NEEDS ASSESSMENT PLAN

Wisconsin's Violence Against Women with Disabilities and Deaf Women Project

Wisconsin's collaborative needs assessment plan involves the original Project partner organizations:

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

As a long-standing collaborative, our vision throughout this needs assessment process and the phases that will follow guides our work. Our vision is:

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

This plan deliberately begins with sharing our collaborative vision. The plan itself is designed to provide the informational foundation necessary to realize our vision. This plan also places great emphasis on framing the needs assessment and all subsequent planning and implementation with an eye toward the future: recognizing the accountability we share to ensure our efforts are feasible throughout the grant period and sustainable beyond it.

To that end, this needs assessment plan provides our collaborative a unique opportunity to build upon, deepen and expand our learning from the previous five years as a grantee under the Education and Technical Assistance Grants to End Violence Against Women with Disabilities and Deaf Women.

Existing Data Analysis

What We Have Learned...

Throughout the last several years, we have gleaned useful information about victims/survivors with disabilities, Deaf victims/survivors, and disability, domestic violence and sexual assault services. There exists increased recognition among disability, domestic violence (DV) and sexual assault (SA) agencies of violence

against women with disabilities and Deaf women, yet there remains a lack of confidence and competence in effectively and appropriately serving women with psychiatric, intellectual (cognitive), developmental, sensory, and physical disabilities. Although our collaborative Project has accomplished some marked improvement in the overall effort to increase skilled capacity and accessibility throughout Wisconsin's DV, SA and disability programs, barriers remain. More specifically, women with disabilities and Deaf women from communities of color remain consistently underrepresented in both the disability and anti-violence systems, and also lacking are the existence of established alliances among SA, DV and disability programs.

For women with disabilities and Deaf women who need and desire effective services and support following incidents of abuse, service gaps/unmet needs continue. These service gaps are especially evident for women victims/survivors of color, women from more rural communities and DV, SA and disability programs that have not worked collaboratively to leverage community resources most effectively for the benefit of victims/survivors.

For women with disabilities, the availability of services and types of community responses varies depending on a victim's location, and the experiences and comfort of the DV, SA or disability program in working with victims with disabilities. Many DV, SA and disability program staff have attended trainings, received tailored and intensive technical assistance and become more aware of the individualized access, support and services that women victims with disabilities want and need. Particular emphasis was placed on, but not limited to, DV and SA agencies for these activities. What are still lacking in most areas of the state are efforts specific to disability organizations that emphasize the importance for enhanced capacity among disability staff to identify and address violence in their clients' lives and a broader understanding and application of the full spectrum of accessibility in their services and operations.

For Deaf women, the landscape also is encouraging. Project organizations served as key allies in the development of Deaf Unity, formed in 2005, as a network of Deaf and hearing allies, grassroots and professionals alike, to address the issues of domestic violence and sexual assault in the Wisconsin Deaf community. Deaf victims have been identified by state agencies on domestic violence and sexual assault and Project partners as one of the populations that are underserved in and lacking access to services in Wisconsin. Deaf victims typically continue to experience barriers largely due to language (American Sign Language (ASL)) and cultural barriers. Staff at DV and SA programs, generally, do not know ASL and lack awareness about Deaf culture, and therefore are linguistically and culturally unequipped to work with Deaf victims. They also are often not trained about communication access resources available for the Deaf.

Appendix A provides detailed information from FY2002-2006 Office on Violence Against Women "Disabilities" grants that have informed the initial conclusions drawn about Wisconsin's successes and remaining gaps that direct this needs assessment planning process. This needs assessment plan is narrower in focus and tailored to answer specific questions based on gaps identified throughout the last fours years.

Needs Assessment Purpose and Narrowed Focus

What We Hope to Learn...

We intend to expand our knowledge base about the interest in, enthusiasm for and identification of the service and knowledge gaps in and among geographical, cultural and service delivery systems and communities. We intend to learn about the community and cultural strengths, skills, accessibility barriers and resources from diverse cross-disability, DV, SA, Deaf organizations, communities of color and individuals. Through the needs assessment process, we also intend to initiate and/or enhance relationships among Project organizations and key stakeholders within minority-run organizations and those primarily serving women of color.

This learning will involve new stakeholders, new perspectives and, consequently, a new focus. While it builds on our knowledge to date, the plan does not and will not allow us to presume we have all of the information needed to continue forging change throughout Wisconsin. Instead, the plan detailed in the following pages reflects our commitment and acknowledgement that the most feasible and sustainable of our efforts are ones that spring from a well-informed and inclusive collaborative. What we learn about relationships and needs will set the course for constructing the strategic plan. Overall, we hope to learn:

- The strengths and apprehensions of domestic violence and sexual assault advocates and programs related to working with women with disabilities and Deaf/deaf women.
- The breadth of accessibility strengths and barriers experienced by victims/survivors with disabilities and Deaf/deaf victims/survivors who seek to avail themselves of services from sexual assault, domestic violence and/or disability organizations.
- The strengths and apprehensions that disability service and advocacy organizations experience in working with their clients with disabilities who have experienced or currently are experiencing domestic violence, sexual assault or stalking.

- The tangible and intangible factors that contribute to the success of community-based, multi-disciplinary efforts to collectively address violence against women with disabilities and Deaf/deaf women.
- The unique strengths and barriers that victims/survivors with disabilities and Deaf/deaf victims/survivors from communities of color experienced or anticipate experiencing to access domestic violence, sexual assault and/or disability services.
- How to serve as authentic allies and promote relationship building with *UNIDOS Against Domestic Violence* (a Latina-run domestic violence and sexual assault agency) and *Deaf Unity* (a Deaf-run, volunteer advocacy organization addressing violence in the Deaf Community) to traditionally marginalized communities.

A long and deliberate process ensued by which the Wisconsin Collaborative narrowed its strategic focus for devising its needs assessment plan. Since the Project team already had identified numerous factors to consider for narrowing our assessment and Project focus, Vera, through an on-site visit, assisted us to combine these factors and focus on the "how" to incorporate these factors into strategies for narrowing our needs assessment plan. As a result of this assistance, for each primary strategy the collaborative then identified several communities to consider for implementing these needs assessment strategies. These communities were identified through the application of primary and secondary criteria that the Project collaborative considered to narrow even further the communities suggested for assessment strategy implementation. This plan is a result of that comprehensive process. A detailed description (step-by-step) and chronology of the Wisconsin Collaborative's narrowing process is attached in *Appendix B*.

Selected Communities for the Needs Assessment

Strategic Question 1:

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

Background Considerations

Throughout the last three years, a multi-disciplinary community group has operated in Brown County, Wisconsin to collaboratively address violence against people with disabilities and Deaf in that community. Brown County, located in the northeast section of the state, is primarily rural in nature, but

contains the mid-sized city of Green Bay. The multi-disciplinary group, entitled "A Disability Abuse Prevention Team" –ADAPT of Brown County—formed as a result of interest sparked during a cross-training conducted by Wisconsin's Project.

Wisconsin's Violence Against Women with Disabilities and Deaf Women Project has assisted this group with developing their mission statement, conducting strategic planning and enhancing knowledge base and skills on substantive information on disabilities and violence. The Brown County group works to collectively address abuse of people with disabilities and systemic responses to incidents of abuse. It meets monthly and provides multi-disciplinary training to service systems throughout the county, supports the creation of a peer education/social group for people with disabilities to learn about safety and abuse, and enhances effective and appropriate systems responses when a person with a disability experiences sexual assault, domestic violence or stalking.

The Wisconsin Project views the Brown County collaborative as successful for three reasons:

1. Its evolution was organic: domestic violence, sexual assault, county human services, individuals with disabilities and disability advocacy and service providers in the community themselves identified the need for joining forces to address abuse of and responses to victims with disabilities;

2. Its structure reflects a shared vision, leadership, roles and responsibilities among a broad spectrum of collaboration members; and,

3. Its operation is action-oriented toward needs and gaps identified through ongoing discussion among community stakeholders.

While this Brown County collaborative's structure might be termed more as one of "coordination" versus "collaboration"[1], the needs assessment process will provide an opportunity to gauge the actual level of intensity reflected by the members themselves. Moreover, the collaborative's current membership lacks stakeholders from communities of color in Brown County and a more inclusive cross-disability focus. The Wisconsin Project also hopes to learn from this collaborative about its current strengths, gaps and needs, and *apply what is learned* to the efforts involving the community selected for the implementation phase under Strategic Question 2.

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[1] Sandy Jacobsen, Fieldstone Alliance, "Successful Collaborations," PowerPoint, Accessing Safety Initiative, Vera Institute of Justice, New Grantee Orientation, December 7, 2006.

Strategic Question 2:

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

Background Considerations

A key foundation for Strategic Question 2 is based on the data learned from the needs assessment findings for Strategic Question 1. In other words, what is learned from Strategic Question 1 will guide the Project to apply the data to the community selected (from the three listed below) for Project efforts in the implementation phase. The following three communities selected for needs assessment implementation were identified as a result of a deliberate and lengthy process involving primary and secondary criteria that the Project collaborative considered to narrow the communities selected.

1. <u>Bayfield/Douglas Counties</u>: Primarily rural area with a well-run dual domestic violence/sexual assault program; Red Cliff Reservation is located in the area; a regional Aging and Disability Resource Center (ADRC) will be created providing an opportunity to connect with a wide array of people with disabilities and organizations providing services and support to them; North Country Independent Living is a strong ILC and has a demonstrated commitment to violence against women with disabilities; and there are other disability groups that are well-grounded in this region.

2. <u>Richland County</u>: Primarily rural area with a well-run dual domestic violence/sexual assault program; this county has one of the longest standing and well respected ADRCs, and Independent Living Resources is a solid ILC with an understanding of and interest in violence against women with disabilities and Deaf women.

3. <u>Ashland County</u>: Another primarily rural community with a solid, dual program that has long standing involvement with the Native American community, and has a Native American Advocate on staff; the Bad River Reservation is located in Ashland County; there exist effective disability groups in the area, including Genesis (consumer-run recovery center), Community Support Program, North Country ILC, and an upcoming regional ADRC.

The ultimate outcome of the needs assessment process will require that only one of these three communities be selected for intensive focus throughout the Project's implementation phase. To prevent misunderstanding and unmet expectations involving the implementation phase, Project staff intends to be

candid with community stakeholders and organizations throughout the needs assessment process about the following:

1. Our intent requires us to select one of the three communities since we will be incapable of providing intensive support to all three communities;

2. Our selection of the single community in which to focus implementation strategies will emphasize feasibility and sustainability as core considerations in our final selection; and

3. Our intent remains to offer limited technical assistance to the two communities not chosen for implementation activities.

Strategic Question 3:

What are the current needs of two ally organizations – Deaf Unity[2] and UNIDOS Against Domestic Violence[3] – in bringing their work to the Wisconsin Project's selected communities?

Background Considerations

The Wisconsin Collaborative acknowledged that our emphasis on communities of color and the Deaf Community could be subsumed by other strategies if we failed to highlight its prominence. Therefore, deliberate attention to learning the primary service needs and gaps Deaf and Latina advocates identify will buttress the multi-disciplinary focus within the communities selected for needs assessment implementation. *Deaf Unity* seeks to enhance its role in the Brown County area, while *UNIDOS Against Domestic Violence* seeks to solidify its advocacy in Brown, Douglas and Richland Counties.

The goal of the Project's needs assessment strategy with these two ally organizations involves enhancing the capacity of relationships among them and stakeholders within the community selected through the Strategic Questions 2 process, and Brown County (Strategic Question 1). The Wisconsin Project,

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[2] A newly created network of Deaf and hearing allies, grassroots and professionals alike, who work to address the issues of domestic violence and sexual assault in the Wisconsin Deaf community.

[3] UNIDOS Against Domestic Violence is a statewide membership organization whose mission is to end family violence in the Latino/migrant communities in Wisconsin.

therefore, intends to conduct implementation phase activities with UNIDOS and Deaf Unity when agreed to be mutually beneficial.

Target Audiences and Strategies for Data Gathering

Overview

To build on and expand the knowledge base of our collaborative, the needs assessment plan targets specific audiences using tailored strategies. While the data gathered will include both quantitative and qualitative information overall, our intent is to explore the nuances of community strengths and barriers through an emphasis on stakeholder interviews and listening sessions.

Strategy A: Qualitative Data Gathering

There will be two primary methods used to gather qualitative information for the needs assessment:

1. Stakeholder Interviews (25-35 interviews), and
2. Listening Sessions (at least 6 sessions).

The diagram below depicts an overview of the needs assessment focus and the primary qualitative methods used to gather that data.
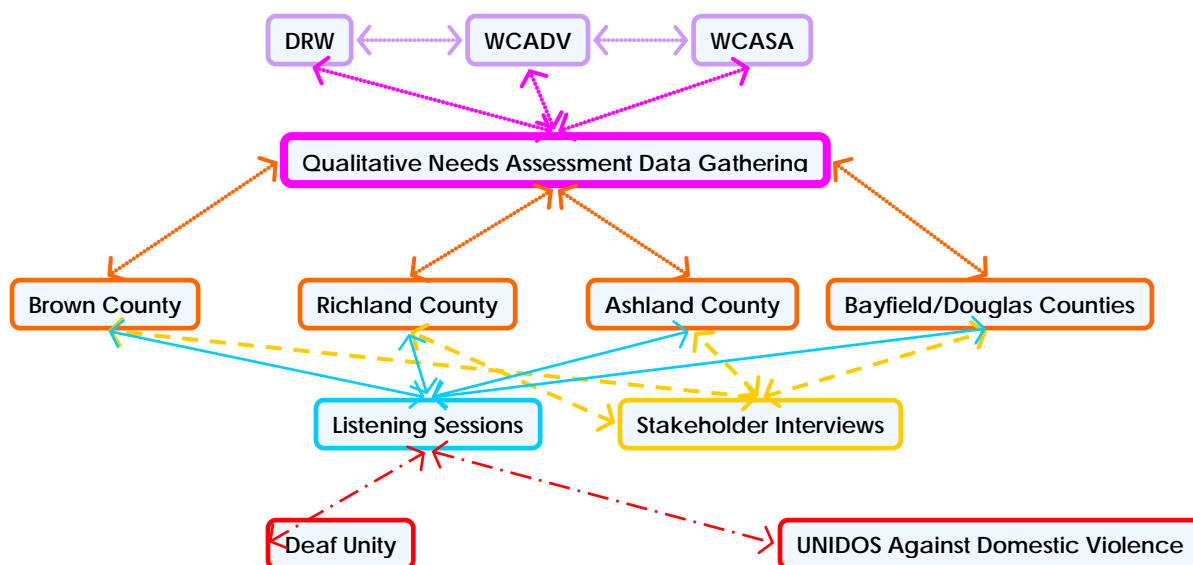
In the more detailed description below, each of the identified constituencies and the methods by which assessed needs will be gathered is designed to illuminate issues specific to the communities selected following our narrowing process: Brown, Bayfield/Douglas, Richland and Ashland counties. Therefore, we intend to conduct the needs assessment in these communities, and we expect to narrow our strategic plan implementation activities (Years 2&3) based on our analysis of the needs and feasibility considerations.

- Disability services and advocacy organizations: Project staff will conduct at least **four stakeholder interviews** by telephone or in person **in each community** within the selected communities. Stakeholders to be interviewed will be identified initially through Disability Rights Wisconsin staff and in partnership with independent living centers (ILCs), Grassroots Empowerment Project, People First, Traumatic Brain Injury Association and County Human Services contacts. The stakeholder interviewees will represent a cross-disability focus and represent differing decision-making levels within each organization selected for an interview: Executive Directors, Program Directors, Direct Support Workers, Advocates.   Project Staff also will request disability agency assistance in organizing **listening sessions in each community** comprised of people with disabilities who could inform the Project about how services might be more inclusive, responsive and accessible.

- Domestic violence and/or sexual assault agencies: **Stakeholder interviews** will be conducted via telephone or in-person by Project staff of the Executive Director, Program Director, Shelter Coordinator (if applicable), and a direct services advocate at each domestic violence/sexual assault agency in the selected communities **(total = five agencies – three dual agencies and two stand-alone agencies)**. Project Staff will request DV/SA agencies for assistance in organizing **listening sessions in each community** comprised of service recipients or other interested community members who could inform the Project about how services might be more inclusive, responsive and accessible.

- UNIDOS Against Domestic Violence: In partnership with the Executive Director of UNIDOS, Project staff will schedule and conduct **one listening session among the seven UNIDOS advocates** (all of whom are Latina) at a time and location that is mutually amenable to the session participants. Spanish language interpretation will be provided if the advocates would find that most helpful. Project Staff will request UNIDOS assistance in organizing **listening sessions in each community** comprised of Latina community members who could inform the Project about how services might be more inclusive, responsive and accessible.

- <u>Deaf Unity</u>: In partnership with Deaf Unity, Project staff will schedule and conduct **one listening session among the seven Deaf volunteer advocates** at a time and location that is mutually amenable. American Sign Language interpretation will be provided. In addition, Project Staff will request Deaf Unity's assistance in organizing **listening sessions in each community** comprised of Deaf/deaf or hard-of-hearing community members who could inform the Project about how services might be more inclusive, responsive and accessible.

- <u>Disability self-advocates</u>: In partnership with People First, Grassroots Empowerment Project, Traumatic Brain Injury Association, and the ILCs, Project staff will recruit a total of **eight self-advocates** with whom to conduct initial **stakeholder interviews**. These interviews could be conducted either in-person or via telephone, whichever is preferred by the self-advocate. The stakeholders will be encouraged to assist Project staff to recruit individuals with disabilities in each community to participate in a listening sessions about how services could change to be more inclusive, response and accessible.

  We deliberately avoided targeting victims/survivors with disabilities, and instead focused on self-advocates (many of whom will be victims/survivors) for two reasons. First, Project staff did not want individuals to be put in a position where they would have to self-identify as a victim/survivor to Project staff or to the agencies through which the Project would seek volunteer participants. While we acknowledge that some persons interviewed might self-identify as we build rapport and talk with them, we do not intend to pressure individuals into feeling that they must so disclose . . . especially considering the potential consequences of inadvertent reporting and/or trauma that could result.

  Second, based on our experiences to date, there are many (if not most) individuals with disabilities who have chosen not to report or disclose the abuse they experienced. Often individuals who have not utilized the victim and/or disability services systems can inform us of barriers and deficiencies more readily than individuals who have utilized these systems, albeit not to the extent that might have been more helpful to them. Since this Project focuses on services instead of the violent experiences individuals survived, we do not intend nor need to recruit only survivor voices.

Strategy B: Quantitative Data Gathering

The diagram below depicts an overview of the needs assessment focus and the primary quantitative methods used to gather that data.
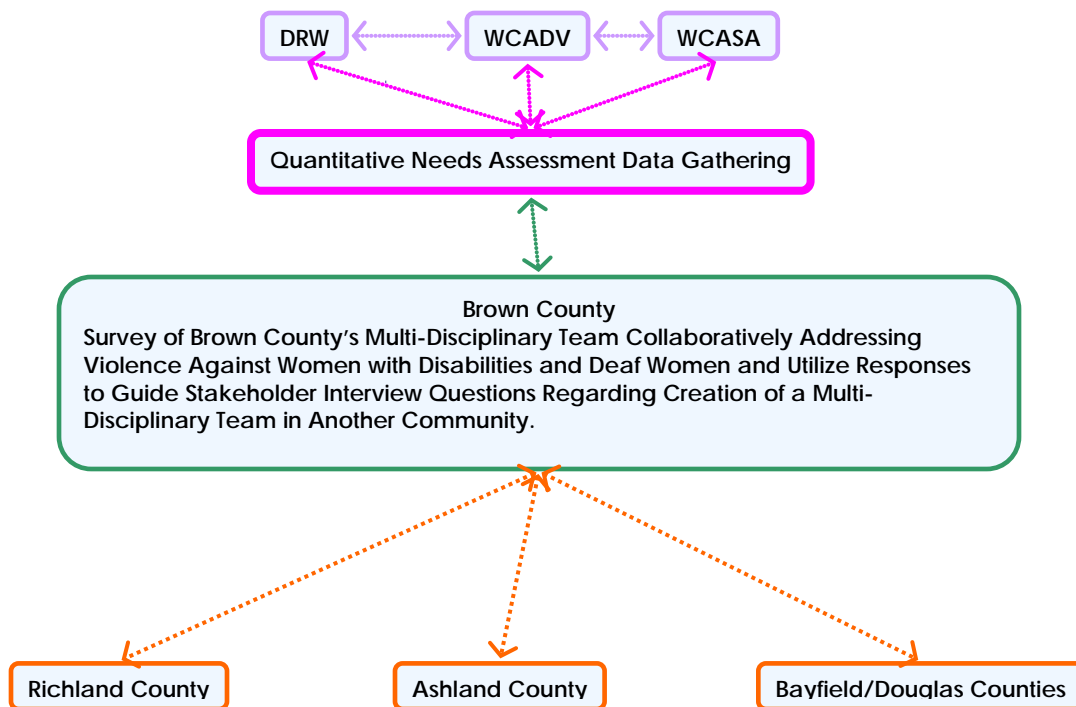
There will be one instrument used to gather quantitative data:

1. In Brown County, **one survey** of all members of the <u>multi-disciplinary team formed to address violence against people with disabilities</u> will be distributed to learn of their perspectives on the qualities and factors that have made their group successful. The quantitative information will help inform the development of collaborative, multi-disciplinary efforts in new sites selected as part of the strategic planning process. The survey will be a paper-based survey to be emailed to the 25-member team by its lead members. For people with disabilities on the team who do not have access to or use email, a hard copy survey will be provided and may be administered in whatever manner is deemed most accessible by the individual completing the survey.

Collaborative Partner Responsibilities

Each partner organization will *take the lead* in conducting the key stakeholder interviews with their respective constituencies (e.g., WCASA will lead interviews with sexual assault service providers, WCADV with domestic violence advocates, and DRW with disability organizations and individuals). Each lead staff person will have responsibility for scheduling the interviews that will be

conducted, sharing information among all Project members and compiling the data from the stakeholder interviews. DRW will take the lead in distributing and compiling the survey tools, will secure interpreters and reasonable accommodations as requested for listening sessions or any on-site activities, and will be responsible for compiling the Team's overall data and distributing the final results throughout the collaborative. As a team, the full collaborative will analyze the assessment results and identify the primary needs gleaned from these results.

Together, DRW, WCADV and WCASA will conduct the listening sessions held within the selected communities, share collected data and collectively analyze these assessment results.

Implementation Considerations

Confidentiality, Informed Consent and Mandatory Reporting

Because Wisconsin is working under newly enacted laws regarding the definitions and reporting of abuse of "Adults" and "Elders" at Risk, regardless of an individual's status (self-advocate, disability advocate, DV/SA advocate, etc.), every interview, face-to-face meeting and listening session will be conducted with the utmost sensitivity and preparation regarding safety, confidentiality and trauma responses of and for participants. Each participant will be given verbal notice by Project staff to ascertain passive consent for participation. Project staff will arrange with the DV/SA agency to have an advocate available to anyone who would like to or needs to talk during and following any discussions that impacts a former victim/survivor.

In addition, each listening session and face-to-face meeting will involve notice being given about the importance of confidentiality among participants, including reassurance that no personally identifiable information will be used or referenced in any way in the needs assessment findings. This prohibition on using personally identifiable information also includes an explicit statement that no audio or visual equipment will be used to record a person's participation. Notice also will be provided to participants about the implications of disclosure relative to the new Adults At Risk Reporting Law applicable in Wisconsin. Although Project staff is not "mandated reporters" per se, there may be participants or co-sponsors who hold different positions that make them "reporters" under the law.

We recognize that candid responses will best inform our implementation phase. Therefore, Project staff each will be responsible for maintaining the safety and

confidentiality of the gathered data. Any documents (electronic or hard copy) written as result of stakeholder interviews or listening sessions will be developed into a single, cohesive report within 3 business days following the assessment activity. Each report then will be emailed to DRW for inclusion in the overall assessment report. DRW will ensure that all personally identifiable information is redacted from the report prior to its inclusion in the data summary.

Project staff will identify any remaining copies of other data from the needs assessment activity and will shred/destroy this documentation after confirming that DRW has entered the aforementioned documents into the overall needs assessment report. DRW will follow the same procedure for its documents, and shred all documentation related to individual and organizational responses following approval of the Needs Assessment Report. The Project Coordinator will store all hard copy reports/documents in a locked file cabinet to which she and the Project Director only have access. Electronically based information will be secured on the Project Coordinator's hard drive (accessible only to Project Coordinator and Project Director) and will be deleted from the hard drive upon insertion into the overall Needs Assessment Report.

Project staff is mindful of the sensitivity and respect owed to assessment participants, especially if comments or concerns arise that relate to another organization/stakeholder within that community. Any paraphrased comments, etc., which could jeopardize relationship building, will be considered by Project staff in selecting the one community (Strategic Question 2), but the information shall not implicitly nor explicitly be included in the Needs Assessment Report or any published Project documents. This assurance will be communicated to assessment participants.

Accessibility of Process and Location

Accessibility is of primary importance in needs assessment implementation. All written information involved in this needs assessment process will be provided in alternate formats upon request (e.g., Braille, audiotape, CD-ROM, large print, "simple" language). All information communicated verbally will be conducted with qualified interpreters as needed (e.g., American Sign Language, Spanish, Hmong). Also, any interview, meeting or information session will announce the availability of reasonable accommodations upon request and will be conducted ONLY at locations fully accessible to individuals with disabilities. This accessibility requirement includes conducting information gathering opportunities at times that are most convenient for persons who must rely on alternative transportation services and/or lack accessible transportation altogether.

Participation Incentives for Self-Advocates and Volunteers

Self-advocates, individuals with disabilities, community members at large, Deaf advocates and listening session participants generally provide their time and expertise on a volunteer basis. In consideration of their volunteerism in the needs assessment, the Project intends to provide these advocates participation incentives that could involve mileage reimbursement at .425 per mile for travel to/from assessment activity, light refreshments during a listening session or stakeholder interview and/or a small stipend (e.g., a $10 gift card to a coffee shop or book store).

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Assessment Implementation Tools

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The tools used to gather the qualitative and qualitative data were developed collaboratively and will be implemented by Project staff. No interviews or listening sessions will be conducted with audio recording equipment because their use often hinders responses and raises confidentiality and safety concerns. The survey tools will lack any personally identifiable information, and all surveys will be shredded following data entry. The tools to be used in the needs assessment are the following:

<u>Survey</u>

- Brown County Multi-Disciplinary Collaborative Survey (***Appendix C***).

<u>Stakeholder Interview Discussion Questions</u>

- Discussion Questions for Disability Organization and Domestic Violence and Sexual Assault Agency Key Stakeholder Interviews (***Appendix D***).
- Discussion Questions for Disability Self-Advocates Key Stakeholder Interviews (***Appendix E***).

<u>Listening Session Discussion Questions</u>

- Discussion Questions for Deaf Unity (***Appendix F***).
- Discussion Questions for UNIDOS (***Appendix G***).
- Discussion Questions for Community Members gathered with the assistance of UNIDOS (***Appendix H***).
- Discussion Questions for Individuals with Disabilities gathered with the assistance of Self-Advocate Interviews, DV/SA Agencies, Disability Agencies and Deaf Unity advocates (***Appendix I***).

Wisconsin Project Description for Assessment Participants

- Wisconsin's Violence Against Women with Disabilities and Deaf Women Project Description (***Appendix J***).

Plan Timeline

<u>2007</u>

Aug.-Sept.	Consult with Vera re: Plan Development and Document
October 11	Email Final Draft NA Plan to Amy Loder at OVW
October 30	Refine Final Tools for Review and Approval
December 20	Submit Final Revised Plan and Tools to Amy Loder at OVW

<u>2008</u>

January	Begin Implementation of Needs Assessment
January 3	Collaboration Meeting to Check-In re: Needs Assessment
Mid-February	Project Collaboration analyzes data.
End of February	Consult with Vera and Submit Needs Assessment Results Report to Amy Loder at OVW
Early March	Collaboration Strategic Planning Meeting with Vera Institute
Mid-March	Consult with Vera re: Strategic Plan Document
End of March	Email Final Draft of Strategic Plan to Amy Loder at OVW
April	Begin Strategic Plan Implementation!

Wisconsin's Violence Against Women with Disabilities and Deaf Women Project – 2006-2009
Needs Assessment Background Information

As we embark on our collaborative process to develop and implement a needs assessment plan, I thought it might be helpful to compile some information from key background sources that have informed us to date. This information might help us with our needs assessment plan and all subsequent grant activities. (Amy J.)

Section A:
Described below are some of the free thinking ideas for a needs assessment focus identified by the Collaboration Team in a preliminary meeting held in January 2007.

Possible Communities for Grant Focus 2006-2009
- Distinction between urban vs. rural
- Communities of color (Latina, Hmong, African American)
- More focus on disability organizations
- Traumatic Brain Injury (TBI) association and support groups
- Substance Abuse service providers
- People with intellectual (cognitive) disabilities
- Family members and/or guardians of individuals with disabilities
- Think about targeting a specific geographic region within a particular target population
- Women with mental illness/psychiatric disability
- People associated with county-funded services, institutional settings & adult protective services (APS)
- Deaf Unity

Who Specifically Could We Contact?
- Collaboration Team organization activities:
  - WCADV:
    - African American, Refugee, American Indians Against Abuse (AIAA), UNIDOS, UMOS, formerly battered women committees
    - Regional networking meetings
    - rural programs

- o WCASA:
    - Regional membership meetings
    - rural-based SA programs
    - SA Advocate, Luann-Door County
    - SA Advocate, Pam-Brown, Oconto and Door Counties
    - Jeanie Kirka-Reimer-Sexual Assault center Director, Brown County
- o DRW:
    - Grassroots Empowerment Program member programs
    - Wisconsin Brain Injury Association meeting and some of the TBI support groups
    - DD Network
    - Kevin Magee-Legal Action of Wisconsin
    - Somalian Association (large Somali population in NW Wisconsin)
    - Catholic Charities/Lutheran Social Services/Woman's Way NW Wisc.
    - Yeng Vang-DRW Bd. Member from Wausau-DVR Navigator
    - Department of Health and Family Services' contacts, including clinical directors
    - Survival Coalition member organizations
- UNIDOS: Rachel R. and other migrant groups;
- UMOS (The Texas Migrant Council-TMC)
- AIAA – keeping in mind the differences among Wisconsin's tribes
    - o Trisha Gouge-Lac Courte Oreilles (LCO)
- SANE nurses, medical profession, law enforcement
- Refugee Associations/Department of Workforce Development (DWD) for migrant workers-Juan Lopez
- La Communication
- Health care – including acute inpatient hospital
- Native American Healing circles
- National organizations focusing on communities of color
- Deaf Unity: Alice Sykora, Linda Russell

Section B:
Described below are <u>issues</u> that the Team has identified as common barriers/service gaps throughout the last four years.

Prior Grant Experiences that Identify Barriers/Gaps

In addition to the barriers and gaps identified throughout other sections of this background piece, some additional issues that continue to impact services and support to Deaf victims/survivors or those with disabilities include:

- Accessibility barriers at domestic violence and sexual assault programs:
  - **Attitudinal:**
    - Fear and prejudices remain in serving women with mental illness
    - Trepidation about serving women with disabilities and Deaf women
  - **Physical:**
    - Priority physical modifications for entering the facility (parking, accessible route, signage, ramp slope)
    - Interior issues (door handles, accessible routes, accessible bathrooms, TTY availability and location, turn around space)
    - Shelter/Transitional Housing issues remain in common areas (inaccessible kitchen appliances and sinks, inaccessible showers, incorrect grab bar placement, accessible bedroom segregated from general population and often inaccessible in parts) as well as some of the resident rooms.
  - **Programmatic:**
    - Understanding of service animals versus "pets" distinction, policies that would admit service animals
    - Intake questions that discriminate against people with disabilities or require disclosure of information (medications, diagnoses, health conditions, disability benefits) that are not required by law and could be used to exclude women with disabilities or Deaf women
    - Service and shelter rules and policies that lack any statement about reasonable accommodations/modifications, impede access to the services enjoyed by participants without disabilities and agency ADA compliance policies missing.
    - Transportation services provided to clients often are inaccessible for someone with a mobility disability, and no resources or options are made available for accessible transportation.
  - **Overall accessibility issues:**
    - lack of understanding the need for accommodations and/or modifications is commonplace
    - policy for staff to ask clients about accommodations and knowledge of resources to employ to address the accommodation request need enhancement, and
    - policy for staff to request agency funds to meet accommodation request requiring an expenditure.

▪ Developmental disability residential service providers remain isolated in most communities in their response to clients that experience domestic violence or sexual assault; the "we take care of our own" approach remains strong.

▪ Disability services systems and staff continue to experience a "failure to imagine" that individuals with disabilities whom they serve could and do experience abuse, especially abuse perpetrated by someone known to and trusted by the person with the disability (e.g., family member, caregiver, transportation provider, peer in congregate residential facilities).

▪ Providers generally acknowledge feeling out of their "comfort zone" when working on issues of violence (disability organizations) or disability (domestic and sexual violence organizations).

▪ Collaboration among community-based disability and anti-violence organizations statewide is spotty, requiring increased emphasis on facilitating relationship building within and among communities.

Section C:

In the first grant cycle, the Project benefited from an independent evaluation of activities. Described below are the key findings from this evaluation.

Evaluation Summary:

1. **The project encouraged a new awareness of the magnitude of violence against women with disabilities.** It put the challenge to recognize and act on this reality squarely in front of training participants, who responded with frequent examples of ways in which they would be *more aware…more sensitive…more understanding…more open…more mindful…more thorough…more active…more assertive… more confident* in recognizing, understanding, and supporting women with disabilities who experience violence.

2. **Life stories incorporated into the training, via individual consumers and survivors, were the primary vehicle for carrying an expanded awareness of women's experiences with violence and intervening systems.** While references to research findings and statistics caught participants' attention, it was the direct experience of survivors relayed in their own words that carried the impact. In the six regional workshops this happened primarily via the actors of the Encore Studio.[1] Each session included a thirty-minute performance of vignettes from "To Love or Not to Love," a production that explores issues of sexuality, power, abuse, desire, and relationships in the lives of people with disabilities. In the two statewide sessions, consumer/survivor representation came via the keynote speaker, panelists, and participants who shared their experiences. Women with disabilities were involved at all

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[1] Located in Madison, WI, Encore Studio for the Performing Arts is a professional theater company for people with disabilities: www.encorestudio.org.

stages of planning and delivery, with varying degrees of visibility according to their individual wishes and circumstances.

3. **The regional meetings and cross-training workshops provided a new point of connection for interveners to learn who was doing what in their communities, and to take initial steps toward new ways of working together.** The project modeled cross-agency and cross-system collaboration throughout its activities, at the partner-agency level and in workshops and materials. Individuals from twenty agencies became involved via a work group, steering group, or training faculty. The organizing partners succeeded so well in raising expectations about collaboration that they retooled the regional workshops after the first session in order to address concerns that there was *not enough opportunity for collaboration*. They lengthened breaks, expanded a general session on collaboration, assigned seating in order to encourage more connections across agencies, and developed an exercise and handout to encourage ongoing thinking and action.

4. **The cross-training and accessibility guides, training workshops, and related materials consistently reflected a practical, hands-on design**. Workshop participants and evaluation contacts repeatedly acknowledged the content and design of materials as one of the project's benefits, with comments such as: *The amount of information is incredible. Very useful …The information was so specific to the job I do …The materials from all the sessions provided hands-on tools and resources.* The Cross Training Workbook and Accessibility Guide would be welcome tools in communities throughout the country.

The project did not get by without a degree of tension and disagreement between the coalition-based project partners and the local partner, and within the protocol work group. It is significant, however, that these moments of conflict did not block or diminish the overall project goals and accomplishments. They reflect common stories of collaboration: different histories and philosophies, strong feelings about protection and advocacy, and the group process of building relationships and agreeing on principles and strategies.

What the project did not accomplish was to include communities of color as planners and presenters. None of the four partner organizations brought communities of color to the table, nor did this emerge in the evaluation roundtable discussion about what they might have done differently. As the lead partner, WCA acknowledged this as a gap in the project's implementation and one that will be addressed in years to come.

Impact on Work Practices
Excerpts from 2 regional cross-training workshops in this font

Excerpts from 2 statewide collaborative training workshops in this font

Resources & Technology	Policies, Rules & Regulations	Administrative Procedures	Linkages	Education & Training	Social Standing	Concepts & Theories
• Use more local resources • Be informed about where to go for answers • Advocate more for my clients' education, awareness, and resources • Keep this information as a resource • Keep this information for sharing with consumers • Have higher awareness of resources I can refer our callers to • Learn TTY and accessibility workstation • Develop more of our resources with large print, pictures, and color to make them easier to understand. • Provide materials in alternate	• Take the ADA requirements back to where I work and train, also the confidentiality forms. • *Question my agency's policies*	• Assess safety needs • Always ask first what client wants outcome to be • Work on procedures & policies to be more accessible • Change release of information form • We have many changes to make: accessible materials, communications, outreach • Be more diligent in confidentiality issues • Be more accurate regarding confidentiality, listening to wishes of survivors • Beef up my agencies informed consent/releas	• Use collaboration • Make proper referrals and consult with proper professionals • Keep contact info for future reference • Network more effectively • Use WCA and People First resources • Connect with local agencies to improve my knowledge of technical assistive devices • Try to work more collaboratively with other agencies in our areas • Collaborate with tolerance and creativity • *Bring back all the information to my community and collaborate about the information.*	• Bring information back to my agency & share • Take information back to work and share with colleagues & client • I'll use a lot at my agency and share with co-workers • Have more knowledge about working with the disabled • Spend some time reading the training manuals. • Educate my community • Reinforce my awareness of alarming prevalence of SA/DV among person with disabilities • Bring back this info to co-workers, exercise it with	• Be more aware of my own biases • Be more aware of victims' goals • Be more aware of the importance of treating all persons with respect • Be more understanding of clients who have been abused in the past • Be more sensitive to clients who have been abused in the past • Be more understanding in my relations with people who have disabilities • Use this training and knowledge to serve those that aren't provided for in our	• Monitor my comfort zone attitude • Try to empower my client • Research and become more aware of my own comfort zone • Try to use my comfort zone in a different way • Think differently and from a different angel around perceived abuse. • Take a closer look at my comfort level • Practice empowerment and embrace it • *Be more aware of consumer choice in treatment* • *Be more empathetic and be more careful of my terminology* • *Be more aware of existence of trauma and how*

Resources & Technology	Policies, Rules & Regulations	Administrative Procedures	Linkages	Education & Training	Social Standing	Concepts & Theories
formats • *Order some of the materials on women with disabilities.*		e forms. • Be smarter about confidentiality, privilege, consent, and incompetency • Apply new ideas in group homes • Look at what works: policies /procedures on audiotape • Try to use this info in my work setting. • Make the environment as client friendly as possible • Set up a game plan for change • Search harder for solutions for clients • Ask all volunteers if they need accommodations to work with us • Incorporate confidentiality tips • Share wealth of info with staff and evaluate changes we	• *Focus more on a collaborative relationship and explore issues more.*	my clients. • Hold a brown-bag lunch for co-workers. • Take information back to my co-workers • Take the info back to my agency and let staff know about it • Read the materials when I get back and share with agency. • Share info with other staff • Help staff address biases and comfort • Educate my staff and coworkers • Share info with other staff. Read info gathered today • Bring back the information to my agency. • Share information with coworkers • Encourage discussion in our community	communities • Have more awareness of DV/SA with the people I serve • Be more aware of client's needs/risks • Be more aware of access needs • Be more aware of the folks I work with and prejudices that I may develop • Be more aware of an individual and not their disability; of their personal needs and history and desires • Be more sensitive to people with disabilities • Be more self-aware and proactive • Be more open, conscious and considerate of people that may have abuse in past or present. • *Be more patient*	*to respond; be more aware of self-injury and how to respond.* • *Be even more verbal about the importance of recognizing trauma* • *Bring back a more trauma-oriented approach to all my interactions with consumers* • *Be a better advocate for people* • *Adjust my use of language with clients. Recognize coping mechanisms, possibility of a trauma history.* • *Try to develop a new language for "client"* • *Be a stronger advocate for people I work with* • *Be more aware of how often DV occurs and the effect it has on people.* • *Be inspired. Internalize values a little bit more. Work with more awareness of the need to validate and support*

Resources & Technology	Policies, Rules & Regulations	Administrative Procedures	Linkages	Education & Training	Social Standing	Concepts & Theories
		need to make • *Try to ask questions in a different manner in regards to abuse, either sexual or substance* • *Try to take more time to listen to the people I provide services for. Ask more questions.* • *Use information provided on relaxation, stress reduction, peer support, etc.* • *Ask more "what works?" in counseling. "What are you worried about?"* • *Take time with clients, refer to professional mental health clinicians.* • *Ask more questions of my clients that are related tot heir entire life, not just the current situation.* • *Have a better understanding of how to support mentally ill clients in their employment.* • *Hopefully*		• Read the materials • Be able to teach others with the information I have learned • Try to increase awareness • Have further knowledge of what can be done to help and prevent sexual and domestic violence • *Share the new information with my co-workers* • *Share what I can with my staff; attempt to arrange in-services with presenters from their conference or WCADV* • *Pass info to our staff, especially the interns* • *Be better able to educate others* • *Contact a couple of the presenters about working with me to educate elder abuse workers re: older adults in abuse situations*	*and ask more questions of the client when they say they have a mental illness* • *Try to increase my work with people who are survivors with mental illness* • *Be more mindful of others potential biases blocking maximum services.* • *Look & plan differently how our shelter views and deals with individuals with disabilities. Look and plan ways to appropriately deal with clients that are displaying coping mechanisms that violate expectations.* • *Be better prepared when working with clients who self-injure* • *Be more aware of how I react to those who have had trauma in their life* • *Be more sensitive to the Deaf* • *Be more sensitive to helping victims and supporting*	*people's reality* • *I'll put what I learned to work to be a better advocate* • *Change the way I work with clients (strengths based-client focused)* • *Helps to recharge my thoughts and ideas. We all need new ideas to keep doing this type of work.* • *Discuss the effects of trauma in my support group*

Resources & Technology	Policies, Rules & Regulations	Administrative Procedures	Linkages	Education & Training	Social Standing	Concepts & Theories
		change some practices (with agency and staff support) & open our minds more-widen our ideas		*or who've had traumatic episodes in their lives* • *Have our local mental health agency present to our agency the signs/symptoms of mental illness diagnosis and medication that can be used* • *Seek more information on connections between domestic violence and mental health/illness* • *Talk more with my colleagues and peers about this important topic. Think about how I can better incorporate what I learned today in my work as a professional counselor* • *Continue to learn and use these tools to educate others in different areas* • *Train staff (as best as I can)* • *Go back and report some of this discussion and also more*	*where they are at and not directly them to where I'd like them to go.* • *I will listen a little differently and will have more resources for consumers.* • *Look at clients more open.* • *Try to get back to the basics, and ridding myself of judgments or preconceived notions of abuse and/or illness.* • *Learn to take more time and remember the possible connection between DV/Sexual Violence and Mental Illness.* • *Work more patiently with referrals.* • *Try to be a better listener and witness.* • *Take more time to listen and not judge due to health issues.* • *Have a new insight, hindsight of dealing with patients of abuse*	

Resources & Technology	Policies, Rules & Regulations	Administrative Procedures	Linkages	Education & Training	Social Standing	Concepts & Theories
				info on what to make decisions about. • *Seek more similar training.* • *Use some of the info with my clients and coworkers* • *Share info with other staff*		

Section D:

The Domestic Violence Program within the Department of Health and Family Services (DHFS) conducted a research project in 2002-2003 with focus groups to learn from various underserved communities in Wisconsin numerous issues related to services for victims/survivors of domestic violence and sexual assault. Of particular interest to our grant project were the results from several of the focus groups related to constituencies addressed in our grant project. The results from this assessment are listed below, and are excerpted directly from the DHFS report.

Wisconsin Department of Health and Family Services Focus Group Report

Women with Disabilities (Rural)
Sexual Assault
▪ It would be front page news if she told someone
▪ Public humiliation, because everyone would know
▪ Afraid to tell her family; they wouldn't believe her
▪ Fear of public humiliation in a small town
▪ Fear of retaliation
▪ Should fight back: scratch, bite, poke his eye out, break his nose
▪ More likely, would give up, give in, lay there and cry
▪ Individual therapy
▪ Crisis counseling
▪ Difficult if you can't move
▪ Support from friends

Women with Disabilities (Rural)
Domestic Violence
▪ Small communities can cover things up
▪ Afraid of not being protected, of being left more vulnerable
▪ Afraid of further violence if she reports it
▪ Fear of panic attacks, going out of the house
▪ Should get rid of him, leave, get out
▪ Not much choice, esp. if she has children
▪ Panic attacks and other disabilities make it hard to act
▪ Fear of his killing her
▪ Disagree whether getting a gun would be a good idea
▪ Family not likely to help
▪ Shelter, if there is room but no likely with physical disability

- Having friends and family back her up
- Need to call a week or two in advance for transportation
- Should have the choice to file charges
- Mixed feelings about whether agencies are helpful; depends on training and qualifications
- Don't believe in mental illness, or scared of it
- At risk for medical provider & caregiver abuse

- Counselor or doctor

Women with Disabilities (Urban)
Sexual Assault
- Unlikely that anyone, particularly family, would believe her
- Fear of being in relationships with men because of repeated abuse: You're easy prey
- High level of anger
- Disagreement over whether they could/should try to fight back
- At a higher risk because of past victimization and disability
- Overall, little or no help: not believed, help is designed only for able-bodied
- Mixed feelings about help from mental health system
- Family won't believe you
- May get help from her primary doctor
- Overall concerns about being believed and accessibility
- Disagreement about whether criminal justice intervention helps
- Depending on her disability, can't go to shelter
- No interpreters available
- May not know about services that do exist
- Professionals don't believe her if she has a mental disability
- Not being believed
- Accessibility is a huge barrier to help
- Services don't exist
- More examples of turning to health & counseling for help (though not necessarily effective)

Women with Disabilities (Urban)
Domestic Violence
- Fear of impact of violence on her children, both young and as adults
- Fear of poverty
- Afraid of being alone
- High level of anger
- Images of violent retribution common
- At higher risk because of disability: calling police or crisis line means turning in her caregiver: choosing between care and safety
- Women's programs
- Counseling with understanding of domestic violence
- Accessibility of shelters and other services is a big barrier
- Disagreement about whether police or crisis line can help, particularly if she's dependent upon the abuser for care
- Medical services & police end up being primary services by default; nothing else is there
- Constantly having to weigh safety against personal care
- Accessibility is a huge barrier to help

Deaf Women (Urban)
Sexual Assault
- Unlikely to tell her family; issues of shame, trust, and

Deaf Women (Urban)
Domestic Violence
- Fear that she'll tell, but will be seen as slow, dumb, and/or lying

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communication
- Deaf community is small; don't want people to know what's happened
- Can't trust interpreter to respect privacy, keep what she says private
- No privileged communication with interpreter
- Fear of loss of privacy
- Afraid that interpreter will misrepresent what she says
- Fear of being victimized again if she reports it: You want me to act out inappropriate sexual touching or rape?
- Should tell police, try to get away
- More likely to freeze; won't know what to do
- Not likely to tell family; might not believe her, take it seriously
- More likely to tell friends
- Find some to trust, someone she can communicate with
- More likely to turn to friends and mentors for help
- Less likely to turn to her family
- Trust and communication critical
- Disagree about how supportive Deaf community would be
- Educational interpreter more helpful than freelance interpreter
- Little support
- Can't count on help from beginning to end
- Can't trust that the hearing will accurately write what you report
- Deaf may not be able to read well enough to know if what interpreter has written is accurate
- ADA, but police and social services don't know what to do
- Can't trust interpreter to keep what she says private
- Traumatic to go through system
- No advocates; no Deaf advocates
- Stuck with services in own county

- Police don't enforce restraining orders; they're worthless . . . a few days later her head is blown off
- Disagreement about whether she should/could leave
- May be isolated from family, unable to work, few friends
- Trapped more than a hearing woman
- First needs a support system
- Can't turn to his family; her family would be first place he'd look
- Few examples of where she might get help
- Even more isolated than hearing woman
- Usually starts with the police, but can't count on them to help
- Can't count on agencies, 911, police to know how to use TTY
- Deaf seen as slow, dumb
- Response delayed or postponed if no interpreter available

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African-American Women (Small City)
Sexual Assault
- Young girls hide things . . . hold the guilt
- Fear of shame and breaking up the family (where perpetrator is a friend)
- Scared to go to her family
- Afraid to be touched by a man
- Fight back
- Disagree whether she would tell her family, whether they'd be supportive
- More likely to turn outside family
- If rape, maybe call police
- Take a shower and not say anything
- Family will retaliate, not call police
- Some use of counseling (5 of 14)
- More likely to go outside family, especially to best friend
- Spirituality; Jesus
- Pastor or preacher
- Therapy; counseling
- Most helpful: being believed, support from friends or family
- Scared to use services
- Absence of women of color on staff is a barrier to help

African-American Women (Small City)
Domestic Violence
- Anonymity and confidentiality important
- Get information, then hang up quick
- Call where she doesn't need to leave her name
- Fear of killing him in response to the abuse
- Afraid for her children, impact on children
- Twice as afraid if there were children
- Afraid to trust police and legal system
- Scared to go to the police
- Start saving money
- Family would support her, send money if they could
- May not tell family; they might think she should stay for financial security
- Parents
- Marriage counselor
- Get information from a friend
- Psychotherapist
- Nowhere for women to go
- More available, but still not enough
- No place for women with teenage children
- Lack of resource for women without children
- No place for women with alcohol/drug issues
- If she has a criminal record, can't get housing or other help
- No good services
- Takes 2 hours to get around on the city bus

African-American Women (Urban)
Sexual Assault
- If perpetrator seen as member of the family, she's unlikely to tell; family will condemn you
- Fear might make her call police
- Fear that family might turn on her if she tells
- She should call police; fight back
- What she'd really do is ball up in a corner; go to a friend
- Sexual assault agency

African-American Women (Urban)
Domestic Violence
- May not tell because she's ashamed to go to her family
- Telling might mean that her family gives her an ultimatum to leave him
- It gets worse if people know what's happening
- Fear that children will be taken away
- Afraid of loss of financial support
- Fear makes it difficult to do anything

- Mixed feelings about going to a hospital because police would be called
- Family may not be supportive, particularly if perpetrator is seen as part of the family, a second son
- Therapy, church might be source of help
- If she's on drugs, will limit help-seeking, she won't care
- Because hospital calls police, might discourage some women from going for help

- Fight back
- She needs to take him out
- Get a pistol and mace
- Leave
- If she's drinking/on drugs, more likely to take it
- Presence of children makes it more difficult
- Can't count on families for support
- She's out of luck
- Disagreement about whether individual or family counseling could help
- Advocate, shelter, safe house
- Disagreement re: if divorce would help
- Therapy
- Spiritual counseling
- Difficult to take a family to shelter

Hmong Women
Sexual Assault
- Women keep it to themselves
- Telling means that entire community will know
- Not likely to report because of concern that it would shame herself and the community
- Fear that she will bring shame to the community
- Fear of parents blaming her
- Fear of perpetrator
- Should fight back
- What she'd really do: she would blame herself, hide it, feel like it was her fault
- I'm going to kill him, if she's my daughter
- Mixed feelings about whether parents would be helpful or blaming
- Might involve perpetrator's family or clan leaders
- In rape scenario, some would call police/get legal system involved
- Little/no experience

Hmong Women
Domestic Violence
- Telling, particularly if there are repeat incidents, risks being seen as gossiping
- Mixed response to neighbors calling police. Some saw it as good that someone else cared. Others saw it as interfering in a private matter
- Shouldn't tell anyone
- Fear of husband's reaction if neighbors call the police/police become involved
- Try to talk with her husband, try to improve communication
- Takes it on herself: need to improve, change something in herself
- Turn to brothers, in-laws, her parents for help
- Some said she should fight back
- Few specific examples
- Might turn to his relatives/clans than her own
- Mixed feelings about whether marriage counseling helpful
- With higher level of violence, more likely to cite police/legal action, to make him leave

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- Running away, going to safe place
- Little/no experience
- Some contact with Hmong agencies, such as Hmong American Women's Association

Latinas
Sexual Assault
- Most women would not tell: no one would believe her
- Focus would be on what kind of person she was: was she a flirt, was she wild, or a quiet girl?
- Such abuse is embarrassing, reluctant for family or others to find out
- All women, though, would tell a doctor, since that visit is confidential
- 8 of 8 participants had been sexually abused at some point in their lives, but were afraid to tell anyone about it
- Afraid to tell because she will not be believed
- Should fight him off
- Belief that she can somehow control it at a certain level; shouldn't "let" him continue
- Would probably keep quiet, not tell anyone, not fight back
- Important for her to be seen as blameless for her family to defend her
- Should tell, but she probably won't because she won't be believed
- Family not likely to be of help
- A sexual assault or rape crisis center or hospital could be helpful (though women did not get that kind of help themselves)
- Confidentiality key in willing to seek help
- Police, in rape scenario
- Mixed response to police and courts as helpful
- Mixed response to priest as helpful
- Most thought a sexual assault center would be helpful, but did not know that one existed
- In their own experience, did not get help when sexually abused
- See therapy as a strong potential support

Latinas
Domestic Violence
- Telling means you will be blamed
- Once outsiders such as police are involved, support may disappear
- Telling risks being sent away if undocumented
- Afraid of being blamed
- Fear of deportation
- Afraid to ask for support from family
- Afraid brothers might beat husband if she tells
- Always afraid CPS would take my children
- Afraid that he will take children away
- Fear of being hurt again
- Would try to change environment; belief that she can somehow control it at a certain level
- Stop him now before it gets worse [physical]
- Depression
- Should call police, talk to therapist/someone
- Would be more likely to hide it: I could not tell anyone about my problems
- Women don't know where to go for support
- Families more likely to be blaming rather than supportive
- Families not see abuse/violence as problem
- Family might be supportive, but is far away, not in the U.S.
- Important to get outside support before telling family
- Television cited as a source of information
- Shelter, if that's what she wants
- Doctor, which might be the only place batterer will allow her to go

- Participants' sexual abuse experience was new information for Latina Resource Center (connection has been around domestic violence)

- Tell anyone who will listen to find support
- Latina Resource Center
- Majority: go to an advocate
- Most women did not see these as a source of help: shelter, police, courts, hospital, priest
- Latina Resource Center a key support; few victim services examples beyond it
- Frequent examples: therapy as victim service; all women would use it if could afford it
- None would go to hospital unless "definitely necessary;" would probably not disclose abuse
- Language & culture barriers to using shelter

Native Women (Rural)
Sexual Assault
- Not likely to tell
- Would feel shame, if family and others know what's happened
- No one would believe her
- Everyone in community would know if she called police
- Revictimized because perpetrator in community and everybody knows everybody
- Afraid to tell her family; won't believe her
- Afraid of being more victimized if she tells
- Fear of being blamed: What did I do to cause this?
- Afraid that nothing will happen if she does tell (because of how other cases have been handled)
- Should tell him to stop, report him, get help from an advocate, try to leave, fight back
- More likely, would push back and end up in a fight, try to reach a neighbor, feel shame, be in crisis in and shock
- Feelings of disbelief that he'd do this to her
- No resources; no one to turn to
- No community support
- More opportunity for anonymous services off the reservation
- Message is nothing is going to be done
- Revictimization, because of how those cases that have been

Native Women (Rural)
Domestic Violence
- Might not tell family; unlikely to do anything
- Afraid of the way the legal system and communities treat victims
- Emphasis on her leaving
- Leave before violence escalates
- Send children away or to their room
- Women more likely to be blamed
- She would try to do better (control what's happening)
- Lack of resources
- Need to know where to call, where to go
- Few services for victims
- In legal system, victims are the underdog; revictimized
- Revictimized by service providers: child custody, child support, financial sources

reported were handled
- No justice was done
- No sexual abuse services exist

<u>Native Women (Urban)</u>
Sexual Assault
- Gossip, it goes around
- Might prefer a stranger than a center where everyone knows her
- Can't trust confidentiality forms
- Fear for her privacy if she seeks help in Native community: everyone knows about it
- Hard to admit it happened, especially if incest
- Try to seek help where she is not known
- Don't know where to go; might be resources, but don't know about them
- Want anonymous help, where not known
- Little trust in their confidentiality
- Need to say who they are and what they can do for her, not stand mute
- Seek help where not known

<u>Native Women (Urban)</u>
Domestic Violence
- May keep it to herself, feel that she can't tell family, hard to know if they will be supportive
- Fear of fighting back, of killing him and ending up in prison
- Afraid for children
- Might see it as her fault
- Low self-esteem, depression
- Emphasis on leaving
- Emphasis on fighting back
- May stay to keep up appearances for family or community
- Prayer singing group
- Turn to family
- Go to one of the Indian agencies
- Shelters for families
- Should offer her skill training, education while her kids are in school
- More service access in cities than reservation

Focus Group Specific Cultural Competency & Distinctive Issues Results:
<u>Deaf Women (Urban)</u>
Sexual Assault
- Every deaf person is different
- Distinction b/w Big-D Deaf, culturally Deaf, versus small-d deaf
- Disagreement over whether Deaf community would be supportive or want to keep it quiet, esp. if all involved were deaf
- Reliance on interpreter = giving up privacy
- Deaf community is an oppressed community

<u>Deaf Women (Urban)</u>
Domestic Violence
- Cultural differences between Deaf and hard of hearing
- Isolation & communication significant issues

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African-American Women (Small City)
Domestic Violence
- Fighting back
- Cannot trust police, legal system

African-American Women (Small City)
Sexual Assault
- Attack on her means being disrespectful of her brother and her family, too
- Cannot trust doctors, police, legal system – White-dominated systems
- Black family will retaliate, not call the police
- Prison not seen as much of a solution; makes violence worse
- Important to see yourself in those who provide services
- Agencies need African-American staff

African-American Women (Urban)
Domestic Violence
- Discussion of whether women should stay in marriage and try to make it work; whether divorce makes situation more difficult
- Financial situation makes it difficult to leave

African-American Women (Urban)
Sexual Assault
- If perpetrator is seen as part of the family, too, victim is unlikely to tell family or report it
- Potential support from church

Hmong Women
Domestic Violence
- Mainstream marriage counseling not helpful; don't understand Hmong culture
- See potential role of Hmong-based organizations
- Did not generally recognize those culturally-distinct programs that are responding to domestic violence
- Role of mother-in-law is significant, either as source of support or (more frequent example) colluding with batterer and/or abusive toward her daughter-in-law.
- Role of in-laws; may be more likely to tell them what's going on before telling own parents.

Hmong Women
Sexual Assault
- Role of clan leaders
- Distinctiveness of clan structure in considering response and services
- Spiritual component: Have a soul calling; bring chicken&eggs to bring spirit back to her.
- In rape scenario, may be forced to marry. Might be likely, but not welcome by women.
- Response to question: In Hmong culture, do you think that rape is OK? Unanimous: No
- Little/no use majority-culture victim services
- Language differences barrier to help from mainstream victim services and legal systems
- Split b/w what would happen back in Laos/Hmong culture & legal system/U.S. culture

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Latinas
Domestic Violence
▪ Women stay in marriage to honor their men
▪ Cultural differences between Mexico and U.S. in response to violence
▪ Message from parents that you should stick by your man as long as he supports you
▪ Moms defend sons & blame daughter-in-law
▪ Availability of bicultural, bilingual services significant for women seeking help

Native Women (Rural)
Domestic Violence
▪ Communities support batterers

Native Women (Urban)
Domestic Violence
▪ Stronger sense of family as source of help
▪ Anonymity/confidentiality more important for some women than Native services
▪ Prayer singing group as one response
▪ Batterers' programs need to be culturally specific, not 12-Step
▪ Tension b/w urban & reservation experiences

Women with Disabilities (Rural)
Domestic Violence
▪ Disability complicates reporting and decision-making
▪ General lack of accessibility
▪ Disability makes you more vulnerable

Latinas
Sexual Assault
▪ Seen as problem of "loss of respect" or "disrespecting" her family
▪ Would be seen as attack against family and home, not just individual woman
▪ Availability of Spanish-language services
▪ How to discuss issues of sexual assault, especially related to children, in Latino homes

Native Women (Rural)
Sexual Assault
▪ Communities small; everybody knows
▪ Complete lack of services
▪ Elders who have been perpetrators now represent the tribe
▪ Those at the top (elders, officers) may be former offenders of have them in their family
▪ It becomes political as secrets come out

Native Women (Urban)
Sexual Assault
▪ Need something that says this is Indian and it's safe to be here
▪ Not recognized as Native: Are you sure you're not Mexican?
▪ Concerns for privacy and confidentiality mean she may not say anything

Women with Disabilities (Rural)
Sexual Assault
▪ If you have mental illness, people won't believe you
▪ Lack of knowledge/understanding disabilities
▪ Disability, esp. mental, more vulnerable

Women with Disabilities (Urban)
Domestic Violence
▪ Almost complete lack of understanding of & options for women with disabilities
▪ Constantly weighing safety against care
▪ Shelters and other services are inaccessible
▪ The world wants us to communicate [it's way]
▪ Needs to be Deaf-to-Deaf outreach, education, and advocacy

Focus Group Specific Recommendations:
African-American Women (Small City)
Sexual Assault
▪ African-American staff in service agencies
▪ Always listen to victims
Domestic Violence
▪ Provide housing, financial support, services for women with teenagers, older women, women who are alcoholic/drug-addicted
▪ Better training to police

Hmong Women
Sexual Assault
▪ Listen to women; acknowledge that it has happened
▪ Hear what she has to say.
Domestic Violence
▪ Develop Hmong agencies, clan leaders, and relatives as sources of help
▪ Increase men's willingness to get help (with child rearing, roles of men and women, finances, involvement with children's schools), via Hmong agencies
▪ Emphasis on self-reliance, empowerment
▪ Potential of friends for support
▪ Perpetrator should have to leave home, not the victim

Latinas
Sexual Assault
▪ Believe what victims have to say
▪ More Spanish training for agencies that deal with families
▪ Need to discuss it in Latino community, homes

Women with Disabilities (Urban)
Sexual Assault
▪ There's an almost complete lack of understanding of and options for women with disabilities
▪ Constantly having to weigh safety against care

- Sexual assault centers, hospitals, doctors, therapists seen as having greatest potential to help
- More information about sexual assault and what it is: i.e., that it can occur during marriage

Domestic Violence
- More resources like Latina Resource Center
- Bilingual/bicultural shelter
- More domestic violence support groups and advocates
- Education group for batterers
- Education in schools for pre-teens
- More Latino therapists

Native Women (Rural)

Sexual Assault
- Need to build a strong sexual abuse services network
- Build community support
- Believe victims
- Education to children/teens about sexuality and sexual abuse
- Train all police officers in issues and victim empathy

Domestic Violence
- Need resources: someplace to call, someplace to go
- Victim needs to know it's not her fault
- Train all police officers in issues and victim empathy
- Stop revictimizing practices

Native Women (Urban)

Sexual Assault
- Need to know about services that do exist
- Need to trust confidentiality and anonymity of services
- Services need to be clear about who they are and what they can do for her

Women with Disabilities (Rural)

Sexual Assault
- More training for agencies, professionals, police
- 1-800 number for all rape crisis centers
- Personal alarms that will alert police

Domestic Violence
- Crisis workers who would come to the house with the police

- Accessible services; intervention in every town
- More publicity about what's available
- Peer network of women
- Stricter laws

Women with Disabilities (Urban)
Sexual Assault
- Provide accessible services
- Self-defense techniques
- Peer support
- An advocate who could check on you, see if you're OK
- More training for police and other services on disability awareness
Domestic Violence
- Provide accessible services
- Self-defense techniques
- Somewhere she can go to get re-established: shelter, financial support
- Peer support; women who could call each other every night
- An advocate who could check on you
- Training for police about women with disabilities

Deaf Women (Urban)
Sexual Assault
- Outreach and education, Deaf to Deaf
- Advocate who stays with woman through the system
- Give victims choice of resources in Deaf culture and hearing culture
Domestic Violence
- Deaf to Deaf outreach, education, and advocacy
- Services and support that are accessible for Deaf women
- Advocate who stays with women through the system

NEEDS ASSESSMENT PLAN NARROWING PROCESS

Wisconsin's Violence Against Women with Disabilities and Deaf Women Project

Needs Assessment Plan Narrowing Process

The Wisconsin Collaborative debriefed about our successes and remaining work at the conclusion of each of the two previous grant cycles. Two key areas of deficiency became apparent from these debriefings:

- a lack of emphasis on our focus in communities of color, and
- the need to expand and deepen our work among disability organizations.

This plan provides us with an opportunity to learn more about what we don't yet know and further our learning overall. In consultation with Vera Institute, the Collaborative was made aware that our plan's approach might be characterized as atypical or unusual to the traditional needs assessment process. Our plan, however, reflects a thoughtful process that intentionally builds on and expands the factors that influence our vision.

Since the Project team already had identified numerous factors to consider for narrowing our assessment and Project focus, Vera assisted us to combine these factors and, instead focus on the "how" to incorporate these factors into strategies for narrowing our needs assessment plan.

Narrowing Framework: Stage One

In January 2007, Partner Team, including decision-makers within each agency, met to review ideas from the December 2006 grantee orientation and begin discussion about preliminary ideas for the needs assessment process. The Team developed a list of individuals and organizations to consider approaching to gather information for the assessment. It was agreed that initially we would try to capitalize on "naturally occurring activities" that would allow us to gather information about needs in a more informal context. (See page 6 for a detailed description of this initial Team discussion about the needs assessment.)

Narrowing Framework: Stage Two

As the Collaboration progressed in its development, we agreed in late Spring/early Summer to begin focused deliberations about the needs assessment process. We requested on-site technical assistance from Vera Institute to help us frame this process. During an on-site technical assistance meeting in July 2007, Vera developed the questions that allowed the collaborative initially to narrow and manage its focus. We developed this framework out of our response to Vera's questions.

First, Vera asked us to think back over the last five years and identify (individually) what we felt specifically had the biggest impact. Our responses included:

- Visibility statewide about issues related to violence against women with disabilities and Deaf women;
- Creation of Brown County's multi-disciplinary action group to provide a coordinated response to abuse for people with disabilities;
- On-site accessibility assessments of DV and SA agencies;
- One person's work itself has changed overall;
- Sponsorship by Wisconsin's Department of Health and Family Services of a statewide summit on trauma;
- Theme of trust (among collaborative members, among community-based organizations and with the Deaf Community); and
- Development of new hands-on resources.

Next, Vera framed the method for how the collaborative should narrow its focus: they asked us to respond to the following four questions:

1. *What work will have the greatest impact?*
2. *Where do your interests lie?*
3. *What seems to be the natural next step for the collaboration ....?*
4. *What is feasible both internally and externally?*

The plan itself reflects this narrowing process that Vera led us through. In response to Vera's four questions and our ability to answer them, this process resulted in our utilization of **strategies** to determine the "how" to narrow our needs assessment plan and focus.

The collaborative identified four primary strategies to consider for the Project assessment plan:

1. Expand successful collaborative in Brown County to include more cross-disability focus and communities of color.

2. Replicate the successful collaborative model developed in Brown County in another community and emphasize inclusion of communities of color and cross-disability populations at the outset.
3. Create a collaborative response in a community with limited resources (rural) that is interested in addressing violence against women with disabilities and Deaf women.
4. Capitalize on and enhance relationships built between collaboration and Deaf Unity and UNIDOS Against Domestic Violence (a statewide Latina domestic violence and sexual assault agency).

(For a more detailed description of this process and the collaborative's responses, please see page 9.)

For each primary strategy, the collaborative then identified several communities to consider for needs assessment implementation. These communities were identified as a result of a deliberate process to devise primary and secondary criteria that the Project collaborative would consider to narrow even further the communities suggested for assessment strategy implementation. We clarified "next steps" and agreed to assignments to gather the needed initial data for narrowing the community choices for each strategy. Beginning on page 15, we developed a chart mapping out this additional hard data in preparation for our final narrowing process.

Narrowing Framework: Stage Three

In August 2007, the collaborative reconvened to review gathered data and reported input to more fully inform us about initially identified communities for the primary needs assessment plan strategies. Another more narrowly focused chart (see page 20) was developed that details the information gathered and used by the Collaborative to make its final selections. Based on the primary and secondary criteria we identified initially, the Collaboration selected three communities for conducting a multi-faceted needs assessment. (Brown County already was chosen as one of the communities in which to conduct a needs assessment.) The Collaboration's final selections are:

1. <u>Bayfield/Douglas Counties</u>: Center Against Sexual and Domestic Abuse has a well-run, dual program that covers both counties in its service area. These counties are rural in nature. The Red Cliff reservation is located in the area. A regional Aging and Disability Resource Center (ADRC) will be created providing an opportunity to connect with a wide array of people with disabilities and organizations providing services and support to them. North Country Independent Living is a strong ILC and has a demonstrated

commitment to violence against women with disabilities. Also, there are other disability groups that are well-grounded in this region.

2. <u>Richland County</u>: Passages also is a solid, dual DV/SA program with interest in disabilities issues and having an accessibility assessment conducted by the Project Team. UNIDOS Against Domestic Violence (A Latina based domestic violence/sexual assault program) is involved in Richland County and with the DV/SA program. Richland County has one of the longest standing and well respected ADRC, and Independent Living Resources is a solid ILC with an understanding of and interest in violence against women with disabilities and Deaf women.

3. <u>Ashland County</u>: New Day Shelter is a somewhat solid, dual program that has long standing involvement with the Native American community, and has a Native American Advocate on staff. The Bad River reservation is located in Ashland County. There exist effective disability groups in the area, including Genesis (consumer-run recovery center), Community Support Program, North Country ILC, and an upcoming regional ADRC.

4. <u>Brown County</u>: already selected as one of the communities with whom we would work due to the multi-disciplinary collaboration operating in the county and its diverse population and resources.

(<u>Note</u>: Marathon County was selected as a back-up selection for the needs assessment. The Women's Community is a really solid, dual program. The county has a large Hmong population, and a fairly strong Refugee Family Strengthening Project. While it has an ADRC, the ILC is weaker and there is less confidence due to that factor, and existing conflict between the ILC and the DV/SA program.)

In addition to selecting the communities in which to conduct the needs assessment, the Collaboration also discussed the feasibility of the four original strategies both in terms of the needs assessment implementation and the strategic planning implementation phases. As a result of this discussion, the Collaboration agreed that two of the strategies related to creating and replicating Brown County's collaboration model should be combined because the intent of both strategies overlapped and it would be more feasible to achieve our assessment goals and timelines.

There also was acknowledgement that our emphasis on communities of color could be subsumed by other strategies if we failed to highlight its prominence in our strategies. Therefore, the Wisconsin collaborative refined the initial four strategies and agreed to the following **three strategies** to guide the needs assessment process:

1. Deepen the successful collaborative in Brown County to include a more cross-disability focus and representation within communities of color.
2. Create and replicate the successful collaborative model developed in Brown County in another community and emphasize inclusion of communities of color and cross-disability populations at the outset.
3. Capitalize on and enhance relationships built between Wisconsin's Collaboration Team and disability, domestic violence and sexual assault programs, emphasizing work with Deaf Unity and UNIDOS Against Domestic Violence (a statewide Latina domestic violence and sexual assault agency).

Having come to these strategic conclusions jointly, Team members expressed enthusiasm for and confidence in achieving our needs assessment plan activities and its ultimate impact in guiding the Project's future work. We believe this narrowing process provided us the opportunity to identify the current strengths, assets, resources and gaps within the communities we discussed. The resulting plan allows us to build on information and expertise we have gleaned throughout this Project's lifespan, deepen our understanding about the needs of communities and issues we have neglected and initiate opportunities to build new relationships with previously unfamiliar constituencies. Most importantly, this plan is devised ultimately to positively impact victims/survivors with disabilities and Deaf victims/survivors. That goals is, and remains, the driving force behind our efforts.

Finally, the Collaboration Team revisited and discussed the various methods we would employ to gather the needed information. Descriptions and actual draft tools, timelines and responsibilities for implementing the planned activities are fleshed out below.

February 20, 2007

To: VAW with Disabilities Team of DRW, WCADV and WCASA
From: Amy J.
Re: Notes from January 2007 Initial Planning Meeting
 Suggested Discussion Areas for Needs Assessment Activities

Thanks to each of you for your time and input at the initial planning meeting. I have described below the ideas and strategies we discussed for moving forward in the needs assessment phase of the disabilities grant project. I also have attached a document that includes some initial suggestions for our discussions with communities we identified for information gathering in the needs assessment phase.

The Team reviewed the Project's draft vision statement. There was agreement that the vision statement captured the essence of accessibility and individuality we hope to convey through our work. It reads:

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

Needs Assessment Process: Overview of Project Approach

Our approach at this early stage is to meet with a diverse constituency to describe the disabilities grant Project and learn from them what is happening, needed and desired for women. I have attached a draft document that we could distribute that describes this three-year project. Your comments and suggestions to it are most welcomed.

The following discussion ideas are designed to initiate a conversation with individuals and groups that we access for the needs assessment. The ideas noted below are designed to help get us started in gathering information.

Overall Approach

- Establishing trust and rapport; listening for what we don't know;
- Describe the project;
- Be explicit about our inability to be concrete at this stage about what we can do in return – reciprocity;
- Approach contacts via a team approach with a person who is connected/familiar with the contact person;

What do we want to learn?

- Barriers: who did the victim/survivor tell and why... what happened.
- How did you decide and what to talk about and to whom?
- What did you hope was going to happen? What was the most/least helpful and why?
- For individuals with disabilities from minority populations, what was the perceived impact on how people responded to individuals with disabilities who experienced violence.
- How could you help us learn more?
- Listening.
- Reporting – follow up "we don't have contact with people with disabilities"
- Connecting to services (noticing language e.g. poverty, abuse)
- Fear of talking –
- Discomfort at many layers what's usual – how would things be different (with disabilities) or cultural background is original of dysfunctional
- Understanding of sexual abuse or violence
- Aftercare

Communities

- Urban vs. rural and communities of color
- TBI with AODA
- people with cognitive disabilities
- family members and guardians
- target specific regions as part of target population
- psychiatric disabilities.
- People associated with county-funded services, institutional settings & APS

How

- Ask for stories "what happened?"
- Be more specific about decision points and people involved
- If you've been involved in training or TA – what was helpful?
- Who else might be helpful to talk with?
- Org. activities re: communities of color
- WCADV networking health care mtgs. – regional
- WCASA req. Mtgs. or something similar (same)
- Naturally occurring activities
- Focus groups attached to other events
- WBI Assn. mtg. and some of the support groups

- WCADV groups: African American, Refugee, AIAA, UNIDOS, UMOS formerly battered women

Who

- UNIDOS Rachel R. and other migrant groups; UMOS (The Texas Migrant Council-TMC)
- AIAA noting differences among tribes
- Trisha Gouge-LCO
- WCADV's rural programs; rural-based SA programs
- SANE nurses, medical prof., LE
- Refugee Associations/DWD for migrant workers-Juan Lopez
- Kevin Magee-Legal Action
- La Communication
- Somalian Ass'n
- Catholic Charities/Lutheran Social Services/Woman's Way NW Wisc.
- Yang-DRW Bd. Member-DVR Navigator
- DHFS-clinical directors
- Luann-Door County
- Pam-Marinette County
- Jeanie KR-Brown County
- GEP member programs
- Health care – including acute inpatient hospital
- Healing circles
- Nat. orgs. focusing on communities of color

August 1, 2007

To: Armintie, Diane, Patti: WCADV
  Linda, Tiffany: WCASA
  Dianne, Joan, Jodi, Karen, Mark: DRW

From: Amy J.

Re: Notes from Planning Meeting with Vera Institute

Attendees:
Collaboration: Armintie (A.J.), Diane, Tiffany, Joan, Jodi, Mark, Karen, Dianne
                  and Amy
Vera Institute: Nancy Smith, Alissa Yarkony and Erin Volk

Setting the Stage for the Day:
Vera asked us to think back over the last five years and identify (individually) what we felt specifically had the biggest impact. Our responses included:
   ▪ Visibility
   ▪ Green Bay action group
   ▪ Accessibility audits
   ▪ How one person's work itself has changed overall
   ▪ Trauma summit
   ▪ Theme of trust (trust with the Deaf Community)
   ▪ Development of new resources

Nancy from Vera provided some background about the grant program and the approach that the Office on Violence Against Women (OVW—our funder) is taking on these grants.

▪ Same goal for grant program, but the model has shifted from a focus on individuals within organizations (via training) to a focus on a systems change approach.
▪ This approach is based on fostering collaboration and emphasizes relationship building to improve how systems work and to promote intra-organizational change.
▪ More emphasis on technical assistance and less on formal training.
▪ Model comprises the following:
   o In-depth in 2-3 pilot sites (communities)
   o Generate best practices that then can apply to the rest of the state
   o Emphasis is on changing policies and practices – sustainability
   o Integrates the work so that when the grant funding is gone, the work
     continues

▪ OVW Goals of the grant program for each grantee:
- o Work on a small scale
- o Intentional in our work (planning)
- o Emphasis on technical assistance
- o Work is manageable and feasible

Group Discussion with Vera Facilitation

Possible Communities For Grant Focus:
(these were ideas our collaboration generated in January 2007.)

- ▪ Distinction between urban vs. rural
- ▪ Communities of color
- ▪ More focus on disability organizations
- ▪ Traumatic Brain Injury (TBI) associations and support groups
- ▪ Substance Abuse provision
- ▪ People with cognitive disability
- ▪ Family members and/or guardians
- ▪ Specific geographic region within a target population
- ▪ Women with mental illness/psychiatric disabilities
- ▪ People associated with county-funded services, institutional settings and APS
- ▪ Deaf Unity

Questions/Criteria to Consider for Narrowing our Focus (Vera)
1. What work will have the greatest impact?
2. Where do your interests lie?
3. What seems to be the natural next step for the collaboration ....?
4. What is feasible both internally and externally?

Group Offered Questions/Criteria to Consider for Narrowing Focus
1. Communities interests
2. Not forcing something
3. Awareness that different communities express interest in different ways
4. Communities trust and buy-in
5. Reaching out to organizations "opportunity for dialogue"
6. "Bottom-up approach" one method = attend meetings
7. Defining outcomes for work
8. Keeping the make up of the state in mind/keeping our plan feasible
9. Not getting same results but working off of what is established
10. Building on models of community organizing that are already out there
11. Build on existing Coordinated Community Response (CCRs) teams
12. Consider the resources available and policy changes

13. Visibility
14. Green Bay – All systems in place for victim/survivor
15. Nature of accessibility audits "Welcoming"
16. Nature of work has evolved
17. Influence on state to have summit on trauma
18. Collaborations in community that mirrors this collaboration
19. increase in trust – community/collaboration
20. Work with Deaf Community
21. Emphasize work with communities of color
22. Emphasize rural communities

Strategies for Needs Assessment (Impacts Strategic Plan and Implementation)

Primary
1. Create and innovate in a community/ies with limited resources using a strength – based approach
2. Expanding the model of a successful community
3. Replicating a successful model in other parts of the state
4. Influence direction – Aging and Disabilities Resource Centers (ADRC) – in on "ground floor"

Secondary
5. Continuing to engage with the deaf/Deaf Community "Deaf Unity"

Strategy #1: Create and Innovate in Community with Limited Resources

Possibilities:
- Taylor county
- multi-county = Taylor & Clark
- Lincoln, Langlade counties
- Polk, Burnett counties
- Iowa, Lafayette, Grant counties
- Iron, Price county
- LCO (Sawyer County)
- Rusk, Price, Washburn counties

Criteria:
- rural
- limited resources
- SA & DV presence
- peer services potential
- think creatively/outside the box

- less established mental health services
- Some Traumatic Brain Injury (TBI) support groups, Grassroots Empowerment Project (GEP), NAMIs, People First
- parent groups
- some in roads
- contact or 2
- don't want to invent everything
- disability census data
- communities of color

Strategy #1 Next Steps
- disability census and other data/analyze
- assess inroads
- reassess potential communities and develop outreach strategy
- make contacts at SA/DV programs to gauge interest

Strategy #2: Expanding model of a successful community

Possibilities:
- Green Bay/Brown County – invested a lot and still places to go
    o multi-disability groups to address VAW with disabilities
- Communities of Color
    o which communities?
    o SA programs working with: Latinas, African-Americans, Native Americans, Hmong
    o DV programs working whom--not sure
- Expand work in partnership with other interested groups and organizations
- Dane County/Madison (strong programs Dis./SA/DV (alternate option)

Criteria:
- working with communities of color
- community interest and capacity
- Existing in collaboration
    o Deaf services
    o SA/DV/People First
    o Adult Protective Services (APS), ADRC, County Services

Next Steps
1. Figure out which community of color DV is working with
2. Nature of what relationship would be like
3. Gauge Green Bay interest > reach out to SA/DV Executive Directors, specifically around communities of people of color

4. Gauging interest of other groups and organizations
5. Next step for Madison alternative: Initial conversation to gauge interest.

Strategy #3: Replicating: Successful model

Possibilities:
- Chippewa (**)
- Marathon County < deliberate disconnect between SA/DV and ILC (**)
- Bayfield and Ashland (*)

Criteria:
- DV/SA presence
- Disability presence
- Capacity
- Demonstrated interest DV/SA/Disability Groups
- Strong Independent Living Center (ILC) recognition SA/DV issues
- good mental health contacts
- linkages exist
- communities of people of color
- innovative/open
- existing ADRC incorporate violence against women with disabilities

Next Steps
1. Narrowing further
2. Amy/check out relationship between ILC and DV/SA organization in Marathon and other disability organization in area
3. Check on status of CCR in Bayfield/Ashland
4. Number of women with disabilities/data in each site (impact)
5. Check local interest: Chippewa, Marathon and Bayfield/Ashland

Strategy #4: Aging and Disability Resource Centers

Possibilities:
- Combining ADRC work with strategy #3 (replicating successful work) and possibly #2 (expanding the model for successful community)
- Bringing them into different models/strategies

Criteria:
None listed.

Next Steps
1. Look at list of ADRC's and narrow
2. Established ADRC vs. newly formed
3. Look at strategy #3 community and plan for ADRC

<u>Overall Next Steps in Planning Process</u>
(In addition to next steps for each of the strategies previously identified.)

1. Contact Green Bay regarding interest
2. Another meeting
    a. How to narrow further
    b. Answers to next steps of strategy > Brown County contacts
    c. Decision making around needs

Violence Against Women with Disabilities and Deaf Women: Existing Data for Needs Assessment 2007

County (Total Population)	Dis. %	Black/ AA %	Amer. Indian %	Latino %	Asian* %	SA Prg.	DV Prg.	Tribe	Project Interest (TA)	Rural	Dis. Orgs. PF ARC MH TBI GEP ILC+ NWDC	Solid Contacts	Strategy 1-Limited 2-Expand 3-Replic.
Bayfield 15,013	21	< 1	9.4	< 1	< 1	✓ CASDA New Day Shelter	✓ 🏠 CASDA New Day Shelter	Red Cliff Bad River	✓	✓	ILC-North Country	Yes	3
Ashland 16,866	17.5	< 1	10.4	1.2	< 1	✓ New Day Shelter	✓ New Day Shelter	Bad River	✓	✓	ILC-North Country; GEP-Genesis	Yes	3
Washburn 16,036	19.4	< 1	< 1	< 1	< 1	✓ Time-Out	✓ Time-Out		✓	✓	ILC-North Country	More limited	1
Burnett 15,674	20.7	< 1	4.5	< 1	< 1	✓	✓	St. Croix		✓	ILC-North Country; GEP;	More limited	1
Polk 41,319	16.5	< 1	1.1	< 1	< 1	✓ Community Referral Agency	✓ Community Referral Agency			✓	ILC-CILWW	More limited	1
Sawyer 16,196	25.4	< 1	16.1	< 1	< 1	✓ LCO Oakwood Haven	✓ LCO Oakwood Haven	LCO		✓	ILC-North Country	More limited	1
Chippewa 55,195	16.3	< 1	< 1	< 1	< 1	✓ Family Support Center	✓ Family Support Center		✓	✗✓	ILC-CILWW; GEP-Rosebud	Yes	3
Richland 17,924	14.6	< 1	< 1	1	< 1	✓ Passages	✓ 🏠 Passages		✓	✓	ILC-ILR	Yes	1

County (Total Population)	Dis. %	Black/ AA %	Amer. Indian %	Latino %	Asian* %	SA Prg.	DV Prg.	Tribe	Project Interest (TA)	Rural	Dis. Orgs. PF ARC MH TBI GEP ILC+ NWDC	Solid Contacts	Strategy 1-Limited 2-Expand 3-Replic.
Taylor 19,680	15.5	< 1	< 1	< 1	< 1	✓ Stepping Stones	✓ 🏠 Stepping Stones			✓	ILC-Midstate	More limited	1
Langlade 20,740	17.	< 1	< 1	< 1	< 1	✓ AVAIL	✓ 🏠 AVAIL		✓	✓	ILC-Midstate	Yes	1
Iron 6,861	21.1	< 1	< 1	< 1	< 1		✓	LDF		✓	ILC-North Country	Limited	1
Price 15,822	17.1	< 1	< 1	< 1	< 1	✓ Time-Out	✓ Time-Out		✓	✓	ILC-North Country	Limited	1
Rusk 15,347	19.8	< 1	< 1	< 1	< 1	✓ Time-Out	✓ 🏠 Time-Out		✓	✓	CILWW	Yes	1
Marathon 125,834	13.5	< 1	< 1	< 1	4.5	✓ The Women's Community	✓ 🏠 The Women's Community		✓	✓	ILC-Midstate	Yes	3
Brown 226,778	13.7	1.2	2.3	3.8	2.2	✓ Sexual Assault Center	✓ 🏠 Golden-house	Oneida	✓	✗✓	ILC-Options; GEP-Gathering Place	Yes	2
Wood 75,555	14.2	< 1	< 1	1	1.6	✓ CAP Serv. CW-SAVS	✓			✓	ILC-Midstate	More limited	1 or 3
Clark 33,557	15.	< 1	< 1	1.2	< 1	✓ CW-SAVS	✓ Stepping Stones			✓	ILC-CILWW	Limited	1
Walworth 93,759	14.1	< 1	< 1	6.5	< 1	✓ Assoc. for the Prev. of	✓ Assoc. for the Prev. of			✓	ILC-Society's Assets	More limited	3

County (Total Population)	Dis. %	Black/ AA %	Amer. Indian %	Latino %	Asian* %	SA Prg.	DV Prg.	Tribe	Project Interest (TA)	Rural	Dis. Orgs. PF ARC MH TBI GEP ILC+ NWDC	Solid Contacts	Strategy 1-Limited 2-Expand 3-Replic.
						Family Violence	Family Violence						
Dane 426,526	11.5	4.0	< 1	3.4	3.5	✓ Rape Crisis Center	✓ 🏠 Domestic Abuse Interv. Services			✖	ILC-Access; GEP-Cornucopia	Yes	2

*US Census 2000: No breakdown of Asian data to discern Hmong Population – gives general impression only.

(🏠) = Shelter program

Disability Organizations:

  ILC = strong ILC and/or interest in Project
  GEP or MHC = Grassroots Empowerment or other MH consumer group

Strategies:

1. Create and Innovate in Community with Limited Resources
2. Expanding Model in a Successful Community—Green Bay
3. Replicating a Successful Model

Violence Against Women with Disabilities and Deaf Women: Narrowing Data for Needs Assessment   August 2007

| County (Total Population)	Dis. %	Black/ AA %	Amer. Indian %	Latino %	Asian* %	SA Prg.	DV Prg.	Tribe/Deaf Unity or UNIDOS	Updated Information for Narrowing Focus *Communities were selected based on identified strengths, primary and secondary criteria agreed to by collaborative.
Bayfield 15,013	21	< 1	9.4	< 1	< 1	✓ CASDA New Day Shelter	✓ 🏠 CASDA New Day Shelter	Red Cliff Bad River	(See Douglas and Ashland counties below.) **SELECTED COMMUNITY.**
Douglas 24,645	18.1	< 1	1.9	1	< 1	✓ CASDA	✓ 🏠 CASDA		CASDA serves Bayfield and Douglas Counties, with the main shelter and SA program located in Superior; Project has worked with CASDA on accessibility assistance; conducted training in Superior in 2005; strong ILC with interest and experience with CASDA. **SELECTED COMMUNITY.**
Ashland 16,866	17.5	< 1	10.4	1.2	< 1	✓ New Day Shelter	✓ New Day Shelter	Bad River	Strong DV/SA program with advocate focusing on Native American communities; strong ILC in area and disability contacts well regarded and active on these issues. GEP-Genesis. **SELECTED COMMUNITY.**
Washburn 16,036	19.4	< 1	< 1	< 1	< 1	✓ Time-Out	✓ Time-Out		Satellite office for DV/SA; fewer contacts; not as strong a candidate.
Burnett 15,674	20.7	< 1	4.5	< 1	< 1	✓ Community Referral Agency	✓ Community Referral Agency	St. Croix	Satellite office for DV/SA; fewer contacts; DV/SA program continues to struggle in the community and internally; not as strong a candidate for needs assessment criteria. Program Development Coordinators at WCASA suggested this choice would not be best for the Project.
Polk 41,319	16.5	< 1	1.1	< 1	< 1	✓ Community Referral Agency	✓ Community Referral Agency		DV/SA program continues to struggle in the community and internally; not as strong a candidate for needs assessment criteria. Program Development Coordinators at WCASA suggested this choice would not be best for the Project.
Sawyer 16,196	25.4	< 1	16.1	< 1	< 1	✓ LCO Oakwood Haven	✓ LCO Oakwood Haven	LCO	Strong consideration, but review of primary and secondary criteria eliminated this county from consideration; tribal and county program operate separately and it might be difficult to forge collaboration needed for assessment; not as strong a candidate as others that rose to the top of the list.

County (Total Population)	Dis. %	Black/ AA %	Amer. Indian %	Latino %	Asian* %	SA Prg.	DV Prg.	Tribe/Deaf Unity or UNIDOS	Updated Information for Narrowing Focus *Communities were selected based on identified strengths, primary and secondary criteria agreed to by collaborative.*
Chippewa 55,195	16.3	< 1	< 1	< 1	< 1	✓ Family Support Center	✓ Family Support Center		Strong DV/SA program, solid disabilities focus and contacts; SA/DV program uses Botlon's shelter in Eau Claire – currently no SA services at Bolton. Deselected as community for needs assessment focus due to these complications.
Richland 17,924	14.6	< 1	< 1	1	< 1	✓ Passages (Pending ♿)	✓🏠 Passages (Pending ♿)		Strong DV/SA program; received Project TA; rural program often overlooked because of its proximity to Madison; WCASA Program Development Coordinators believed this community would be a great choice for Project assessment. **SELECTED COMMUNITY.**
Taylor 19,680	15.5	< 1	< 1	< 1	< 1	✓ Stepping Stones	✓🏠 Stepping Stones		Strong consideration, but review of primary and secondary criteria eliminated this county from consideration; not as strong a candidate as others that rose to the top of the list.
Langlade 20,740	17.	< 1	< 1	< 1	< 1	✓ AVAIL ♿	✓🏠 AVAIL ♿		Strong consideration, but review of primary and secondary criteria eliminated this county from consideration; not as strong a candidate as others that rose to the top of the list.
Iron 6,861	21.1	< 1	< 1	< 1	< 1		✓	LDF	Weaker SA/DV and disability related programs, services and contacts.
Price 15,822	17.1	< 1	< 1	< 1	< 1	✓ Time-Out	✓ Time-Out		Satellite office for DV/SA; fewer contacts; not as strong a candidate.
Rusk 15,347	19.8	< 1	< 1	< 1	< 1	✓ Time-Out ♿	✓🏠 Time-Out ♿		DV/SA program has some turnover; not as strong a candidate for needs assessment criteria.
Marathon 125,834	13.5	< 1	< 1	< 1	4.5	✓ The Women's Community ♿	✓🏠 The Women's Community ♿		**BACK-UP COMMUNITY TO ASSESS IF ORIGINALLY SELECTED COMMUNITIES WITHDRAW FROM ASSESSMENT.**
Brown 226,778	13.7	1.2	2.3	3.8	2.2	✓ Sexual Assault Center	✓🏠 Goldenhouse	Oneida Tribe Deaf Unity	Working with ADAPT (A Disability Abuse Prevention Team) to deepen its collaborative. Issues affecting communities of color in Brown County: English-only ordinance passed; anti-immigration policies are vital issues to immigrant communities

County (Total Population)	Dis. %	Black/ AA %	Amer. Indian %	Latino %	Asian* %	SA Prg.	DV Prg.	Tribe/Deaf Unity or UNIDOS	Updated Information for Narrowing Focus *Communities were selected based on identified strengths, primary and secondary criteria agreed to by collaborative.
						(Pending ♿)	♿	UNIDOS Tech. Asst.	and allies; Catholic Charities has a strong refugee program in the county; SA program has advocates to support the primary minority communities: Latina, Hmong, African American and Native American; ADAPT interested in survey idea to learn more about where they are and revisiting their mission and goals; responded lukewarm to "deepening" idea initially (not an immediate concern), yet will call Oneida human services to join ADAPT. GEP-Gathering Place
Wood 75,555	14.2	< 1	< 1	1	1.6	✓ CAP Serv. CW-SAVS	✓		Collaborative agreed to eliminate Wood County from the needs assessment focus due to issues surrounding sexual assault services.
Clark 33,557	15.	< 1	< 1	1.2	< 1	✓ CW-SAVS	✓ Stepping Stones	UNIDOS Outreach	Satellite office for DV/SA; fewer contacts; not as strong a candidate.
Walworth 93,759	14.1	< 1	< 1	6.5	< 1	✓ Assoc. for the Prev. of Family Violence	✓🏠 Assoc. for the Prev. of Family Violence	UNIDOS direct service	DV/SA program has some turnover; not as strong a candidate for needs assessment criteria.
Dane 426,526	11.5	4.0	< 1	3.4	3.5	✓ Rape Crisis Center	✓🏠 Domestic Abuse Interv. Services	UNIDOS direct service	Strong DV/SA and disability interest and contacts. Already multi-disciplinary focus on abuse and people with disabilities county-wide; project focus not needed as much here and fails to meet many of our primary and secondary criteria.

*US Census 2000: No breakdown of Asian data to discern Hmong Population – gives general impression only.

(🏠) = Shelter program

♿ = Accessibility assessment conducted by Disabilities Grant Project

22
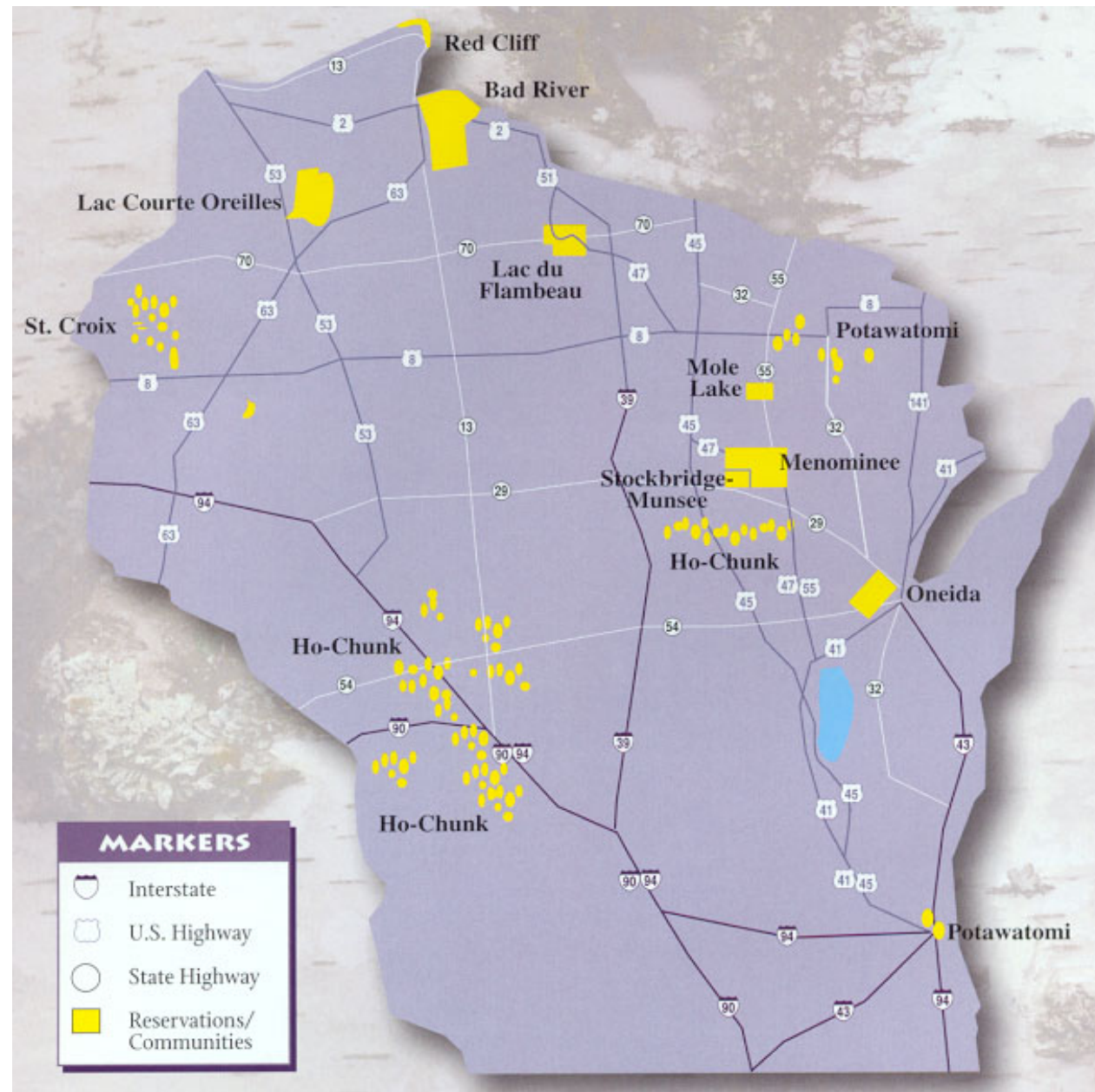
SURVEY FOR CURRENT MEMBERS OF "A DISABILITY ABUSE PREVENTION TEAM" OF BROWN COUNTY

This survey will be distributed jointly between Wisconsin's Project and the Brown County Collaborative. Answers to the questions below will be quantifiable (1-5 with 1: Strongly Disagree and 5: Strongly Agree), while qualitative questions follow to flesh out more details about the collaborative. While this survey will help gauge the current pulse of the Brown County Team for its overall benefit, the information gleaned also will inform the Wisconsin Project about creating and supporting a collaborative in another community (as outlined in Strategic Question 2 of the Needs Assessment Plan).

1. The mission and goals of Brown County's Team is clear to me and the organization I represent.
   - ____ **5: Strongly Agree**
   - ____ **4: Agree**
   - ____ **3: Not sure**
   - ____ **2: Disagree**
   - ____ **1: Strongly Disagree**

2. The organization I represent empowers me to make decisions for the organization with the ADAPT Team that promote the Team's shared vision.
   - ____ **5: Strongly Agree**
   - ____ **4: Agree**
   - ____ **3: Not sure**
   - ____ **2: Disagree**
   - ____ **1: Strongly Disagree**

3. Through participation on ADAPT, I am now aware of service resources and individual agencies and staff that are available to support and serve clients that are victims of abuse with ...

   a. Developmental disabilities (including cognitive disabilities)
      - ____ **5: Strongly Agree**
      - ____ **4: Agree**
      - ____ **3: Not sure**
      - ____ **2: Disagree**
      - ____ **1: Strongly Disagree**

   b. Psychiatric disabilities (mental illness)
      - ____ **5: Strongly Agree**

   ____ **4: Agree**
   ____ **3: Not sure**
   ____ **2: Disagree**
   ____ **1: Strongly Disagree**

  c. Physical disabilities
   ____ **5: Strongly Agree**
   ____ **4: Agree**
   ____ **3: Not sure**
   ____ **2: Disagree**
   ____ **1: Strongly Disagree**

  d. Deaf/deaf or hard-of-hearing
   ____ **5: Strongly Agree**
   ____ **4: Agree**
   ____ **3: Not sure**
   ____ **2: Disagree**
   ____ **1: Strongly Disagree**

  e. Blind or low-vision
   ____ **5: Strongly Agree**
   ____ **4: Agree**
   ____ **3: Not sure**
   ____ **2: Disagree**
   ____ **1: Strongly Disagree**

4. As disability advocacy and services staff, I recognize that supporting and responding to abuse of our clients is a core component of our work.
  ____ **5: Strongly Agree**
  ____ **4: Agree**
  ____ **3: Not sure**
  ____ **2: Disagree**
  ____ **1: Strongly Disagree**

5. The Brown County Team's work to address abuse in our community has impacted our community positively.
  ____ **5: Strongly Agree**
  ____ **4: Agree**
  ____ **3: Not sure**
  ____ **2: Disagree**
  ____ **1: Strongly Disagree**

Additional Questions:

- What originally got their attention to participate?

- What's kept their attention/participation going?

- What's the momentum?

- What is the purpose of the group?

- What would keep it going?

- How would you describe the strengths of the current collaborative?

- How might the current collaborative be improved (membership, substantive focus, action)?

- Separate from the Team, talk about your agency's community allies:

  o Who do you collaborate with in the community?
  o Why were those collaborations developed?
  o How have those collaborations strengthened over time?

- What other resources/referrals would you like to have available to meet a client's needs?

- The Team currently lacks representation from organizations that work within/with communities of color. How might the Team address this gap?

- Are their minority communities that you have worked with in your service area? Please describe.

  o What unique approaches were helpful in working with this community?

- Did you or your organization encounter any barriers to supporting clients from communities of color? Please describe.

- Gathering Names of Other Folks the Team Should Talk With:

  o Who else do you think the Team ought to be talking with?
  o Would you help connect the Team to them?
  o Why should we talk to them; how might our discussion be mutually beneficial?

Stakeholder Interview Discussion Questions: Disability, Domestic Violence and Sexual Assault Agencies and Organizations and Disability Self-Advocates

*These questions are designed to **initiate dialogue** and conversation to learn about the strengths and barriers that exist within the systems and the respective communities identified in Strategic Questions 2 of the Needs Assessment Plan. Our intent is to begin these interviews with more general questions that will lead into more specific dialogue about particular system and constituencies.*

Goal/Purpose:

We want to foster collaboration so that no one organization is left to figure out alone how to effectively and respectfully serve women victims with disabilities and Deaf women. First, we want to better understand your and your agency's experiences and perceptions.

Process:

Each interview will be conducted in a format and location deemed most accessible by the person to be interviewed. The interview itself will begin with an explanation of the interview process: requesting permission to write down notes, confidentiality of names, programs, comments (redacted information, how their responses will be paraphrased and collapsed into a general document devoid of specificity that could impinge relationships and safety, written documentation of responses will be destroyed), purpose of interview and Wisconsin Project description.

Project Staff: TO ASSESS NEED, LISTEN FOR LANGUAGE SUCH AS:
- we don't ...know, ...have, ...understand
- we've never ...
- we have limits
- we can't ...
- they need ...
- we need ...
- we get nervous ...

Appendix D
Stakeholder Interview Discussion Questions: Disability and Domestic Violence/ Sexual Assault Agencies and Organizations

Open-Ended Questions to Initiate Dialogue:

When we refer to women with disabilities, we are including women who have apparent or perceived disabilities: cognitive, mental health concerns, physical or other sensory disabilities, traumatic brain injury, medical needs (e.g., people with diabetes), and deaf/Deaf women.

▪ What is your understanding of the dynamics of sexual assault/domestic violence against women with disabilities/ Deaf women?

▪ What barriers exist for survivors with disabilities or Deaf survivors?

▪ What are some of the characteristics or situations that women seeking support bring that you feel most ready and prepared to support?

  o *Example: Women who know what they need, are organized....*

  o *Example: Women who are accepting of what I have to offer, and understand what I can and cannot do....*

▪ In your experiences, what have been some of the characteristics of survivors or situations that you have found more difficult or stressful to serve?

  o *Have certain factors resulted in more stress for staff?*

  o *What do you think are the reasons for this stress?*

  o *What kinds of comments have you heard about these situations?*

▪ What do you usually want or feel you need to know about a woman or her situation before your agency agrees to provide support?

▪ Are there characteristics of a woman seeking support or situations that she has described that have resulted in your having to turn someone away or required you to refer the woman elsewhere?

  o *What might have made it more possible for you to support her?*

  o *What kinds of referrals do you often have to make, and to what agencies?*

- Talk about your community allies:

  o *Who do you collaborate with in the community?*

  o *Why were those collaborations developed?*

  o *How have those collaborations strengthened over time?*

  o *Have you had any opportunities to work with organizations that primarily serve women with disabilities or Deaf women OR domestic violence and sexual assault victims/survivors?*

    ▪ *If so, who are those organizations?*

    ▪ *Have they been helpful? How and/or how not?*

    ▪ *What other resources/referrals would you like to have available to meet a client's needs?*

- *What opportunities exist for the potential success of this project in your community?*

- *What challenges do you see preventing the success of this project in your community?*

- *What would your agency need from us in order to meaningfully participate in this project?*

Additional Questions for disability services organizations:

- What is the composition of people with disabilities and Deaf people in your community and/or service area?

  o Who do you serve primarily (people with developmental disabilities, traumatic brain injury)?

  o Would you describe the types of services and support you provide to clients?

- Please describe any experiences you might have had working with clients or people with disabilities who have been sexually assaulted, exploited, or experienced domestic violence.

  o Did you or the support agency feel equipped to respond to the

victim/survivor? Yes/No...please describe why.

- o Who else in the community responded or supported the victim following the abuse?

- o Is your agency familiar with the domestic violence or sexual assault services agencies within your community? Please describe:

- How accessible are existing services for people with disabilities and those who are Deaf?

- How responsive are existing services to the unique safety and other needs of victims of violence?

- What capacity-building resources would be helpful for you and other agency staff to feel more comfortable and equipped to provide existing services for survivors with disabilities and those who are Deaf?

General Questions for All Discussions, but Particular Emphasis on Discussion with Individuals from Communities of Color:

- We realize that our past efforts have failed to address disability issues and barriers unique to minority populations. We're invested in changing our focus for the future, and seek to learn what we don't know or understand.

- (For majority culture organizations only) We realize that our past efforts have failed to address disability issues and barriers unique to minority populations.
    - o Are their minority communities that you have worked with in your service area? Please describe.
    - o What unique approaches were helpful in working with this community?
    - o Did you encounter any barriers to supporting survivors from this community? If so, would you elaborate on those barriers?

- Talk about your community allies working in and/or with communities of color:
    - o Who do you collaborate with in the community?
    - o Why were those collaborations developed?
    - o How have those collaborations strengthened over time?

- What other resources/referrals would you like to have available to meet a client's needs?

Gathering Names of Other Folks We Should Talk With:

- Who else do you think we ought to talk with?

- Would you help connect us?

- Why should we talk to them; how might our discussion be mutually beneficial?

Appendix E

Stakeholder Interview Discussion Questions: Self-Advocates

These questions are designed to initiate dialogue and conversation to learn about the strengths and barriers that individuals anticipate or know of regarding responses to abuse of people with disabilities – it is not intended that we discuss actual situations of violence or abuse.

NOTICE: Just so that you know, I'm not writing your name down or anything that would indicate who you are and what you say to me. I'm letting you know this for two reasons.

First, when I've talked with people about services and support for folks when they've experienced abuse, I sometimes learn that the very person I'm talking with has had that very thing happen to her. I know it's hard and sometimes scary to give out that kind of information. So, I let everyone know that I don't write down their names or anything personal about them.

Second, I also tell people I talk with that there are laws in place in Wisconsin that make certain people tell the police or an agency when they hear from someone with a disability that they've been abused. I don't have to make a report like that. Even if I could, I wouldn't tell anyone because that decision would be for the person who was abused to make, not me. I could help that person get someone to help them.

What you share with me today stays with me. I'll write down some general ideas that you suggest, but that's all I'll write down. At the end of our discussion today, I'll read back to you what I've written down so that you can correct something I wrote or tell me to erase it from my notes. Does this plan to write down just big ideas and read them back to you sound okay to you? What else would work better?

Would you tell me in your own words why I am not writing down or telling anyone of your personal information?

Open-Ended Questions to Initiate Dialogue:

When we refer to women with disabilities, we are including women who have apparent or perceived disabilities: cognitive, mental health concerns, physical or other sensory disabilities, traumatic brain injury, medical needs (e.g., people with diabetes), and deaf/Deaf women.

- What is your understanding of the dynamics of sexual assault/domestic violence against women with disabilities/ Deaf women?

- What barriers do you feel exist for victims/survivors with disabilities or Deaf victims/survivors?

- Describe any ideas you might have about what someone with a disability who has been abused might do or where they might go to get support?

- Some women with disabilities need some assistance, accommodations, to use some of the programs and services that help people who have experienced abuse. What has been your or others' experiences in asking about or receiving an accommodation generally in your community? For example, materials in large print, assistance filling out a form, etc.

- Based on experiences that you could anticipate, who do you feel is in the best position to help someone? Please explain.

- How could agencies/organizations do a better job to make sure victims/survivors with disabilities know programs are available to help?

- What experiences have you or others had working with disability-related organizations in your community. Please describe.

- How accessible are existing services for people with disabilities and those who are Deaf – disability services included? (Give some examples for them, if necessary.)

- How responsive are existing disability services to the unique safety and other needs of victims/survivors of violence?

- What resources would be helpful for those agencies and systems to feel more comfortable and equipped to provide existing services?

Gathering Names of Other Folks We Should Talk With:

- Who else do you think we ought to talk with?

- Would you help connect us?

- Why should we talk to them; how might our discussion be mutually beneficial?

Emphasis on Discussion with Individuals from Communities of Color:

- We realize that our past efforts have failed to address disability issues and barriers unique to minority populations. We're invested in changing our focus for the future, and seek to learn what we don't know or understand.

- Talk about your community allies:
  o Who do you collaborate with in the community?
  o Why were those collaborations developed?
  o How have those collaborations strengthened over time?

<u>**Appendix F-I**</u>

Listening Sessions

*These listening session questions are designed to **initiate dialogue** from specific constituencies so that we may learn about the strengths and barriers that exist within the communities identified in Strategic Questions 1, 2 and 3 of the Needs Assessment Plan.*

<u>Goal/Purpose</u>:

There are four Listening Session tools to be used for gathering data through this Needs Assessment process. The tools are specific to each of the constituencies we identified in the Plan:

- Deaf Unity advocates;
- UNIDOS Against Domestic Violence advocates;
- Latina community members; and,
- Individuals with disabilities.

<u>Process</u>:

Each listening session will be conducted on-site, at a location and time deemed most accessible by participants. Accommodations will be secured and confirmed prior to each listening session. Each participant of the listening sessions will be provided with a reimbursement form (to be kept confidential by DRW's Financial Manager) for mileage and/or transportation expenses (.425 per mile or reasonable ground transportation to and from the session location). In addition, each participant will receive a $10.00 gift card to a book store, coffee shop, etc. accessible to them within their community.

The listening session itself will begin with an explanation of the process: requesting permission to write down notes, confidentiality of names, group participant agreement of confidentiality, confidentiality regarding the naming of programs, comments (redacted information, how their responses will be paraphrased and collapsed into a general document devoid of specificity that could impinge relationships and safety, written documentation of responses will be destroyed), purpose of listening session and Wisconsin Project description.

<u>**Appendix F**</u>

Deaf Unity Volunteer Deaf Advocates Listening Session

Think about two groups throughout our discussion:

- Deaf community, and
- Existing domestic violence and sexual assault agencies.

In thinking about both of these groups, we'll have to address two questions for each community:

1. **What** do they need to learn or know?

2. **How** might we help them learn it?

- **What** do they need to learn or know in the **Deaf community** to identify, respond and address domestic violence, sexual assault or stalking?

- **How** might we (the Project in partnership with Deaf Unity) help the **Deaf Community** learn about domestic violence, sexual assault and available services?

- **What** do existing **SA/DV systems** need to learn or know in the DV/SA community to identify, respond and address Deaf/deaf victims/survivors and Deaf Unity?

- **How** might we (the Project in partnership with Deaf Unity) help **DV/SA systems** learn about the Deaf community and providing services and alliance building with the Deaf community?

- How accessible are existing anti-violence/victim services for Deaf?

- How responsive are existing services to the unique safety and other needs of Deaf victims/survivors?

- What capacity-building resources would be helpful to you to feel more comfortable and equipped to provide services for Deaf victims/survivors?

- How might we (the Project) serve as effective allies with you?

2

UNIDOS Against Domestic Violence Advocates Listening Session

Think about three groups throughout our discussion:

- Latina/Latino community,
- Disability advocacy and service organizations, and
- existing domestic violence and sexual assault agencies.

In thinking about both of these groups, we'll have to address two questions for each community:

3. **What** do they need to learn or know?

4. **How** might we help them learn it?

- **What** do they need to learn or know in the **Latina community** to identify, respond and address domestic violence, sexual assault or stalking?

- **How** might we (the Project in partnership with UNIDOS) help the **Latina community** learn about domestic violence, sexual assault and available services?

- **What** do existing **SA/DV systems** need to learn or know in the DV/SA community to identify, respond and address Latina victims/survivors?

- **How** might we (the Project in partnership with UNIDOS) help **DV/SA systems** learn about the Latina community and providing services and alliance building with the UNIDOS and other Latina affiliated organizations?

- How accessible are existing disability and/or anti-violence/victim services for Latina victims/survivors?

- How responsive are existing services to the unique safety and other needs of Latina or migrant victims/survivors?

- What capacity-building resources would be helpful to you to feel more comfortable and equipped to provide services for clients with disabilities or Deaf victims/survivors?

- How might we (the Project) serve as effective allies with you?

Latina Community Members Listening Session

(Clarify not asking about experiences of domestic violence/sexual assault.)

- What agencies in your community, do you believe, provide the best services to the community... would you talk with us about some examples?

- Accessible services: when I say those words, what do they mean to you? If a service is accessible to you or someone you know – what makes it accessible?

- What accessibility barriers have you or others you know experienced in your community?

- We realize that our past efforts have failed to address disability issues and barriers unique to minority populations.

- Some advocates have conveyed their belief to us that Latina women with disabilities are even more hidden within the Latino community than the majority population. What are you thoughts about this belief?

- Do you have any suggestions for us about where we or community-based agencies might go to talk with Latina women with disabilities about available services? What kinds of materials (brochures, posters) would help spread the word and how would we want to communicate those services in the written materials?

- Who else do you think we ought to talk with? Would you help connect us? Why should we talk to them?

<u>**Appendix I**</u>

Individuals with Disabilities Listening Session

(Clarify not asking about experiences of domestic violence/sexual assault.)

- What agencies in your community, do you believe, provide the best services to the community... would you talk with us about some examples?

- Accessible services: when I say those words, what do they mean to you? If a service is accessible to you or someone you know – what makes it accessible?

- What accessibility barriers have you or others you know experienced in your community?

- We realize that our past efforts have failed to address disability issues and barriers unique to minority populations.
- In talking with women with disabilities over the last several years, we have learned that many of them choose not to disclose (tell) to anyone that they were hurt or harmed – abuse or assaulted. Would you talk with us about why you think women don't disclose? Also, what would be helpful (resources, materials, services, etc.) to women so that they could feel safe to disclose?

- Do you have any suggestions for us about where we or community-based agencies might go to talk with women with disabilities about available services to respond to abuse?

- What kinds of materials (brochures, posters) would help spread the word and how would we want to communicate those services in the written materials?

- Who else do you think we ought to talk with? Would you help connect us? Why should we talk to them?

Wisconsin's Violence Against Women with Disabilities and Deaf/deaf Women Project: Summary

Wisconsin's Project to end violence against women with disabilities and Deaf/deaf women involves a statewide focus that is grounded in the strength of Wisconsin's disability, domestic violence (DV), and sexual assault (SA) organizations and individuals. Since 2002, the Project's Multi-Disciplinary Team is comprised of Disability Rights Wisconsin (DRW), Wisconsin Coalition Against Domestic Violence (WCADV) and Wisconsin Coalition Against Sexual Assault (WCASA).

Our Mission:

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

Our Values:

We are committed to ensuring that the objectives and activities of this Project continue to be centered around:

- the **distinctive dynamics** of domestic violence (DV), sexual assault (SA) and stalking against women with disabilities,
- the paramount importance of **victim safety** in all of its undertakings,
- the necessity for **appropriate and effective services** to women victims with disabilities, and
- **equal access** through compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

Our Goals:

1. Elevate collaboration among state and local sexual assault, domestic violence and disability programs and
2. Enhance their collective capacity to respond appropriately and effectively to women victims with disabilities and Deaf women.

Activities to Date:

- Support programs to **forge relationships** that foster commitment to working together to respond to victims/survivors with disabilities and Deaf victims/survivors.
- Develop practical, safe and effective **protocols on legal issues** that impact programs working collaboratively with women victims with disabilities and Deaf women.
- Team up to perform **on-site access assessments** of domestic violence and sexual assault programs, and provide feedback on program and physical accessibility issues.

- Provide individual **case consultation** and **technical assistance** to local DV, SA, disability programs, county human services agencies and the disability providers counties fund, other facility settings with residents with disabilities, and consumer-run organizations.
- Technical assistance may be provided **through training**, phone consultation, on-site discussion or email communication. Possible topics or issues of technical assistance might include:

  ° learning about the **dynamics of sexual assault, domestic violence and stalking** unique to women with disabilities and Deaf women;

  ° ensuring compliance with the **Americans with Disabilities Act** (ADA);

  ° learning new techniques for managing **communication barriers** with victims/survivors;

  ° clarifying **legal rights** involving victims/survivors with disabilities;

  ° identifying procedures for working with **guardians and interpreters**; or

  ° assisting programs and/or facilities on **related issues** to enhance services for women with disabilities and Deaf women who experience violence.

For **more information** about this project please contact:

Disability Rights Wisconsin: Amy Judy
608- 267-0214 (Voice)   888- 758-6049 (TTY)
amyj@drwi.org (Email)   www.disabilityrightswi.org (Web site)

Wisconsin Coalition Against Domestic Violence: TBA
608-255-0539 (Voice)   608-255-5360 (TTY/Fax)
ajmoore@wcadv.org (Email)   www.wcadv.org (Web site)

Wisconsin Coalition Against Sexual Assault: Tiffany Lodholz
608-257-1516 (Voice)   608-257-2537 (TTY)
tiffanyl@wcasa.org (Email)   www.wcasa.org (Web site)