

# Needs Assessment Plan

## MAPS

*Minnesota Accessing Paths to Safety*



*Minnesota Indian Women's Sexual Assault Coalition  
Minnesota Coalition Against Sexual Assault  
Minnesota Disability Law Center  
Minnesota Coalition for Battered Women*

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## Introduction

Minnesota Accessing Paths to Safety (MAPS) is a collaborative project of four statewide organizations. The Minnesota Disability Law Center (MDLC) is a statewide project of the Legal Aid Society of Minneapolis, which is the Governor-designated agency to protect and advocate for the rights of Minnesotans with disabilities. The **Minnesota Indian Women's Sexual Assault Coalition (MIWSAC)** is a statewide tribal coalition with membership of 70 individuals and programs from across the state. The Minnesota Coalition for Battered Women (MCBW) is a statewide membership organization with 83 member programs located throughout Minnesota with a strong history of effectively carrying out programming that advances women's safety and security. The Minnesota Coalition Against Sexual Assault (MNCASA) is a statewide membership organization with 85 member programs throughout Minnesota. Each organization serves a large constituency across Minnesota with affiliations or coalition member service providers working across disciplines. The MAPS collaboration began in 2009 with three-year funding from the United States Department of Justice, Office of Violence Against Women's Disability Grant Program.

Our collaboration envisions that throughout the state, American Indian women with disabilities who have been subjected to sexual and/or domestic violence:

- 1) Will have authentic and meaningful access to sexual assault, domestic violence, and disability service providers who have expansive knowledge and skills.
- 2) Will feel welcomed and valued when accessing services.
- 3) Will find their experiences and expertise honored and reflected in all aspects of service provision.

In sum, MAPS will work to increase the capacity of the statewide partners and pilot site agencies through collaboration with American Indian and non-American Indian disability, sexual assault, and domestic violence service providers.

Rather than narrowing our efforts to a single type of disability, MAPS is focused across all types of disabilities in order to further the project's impact. This cross-disability focus has been important to our statewide effort and will also be fostered at the local level.

This project will benefit American Indian women with disabilities as well as non-Indian women with disabilities because all of the statewide partners provide services that assist both populations. In addition, we have identified pilot site agencies that serve both American Indian and non-Indian women.

Our work is premised on the belief that if we are successful in responding to the barriers and challenges faced by women who are among the most vulnerable and targeted for violence, and who encounter multiple layers of discrimination – specifically American Indian women with

disabilities – we will ultimately be more effective in responding to the needs of all women with disabilities.

The MAPS statewide collaborative initiative is a two-phase process. Phase I is the planning and development period with the major activities of 1) strengthening collaboration, 2) selection of pilot sites, and 3) conducting a needs assessment. Phase II is the period in which the findings of the needs assessment are used to develop a strategic plan that fosters increased accessibility and responsiveness for women with disabilities.

## Pilot Site Partners

Pilot sites were identified through a selection process in phase I of the project. Guided by the MAPS goals to foster sustainable systems change, project members developed criteria for the selection of pilot sites in Minnesota. This process allowed for assessing potential challenges to achieving collaboration, to conducting a needs assessment, and to developing plans for change. In addition, MAPS members identified the positive benefits to the pilot sites and how the project's efforts will enhance services for American Indian women with disabilities as well as non-Indian women with disabilities who have been subjected to sexual and/or domestic violence.

The White Earth Tribal Area in northwest Minnesota was chosen as the MAPS pilot site. The populous Twin Cities area also received MAPS' close consideration as a pilot site community. After much discussion and a review of existing data, MAPS members determined that the White Earth Tribal area would provide the most impactful opportunity to work at the intersection of disabilities, sexual assault, and domestic violence. Focusing on a rural area where many American Indian women live is congruent with MAPS' mission and will result in strategies that could be more easily replicated in our state than would information gained from Minnesota's largest urban center.

Three local programs are involved in this pilot site project. The **White Earth Reservation Tribal DOVE (Down On Violence Everyday) Program** serves women who have been subjected to sexual assault, domestic violence, stalking, dating violence, and elder abuse. The Minnesota Disability Law Center Moorhead office is a small satellite location staffed by one legal advocate who primarily serves individuals with mental health disabilities, but she also advocates for clients who have all types of disabilities. She maintains strong relationships with the local disability-specific organizations and the Centers for Independent Living in northwest Minnesota. The Lakes Crisis and Resource Center (LCRC) provides direct services through its battered women, sexual assault, general crime, and child abuse programs. Each of the crime specific programs provides: 24-hour crisis hotline; legal, systems, and personal advocacy; support groups, public and professional education, information and referral.

## What We Know—Existing Information

### Nationwide

- Women with disabilities experience two times the rate of rape/sexual assault than women without disabilities (Bureau of Justice Statistics, Crimes Against People with Disabilities, 2007)
- American Indians are twice as likely to experience sexual assault crimes compared to all other races, and one in three Indian women reports having been raped during her lifetime (Bureau of Justice Statistics, 2007)
- 23-25% of the total American Indian/Alaska Native population reported living with disabilities (23-25% lower/upper bounds of Census ACS, 2003). In 2006 American Indians and Alaska Natives were found to have the second highest rate in the country (19.7%), with most likely to have limitations of activity caused by chronic conditions (CDC, NCHS, Health United States, 2007)

### Statewide

- Minnesota's population of American Indians is 83,800 and represents 1.6% of the state population. The Census 2005 ACS estimates that 22.4% of the state's American Indian population has a disability
- Minnesota's 11 tribal areas (reservations) encompass 1,033,154 acres across Minnesota that are primarily rural areas—distances range from 20 to 100 or more miles from services for sexual assault or disabilities services

### White Earth Tribal Area: MAPS Pilot Site

- The White Earth Nation's lands are located in three Minnesota counties: Becker, Clearwater, and Mahnommen. Most of the White Earth Nation's acres are in Mahnommen County, where 33% of residents are American Indian. Ten percent of Becker County residents and 9% of Clearwater residents are American Indian. This three-county area is rural, with an average of 14 persons per square mile. (Year 2000 Census).
- Clay County, where MDLC's Moorhead office is located, is adjacent to the White Earth Tribal lands. The populations of these four counties included 14,950 persons over the age of five with disabilities. (Year 2000 Census).

At long last, more research is being published about domestic and sexual violence against women with disabilities. These studies, however, have not focused on specific cultural communities or distinct rural needs. Through our own spheres of contact, we have learned of some of the problems encountered by American Indian women with disabilities and non-Indian

women with disabilities who need domestic or sexual violence or disability advocacy services. MIWSAC staff are aware that some invisible or chronic conditions (e.g., diabetes, mental health, brain injuries, learning disabilities) may not be identified in communities or by service providers. An additional layer of complexity exists for American Indian women with disabilities due to the varying and sometimes unclear state, federal, and tribal jurisdictional framework in this region.

MAPS members reviewed the existing data, relayed direct experiences, and discussed anecdotal information. We used this data, along with our awareness of the gaps in current research, to determine our goals and strategies for this needs assessment process. The information gained through our assessment of needs in the pilot site area will ultimately form the basis for our strategic planning and implementation activities.

## Goals of Needs Assessment

MAPS collaborative members identified the goals that frame and guide our process and assessment activities.

1. What have been the experiences of American Indian women with disabilities when accessing victim services or disability programs? What have been the experiences of non-Indian victims/survivors with disabilities when accessing victim services or disability programs? What strengths and barriers are encountered? What is still needed?
2. What do American Indian survivors with disabilities need from victims' services and disability providers to experience welcoming, comfortable and responsive environments? How do American Indian women with disabilities know an organization is welcoming and comfortable? How do non-Indian women with disabilities know an organization is welcoming and comfortable? What exists and what is still needed?
3. What barriers exist within domestic violence, sexual assault and disability programs that discourage American Indian women with disabilities from discussing their disability or disclosing violence? Existing barriers for non-Indian women with disabilities? How are these barriers similar and different?
4. What are the current strengths/assets of disability and victim services programs in serving American Indian victims/survivors with disabilities? When serving non-Indian victims/survivors with disabilities. What barriers and challenges do these services providers encounter?
5. Do relationships exist among the local programs? If so, how do they function? Are there any elements that would contribute to or impede effective joint advocacy efforts?
6. What support or assistance does each local program need to continue this new collaboration and ensure that the resulting changes are sustained?

7. How can the statewide partners and the local programs incorporate access and safety for American Indian women with disabilities and non-Indian women with disabilities into policy, practice, training, budgets, and community-building?

## Overview of Methods

The needs assessment is designed to collect qualitative data through a combination of activities of focus groups, interviews, and surveys. All collection of data is guided by the goals of the plan. This plan takes into account a cross-section of voices within activities that are feasible and manageable, and fundamentally considers accessibility, safety and confidentiality throughout the assessment process.

Information will be gathered from all MAPS member organizations, pilot site programs, American Indian women with disabilities and women with disabilities previously or currently served by the pilot site programs, or who are constituents of the community programs. Information will be gathered from all MAPS members and pilot site programs' staff and leadership as well as from pilot site programs' volunteers.

### Interviews:

Executive Directors of the four MAPS member organizations and the three pilot site programs will be interviewed. This assessment plan includes an interview of the advocate from Minnesota Disability Law Center's Moorhead office. This site office is staffed with one position; therefore an interview is more feasible than her participation in other staff focus groups. Interviews will also be scheduled with staff, directors and consumers/constituents\* who cannot or prefer not to participate in the focus groups or surveys.

### Focus Groups:

The purpose of the focus groups is to gather information/data from consumer/constituents of the pilot site services with an emphasis on women participants with disabilities. Focus groups will also be used to gather information from staff of all MAPS partners and pilot site programs. The key considerations are accessibility and safety. The gathering of data is focused on obtaining information that advances the goals of the Needs Assessment and the mission of MAPS.

Focus groups will be conducted with women consumers/constituents served by or who might receive services from each the three pilot site programs. Three focus groups with consumer/constituents will be conducted. Program services participants (current and former) from the pilot site organizations, and other community women interested in or seeking services will be recruited for focus groups. The three focus groups will bring together 5-12 participants at each session. Focus group sessions will be scheduled for 90 minutes each at the pilot site

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\* *The term consumers/constituents is used in this Plan for participants, consumers, clients, women with disabilities, American Indian women with disabilities and may include potential consumers, past, current program participants and survivors.*

locations or at an accessible community facility located nearby. Focus groups will be held at accessible sites in Naytahwaush (White Earth) and Detroit Lakes.

Incentives will be offered to the participants recruited for the consumers/constituents focus groups. These incentives will be pre-paid Visa or MasterCard gift cards in the amount of \$35.00. The accounting process and documentation of the gift cards to participants will be conducted through the Minnesota Disability Law Center and designated MAPS member staff. The confidentiality plan will be followed to ensure accounting records are secure.

Focus groups will also be provided for staff from each of the MAPS member organizations and pilot site programs. Two staff focus groups will be held for the pilot site programs--one each for Lakes Crisis and Resource Center and for the DOVE program. The Minnesota Disability Law Center Moorhead office is currently staffed by one position therefore this staff person will be interviewed.

Four staff focus groups will be held in the Minneapolis-St. Paul area for each of the MAPS members: Minnesota Disability Law Center, Minnesota Coalition Against Sexual Assault Minnesota Coalition for Battered Women, and the Minnesota Indian Women’s Sexual Assault Coalition.

**Surveys:**

Surveys will be administered to the boards of directors of the four MAPS member organizations and two of the three pilot sites programs (Cover Letter and Survey questions for the boards of directors Appendices F-I). MAPS members will delegate the Project Director and/or one of the members to coordinate administering of the surveys via Survey Monkey, email and postal mail to ensure the survey is accessible to all participants. Additional accommodations will be made to conduct the survey via phone or individual interviews. Volunteers from the pilot site programs/services will also be invited to participate in the focus groups for staff of their same organization. Paid or volunteer site program staff who are not able to participate in focus groups due to scheduling difficulties will be invited to complete surveys with the same considerations for accessibility given to boards of directors.

The following table lists the participants and anticipated number of participants for the three information-gathering activities (Interviews, Focus Groups and Surveys) of the assessment process.

Assessment Activity	Participants	Number
Interviews	Executive Directors: Minnesota Disability Law Center Minnesota Indian Women’s Sexual Assault Coalition Minnesota Coalition Against Sexual Assault Minnesota Coalition for Battered Women Lakes Crisis and Resource Center DOVE Program	6



	MDLC Moorhead site staff	1
	Other: TBD for Consumers/constituents, members of boards of directors, staff, and others not participating or schedule conflicts with focus groups or surveys	
Focus Groups	Consumer/constituents of services, program participants: DOVE Program, White Earth Lakes Crisis & Resource Center Minnesota Disability Law Center-Moorhead	36
	Staff: DOVE Program, White Earth Lakes Crisis & Resource Center Minnesota Disability Law Center-Minneapolis Minnesota Indian Women's Sexual Assault Coalition Minnesota Coalition Against Sexual Assault Minnesota Coalition for Battered Women	45
Surveys	Boards of Directors: Minnesota Disability Law Center Minnesota Indian Women's Sexual Assault Coalition Minnesota Coalition Against Sexual Assault Minnesota Coalition for Battered Women Lakes Crisis and Resource Center Tribal program administration for DOVE program	52
	Volunteers: Lakes Crisis and Resource Center DOVE Program MDLC-Moorhead	6

## Roles and Responsibilities for Focus Groups, Interviews, and Surveys

The roles and responsibilities are aligned with the goals of the assessment plan and promote safety, access and accommodation, confidentiality, consent, and clear and respectful communication for participants. All MAPS member organization representatives contribute to the assessment process through their various roles as interviewers, survey administrators, focus group facilitators, recorders, note-takers and in other support roles. Staff from pilot site service programs will be asked to volunteer as safe/resource persons for any focus group participants who would like to talk with a safe/support advocate and/or receive resource information.

The MAPS Project Director will coordinate the planning, scheduling, and preparations for conducting the interviews, focus groups and surveys. MAPS member representatives contribute their varied experience in training, group facilitation, and the communication skills needed for conducting interviews. Set-up of the focus groups will be done as a team by the focus group staff (i.e., room set-up, beverage/food supports, signage, tables, and chairs).

Facilitators scheduled for each focus group will be coordinated by the Project Director and in consultation with MAPS members. The Project Director and a MAPS member representative will serve as lead facilitators with substitute facilitators from the MAPS group, in the event of

scheduling conflicts. Lead focus group recorders and safe/resource positions will also be coordinated and scheduled by the Project Director and will include substitutes or alternates for schedule conflicts.

All MAPS members have some level of experience in facilitating meetings, roundtables and forums, and in conducting interviews or delivering trainings. For this needs assessment focused on the goals of increasing access for women with disabilities and American Indian women with disabilities, the project members anticipate receiving additional training and technical assistance that is aligned with the goals of this assessment. The MAPS Project Director and representatives from each of the four partners will be provided an opportunity to receive training on facilitating/conducting focus groups, scheduled at the VERA All-site meeting, June 29-30, 2011. MAPS representatives attending this training will then share the knowledge, practices, and skills gained with all other MAPS members during either a regularly scheduled MAPS meeting or a special session dedicated to facilitation of focus groups and other assessment activities.

### Focus Group Facilitator (Roles and responsibilities)

- Facilitator will use the Focus Group Checklist (Appendix L) developed by the MAPS project to begin each session which includes: 1) welcome and thank you to participants, 2) introductions of facilitation and support personnel, 3) overview of purpose of the focus group, 4) brief overview of how questions will be asked and recorded and duration of session, 5) review of consent and confidentiality protocol, 6) considerations for safety and identification and location of support resource person, 7) facility logistics (i.e., restrooms, snacks, accommodation information) and 8) incentive information for consumer/constituent participants
- Facilitate discussion with participants using questions and guides/prompts developed by MAPS
- Restate to participants that they can discontinue or leave the focus group/interview at any time
- Facilitator will use large and clear print to write questions on easel pad style paper for participants during discussion
- At the end of the session, Facilitator will again thank all participants, and close session with “housekeeping” details as needed (e.g., exits, facilities, etc.)
- Facilitator debriefs with note taker/recorder, and other staff who supported the session.

### Focus Group Recorder/Note-taker:

- Advises participants that they will not be electronically recorded, videotaped, photographed.
- Note taker will use a laptop and ensure she has the pre-formatted questions for use in recording responses.

### Focus Group Safety/Support Person-MAPS Members

- Join, stand or remain visible when introduced by Facilitator, also welcoming participants and advising them where the resource/safe room is located. Pilot site staff serving as

support/resource persons they will be located outside and participants will be informed of their location and how to access this support person.

- At beginning of each session (during introductions) tell participants how they can access the safety/resource person, get attention if needed, communicate their need for exit, and obtain help in reaching the safety/resource room (e.g., raising hands, monitoring, verbal, etc.).
- Assist Facilitator in monitoring or observing group members to ensure safety, redirecting, restating or summarizing points, and assisting Facilitator and participants with time reminders when needed.
- Respond and assist participants who are in visible discomfort without waiting for hand raising, motioning, or verbal requests to see if they want to exit, need time, or other supports (e.g., water, exit assistance, etc.).

#### Volunteer support persons—Pilot Site Staff

- Volunteer support person(s) will follow the lead of the MAPS Focus Group facilitation and support team.
- Advocates from the local pilot site programs will be located in a room adjacent to the focus group. Participants will be informed how they can access these support/resource persons.
- The volunteer support person(s) or advocates from pilot site programs will serve to provide access, support, and potential resources for assistance.
- Volunteers will meet with focus group team before each session for further orientation and briefing, and will meet again after each session for debriefing.

#### Interviews:

Executive Directors of the four MAPS member organizations and the three pilot site programs will be individually interviewed by the Project Director or other member representatives of MAPS. MAPS will ensure that interviews are coordinated and scheduled so that the interviewers are not affiliated with an organization, and for flexibility and accommodation of schedules for the individual interviews via phone or in-person.

Staff who are unable to participate in focus groups will be asked to complete surveys or participate in individual interviews.

#### Interviewers (roles and responsibilities)

- MAPS members will serve as interviewers as scheduled with the MAPS Project Director. The Project Director will assist in coordinating, scheduling, collecting of data gathered and for debriefing and follow-up with the interviewers.
- At the beginning of each interview, interviewers will thank the person being interviewed and advise them of the purpose of the interview, explain MAPS consent and confidentiality protocols, and state that the person being interviewed can at any time elect to not answer one or more of the interview questions.

- Interviewers will follow the questions developed for the interviewee's category (e.g., staff, board, etc.).
- When interviewing an individual constituent/consumer, the interviewer will make available a list of area resources.

#### Surveys:

MAPS members will delegate the Project Director and/or one of the members to coordinate administering of the surveys via Survey Monkey, email and mail to ensure the survey is accessible to all participants.

#### Survey administration (roles and responsibilities)

- The Project Director and/or collaborative member delegated by the MAPS member group will oversee electronic placement of surveys (Survey Monkey, email) and coordination of mailing and interviews where needed.
- The Project Director and/or MAPS representative will initiate contact with all survey participants, via an invitation email, letter, and phone contact.
- The Project Director and/or MAPS representative will follow-up with participants after one week with a reminder of the survey response date and to offer assistance, answer questions, and arrange for accessibility accommodations where requested or needed.
- All person(s) overseeing, coordinating and collecting survey information will follow the MAPS plan for confidentiality. Any issues or conflicts with confidentiality will be discussed with the Project Director and/or MAPS members in a scheduled MAPS meeting and as otherwise outlined in the MAPS Charter and Assessment Plan.
- The Project Director and/or delegated representative will collect all survey responses, ensuring that all response data is not linked to any individual and made anonymous, and that the survey response data is aggregated or combined into a survey result report format. All collected information will be held in secure manner.

#### Recruitment Strategies

##### Focus groups:

Pilot sites programs will assist MAPS members with recruitment of focus group participants for the consumer/constituent groups. Pilot site program staff, as identified by program directors/managers, will serve as recruiters for participants from their programs and community. Pilot site staff will be provided with the recruitment materials developed by MAPS. This includes an invitation, RSVP forms and contact information for questions (Appendices J-K).

The MAPS Project Director and members will contact each pilot site program prior to the start of recruitment process via phone, email, or conference call to provide guidance and training information as needed so that pilot site members and MAPS members are in clear communication. The MAPS Project Director and members will remain engaged with the pilot site directors and identified staff throughout the recruitment process.

## Orientation for Recruiters (Pilot Site Program Staff)

Staff from DOVE, Lakes Crisis Center, and MDLC's Moorhead office will be asked to assist MAPS in recruiting focus group participants who are consumers/constituents. MAPS will provide the designated pilot site staff with orientation information that will further ensure participant's safety and support pilot site staff in their recruitment efforts. Topics to be addressed during this orientation include:

- An overview of the MAPS project
- Review of data: Known sources and information gaps
- Similarities/Differences between the disability rights and the stop violence against women movements
- Disabilities: definitions, language, perspectives (person-centered, community integration, etc.).
- Safety Considerations and Confidentiality Plan (see pages 14-16 and appendix A and B of this needs assessment plan)
- Focus group format
- Logistics: RSVPs and incentives for focus group participants.
- Accessibility: coordination of requested accommodations (transportation, PCAs, alternate format of materials, fragrance-free settings, interview options for those who do not want to or should not attend focus groups, and ASL, cued speech, and other language interpreters.
- Recruiting focus group participants: Invitation and RSVP information for in-person and phone contacts (Appendices J-K).
- Clarification of Mandated Reporting status

The invitation states that RSVPs should be sent directly to the MAPS Project Director; however, we anticipate that some potential participants might return some of the forms directly to the pilot site programs. Pilot site programs will forward the original forms to the MAPS Pilot Site Director. The pilot site will not retain copies and will follow protocols for recruitment and confidentiality as outlined.

### Consent and Confidentiality

The members of MAPS collaborative are committed to protecting confidentiality throughout the needs assessment process. MAPS will use passive consent for focus group participation. During check-in period participants will be informed prior to the commencement of the focus group that they can discontinue their involvement at any time. Remaining in the focus group is considered passive consent to the process (Confidentiality Statement and Consent and Confidentiality Protection Plan (Appendices A-B).

Participants will be informed that all information shared is confidential. Retention of the RSVP forms collected by pilot site representatives, MAPS Project Director and MAPS members will be stored in a secure manner (locked file cabinet at MAPS collaborative office). RSVP forms will not be retained by the Pilot Site programs. The MAPS Program Director Office will retain the

RSVP Forms until the Office of Violence Against Women (OVW) has approved the Assessment Report. All RSVP forms will be shredded immediately following approval of the needs assessment report. No identifying information of individuals will be used in the needs assessment document.

## Considerations for Safety and Access

Safety: The safety of participants was given highest priority when designing this needs assessment process. This commitment was made operational through:

- Using language in the focus group invitation (Appendix J) to emphasize confidentiality and privacy.
- Developing tools that were designed to minimize disclosures. Questions used for the various focus groups and surveys avoid asking about individuals' personal experiences of violence. MAPS' questions for consumers/constituents are structured to obtain information about their experiences in learning about accessing, and receiving services. The questions for pilot site programs and MAPS members' boards, executive directors, and program staff focus on experiences in delivering services.
- Ensuring consistency through the use of a Focus Group Checklist (Appendix L). Because MAPS members will take turns facilitating different focus groups, the regular use of this checklist will guarantee that all participants receive key information regarding confidentiality, safety, accommodations, and mandated reporting.
- Engaging resource/support persons who will be available in a room adjacent to the focus group session. MAPS will invite advocates from DOVE and the Lakes Crisis and Resource Center to be available for focus group participants who need to speak about the past or current violence in their lives, provide resources, and/or help with safety planning. MAPS members will also tell focus group participants that they will be available to meet with any individuals following the session.
- Providing alternatives to group participation. The focus group invitation encourages women to contact MAPS if they would prefer to provide information during a private interview instead of within a focus group meeting.
- Promoting confidentiality within the broader community. Staff participating in focus groups may be concerned that negative feedback about their organization may endanger their job and/or their organization's funding. Consumers/constituents may have similar concerns. MAPS will encourage all participants to be stringent about the confidentiality of information shared in the group. MAPS members will also be scrupulous in not sharing any negative information about the pilot site programs with others beyond this needs assessment process and subsequent report.

- Accessibility: In designing this needs assessment, MAPS members remained mindful of the need to ensure an inclusive process. To promote accessible participation, our process includes:
  - Selecting focus group meeting sites that are fully accessible. A MAPS member will survey possible meeting sites and report their accessibility findings to the MAPS collaborative. Sites selected for focus group sessions will meet accessibility requirements and also promote safety.
  - Eliciting accessibility needs through development of an RSVP form that allows participants to indicate any requested accommodations. The invitations states that RSVPs can be submitted by mail, fax, email, or phone in order to expedite the registration process for various communication styles.
  - Ensuring communication access by providing American Sign Language interpreters upon request. We will also provide other language interpreters and cued speech translators as requested.
  - Providing large print formats of written materials and alternate formats (e.g., Braille, audio tapes) upon request. We will also respond to requests for translations of written materials into different languages.
  - Addressing the needs of women who have personal care assistants (PCAs) in the focus group invitation and including these needs on the Focus Group Checklist (Appendices J and L).
  - Providing water and other refreshments during focus groups in order to establish a welcoming environment and also address the needs of participants whose conditions or medications may increase thirst or best interface with food.
  - Promoting a scent-free environment for participants who may have chemical sensitivities. The focus group invitation (and confirmation) reminds participants not to use fragrances on the group meeting date.

## Work Plan Timeline

Approval of Needs Assessment Plan by OVW	June—July 2011
Orientation and Training:	
Recruitment, focus groups, interviews	
Surveys, MAPS members and Pilot Site	June-July 2011
Conduct Focus Groups, Interviews, Surveys	July-August 2011
Compile and analyze data	August 2011
Draft and finalize Assessment Report	September 2011
Submit report to OVW for approval	September 2011

## Appendices

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## Consent and Confidentiality Protection Plan

Consent, confidentiality and a commitment to safety are critical to the success of the MAPS needs assessment plan. Several steps will be taken to ensure the voluntary participation and privacy of all participants in this process.

### Consent

MAPS will use passive consent for focus group participation. During the check-in period participants will be informed prior to the commencement of the focus group that they can discontinue their involvement at any time. Remaining in the focus group is considered passive consent to the process.

### Confidentiality

- 1) Focus groups and interviews will be conducted by MAPS project partners only.
- 2) Participants will be informed prior to the commencement of any needs assessment activity (survey, interview, focus group) that they can discontinue their involvement at any time.
- 3) Participants will be informed that all information shared is confidential. Members of focus groups will be asked to respect the confidentiality of others' information before and after any group discussion. A written confidentiality statement will be distributed to all participants.
- 4) In order to further ensure confidentiality, individuals conducting interviews and surveys, or leading focus groups, will not be mandated reporters for abuse of children or vulnerable adults. MAPS project partners are not mandated reporters.
- 5) MAPS will obtain consent from the guardian of a potential focus group or interview participant if the participant is subject to a court-ordered guardianship.
- 6) A designated recorder will take notes on a laptop computer during each interview and focus group. Interviews and focus groups will not be recorded by audio or video.
- 7) Participants will not be identified by name during the focus group sessions.
- 8) Trained sexual and domestic violence advocates will be available for focus group participants who wish to talk before, during or after the session. The advocates will not be present in the room during the focus group but will be readily accessible if needed.
- 9) Focus groups will have female participants with female facilitators. In the event a male wishes to participate, an individual interview will be arranged.
- 10) Personal care assistants will be asked to remain in a waiting room outside of an interview or focus group meeting room. MAPS will work with participants who require an assistant in the room for the entire time by arranging for individual interviews. Breaks will be scheduled during interviews and focus groups so participants can seek personal care assistance as needed.
- 11) ASL interpreters and language interpreters participating in focus groups or individual interviews will be reminded of their confidentiality obligations.

- 12) RSVP forms will be collected by pilot site representatives and forwarded to the MAPS project director. All RSVP forms collected from focus group participants will be shredded immediately following approval of the Assessment Report by the OVW Disability Grant Program (Office of Violence Against Women).
- 13) Accounting records created for purposes of gift card distribution will be managed and held in a confidential manner.
- 14) Data collected during the needs assessment process will not be linked to any individual or agency by name. When possible, data collected will be reported in aggregate form.
- 15) All documentation collected during the needs assessment process will be held by the MAPS Project Director in a secure place until the information analysis is completed. After the Assessment Report is approved by OVW the documentation will be shredded.
- 16) Only members of the MAPS project team will have access to the full range of information collected during the needs assessment. The information will not be copied or shared with anyone outside the project team including Vera Institute or OVW staff. Entities outside of the MAPS project team will receive the information in an aggregate and anonymous format.
- 17) Prior to participation in a survey, interview or focus group participants will receive a written explanation of how the information gathered will be used as well as written confirmation of the confidentiality protections associated with needs assessment participation.

## MAPS Confidentiality Statement (For Distribution to Participants)

Thank you for your participation in this Needs Assessment activity conducted by the Minnesota Accessing Paths to Safety Project. This is a collaborative project of the Minnesota Indian Women's Sexual Assault Coalition, Minnesota Disability Law Center, Minnesota Coalition for Battered Women and the Minnesota Coalition Against Sexual Assault.

The members of the MAPS collaborative are committed to protecting your confidentiality throughout this process. This document serves as a written confirmation of the MAPS consent and confidentiality obligations to you.

- 1) Participation in focus groups, interviews and surveys is voluntary. Participants may discontinue their involvement in the needs assessment activity at any time.
- 2) MAPS will use "passive consent" for focus group participation. This means that if you choose to remain in the focus group you are giving your consent as a participant. There is no written consent form.
- 3) All information shared is confidential and focus group participants will be asked to respect one another's privacy. A written confidentiality statement will be distributed to all participants.
- 4) Only members of the MAPS project team will have access to documentary information gathered during the needs assessment process.
- 5) RSVP forms for focus groups will be destroyed once the needs assessment document is approved by the funder, the Office of Violence Against Women at the United States Department of Justice.
- 6) Needs assessment facilitators are not mandated reporters for abuse and neglect of children or vulnerable adults.
- 7) Notes will be taken during focus groups and interviews. No identifying information will be recorded. Documentation will be stored in a secure manner and destroyed once the needs assessment document is approved by the funder, the Office of Violence Against Women at the United States Department of Justice.
- 8) No identifying information of individuals or agencies will be used in the needs assessment document.
- 9) Interpreters, if present, will be reminded of their confidentiality obligations.
- 10) Sexual and domestic violence advocates will be available on site if needed before, during or after the needs assessment activity but will not be in same room as the activity. Note that sexual and domestic violence advocates are mandated reporters of child abuse and neglect *however* they are not mandated reporters of vulnerable adult abuse or neglect.

*This project is supported by Grant No. 2009-FW-AX-K008 "Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program" awarded by the Office of Violence Against Women, United States Department of Justice.*

Focus Group Questions: Consumers/Constituents, Program Services Participants, Women with Disabilities, Program Constituents

1. When you or a friend needs help, how do you find out where to go? How do you learn about services in your community?
2. **The word “disability” includes many conditions.** Some disabilities are visible (can be seen); for example, using a wheelchair to get around every day. Other disabilities are invisible (cannot be seen); for example: diabetes, mental health, learning problems, and brain injuries. If you or a friend has a disability, have you had problems when trying to get help from a program?  

If yes, what types of problems? If a person needed to talk about their disability or ask for certain kinds of help, how would that person know that it is okay to talk with the program staff about this?
3. When you come to a program for help, what do you want to receive? If you or a friend came for services, what could the program do to help you feel at ease (comfortable) and safe enough to talk about the problem? How do you want to be treated when you ask for help?
4. How can program staff help you feel welcome and respected (cared about, at ease, honored)? What can staff do or say? What do you look for and listen for? What would make you feel that you were not welcome or not respected at a program?
5. Tell us about a time when you had a good experience when getting help from a program. What made this a good/positive experience? (What was helpful? What did the staff do or say that you liked?)
6. Our project wants to make sure that American Indian women with disabilities and non-Indian women with disabilities have access to the services they need. Do you have any other suggestions or ideas? What would an ideal program look like? Or, What should be included in an ideal program?

## Focus Group Questions: Program Staff and Volunteers

1. How do women in your community learn about your services? What strategies do you use to spread the word about your services? What are some of the ways that American Indian women with disabilities and/or non-Indian women with disabilities learn about your services?
2. **The word “disability” includes many conditions.** Some disabilities are visible (can be seen); for example, using a wheelchair to get around every day. Other disabilities are invisible (cannot be seen); for example: diabetes, mental health, learning problems, and brain injuries. What are some of the things you do to help American Indian women with disabilities feel comfortable and safe enough to talk about their situations? To help non-Indian women with disabilities feel comfortable and safe? What do you avoid doing or saying?
3. Tell us about a positive experience you had in advocating for an American Indian survivor with a disability? Can you recall a good experience in advocating for a non-Indian survivor with a disability? Tell us about a less positive experience in advocating for an American Indian or non-Indian survivor with a disability? Thinking back on these experiences, were you comfortable or uncomfortable? Did you rely on any training, policies, or procedures? What could have made this a better experience for you and the survivor?
4. What are some of the things your program does to help American Indian women feel welcome and respected? How does your program create a welcoming and respectful environment for American Indian and non-Indian women with disabilities? How do you communicate that respect?
5. **What are your program’s strengths in working with American Indian women and non-Indian survivors with disabilities?** What gaps or barriers exist in your program that may make it difficult for these survivors to get full access to your services?
6. How will women with disabilities be accommodated? What policies are there related to working with women with disabilities? What types of assistance would be helpful as your program works to address any barriers and ensure accessible services?
7. Is there a process to evaluate and identify service barriers or gaps within your agency?

8. Our project wants to make sure that American Indian women with disabilities and non-Indian women with disabilities have access to the services they need. Do you have any other suggestions or ideas? What would an ideal program look like?

## Interview Questions: Agency Executive Directors

1. How do women in your community learn about your services? What strategies do you use to spread the word about your services? What are some of the ways that American Indian women with disabilities and non-Indian women with disabilities learn about your services?
2. **The word “disability” includes many conditions.** Some disabilities are visible (can be seen); for example, using a wheelchair to get around every day. Other disabilities are invisible (cannot be seen); for example: diabetes, mental health, learning problems, and brain injuries. What are some of the things your program does to help American Indian women with disabilities feel comfortable and safe enough to talk about their situations? To help non-Indian women with disabilities feel comfortable and safe? What do you avoid doing or saying?
3. Tell us about a positive experience your program had in advocating for an American Indian survivor with a disability? Can you recall a good experience in advocating for a non-Indian survivor with a disability? Tell us about a less positive experience in advocating for an American Indian or non-Indian survivor with a disability? Did you rely on any training, policies, or procedures? What could have made this a better experience for program staff and the survivor?
4. What are some of the things your program does to help American Indian women feel welcome and respected? How does your program create a welcoming and respectful environment for American Indian and non-Indian women with disabilities? How does your program communicate that respect? Or, What are some of the things you do to ensure that respect for individuals is communicated in all of your program’s interactions?
5. **What are your program’s strengths in working with American Indian women and non-Indian survivors with disabilities?** What gaps or barriers exist in your program that may make it difficult for these survivors to get full access to your services? What policies are do you have for working with women with disabilities?
6. What types of assistance would be helpful as your program works to address any barriers and ensure accessible services?
7. Is there a process to evaluate and identify service barriers or gaps within your agency?
8. Our project wants to make sure that American Indian women with disabilities and non-Indian women with disabilities have access to the services they need. Do you have any suggestions or ideas? What would an ideal program look like?

## Board of Directors Survey Questions—Pilot Programs

1. What are some of the ways that American Indian women with disabilities and non-Indian women with disabilities learn about your organization or services? What strategies do you use to spread the word about your services?
2. **The word “disability” includes many conditions.** Some disabilities are visible (can be seen); for example, using a wheelchair to get around every day. Other disabilities are invisible (cannot be seen); for example: diabetes, mental health, learning problems, and brain injuries. What are some of the things your organization does to help American Indian women with disabilities feel comfortable and safe enough to talk about their situations? To help non-Indian women with disabilities feel comfortable and safe? If your programs are affiliate members, how does this question relate to your services?
3. Tell us about a positive experience you had in advocating for an American Indian survivor with a disability? Can you recall a good experience in advocating for a non-Indian survivor with a disability? Tell us about a less positive experience in advocating for an American Indian or non-Indian survivor with a disability? If your organization does not provide direct services, what has been your organizational experience with advocacy for American Indian women with disabilities and non-Indian women with disabilities?
4. What are some of the things your organization or program does to help American Indian women feel welcome and respected? How does your program create a welcoming and respectful environment for American Indian and non-Indian women with disabilities? How does your program communicate that respect?
5. **What are your organization or program’s strengths in working with American Indian women and non-Indian survivors with disabilities?** What gaps or barriers exist in your program that may make it difficult for these women to get full access to services? What policies do you have for working with women with disabilities?
6. What types of assistance would be helpful as your organization or program works to address any barriers and ensure accessible services?
7. Is there a process to evaluate and identify service barriers or gaps within your agency?
8. Our project wants to make sure that American Indian women with disabilities and non-Indian women with disabilities have access to the services they need. Do you have any suggestions or ideas? What would an ideal program look like?



## Board of Directors Survey Questions—Non-Coalitions

1. What has your organization done in the past or is doing now to reach out to American Indian women with disabilities and non-Indian women with disabilities?
2. **The word “disability” includes many conditions.** Some disabilities are visible, for example using a wheelchair to get around daily. Other disabilities are invisible such as, diabetes, mental illness, learning problems, and brain injuries. Can you think of any ways that your program can better serve American Indian survivors with disabilities so that they feel comfortable and safe enough to talk about their situations?
3. As a board member or in your professional capacity, are you aware of an experience of an American Indian survivor with a disability who has sought advocacy support? Please briefly describe what went well and/or what needed improvement in this encounter (without giving any identifying information).
4. What are some actions your program can take to help American Indian women feel welcome and respected?
5. **What are your program’s strengths in serving American women and non-Indian survivors with disabilities? What shortcomings exist?**
6. Is there a process to evaluation and identify service barriers or gaps within your agency?
7. Our project wants to make sure that American Indian women with disabilities and non-Indian women with disabilities have access to the services they need. Do you have any other suggestions or ideas? What would an ideal program look like (or what should be included in an ideal program)?

## Board of Directors Survey Questions—Coalitions

1. What can the coalition do to help its member programs reach out to American Indian women with disabilities and non-Indian women with disabilities?
2. What can the coalition do to help its member programs better serve American Indian survivors with disabilities so that they feel comfortable and safe enough to talk about their situations?
3. As a board member or in your professional capacity, are you aware of an experience of an American Indian survivor with a disability who has sought advocacy support? Please briefly describe what went well and/or what needed improvement in this encounter (without giving any identifying information).
4. What are some actions a coalition member program can take to help American Indian women feel welcome and respected?
5. **What are the coalition's strengths in assisting member programs in better serving American women and non-Indian survivors with disabilities? What shortcomings exist?**
6. What can the coalition do to effectively evaluate its strengths and shortcomings in this particular technical assistance and training area?
7. What should the coalition do in order to make sure that American Indian women with disabilities and non-Indian women with disabilities have access to the services they need in their communities?

## Cover Letter for Survey of Board Members

Dear (Name):

Thank you for participating in this survey about your organization's services. Insert A or B:

Insert A: {Language for letters to boards of pilot site agencies}: As you are aware, your organization is part of a local collaboration involving DOVE, Lakes Crisis and Resource Center, and the Minnesota Disability Law Center. Your local collaboration was selected as a pilot site of our statewide Minnesota Accessing Paths to Safety (MAPS) project that includes the Minnesota Indian Women's Sexual Assault Coalition, the Minnesota Coalition of Battered Women, the Minnesota Disability Law Center, and the Minnesota Coalition Against Sexual Assault. MAPS is working to ensure authentic and meaningful access to sexual assault, domestic violence and disability services for American Indian women with disabilities and non-Indian women with disabilities.

Insert B: [Language for board members of MAPS' partner programs]: As you are aware, your organization is part of the statewide Minnesota Accessing Paths to Safety (MAPS) project that includes the Minnesota Indian Women's Sexual Assault Coalition, the Minnesota Coalition for Battered Women, the Minnesota Disability Law Center, and the Minnesota Coalition Against Sexual Assault. MAPS is working to ensure authentic and meaningful access to sexual assault, domestic violence and disability services for American Indian women with disabilities and non-Indian women with disabilities.

As a board member, your participation in this survey is extremely important. You can help provide us with a broader view of your community needs and will also have a critical role in supporting any changes that are needed to sustain accessible services. Board members will receive a copy of the complete needs assessment report and be invited to participate in a strategic planning process to determine how MAPS can provide technical assistance to increase access to your services.

Thank you for your participation in this needs assessment process. Please do not hesitate to contact me with any questions about the survey or this needs assessment process.

Sincerely,

Renee Lampi  
MAPS Project Director  
Minnesota Indian Women's Sexual Assault Coalition  
651.646.4800  
[rlampi@miwsac.org](mailto:rlampi@miwsac.org)

## Invitation to Focus Group

You are invited to join a focus group held by Minnesota Accessing Paths to Safety (MAPS). Your ideas can help improve the services in your community.

MAPS is a joint project of the Minnesota Indian Women's Sexual Assault Coalition, the Minnesota Disability Law Center, the Minnesota Coalition Against Sexual Assault, and the Minnesota Coalition for Battered Women. We are working together to make sure that American Indian women and other women with disabilities have access to the services they need.

**Why are we inviting you to participate?** Your ideas and experiences will help us figure out what changes are needed to help women with disabilities get access to services.

**Are there benefits for participating?** You will receive a \$35 gift card (Visa or MasterCard) for joining a focus group. Another important benefit is that you will be a part of improving services for other women in your community.

**What questions will be asked?** No personal questions will be asked in the focus groups and you will not have to share any personal information. We want to learn more about the services that exist, how women learn about services, if there are any gaps or barriers, and how services can be improved.

**Will answers be kept confidential?** Yes! We will write a general summary of what we learned during the focus group, but that summary will not include people's names or the details of what they shared. The focus groups will not be recorded or filmed. Several women will participate in each focus group and everyone who attends will be asked to keep private about all that is discussed.

**When and where will the focus groups be held?** There will be three different focus groups. You can choose the focus group that works best for your schedule and location. The groups will meet:

[Insert Information: Naytahwaush: Location, date, time]

[Insert Information: Detroit Lakes: Location, date, time]

[Insert Information: Other Sitej: Location, date, time]

**How long are the focus groups?** We estimate that each group will last one and a half hours (90 minutes).

**What if I want to participate in this project but do not want to join a group?** We want to hear your ideas and can interview you in person. People who are interviewed will receive a \$35 gift card (Visa or MasterCard).

## (RSVP Form)

Thank you for your willingness to participate in a focus group. Please complete the information below and return this form to the MAPS Project Director or to [insert program manager]. This information will remain confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred method to reach you?

Phone #: \_\_\_\_\_ Is it safe to leave a message: Yes:  No:

Email: \_\_\_\_\_

Other Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

The best time to reach you: \_\_\_\_\_

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**WHAT ARE YOUR NEEDS IN ORDER TO PARTICIPATE IN A FOCUS GROUP?**

\_\_\_ Transportation \_\_\_\_\_ Alternate Format For Printed Materials: \_\_\_\_\_

\_\_\_ Braille \_\_\_\_\_ Help with Reading

\_\_\_ Large Print \_\_\_\_\_ Personal Care Assistant

\_\_\_ Listening Device \_\_\_\_\_ Interpreter: *language*: \_\_\_\_\_

| \_\_\_ Scent/Fragrance Sensitivity: \_\_\_\_\_

\_\_\_ Food/Dietary: \_\_\_\_\_

\_\_\_ Other safety considerations: \_\_\_\_\_

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Staff member reviewing this form with participant: \_\_\_\_\_

Phone #: \_\_\_\_\_

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**DATE, TIME, AND PLACE OF YOUR FOCUS GROUP:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Would you like to be contacted the day before as a reminder? Yes:  No:

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**MAPS Project contacts:**

Renee Lampi, MAPS Project Director  
 Phone: 651-646-4800  
 Email: [rlampi@miwsac.org](mailto:rlampi@miwsac.org)

Brenda Jursik, Administrator  
 Minnesota Disability Law Center  
 Phone: 612-746-3768  
 Email: [bjursik@midmnlegal.org](mailto:bjursik@midmnlegal.org)

## Focus Group and Facilitator Checklist

## Before session starts:

- Check and confirm any prior accessibility accommodation arrangements with staff, MAPS members, Project Director, contracted support
- Room set-up check (beverage/food supports, signage, tables, and chairs)
- Easel pad set-up or self-stick pad set up
- Write Focus Group questions on pad if not already done
- Laptop and accessories for note taker (battery charger, electrical outlet, etc.)
- Paper copies of participant related forms, consent, confidentiality, are available

## Focus Group:

- Welcome, thank you and appreciation to participants for their participation
  - Introductions of facilitation and support personnel
  - Overview of purpose of the focus group
  - Facility (i.e., restrooms, snacks, and any accommodation information)
  - Ask if anyone can see the easel pad paper and questions, if they can hear Facilitator from where they are sitting
  - Briefly let participants know how questions will be asked and recorded by the note taker; and, how long the session will last
  - Advise where the support/resource person will be outside of the room for assistance if they are feeling unsafe, uncomfortable, and would like to access support person(s)
  - Check with group on their preference for break (individually or 10-15 break)
  - Review of consent and confidentiality—check that participants have copies of the MAPS Confidentiality Statement and the Consent and Confidentiality Protection Plan and explain key points such as passive consent and reminder to respect one another's privacy and confidentiality.
  - Explain demographics form—we are collecting basic demographic information to help us determine the participants reached, the representation of participants in the focus groups
  - Incentive information for consumer/constituent participants—when gift cards will be handed out
  - Check if demographic or other forms needing to be collected
  - Remind participants that they can discontinue or leave the focus group/interview at any time
- 
- Facilitate discussion with participants using questions (in order of questions) and guides/prompts developed by MAPS for the Focus Group.

- Refer to the questions on easel pad style paper, legible and large print, and in view for participants before beginning discussion of each question.
- Pace questions and time. Remain in respectful and considerate moderation at all times. (Acknowledgement and redirection when needed or appropriate).
- At the end of the session, again thank all participants, and close session with “housekeeping” details as needed (e.g., transportation, exits, facilities, incentives, etc.).
- Facilitator debriefs with note taker/recorder, and other staff who supported the session. Notes from debriefing will be recorded by note taker on data/information related to the project, questions, needs, suggestions, etc. in line with the confidentiality plan.

## Consumers/Constituents--Demographic Information

Please provide the information requested below and put your completed form in the box provided on the table when you leave the focus group.

No information will be used to identify you. This information is anonymous. Please do NOT put your name on this form. This form will be destroyed when our report to the OVW (Office of Violence Against Women) is finalized or approved.

I am:

A Survivor     A person with a disability     Both

I am an American Indian     I am not an American Indian