Training and use of TTY and Relay Operator procedures
- How or when to have materials printed in alternate formats
- Service animals used by program participants
- Mandatory reporting of abuse of a vulnerable adult
- Providing reasonable accommodations for survivors using your services
- Medications used by a survivor in your shelter
- Advocacy for survivors with mental health issues
- Hiring practices at your agency regarding applicants with disabilities
- Providing reasonable accommodations for staff and volunteers with disabilities
- Other _____

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

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

7. Excluding shelter services, how frequently do you think your program provides advocacy for survivors with disabilities?

- Never
- Rarely
- Once in awhile
- Often
- All the time

8. If you are a domestic violence advocate, how frequently do you think your program serves survivors with disabilities in your shelter?

- Never
- Rarely
- Once in a while
- Often
- All the time
- I am not a shelter advocate

9. Have you developed any targeted outreach materials specifically for people with disabilities?

Yes

If “yes,” for what type of disability? _____

No

Not Sure

10. How do you tell the community about your program? [check all that apply]

Ads or PSAs in newspaper, radio or TV

News articles in the local newspaper

Appearances on local radio or TV programs

Brochures in public restrooms

Brochures in doctor’s offices, clinics, hospital

Church, synagogue, mosque, or temple

Bulletin boards at grocery stores, laundromats, or similar businesses

Brochures in lobbies of Courthouse, social service agencies, food banks

Bus signs

Community gatherings and meetings

Other _____

Step 3 – Facilitated discussion talking points

- Ask permission of participants regarding note-taking, audio recording, explain why typist or tape recorder is present, explain safety/confidentiality protocols, talk about resources available to participants who want them.
- Discuss reasons for focusing on domestic violence/sexual assault services, rather than other barriers faced by survivors with disabilities.
- Discuss definitions of key terms (see appendix for working definitions).

Step 4 - Focus group/Interview Questions

1. What have you done at your program for survivors with disabilities that you are proud of?

2. When you took the volunteer or new employee training, did you learn about specific disability-related domestic violence/sexual assault issues? (*f/u: did you receive any training on mental health issues for survivors? Substance use? Communications difficulties? Mobility issues? Dealing with survivor’s medications in shelter?*)

3. Do you have contacts in the disability community to help you learn about how domestic violence/sexual assault issues affect people with disabilities? In your community, what strategies would help build partnerships between disability advocates and domestic violence/sexual assault advocates?

4. Often survivors who have a disability will not tell an advocate that they have one. Why do you think that is? Is there any question you ask during intake that might make a person with a disability hesitant/afraid to disclose they have a disability? Do you have policies, procedures or practices that keep people from disclosing their disability?

5. What are the barriers you have to serving people with disabilities? What would help you become better prepared to serve survivors of domestic violence or sexual abuse who have disabilities? *(f/u – make sure different types of disabilities are discussed: intellectual, MH/MI, Deaf, blind, drug/alcohol, communication, etc.)*

6. What should disability advocates do to inform people with disabilities about domestic violence and sexual assault?

Focus Group – Interview tool to be used with Disability Advocates

Step 1 - Accommodation check – check in with participants about needed accommodations.

Step 2 - Orientation Exercise - participants fill out short survey, as follows:

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

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

2. How often does someone with a disability contact your disability advocacy organization to talk about domestic or sexual violence?

- Never
- Rarely
- Once in a while
- Very often
- All the time

3. What kind of information do you currently have in your office about domestic violence, sexual abuse and stalking? [check all that apply]

- Information explaining domestic violence or sexual assault services
- Information about domestic violence or sexual assault support groups
- Information about safety planning for domestic violence or sexual assault survivors
- Nothing
- Other _____

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

- Asking about domestic violence or sexual abuse from a person who is seeking services
- Working with a domestic violence or sexual abuse program when advocating for a person with a disability who is experiencing violence
- Recruiting, hiring and working with ASL interpreters
- Ongoing process for evaluating agency accessibility
- Training and use of TTY and Relay Operator procedures
- How or when to have materials printed in alternate formats
- Service animals used by clients or staff
- Mandatory reporting of abuse of a vulnerable adult
- Providing reasonable accommodations
- Workplace policies for staff who experience domestic violence or sexual abuse.
- Other _____

5. How do you tell your community about your organization? [check all that apply]

- Ads or PSAs in newspaper, radio or TV
- News articles in the local newspaper
- Appearances on local radio or TV programs
- Brochures in doctors offices
- Brochures in public restrooms
- Church, synagogue, or mosque
- Bulletin boards at grocery stores, laundromats
- Brochures in lobbies of Courthouse, social service agencies, food banks
- Bus signs
- Community gatherings and meetings
- Other _____

Step 3 – Facilitated discussion talking points

- Ask permission of participants regarding note-taking, audio recording, explain why typist or tape recorder is present, explain safety/confidentiality protocols, talk about resources available to participants who want them.
- Discuss reasons for focusing on domestic violence/sexual assault services, rather than other barriers faced by survivors with disabilities.
- Discuss definitions of key terms (see appendix for working definitions).

Step 4 - Focus group/Interview Questions

1. What have you done at your organization for people with disabilities who have experienced domestic violence or sexual abuse that you are proud of?

2. Do volunteers and employees receive training on how domestic violence/sexual assault issues affect people with disabilities? If so, was the training effective? If not, who in your community would you ask to do such a training?

3. When you are contacted by a person with a disability who is experiencing domestic violence/sexual assault, what do you do? *(f/u – do you have contacts at domestic violence or sexual assault programs to help you learn about domestic violence/sexual assault issues? In your community, what strategies would help build partnerships between disability advocates and domestic violence/sexual assault advocates?)*

4. Sometimes people with disabilities who experience domestic violence or sexual abuse don't disclose their experience. Why do you think that is? *[f/u - Is there any question you ask during intake that might make a person with a disability hesitant/afraid to disclose they have experienced domestic violence or sexual assault? What would help you become better prepared to serve survivors of domestic violence or sexual abuse who have disabilities? Make sure different types*

of disabilities are discussed: intellectual, MH/MI, Deaf, blind, drug/alcohol, communication, etc.)]

5. What should domestic violence and sexual assault programs do for outreach to people with disabilities?

Working definitions

- When we talk about “domestic violence,” we mean when someone in an intimate relationship tries to control the other person through fear, threats, or violence. An abuser can be a boyfriend, girlfriend, husband, wife, or a caregiver/personal attendant. The person who tries to gain this control is an abuser and the abuse can happen in many ways. The abuser can gain control by making the other person feel isolated, afraid of physical harm, afraid of the loss of their money or their independence. Abusers often criticize the other person to make them feel bad about themselves. Sexual violence can also be a way the abuser gains control. The abuser may get back at the person if they try to resist or tell other people about the abuse.

- When we talk about “sexual violence,” we mean when a person is forced or manipulated into doing something sexual that the person doesn’t want to do. Sexual violence can be an assault by someone that is known or a stranger. It also includes unwanted sexual comments, violating a person’s boundaries, or sexual harassment. Sexual violence is any behavior of a sexual nature that makes you feel uncomfortable.

- When we talk about “disability,” we mean anyone with mobility, sensory, or communication issues; mental illness, intellectual or developmental disabilities; or are Deaf or hard of hearing. We also include people who have “invisible” disabilities, such as diabetes, traumatic brain injuries or substance use disorders.

- When we talk about “stalking,” we mean when an abuser repeatedly torments or terrorizes another person. Stalkers often send annoying, embarrassing, threatening or obscene e-mail, letters or phone calls. The stalker may follow or lay in wait for the victim or damage their property. A stalker may threaten the victim, the victim’s children, relatives, or pets. Stalkers often use e-mail or other electronic devices. A stalker may repeatedly send the victim unwanted gifts.

- When we talk about a “survivor,” we mean a person who has experienced domestic violence, stalking or sexual violence.

- When we talk about an “advocate,” we mean someone who listens to you and tries to make other individuals listen to what you want to have happen. This person may be a volunteer or work for a non-profit group. Throughout the survey we will be referring to disability advocates, domestic violence advocates, and sexual violence advocates.

- When we talk about a “personal attendant,” we mean someone who assists a person with a disability to provide support they need because of the disability.

