PARTNERS AGAINST VIOLENCE AND INJUSTICE IN MICHIGAN (PAVIM)

Needs Assessment Plan

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[This document was developed as a product of Michigan's Collaborative Team in their work under a Cooperative Agreement with the Office on Violence Against Women (OVW) Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Program.]

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Introduction

Project Background

Note: Use of the term PAVIM refers to both the name of the Michigan Project as well as the State Collaboration Team.

In 2010, Michigan Coalition Against Domestic & Sexual Violence (now known as the Michigan Coalition to End Domestic & Sexual Violence, or MCEDSV) received a three-year grant from the Office on Violence Against Women (OVW) Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Program.

The purpose of the national program is to create sustainable, systemic changes within and among funded organizations that will result in effective services for adults with disabilities or who are deaf and have experienced domestic and/or sexual violence (DV/SV).

The focus in Michigan is to increase physical, programmatic, and attitudinal accessibility and responsiveness for adults with developmental disabilities who have experienced DV/SV in Michigan. When talking about accessibility, the state team means much more than addressing physical barriers. PAVIM is striving for “attitudinal, environmental, and emotional safety,” a welcoming setting that is accessible for all.

Vision Statement

All adults with disabilities in Michigan who experience domestic and/or sexual violence will have access to a comprehensive and collaborative system of supports and services that ensures healing, safety, justice and self-empowerment. Individuals will receive accessible, welcoming and responsive services, and they will be met by skilled and competent service providers.

Mission Statement

PAVIM will create a model for working together across disciplines so that agencies and systems strive to work collaboratively to ensure safe and effective service delivery for individuals with disabilities who have experienced domestic or sexual violence in Michigan.

We will accomplish this by:

- Building state and local level collaborations to identify unmet needs and gaps in service delivery systems statewide and in local communities and creating solutions to meet these needs
- Developing collaborative processes between domestic and sexual assault and disability service providers to put into place policies and procedures that increase physical, programmatic and attitudinal accessibility

and responsiveness for adults with developmental disabilities who have experienced DV/SV

- Working to build and support local collaborations in developing practices that are person centered, self-determining and put the person with the disability who has experienced DV/SV in control of the process
- Supporting and nurturing all service providers (be they identified as DV/SV or disability) so they can provide appropriate support to persons with disabilities who have experienced DV/SV by enhancing and implementing policies and procedures
- Integrating the supports necessary for system and social change and to sustain person-centered advocacy in communities across Michigan beyond the project period

Statewide Collaboration Team Members

The Michigan project involves active engagement of the funder (Office on Violence Against Women, OVW), the national technical assistance provider (Vera Institute) and the PAVIM Statewide Collaboration Team: MCEDSV, The Developmental Disabilities Institute at Wayne State University (DDI), Michigan Disability Rights Coalition (MDRC), and The Arc Michigan. Individual PAVIM Collaboration Team members include the Agency Director and at least one additional staff member per agency.

MCEDSV, incorporated in 1978, is a statewide membership organization whose members represent a network of 79 DV/SV programs that provide comprehensive emergency and supportive services to victims of DV/SV, and more than 100 allied individuals and organizations. MCEDSV is dedicated to the empowerment of all the state's survivors of DV/SV. Its mission is to develop and promote efforts aimed at the elimination of all domestic and sexual violence in Michigan.

MCEDSV has an extensive history of advocacy and training and participates in collaborative efforts across a variety of constituencies to promote social change with local, state and national organizations. These trainings provide history, philosophy, and best practice information and resources. Partnerships and collaborations have occurred with numerous local, state and national organizations and governmental agencies.

DDI is Michigan's University Center for Excellence in Developmental Disabilities (UCEDD). As a UCEDD, DDI is funded by the Administration on Developmental Disabilities to address disabilities across the lifespan through education, community support and training, research, and information dissemination. DDI currently implements a large variety of statewide grants and local contracts through more than 100 community sites and in partnership with multiple statewide organizations. DDI's projects and activities are guided by a Consumer Advisory Council which includes individuals with disabilities, family members, and representatives from government, advocacy, and service organizations.

MDRC has supported the agenda of Michigan citizens with disabilities since 1982. MDRC has a long history of collaboration with different communities to achieve policy ends like personal independence, safety, the development of personal and groups skills, advocacy outcomes, and the general presence of people with disabilities throughout Michigan's local communities. Successful collaboration efforts have included communities of older adults, LGBT, persons with a history of mental health disabilities, persons with developmental disabilities, persons with traumatic brain injuries, diverse ethnic and cultural communities, and youth. MDRC's goals have been many, but they have always included working together for expansion of inclusion and self-determination. They will bring to the collaboration the very large network they have developed over the years, and a wealth of experience in working with the common hopes and dreams of all people who have been marginalized.

The Arc Michigan was established in 1951 and has 31 chapter organizations. It facilitates the statewide network of local chapters assisting persons with developmental disabilities and their families through education, training, technical assistance and advocacy. The Arc Michigan's vision is that all people realize and fulfill their dreams of having employment, education, meaningful relationships, and living independently in their community.

The Arc Michigan provides support and leadership to its local chapters, supports governmental advocacy at the local, state, and national level, and coordinates state advocacy efforts. It influences governmental agencies and policy makers by promoting autonomy and self-determination, the value and potential of all people, and advocating for the inclusion and full participation by individuals with developmental disabilities in their communities.

Local Partner Agencies

SafeHouse Center provides free and confidential support, advocacy and resources for survivors of sexual assault and domestic violence and their children who live and work in Washtenaw County. Their vision is “Building communities free of domestic violence and sexual assault” and they work relentlessly to change the systems and attitudes that allow this abuse to continue. Specific services include providing emergency shelter for those in danger of being hurt or killed, counseling, legal advocacy, support groups, and especially, hope.

The Washtenaw Association for Community Advocacy (ACA) is a local Arc Chapter serving Washtenaw County. ACA was one of the first grass-roots organizations in Michigan to advocate for persons with developmental disabilities and their families. It all began in 1949 when a group of parents organized what was then called the Washtenaw Association for Retarded Children (WARC). Their purpose was to seek educational opportunities for their children. But their fight for rights and opportunities for people with disabilities did not end there.

Today, ACA is a recognized leader in the field of disability rights and advocacy throughout the State of Michigan and the nation. ACA's efforts have resulted in groundbreaking innovations in education, community living, employment, consumer choice and person-centered planning. These developments have led to an awakening in many communities regarding the human, civil and constitutional rights of persons with disabilities, and a corresponding improvement to quality-of-life for many persons with disabilities and their families.

Needs Assessment Purpose and Goals

Purpose

State and local PAVIM partners individually and collectively bring a depth of experience in addressing the intersections of disability and violence. The purpose of this needs assessment is to explore how PAVIM agencies and our identified local partners are currently delivering and/or supporting services to adults with developmental disabilities who have experienced domestic and/or sexual violence and how this service delivery and overall accessibility within agencies and across systems can be improved. Information from the needs assessment will be compiled in a Needs Assessment Report and used to develop a Strategic Plan in support of PAVIM’s vision and mission.

For the statewide PAVIM partners, the information collected will help us to support local efforts and be better models for our members/constituents, while helping us strengthen and promote environments that are safe and welcoming by reviewing internal/organizational policies and procedures.

For the local partners, the information collected through this assessment will assist in establishing better programs and protocols within SafeHouse Center for making their services and overall agency more accessible to adults and staff with developmental disabilities, and will assist Washtenaw Association for Community Advocacy (WACA) in creating and establishing services more responsive to the needs of adults with developmental disabilities who have experienced DV/SV.

While the State Team was responsible for drafting the Assessment Plan and tools, the local partners have contributed to the development of all documents.

Goals

The goal of our needs assessment process is to gather the information necessary for making the internal systems changes that are vital for enhancing services and filling the existing gaps in service delivery at the local level, while improving the ability of state partners to support and assist the local service providers and other constituents as effectively as possible.

We will accomplish this for state partners by answering the following questions:

1. What are our current practices in providing training, technical assistance and/or other programs and supports to members or constituents serving adults with developmental disabilities who have experienced DV/SV? (What works? What doesn't work? How can they be improved?)
2. How are we addressing or even highlighting issues related to working with adults with developmental disabilities who have experienced DV/SV? What are the gaps in our programs and services and how can we address them?
3. What do our members and/or constituents want in terms of programming and assistance in general? What makes these services successful for those with or without developmental disabilities?
4. What are our organizational capacities for assisting our members and constituents in serving adults with developmental disabilities who have experienced DV/SV in a more inclusive, engaging and safe way?(including staff knowledge and comfort, formalized policies, practices and procedures, and budgets)

We will accomplish this for local partners by answering the following questions:

1. What are their current practices in serving adults with developmental disabilities who have experienced DV/SV? What works? What doesn't work? How can they be improved?
2. What are the gaps in programs and services and how can state partners and local staff work to address them?
3. What do adults who have experienced DV/SV want in terms of services in general? What makes this service delivery successful for those with or without developmental disabilities?
4. What are the local partners' organizational capacities to serve adults with developmental disabilities who have experienced DV/SV in a more inclusive, engaging and safe way?(including staff knowledge and comfort, formalized policies, practices and procedures, and budgets)

Information Sources

Existing sources

The PAVIM Team reviewed several potential data sources to help inform our Needs Assessment process. Unfortunately, the availability of accurate and current information on prevalence and services provided to victims of DV/SV, adults with disabilities, and adults with disabilities who have experienced DV/SV is limited. The most recent study on violence against women with disabilities in Michigan was published in 2003 by DDI. However, the focus of the study was physical disabilities, not developmental disabilities.

Even demographic data from the US Census on the number of people with disabilities living in Michigan is estimated. The limitations and contextual factors related to data from any other governmental or service sources (such as Department of Health, Adult Protective Services) include having varied definitions of disability, eligibility for services, etc. It is also unclear if or how people with developmental disabilities are adequately reflected or included in studies or reports.

The two primary sources of statewide information on DV/SV is the Uniform Crime Report, which reflects statewide crime statistics (from reporting agencies only) and the Annual Report of the Domestic and Sexual Violence Prevention and Treatment Board, which administers state and federal funding for domestic violence shelters and advocacy services, develops and recommends policy, and develops and provides technical assistance and training. Unfortunately, neither source of data provides information on any identified disabilities of the crime victims, nor does the local service delivery data from Safe House Center. Finally, ACA does not collect data on disclosures or services to individuals who have experienced DV/SV.

The fact that there appears to be no local or statewide entity tracking information on adults with disabilities who have experienced DV/SV illuminates the critical need for a customized assessment in Michigan. These adults are very likely going unserved.

New Sources of data

PAVIM will conduct this Needs Assessment in our two local Pilot Site agencies and within our Collaborative Partner agencies. Information specific to the state and local partner agencies will be gathered from various constituencies, including:

- Agency staff
- Board of Directors and/or other volunteers
- Clients/program participants

These audiences were chosen for the purpose of gathering in depth, detailed information about the state and local partners, the advocacy, services, training, etc. that we offer. The data will inform state and local efforts for improving service delivery systems and gaps that may currently exist.

The factors used to determine our methods and recruitment strategies are based on:

- Logistics
- Accessibility
- Safety
- Efficiency needs of the participants and the information gatherers

PAVIM will utilize the following data collection methods, determined as best for each audience as detailed under Methods/Tools below. All potential participants will be offered the opportunity to participate in an alternative format, such as a personal interview instead of a focus group, if they are more comfortable participating in that fashion.

Focus groups
We have chosen focus groups for the identified populations below in order to create an open dialogue and interaction between participants and the facilitator. There will be opportunities for our facilitator to help participants build on each other’s answers.

- SafeHouse Center (10 staff)
- ACA, (5 staff)
- MCEDSV (15 staff)
- DDI (4 staff)
- Arc MI (6-8 staff)
- Current and former program participants/clients from ACA (up to 50 participants)

Current and former SafeHouse Center program participants (survivors of DVSV) recently participated in a series of focus groups conducted under the guidance of Praxis International’s Advocacy Learning Center model. We will also be using the data collected from these focus groups in lieu of convening new groups.

Interview
Interviews will allow for an interactive one-on-one experience for the participants below. The interviews will allow us to gather individualized responses with particular attention to specific roles and responsibilities. Scheduling of interviews can also work around the availability of specific people.

- State and Local Partner Agency Directors (6 total)
- MDRC (10 staff)
- Any other program participant or staff not available or comfortable with focus groups

Survey
Surveys will allow us to reach the groups below despite geographic and availability issues. Participant responses to surveys are often more honest than more personal approaches, and are easier to summarize or analyze.

- Board members from MCEDSV and MDRC
- MCEDSV member agency directors
- MI Conference of Executives (Arc Michigan chapter directors)
- Current and former program participants/clients from & SafeHouse Center

Overview of Methods

Purpose
PAVIM has designed the following methods in order to gather data from various stakeholders in the most efficient way. The expectation is that all data gathered will help identify gaps in service provision and/or systems, as well as potential trends for supporting and creating change locally and statewide. The PAVIM statewide team will analyze the data. The compiled data and the input of pilot site partners are essential tools in the development of a Strategic Plan resulting in sustainable change.

Audiences
The description and rationale for why each identified audience is important for gathering the information we need is as follows:

<u>Board of Directors</u>
PAVIM feels strongly that if one is addressing systems change in an organization, all levels of the organization must be engaged. The boards of directors of the state partner agencies possess a wide range of experiences and skills and have a significant influence over the direction of their agency. Board members are critical in supporting infrastructure and ongoing organizational efforts in the future. However, for some partners, it was

determined that this audience does NOT actually hold a policy development function, nor are they well versed in the day to operations and procedures, so engaging them at this stage would not be productive.

State and Local Partner Directors

Each director has experience and commitment to system change, and we anticipate that they will provide special understanding of survivors' needs and those of adults with developmental disabilities. Several directors also have significant longevity and will provide an historical perspective that will add value to the data collected.

Staff of Pilot Site Agencies

Pilot Site staff are the most likely to work directly with adults with Developmental Disabilities and survivors of DV/SV. They play an important role in terms of service provision for people with disabilities who experience violence and can provide specific examples of successes and challenges with service delivery.

Staff of State Partner Agencies

Staff of state partner agencies typically do not provide direct services to adults with developmental disabilities who have experienced violence. However, they do interact with survivors and/or adults with disabilities, as well as other service delivery professionals in a variety of ways. We want to gauge the individual and organizational level of expertise in the two intersecting issues.

MCEDSV member agencies & Arc Chapters

Connecting with directors who are familiar with the work of MCEDSV and the Arc Michigan should yield information about gaps, strengths, and weaknesses specific to how we provide training, technical assistance, resources, and other forms of support to our external constituencies.

Adults with Developmental Disabilities

Adults with developmental disabilities can share their experiences in accessing various types of services, and will be able to shed light on strengths and weaknesses in service provision based on this experience. The focus is on what makes the individual feel welcome, and what makes an agency feel accessible and able to meet their needs.

Survivors of Domestic and/or Sexual Violence

PAVIM will gather data from DV/SV survivors about the issues that non-violence related service providers need to understand about people who have experienced domestic and/or sexual violence. Although survivors may or may not have a disability, they have utilized services and can identify possible overarching gaps, particularly in what makes them feel safe.

Numbers and Engagement Method

Focus Groups

Focus groups will be held at times designed to maximize convenience for potential participants. The focus groups are expected to last approximately 90 minutes, including introductions. The length of time will be modified as necessary to meet the needs of participants.

The groups will be co-facilitated by individuals recruited for their expertise and experience in establishing a collaborative relationship with participants and creating an environment of trust and freedom, where everyone feels safe to speak honestly and openly. Such facilitators also ensure that everyone feels included and has an opportunity to participate. Facilitators of groups for adults with disabilities will have particular expertise and understanding of possible communication barriers and other unique facilitation needs.

Staffing for the focus groups will include:

- One facilitator will pose questions & manage dialogue following the script and instructions as laid out by the PAVIM team.
- An assistant facilitator will use flip charts to record major ideas/concepts
- One note taker to take more detailed notes.

In addition, for focus groups with survivors of domestic and sexual violence and adults with disabilities, a staff member or volunteer from the host agency will assist with registration, refreshments, room preparation, accommodations, etc.

Onsite support will be available for anyone needing it during or just following the focus group.

The primary facilitator will be Tammy Finn of the Arc Kent County, who was identified by the PAVIM team with input from the local directors as meeting the recommended criteria. The Project Director will participate as an assistant facilitator in all focus groups except with MCEDSV staff.

The PAVIM team discussed methods by which notes might be taken, including handwriting, typing, and electronic recording. From this discussion, PAVIM has chosen to have notes taken by hand or with a lap top computer. There will be no electronic recordings. Our collaborative feels that the presence of an electronic recording device may inhibit the responses that we receive not only from survivors and adults with disabilities, but also from staff members from our agencies.

The note taker (provided by MCEDSV) will be specifically instructed to omit personal identifying information. Direct quotes will be taken; however, there will be no names attributed to those quotes. If handwritten, the notes will be transcribed and forwarded to the Project Director in a confidential manner within 24 hours of the Focus Group. (See confidentiality below)

The ideal size of each focus group will be 4-12 people. Focus group questions (see attached in **Appendix A**) will be tailored to each specific audience. We expect to conduct approximately eight focus groups for a total of 100 participants across the different audiences.

Interviews
One of the identified focus group facilitators will conduct interviews for the identified audiences. Interviews will last approximately one hour and will be conducted in person or over the telephone. The Project Director will help coordinate the scheduling. The interviews for local DV/SV directors will occur after the electronic survey is conducted (see below.) Interview questions (**Appendix A**) will be tailored to each specific audience.
We expect to conduct approximately 20 interviews.

Surveys
Online surveys will be conducted via Survey Monkey for Agency Board of Directors, MCEDSV and Arc Michigan organizational members/Chapters, and as an alternative to staff who are unable to join focus groups or interviews due to personal or business commitments, including overnight staff from SafeHouse Center. Overnight staffers have vital and unique information to share that will be useful to the overall needs assessment. However, most of this staff would be unable to join focus groups or interviews that are scheduled for the daytime or evening hours. Board members will be given the option of being interviewed if they prefer.

Any staff or Board member who does not have access to the internet but wishes to participate will receive a paper copy of the survey with a self-addressed stamped envelope to be returned to the PAVIM Project Director. Current or former SafeHouse Center program participants will also receive a paper survey mailed by SafeHouse Center staff. Surveys will take approximately 20 minutes for the participant to fill out. A completion date and follow-up date will be established. The Project Director will ask the agency contacts to encourage everyone to complete the survey. Survey questions (**Appendix A**) will be tailored to each specific audience.

Recruitment Strategies

Accessibility and safety for the people who chose to take part in our Needs Assessment process are a primary concern. Strategies we will use to ensure safety and accessibility are addressed separately below, and are articulated in the training plan below. The intent is to identify and maximize existing relationships between potential recruiters and the potential participants. We will articulate that while we are gathering information, we are not monitoring the agencies or individuals. There will be no repercussions for participating in the assessment activities.

To facilitate scheduling, the PAVIM Project Director will work with the designated representative from each State and local partner with attention to providing advanced notice and working around agency projects. Identified staff will receive an e-mail invitation forwarded by Agency Directors. The e-mail, encouraging participation in the needs assessment process, will include a brief introduction and an over view of the project.

For those audiences identified to complete an electronic survey, the survey link will be sent via e-mail on behalf of the Agency Directors with a similar introduction to the project.

Adults with developmental disabilities and survivors of DV/SV identified by the local partners will generally include people who are already connected with the agency in some way. Staff from ACA and SafeHouse Center will help encourage participation by clearly describing the needs assessment process to potential participants, identifying participants who can provide meaningful information, distributing recruitment flyers (ACA only, **Appendix B**), and helping to ensure that the needs for safety and accessibility are identified during the registration process and met throughout the duration of their participation.

Incentives

The statewide team will secure gift cards from Meijer Grocery Stores in the amount of $25, which will be distributed to individuals (volunteers and program participants/not staff) recruited by ACA and SafeHouse Center. Gift cards will be presented to interview or focus group participants (not staff) upon arrival. If the participant would like the gift card given to them at another time, there will be arrangements to do so.

Consent

PAVIM will use a method of passive consent for conducting focus groups and interviews. Participants will be informed during the check-in process and by the facilitator prior to the start of the activity that they can leave or choose not to participate at any time for any reason. Choosing to stay in the focus group is equivalent to giving passive consent. The rationale for using passive consent involved safety and accessibility considerations.

Organizational Confidentiality

As we gather data, sensitive issues or problems may arise that are unique to individual agencies. The collaborative will address these issues as they are identified, and will do so confidentially among our collaborative. When discussing concerns that relate to specific collaborative partners, pilot sites, or other external agencies, partners will not share this information beyond the state and local collaboration team members, except as reflected in the agreed upon content and format of the Needs Assessment Report and resulting Strategic Plan.

Besides the state and local partner staff, the Report and Strategic Plan will be reviewed by the Office on Violence Against Women Project Officer as well as technical assistance consultants from the Vera Institute Accessing Safety Initiative. No individual names or identifiers will be utilized in written reports.

Individual Confidentiality

It will be made clear that the purpose of this assessment is to obtain information about the current service delivery system and to plan for the development and implementation of future systems improvements. We are striving to avoid disclosures which would require a mandatory report of an incident, while encouraging an open and honest dialogue. This could be complicated considering Michigan's statutory language and use of the term vulnerable. (See Mandatory Reporting below)

After reviewing and discussing Michigan's confidentiality statues, we remain committed to maintaining individual confidentiality for team members as well as survivors and staff from local pilot communities.

- Discretion and care is necessary to avoid use of specific identifiers.
- We are mindful that anyone at any time could be experiencing abuse.
- We will not share personal stories or experiences with others outside of the group, including parents/guardians, or PCAs, except to Adult Protective Services as required under mandatory reporting statutes (see below).

All notes or other records of information gathered will be secured in locked files maintained by the Project Director, and/or in a password protected electronic file. We will make no guarantees as to if or how the information may be shared by other participants. In other words, we cannot control what other participants might say outside of the group.

Anyone who would like to receive summary information or receive any follow-up after participating in the Needs Assessment will be asked to contact the person who invited them. That individual may request the information from the Project Director. The raw data will not be distributed. However, the PAVIM team may make an Executive Summary and/or the full Needs Assessment Report available once completed upon request.

Mandated Reporting Requirements

The term vulnerable is used below in reference to and because of its inclusion in statutory language. PAVIM intentionally avoids using the term because of the judgment implied in the word, and the long history of minimizing or limiting opportunities for people with disabilities to make their own decisions and speak for themselves. The term vulnerable is also a word that has been used against people with disabilities, and can be linked with oppressive and ableist thinking as a weapon against the disability community. As we note in the PAVIM Charter, “Vulnerability is situational depending on environmental and social factors; it is not based on either diagnosis or IQ level.” When the term is used below it is only in reference to these specific discussions of statute.

The Collaborative Team has reviewed and discussed Michigan’s mandatory reporting statues, and seek to work with the “vulnerable” adult community in full compliance with all applicable mandatory reporting requirements, which will include but is not limited to MCL 400.11, (which provides the definition of “Vulnerable Adult”), MCL 750.411 (which defines duty to report injuries) and MCL 330.1946 (which addresses confidentiality).

We recognize that each individual and each situation is unique, and demands to be considered within its full context while still recognizing and complying with both State and Federal law. As such, rather than implementing a series of thresholds, we choose to analyze each situation based on balancing and respecting the individual rights of the person.

We are striving to avoid the chance of disclosure as well as instances of mandatory reports. Facilitators will be clear in providing a warning of conditions for mandatory reporting, and to ensure the involvement of the individual in discussing options for next steps if a report is to be made.

If a disclosure occurs, deciding whether to report suspected abuse to the appropriate authorities will be determined on an individual basis, and will include these considerations:

- It is critical that the adult in question is consulted to determine best possible next steps, which adheres to the philosophies of “nothing about us without us” and survivor-centered/person-centered advocacy

- The mandatory reporter must assess if he/she has enough information to intervene and/or report
- Information that is non-specific will not prompt a mandatory report

As some members of the collaboration can be considered Mandatory Reporters under MI statute (specifically Social Workers), the partners shall not take steps to interfere with the mandatory reporting requirements of a service provider or partner who feels that they are required to report a particular action after having undertaken an analysis of the situation using the above-mentioned factors.

Due to concerns for individual confidentiality, reports will not be shared within this collaborative. However, should a report or other complaint be filed against a licensed agency, and the information is or will be readily available to the general public, the group may discuss the implications of the issue as it affects other member agencies and survivors.

Safety Considerations
The safety of needs assessment participants is of utmost priority, and is in line with our commitment to healing, safety, justice and self-empowerment for all. The wording of questions in all data collection methods is critical.

When we meet with groups and individuals as part of our needs assessment, we realize that discussion may bring up past and current trauma related to abuse. The following protocols will be followed when adults with disabilities and/or victim/survivors of DV/SV are interviewed or when participating in focus groups:

- Interviews or focus groups will be held in locations that are familiar to the participants and are safe and accessible. Refreshments will be provided.
- Participants will be advised that they may leave the interview or focus group at any time.
- PAVIM will utilize a two facilitator process for Focus Groups to create space for safe, private handling of disclosures.
- The facilitator/interviewers will introduce themselves and the other helpers, identifying what their roles are.
- An advocate from SafeHouse Center with specialized experience working with people with developmental disabilities will be made available at each focus group to provide emotional support for anyone needing it.
- A general information and resource list will be available and distributed to participants.
- Participants will be told how to connect with advocates and other supports or resources if they wish to follow-up after the focus group.

- Friend/advocate/support person will not participate in interviews or focus groups

Accessibility Considerations
When talking about accessibility, we mean much more than addressing physical barriers. PAVIM is striving for “attitudinal, environmental, and emotional safety;” a welcoming setting that is accessible for all.

Research that focuses on disparities in health care for women with developmental disabilities point out four areas of inequity: access, knowledge, communication and quality[1]. Similarly, when individuals with developmental disabilities attempt to access domestic and sexual violence services, we need to consider how to provide meaningful supports that are unique to the person requesting assistance and change systems to recognize the barriers they may unintentionally create[2].

Environmental barriers to accessibility include communication and sensory issues. There may also be social (peer or family pressures or responsibilities), geographic (distance, transportation), or other barriers (fear, previous negative experience or trauma, lack of trust or other barriers to disclosure) that influence access to services or even discussion of them[3].

1 Ward, R. L., Nichols, A.D., Freedman, R. I. (2010). Uncovering Health Care Inequalities Among Adults with Intellectual and Developmental Disabilities. (Report). Health and Social Work 35.4.

2 Ashby, C. (2010). The trouble with normal: the struggle for meaningful access for middle school students with developmental disability labels. Disability and Society, 25.3.

3 Burgen, B. (2010). Women with cognitive impairment and unplanned or unwanted pregnancy: a 2-year audit of women contacting the pregnancy advisory service. Australian Social Work, 63.1.

Relationship-building and the development of trust are necessary components of any attempt to make services more accessible. This will require time, patience and a willingness to learn new communication skills. Multiple modes of communication will be utilized as necessary, to include the use of pictures, diagrams, clear, succinct and easy-to-understand language(s), and any number of forms of assistive technology as well. Non-verbal cues on the part of persons with developmental disabilities can include facial expressions, posture, body tension, emotional responses, tactile defensiveness, activity level, and personal boundaries. These types of responses can provide information on how to communicate with the individual.

The best way to communicate is to ask the person about their preferences for communication styles when the person is able to relay that information.

If this doesn't work ask someone who knows the person well about their preferred communication style and understands their individual non-verbal cues or assistive technology. For more information on inclusion of people with disabilities, please see the excerpt from Including Our Neighbors, produced by the Michigan Disability Rights Coalition and United Cerebral Palsy of Michigan. (**Appendix C**)

The registration process will solicit information about participant accommodation needs such as PCA, request for questions in advance or in specific formats, other communication aides, food or other allergies, need for an interpreter, transportation assistance, etc. (**Appendix D**)

Orientation/Training Plan for Facilitators and Recruiters

In order to assure continuity when staff of DV/SV and disability programs are recruiting participants, staff will be oriented to the purpose and expectations of the project and the Need Assessment Process. (Appendix E1) The orientation, conducted by the Project Director, will cover the following:

- A briefing on the PAVIM project.
- Review of recruitment flyer and other materials
- Logistics of who to contact and how for RSVP
- Confidentiality Plan
- Logistics of incentives for non-staff participants
- Needs assessment work plan deadlines
- Interview option for those who do not want to attend/could not attend the focus group
- Format for focus groups
- Transportation arrangements for Focus Group participants
- Safety and Accessibility considerations

The focus group facilitators and interviewers will receive an orientation similar to that received by the recruiters. (Appendix E2) In addition, the facilitators and interviewers will receive Talking Points (Appendix F) the agenda and questions and review them with the Project Director in advance of their first session. They will be instructed to contact the Project Director with any questions or concerns prior to the first session. They will also conduct a debriefing with the Project Director following each session.

Work Plan (revised timeline)

March 18-22, 2013: Orientation of recruiters and facilitator
March 25-29, 2013: Recruitment/scheduling of participants
April – May 2013: Implement Needs Assessment