

***Wisconsin's Violence  
Against Women with  
Disabilities & Deaf  
Women Project***



# **NEEDS ASSESSMENT REPORT**

**May 2008**

Disability Rights Wisconsin (DRW)  
Wisconsin Coalition Against Domestic Violence (WCADV)  
Wisconsin Coalition Against Sexual Assault (WCASA)

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### **Dedication:**

This Report is dedicated in gratitude to the individuals with disabilities and their allies who shared their stories and ideas with us, and spawned an infectious enthusiasm to achieve meaningful change in the services and support people with disabilities and Deaf experience as a result of domestic violence, sexual assault or stalking. We thank you!

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# Wisconsin's Violence Against Women with Disabilities and Deaf Women: Needs Assessment Report

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## Introduction

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Wisconsin's collaborative project addressing violence against women with disabilities and Deaf women provided the impetus to formalize a longstanding collaboration among three statewide organizations:

- Disability Rights Wisconsin (DRW)
- Wisconsin Coalition Against Domestic Violence (WCADV) and
- Wisconsin Coalition Against Sexual Assault (WCASA).

For nearly ten years, DRW has worked collaboratively in a number of ways with WCADV and WCASA. Currently all three organizations are collaborating successfully on a three-year (FY06-09) statewide OVW-funded Education and Technical Assistance Project to End Violence Against Women with Disabilities and Deaf Women [hereinafter, OVW Disabilities Grant]. Reflecting on our past relationships while forging a more strengthened and sustainable effort, we have expressed our collaborative vision as:

*Women with disabilities and deaf/Deaf women who experience sexual assault and/or domestic violence will be supported by people who have actively prepared for access and who think about the meaning of respect one woman at a time.*

For the last 18 months, the three collaborating organizations have solidified their working relationship through writing a collaboration charter and launching a planning process to focus our collaborative energies for systems change in selected communities in Wisconsin. The OVW Disabilities Grant provided a unique opportunity to deliberate on this planning process for our efforts. This planning process involved four phases:

1. developing and implementing a charter reflecting our collaborative's vision, operation and values;
2. devising and executing a targeted needs assessment to gauge interest in and capacity for systems change to address people with disabilities and Deaf who have experienced or currently are experiencing domestic violence, sexual assault, or stalking;
3. analyzing data from the needs assessment process to narrow our focus substantively and geographically; and,
4. organizing findings to embark on the development of a road map (strategic plan) by which our collaborative will plot a course of strategies and activities for systems change work in our selected communities during the implementation phase and beyond.

## Narrowing the Focus Prior to Assessment

A long and deliberate process ensued by which the Wisconsin Collaborative narrowed its strategic focus for devising our needs assessment plan. Since the Project team already had identified numerous factors to consider for narrowing our assessment and Project focus, we incorporated these factors into the development of our plan. As a result, we devised three primary strategies to explore and identified five communities in which to implement these assessment strategies. The five assessed communities were selected through the application of a comprehensive analysis of the state and relevant primary and secondary criteria agreed to by the Collaborative.<sup>1</sup>

The Collaborative Project conducted its needs assessment in five communities: Ashland, Bayfield, Brown, Douglas and Richland counties. The five counties embodied varied strengths and barriers to consider for systemic change in the lives of women with disabilities and Deaf women who have experienced or currently are experiencing violence. Summarized below are descriptions of each of the five communities assessed through the needs assessment process.

### **Brown County**

Since 2005, a multi-disciplinary group has operated in Brown County, Wisconsin to collaboratively address violence against people with disabilities and Deaf in that community. Brown County, located in the northeast section of the state, is primarily rural in nature, but contains the mid-sized city of Green Bay and borders the Sovereign Oneida Nation of Wisconsin. The needs assessment process provided an opportunity to gauge the actual level of involvement reflected by the members of this multi-disciplinary group, entitled "A Disability Abuse Prevention Team" –ADAPT of Brown County, and their interest in expanding their cultural and disability-related constituencies.

### **Ashland / Bayfield Counties<sup>2</sup>**

These contiguous, rural communities contain well-run anti-violence programs, an active mental health consumer-run organization and People First chapter, a committed and knowledgeable independent living center and other interested disability service providers. Two Native American tribes and their respective reservations are situated in this area: Red Cliff Band of Lake Superior Chippewa and Bad River Band of Lake Superior Chippewa.

### **Douglas County**

This county is primarily rural with a well-run dual domestic violence/sexual assault program; a regional Aging and Disability Resource Center (ADRC) will be

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<sup>1</sup> See *Appendix A* for documentation of our pre-assessment narrowing process.

<sup>2</sup> This site arrangement is reflective of many rural areas in which the "major population center" straddles two counties and service provision and people who receive services are located within both counties, but use the population center as the locus for services and activities. We believe that this site arrangement is not unique to Wisconsin, but is likely reflected in many rural areas throughout the country.

created providing an opportunity to connect with a wide array of people with disabilities and organizations providing services and support to them; North Country Independent Living is a strong ILC and has a demonstrated commitment to ending violence against women with disabilities; and there are other disability groups that are well-grounded in this region.

### **Richland County**

A primarily rural area with a well-run dual domestic violence/sexual assault program; this county has one of the longest standing and well respected Aging and Disability Resource Centers, and Independent Living Resources is a solid independent living center (ILC) with an understanding of and interest in violence against women with disabilities and Deaf women.

In addition to these five communities, the Wisconsin Collaborative acknowledged that our emphasis on communities of color and the Deaf Community could be subsumed by other strategies if we failed to highlight its prominence. Therefore, deliberate attention was given to learn the primary service needs and gaps affecting Deaf and Latina advocates through discussions with Deaf Unity<sup>3</sup> and UNIDOS Against Domestic Violence<sup>4</sup>. The goal of the Project's needs assessment strategy with these two ally organizations involved enhancing the capacity of relationships among them and stakeholders within the selected communities, with the intent to conduct implementation phase activities within the final selected communities with UNIDOS and Deaf Unity, when it is agreed to be mutually beneficial.

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## **Assessment Goals and Objectives**

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Through the development and implementation of a needs assessment process, we sought to achieve two overarching goals: (1) identifying individual, organizational and system needs within five geographical communities that led to our second goal (2) selecting the two pilot communities for Project implementation. Our intent was to expand our knowledge about the interest in, enthusiasm for and identification of the service and knowledge gaps in and among geographical, cultural and service delivery systems and communities. We sought to ascertain community and cultural strengths, skills, accessibility barriers and resources from diverse cross-disability, domestic violence (DV), sexual assault (SA), Deaf organizations, communities of color and individuals in five selected Wisconsin communities. The objectives we sought to realize from the needs assessment process involved six areas:

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<sup>3</sup> A newly created network of Deaf and hearing allies, grassroots and professionals alike, who work to address the issues of domestic violence and sexual assault in the Wisconsin Deaf community.

<sup>4</sup> UNIDOS Against Domestic Violence is a statewide membership organization whose mission is to end family violence in the Latino/migrant communities in Wisconsin.

1. Identify the strengths and apprehensions of domestic violence and sexual assault advocates and programs;
2. Explore the breadth of strengths and barriers to access experienced by victims/survivors with disabilities and Deaf/deaf victims/survivors;
3. Gauge the strengths and apprehensions that disability service and advocacy organizations experience;
4. Harvest the tangible and intangible dynamics that contribute to the success of community-based, multi-disciplinary efforts;
5. Identify the unique strengths and barriers that victims/survivors with disabilities and Deaf/deaf victims/survivors from communities of color experience; and
6. Determine how best to serve as authentic allies and promote relationship building with UNIDOS Against Domestic Violence and Deaf Unity.

### **Assessment Pilot Site Outcomes**

The needs assessment was conducted in the five selected communities in February, March and April 2008. **The information gathered and analyzed from this needs assessment provided the basis for the Collaborative's final selection of the two pilot sites in which to focus during the implementation phase: Brown County and the Ashland/Bayfield area.**<sup>5</sup>

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### **Overview of Needs Assessment Implementation**

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The execution of our needs assessment encompassed two overarching goals:

1. Gather assessment data to inform the Collaborative's selection of the two pilot sites for Project implementation; and
2. Employ the Needs Assessment Plan's strategic questions to identify strengths and needs for individuals, organizations and systems within each pilot community.

The needs assessment plan was designed to expand our knowledge base about the interest in, enthusiasm for and identification of the service and knowledge gaps in and among geographical, cultural and service delivery systems and communities. We learned about each community and its cultural strengths, skills, accessibility barriers and resources from diverse cross-disability, DV, SA, Deaf organizations, communities of color and individuals. Through the assessment implementation, we also initiated and/or enhanced relationships among Project organizations and key stakeholders.

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<sup>5</sup> In May 2008, the Collaborative met to achieve two goals: (1) select the two pilot sites for Project focus and (2) identify the salient themes and assessment implications for development of our strategic plan. See the "Needs Assessment Findings" section for more detailed information about the Collaborative's selection and determination outcomes.

This learning involved:

- The strengths and apprehensions of domestic violence and sexual assault advocates and programs related to working with women with disabilities and Deaf/deaf women.
- The breadth of accessibility strengths and barriers experienced by victims/survivors with disabilities and Deaf/deaf victims/survivors who seek to avail themselves of services from sexual assault, domestic violence and/or disability organizations.
- The strengths and apprehensions that disability service and advocacy organizations experience in working with their clients with disabilities who have experienced or currently are experiencing domestic violence, sexual assault or stalking.
- The tangible and intangible factors that contribute to the success of community-based, multi-disciplinary efforts to collectively address violence against women with disabilities and Deaf/deaf women.
- The unique strengths and barriers that victims/survivors with disabilities and Deaf/deaf victims/survivors from communities of color experienced or anticipate experiencing to access domestic violence, sexual assault and/or disability services.
- How to serve as authentic allies and promote relationship building with *UNIDOS Against Domestic Violence* (a Latina-run domestic violence and sexual assault agency) and *Deaf Unity* (a Deaf-run, volunteer advocacy organization addressing violence in the Deaf Community) to traditionally marginalized communities.

More specifically, our needs assessment sought to answer three strategic questions related to our goals and objectives:

***Strategic Question 1:*** *What are the current needs of a relatively successful multi-disciplinary collaborative in Brown County, Wisconsin that has interest in having a more intentional cross-disability focus with representation within communities of color?*

***Strategic Question 2:*** *What are the current needs of an interested community with limited resources in creating a cross-disability and multi-disciplinary collaborative while emphasizing a multi-cultural approach to the work from the outset?*

***Strategic Question 3:*** *What are the current needs of two ally organizations – Deaf Unity and UNIDOS Against Domestic Violence – in bringing their work to the Project's selected communities?*

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## Methodology

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To build on and inform our Collaborative, the needs assessment plan and tools<sup>6</sup> targeted specific audiences using tailored strategies: primarily stakeholder interviews and listening sessions. The third, less tailored strategy, was inquisitiveness about stakeholder perspectives and how they described the strengths and needs within their respective communities. While the data gathered included both quantitative and qualitative information overall, our intent was to explore the nuances of community strengths and barriers through an emphasis on stakeholder interviews and listening sessions. The needs assessment was conducted in Brown, Ashland/Bayfield, Douglas and Richland counties. Throughout this process, we learned from five major constituencies:

1. Disability services and advocacy organizations<sup>7</sup>
2. Domestic violence and/or sexual assault agencies<sup>8</sup>
3. UNIDOS Against Domestic Violence<sup>9</sup>
4. Deaf Unity<sup>10</sup> and
5. Disability self-advocates.<sup>11</sup>

In Brown County, a survey of members of the multi-disciplinary team formed to address violence against people with disabilities was distributed to learn of their perspectives on the qualities and factors that have made their group successful. The information will help inform the development of collaborative, multi-disciplinary efforts in the new site selected as part of the planning process.

### Stakeholder Interview and Listening Session Protocol

Each participant was given verbal notice by Project staff to ascertain passive consent for participation. To conduct the listening sessions with people with disabilities, who we assumed would include some victims/survivors, Project staff arranged to have local support available to any participant who wanted or needed to talk during and following any discussions that impacted a former victim/survivor. We found that incorporating

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<sup>6</sup> The needs assessment implementation tools may be found in *Appendix B*.

<sup>7</sup> Staff/representatives from independent living centers (ILCs), Grassroots Empowerment Project (mental health consumer-run advocacy/recovery organizations), People First chapters, residential and case management organizations serving individuals with developmental and/or psychiatric disabilities, Tribal Human Services Programs and County Human Services contacts.

<sup>8</sup> Executive Directors, Program Directors, Shelter Coordinators (if applicable), and direct services advocates at each domestic violence/sexual assault agency in the selected communities.

<sup>9</sup> UNIDOS Executive and Associate Directors regarding how services might be more inclusive, responsive and accessible to the Latina community.

<sup>10</sup> Project staff interviewed several Deaf volunteer advocates who could inform the Project about how services might be more inclusive, responsive and accessible.

<sup>11</sup> In partnership with People First, Grassroots Empowerment Project and the ILCs, we interviewed self-advocates and encouraged their participation in listening sessions.

someone known to and trusted by the local community also served to reinforce relationships already existing in that community.

Each listening session and face-to-face interview involved giving notice about the importance of confidentiality among participants, including reassurance that no personally identifiable information will be used or referenced in any way in the needs assessment findings. This prohibition on using personally identifiable information also included an explicit statement that no audio or visual equipment was used to record a person's participation. Notice also was provided to participants about the implications of disclosure relative to the new Adults-At-Risk Reporting law applicable in Wisconsin. Although Project staff is not "mandated reporters" per se, there were participants or co-sponsors who held different positions that made them "reporters" under the law. No instances requiring a mandated report were evident.

Each Project staff involved in an interview or listening session took handwritten notes which then were typed and sent to the Project Coordinator to include in a single document. Individual notes were destroyed. The Project Coordinator ensured that all personally identifiable information was redacted from the report prior to its inclusion in the data summary. The Project Coordinator stored all hard copy reports/documents in a locked file cabinet to which only she and the Project Director have access. Electronically based information was secured on the Project Coordinator's hard drive (accessible only to Project Coordinator and Project Director) and will be deleted from the hard drive upon completion and approval of the final Needs Assessment Report.

Project staff remained mindful of the sensitivity and respect owed to assessment participants, especially when comments or concerns arose that related to another organization/stakeholder within that community. Any paraphrased comments which could jeopardize relationship building were considered by Project staff in selecting the two communities for the strategic planning phase, but the information was not implicitly or explicitly included in this Needs Assessment Report or any published Project documents.

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## **Needs Assessment Plan Implementation: Overview of Contacts**

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### **Number of Persons Totals: 104 individuals**

Disability Service/Advocacy Organizations:	23
Domestic Violence/Sexual Assault Agencies:	27
People with Disabilities:	54
Individuals from Communities of Color:	15

**Activity Totals: 64 activities**

Stakeholder Interviews:	58
Listening Sessions:	5
Surveys:	1

**County-by-County:**

Ashland /Bayfield Counties

Stakeholder Interviews:	17
Listening Sessions:	3

Brown County

Stakeholder Interviews:	16
Listening Session:	-- <sup>12</sup>
Survey:	1

Douglas County

Stakeholder Interviews:	6
Listening Sessions:	-- <sup>13</sup>

Richland County

Stakeholder Interviews:	14
Listening Sessions:	2

UNIDOS

Stakeholder Interview:	1
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Deaf Unity

Stakeholder Interviews:	4
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**Needs Assessment Implementation Strengths and Challenges**

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**Strengths**

A key strength of the assessment process involved initiating and/or enhancing relationships within the selected communities: relationships between Project staff and community-based contacts as well as relationships among community-based contacts themselves. Since this Project is designed to promote and support systems change through collaborative efforts at the community level, the assessment process provided an opportunity to initiate relationship building – a building block to authentic and meaningful collaboration. Another strength identified by Project staff included the breadth of constituencies assessed. Our aim was to engage a cross-disability spectrum of voices, and we believe we achieved that intent.

Another strength derived from the assessment process arose from the listening sessions, especially those held with individuals who have developmental and intellectual disabilities. The People First Chapter advisors for each of the listening sessions commented afterwards about the value for members in continuing to discuss issues of abuse and safety at future meetings. Ongoing dialogue about these issues would help

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<sup>12</sup> Project Staff attended an already scheduled Peer Support Group comprised of people with developmental disabilities who talked and were learning about issues related to safety and abuse.

<sup>13</sup> See next section for explanation regarding listening sessions in Douglas County.

“normalize” talking about people’s experiences and learning new strategies to seek and receive needed intervention and support.

## **Challenges**

As for challenges to our process, our first listening session provided us with an opportunity to debrief and refine our process for conducting the listening sessions. At this first session, we experienced participants’ needs to discuss their abusive experiences. Even with some respectful redirection, we found this group challenging in its deviation from the questions we had developed. We also realized that it might be helpful to allow for more time to socialize following the listening session – provide a transition from the group discussions which were more often emotional in content to more informal conversation prior to our departure.

As a result of this experience, Project staff met to debrief and determine if and how we might refine our process. The debriefing itself was educational in that we had differing perspectives about whether the disclosures of abuse were problematic/traumatic for participants and how we might steer the discussion to elicit more of the information we sought. We agreed to refine the process through utilizing more visuals so that participants were consistently directed to the question at hand. We also agreed to conduct a debriefing with the coordinators of the group we attended. This debriefing proved enlightening. They were clear that every participant provided them with very positive feedback about the listening session, felt empowered by the opportunity to share their stories and thoughts and several individuals who were unable to attend requested that we conduct another listening session. Of extreme importance to the group as they reported to us was that, “you asked to talk to us and you listened.”

The most significant challenge that we encountered was the large geographical area we identified to assess. First, three of the five counties were over 300 miles away from Madison (the location of the members of the Collaborative), and all five of the counties selected for the needs assessment are sparsely populated (except for the city of Green Bay in Brown County). Geography and population density required us to take feasibility into account as we implemented the actual assessment. We focused our efforts on the population centers within each of the five counties. As a result, we recognize that our results comprise data from individuals and organizations that are not reflective of the *entire* county, but rather the population centers where the services and support systems are located. While we recognize that these communities were selected due to their rural nature, we realized the limits of our county-wide implementation once we began to meet and talk with community members about how services and support were organized within each respective county.

Two decision-making points emerged as a result of these acknowledged feasibility limitations:

1. Whether to continue assessment activities in **Douglas County**, and
2. Whether to combine **Ashland and Bayfield Counties** for assessment purposes.

**Decision #1 -- Douglas County:**

Early on in the Needs Assessment implementation phase, we gleaned valuable input from pivotal stakeholders that led the Collaborative to forego additional assessment activities. We learned from key stakeholders that other activities were underway that would limit their involvement and we were made aware that the timing was not the most opportune for systems change work in this county. Therefore, due to the enormous geographic expanse of our needs assessment activities, we consulted with and received agreement from Vera Institute to forego further assessment of Douglas County.

**Decision #2 -- Ashland/Bayfield area:**

As we initiated and implemented assessment activities in both Ashland and Bayfield counties, a more informed sense of “community” emerged. These two counties are adjacent to each other. The area’s population center is the city of Ashland, located on the western border of Ashland County. Ashland also serves as the locus for services and support for individuals and providers in both western Ashland County and eastern Bayfield County. After intense and thoughtful discussion about these two bordering counties and the issues of feasibility, we recognized that the “community” of Ashland transcends county lines. We also noted that the Red Cliff Band of Lake Superior Chippewa is located within the eastern portion of Bayfield County and is a primary community that we wanted included in our Ashland “community.”

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## **Key Learning Areas and Findings**

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The needs assessment was designed to inform the Collaborative about five substantive areas regarding effective and trauma-informed<sup>14</sup> responses to women with disabilities

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<sup>14</sup> According to the National Center for Trauma-Informed Care, “Trauma-informed programs and services represent the “new generation” of transformed mental health and allied human services organizations and programs who serve people with histories of violence and trauma. Trauma survivors and consumers in these programs and services are likely to have histories of physical and sexual abuse and other types of trauma-inducing experiences, and this often leads to mental health and other types of co-occurring disorders such as health problems, substance abuse problems, eating disorders, HIV/AIDS issues, and contact with the criminal justice system. When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma impacts the life of an individual seeking service. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.” *National Center for Trauma-Informed Care*, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (<http://mentalhealth.samhsa.gov/nctic/>).

and Deaf women who have experienced or currently are experiencing domestic violence, sexual assault or stalking:

1. Strengths and apprehensions of domestic violence and sexual assault programs;
2. Accessibility strengths and barriers;
3. Strengths and apprehensions of disability service/advocacy organizations;
4. Tangible and intangible factors that influence community collaboration; and
5. Strengths and barriers experienced by individuals from communities of color.

Responses to these five learning areas were provided from four primary constituencies:

1. Domestic violence and sexual assault program staff;
2. Disability services and/or advocacy agency staff;
3. People with disabilities, self-advocates or consumers of disability-related services; and
4. Individuals and organizations from communities of color.

This section of the Needs Assessment Report highlights the relevant findings that informed our collaborative about the “landscape” in assessed communities in each of the learning areas. The key findings that cross all constituencies from every county included:

- Resource limitations (e.g., time, funds, services, and skilled capacity to respond);
- Life circumstances that impact access and services (e.g., poverty, unemployment, affordable housing, rural transportation, and an economic downturn that impacts rural areas significantly);
- Informal coordination among service systems (versus more formal collaborations); and
- The multi-faceted divide of communities of color and First Nation populations from majority population-driven community resources and services.

Detailed on the following pages are county-by-county charts that highlight key findings for each learning area within each assessed county by constituency. Since the driving force of change for our Collaborative resides in the words of people with disabilities and their allies, it is their voice that captures best a central theme for each county. This voice leads off the key findings for each county.

## Ashland and Bayfield Counties



***"There's not enough time, listening or believing, and there's not enough emphasis on peer support."***

The next few pages detail the specific strengths and needs that were identified through assessment activities in the Ashland/Bayfield area. Information was gleaned from listening sessions with mental health consumers and developmental disabilities self-advocates and stakeholder interviews with domestic violence, sexual assault, human services and disability related advocacy and service organizations. We also learned about the service and response landscape from representatives of the Red Cliff Band and Bad River Band of Lake Superior Chippewa.

The data is formatted in a table that identifies the source (constituency) from whom the data was gleaned (row across the top) and categorizes this data into six learning areas (column running vertically). If no information or response was noted for a particular learning area, that section of the table remains blank. The data collected from all of the sources and learning areas is summarized at the end of each table. This summary provides direction for individuals, organizations and systems within the Ashland/Bayfield area, and for the strategic planning process for the Wisconsin Collaborative Project.

Ashland/Bayfield Counties				
Constituency ----- Learning Areas	Domestic Violence and Sexual Assault Agency Staff	Disability Services and/or Advocacy Agency Staff	People with Disabilities, Self-Advocates, Consumers	Communities of Color
<b>Strengths and apprehensions of DV/SA advocates and programs</b>	<p><b><u>Barriers or Needs:</u></b></p> <ul style="list-style-type: none"> <li>-- More time is needed when working with persons with disabilities</li> <li>-- Need training on working with women who self-injure</li> <li>-- Counties do not have a SANE program</li> <li>-- Need more peer support services</li> <li>-- More knowledge needed about how to support victims with multiple issues and specific disabilities</li> <li>-- Challenge of knowing when &amp; how to intervene with a victims when you know she's vulnerable</li> </ul>	<p><b><u>Strengths:</u></b></p> <ul style="list-style-type: none"> <li>-- Disability agencies are a useful referral source when needed for victims with mental health issues &amp; developmental disabilities</li> </ul>	<p><b><u>Strengths:</u></b></p> <ul style="list-style-type: none"> <li>-- The DV/SA program is helpful; victims feel believed</li> <li>-- For People First chapter, New Day<sup>15</sup> is known as a safe place</li> <li>-- CASDA<sup>16</sup> has been helpful with understanding the relationship between mental health &amp; abuse</li> </ul> <p><b><u>Barriers or Needs:</u></b></p> <ul style="list-style-type: none"> <li>-- Service access limited for men with mental health issues</li> </ul>	<p><b><u>Strengths:</u></b></p> <ul style="list-style-type: none"> <li>-- Tribal program staff can accomplish a lot for a victim by telephone</li> <li>-- Red Cliff DV peer support program a community strength</li> <li>-- Red Cliff DV program is willing to use consultants to assist with survivors when program staff don't know what to do for a person</li> </ul> <p><b><u>Barriers or Needs:</u></b></p> <ul style="list-style-type: none"> <li>--Program &amp; tribe have limited resources</li> </ul>
<b>Breadth of accessibility strengths and barriers</b>	<p><b><u>Strengths:</u></b></p> <ul style="list-style-type: none"> <li>-- Program doesn't require "imminent danger" for admission; uses a more expansive context of "involved in current DV situation"</li> </ul> <p><b><u>Barriers or Needs:</u></b></p> <ul style="list-style-type: none"> <li>-- Limited transportation, especially accessible transport</li> <li>-- Program does ask about mental health diagnoses, medications &amp; disabilities at intake</li> </ul>	<p><b><u>Strengths:</u></b></p> <ul style="list-style-type: none"> <li>-- Independent living center (ILC) is a strong resource for accessibility issues in the community</li> <li>-- Overall, disability agencies are physically accessible</li> </ul>	<p><b><u>Barriers or Needs:</u></b></p> <ul style="list-style-type: none"> <li>-- Transportation</li> <li>-- Affordable housing a barrier</li> <li>-- Personal support beyond that provided by system for people without family supports</li> <li>-- Stigma affects everything, including access</li> <li>-- People with disabilities need information re: healthy</li> </ul>	<p><b><u>Barriers or Needs:</u></b></p> <ul style="list-style-type: none"> <li>-- Transportation</li> <li>-- Affordable housing a barrier</li> <li>-- Red Cliff DV program is not physically accessible</li> </ul>

<sup>15</sup> New Day Shelter is a dual domestic violence/sexual assault program based in Ashland.

<sup>16</sup> Center Against Sexual and Domestic Abuse, a dual domestic violence/sexual assault program with a satellite office in Bayfield County.

Ashland/Bayfield Counties				
<b>Constituency ----- Learning Areas</b>	<b>Domestic Violence and Sexual Assault Agency Staff</b>	<b>Disability Services and/or Advocacy Agency Staff</b>	<b>People with Disabilities, Self-Advocates, Consumers</b>	<b>Communities of Color</b>
	<ul style="list-style-type: none"> <li>-- Sobriety is a service eligibility issue for women using shelter services</li> <li>-- Agency has no service animal policy</li> </ul>		relationships, not just abusive ones	
<b>Strengths and apprehensions of disability service/ advocacy organizations</b>	<p><b><u>Barriers or Needs:</u></b></p> <ul style="list-style-type: none"> <li>-- Community has minimal substance abuse services available for victims</li> <li>-- CSP<sup>17</sup> is not a viable solution for most people who need mental health services</li> <li>-- Program sees few victims who have developmental disabilities</li> </ul>	<p><b><u>Strengths:</u></b></p> <ul style="list-style-type: none"> <li>-- Service systems are knowledgeable about trauma &amp; disabilities</li> </ul> <p><b><u>Barriers or Needs:</u></b></p> <ul style="list-style-type: none"> <li>-- There is limited contact among some key disability agencies</li> <li>-- Implementation of a trauma-informed system of support is not consistently practiced</li> </ul>	<p><b><u>Strengths:</u></b></p> <ul style="list-style-type: none"> <li>-- Peer support is a core resource for the mental health community</li> </ul> <p><b><u>Barriers or Needs:</u></b></p> <ul style="list-style-type: none"> <li>-- People experience a power &amp; control imbalance with service professionals</li> <li>-- System responses &amp; support impacted by stigma &amp; lack of a recovery model</li> <li>-- Need services that address an entire person versus different providers for different issues</li> <li>-- There isn't enough emphasis on peer support as a core service response</li> <li>-- Feel hurried &amp; not believed when working with professionals in the service system</li> </ul>	<p><b><u>Barriers or Needs:</u></b></p> <ul style="list-style-type: none"> <li>-- Tribes have minimal working relationships with county service systems</li> <li>-- Tribes expressed the need for meaningful relationships with non-tribal disability organizations</li> <li>-- Red Cliff Band human services program needs &amp; wants effective intervention programs (e.g., substance abuse, mental health)</li> </ul>

<sup>17</sup> CSP = Community Support Program for people with serious mental health issues.

Ashland/Bayfield Counties				
Constituency ----- Learning Areas	Domestic Violence and Sexual Assault Agency Staff	Disability Services and/or Advocacy Agency Staff	People with Disabilities, Self-Advocates, Consumers	Communities of Color
<p><b>Tangible, intangible &amp; additional factors that contribute to the success of collaboration efforts</b></p>	<p><b>Strengths:</b>  -- Relationships with mental health resources a strength  -- Program enjoys solid community support  -- Expressed enthusiasm about our desire to meet with them &amp; consider their community</p> <p><b>Barriers or Needs:</b>  -- Need more focus from SART<sup>18</sup> &amp; CCR<sup>19</sup> on disability issues  -- Minimal collaboration between DV/SA agency &amp; disability organizations  -- Ashland County systems operate differently from Bayfield County systems  -- General lack of community awareness about the intersection of disabilities &amp; violence</p>	<p><b>Strengths:</b>  -- People First Chapter is active  -- Expressed enthusiasm about our desire to meet with them &amp; consider their community  -- ILC is well-informed about abuse &amp; disability -  -- ILC is well-connected to other organizations within community</p> <p><b>Barriers or Needs:</b>  -- System relationships with Genesis varies as Genesis leadership changes  -- Agencies don't utilize formal operating agreements, but work together based on individual relationships  -- People with disabilities need more consistent county service coordination</p>	<p><b>Strengths:</b>  -- Peer support offered by Genesis<sup>20</sup> is a key to recovery for many victims with mental illness  -- Disability-led groups have a strong desire to work with other systems in community  -- Expressed enthusiasm about our desire to meet with them &amp; consider their community</p> <p><b>Barriers or Needs:</b>  -- Genesis would like to experience more support from the mental health system  -- Community needs increased awareness about people with mental health issues &amp; violence  -- Services are compartmentalized – it's a maze trying to get help  -- System referrals to recovery services are not emphasized</p>	<p><b>Strengths:</b>  -- Native American Alliance of groups work on intentional injury prevention, which includes issues related to domestic violence  -- Expressed enthusiasm about our desire to meet with them &amp; consider their community  -- There is a strong sense of community at Red Cliff</p> <p><b>Barriers or Needs:</b>  -- Helpful to have more developed relationships between county human services &amp; tribal programs &amp; services  -- Tribes operate separately from county systems and county-funded service providers; impacts tribal victims with complex needs &amp; disabilities</p>

<sup>18</sup> SART = Sexual Assault Response Team.

<sup>19</sup> CCR = Coordinated Community Response team.

<sup>20</sup> Genesis 1990, Inc. is a non-profit, mental health consumer-run organization, and is an organizational member of the Grassroots Empowerment Project.

Ashland/Bayfield Counties				
<b>Constituency ----- Learning Areas</b>	<b>Domestic Violence and Sexual Assault Agency Staff</b>	<b>Disability Services and/or Advocacy Agency Staff</b>	<b>People with Disabilities, Self-Advocates, Consumers</b>	<b>Communities of Color</b>
<b>Strengths and barriers for communities of color</b>	<p><b>Strengths:</b> -- Red Cliff CCR is a strength of community collaboration -- It is helpful that tribes can provide assistance to tribal members</p> <p><b>Barriers or Needs:</b> -- Non-tribal DV/SA program has a stronger connection to the Red Cliff Band than to the Bad River Band</p>	<p><b>Barriers or Needs:</b> -- Some non-tribal programs use tribal substance abuse program, but there is no formal services relationship with the Red Cliff Tribe -- Disability agencies generally acknowledged there is minimal contact or relationship with the Bad River Tribe -- Some disability groups are interested in developing connections to the growing Latina community</p>	<p><b>Barriers or Needs:</b> -- Service system, especially mental health, could benefit from more training &amp; experience with various cultures</p>	<p><b>Strengths:</b> -- Cultural values impact resources available for services; keep land pristine more important than economic potential (strength &amp; barrier) -- Close-knit family systems support the tribal community (strength &amp; barrier)</p>
<b>Other</b>		<p><b>Barriers or Needs:</b> -- CSP – 40% of clients have trauma histories -- Need transitional housing -- Want more support in learning about healthy relationships</p>	<p><b>Barriers or Needs:</b> -- Want more support in learning about healthy relationships</p>	<p><b>Barriers or Needs:</b> -- Red Cliff human services staff want in-services regarding Deaf &amp; disabilities</p>

**For Individuals:**

- Stated power imbalance between individuals receiving services and those providing services affects victims support and recovery.
- Life circumstances greatly affect access to needed services, support and well-being (e.g., unemployment, poverty, housing).

**For Organizations:**

- Relationships among organizations vary in strength depending on the individuals involved within the respective organizations.
- Agency understanding of trauma-informed services varies in implementation of actual services to individuals with disabilities who have experienced trauma.
- Some organizations could benefit from learning about and employing a cultural context in their work with individuals.

**For Systems:**

- Tribal systems and programs operate distinctly from county-based systems; relationships between the tribal and non-tribal systems are minimal.
- Informal relationships among domestic violence/sexual assault and disability-related organizations could be enhanced through a more formalized collaboration.

## Brown County



***"If there has been past positive experience, then our tribal members might allow help from non-tribal programs . . . our tribal members are likely to say 'no' to new or non-tribal contacts because they're very private & tend to stay within the tribe."***

The next few pages detail the specific strengths and needs that were identified through assessment activities in Brown County. Information was gleaned from a survey, listening session with developmental disabilities self-advocates and stakeholder interviews with domestic violence, sexual assault, human services and disability related advocacy and service organizations. We also conversed with service representatives from the Sovereign Oneida Nation of Wisconsin.

The data is formatted in a table that identifies the source (constituency) from whom the data was gleaned (row across the top) and categorizes this data into six learning areas (column running vertically). If no information or response was noted for a particular learning area, that section of the table remains blank. The data collected from all of the sources and learning areas is summarized at the end of the table. This summary provides direction about the assessment implications for individuals, organizations and systems within Brown County, and for the strategic planning process for the Wisconsin Collaborative Project.

Brown County				
<b>Constituency</b> ----- <b>Learning Areas</b>	<b>Domestic Violence and Sexual Assault Agency Staff</b>	<b>Disability Services and/or Advocacy Agency Staff</b>	<b>People with Disabilities, Self-Advocates, Consumers</b>	<b>Communities of Color</b>
<b>Strengths and apprehensions of DV/SA advocates and programs</b>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- SA program employs an advocate to work with victims/survivors with disabilities</li> <li>-- DV program actively committed to disability-related advocacy &amp; support</li> </ul> <p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- People with developmental disabilities need &amp; want training on sexuality &amp; healthy relationships</li> </ul>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Sexual assault &amp; domestic violence agencies (separate) well-connected to disability community &amp; involved in ADAPT<sup>21</sup></li> </ul>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Anti-violence agencies appear accessible to people with disabilities</li> </ul> <p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- Need a more coordinated effort among consumer groups &amp; programs serving victims &amp; survivors</li> </ul>	<p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- Tribal members generally do not use non-tribal services</li> <li>-- The Oneida tribal DV program does not have a shelter</li> <li>-- Definitions of DV sometimes are different for tribal elders &amp; tribal community as a whole (family members' use of personal funds, disrespectful language toward elders seen as abusive)</li> </ul>
<b>Breadth of accessibility strengths and barriers</b>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Attitudes &amp; communication are seen as fundamental values to support clients</li> <li>-- Advocates provide co-advocacy to individuals with disabilities from communities of color (e.g., DD advocate &amp; Latina advocate)</li> </ul>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Individual agencies try to self-assess their access due to work of the A.D.A.P.T. of Brown County</li> </ul> <p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- Some agencies need help to figure out their access strengths &amp; barriers</li> </ul>	<p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- People with disabilities &amp; Deaf don't have a sense of what resources are available within the county</li> </ul>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Oneida Aging Program's focus on elders benefits tribal members with disabilities</li> </ul> <p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- Oneida Tribe has no domestic violence shelter</li> <li>-- Most non-tribal services &amp; support not frequented by tribal women</li> </ul>
<b>Strengths and apprehensions of disability service/advocacy</b>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Well-developed relationship between ILC, developmental disabilities services,</li> </ul>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Time &amp; resource commitment to ADAPT group</li> </ul>	<p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- Mental health group knows abuse is</li> </ul>	<p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- Disabilities issues are not a primary focus</li> </ul>

<sup>21</sup> ADAPT of Brown County = A Disability Abuse Prevention Team of Brown County.

Brown County				
<b>Constituency</b> ----- <b>Learning Areas</b>	<b>Domestic Violence and Sexual Assault Agency Staff</b>	<b>Disability Services and/or Advocacy Agency Staff</b>	<b>People with Disabilities, Self-Advocates, Consumers</b>	<b>Communities of Color</b>
<b>organizations</b>	Aging & Disability Resource Center & domestic violence & sexual assault programs	affirms its usefulness to community & programs alike <b><u>Barriers or Needs:</u></b> -- For some agencies, involvement is dependent more on individuals than organizational buy-in -- Training isn't enough; need to have more conversations about some of the difficult and subtle issues	happening, but is not something members talk about or bring up as an issue -- County human services needs education to be trauma-informed -- Training & guided dialogue to learn about sexuality & healthy relationships is important for people with disabilities to understand abuse	-- Oneida representatives need assistance with understanding and applying Wisconsin's new adults at risk law
<b>Tangible, intangible &amp; additional factors that contribute to the success of collaboration efforts</b>	<b><u>Strengths:</u></b> -- DV & SA programs benefit from the multi-disciplinary Team's work -- DV & SA agencies key players in the collaboration -- Expressed a strong understanding that so much of the work is about values & attitudes <b><u>Barriers or Needs:</u></b> -- I-Team <sup>22</sup> mostly focuses on elder abuse, not disabilities -- A.D.A.P.T. needs to enhance its cross-disability & cultural focus	<b><u>Strengths:</u></b> -- Expressed enthusiasm & commitment -- Addressing abuse seen as a part of people's work among many disability organizations <b><u>Barriers or Needs:</u></b> -- A.D.A.P.T. needs to enhance its cross-disability & communities of color focus	<b><u>Strengths:</u></b> -- Interest in getting better connected to SA/DV agencies	<b><u>Barriers or Needs:</u></b> -- Tribal members saying "no" to new or non-tribal contacts is an example of "historical trauma" which demonstrates that relationship building is an important factor in services

<sup>22</sup> Interdisciplinary Teams, known in the state as "I-Teams" are mandatory multi-disciplinary teams located within each Wisconsin County to focus on elder abuse. Since a new law has passed that expands Wisconsin's reporting requirements to include "adults at risk," many I-Teams are expanding their focus to encompass abuse of people with disabilities who are considered "adults at risk" under the law.

Brown County				
Constituency ----- Learning Areas	Domestic Violence and Sexual Assault Agency Staff	Disability Services and/or Advocacy Agency Staff	People with Disabilities, Self- Advocates, Consumers	Communities of Color
<b>Strengths and barriers for communities of color</b>	<p><b><u>Strengths:</u></b> -- SA program conducts outreach at locations frequented &amp; valued by cultural communities (Hmong community event, African American prayer group) -- SA program funds specific positions to work with varied cultural communities (Hmong, Latina, African American, Native American)</p> <p><b><u>Barriers or Needs:</u></b> -- SA program committed to communities of color focus, but lack representation on Team</p>			<p><b><u>Strengths:</u></b> -- Family and tribal ties give the community strength in many ways</p> <p><b><u>Barriers or Needs:</u></b> -- Anti-immigration sentiment &amp; ordinances impede access for many victims -- Different cultures (e.g., African American, Southeast Asian, Latino) hold unique perspectives of disability</p>
<b>Other</b>	<p><b><u>Strengths:</u></b> -- Enthusiasm about our desire to meet with them &amp; consider their community</p> <p><b><u>Barriers or Needs:</u></b> -- Funding to hire and keep communities of color coordinators &amp; advocates is an ongoing barrier</p>	<p><b><u>Strengths:</u></b> -- Enthusiasm about our desire to meet with them &amp; consider their community</p>		<p><b><u>Strengths:</u></b> -- Enthusiasm about our desire to meet with them &amp; consider their community</p> <p><b><u>Barriers or Needs:</u></b> -- Funding to hire and keep good people</p>

**For Individuals:**

- Opportunities for people with disabilities and Deaf to learn about and be involved in responding to domestic and sexual violence of their peers and within the broader community.
- Individual relationships could provide a firm foundation for building connections among a broader spectrum of people with disabilities and the service agencies that support them.

**For Organizations:**

- Relationships among organizations vary in strength depending on the individuals involved within the respective organizations.
- Organizational understanding of trauma-informed services varies among disability-related agencies, and victims with disabilities and Deaf victims could benefit from guided instruction to modify organizational approaches to working with program participants who have experienced or currently are experiencing violence.
- Some organizations could benefit from learning about and employing a cultural context in their work with individuals with disabilities, Deaf and victims/survivors.

**For Systems:**

- Tribal systems and programs operate distinctly from county-based systems; relationships between the tribal and non-tribal systems are minimal.
- The multi-disciplinary team's membership and activities could be enhanced through a dedicated focus on diversity of cultures and disabilities.
- Co-advocacy models that integrate systemic responses for victims decrease the impact of compartmentalized services and support and increase the broader community's collaborative response.

## Richland County



***"Women are passed from one organization to another . . . you begin to lose hope."***

The next few pages detail the specific strengths and needs that were identified through assessment activities in Richland County. Information was gleaned from listening sessions with mental health consumers and developmental disabilities self-advocates and stakeholder interviews with domestic violence, sexual assault, human services and disability related advocacy and service organizations.

The data is formatted in a table that identifies the source (constituency) from whom the data was gleaned (row across the top) and categorizes this data into six learning areas (column running vertically). If no information or response was noted for a particular learning area, that section of the table remains blank. The data collected from all of the sources and learning areas is summarized at the end of each table. This summary provides direction for individuals, organizations and systems within Richland County, and for the strategic planning process for possible future work of the Wisconsin Collaborative (as previously noted, Richland County was not selected as one of our two pilot sites; however, it remains a back-up pilot site to our Ashland/Bayfield area selection).

Richland County				
<b>Constituency</b> ----- <b>Learning Areas</b>	<b>Domestic Violence and Sexual Assault Agency Staff</b>	<b>Disability Services and/or Advocacy Agency Staff</b>	<b>People with Disabilities, Self-Advocates, Consumers</b>	<b>Communities of Color</b>
<b>Strengths and apprehensions of DV/SA advocates and programs</b>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Program is trusted in community</li> <li>-- Program uses a person-centered approach</li> </ul> <p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- Resources, mainly funding, are lacking &amp; limit responses</li> <li>-- Program covers multiple counties</li> <li>-- Need to know when to wait for or push a person to act</li> </ul>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Work well together &amp; with DV/SA program</li> </ul>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- DV/SA program is helpful &amp; flexible</li> <li>-- They listened, believed me, &amp; helped</li> <li>-- DV/SA agency has respect for personal ways of healing</li> </ul>	
<b>Breadth of accessibility strengths and barriers</b>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Agency understands &amp; emphasizes access</li> </ul> <p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- Qualified ASL interpreter access severely limited</li> <li>-- Transportation</li> </ul>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Independent Living Resources<sup>23</sup> assists with addressing access</li> </ul>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- DV/SA program applies policies flexibly</li> </ul> <p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- When needing support, there are lots of hoops to jump through</li> <li>-- Transportation a huge barrier</li> </ul>	
<b>Strengths and apprehensions of disability service/advocacy organizations</b>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Work well together (coordinate)</li> </ul> <p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- Need more substance abuse services available to victims</li> </ul>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>-- Work well together (coordination)</li> </ul>	<p><b>Barriers or Needs:</b></p> <ul style="list-style-type: none"> <li>-- Heavy reliance on county for support; need more options</li> <li>-- Support feels clinical &amp; medical</li> <li>-- Survivors are seen through their illness first, &amp; the violence second</li> <li>-- Treat part but</li> </ul>	

<sup>23</sup> Independent Living Resources is the independent living center (ILC) serving this geographical area.

Richland County				
Constituency ----- Learning Areas	Domestic Violence and Sexual Assault Agency Staff	Disability Services and/or Advocacy Agency Staff	People with Disabilities, Self-Advocates, Consumers	Communities of Color
			not whole person -- Family Care <sup>24</sup> swoops in & then backs out; service runs parallel but not together; it leaves women vulnerable	
<b>Tangible, intangible &amp; additional factors that contribute to the success of collaboration efforts</b>	<b>Strengths:</b> -- People are used to working together <b>Barriers or Needs:</b> -- Family Care county – perception that continuity of support for a person is lacking	<b>Strengths:</b> -- Strong relationships among Passages, Family Care, CCS, ILC & APS <sup>25</sup> <b>Barriers or Needs:</b> -- Couldn't identify how collaboration could be enhanced	<b>Barriers or Needs:</b> -- Community needs education about abuse -- Service systems run their own course – not coordinated or "wrap-around" -- Need to learn about DV/SA & mental health	
<b>Strengths &amp; barriers for communities of color</b>	<b>Barriers or Needs:</b> -- Latino population has grown, but DV/SA program is not connected with Latino resources			<b>Barriers or Needs:</b> -- Lack of Hmong interpreters who are not members of the same clan
<b>Other</b>	<b>Strengths:</b> -- Enthusiasm about our desire to meet with them & consider their community <b>Barriers or Needs:</b> -- Frustration with confidentiality when women/children seen as at-risk		<b>Strengths:</b> -- Enthusiasm about our desire to meet with them & consider their community <b>Barriers or Needs:</b> -- No mental health peer group -- "If I robbed a bank, I'd get a public defender,	<b>Barriers or Needs:</b> -- Women are referred from one organization to another, to another. -- Person needing support feels that no one can or wants to help, & the person then begins to lose

<sup>24</sup> According to the Wisconsin Department of Health & Family Services website, "Family Care is a long-term care program being piloted in nine Wisconsin counties. As a comprehensive and flexible long-term care service system, Family Care strives to foster people's independence and quality of life, while recognizing the need for interdependence and support." (<http://www.dhfs.state.wi.us/LTCare/INDEX.HTM>)

<sup>25</sup> Passages is the dual domestic violence/sexual assault program; CCS = Coordinated Community Support; ILC = independent living center; and APS = Adult Protective Services.

Richland County				
<b>Constituency</b> ----- <b>Learning Areas</b>	<b>Domestic Violence and Sexual Assault Agency Staff</b>	<b>Disability Services and/or Advocacy Agency Staff</b>	<b>People with Disabilities, Self-Advocates, Consumers</b>	<b>Communities of Color</b>
			but I get no help for child custody.”	hope.

Richland County Implications:

**For Individuals:**

- Life circumstances greatly affect access to needed services, support and well-being (e.g., unemployment, poverty, housing).
- Opportunities for victims/survivors with disabilities outside of the formal service delivery system (Family Care) are limited; this limitation isolates individuals.

**For Organizations:**

- Relationships among organizations vary in strength depending on the individuals involved within the respective organizations.
- The opportunities within disability-related and anti-violence agencies to foster effective peer support resources for victims/survivors with disabilities.
- Agency understanding and implementation of trauma-informed services varies to individuals with disabilities who have experienced trauma.

**For Systems:**

- Informal relationships among domestic violence/sexual assault and disability-related organizations could be enhanced through a more formalized collaboration.
- Changing service delivery so that the impact of compartmentalized services on individuals is diminished and strategies are developed to encourage systems responses that collectively support a survivor’s life and recovery.

## **Key Learning Areas and Findings: Deaf Unity & UNIDOS Against Domestic Violence**

Our needs assessment plan also was devised to learn how our Collaborative Project could learn and benefit from an alliance with Deaf Unity (a volunteer-run Deaf DV/SA advocacy network) and UNIDOS Against Domestic Violence (a Latina-run DV/SA advocacy agency serving Latina and migrant farm worker women). We set out to understand how to serve as authentic allies and promote relationship building with Deaf Unity and UNIDOS to traditionally marginalized communities. The key findings gleaned from this assessment will inform our alliances for addressing needs within our respective communities.

### **Deaf Unity**

***"My favorite motto is that "working as a team" provides the best outcome for achieving the goals for everyone. I believe whether the hearing and deaf community realize it, we will always need or depend on each other for support in every step of the way."***

- **Relationships between Deaf & hearing**
  - Hearing agencies and staff must learn about Deaf culture & experiences
  - All hearing environments make Deaf anxious – too much trust is expected – just wait & trust that help that promotes communication will arrive
    - Hearing have to appreciate the hesitance about Deaf contacting them
  - Face-to-face contact is much better than email or other; it involves building relationships
  - Building relationships takes time and continued contact – it's evolutionary
    - Stated commitment and ongoing presence matters.
  
- **Deaf community education**
  - Community needs to learn basics about domestic violence and sexual assault
  - Create a learning tool that will be utilized in the Deaf community (e.g., a DVD in ASL to teach about violence interventions and support)
  - Sponsor an Open house in the Deaf community to announce and demonstrate that Deaf Unity is ready to serve the Deaf community
  - Hearing agencies and staff should team up with Deaf provide mutually beneficial training and co-advocacy

- Deaf advocates can learn a lot by being located on-site within hearing service organizations.
- **General community education**
  - Responders (police, doctors) have to learn not to defer to hearing
  - Announce and promote the existence of Deaf Unity and Deaf advocates as resources
  - Hearing attend Deaf events.

## **UNIDOS Against Domestic Violence**

***"We don't hear of our advocates working with many women with disabilities, but that doesn't mean they're not there."***

### **Access**

- Lack knowledge about physical, attitudinal and programmatic access, but strongly desire help to learn about it and make necessary changes.
- Don't hear of advocates working with many women with disabilities, but doesn't mean they're not there.
- Economic independence is more important for the women
- Shelters often a not a good option for women
- Not interested in setting up a "separate" shelter; tried in St. Paul and it didn't work; can't have only Latina women so it just becomes another shelter.
- They're interested in learning what additional questions they need to be asking women with disabilities.
- Believe that women with disabilities are even more hidden within the Latino community.
- Broader community and service providers need to understand the differences among groups that make up Latino populations in Wisconsin.

### **People with mental illness**

- A lot of stigma, and need to learn the stigmas that women are coming with, e.g., mental health, PTSD, etc.

### **Deaf**

- Interested in learning how they can provide more effective communication to Deaf Latina women.

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## Implications from Key Findings

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The implications gleaned from our needs assessment findings allowed Wisconsin's Collaborative to achieve its two overarching goals:

1. Gather assessment data to inform Collaborative's selection of the two pilot sites for Project implementation; and
2. Employ the Needs Assessment Plan's strategic questions to identify strengths and needs for individuals, organizations and systems within each pilot community.

The data gathered from this needs assessment informed the Collaborative's selection of the two pilot communities and answered the strategic questions we outlined in the assessment plan. Following the pilot community selections, we sought to capture the breadth of the key findings across all of the sites assessed. We have framed these key findings into three levels of relevant implications for our strategic planning:

- a. Implications for individuals,
- b. Implications for organizations, and
- c. Implications for systems.

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## Selection of the Two Pilot Sites for Project Focus

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We knew from the beginning that it would not be feasible to try to achieve meaningful systems change in all of the five communities we identified to assess. As a result of that acknowledgement, a primary outcome of the needs assessment involved key findings that informed our final community selections. To determine which of the five communities we would select for strategic planning purposes and beyond, the Collaborative used the Strategic Questions as the touchstone throughout our deliberations.

Our responses to each Strategic Question reflect gleaned implications from the key findings that we felt were most relevant to the pilot site selection.

***Strategic Question 1:*** *What are the current needs of a relatively successful multi-disciplinary collaborative in **Brown County**, Wisconsin that has interest in having a more intentional cross-disability focus with representation within communities of color?*

**Answer:** The Collaborative unanimously agreed that Brown County would remain one of the Project's two communities for focus throughout the strategic planning and implementation phases. The interest in and enthusiasm for our

Project to continue and expand its assistance to the multi-disciplinary collaboration, the needs and gaps identified, the strength of disability, domestic violence and sexual assault agencies as well as the prevalence of communities of color living within Brown County led to our selection.

***Strategic Question 2:*** *What are the current needs of an interested community with limited resources in creating a cross-disability and multi-disciplinary collaborative while emphasizing a multi-cultural approach to the work from the outset?*

**Answer:** Answering part of this Strategic Question was the most difficult decision that our Collaborative made throughout this process: which of the assessed communities would be selected as the “interested community” for our work. To further guide our deliberations, we considered two additional questions: (1) where can we do the most good and (2) on what themes can we make an impact? The communities that were considered for the final community selection were the Ashland/Bayfield area, Douglas County, and Richland County.

Douglas County: The Collaborative agreed that Douglas County did not rise to the same level of interest as the other remaining communities.<sup>26</sup>

Ashland/Bayfield Area and Richland County: With Douglas County omitted for final consideration, two communities remained: Ashland/Bayfield and Richland. In the end, we voted. The unanimous first choice for implementation was the Ashland/Bayfield area. Both the Ashland/Bayfield and Richland communities communicated enthusiastic interest in the Project. Both communities have organizations and systems that work well together, albeit informally. Both communities demonstrated a commitment to addressing violence in the lives of people with disabilities and Deaf. The ultimate determinant was the third element of our strategic question: *a multi-cultural approach*.

- From what we learned throughout conducting assessment activities, we know that the Ashland/Bayfield area includes two Native American reservations and a significant Native American population (9.4% in Bayfield County and 10.4% in Ashland County); Richland County includes no reservations and a small Native American population (less than 1%).<sup>27</sup>
- While both the Ashland/Bayfield area and Richland County have small Latino populations, the rate is higher in the Ashland/Bayfield area (1.3%) than it is in Richland County (1%).<sup>28</sup>

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<sup>26</sup> As noted in the “Needs Assessment Implementation Strengths and Challenges” section, we removed Douglas County from consideration as we conducted the needs assessment due to the information we gleaned from pivotal stakeholders.

<sup>27</sup> U.S. Census 2000.

<sup>28</sup> U.S. Census 2000.

- No significant difference existed between the two communities in addressing the African American or Hmong populations (both populations less than 1% in each community).<sup>29</sup>

***Strategic Question 3:*** *What are the current needs of two ally organizations – Deaf Unity and UNIDOS Against Domestic Violence – in bringing their work to the Project’s selected communities?*

**Answer:** While UNIDOS Against Domestic Violence has been in existence for a decade, and Deaf Unity just a couple of years, both organizations believe strongly that there is mutual organizational benefit and direct positive impact that can be achieved in working together in our selected communities and through limited technical assistance.

Following the pilot site selection analysis, we analyzed the implications of the key findings across the sites on three levels: individual, organizational and systems.

### **Level 1: Implications of Key Findings for Individuals**

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- There are disparate perceptions of power and control that exist in the relationships between those providing services and those receiving services. Several providers of disability related services believed that they were person-centered and empowering, while the persons receiving services felt controlled and defeated. Trainings designed for people with disabilities and service provider agency staff and facilitated dialogue among people providing and people receiving services were suggested strategies that could be effective in addressing these issues.
- Many individuals with disabilities, especially those with mental health issues and some Deaf, commented that the stigma associated with their disability puts them at a disadvantage because they are treated as inferior beings. Education opportunities and trainings designed by people with disabilities and learning opportunities on recovery and trauma-informed services were suggested strategies that could be effective in addressing these issues.
- We recognized that some needs cannot be overcome through the Project’s focus and activities (e.g., poverty and unemployment); however, understanding these real life circumstances for so many people with disabilities – especially in the more rural areas – impacts organizational and systems responses to violence in the lives of people with disabilities. It affects what’s needed, what’s provided, how it’s provided, and how useful it is for the victim/survivor.

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<sup>29</sup> U.S. Census 2000.

## **Level 2: Implications of Key Findings for Organizations**

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- The additional time needed and more measured pace required to effectively support a victim/survivor with a disability or a Deaf victim/survivor adds a level of stress and frustration to already overloaded agencies and negatively impacts the victim/survivor.
- Organizations – regardless of affiliation – could benefit greatly in achieving their respective missions to provide confident and competent services and support by embracing a trauma-informed framework and understanding how this framework could systemically change individual organizations. Being “trauma-informed” is not just about knowing the effects of trauma, but understanding how it affects service delivery and the dynamics between the person providing and the person receiving services.
- Physical, programmatic and attitudinal accessibility remain significant barriers for Deaf and individuals with disabilities. Several needs assessment participants suggested accessibility assessments as a means to learn about and undertake modifications in their services and facilities as a strategy to address access.
- Enhanced skill building & capacity to effectively serve women/victims/survivors with any form of disability and Deaf is a common theme among disability and anti-violence organizations. Throughout the needs assessment activities, training strategies were frequently suggested as an initial method to address skill and capacity building. One participant specifically suggested that facilitated conversations and ongoing dialogue would best serve providers struggling with some of the nuances for serving victims with disabilities.

## **Level 3: Implications of Key Findings for Systems**

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- Recognizing that the need for relationship building among tribal and non-tribal disability-related and anti-violence programs could positively impact victims and survivors generally, and specifically Deaf and those with disabilities. Having an ongoing presence and mutual respect in building relationships will serve as important foundations for bridging the collaborative divide between tribal and non-tribal systems that address disabilities and violence.
- The need to develop and sustain a meaningful understanding of and support for the role and importance of Deaf-run services being made available to Deaf victims. Collaboratively developing relationships among Deaf advocates, hearing domestic violence and sexual assault programs and related services systems is an important first step toward promoting systems change that will positively impact Deaf victims.

Several specific strategies were suggested by Deaf advocates to foster understanding of Deaf and the need for building respectful alliances to best serve Deaf victims/survivors.

- The recognition that many culturally specific populations remain underserved (e.g., Latina victim/survivors with disabilities) among mainstream human services and anti-violence systems, and supporting the role and importance of Latina advocates in bridging this cultural divide.
- Systemic impact could emerge that builds on the coordination opportunities that already exist among systems and organizations to leverage their knowledge and resources to best educate, train, intervene and support each other to affect the quality of and access to meaningful services and support for victims.
- Changing service delivery so that the impact of compartmentalized services on individuals is diminished and strategies are developed to encourage systems responses that collectively support a survivor's life and recovery.

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## **Conclusion**

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### **Summary of Key Findings**

The key findings relevant to our goals, objectives and strategic questions can be condensed into the following eight areas of learning. (These learning areas are listed randomly and not in order of importance.)

1. The ways in which the systems and agencies work within and between Ashland and Bayfield Counties.
2. The historic separation that exists between tribal and non-tribal governments, programs and services.
3. The interest among domestic violence and sexual assault programs to enhance their accessibility in policies, procedures and physical space.
4. The desire among domestic violence and sexual assault programs to better understand and more effectively serve women with mental health, substance abuse and cognition issues.
5. The detrimental effects experienced by victims/survivors with disabilities and Deaf victims/survivors when varied services and support are compartmentalized.

6. The necessity for disability services and advocacy organizations to better understand abuse and trauma, and integrate this understanding into their day-to-day work with Deaf and people with disabilities.
7. The paramount importance of Deaf victims/survivors and victims/survivors with disabilities having a greater voice that is listened and responded to within and among organizations and systems affecting them.
8. The opportunities for building relationships among and between culturally specific organizations (e.g., UNIDOS Against Domestic Violence and Deaf Unity) and mainstream domestic violence, sexual assault, human services and consumer-run organizations.

### **Strategic Planning**

After our needs assessment report and findings have received approval from the Office on Violence Against Women (OVW), the Collaborative will engage in a comprehensive strategic planning process, commencing with an 1<sup>1/2</sup> day strategic planning session to be facilitated by Accessing Safety Initiative Associates from the Vera Institute of Justice. This facilitated planning discussion is intended to assist the Collaborative to further narrow and flesh out its implementation focus.

Following the initial strategic planning session, the Collaborative will engage in a purposeful discussion among its members and with identified stakeholders from the two selected communities to develop a strategic plan that will address the needs, accessibility, and barriers identified in each community while highlighting its community strengths and potential for developing collaborative responses to violence against women with disabilities and Deaf women. The final plan will be devised to promote sustainability, and will be guided by a commitment to ensuring that all activities undertaken reflect a feasible approach to systemic change both during the grant period and beyond it.