

Middlesex L.E.A.D.S.

LISTEN, EDUCATE, ADVOCATE, & DEMAND SAFETY

Listening Sessions with People Served
Needs Assessment Report



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Introduction

Middlesex L.E.A.D.S. (the Collaborative) is an Office on Violence Against Women funded collaboration between the Middlesex County Center for Empowerment (the Center) and Alliance Center for Independence (ACI). The Collaborative aims to Listen, Educate, Advocate, and Demand Safety for sexual violence survivors with disabilities and Deaf/Hard of Hearing (HOH) survivors. The Collaborative's needs assessment was focused on the needs and gaps in service for sexual violence survivors with disabilities and Deaf/HOH survivors and services.

The needs assessment consisted of quantitative and qualitative data. The quantitative data was collected from the "Rape Crisis Center Performance Indicators" and "Disability Organization Performance Indicators" assessment tools developed by the Vera Institute of Justice. These included a policy and document review, observations, and staff interviews. The qualitative data was collected in focus groups and interviews with the survivors served at the Center and the people with disabilities and Deaf/HOH persons served at ACI. The following report details the planning, methodology, and findings of the needs assessment.

Partner Agencies

Middlesex L.E.A.D.S. (the Collaborative) is comprised of the Middlesex County Center for Empowerment (the Center) and Alliance Center for Independence (ACI).



Founded in 1977, the Center serves survivors of sexual violence and their loved ones in Middlesex County, New Jersey. The Center’s free services include counseling, support groups, 24-hour hotline, and 24-hour in-person legal support. It also provides free prevention education, sexual violence professional trainings, educational seminars, and community presentations. The Center facilitates the Sexual Violence Prevention Coalition of Middlesex County, in which ACI is an active member. As the lead agency of the Collaborative, the Center commits Jeanne Manchin, Program Coordinator and Office on Violence Against Women (OVW) Decision Maker, and Gabrielle Gault, Counselor Rape Victimization and Prevention Program.



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Founded in 1986, ACI is a Center for Independent Living serving Middlesex, Somerset, and Union counties of New Jersey. It is a 501(c)(3) community-based, grassroots organization that supports and promotes independent living for people with disabilities. Its services include information and referral as well as educational and recreational programs which promote activism, peer support, independent living, health and wellness, employment, housing, and emergency preparedness for people with disabilities and their allies. In addition, ACI provides Deaf/Hard of Hearing (HOH) services. ACI commits Carole Tonks, Executive Director and OVW Decision Maker; and Luke Koppisch, Deputy Director, to the Collaborative.

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The Center and ACI's history of collaborating dates back to 2010, when the partnership first applied for the OVW Disabilities Grant. Although they were not awarded at that time, they maintained a relationship, working together on projects and training one another's agencies. Today, the partnership is known as "Middlesex L.E.A.D.S." With the support of the OVW and the Vera Institute of Justice, the Collaborative seeks to Listen, Educate, Advocate, and Demand Safety for sexual violence survivors with disabilities and Deaf and HOH survivors. The Collaborative's Project Director is Monica Avisado.

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Vision

The vision of Middlesex L.E.A.D.S. (the Collaborative) is to ensure all sexual violence survivors in the community have access to equitable, competent, survivor-focused services regardless of ability.

Mission

Their mission is to identify and close gaps in service by:

- Commitment to the strategic planning process to create powerful and sustainable change.
- Honoring and respecting each partner agency and individual participant and utilizing a strengths-based approach.
- Valuing the importance of this partnership which allows us to create a seamless experience for survivors with disabilities and Deaf/Hard of Hearing (HOH) survivors and properly address the needs of an underserved population.
- Spreading awareness about the intersection of sexual violence and disability and Deaf/HOH community and promoting a culture of inclusiveness.
- Creating a safe and comfortable space for survivors with disabilities and Deaf/HOH survivors so they may openly express their needs, knowing their voices are heard and they are supported.

The Collaborative's vision and mission were honored throughout the planning and implementation of the needs assessment. Collaboration members will continue to honor these as they move forward with strategic planning.

Needs Assessment Goals

Middlesex L.E.A.D.S. (the Collaborative) developed the following goals which were achieved during the needs assessment:

- To provide a platform for survivors, people with disabilities, and Deaf/Hard of Hearing (HOH) people to openly express their service needs regarding **safety, access, support, and comfort**.
- To identify and understand the gaps in service which exist for survivors with disabilities and Deaf/HOH survivors so collaboration members can work to properly close them.
- To use the data collected to identify the Collaborative's priorities and inform its strategic plan moving forward.

Throughout the needs assessment, the Collaborative focused on the needs and gaps in service related to safety, access, support, and comfort. This allowed collaboration members to maintain consistency with their goals.

Methodology

Performance Indicators

The Middlesex L.E.A.D.S. (the Collaborative) needs assessment consisted of the collection and analysis of both qualitative and quantitative data. The Collaborative's quantitative data was collected from the "Rape Crisis Center Performance Indicators" and "Disability Organization Performance Indicators," which were developed by the Vera Institute of Justice (VERA) to measure the commitment and capacity of sexual violence service providers and disability and Deaf/Hard of Hearing (HOH) organizations to serve survivors with disabilities and Deaf/HOH survivors. The assessment was first conducted by the Collaborative in April 2015. The same assessment is conducted every six months and allows collaboration members to track their progress toward greater commitment and capacity. The assessment allows collaboration members to point out achieved competencies as well as gaps in service. Identified gaps were divided into four categories: "Safety," "Access," "Support," and "Comfort."

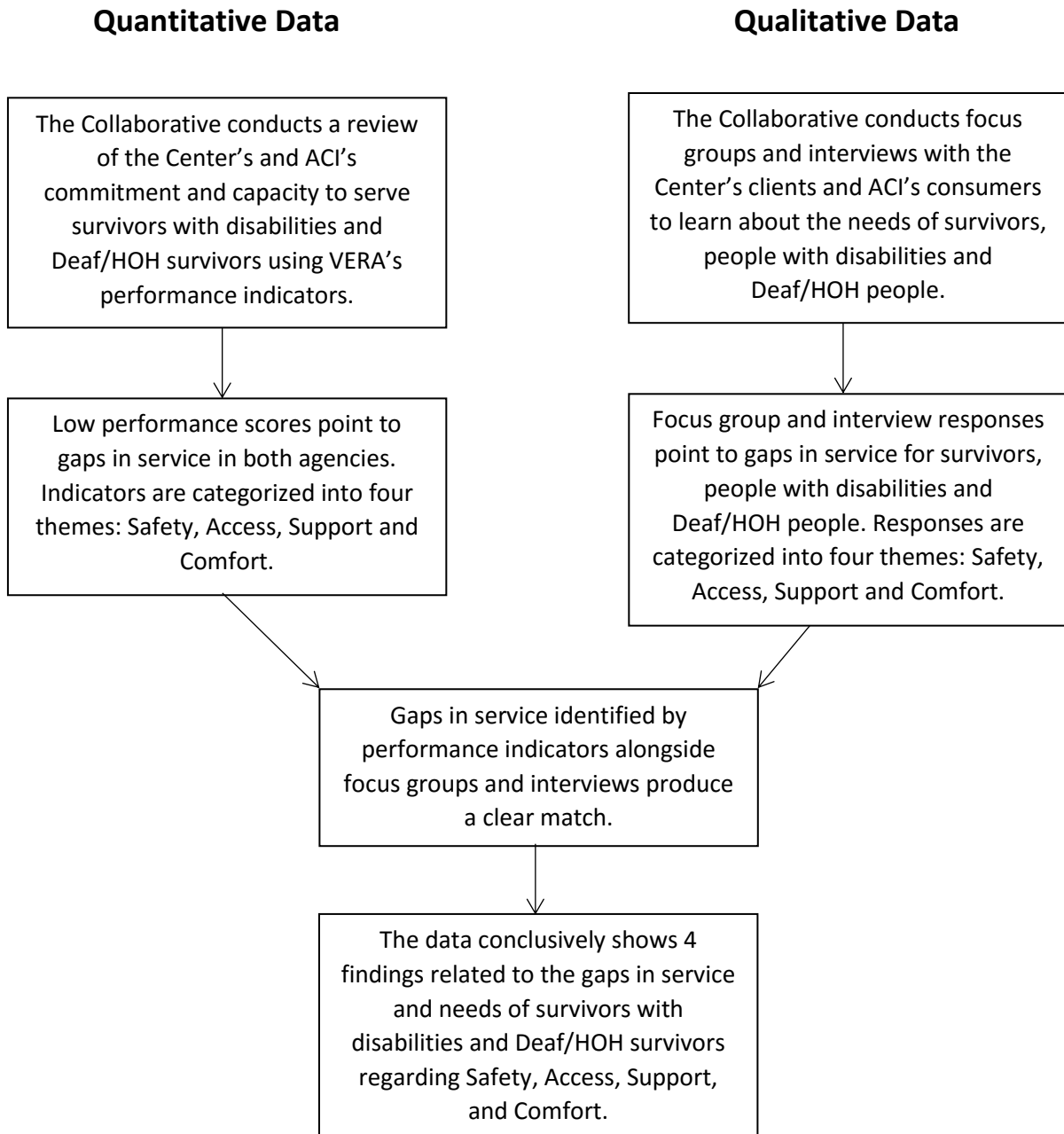
Listening Sessions

The Collaborative's qualitative data was collected from "listening sessions." These are focus groups or individual interviews conducted by the Collaborative, during which participants were asked a series of questions and their responses were recorded. During needs assessment planning, collaboration members developed two sets of questions to be answered by the Middlesex County Center for Empowerment's (the Center's) clients and the Alliance Center for Independence's (ACI's) consumers. Participant responses were compiled and reviewed by the collaboration members. In this process, important quotes were highlighted and categorized into four themes: "Safety," "Access," "Support," and "Comfort." Our listening session findings were condensed into two charts, one highlighting the safety, access, support, and comfort needs of the Center's clients and one highlighting the same needs of ACI's consumers. In the following report, you will find the Collaborative's key needs assessment findings were produced by combining the qualitative data of the listening sessions and quantitative data of

the performance indicators to uncover gaps experienced by clients and consumers.

The following flow chart summarizes the Collaborative's needs assessment process:

Needs Assessment Process



Performance Indicators

Information Sources

The “Rape Crisis Center Performance Indicators” and the “Disability Organization Performance Indicators” were developed by the Vera Institute of Justice (VERA) to help collaborating survivor service providers and disability and Deaf/Hard of Hearing (HOH) organizations measure their commitment and capacity to serve survivors with disabilities and Deaf/HOH survivors.

The “Rape Crisis Center Performance Indicators” measure a sexual violence program’s “Commitment” and “Capacity” to serve people with disabilities. Within “Commitment” are three areas or “Baskets,” which are individually measured. These are “Responsibility,” “Partnerships,” and “Policies” and each of these baskets holds performance indicators, which are also individually measured. Within “Capacity” are the three “Baskets:” “Material Resources,” “Human Resources,” “Programmatic Resources and Activities,” and their performance indicators. The “Disability Organization Performance Indicators” measure a disability organization’s “Commitment” and “Capacity” to serve sexual violence survivors. Within “Commitment” are the “Baskets:” “Responsibility,” “Partnerships,” “Policies,” and their performance indicators. Within “Capacity” are the “Baskets:” “Material Resources,” “Human Resources,” “Procedures,” and their performance indicators.

Middlesex L.E.A.D.S. (The Collaborative) first conducted the performance indicators assessments in April of 2015 (*Appendix A*). The scores of the assessments are the baseline for their progress during the three-year grant period. The Collaborative is to conduct the assessments of both agencies every six months. The results of the October 2015 assessments (*Page 11*) showed that some scores increased while others decreased from the assessments conducted six months earlier, but following assessments should show greater improvements as the Collaborative moves from the planning and development phase to the implementation phase of the grant period.

As collaboration members concluded their review of the listening sessions, they began to reexamine the October 2015 performance indicator scores, this time focusing their attention to indicators where they had not achieved

competency, each of which represents a gap in service. As gaps were identified they were divided into the four categories: “Safety,” “Access,” “Support,” and “Comfort.”

Information Review

Middlesex County Center for Empowerment (the Center) – Rape Crisis Center Performance Indicators

In October 2015, the Center underwent the “Rape Crisis Center Performance Indicators” assessment, which measures the commitment and capacity of sexual violence programs to serve people with disabilities. The assessment included document and policy review, observation segment, and staff interviews. The results of the assessment are as follows:

RAPE CRISIS CENTER INFORMATION COLLECTION GUIDE-Scores at a Glance	
COMPONENT A: COMMITMENT: Agency demonstrates willingness and determination to address sexual violence of people with disabilities and Deaf people.	
BASKET 1: Responsibility—Agency recognizes duty to serve survivors of sexual violence with disabilities and Deaf survivors.	
Indicator Name	Percent Achieved
1.1 Recognizes Violence Against People with Disabilities as a Priority	25%
1.2 Promotes Accessibility	25%
1.3 Raises Funds	0%
1.4 Includes in Budget	0%
1.5 Collects Data	75%
1.6 Uses Data	75%
Total Percent Achieved	33.333%
BASKET 2: Partnerships— Agency works closely with relevant organizations to enhance its ability to meet the needs of survivors of sexual violence who have disabilities and Deaf survivors.	
Indicator Name	Percent Achieved

2.1 Partners with Disability Organization	75%
2.2 Builds Relationships with Deaf Community	0%
2.3 Collaborates with Interpreter Agency	0%
2.4 Includes People with Disabilities	50%
2.5 Participates in Multi-Disciplinary Collaboration	100%
Total Percent Achieved	45.000%

BASKET 3: Policies— Agency’s written policies ensure accessible and inclusive services are provided to sexual violence survivors with disabilities and Deaf survivors.

Indicator Name	Percent Achieved
3.1 Eligibility	0%
3.2 Accommodations	50%
3.3 Full Participation	75%
3.4 Service Animals	50%
3.5 Guardianship	50%
Total Percent Achieved	45.000%

COMPONENT B: CAPACITY: Agency has knowledge, skills, resources, and programmatic ability necessary to provide rape crisis services to survivors who have disabilities or are Deaf.

BASKET 4: Material Resources— Agency’s physical infrastructure is accessible to survivors with disabilities and Deaf survivors.

Indicator Name	Percent Achieved
4.1 Accessible Modes of Communication	25%
4.2 Accessible Location	50%
4.3 Alternate Formats	25%
4.4 Inclusive Materials	0%
Total Percent Achieved	25.000%

BASKET 5: Human Resources— Agency’s employment and staff development practices build staff capacity to address sexual violence against people with disabilities and Deaf individuals.

Indicator Name	Percent Achieved
5.1 Inclusive Hiring Practices	25%

5.2 Direct Service Staff Training	100%
5.3 Practical Learning Opportunities	25%
5.4 Volunteer Training	25%
Total Percent Achieved	43.750%
BASKET 6: Programmatic Resources and Activities— Agency’s programmatic resources and activities account for the unique needs of people with disabilities and Deaf people.	
Indicator Name	Percent Achieved
6.1 Community Outreach & Education	50%
6.2 Consent for Services	0%
6.3 Counseling Services	25%
6.4 Medical Advocacy	0%
6.5 Legal Advocacy	0%
6.6 Crisis Intervention	0%
Total Percent Achieved	12.500%

The above scores show the Center’s current level of commitment and capacity to serve sexual violence survivors with disabilities and Deaf/HOH survivors. As part of the needs assessment, collaboration members focused their attention to the performance indicators holding the Center’s lowest scores. By looking at the Center’s lowest scores, they were able to identify gaps in service between the Center and survivors with disabilities and Deaf/HOH survivors.

Alliance Center for Independence (ACI) – Disability Organization Performance Indicators

The “Disability Organization Performance Indicators” assessment was conducted at ACI in October 2015. This assessment measures ACI’s commitment and capacity to serve sexual violence survivors. The assessment included a document and policy review, observation segment, and staff interviews. The agency’s scores of that assessment are as follows:

Disability Organization Information Collection Guide-Scores at a Glance	
COMPONENT A: COMMITMENT: Agency demonstrates willingness and determination to address domestic and sexual violence of people with disabilities and Deaf people.	
BASKET 1: Responsibility— Agency recognizes its duty to address domestic and sexual violence in the lives of people disabilities.	
Indicator Name	Percent Achieved
1.1 Recognizes Violence Against People with Disabilities as a Priority	75.00%
1.2 Assesses for Safety and Responsiveness	0.00%
1.3 Raises Funds	75.00%
1.4 Includes in Budget	0.00%
1.5 Collects Data	0.00%
1.6 Uses Data	0.00%
Total Percent Achieved	25.000%
BASKET 2: Partnerships— Agency works closely with relevant organizations to enhance its ability to address domestic and sexual violence in the lives of the people it serves.	
Indicator Name	Percent Achieved
2.1 Partners with Domestic Violence Agency	0.00%
2.2 Partners with Rape Crisis Center	75.00%
2.3 Partners with Law Enforcement	0.00%
2.4 Engages Enforcement Agencies	0.00%
2.5 Inclusion of Persons with Disabilities	75.00%
2.6 Participates in Multi-Disciplinary Collaboration	0.00%
	0.00%
	0.00%
Total Percent Achieved	25.000%
BASKET 3: Policies— Agency's written policies establish expectations for how the organization addresses domestic and sexual victimization among the people it serves	
Indicator Name	Percent Achieved

3.1 Mandatory Reporting	50.00%
3.2 Confidentiality	50.00%
3.3 Abuse by Employees and Volunteers	100.00%
3.4 Service to Victims and Perpetrators	25.00%
Total Percent Achieved	56.250%
COMPONENT B: CAPACITY: Agency has procedures, knowledge, skills, and resources to respond to domestic and sexual violence in the lives of the people it serves.	
BASKET 4: Material Resources— Agency’s physical infrastructure prioritizes safety and supports service users to disclose domestic and sexual violence.	
Indicator Name	Percent Achieved
4.1 Communicates Safe Space	50.00%
4.2 Appropriate Disclosure Space	75.00%
4.3 Victimization-Oriented Communication Boards	0.00%
4.4 Safe & Flexible Transportation	25.00%
Total Percent Achieved	37.500%
BASKET 5: Human Resources—Agency’s employment and staff development practices build capacity to address domestic and sexual victimization among the people it serves	
Indicator Name	Percent Achieved
5.1 Inclusive Hiring Practices	25.00%
5.2 Workplace Domestic Violence and Sexual Harassment Policies	25.00%
5.3 Direct Service Staff Training	0.00%
5.4 Practical Learning Opportunities	25.00%
Total Percent Achieved	18.750%
BASKET 6: Procedures— Agency has written protocols that guides how its staff members address domestic and sexual violence.	
Indicator Name	Percent Achieved
6.1 Mandatory Reporting Procedures	0.00%
6.2 Screening for Domestic and Sexual Violence	0.00%
6.3 Immediate Safety Planning	0.00%
6.4 Informed Referrals	0.00%
6.5 Addressing Abuse by Employees	50.00%

6.6 Serving Victims and Perpetrators	25.00%
Total Percent Achieved	12.500%

The above scores show ACI's current level of commitment and capacity to serve sexual violence survivors with disabilities and Deaf/HOH survivors. As part of the needs assessment, collaboration members focused their attention to the performance indicators holding the ACI's lowest scores. By looking at the ACI's lowest scores, they were able to identify gaps in service between ACI and sexual violence survivors with disabilities and Deaf/HOH survivors.

Listening Sessions

Information Sources

The Middlesex L.E.A.D.S. (the Collaborative) needs assessment had a local focus, narrowing in on needs of those residing in or receiving services in Middlesex County. This includes people served by the Middlesex County Center for Empowerment (the Center) and Alliance Center for Independence (ACI). The assessment examined needs of survivors of all types of sexual violence as well as persons with all types of disabilities, including but not limited to physical, developmental, intellectual, and sensory and Deaf/Hard of Hearing (HOH) individuals.

The Collaborative's information was collected through focus groups and individual interviews. The Collaborative conducted two focus groups at the Center and four focus groups at ACI. In addition, it conducted five individual interviews, reaching a total of **33** people. As compensation for time and travel, each listening session participant received a \$20.00 stipend in the form of a gift card. Participants were free to decline participation at any time before or during their listening session.

All listening sessions began with an introduction segment, explaining the ground rules, purpose of the needs assessment and what would be done with the information collected. It also included confidentiality and mandatory reporting disclosures as well as a consent for participation statement.

The Collaborative developed two sets of questions: one for the survivors served at the Middlesex County Center for Empowerment (the Center) (*Appendix B*) and one for the persons with disabilities and Deaf/HOH persons served at the Alliance Center for Independence (ACI) (*Appendix C*). Questions were geared towards the safety, access, support and comfort needs of the people served by both agencies. Gabrielle Gault, Counselor Rape Victimization and Prevention Program, facilitated the listening sessions with the Center's clients, and Luke Koppisch, Deputy Director of ACI, facilitated the listening sessions with ACI's consumers. The Collaborative's Project Director, Monica Avisado, recorded the responses.

Information Review

Listening session responses were reviewed by collaboration members during and in between weekly meetings. The Project Director (PD) developed a review tool (see example in *Appendix D*) to make the process as efficient and thorough as possible. The document was divided into three columns: “Questions,” “Responses,” and “Categories.” The “Questions” column presented the question asked by the facilitator and the “Responses” column presented the answer to the corresponding question. Collaboration members highlighted meaningful quotes in the “Responses” column and used the final column, “Categories,” to make note of important themes in the responses.

First, all collaboration members reviewed the listening sessions of the Alliance Center for Independence’s (ACI’s) consumers. The findings of the listening sessions were incorporated into a chart (see example in *Appendix E*), which was divided into four sections: “Safety,” “Access,” “Support,” and “Comfort.”

Next, the group reviewed listening sessions with the Middlesex County Center for Empowerment’s (the Center’s) clients. Once again, the review tool was utilized to highlight quotes and note themes. The findings were recorded onto the Center’s “Safety, Access, Support, and Comfort Chart” (*Appendix F*).

This process took four meetings and a total of 8 hours. When all listening sessions were reviewed and responses were categorized, collaboration members compared the listening session results to the gaps in service highlighted by the rape crisis center and disability organization performance indicator scores. Key findings were concluded.

Key Findings

The Middlesex L.E.A.D.S. (the Collaborative) Needs Assessment Plan was approved by Amy Loder of the Office on Violence Against Women in November 2015. The Collaborative used the “Rape Crisis Center Performance Indicators” and “Disability Organization Performance Indicators” developed by the Vera Institute of Justice to identify gaps in service for survivors with disabilities and Deaf/Hard of Hearing (HOH) survivors. In addition to these assessments, the Collaborative conducted listening sessions or interviews with a total of **33** people, including **10** survivors from the Middlesex County Center for Empowerment (the Center) and **23** individuals with disabilities and Deaf/HOH individuals from the Alliance Center for Independence (ACI).

ACI’s performance indicator scores were paired with the Center’s listening sessions to identify gaps in service for sexual violence survivors. Likewise, the Center’s performance indicator scores were paired with ACI’s listening sessions to identify gaps in service for persons with disabilities and Deaf/HOH persons. The Collaborative’s key findings are as follows:

1. **Safety** – Sexual violence survivors with disabilities and Deaf/HOH survivors cannot fully trust service providers if they do not feel physically and emotionally safe. Physical and emotional safety includes: location and environmental safety; confidentiality; choice; and respect.
2. **Access** – Sexual violence survivors with disabilities and Deaf/HOH survivors do not have easy access to services. One of the greatest barriers for sexual violence survivors is not knowing services specific to sexual violence exist. Further, sexual violence programs need to be physically and programmatically accessible to all sexual violence survivors so every survivor has an equal opportunity to utilize services.
3. **Support** – Options for support are limited for sexual violence survivors with disabilities and Deaf/HOH survivors, who require support from programs with sexual violence and disability expertise. They require support that encourages choice, equality, and empowerment as well as flexible and

individualized services. Further, sexual violence survivors require support that is trauma-informed and survivor-driven.

4. **Comfort** – Sexual violence survivors with disabilities and Deaf/HOH survivors need to experience comfort as survivors of trauma and as people with disabilities or Deaf/HOH persons. Comfort depends upon a welcoming and calming environment and staff. The environment should be inclusive to survivors with disabilities and Deaf/HOH survivors, and all should be treated with equality and respect.

The following section summarizes the findings of both the listening sessions and performance indicators assessments. Each section includes the “Performance Indicators,” “Listening Sessions,” “Implications for Sexual Violence Programs and Disability and Deaf/HOH Organizations,” and proposed “Solutions for the Collaborative.”

*Key Finding 1: **Safety** – Sexual violence survivors with disabilities and Deaf/HOH survivors cannot fully trust service providers if they do not feel physically and emotionally safe. Physical and emotional safety includes: location and environmental safety; confidentiality; choice; and respect.*

Safety – Rape Crisis Center Performance Indicators

The following performance indicators identified gaps in service for survivors with disabilities and Deaf/HOH survivors:

- Does your agency staff protocol on securing consent for services require the staff member to explain to the survivor her/his ability to choose and/or terminate services without penalty? (6.2C)
- Does your agency’s staff protocol on securing consent for services require the staff member to ask for understanding and clarify concepts after every paragraph? (6.2D)

Indicator Name	Percent Achieved
6.2 Consent for Services	0%

Safety – Disability Organization Performance Indicators

The following performance indicators identified gaps in service for survivors with disabilities and Deaf/HOH survivors:

- Does your agency have a standardized review tool? (1.2B)
- Does your agency have a separate line item in the overall agency budget that provides for safety enhancements to the agency’s core environments, such as a physical, information/communication, policy, and social? (1.4C)
- Does your confidentiality policy emphasize survivor autonomy in deciding who to tell? (3.2B)
- Does your confidentiality policy emphasize that a limited number of people should be told about the incident, unless the survivor desires otherwise? (3.2C)

Indicator Name	Percent Achieved
1.2 Assesses for Safety and Responsiveness	0.00%
1.4 Includes in Budget	0.00%
3.2 Confidentiality	50.00%

The next section details the listening session responses which supported the performance indicator scores regarding safety needs and gaps in service for survivors with disabilities and Deaf/HOH survivors.

Safety – Disability and Deaf/HOH Listening Sessions

ACI’s consumers emphasized the importance of physical and emotional safety. In terms of physical safety, consumers were concerned about the location of service providers and expressed feeling safer knowing the provider offers security. Further, many

“...When I come here, I feel welcomed. I feel safe. I can trust everyone... I feel that I can be myself. I don’t have to change who I am so they can accept me or like me...”

“Sometimes it’s nice to have family members or friends who go with you the first time to a place just to show you around... for a person with a disability it’s extra scary. It’s not easy being alone and to navigate on your own.”

consumers indicated feeling unsafe and overwhelmed when around many people, especially if grouped together. Consumers with visual impairments indicated feeling safer in areas with audio traffic lights and some expressed feeling safer when they have someone accompany them to a new place. Consumers discussed the tendency to trust service providers if they can prove themselves to be trustworthy. They expressed feeling safety when their choices are respected and confidentiality is protected. Consumers indicated feeling

safe when service providers take “time to understand (their) history” and disability. On the other hand, they feel unsafe by “judging” and “negativity.”

Safety – Survivor Listening Sessions

The Center’s clients also expressed needing to feel physical and emotional safety to fully trust a service provider. In terms of physical safety, the Center’s clients expressed appreciation for the office door bell and secure entrance, where visitors must be let in by staff. In the evenings, they appreciate seeing security waiting in the parking lot and walking through the parking lot together after support groups. Clients in support groups experienced safety “in numbers” and by having group ground rules established.

“...Having endured the abuse we did, control was taken from us and it’s important for us to be able to know we can say, ‘no, I don’t want to do this. I change my mind.’”

“...Anytime you go to somebody for help... you run the risk of being vulnerable and being vulnerable for a person who’s a survivor of sexual trauma, I think is just a different experience... I think any psychological or health care provider needs to be mindful of that vulnerability– that that vulnerability is heightened.”

The Center’s clients feel safe in inclusive environments where they are not judged. Experiencing safety in inclusivity is especially true of the male survivors who felt that sexual violence is often “assumed to be a woman’s issue.” From these responses the group also gathered that service providers should know disclosing sexual violence is a frightening experience for all survivors and there is always the risk of re-victimization. For this reason, service providers should also be mindful not to blindside survivors and to keep them updated on next steps.

Further, clients indicated feeling safety when they have consent to say “no” and when their rights are respected.

They shared that survivors should have choices about the room, the space, and the people who are around when they talk about their experiences. For example, one survivor shared a preference to not be alone with a man when receiving services. Survivors need to feel that their personal space is protected and when they are triggered, require grounding techniques and choices regarding what to do in that moment.

Confidentiality and anonymity were crucial in establishing safety. Clients expressed appreciating small gestures of confidentiality, including receiving reminder calls from a blocked number and seeing that staff is mindful of closing the door when they are with a client. In terms of anonymity, clients expressed a preference to keep their involvement with the Center private.

“...This is your story and it needs to be treated with respect, and confidentiality is a part of that respect, and I should be able to determine who I share my story with...”

Safety – Implications for Sexual Violence Programs and Disability and Deaf/HOH Organizations

Sexual violence programs must be physically and emotionally safe for survivors with disabilities and Deaf/HOH survivors. Sexual violence program staff can provide immediate safety for survivors with disabilities and Deaf/HOH survivors by showing positivity and non-judgment. They can show they are trustworthy by protecting the confidentiality of their clients and by emphasizing choice. Survivors with disabilities and Deaf/HOH clients may have guardians, loved ones or care takers who they depend on in their daily lives. Sexual violence program staff should be mindful of this relationship and careful to enforce client confidentiality and autonomy as they would with any client. Sexual violence program staff should receive training on working with survivors with disabilities and Deaf/HOH survivors and their safety needs. It is a good practice for program staff to check-in with all survivors to ensure their safety needs are met prior and during a visit to a sexual violence program.

Disability and Deaf/HOH organizations must also be physically and emotionally safe for survivors with disabilities and Deaf/HOH survivors. Survivors with disabilities and Deaf/HOH survivors need to be able to decide who they tell about their experiences and their decisions need to be supported by providers. This practice promotes confidentiality and choice, which is particularly more important for survivors with disabilities and Deaf/HOH survivors than it is for those who are not survivors. Further, survivors with disabilities and Deaf/HOH survivors may need to feel safety and security more than other people. They may have significant trauma related to their status as a survivor and person with a disability or Deaf/HOH person. The steps providers take to give their clients a feeling of safety and security do not go unnoticed by them.

Safety – Solutions for the Collaborative

The Center can maximize safety for their clients by strengthening their policies to ensure that all survivors, especially survivors with disabilities and Deaf/HOH survivors are aware of their right to consent to services. They should also be explicitly informed of their right to decline services at any time. Some people are not aware or may be less inclined to exercise these rights. If the Center does not make their policies clear, they can put survivors with disabilities and Deaf/HOH survivors in a dangerous position.

ACI can provide more safety to survivors with disabilities and Deaf/HOH survivors by strengthening their confidentiality policies to clearly state that their consumers have choices regarding who knows and does not know about their situation. In addition, policies can be strengthened by ensuring that a survivor's information and experiences are not shared with staff or outside persons without the survivor's consent. In order to improve physical safety, collaboration members can conduct a safety and responsiveness review within ACI. Results of such review can help the Collaborative establish changes that need to be made, which can eventually be included in the agency's budget.

*Key Finding 2: **Access** – Sexual violence survivors with disabilities and Deaf/HOH survivors do not have easy access to services. One of the greatest barriers for sexual violence survivors is not knowing services specific to sexual violence exist. Further, sexual violence programs need to be physically and programmatically accessible to all sexual violence survivors so every survivor has an equal opportunity to utilize services.*

Access – Rape Crisis Center Performance Indicators

The following performance indicators identified gaps in service for survivors with disabilities and Deaf/HOH survivors:

- Does at least one of your programming services budgets include a line item to provide auxiliary aids and accommodations to people with disabilities when requested? (1.4A)
- Does at least one of your programming services budgets include a line item to hire interpreters for people who are Deaf? (1.4D)
- Does your agency’s accommodations policy outline the organization’s obligation to ask all individuals at intake whether any accommodations are needed to ensure full participation in services? (3.2A)
- Does your agency’s policy allow staff to tailor the length of sessions with individual survivors based on that survivor’s needs? (3.3D)
- Is your agency’s client intake packet available in Braille upon request? (4.3B)

Indicator Name	Percent Achieved
1.4 Includes in Budget	0%
3.2 Accommodations	50%
3.3 Full Participation	75%
4.3 Alternate Formats	25%

Access – Disability Organization Performance Indicators

The following performance indicators identified gaps in service for survivors with disabilities and Deaf/HOH survivors:

- Does your direct services staff training curriculum address how to identify sexual violence and information on the criterion for consensual sexual activity and is it offered at least once per year? (5.3B)
- Does your direct services staff training curriculum address how to assist survivors with disabilities who want to make a report to law enforcement and is it offered at least once per year? (5.3D)
- Does our agency provide staff and volunteers the opportunity to tour a rape crisis center on an annual basis? (5.4B)

Indicator Name	Percent Achieved
5.3 Direct Service Staff Training	0.00%
5.4 Practical Learning Opportunities	25.00%

The next section details the listening session responses which supported the performance indicator scores regarding access needs and gaps in service for survivors with disabilities and Deaf/HOH survivors.

“We need accommodations to get work done. For example, extra time and be treated like any normal person.”

Access – Disability and Deaf/HOH Listening Sessions

The ACI listening sessions revealed a great deal about the access needs of their consumers. Consumers tend to find out about services through emailing, phone, or searching online, which helped

collaboration members see the ways in which their agencies have to be accessible to others. Some clients shared that searching online can be a barrier for people with disabilities and one person with a visual impairment explained that a disorganized website is “not helpful.” Other barriers include money, transportation, and not

“More braille or voice activated things, things of that nature.”

“...People try to give him directions but they say it so fast that it’s hard for him to understand or read lips so he says, ‘just show me. Come show me.’”

knowing about the services. Some expressed having guardians as a barrier and others felt guardians help them obtain the services they need. Clients who are blind or visually impaired suggested providers give “strong verbal responses” because “visual cues do not suffice” and that materials be offered in braille or large print with at least size 16 fonts. Some suggested voice activated technology, magnifiers, and the use of cellular phone and tablet applications. In addition to these, consumers suggested providers speak slowly and clearly, “take time to listen and understand” their clients, and be aware their

clients may need extra time. One consumer said, if he cannot figure it out, “come show me.”

Consumers explained that sometimes too many people can be a barrier as it can be overwhelming and distracting. They explained that people communicate differently and some may require speaking boards or exhibit behaviors service providers need to understand. If someone is exhibiting behaviors that seem challenging or

“You have to speak slowly to them and also, you have to show pictures or something like that to know what you’re trying to say to them.”

aggressive, service providers should be trained on how to de-escalate the situation and communicate with the person. In addition to this, service providers need basic training on disability etiquette, to know the different types of disabilities and learn to be more inclusive in their work. Collaboration members concluded from the needs assessment that consumers with certain

“...I think my biggest issue is getting where I have to go... It’s just that I don’t drive so my biggest issue is transportation.”

disabilities may need larger spaces to write in, especially on forms that require them to answer questions. Deaf/HOH consumers suggested accommodations such as utilizing American Sign Language (ASL) interpreter, video phone, texting, faxing, and relay services.

Access – Survivor Listening Sessions

Most of the access concerns addressed by the Center’s clients were geared towards people and service providers not knowing about the Center’s services. Survivors shared “not knowing the services existed” and “not knowing they were free.” Some clients were not sure what sexual violence was and if their experience was “dramatic” or “serious enough” to obtain services and male survivors explained that “exclusionary language” is a common barrier for them. Some clients found out about the Center from other service providers, but most found out by searching online. In some cases, survivors seeking to join the support groups were put on waiting lists which they considered a barrier as well.

“First and foremost, they need to be educated that sexual abuse occurs and people aren’t only experiencing sexual abuse as children but also as adults.”

“For the longest time I didn’t even think it was an option... It was not knowing there were services and thinking I didn’t deserve services.”

Clients expressed appreciation for flexible appointment times and the available and accommodating staff. They appreciate the physical location of the Center but suggest clearer signage and clearer contact information. Clients who were referred to the Center appreciated their service providers admitting they were not sexual violence experts and connecting them to experts. Some clients shared wanting to be offered help with the referral process. Finally, many clients shared stories of re-victimizing experiences with service providers and collaboration

members concluded that re-victimizing experiences create barriers for survivors who are seeking help and support.

Access – Implications for Sexual Violence Programs and Disability and Deaf/HOH organizations

People with disabilities and Deaf/HOH persons have higher sexual violence victimization rates than those without disabilities and yet they are less likely to receive survivor services. One reason is because there are many ways in which sexual violence programs are inaccessible to survivors with disabilities and Deaf/HOH survivors, both physically and programmatically. When sexual violence programs are inaccessible, sexual violence survivors with disabilities and Deaf/HOH survivors lose the option to receive services. If sexual violence programs could increase accessibility of their services, they would serve more survivors with disabilities and Deaf and HOH survivors.

The greatest barrier for sexual violence survivors is not having information about sexual violence and not having information on survivor services. Stigma is another barrier. Most survivors do not seek services and/or help from law enforcement because it puts their reputation, emotions, and beliefs at risk of judgment or disbelief. If the survivor knows their perpetrator, it is even more difficult for them to seek help. Further, survivors may not understand how the reporting process and law enforcement involvement work. All of these barriers are magnified for a survivor with a disability or Deaf/HOH survivor. If a survivor with a disability is more likely to receive services from a disability organization than a sexual violence program, then disability and Deaf/HOH organizations should be equipped with the basic information necessary to educate, advocate, and direct the survivor to services that can help.

Access – Solutions for the Collaborative

Based on the needs assessment, the Center can increase accessibility of its services by strengthening its policies to ensure survivors know accommodations are available and services are flexible. The Center can ensure auxiliary aids and accommodations by including these in its programming services budgets. The Center can increase accessibility to survivors who are blind and/or visually

impaired by offering their intake packet and other materials in braille. Additionally, it can increase access for survivors who are Deaf/HOH by hiring ASL interpreters whenever necessary and including interpreters in its programming services budgets.

ACI can increase access to its services by ensuring their staff are educated on sexual violence and the basics of supporting survivors with disabilities and Deaf/HOH survivors. Center staff can provide regular sexual violence training for ACI's staff and volunteers in which they can discuss their services and advocacy during the legal process. In turn, ACI staff will be able to use this knowledge to inform the survivors with disabilities and Deaf and HOH survivors they serve. In addition, the Collaborative can arrange a tour of the Center for ACI's consumers. This way, people with disabilities and Deaf and HOH persons will know about the Center's services, accessibility and accommodations, and what to expect if they choose to receive services there.

*Key Finding 3: **Support** – Options for support are limited for sexual violence survivors with disabilities and Deaf/HOH survivors, who require support from programs with sexual violence and disability expertise.*

They require support that encourages choice, equality, and empowerment as well as flexible and individualized services. Further, sexual violence survivors require support that is trauma-informed and survivor-driven.

Support – Rape Crisis Center Performance Indicators

The following performance indicators were identified as gaps in service for sexual violence survivors with disabilities and Deaf/HOH survivors:

- Does the MOU commit the agencies represented to provide training at one another’s new employee/volunteer orientations? (2.1D)
- Do counseling staff have strategies to modify counseling sessions to support individuals with limited vocabulary or those whose disability affects cognitive processing when describing their experiences? (6.3D)
- Does your agency provide advocates who are providing hospital accompaniment with a pictorial guide to explain the exam in simple language? (6.4C)
- Do your agency’s legal advocacy resources include a pictorial guide to use when working with a survivor with an intellectual disability to familiarize her/him with the courtroom and courtroom proceedings? (6.5B)
- Does your agency provide hotline advocates with a resource sheet to help them identify and mitigate access concerns survivors with disabilities may face during the medical exam? (6.6B)
- Does your agency have a protocol for when a third party (parent, personal care attendant, service provider, etc.) calls the hotline on behalf of a person with a disability who has experienced sexual violence? (6.6C)

Indicator Name	Percent Achieved
2.1 Partners with Disability Organization	75%
6.3 Counseling Services	25%
6.4 Medical Advocacy	0%

6.5 Legal Advocacy	0%
6.6 Crisis Intervention	0%

Support – Disability Organization Performance Indicators

The following performance indicators were identified as gaps in service for sexual violence survivors with disabilities and Deaf/HOH survivors:

- Does your agency have a separate line item in the overall agency budget that provides for staff training on issues related to domestic and sexual violence against people with disabilities? (1.4B)
- Does the MOU commit your agency to provide staff training at one another’s new employee/volunteer orientations? (2.2D)
- Does your agency have at least one public brochure that states that people can reach out to agency staff for help related to domestic and/or sexual violence? (4.1D)
- Does your agency’s written protocol on making informed referrals to victim services agencies include identifying the best, most appropriate agency(s) for referral? (6.4A)
- Does your agency’s written protocol on making informed referrals to victim services agencies include offering options for contacting the agency (together or alone in a private area)? (6.4B)
- Does your agency’s written protocol on making informed referrals to victim service agencies include strategizing with the person to ensure the consumer’s access needs are met by the referral agency? (6.4C)
- Does your agency’s written protocol on making informed referrals to victim service agencies include honoring the person’s choice on whether or not to make contact? (6.4D)

Indicator Name	Percent Achieved
1.4 Includes in Budget	0.00%
2.2 Partners with Rape Crisis Center	75.00%
4.1 Communicates Safe Space	50.00%
6.4 Informed Referrals	0.00%

The next section details the listening session responses which supported the performance indicator scores regarding support needs and gaps in service for survivors with disabilities and Deaf/HOH survivors.

Support – Disability and Deaf/HOH Listening Sessions

ACI's consumers want support that encourages "choice," "equality," and "empowerment." They want support that encourages "flexibility" and "individualized" care. Service providers should not assume the ability of their clients. Instead, they should focus on their needs. Consumers want support that eliminates communication barriers by using pictures, writing notes, repeating, using simple language, an accessible pace, and having interpreters available.

"... Equal treatment of every person and etiquette is number one, but people need to know etiquette of people with disabilities. They should know how to best manage and educate people with disabilities..."

ACI's consumers shared a need to self-define their own support systems, whether it includes guardians, family members, friends, or care takers.

"I would say, basically, a time to come to their level so that they understand you and you understand them and what they're trying to say. Come down to their level to understand exactly what they're saying and that's not easy."

Clients with disabilities and Deaf/HOH clients should work with competent or expert staff who understand and can mitigate the access concerns of people with disabilities and Deaf/HOH persons. If a service provider does not feel they have the capacity to serve a person, they should provide a proper referral. Clients with disabilities and Deaf/HOH clients may want the new service provider to know about their disability/Deafness before turning over services, they may want to be accompanied to the new agency, or

want their current provider to make sure the new agency is accessible. Some clients expressed not feeling comfortable around hospitals or law enforcement. From their responses, collaboration members gathered that service providers should be mindful of prior trauma and emphasize inclusion in decision making, enforcing the belief: “Nothing about us without us!”

“Not to treat us like we don’t know, like we’re not intellectual enough to know... That’s the kind of experience I always go through. ‘Will you be able to do this? ‘Do you think you can do it?’ ‘Yeah, I’ll be able to do it if I have training, if you teach me how to do it.’ They need to know that even though we are people with disabilities, we are still human and we’re still learning just like other people need to learn.”

Support – Survivor Listening Sessions

The Center’s clients indicated feeling support when they are provided immediate, concrete, and consistent help especially in crisis. Several clients talked about negative experiences with service providers and recommended that service providers attend regular trainings on sexual violence, working with, and speaking to survivors. They indicated wanting service providers to be “educated around the myths” related to sexual violence and believe that service should be “trauma-informed” and “survivor-driven.”

“It gets really important that the provider show sympathy or empathy... that they stop, put down their pen, and look at the person and say, ‘I’m so sorry that this happened to you.’ If there’s a way that they could be trained to talk to survivors... Those kinds of statements are important initially.”

“... Survivors need to be treated by the professionals that understand the impact and hopefully that will help them. It impacts the survivor’s whole lifestyle. If they have that understanding, then maybe they can just point them in the right direction.”

The Center’s clients expressed that providers who work with survivors should check their own agenda at the door and be aware that the person is in vulnerable position. For this reason, they want to avoid settling themselves in a power-position and can do this by sitting at eye-level with the survivor. Clients indicated that from the start of service, they should never make the survivor share or repeat their story and know they do not need to talk about sexual violence to relate. They should listen to, respect, believe, and validate the survivor’s story. They can show support by accepting, understanding, and avoiding judgment. Providers can do this by sticking with statements that minimize shame such as, “this is not your fault,” and avoiding

statements like, “just get over it.” As another rule, providers should take care in self-disclosing their own experience with sexual violence as it may invalidate the survivor’s experience. Providers should be trained on all of the above and more.

The Center’s clients shared a need to be able to choose their own support people. For example, they may want to disclose to their family or have the support of other survivors, but they may not. It is important to keep in mind that loved ones can be secondary-survivors and may require support services as well.

Finally, providers should know their own capacity and be able to admit when they are not experts. If this is the case, they should be able to provide survivors appropriate materials or

“... You don’t necessarily need someone to come in with an agenda and have the person say ‘I have time for this and not this.’ A lot of relating doesn’t have to do with relating specifically about the abuse but the affects it has on our lives.”

resources and referral. If the survivor requests guidance on next steps, offer options and honor the survivor's choices.

“Small rooms can be an issue... If someone needs to position themselves to be closer to the door, allow them... If a different place is available, ask the person if they feel comfortable being in a different room. It comes down to education and being sensitive to the needs people may have regarding what you do every day without giving it another thought.”

Support – Implications for Sexual Violence Programs and Disability and Deaf/HOH organizations

Sexual violence programs require training on supporting survivors with disabilities and Deaf/HOH survivors so they can provide competent individualized service. Program staff should be cognizant to emphasize options, accommodations, and flexibility in service for survivors with disabilities and Deaf/HOH survivors. Clinicians, support staff, and advocates should meet clients where they are and make sure they understand the terms and benefits of service. They should also ensure that all survivors are informed on next steps regarding all areas of service including crisis intervention, counseling, and legal advocacy. This may include writing notes or using pictures, repeating or rephrasing, using simple language and an accessible pace, or utilizing interpreters. If sexual violence programs do not have the capacity to serve a survivor who has a disability or is Deaf/HOH, they should make a proper referral and if the survivor wishes, offer help connecting them with the new service.

Survivors require unique support which sexual violence programs provide. Other agencies where people receive services should be trained on the basics of supporting survivors to minimize stigma and re-victimization. A training such as this can help disability organization staff better support and advocate for consumers who disclose sexual assault/abuse at their facilities. If disability and Deaf/HOH organization staff are prepared with the right skills, they can provide

immediate support by understanding, believing, and validating. They can learn what the survivor wants, whether it is materials, resources, or a referral and offer the survivor choices. They can direct the survivor to the local sexual violence program, where they can get in-depth support. By taking these steps, disability and Deaf/HOH organizations can ensure a safe and supportive referral experience for survivors with disabilities and Deaf/HOH survivors.

Support – Solutions for the Collaborative

In order to better support survivors with disabilities and Deaf/HOH survivors at the Center, current and future staff and volunteer advocates should receive mandatory and reoccurring training from ACI staff on working with people with disabilities and Deaf/HOH people. The Collaborative can develop materials to ensure the Center's clients are fully informed on the process of counseling, forensic exams, or legal accompaniments. They can develop and utilize a guide with simple language and pictures to help survivors with disabilities or Deaf/HOH survivors understand and visualize possible next steps. Clinicians can receive training to provide effective counseling for survivors with disabilities and Deaf/HOH survivors. Also, the Center can strengthen its procedures for providing or receiving referrals so as to maximize options, emphasize choice, and ensure accessibility needs are met for every survivor.

In order to increase support for survivors with disabilities and Deaf/HOH survivors, ACI staff can be trained by Center staff on sexual violence and the basics of working with survivors. Training can be sustained by adjusting the Collaborative's MOU to include in-service trainings and by incorporating sexual violence trainings into ACI's budget. Through training, ACI staff will be prepared to offer immediate support to survivors with disabilities and Deaf/HOH survivors before and after disclosure occurs. If the survivor wishes, staff can connect the survivor to the Center's services. ACI's referral procedure should be strengthened to be survivor-driven and trauma-informed, options should be maximized and choice should be emphasized. Lastly, ACI can show support for survivors with disabilities and Deaf/HOH survivors by mentioning in their brochure that the agency can link survivors with disabilities and Deaf/HOH survivors to services. This will tell survivors that ACI is a safe place for disclosure and they do not have to reach out to services on their own.

*Key Finding 4: **Comfort** – Sexual violence survivors with disabilities and Deaf/HOH survivors need to experience comfort as survivors of trauma and as people with disabilities or Deaf/HOH persons. Comfort depends upon a welcoming and calming environment and staff. The environment should be inclusive to survivors with disabilities and Deaf/HOH survivors and all should be treated with equality and respect.*

Comfort – Rape Crisis Center Performance Indicators

The following performance indicator was identified as a gap in service for survivors with disabilities and Deaf/HOH survivors:

- Does our agency offer at least one presentation from a survivor with a disability on an annual basis? (5.3C)

Indicator Name	Percent Achieved
5.3 Practical Learning Opportunities	25%

Comfort – Disability Organization Performance Indicators

The following performance indicators were identified as gaps in service for survivors with disabilities and Deaf/HOH survivors:

- Does your agency have at least one dedicated space for disclosures/discussions of violence that includes measures of comfort such as tissues, blankets, pillows, soft lighting? (4.2D)
- Does our agency organize a presentation from a sexual violence survivor with a disability at least once a year? (5.4D)

Indicator Name	Percent Achieved
4.2 Appropriate Disclosure Space	75.00%
5.4 Practical Learning Opportunities	25.00%

The next section details the listening session responses which supported the performance indicator scores regarding comfort needs and gaps in service for survivors with disabilities and Deaf/HOH survivors.

Comfort – Disability and Deaf/HOH Listening Sessions

“It’s a home away from home. I know a lot of people who came there, who have disabilities like me and the staff there is really nice... And they don’t discriminate us.”

ACI’s consumers expressed feeling comfortable in a “positive,” “friendly,” and “welcoming” environment, where staff is “pleasant” and glad to see you. They expressed feeling comfortable in a place where they can see “people like me,” a place that does not discriminate, where all people are treated with “equality” and “respect.” They feel comfortable in a place and with people who encourage self-determination, where staff can be trusted, and clients can be themselves. In a comfortable

environment, they do not feel judgment or experience “negative attitudes” from staff or other clients. ACI’s consumers expressed not wanting to feel like people are comparing disabilities, not wanting to experience labeling, or have staff assume their clients’ ability. Instead, providers should meet the client where they are and “not focus on the disability.”

In addition to these, consumers indicated feeling comfortable where they are not “treated like a burden” and feel “listened to and heard.” Consumers who received services from the New Jersey Division of the Deaf and HOH and Commission for the Blind and Visually Impaired expressed feeling less comfortable receiving services in agencies that are bureaucratic.

“They shouldn’t call anybody anything... Even if she heard that, she shouldn’t be putting signs on people. Everyone can be nervous. You can NOT call a person ‘mentally ill’ even if they are ‘mentally ill.’ It’s just not called for.”

“I feel comfortable in seeing someone else’s disability, because I do not have disabilities that people can see.”

They felt that people with these types of disabilities are often referred to these agencies by default, but they would much rather receive services from experts who are attuned to their individual needs and are prepared with the skillset to help them. ACI’s consumers discussed feeling comfortable with service providers who trust them and their abilities. They are comfortable receiving services from agencies who “teach others” about and “spread awareness” on disability.

Comfort – Survivor Listening Sessions

The Center’s clients expressed the importance of feeling comfortable with a place and with the people there. They indicated feeling comfortable with the Center’s staff because they are “welcoming,” “kind,” and “warm.” They are “professional,” “ethical,” “cooperative,” and “not condescending.”

Those in support groups felt comforted relating to and seeing the diversity of other survivors. They get the feeling that “everyone is accepted” at the Center. One client noted that the materials in the waiting room reflect different experiences and show inclusivity.

“I really like seeing the teal denim wreath on the door... It reminds me that I’m part of a group of people who had this experience and that there are others who are trying to make it better for us... That wreath is a symbol to me that I’m not alone.”

“The fact that I feel comfortable here and open to share the thing that I shared goes to the décor, the interaction with staff, and everything about how this place is set up...”

In terms of the space, clients appreciated the Center’s denim and teal décor, stuffed animals, supportive posters, and scented lotions and soaps. Overall, survivors feel “relaxed” and “peaceful” at the Center.

Comfort – Implications for Sexual Violence Programs and Disability and Deaf/HOH organizations

“I love seeing the signs or flyers that are inclusive... It makes me feel like this is a place where people want to help others.”

Comfort can be felt immediately upon entering an agency. Survivors with disabilities and Deaf/HOH survivors are more inclined to receive services by sexual violence programs where they are welcomed and treated with equality and respect. There should be representation of disability and Deaf culture in materials and images throughout the agency to reinforce inclusion. Services should be individualized to ensure the survivor’s needs are met whatever they may be and the focus should be on the survivor rather than their disability. Sexual violence program staff can learn how to make their programs more comfortable for survivors with disabilities and Deaf/HOH survivors by receiving reoccurring training from a survivor with a disability and/or Deaf/HOH survivor.

Disability and Deaf/HOH organizations can improve accessibility for survivors with disabilities and Deaf/HOH survivors by ensuring their organization is comfortable for survivors. They can increase comfort by displaying supportive posters and inclusive materials as well as denim and teal décor. These can be displayed in a designated area or throughout the office. Survivors with disabilities and Deaf/HOH survivors may be more inclined to disclose their survivor status if they feel comfortable, but may want to do so in a private and confidential space. Comfort can be maximized if the private space includes comforting items such as tissues, stuffed animals, and soft lighting. Additionally, disability or Deaf/HOH organization staff should be warm and welcoming to all who walk through the door. Lastly, disability and Deaf/HOH program staff can learn how to make their programs more comfortable for survivors with disabilities and Deaf/HOH survivors by receiving reoccurring training from a survivor with a disability and/or Deaf/HOH survivor.

Comfort – Solutions for the Collaborative

Middlesex L.E.A.D.S.

LISTEN, EDUCATE, ADVOCATE, & DEMAND SAFETY

The Center can increase comfort for survivors with disabilities and Deaf/HOH survivors by displaying inclusive materials and supportive posters throughout the agency which represent disability and Deaf culture. Comfort can be increased by ensuring their staff and volunteer advocates are comfortable working with survivors with disabilities and Deaf/HOH survivors. They can do this by arranging an annual presentation by a survivor with a disability and/or a survivor who is Deaf/HOH. This would allow current and future staff members and volunteers to learn about disabilities and Deaf culture as well as accommodations, ask questions, and feel confident in their work as sexual violence advocates.

ACI can increase comfort for survivors with disabilities and Deaf/HOH survivors by displaying inclusive materials and supportive posters throughout the agency which represent support for sexual violence survivors. Additionally, ACI should designate a private and confidential space for disclosures. This space can include tissues, blankets, pillows, and soft lighting. The staff does not have experience with sexual violence survivors and may feel more comfortable working with survivors if provided a presentation from a survivor with a disability and/or Deaf/HOH survivor on a reoccurring basis. A presentation such as this could educate their staff on the unique perspectives of survivors and help them feel prepared to work with a survivor with a disability or Deaf/HOH survivor.

Conclusion and Next Steps

Middlesex L.E.A.D.S. (the Collaborative) conducted the needs assessment outlined in this report to learn more about needs and gaps in service for sexual violence survivors with disabilities and Deaf/HOH survivors. Over the course of several months, collaboration members collected qualitative and quantitative data on the Middlesex County Center for Empowerment (the Center) and the Alliance Center for Independence (ACI). Quantitative data was collected from the Rape Crisis Center Performance Indicator and Disability Organization Performance Indicator assessment scores, which were developed by the Vera Institute of Justice (VERA) to allow collaborating disability and survivor programs to review their commitment and capacity to serve survivors with disabilities. Qualitative data was collected from “listening sessions,” which are focus groups and interviews with the survivors served at the Center and persons with disabilities and Deaf/HOH persons served at ACI.

The quantitative and qualitative data combined allowed collaboration members to see the safety, access, support, and comfort needs of the individuals they serve and gaps in service for survivors with disabilities and Deaf/HOH survivors. The Collaborative compiled a list of key findings which are as follows:

1. **Safety** – Sexual violence survivors with disabilities and Deaf/HOH survivors cannot fully trust service providers if they do not feel physically and emotionally safe. Physical and emotional safety includes: location and environmental safety; confidentiality; choice; and respect.
2. **Access** – Sexual violence survivors with disabilities and Deaf/HOH survivors do not have easy access to services. One of the greatest barriers for sexual violence survivors is not knowing services specific to sexual violence exist. Further, sexual violence programs need to be physically and programmatically accessible to all sexual violence survivors so every survivor has an equal opportunity to utilize services.
3. **Support** – Options for support are limited for sexual violence survivors with disabilities and Deaf/HOH survivors, who require support from programs with sexual violence and disability expertise. They require support that

encourages choice, equality, and empowerment as well as flexible and individualized services. Further, sexual violence survivors require support that is trauma-informed and survivor-driven.

4. **Comfort** – Sexual violence survivors with disabilities and Deaf/HOH survivors need to experience comfort as survivors of trauma and as people with disabilities or Deaf/HOH persons. Comfort depends upon a welcoming and calming environment and staff. The environment should be inclusive to survivors with disabilities and Deaf/HOH survivors and all should be treated with equality and respect.

The information contained in this report conclusively shows there are gaps in service between the Collaborative, including the Center and ACI as individual agencies, and survivors with disabilities and Deaf/HOH survivors. The proposed solutions outlined in the report require more strategic planning from collaboration members, who would like to involve other staff from both organizations to share their thoughts and help prioritize solutions.

The Collaborative will include the Center's staff members and volunteer advocates as well as ACI's staff members and Board of Directors to participate in the planning of what will take place in the final phase of the grant, the goal of which will be to close the gaps in service identified by the needs assessment and to provide safer and more accessible services to survivors with disabilities and Deaf/HOH survivors.

Appendices

Appendix A

Performance Indicator Scores (April 2015)

RAPE CRISIS CENTER INFORMATION COLLECTION GUIDE-Scores at a Glance	
COMPONENT A: COMMITMENT: Agency demonstrates willingness and determination to address sexual violence of people with disabilities and Deaf people.	
BASKET 1: Responsibility—Agency recognizes duty to serve survivors of sexual violence with disabilities and Deaf survivors.	
Indicator Name	Percent Achieved
1.1 Recognizes Violence Against People with Disabilities as a Priority	25%
1.2 Promotes Accessibility	25%
1.3 Raises Funds	25%
1.4 Includes in Budget	75%
1.5 Collects Data	75%
1.6 Uses Data	100%
Total Percent Achieved	54.167%
BASKET 2: Partnerships— Agency works closely with relevant organizations to enhance its ability to meet the needs of survivors of sexual violence who have disabilities and Deaf survivors.	
Indicator Name	Percent Achieved
2.1 Partners with Disability Organization	75%
2.2 Builds Relationships with Deaf Community	0%
2.3 Collaborates with Interpreter Agency	0%
2.4 Includes People with Disabilities	50%

2.5 Participates in Multi-Disciplinary Collaboration	0%
Total Percent Achieved	25.000%
BASKET 3: Policies— Agency’s written policies ensure accessible and inclusive services are provided to sexual violence survivors with disabilities and Deaf survivors.	
Indicator Name	Percent Achieved
3.1 Eligibility	0%
3.2 Accommodations	50%
3.3 Full Participation	75%
3.4 Service Animals	50%
3.5 Guardianship	50%
Total Percent Achieved	45.000%
COMPONENT B: CAPACITY: Agency has knowledge, skills, resources, and programmatic ability necessary to provide rape crisis services to survivors who have disabilities or are Deaf.	
BASKET 4: Material Resources— Agency's physical infrastructure is accessible to survivors with disabilities and Deaf survivors.	
Indicator Name	Percent Achieved
4.1 Accessible Modes of Communication	25%
4.2 Accessible Location	25%
4.3 Alternate Formats	25%
4.4 Inclusive Materials	0%
Total Percent Achieved	18.750%
BASKET 5: Human Resources— Agency’s employment and staff development practices build staff capacity to address sexual violence against people with disabilities and Deaf individuals.	
Indicator Name	Percent Achieved
5.1 Inclusive Hiring Practices	25%
5.2 Direct Service Staff Training	100%

5.3 Practical Learning Opportunities	0%
5.4 Volunteer Training	25%
Total Percent Achieved	37.500%
BASKET 6: Programmatic Resources and Activities— Agency’s programmatic resources and activities account for the unique needs of people with disabilities and Deaf people.	
Indicator Name	Percent Achieved
6.1 Community Outreach & Education	75%
6.2 Consent for Services	0%
6.3 Counseling Services	75%
6.4 Medical Advocacy	0%
6.5 Legal Advocacy	0%
6.6 Crisis Intervention	0%
Total Percent Achieved	25.000%

Disability Organization Information Collection Guide-Scores at a Glance	
COMPONENT A: COMMITMENT: Agency demonstrates willingness and determination to address domestic and sexual violence of people with disabilities and Deaf people.	
BASKET 1: Responsibility— Agency recognizes its duty to address domestic and sexual violence in the lives of people disabilities.	
Indicator Name	Percent Achieved
1.1 Recognizes Violence Against People with Disabilities as a Priority	50.00%
1.2 Assesses for Safety and Responsiveness	0.00%
1.3 Raises Funds	50.00%
1.4 Includes in Budget	0.00%
1.5 Collects Data	0.00%
1.6 Uses Data	0.00%

Total Percent Achieved	16.667%
BASKET 2: Partnerships— Agency works closely with relevant organizations to enhance its ability to address domestic and sexual violence in the lives of the people it serves.	
Indicator Name	Percent Achieved
2.1 Partners with Domestic Violence Agency	0.00%
2.2 Partners with Rape Crisis Center	75.00%
2.3 Partners with Law Enforcement	0.00%
2.4 Engages Enforcement Agencies	0.00%
2.5 Inclusion of Persons with Disabilities	75.00%
2.6 Participates in Multi-Disciplinary Collaboration	0.00%
	0.00%
	100.00%
Total Percent Achieved	41.667%
BASKET 3: Policies— Agency's written policies establish expectations for how the organization addresses domestic and sexual victimization among the people it serves	
Indicator Name	Percent Achieved
3.1 Mandatory Reporting	50.00%
3.2 Confidentiality	50.00%
3.3 Abuse by Employees and Volunteers	100.00%
3.4 Service to Victims and Perpetrators	25.00%
Total Percent Achieved	56.250%
COMPONENT B: CAPACITY: Agency has procedures, knowledge, skills, and resources to respond to domestic and sexual violence in the lives of the people it serves.	
BASKET 4: Material Resources— Agency's physical infrastructure prioritizes safety and supports service users to disclose domestic and sexual violence.	
Indicator Name	Percent Achieved
4.1 Communicates Safe Space	50.00%

4.2 Appropriate Disclosure Space	100.00%
4.3 Victimization-Oriented Communication Boards	0.00%
4.4 Safe & Flexible Transportation	25.00%
Total Percent Achieved	43.750%
BASKET 5: Human Resources—Agency’s employment and staff development practices build capacity to address domestic and sexual victimization among the people it serves	
Indicator Name	Percent Achieved
5.1 Inclusive Hiring Practices	25.00%
5.2 Workplace Domestic Violence and Sexual Harassment Policies	25.00%
5.3 Direct Service Staff Training	0.00%
5.4 Practical Learning Opportunities	0.00%
Total Percent Achieved	12.500%
BASKET 6: Procedures— Agency has written protocols that guides how its staff members address domestic and sexual violence.	
Indicator Name	Percent Achieved
6.1 Mandatory Reporting Procedures	0.00%
6.2 Screening for Domestic and Sexual Violence	0.00%
6.3 Immediate Safety Planning	0.00%
6.4 Informed Referrals	0.00%
6.5 Addressing Abuse by Employees	50.00%
6.6 Serving Victims and Perpetrators	25.00%
Total Percent Achieved	12.500%

Appendix B

Survivor Questions

Today, we are going to be asking questions to help us gain your insights as a survivor of sexual violence. We ask that when answering these questions you think about them through the lens of a survivor of sexual violence.

1. I'd like to begin by asking you about how you learn about services available to survivors.
 - a. Where do you think it would be good to share information about services?
 - b. Does/Did anybody help you find out about services?
 - c. What may keep you from getting the services you need?

Now, I'm going to ask you to think about a place in your community where you use services, where you feel comfortable and trust the staff. For example, a place where the staff makes it easy for you to talk about what you need and the problems you have. (*Pause*) Does everyone have a place they are thinking of? Good. Think about this place for the next few questions.

2. What does this place do to help make your experience with them a positive one?
 - a. What about the physical space or location?
 - b. What about the staff behavior, competency, and knowledge?
 - c. What about confidentiality and privacy?
 - d. What about the overall atmosphere, comfort level, and approachability?
 - e. What about materials and resources?
3. What kinds of things help you feel safe when you're in that place?
4. What kinds of things help you feel you can trust the people there?

Now, think about a place in your community where you use services, where you feel uncomfortable and do NOT trust the staff. For example, a place where it is hard for you to talk about what you need and what problems you have. *(Pause)* Does everyone have place they are thinking of? Good. Think about this place for the next few questions.

5. What does this place do that contributed to making any part of your experience with them a negative one?
 - a. What about the physical space or location?
 - b. What about the staff behavior, competency, and knowledge?
 - c. What about confidentiality and privacy?
 - d. What about the overall atmosphere, comfort level, and approachability?
 - e. What about materials and resources?
6. What about the place makes you feel uncomfortable?
7. What kinds of things help you know you cannot trust the people there?

The next group of questions will help us gain your insights on the concept of confidentiality.

8. First we want to know, what does confidentiality mean to you?
 - a. How important is confidentiality when you're seeking or receiving services?
 - b. In what instances would it be okay to share identifying information and the details of your experience with other organizations?
 - i. After signing a one-time release of information as part of the intake process?
 - ii. Or do you prefer to be asked each time prior to your information being released?

- iii. Or are you comfortable with an agency sharing your information anytime?

The next question is about how you want places where you use services to work with your loved ones. Think about how much involvement they should or shouldn't have in matters involving you and your services.

- 9. Sometimes, people have parents, family members, or guardians who help care for and/or support them. Is there anything, good or bad, you would like us to know about working with your parents, family members, or guardians?
 - a. How about with decision making?
 - b. How about with confidentiality and sharing information with them?
 - c. How about with their involvement in your services?

Now, that we have learned about what safety, comfort, and confidentiality mean to you, we would like to gather your insights on what agencies and the community can do to make you feel safer and more comfortable when accessing services.

- 10. What would you like places where you get services, such as doctor offices, therapists, or social services agencies, to know about how to best support survivors of sexual violence?
 - a. What types of accommodations may survivors need?
 - b. What do they need to know about how to treat survivors?
 - c. What might they need to know about meeting areas?
 - d. What do they need to know to refer survivors to other service providers?
 - e. What else may they need to know about confidentiality?
 - f. Of those, which is the most important?

We are almost done. Next, think about the last time you received a referral from one service to another.

11. What was helpful about that experience?

- a. What was unhelpful?
- b. Did you follow up with those referrals?
- c. Did you know what would happen when you got there?
- d. Did they set it up or did you have to call?
- e. How did you feel about the level of confidentiality? Was it enough or did you need more? What did you need?

This is the last question.

12. Is there anything you would like the Center for Empowerment to offer that is not currently available?

- a. Regarding services?
- b. Regarding the environment?
- c. Regarding staff?

Appendix C

Disability and Deaf/HOH Questions

Today, we are going to be asking questions to help us see from your perspective.

The first group of questions is about finding out about services. For example, medical services, counseling services, education services, employment services, or other community services.

1. I'd like to begin by asking, how do you learn about services available to you?
 - a. Who helps you find services?
 - b. What may keep you from getting the services you need?
 - c. What can agencies and the people who work there do to help you get the services you need?

Now, I am going to ask questions about accessibility to services, or being able to easily receive a service you want or need.

2. Sometimes, agencies make it difficult to receive services you want or need... what are some problems you experience?
 - a. What are the building and office barriers you face? For example, having to use stairs when you use a wheelchair.
 - i. What would make it easier for you? For example, having a ramp available so you do not have to use the stairs if you're in a wheelchair.
 - b. What are the communication problems you experience? For example, when you have difficulty understanding someone or they have difficulty understanding you.

- i. What would make it easier for you? For example, using pictures, using an interpreter, simple language, or being provided more examples.
- c. What are the other problems you experience?
 - i. What would make it easier for you?

For the next group of questions, we will focus on what you want or need when it comes to safety and comfort. Let's begin.

3. Think of a place where you get services, like a doctor's office or social service office, where you feel safe and trust the people. Do you have a place in mind? (*Pause*) Good.
 - a. What about the place and environment makes you feel safe?
 - b. What about the people makes you feel safe and that you can trust them?
4. Now, think of a place where you get services, like a doctor's office or social service office, where you feel comfortable, can relax, and be yourself. Do you have a place in mind? (*Pause*) Good.
 - a. What about the place and environment makes you feel comfortable, like you can be yourself?
 - b. What about the people help you feel comfortable, like you can be yourself?
5. Now, that we know what makes you feel safe and comfortable when you're at a place receiving services, we want to know more about what places where you get services need to avoid or stop doing so you can feel more safe and comfortable.
 - a. What do places need to stop doing so you can feel safer?
 - b. What do places need to stop doing so you can feel comfortable?

We are more than halfway through the questions. For the next group of questions, we are going to ask you to share your opinions on confidentiality and support. Let's begin.

6. Sometimes, we want personal things to be kept confidential. For example, you might go to a counselor or case manager for help on a personal problem and ask them not to tell anyone.
 - a. What about confidentiality is important to you?
 - b. What can agencies and the people who work there do to give you more confidentiality?
7. Sometimes, people have parents, family members, or guardians who help care for and support them. Is there anything (good or bad) you would like us to know about working with your parents, family members, or guardians?
 - a. How about with decision making?
 - b. How about with confidentiality and sharing information with them?
 - c. How about with their involvement in your services?
8. How do you know when you are supported by an agency and the people who work there?
 - a. What can agencies and the people who work there do to make you feel supported?
 - b. As a follow-up, what should they absolutely avoid doing?

We are almost done. The next group of questions is about the referral process or when one agency connects you with services at another agency.

9. What helpful things can agencies and the people who work there do to help you get connected with services you want or need?
 - a. What unhelpful things should they absolutely avoid doing?
10. What do agencies and the people who work there need to know about working with people with disabilities or are Deaf/HOH?
11. This is the final question. Is there a service or program ACI should offer that it is not already offering? What would you suggest?

Appendix D

Listening Session Review Tool Example

viewed by group 2/26/16
CFE 1/27/16

Gabrielle Monca
Loanne
Lise

Question/Topic	Responses	Categories
<p>1. I'd like to begin by asking you about how you learn about services available to survivors.</p>	<p>...Male Survivor. I attended a conference and it was in Newark last... in 2014... so by looking on the <u>internet</u>, I found that organization. Through that organization, I found local. Since I'm only 20 minutes from here, from Union County.</p> <p>I found out about Male Survivor through a <u>therapist</u>. I was seeing a number of years ago and I used to attend Richard Hall, where they had a group for male survivors. Then that group dissolved and I think it was through my therapist that I found out about the services here.</p> <p>Well, I found out about Male Survivor through my therapist. As a matter of fact, it was when it was changing from NOSV to Male Survivor. The site was shut down and it took me a while to find it so when I would search "NOSV," "Male Survivor" would come up. I also attended the conference in 2014. I forget how long I've been coming here but my therapist told me about this group.</p>	<p>Access</p>
<p>a. Where do you think it would be good to share information about services?</p>	<p>I'm a big proponent of <u>male survivor</u> as anyone in group can attest. I have the habit of researching various resources to people I try to make it available whether I post it online or bring it to group or both. When I went to the conference, I brought back some information for the guys who didn't have the opportunity to attend, but I'm always looking for resources and looking to share resources.</p> <p>I think, since I'm a <u>12-stepper</u>, that they would be open. Many <u>12-step groups</u>, although they have a technical role, you know, not something outside, there's a way to <u>advertise</u>, if you will, to recovery groups where people have this issue and need further support and help so that kind of links the two together in some way.</p>	<p>Access</p>
<p>b. Does/Did anybody help you find out about services?</p>	<p>No. No.</p>	
<p>c. What may keep you from getting the services you need?</p>	<p>I can say one thing in my experience with <u>therapists</u>. I <u>don't think a lot of them know that there are male survivor support groups</u>. There may be some, but I not many, but I think in general, there's probably a lot that just don't know you're here and maybe it would be a benefit for them to know in case they</p>	<p>Access - know of services</p>

Appendix E

ACI Listening Sessions

Middlesex L.E.A.D.S.

LISTEN, EDUCATE, ADVOCATE, & DEMAND SAFETY

Safety	Access
<p>Audio traffic lights Confidentiality Understand history of person first Trust – we have to prove ourselves Judging/negativity Security Have family available as support or to accompany them Safe location “seeing people like me” Understanding the disability Too many people – overwhelming Stuffed animals Choice on who is/isn’t there Caution w/ cops/hospitals Do NOT group everyone together What do we need to know about violent behaviors?</p>	<p>Emailing Phone Entrance Way Internet search (may also be a barrier) Disability agencies that need to know about the Center ASL interpreters Don’t rely on visual cues & give a strong verbal response (blind or VI) Transportation (& timing) Money Speaking clearly and slowly Take time to listen and understand Disability etiquette May need extra time Guardianship Braille/voice activated Space to write Speaking boards, apps, magnifiers Large print (16+) Video phone, texting, faxing (Deaf) “Come show me” “Behaviors” we need to understand Relay services Organized website (Blind or VI) Too many people Do not take things away from them</p>
Support	Comfort
<p>Communication (Writing notes, repeating, language, place, interpreters) Focus on their needs Don’t assume ability Self-define support system Access to competent staff or point person Referrals – Let them know about my disability (if the client allows), accompany me, emails, make sure it’s accessible Follow up Equality Choice Flexibility in service Individualized care Prior trauma Empowerment Privacy when I ask for it Always ask “Nothing about us without us!”</p>	<p>Equality Pleasant staff, glad to see you Positive, friendly, welcoming environment Trust, be myself Nonjudgmental Not rude/attitude Not comparing disabilities Not labeling Not assuming ability Meeting where they are Not focusing on the disability Self-determination “Seeing people like me” Not discriminating Respect/Confidentiality Not treating like a burden No bureaucracy Feeling listened to and heard Strong verbal cues/directions for visuals Trust me Expert staff – we CAN help Teach others about my disability</p>

Appendix F

CFE Listening Sessions

Middlesex L.E.A.D.S.

LISTEN, EDUCATE, ADVOCATE, & DEMAND SAFETY

<p>Safety</p> <p>Nonjudgmental, trust Couch, plants, private, quiet Security Positive messages Ground rules Safety in numbers Confidentiality Alone with a man Knowing it is scary for the survivor Anonymity Personal space Knowing what will happen when you get there Inclusive materials Rights respected Consent, option to say “No” Risk of re-victimizing Grounding & choices if triggered Exclusionary language (male survivors) Choice on space/room/support people Well lit, walked to car Be wary of other offices/people around Mindful of vulnerabilities Provide immediate help</p>	<p>Access</p> <p>Exclusionary language (male survivors) Appointment times (traffic/flexibility) Awareness of our services People (schools, therapists, community) don’t know about us (where/how do we share our info?) We are FREEE – no health insurance Language/interpreters Nearness/location Agencies/people NOT knowing what SV is – make the referral no matter the situation and always validate Clear signage We got this – putting it out there that this is our specialty (disability+SV) More time Full contact info on business cards/materials Waiting list Being able to refer appropriately and knowing your own capacity to support someone Available and accommodating Online searches Referral – helping w/ and offering help Knowing the people we are referring to</p>
<p>Support</p> <p>Provide immediate help Mindful of vulnerabilities Expertise/competence acceptance, understanding, nonjudgmental, concreteness, listening, consistent No “just get over it” Not having to repeat story Education around myths SV not always reported & doesn’t have to be Trauma informed/Survivor driven Honesty – “I’m not an expert” Knowing other survivors Materials/resources Believing/Respect story No shame – “This is not your fault” Do not have to talk about the SV to relate Take care in self-disclosure Significant others/secondary survivors/support people Guidance/next steps Choose support people (not always family) Training on working w/ survivors Check your own agenda at the door Validating statements Sitting in a power position</p>	<p>Comfort</p> <p>Therapy dogs Denim and teal Stuffed animals Relating to person/people Positive messages/ supportive posters Welcoming, kindness, warmth Everyone accepted here Positive atmosphere Professional Cooperative and NOT condescending Relaxing, peaceful Ethical/no corruption Cleanliness of environment Accessible furniture Fragrances and sensitivity Materials reflect different experiences</p>