

WV S.A.F.E. PARTNERSHIP

West Virginia Sexual Assault Free Environment Partnership

NEEDS ASSESSMENT PLAN

FINAL: January 22, 2008

I. PURPOSE

WV S.A.F.E. is collaboration formed in early 2006 and is funded under the Education and Technical Assistance to End Violence Against Women with Disabilities grant award program through the U.S. Department of Justice, Office on Violence Against Women. The collaboration consists of four core team partners: the West Virginia Foundation for Rape Information and Services (WVFRIS), the West Virginia Department of Health and Human Resources (WVDHHR), the West Virginia University Center for Excellence in Disabilities (CED), and the Northern West Virginia Center for Independent Living (NWVCIL).¹ The purpose of the collaboration is to create permanent systems changes in the delivery of services for sexual assault survivors with disabilities and Deaf women through education, and the identification and implementation of changes in organizational procedures and policies. The shared vision of the collaborative is:

".. [C]reating permanent systems change at all levels of the sexual assault and disability systems and state policy in which effective services for women with disabilities and Deaf women are fully integrated into the existing structure of victim services and advocacy."

In preparing to meet this objective, WV S.A.F.E. has engaged in a variety of general information gathering initiatives (e.g., reviewing both secondary and primary data for key audiences), asset mapping, and selected local pilot sites for the implementation phases of the project (i.e., Years Two and Three).² Throughout this process WV S.A.F.E. has sought to answer four fundamental questions:

- Who are the key stakeholders³?
- What educational/training needs do stakeholders need and desire?
- What barriers or gaps exist to providing effective/seamless services to women with disabilities and Deaf women?
- What systems changes are needed to increase accessibility to and the effectiveness of services for women with disabilities and Deaf women who are victims of sexual assault?

¹ Future partners and/or advisory groups will be added once the assessment phase is completed.

² Refer to Appendix A for a review of WV S.A.F.E.'s general information gathering efforts.

³ As defined in the Collaboration Charter, a stakeholder is anyone who has a 'stake' or prescribed role in serving victims of sexual assault with disabilities or Deaf women and anyone with a vested interest in improving the quality of sexual assault services available to victims of with disabilities/Deaf women and or promoting systems change on the local level.

This document presents WV S.A.F.E.'s proposed design for conducting a needs assessment with the three local pilot sites to answer these and other questions. Chapter II provides a brief review of WV S.A.F.E.'s asset mapping and site selection initiatives. Chapter III details WV S.A.F.E.'s proposal to conduct a phased needs assessment of key stakeholders at the local pilot site level including informal information gathering efforts as a part of the initial site engagement efforts, and qualitative and quantitative data collection procedures for eliciting input from consumers (i.e., persons with disabilities and Deaf women) and other key stakeholders. Under this model WV S.A.F.E. proposed a phased Needs Assessment Plan that outlines the overall approach but allows flexibility so that each phase of the process can be used to inform the development of instrumentation for the next data collection effort. This approach will allow the project to expedite the needs assessment process while also allowing for the future refinement of methods and procedures based on additional learning gained from each phase of the process. *Once the overall plan is approved by OVW, the specific assessment tools utilized in the process will be individually submitted to OVW for approval.*

II. ASSET MAPPING AND SITE SELECTION CRITERIA/PROCEDURES

WV S.A.F.E. gathered a general knowledge baseline of information concerning the current state of sexual assault services available to women with disabilities and Deaf women based on a review of existing data and the execution of additional information gathering initiatives. The WV S.A.F.E. Partnership's core team then decided to narrow the scope of potential pilot sites through the development and review of a county by county asset map and a state demographic profile.

- ***Asset Mapping Procedures*** – Components of the asset map contained the identification of the following key entities on a county by county basis: CILs, ARCs, Community Mental Health Centers, advocacy groups, and Rape Crisis Centers. (Note, DHHR/APS have representation in all 55 counties in West Virginia and were therefore automatically considered as a resource but not indicated on the asset map.)
- ***State Profile Procedures*** – Components of the demographic profile for the state included: overall population, urban/rural classifications and other populations size categories, the population of persons with disabilities, and sexual assault crime rates on a county by county basis.

In addition, the WV S.A.F.E. Partnership met with representatives from OVW and Vera on August 28, 2007 to discuss site selection and needs assessment procedures and parameters.

A. SITE SELECTION CRITERIA

Based on the guidance received from OVW and Vera regarding site selection criteria, the WV S.A.F.E. Partnership utilized the asset map in conjunction with the state demographic profile to develop and apply the following three step site selection criterion.

1. ***The Presence of At Least One Disability Services Provider and One Rape Crisis Center*** -- The determination was made by the team that in order to be successful, selected sites must include the following minimum agency representation: the

presence of a Rape Crisis Center and at least one multi-disability service provider (e.g., a CIL, an ARC, or a Community Mental Health Center).⁴

A review of the county by county “asset map” detailing the location of Rape Crisis Centers, Disability Service Providers, advocacy groups, and other relevant entities yielded 20 counties with both direct Rape Crisis Center and multi-disability service provider presence.

2. ***Population Size*** -- Population size was then narrowed (using the state demographic profile) to counties with populations of 25,000 to 75,000. The rationale was that, while mostly rural, these counties would likely have the necessary resources available to help ensure the success of the project.⁵ The application of these selection criteria further reduced the number of counties meeting both the minimum agency representation and population criteria to just six counties (6 – Jefferson, Marion, Ohio, Preston, Harrison, and Randolph).
3. ***Logistic and Other Considerations*** -- Finally, a review of the geographical logistics of selecting counties within proximity of one another sufficient to facilitate effective collaboration among the participants as well as the access of the Core Team to the sites further narrowed the scope to just three “self-identifying” counties based on the application of the pilot site selection criteria. As a final check of the feasibility of these sites Core Team members also reviewed the presence of a strong Deaf community among the sites selected in order to ensure the inclusion of Deaf women in the project.

Ultimately, the three counties selected for participation in the project based on the stepwise application of the above selection criterion are Marion, Ohio and Preston counties.⁶ Preliminary contacts have been made by Core Team members with key sexual assault and disability service providers in these counties and all expressed a high level of interest in participating in the implementation phase of the grant (Years Two and Three).

Chapter III outlines the proposed approach to conducting needs assessment on the local level.

III. PROPOSED NEEDS ASSESSMENT PLAN: INITIAL SITE ENGAGEMENT PROCEDURES, TARGET AUDIENCES, AND METHODOLOGY

This Needs Assessment Plan outlines the project’s overall approach and methodology for conducting local needs assessment activities with consumers and other key stakeholders.

⁴ Note a physical presence was defined not only as having an office in the selected county but have staff with a regular direct physical presence in the county.

⁵ Counties in this range account for 44% of the population in the state and fully a third (34%) of West Virginia’s persons with disabilities.

⁶ Note these counties represent three distinct population categories as follows: Marion 75,000 to 50,000 residents, Ohio 50,000 to 35,000 residents, and Preston 35,000 to 25,000 residents. In addition, Ohio is part of an urbanized MSA while Preston and Marion are both classified as rural counties.

Under the proposed model, WV S.A.F.E. would complete each information gathering activity in phases with each phase receiving final approval from OVW independently; allowing time for the inclusion of learning from preceding phase(s) before finalizing the design and instrumentation for the next phase.

Section A provides a review of initial and proposed pilot site engagement procedures (including steps taken to identify key target audiences/stakeholders at the local site level – Phase One of the needs assessment). Section B details WV S.A.F.E.’s proposed design for conducting needs assessment among women with disabilities and Deaf women, and key community stakeholders (Phase Two of the Needs Assessment).

A. PHASE ONE METHODOLOGY: INITIAL/PROPOSED SITE ENGAGEMENT PROCEDURES AND IDENTIFICATION OF TARGET AUDIENCES

Initial contacts were made with key sexual assault and disabilities service providers to assess their interest in participating in the project. This was followed up by a call with these same stakeholders to: identify other organizations that should be included in the WV S.A.F.E. initiative in either a primary (i.e., decision-making) or ancillary role, obtain an overview of the political landscape in each county, and schedule an informational presentation to the key stakeholders in each of the three counties.

1. Target Audiences and Proposed Pilot Site Engagement Activities

Initial brainstorming of potential audiences to be addressed on a county by county basis include the following in addition to the sexual assault services, disabilities services providers, and local APS representatives:

- **Marion County** – the Deaf community, the ARC, the ADRC, Sheltered Workshop/Op Shop, the regional Ombudsman⁷, and the Parent Training Information Center
- **Ohio County** – the Catholic Diocese/Catholic Services, the ARC, the ADRC, the Family Resource Network, Child Advocacy, Easter Seals, CED’s direct service program, the regional Ombudsman, sheltered workshops, and the Parent Training Information Center
- **Preston County** -- the ARC, the ADRC, the regional Ombudsman, United Way, and the Parent Training Information Center.

Subsequent phases of the proposed local pilot site engagement and information gathering efforts include conducting informational site presentations to key stakeholders.

⁷ Regional Ombudsman in West Virginia have special responsibilities with regard to the implementation of the Olmstead decision (U.S. Supreme Court 1999) as well as other court rulings directly affecting the provision of services to persons with disabilities with a primary focus on nursing home and residential facilities. As a result we want to be mindful of their role in the service system.

- ***An Informational Presentation Site Visit*** --An on-site informational presentation about the project to the primary partners in each county.⁸ The primary purpose of the presentation will be to provide potential participants with the information they need to make a full commitment to participation in the implementation phase of the ASI grant (i.e., Years Two and Three). Components of the three pilot site visit presentations include: an introduction of the participants, an overview of the project/grant program at the federal level (including parameters and limitations), background on WV SAFE (how we came into being and our vision mission and goals for the project), a review of WV S.A.F.E. and local site roles/responsibilities and expected commitment of resources, (e.g., an explanation of what local sites are getting and expected to give), and a questions and answers period.

Expected outcomes of these site visits will be that the pilot site participants will increase their understanding of and commitment to the project, they will be able to share with WV S.A.F.E. their initial perceptions of the current service delivery system in their communities and therefore will be able to identify additional potential community stakeholders on this issue. The pilot site participants will be asked what information they would like gathered about their specific community's service delivery system as it pertains to persons with disabilities and Deaf women.

Information from these site visits will be used to identify and/or refine the composition of primary and ancillary partners/stakeholders in each county and to create a survey of stakeholders for each community. Both the list and the survey will be compiled by WV S.A.F.E. and sent back for review and editing to the local pilot site partners. The details are described in the phase two methodology.

B. PHASE TWO METHODOLOGY: PROPOSED LOCAL/SITE-LEVEL NEEDS ASSESSMENT PLAN

After the initial meetings with the 3 pilot sites, (Phase One of the Needs Assessment Plan), WV S.A.F.E. will design and execute three research initiatives: a series of focus groups with women with disabilities and Deaf women, an Internet-based survey of local stakeholders, and a series of qualitative listening sessions with local stakeholders. One focus group with a broad cross-section of disabilities types will be conducted at each of the three pilot sites to gain input from the consumers. In addition WV S.A.F.E. will explore the possibility of conducting an additional focus group with Deaf women in Marion County (which has a particularly defined Deaf community).

Stakeholders in the community, on the other hand, will provide input through an on-line survey and subsequent "listening sessions" where the findings of the focus groups with consumers and Internet survey of stakeholders will be reviewed/discussed and feedback as to barriers and possible systems change initiatives required to improve services elicited.

⁸ At a minimum, it is currently assumed that the "core partners" in each county will include representatives from the sexual assault service provider, APS, and at least one disability services provider (e.g., the CIL). It was determined that participation in the site visit should include representatives from all levels of each organization (e.g., direct service, administration and board level personal), whenever possible/appropriate.

Section 1 provides an overview of the proposed study design for the inclusion of the voice of the consumer in the needs assessment process, while sections 2 and 3 present methodological information for the inclusion of local stakeholders.

1. Study Design/Methodology for Inclusion of the Voice of the Consumer

It is a core value of the WV S.A.F.E. Partnership that the preeminent experts on sexual violence among persons with disabilities are the women with disabilities and Deaf women themselves, and particularly those who have experienced such violence. As a result, we are proposing conducting a series of focus groups (i.e., a minimum of one group in each of the pilot sites) with women with disabilities and Deaf women in order to obtain “real life” information about:

- Perceived barriers to receiving appropriate sexual assault services
- Input into how best to improve existing sexual assault and disability services systems
- Perceptions with regard suggested improvement to the service systems to better serve women with disabilities and Deaf women.

Note, given the relatively modest population size of the counties selected as pilot sites (i.e., ranging from a total population of 30,000 to 57,000 with disability rates of approximately 20%) it is thought that one group per site will be sufficient to gather the needed information from women with disabilities in general, while an additional group focusing exclusively on Deaf women may be added in Marion County if possible and appropriate.

Focus groups are specifically recommended to meet these objectives, since they afford the opportunity for greater in-depth discussion of complex issues than is possible using a standard survey method. Additionally, the group dynamic tends to stimulate discussion, thought and reflection that might not occur otherwise. If possible the focus groups will be audio-recorded. If not, a non-participant, non-facilitator will serve as the recorder. A brief overview of design considerations and procedures conducting these focus groups appears below. Note, the plan outlined below was discussed in detail with the Vera Institute as a part of the specialized technical assistance on the intricacies of conducting focus groups with individuals with disabilities on such sensitive issues provided October 30, 2007.

a. Number of Groups and Special Considerations (e.g., Safety Planning and Mandatory Reporting Policies/Procedures)

WV S.A.F.E. plans to conduct a minimum of three (3) focus groups, one in each of the three pilot sites selected, with the possibility of adding a group focusing specifically on experiences of Deaf women. Conducting focus groups with individuals on as sensitive a subject as sexual violence requires special consideration.

Accordingly, the following arrangements and accommodations will be implemented in conducting the groups.

- The use of a fully accessible facility in which to conduct the group.

- Limiting the number of participants in each group in order to ensure that those with cognitive or speech impairments have equal opportunity to participate.
- The provision of interpreters and/or other assistive technology for Deaf individuals or those with other special communication needs.
- No paper and pencil tasks will be included as a part of the focus groups.
- Given the inherent sensitivity of discussions of focusing sexual violence WV S.A.F.E. will undertake extensive safety planning in order to ensure the physical and emotional well being of the participants, and ensure their privacy including:
 - The provision of trained sexual assault counselors at the facility, “on stand-by,” should the discussion overwhelm any of the participants or trigger memories/issues that need to be dealt with at the time of the group.
 - The provision of contact information for an appropriate and trained sexual assault counselor to all participants, should issues arise that they need help with after the group is over.
 - In addition to the consent and confidentiality procedures detailed below, all participants will be informed of anyone who might be a mandatory reporter under West Virginia law so that they can make informed decisions about the disclosure information about a sexual assault. Facilitators or others directly involved with the recruitment of participants for the focus group or directly conducting the group will not be persons considered to be a mandatory reporter under West Virginia law unless provisions are made to structure the group(s) to allow for no identifying information that would require reporting.

b. Participant Recruitment Procedures

Potential participants will be recruited through the local disability service providers and rape crisis center advocates utilizing their formal and informal communications systems to inform their constituents/consumers that the focus groups will be conducted, the topic/issues to be discussed, the scheduled places and times as well as a TTY accessible telephone number to call if they would like to participate. Efforts will be made to recruit a total of six (6) participants for each group. A concerted effort will be made to recruit women with a cross-section of disability types in order to ensure diverse disability representation. Participants will also be asked what special accommodations they may need to effectively participate in the focus group.

Alternative Procedures to Ensure the Inclusion of All Those Want to Participate

Given that more individuals may want to participate in the focus groups than can be accommodated or in the event that someone that wants to have their views included who is unable to attend the group an alternative system for gathering this information and ensuring the inclusion of these individuals will be implemented.

If an eligible focus group participant be unable to participate in the group itself, they will be given the option of conducting an interview with a trained executive level interviewer on the issues covered in the standard focus group Topic Guide.

Stipend for Survivors Participating in the Focus Groups

A stipend in the form of a \$15 gift certificate for Wal-Mart redeemable for gas or other expenses will be provided to assist with the defrayment of participant cost and in appreciation of their time and participation in the focus group. No stipend will be provided to those who choose to participate in the one-on-one interview option.

c. Consent Procedures

At the time of recruitment, potential participants will be read or otherwise provided a script describing the purpose the focus group, reiterating that participation is entirely voluntary and requesting permission to audio-tape the focus group. This same script will also be contained in any confirmation letters/materials sent to participants as well as read at the beginning of the focus group or interview. Upon hearing the script, at the time of the focus group or interview the decision on the part of the individual to participate in the discussion will be considered consent. Participants may decide to end their participation in the discussion at any time.

d. Confidentiality Procedures

Any audio-tapes will be stored in a locked closet at the Center for Excellence in Disabilities (CED) at West Virginia University. Only specifically designated staff from CED will have access to the audio-taped data for the purpose(s) of transcription and/or analysis. Any transcription will not contain any of the names of the participants, but instead names will be replaced with code numbers. Once the final report has been produced, both the audio-tapes and transcripts will be destroyed.

e. Instrument Development Procedures

Whenever possible and appropriate, focus group materials from previous research initiatives (e.g., from other states or grantees) will be reviewed as a part of the instrument development process. A standard Topic Guide will be developed for conducting the focus groups and one-on-one interviews. This Topic Guide will be submitted to OVW for approval. Likely data elements include the following to capture their perceptions of these experiences.

- When the individual considers seeking assistance in general, what makes them feel safe in talking about difficult issues?
 - How would they like to be treated?
 - What do they need to feel listened to?
 - What do they need to feel understood and have their concerns appropriately addressed?
- In imagining a woman with a disability or a Deaf woman seeking help, what are concerns she may have about seeking help?
 - What might prevent her from seeking help?
 - What would be her greatest fears?

- What might be the greatest barrier to approaching someone for help?
- In imagining a woman with a disability or a Deaf woman seeking help what resources do you think she might access?
 - How welcome/safe would she feel?
 - What services exist in your community? What is missing?
 - What is the role of disability service providers in assisting victims?
 - What accommodations, if any, are missing for those services?
- If the individual was designing the “ideal” system for providing sexual assault services to individuals with disabilities/ Deaf persons, how would they design it?
 - What organizations should be involved?
 - What features would the system have?
 - What do providers specifically need to know about serving this consumer?

2. Study Design/Methodology for the Inclusion of Input from Key Stakeholders

As previously indicated, preliminary contacts have been made with key sexual assault and disability service providers in the three sites selected to pilot the project locally in Years Two and Three of the grant (i.e., Marion, Ohio and Preston counties) to assess interest in participating in the project. All of these contacts met with a favorable outcome. In addition, the Core Team conducted informational site visits to each of the three pilot sites, in part, to identify additional stakeholders on the local level, gain input regarding strengths and barriers to accessing services in their communities, and gain input for the instrumentation for a survey of stakeholders on violence against women with disabilities and Deaf women.

The purpose of the survey of local stakeholders is primarily to ensure that all of the key providers/agencies are invited to participate in the project and gather baseline information on a series of questions revolving around the following issues:

- Providers perceptions of the prevalence of and risk factors for sexual assault among women with disabilities and Deaf women for the purpose of assessing their understanding of the issue
- Assess availability of relevant resources
- Identify service gaps and training and other needs
- Identification of barriers and possible solutions to providing truly effective sexual assault services to women with disabilities and Deaf women
- Identification of assets/resources/services they provide that can be developed

In order to achieve these objectives the WV S.A.F.E. Partnership is proposing a comprehensive, survey of local stakeholders (e.g., CILs, ARCs, Community Mental Health Centers, disability provider advocates, rape crisis center advocates and APS personnel).

a. Data Collection Procedures

The primary data collection method for the proposed survey of community stakeholders would be similar to that employed successfully in 2005-06 WVDCC grant survey of licensed service

providers (refer to Appendix B) – an Internet-based survey with advance mail and e-mail follow-up targeting staff of local stakeholders. The use of an Internet survey data collection methodology would allow us the leverage of the highly efficient and cost effective features of the Internet to: (1) program an interactive survey tool which will ask only those questions most relevant to the individual respondent based on their responses to key “skip pattern questions, and (2) eliminating the need for cost and time intensive data entry characteristic of other modes of quantitative data collection.

Alternative means of collecting additional qualitative feedback from stakeholders regarding perceived barriers to effective service delivery and required systems changes to improve services for women with disabilities and Deaf women will also be employed as a part of the “listening sessions” held with stakeholders to review the findings of the focus groups, the survey of stakeholders and other relevant issues (e.g., information about individual organization processes and systems). Refer to section 3 for a description of the purpose and role listening sessions with local stakeholders in the needs assessment process.

The remainder of this section describes attending data collection procedures in the following areas: sample characteristics and efforts to ensure full cooperation/participation (i.e., as high a response rate as possible), and consent and confidentiality procedures.

b. Survey Sample/Participant Recruitment Procedures

The sample of local stakeholders for the local Needs Assessment Survey will be broadly defined to include anyone with a vested interest in improving the quality of sexual assault services available to victims with disabilities/Deaf women and/or promoting systems change on the local level directed toward the improvement of such services. (Note, only those stakeholders allowable under the guidelines of the federal grant requirements will be surveyed.) A comprehensive list for the survey will be developed with the assistance of the attendees of the informational presentation to local sexual assault and disability service providers. Likely participants include representatives from: CILs, ARCs, or a Community Mental Health Centers, disability service provider advocates, rape crisis center advocates, APS personnel, and non-traditional supports (e.g., faith-based organizations).

Executive directors at relevant agencies will be encouraged to ask **all** of their employees to complete the survey in order not only to increase the accuracy of the survey but promote “buy in” to the effort to improve multi-disciplinary cooperation and services to women with disabilities and Deaf women who are victims/survivors of sexual violence.

c. Efforts to Ensure Cooperation/Participation of Disability Service Providers

Efforts to ensure the full cooperation of local stakeholders will take multiple forms. First, the executive director of each organization will receive an advance letter describing the purposes of the survey, the benefits to their organizations and persons with disabilities in the state and procedures to ensure confidentiality.

This letter will also contain a direct link to the survey and the endorsements of the project partners: WVFRIS, NWVCIL, CED and WVDHHR. The second method of encouraging participation will involve a series of up to five reminder e-mails encouraging participation in the survey.

The third, and final, method of encouraging participation is that alternative formats for completing the survey will be offered including (a) the survey will be “reader” friendly for those with vision impairments and (b) an offer of completing the survey by telephone will be available to those requesting it. Additionally, special accommodations will be met upon request.

d. Consent and Confidentiality Procedures

Both the advance letter and the survey itself will contain a confidentiality statement indicating that participation in the survey is entirely voluntary and all information will be held strictly confidential. Completion of the survey will be deemed to constitute consent. In addition, although the Web site supporting the survey will be password protected to prevent unauthorized use, no information will be collected as a part of the survey (either as a part of the questionnaire or electronically) that could be used to identify any individual or organization. Note, in this regard a relative response rate can and will be calculated using aggregate organizational demographics such as areas of expertise and the characteristics of clients served.

e. Instrument Development

Whenever appropriate, survey materials from previous research initiatives (e.g., the 2005-2006 grant or from other states or grantees) will be reviewed as a part of the instrument development process. In addition, the Core Team will pay particular attention to focusing on those data elements that will be needed to evaluate local initiatives at the end of the second year of the ASI grant in developing the local needs assessment survey of key stakeholders. Likely data elements include.

- General perceptions of the prevalence of sexual abuse among persons with disabilities for the purpose of assessing their understanding of the issue
- Perceived risk factors
- Organization specific questions about the average number of incidents of suspected sexual abuse encountered annually
- Policies/procedures for handling disclosures of sexual violence
- The knowledgeability of state reporting requirements/procedures
- Resources currently available to the organization (e.g., contact information for local rape crisis centers and advocates)
- A preparedness rating for working with women with disabilities and Deaf women. The perceived need for additional training and desired education/training components for staff and clients
- Screening procedures for unsafe environments
- Safety planning information
- Perceived barriers to disclosures and providing effective services

- Organizational demographics (e.g., number of staff and clients served)
- Assets/resources that the organization has that can be developed

Information from this survey will be combined with county demographic information as well as information from the focus groups with women with disabilities and Deaf women and the additional listening sessions with stakeholders will be compiled in a written analysis report to inform the development of a strategic plan for sequencing and addressing local needs/objectives.

f. Implementation of the Survey

We plan to contract with a firm skilled in conducting surveys for the actual implementation of this survey and the compilation of the results. This will be the most time efficient and cost efficient method given the time constraints for the completion of the needs assessment phase of the project.

3. Qualitative “Listening Session” with Key Stakeholders

Since much of what will need to be considered in successfully implementing permanent systems change on the local level will require in depth discussion of organizational and system processes, strengths and limitations which will likely not be captured by the quantitative approach of the internet-based survey of local stakeholders, the WV S.A.F.E. Partnerships is proposing supplementing the Internet survey with a series of small, qualitative, listening sessions with local stakeholders.

Upon completion of the analysis of the key stakeholders survey and focus groups with survivors, WV S.A.F.E. will conduct “listening sessions” with each local core team decision-makers to review the findings and discuss their implications for development of the local Strategic Plan. While less formal than a focus group, these listening sessions will provide an opportunity for gathering additional qualitative information from local decision makers using the analyses of the findings from the survey of key stakeholders and focus groups with survivors as a springboard allowing the participants to provide more in-depth feedback about the perceived barriers to victims/survivors with disabilities receiving effective services, and internal organizational processes and the systems changes that may be required to improve service provision. This process will also provide the collaboration an opportunity to explore additional ideas or issues as they crystallize or become clearer in the participants thinking during the planning phase of the project. If appropriate, based on the input received from the local core team as well as information obtained from the surveys and focus groups, additional “listening sessions” may also be developed for specific audiences (e.g., the staff of an agency, consumers) or a broader group of local stakeholders.

a. Tentative Design of the Listening Sessions

While a minimum of one listening session will be conducted with stakeholders in each of the pilot sites, WV S.A.F.E. expects that additional sessions (based on such factors discipline or disability type) will likely need to be added to this phase of the local needs assessment process and will be flexible in this regard. These listening sessions affords interested participants the

opportunity to expand upon, respond to, or clarify any of the information summarized from the assessment instruments prior to the development of the community's strategic plan.

IV. WORK PLAN

The proposed work plan for conducting the Needs Assessment appears below.

Month and Year	Activity
October 2007	<ul style="list-style-type: none">• Submit revised Needs Assessment Plan to Vera for Review and OVW for approval. (On-going)• Develop informational site presentations (Completed)• Begin to conduct informational site visits (Completed)• Receive technical assistance from Vera on conducting focus groups among persons with disabilities 10/30/07 (Completed)• Begin development of focus group topic guide and instrumentations for survey of licensed service providers (Underway)
November 2007	<ul style="list-style-type: none">• Complete information visits with pilot sites (Completed)
December 2007	<ul style="list-style-type: none">• Submit draft focus group topic guide (Completed)• Submit draft stakeholder questionnaire (Completed)
January 2008	<ul style="list-style-type: none">• Finalize and obtain approval of local needs assessment plan• Submit revised focus group topic guide for approval• Submit revised stakeholder questionnaire for approval
February 2008	<ul style="list-style-type: none">• Recruit focus group participants• Conduct focus groups• Program and field Internet-based survey of local stakeholders• Disseminate reminder letters/e-mails for survey of local stakeholders.
March 2008	<ul style="list-style-type: none">• Close field period on Stakeholder survey• Begin/and complete analysis of focus group findings• Complete analysis of focus group findings.• Complete analysis of stakeholders' survey.• Conduct listening sessions with stakeholders to review assessment findings and gather additional input
Late April/Early May 2008	<ul style="list-style-type: none">• Submit Needs Assessment Report to OVW and Vera for Review.

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APPENDIX A

CREATING A BASELINE UNDERSTANDING

A variety of preliminary activities employed to gather information for the development of the needs assessment plan detailed in this document, including:

- The development of a shared vision statement and formal Collaboration Charter (including, a formal statement of the mission, values and goals for Year One of the project).
- A review of the findings from a 2005-06 research initiative funded by the West Virginia Developmental Disabilities Council. (See Appendix B for a summary of pertinent findings)
- Development of an internal Core Team Self-Assessment tool to identify an essential cross-disciplinary knowledge base for all team members as well as a possible knowledge base to guide the cross-training of local disability and sexual assault service providers in Years 2 and 3 of the grant.
- Reviews of informational materials from OVW all sites meetings, and national conferences (i.e., the 4th Annual SART conference and the disabilities track at the national OVC conference).
- Creation of a list of the universe of potential stakeholders in providing effective services to women with disabilities and Deaf women who are victims/survivors of sexual violence as well a corresponding list of information desired from and pre-existing information available for each of these audiences.
- Initial assessments for information gathering purposes (e.g., qualitative information gathering with SANEs and rape crisis advocates) to establish a baseline of needs.
- Determine the interest of key service providers (e.g., rape crisis centers, Adult Protective Services, medical professionals/SANEs) to participate in systems change.

Section A below provides a review of efforts to generate the list of the universe of stakeholders, while Section B provides a brief review of the findings from the initial information gathering initiatives conducted with SANEs, Core Team members, and APS.

A. IDENTIFYING POTENTIAL STAKEHOLDERS AND SEQUENCING THEIR INVOLVEMENT

As a first step in Phase One of the needs assessment process, the Core Team developed a comprehensive list of the universe of potential stakeholders in providing effective sexual assault services to women with disabilities and Deaf women who are victims/survivors of sexual violence. This process was undertaken with four objectives in mind:

- 1) to help the Core Team to better understand (and identify potential partners at prospective pilot sites) the various points of contact/systems that a sexual assault victim might have and organizations that could have a vested interest in better serving women with disabilities and Deaf women who are victims/survivors of sexual assault,
- 2) to think very broadly about what sort of information the collaboration might benefit from obtaining from each audience,
- 3) to explore and identify what information we might already have or what might be available for each audience (e.g., secondary research information which did not have to be replicated), and
- 4) to discuss possible methods of obtaining desired information should primary research be required (i.e., in the absence of preexisting information).

This process yielded a list of 15 potential stakeholders/systems with the following results for each. **Note, stakeholders designated with an asterisk (*) indicate audiences which, while they can not be addressed under the Accessing Safety Initiative, still represent an important stakeholder in the process that should be addressed at some time in the future through other venues in order to ensure true and sustainable systems change.**

1. SUMMARY OF UNIVERSE OF STAKEHOLDERS, DESIRABLE DATA ELEMENTS, AND POSSIBLE SOLUTIONS

- **Consumers (i.e., Women with Disabilities and Deaf Women and/or Those Who are Survivors of Sexual Violence)**
 - Information Desired
 - Experiences pertaining to survivor's interactions with existing sexual assault service systems and other relevant services (e.g., medical personnel, APS, advocates and counselors)
 - Identify support systems--Where would/did they turn for help?
 - Perceived barriers to accessing services/support, and ideas about how to remove these barriers/optimal system components
 - Available/Possible Resources
 - Southern Arizona Center Against Sexual Assault –Web-based Survey
 - Other State's/grantee's surveys of Focus Group Materials
 - Other Solutions
 - Focus groups for experiential context and barriers information
- **State-Level Officials/Issues**
 - Information Desired
 - Attitudes and awareness
 - Policy and compliance issues/perceived barriers
 - Input on program development
 - Interest level

- Available Resources
 - 2005-06 WVDDC grant Executive-Level interviews
 - Review of existing policies and procedures
- Other Solutions
 - No primary data collection needed
- **Advocates/Non-Governmental Community Leaders (WV Advocates and People First)**
 - Information Desired
 - Attitudes and awareness
 - Policy and compliance issues
 - Input on program development
 - We need a list of key agencies groups (e.g., WV Advocates, People First) as well as a discussion of desired information and existing resources to identify the location/scope of services for asset mapping process.
 - Interest level
 - Available Resources
 - 2005-06 WVDDC grant Executive-Level interviews
 - Other Solutions
 - No primary data collection needed
- **Adult Protective Services (APS)**
 - Information Desired
 - Awareness/Attitudes
 - Knowledge of resources and accommodations made
 - Criteria for referring cases to law enforcement/prosecution
 - Number of referrals to APS (general public vs. persons with disabilities)
 - Percentage of referrals investigated and percent referred for prosecution
 - Follow-up procedures with the survivor
 - What are the policies versus the practice?
 - Procedure if perpetrator is a family member?
 - Current training, if any, and training needs
 - Available Resources
 - 2005-06 grant APS Survey
 - University of Kentucky five-state study
 - Portland State University instrumentation
 - Chapter 20,000 of State Social Service Manual
 - Other Solutions
 - No primary data collection

- **Health Care Workers (including Doctors, Nurses, EMS personnel, Emergency Room Personnel and Private Practice Physicians)**
 - Information Desired
 - Accommodations made for working with persons with disabilities
 - Awareness/Attitudes
 - Knowledge of resources
 - Training conducted/needed
 - Interest level
 - Available Resources
 - None known/identified
 - Other Solutions
 - Focus groups
 - Surveys

- **Mental Health and Social Services Personnel (e.g., FRN and Other Community-Based Counselors and Social Workers)**
 - Information Desired
 - Accommodations made for working with persons with disabilities
 - Awareness/Attitudes
 - Knowledge of resources
 - Training conducted/needed
 - Available Resources
 - None known/identified
 - Other Solutions
 - Focus groups
 - Surveys

- **Rape Crisis Centers (Including Volunteers and Staff)**
 - Information Desired
 - Awareness/Attitudes
 - Knowledge of resources
 - Training conducted/needed
 - Accessibility (e.g., physical, programmatic, and attitudinal accessibility)
 - Training needs
 - Current collaborative efforts
 - Available Resources
 - Existing Accessibility instrumentation from Temple University, the Washington State Coalition Against Domestic Violence, the Wisconsin Coalition Against Domestic Violence and Portland State University
 - Other Solutions
 - Focus Groups
 - Surveys
 - Creation of an advisory committee

- **Disability Network Providers (e.g., Public and Private Disability Network Service Providers Including Advocacy Organizations, Licensed Service Providers, Waiver Service Providers, Personnel Attendants, the School for the Deaf, Nursing Homes and Senior Centers)**
 - Information Desired
 - Awareness/Attitudes
 - Current level of interaction on sexual assault issues
 - Current process for dealing with sexual assault disclosure
 - Resources available/used
 - DV versus SA issues
 - Current training if any and training needs
 - Interest level
 - Available Resources
 - 2005-06 WVDDC grant survey of licensed service providers
 - Other Solutions
 - Surveys of disability network service providers similar to the survey of licensed service providers
- **Educators (e.g., Teachers, Principals Counselors, School Nurses)**
 - Information Desired
 - Awareness/Attitudes
 - Accommodations available/utilized
 - Policies/Procedures for handling suspected incidents of sexual abuse
 - Resource awareness/usage
 - Training/training needs
 - Available Information
 - None known/identified
 - Other Solutions
 - Focus Groups
 - Surveys
- **Non-Traditional Supports (e.g., Pastors, Mission Groups, and Other Local Community Groups)**
 - Information Desired
 - Awareness/Attitudes
 - Accommodations available/utilized
 - Policies/Procedures for handling suspected incidents of sexual abuse
 - Resource awareness/usage
 - Training/training needs
 - Available Information
 - None known/identified
 - Other Solutions
 - Focus Groups
 - Surveys

- **Professional Associations (e.g., ANCOR and WVBHPA)**
 - Information Desired
 - Awareness/Attitudes
 - Policies/Procedures for handling suspected incidents of sexual abuse
 - Resource awareness/usage
 - Member training/training needs
 - Available Information
 - None known/identified
 - Other Solutions
 - Focus Groups
 - Surveys

- **D&O Liability/Risk Management Insurance Service Providers**
 - Information Desired
 - Awareness/Attitudes
 - Policies/Procedures for handling suspected incidents of sexual abuse
 - Information about internal/industry research and best practices, if any
 - Resource awareness/usage
 - Training provided to those insured/training needs
 - Available Information
 - Possible internal/industry research?
 - Other Solutions
 - Focus Groups
 - Surveys

- **State and Regional Ombudsman and WV Emergency Medical Services⁹**
 - Information Desired
 - Awareness/Attitudes
 - Accommodations available/utilized
 - Policies/Procedures for handling suspected incidents of sexual abuse
 - Resource awareness/usage
 - Training/training needs
 - Available Information
 - None known/identified
 - Other Solutions
 - Focus Groups
 - Surveys

⁹ Regional Ombudsman in West Virginia have special responsibilities with regard to the implementation of the Olmstead decision (U.S. Supreme Court 1999) as well as other court rulings directly affecting the provision of services to persons with disabilities with a primary focus on nursing home and residential facilities. As a result we want to be mindful of their role in the service system.

- ***Law Enforcement Personnel (including Police, the Crime Lab and College/Other Institutional Security Personnel)**
 - Information Desired
 - Accommodations made for working with persons with disabilities
 - Awareness/Attitudes
 - Knowledge of resources
 - Training conducted/needed
 - Available Resources
 - Suggest leadership for this component from the Regional Policing Institute
 - Other Solutions
 - Focus Groups
 - Surveys
- ***Prosecutors and the Judiciary**
 - Information Desired
 - What training/background do they have working with persons with disabilities
 - Awareness/Attitudes
 - How do they determine when to prosecute and when not to?
 - Role of guardianship issues
 - Existing resources for making accommodations/T&A – Are all prosecutors aware of and do they use these resources?
 - Disclosure/How is competency assessed/addressed and how does it effect decisions made (e.g., prosecution)?
 - Where is the fit with law enforcement and APS/CPS process
 - Current training if any and training needs
 - Available Resources
 - Suggest leadership for this component from West Virginia Prosecuting Attorneys Institute through other initiatives
 - Other Solutions
 - Possible Executive-Level interviews

This systematic review of the universe of potential stakeholders and the availability of pre-existing information for each potential stakeholder yielded the following sources of preexisting information for specific audiences as well as identified additional audiences considered important to the success of the project about which additional information would be needed.

Preexisting/Secondary Information

- Licensed Service Providers (2005-2006 research initiative).
- State-Level Officials (2005-2006 research initiative).
- Non-Governmental community leaders (2005-2006 research initiative).
- APS Workers (2005-2006 research initiative).
- Population and Crime Data (U.S. Census and Uniform Crime Reports)

Key Stakeholder Input Desired

Outstanding audiences from which input was considered important to the success of the project included:

- Health Care Workers
- Rape Crisis Center Personnel
- Core Team members
- Consumers (i.e., women with disabilities and Deaf women and/or those who are survivors of sexual violence)
- Disability network service providers/and other key stakeholders at the local level

The Core Team members were identified as a primary audience to guide the cross training needs among the partners as well as establish a set of core knowledge on the issue of sexual assault and persons with disabilities and Deaf women that all service providers should know. It was determined that any ‘informational gaps’ of core team members should be identified prior to extensive cross training. Doing so would more comprehensively identify key core knowledge issues that could be incorporated into training modules for use at a team retreat and could be replicated in the future with other multidisciplinary teams.

A subset of Health Care Workers (i.e., SANEs) was also identified for the initial baseline information gathering process and the remaining two audiences (i.e., Consumers and other local stakeholders) were identified to be a part of the formal needs assessment process at the pilot site level. A brief summary of the results from the surveys of SANE nurses, Core team members, and the follow-up meeting with APS to discuss the outcomes of the 2005-2006 research initiative to assess their interest participating in the implementation phase of the grant appear in section one below.¹⁰

B. GATHERING BASELINE INFORMATION FROM: SANES/ADVOCATES, TEAM MEMBERS, AND APS

In the case of the SANEs the decision to gather additional baseline information was somewhat “opportunistic.”¹¹ Previously scheduled semi-annual SANE training sessions provided the opportunity to discuss the Accessing Safety Initiative, the data collection protocol and collect information from a congregation of health care workers that would not have been possible otherwise during this phase of project period. Finally, a follow-up meeting with APS regarding the results of the 2005-2006 WVDCC survey provided the opportunity to determine their interest level in participating in this project, their preferred format, and if they felt the needs assessment that was previously implemented was representative of their workers or if it needed to be conducted on a larger scale.

The remainder of this section presents a brief summary of the process and outcome of these information gathering initiatives.

¹⁰ Refer to Appendix A for a summary of the findings from the 2005-2006 research initiative.

¹¹ In addition, accessibility information had never been collected from the Rape Crisis Centers and was considered inevitably important to the success of the project in the long term.

- ***SANE Information Gathering.***
 - **Methodology and Sample** – Self-administered qualitative protocol of SANEs and rape crisis advocates attending semi-annual training/quarterly meeting.
 - **Instrumentation/Data Elements** – Developed as a quick opportunity for input with an audience very little was known about with regard to their preparedness for working with women with disabilities and Deaf women, the brief questionnaire used for this information gathering effort consisted of four open-ended and one closed-ended question.
Data elements included questions about: the existence of specific policies and procedures at hospitals for working with women with disabilities and Deaf women who are victims of sexual violence, organizational training requirements, availability of relevant resource information, perceptions of the greatest challenges faced in working with persons with disabilities, and a five point preparedness rating.
 - **Sample Disposition** – Overall 24 SANEs and advocates completed the questionnaire.
 - **Key Findings** – Nearly two-thirds of the respondents (64%) indicated either that the hospital at which they worked had no specific policies/procedures governing the provision of services to persons with disabilities while the remaining 34% referred only to general social service policies/procedures. None of the respondents' hospitals required or provided training related to working with persons with disabilities, Fully two-thirds (67%) of the respondents indicated that their organization did not maintain resource information focusing on working with persons with disabilities (e.g., contact information for disability organizations or advocates) while the remaining 33% referred only to general information about how to access interpreters or other services through their hospital's existing social services structure. Less than one in five of the respondents (17%) rated themselves as very well prepared to work with persons with disabilities, and 26% just adequately prepared, while 56% rated themselves as either not very well (39%) or not at all well prepared to work with persons with disabilities. Among the most commonly cited challenges/barriers cited by the respondents in working with persons with disabilities were: working with people with mental illness, the lack of protocols for identifying and working with persons with cognitive disabilities, and the need to educate law enforcement on disabilities.
- ***Core Team Knowledgeability Assessment***
 - **Methodology and Sample** – A self-administered knowledgeability assessment of Core Team members.
 - **Instrumentation/Data Elements** – Core Team members developed a set of core discipline specific basic knowledge questions. Comprised exclusively of open-ended question, the instrument contained 16 sexual assault questions (e.g., focusing on terminology, the law, procedures for handling disclosures of sexual assault, reporting procedures and requirements), 19 disability specific questions (e.g., focusing on the history and philosophy of the disability rights movement/ADA, terminology, and assistive technologies, and 9 questions focusing on the policies and systems involved at the state level governing persons with disabilities and victims of sexual violence.

- **Sample Disposition** – This assessment tool was completed by all five Core Team members.
- **Key Findings** – The results of this assessment identified significant gaps in the team members’ understandings of virtually all critical concepts and terms on a cross-disciplinary basis.
- ***Informational Meeting with APS***
 - **Summary** – The meeting with APS (which is a division of WVDHHR, one of the project’s core team members) resulted in their commitment to participate in the project, their belief that an additional follow-up survey of APS workers is not necessary, and their preference that any systems/policy changes that occur actually be initiated on the local level, not the state level.

This information significantly impacted the direction of the Needs Assessment Plan and plans for project implementation.

Although an in-depth analysis and synthesis of the above findings with preexisting information from the 2005-2006 research initiative is prohibitive for the purposes of this document, it can be safely said that in West Virginia substantial gaps exist in the services available to women with disabilities and Deaf women who are victims/survivors of sexual violence and training/education/knowledgeability of key stakeholders on the issue. Furthermore, while no programs currently exist to address these needs, key stakeholders at all levels are generally interested in meliorating shortfalls in the provision of effective sexual assault services available to women with disabilities and Deaf women (Refer to Appendix B for a summary of the findings from the 2005-2006 research initiative).

APPENDIX B

PERTINENT PRE-OVW GRANT DATA COLLECTION ACTIVITIES

The West Virginia S.A.F.E. Partnership is somewhat unique because of the groundwork laid immediately preceding the formation of the Partnership. The lead agency, the West Virginia Foundation for Rape Information and Services (WVFRIS), received a grant from the West Virginia Developmental Disabilities Council (WVDDC) in 2005-06 to assess the need for services and training focusing on individuals with developmental disabilities in our state. The research data gained from that project, which focused specifically on the issues of sexual assault among persons with disabilities, created a good knowledge base on the overall needs of the state on this topic. It also enabled the Partnership to transition that high level of expertise (in both knowledge and research design) into its current project. Because this history impacts the current work of the collaboration, a brief summary of the components of the 2005-06 initiative is provided below.

- ***Survey of Licensed MR/DD Service Providers*** – WVFRIS conducted the first known comprehensive survey of licensed MR/DD service providers in West Virginia.
 - **Methodology and Sample Characteristics** – Quantitative survey of **all** licensed MR/DD service providers in the state based on a list provided by the State's office of licensure. This survey was conducted via the Internet with advance mail and five rounds of e-mail follow-up.
 - **Instrumentation/Data Elements** – This survey focused on service providers' general perceptions of the prevalence of sexual abuse among persons with developmental disabilities and perceived risk factors; organization specific questions about the average number of incidents of suspected sexual abuse encountered annually; internal investigation policies/procedures, and knowledge ability of state reporting requirements/procedures; questions about internal sex education efforts with clients and staff, awareness of existing sexual abuse prevention initiatives focusing on persons with disabilities, resources currently available to the organization (e.g., contact information for local rape crisis centers and advocates); the perceived need for additional training and desired education/training components for staff and clients; perceptions of the clarity of state policies and guidance governing the handling of suspected incidents of sexual assault among person with disabilities; and organizational demographics (e.g., number of staff and clients served).
 - **Sample Disposition** – Ultimately, respondents to the survey represented 75% of all licensed service providers and independently certified programs serving persons with developmental disabilities in West Virginia.

- ***Executive-Level Key Informant Interviews.***
 - **Methodology and Sample Characteristics** — Qualitative, in-depth, one-on-one telephone interviews conducted by an experienced researcher with state-level officials and non-governmental disabilities community leaders identified by the WVDDC as playing particularly important roles in setting policies and providing services to persons with disabilities in our state. Non-governmental community leaders included representatives from key disability advocacy groups, private sector service providers and professional associations such as the West Virginia Behavioral Health Providers Association.
 - **Instrumentation/Data Elements** – Comprised primarily of open-ended questions with a small number of closed-ended question parallel to measures contained in the survey of licensed service providers, the standard protocol used in interviewing state-level and non-governmental community leaders included the following: general perceptions of the prevalence of sexual abuse among persons with disabilities, perceived risk factors, knowledgeability of state reporting requirements/procedures, awareness of existing prevention programs focusing on persons with disabilities, the perceived need for training and desirable education/training components for staff and consumers. In addition, the standard protocol contained questions pertaining to record keeping and tracking incidents of sexual abuse among persons with disabilities, and opinions about how a program should be developed and implemented to address the issue of sexual violence among persons with disabilities (e.g., what organizations should be involved and who should take the lead).
 - **Sample Disposition** – In all 11 interviews were conducted with state-level officials and 10 interviews with non-governmental community leaders.
- ***Survey of Local Adult Protective Services (APS) Workers.***
 - **Methodology and Sample Characteristics** – At the invitation of the state Division of Adult Protective Services, a subset of questions from the survey of licensed service providers was distributed via e-mail to all local APS workers by the State APS office with the request that they complete it in hardcopy and return it by regular mail to WVFRIS.
 - **Instrumentation/Data Elements** – Data elements included in this self-administered survey of local APS workers included: general perceptions of the prevalence of sexual abuse among persons with developmental disabilities, perceived risk factors, the average number of cases of suspected abuse involving persons with developmental disabilities processed each year, the perceived need for training and desired education/training components for staff and consumers, perceptions of the State's and internal office policies and procedures with regard to the clarity and effectiveness of those policies and procedures.
 - **Sample Disposition** – Approximately, 30% of the state's 60 local APS workers completed and returned the questionnaire.

A. OVERVIEW OF KEY BASELINE FINDINGS FROM THE 2005-06 WVDDCGRANT

The following provides a very brief summary of key findings from the 2005-06 research initiative.

- ***No Programs Focusing on Sexual Abuse Among Persons with Disabilities Currently Exist in West Virginia*** – None of the licensed service providers, state-level officials, non-governmental community leaders, or local APS workers were aware of any programs focusing on sexual violence among individuals with disabilities in our state.
- ***The Prevalence of Sexual Assault Among Persons with Disabilities Tends to be Underestimated*** – Across the board licensed service providers, state-level officials, non-governmental community leaders and local APS workers tend to underestimate the prevalence of sexual abuse among persons with developmental disabilities, placing the percentage well below the current best estimate of between 50% and 90%. On average, licensed service providers and local APS workers rated the percentage of persons with developmental disabilities who are sexually abused at some time in their lives at approximately 50% (50% and 48%-- respectively) while state-level officials and non-governmental leaders placed this percentage at slightly more than a third of persons with developmental disabilities (35% and 36%-- respectively).
- ***Client and Staff Education on Appropriate and Inappropriate Sexual Behavior and Sexual Abuse Related Issues is Either Non-Existent or Exceedingly Superficial*** – Nearly six in ten licensed service providers (59%) reported that appropriate and inappropriate sexual behavior and other related issues are either addressed briefly as a part of client orientation (23%) or are not routinely addressed at all (36%) while a similar proportion (58%) indicated that no such education is required of facility staff. Moreover, among those providers that reported providing client sex education, 53% reported that they spend less than an hour on such education each year (6% 15-minutes or less, 35% 15- to 30-minutes, and 12% 30- to 60-minutes), and 76% of all respondents indicated that they find it difficult to identify appropriate consultants, trainers or resource materials on the topic of sexual behavior among persons with disabilities.
- ***Record Keeping and Tracking of Incidents of Sexual Abuse Involving Persons with Disabilities are Seriously Deficient*** – Less than a quarter (23%) of licensed service providers reported maintaining any statistics on incidents of sexual abuse among their clients and no uniform/coordinated system exists at the state level to maintain or track such information.
- ***Strong Support Exists at All Levels for the Development and Implementation of an Education/Training Program Focusing on Sexual Abuse Among Persons with Disabilities*** -- Overall, 100% of licensed service providers, state-level officials, non-governmental community leaders, and local APS workers rated the need for a sexual abuse prevention program focusing on people with disabilities as at least somewhat important on a five point scale from not at all important to extremely important, while 75% of state-level officials did so.¹²

¹² Note, the remaining 25% of state-level officials responded “don’t know” to this question rather than providing a negative rating of not very or not at all important.

In fact, 89% of nongovernmental community leaders and 84% of APS workers rated the need for such a program as either extremely or very important compared to approximately two-thirds of licensed service providers (66%) and state-level officials (67%). Local APS workers appeared to feel the most strongly about the need for such a programs with fully two-thirds (67%) rating the need as extremely important compared to 56% of non-governmental community leaders, 38% of licensed service providers, and 17% of state-level officials.

Ultimately, the results of this research effort served as the impetus for the current project.