FY 2019-2020

Indiana Abuse Prevention Disability Task Force Final Report

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Tables of Contents

Indiana Abuse Prevention Disability Task Force

1. Project Overview & Executive Summary 3
2. Task Force Organization & Meetings 4
3. Activity 1.1: Community Strengths & Needs Assessment Pilot 11
4. Activity 1.2: Disability Agency Organizational Assessment Tool Pilot 42
5. Activity 1.3: 2019 Legislation Review 55
6. Activity 1.4: Online Resource Hub 59
7. Activity 1.5: Disability Justice & Sexual Violence Prevention Webinar Series #2 65
8. Activity 1.6: Evaluation Tools 105
9. Additional Task Force Deliverables 106
    a. Incident Reporting Flow Charts 106
    b. Risk Factor Review Chart & Infographics 109
    c. VERA Institute Learning Community Application 117

1. Project Overview & Executive Summary

The Indiana Abuse Prevention Task Force (furthermore referred to as the "Task Force" was created in 2018 by Cierra Olivia Thomas-Williams, Prevention Specialist at the Indiana Coalition Against Domestic Violence (ICADV) and Skye Ashton Kantola, Program Coordinator, Multicultural Efforts to End Sexual Assault (MESA). The Task Force's mission is to support statewide efforts to prevent violence and enhance independence and wellness among people with disabilities. The Task Force membership includes self-advocates, disability service providers, violence prevention professionals, caregivers, and non-disabled allies. In FY 2019, the Task Force received funding from the Rape Prevention Education (RPE) Grant, MESA, ICADV, the Governor's Council for People with Disabilities, as well as time and resources given in kind from a variety of disability service agencies, violence prevention agencies, and self-advocates. The projects and outcomes of the Task Force in FY 2019 included:

1. Developing and implementing a survey tool to assess safety, independence, and sexual wellness of people with disabilities in Indiana who have experienced sexual harm;
2. Developing and implementing an organizational assessment tool to identify what service provision agencies are doing to ensure wellness and independence of the people with disabilities and how they are preventing harm against people with disabilities, as well as areas of improvement for disability service agencies;
3. Review 2019 legislation that may impact people with disabilities and create educational infographics to support people with disabilities and disability service agencies;
4. Developing an online Hub for Task Force efforts;
5. Implementing at least 5 new webinars focused on disability justice and sexual violence prevention;
6. Developing and implementing creative, community-building evaluation strategies to assess Task Force effectiveness and areas of improvement.

Skye Kantola's participation in the 2019 Partners in Policymaking class significantly supported the success of the Task Force in numerous ways including:

- Connecting Task Force with disability advocates across Indiana to invite self-advocates, professionals, and caregivers to the Task Force membership.
- Informing the Task Force of currently established disability services and disability rights in Indiana
  - In fact, this helped the Task Force publish a comprehensive resource list of disability resources in Indiana: https://www.patreon.com/posts/28960906.
- Guiding the Task Force to consider and implement disability justice and best practices for accessibility in the ways meetings and events were organized.
- Connecting the Task Force to potential webinar presenters: https://www.youtube.com/channel/UCTWrk-6iGuZcHNxfKszRAGw
- Better connecting the fields of violence prevention and disability justice, especially in PIP classes where Partners got to meet disability services professionals.
- Allowing Skye Kantola as a PIP graduate to support the development of advocacy and leadership skills among Task Force self-advocates.
- Helping the Task Force know where to find resources and information regarding people with disabilities including government websites, disability service agencies, and legislation education.
- Supporting Skye Kantola, as a self-advocate, to grow in their ability to educate others and meet people where they are at in their own knowledge regarding disability justice.

2. Task Force Organization and Meetings

In 2018, MESA and ICADV collaborated to form the Indiana Abuse Prevention Disability Task Force (APDTF or "the Task Force"). In 2018, the Task Force primarily worked on establishing itself as an entity, building membership, defining its purpose, and identifying activities its membership would pursue. Once the collaboration was established between MESA and ICADV, a deliberate effort was made to reach out to disability and violence prevention organization representatives and people with a wide range of disabilities who are involved in violence prevention and self-advocacy. Organizations that have joined the Task Force in 2018 or 2019 include (in alphabetical order): AccessABILITY, Adult Protective Services (APS), the ARC of Indiana, Bureau of Developmental Disabilities Services (BDDS), Bureau of Quality Improvements Services (BQIS), CICOA Aging & In-Home Solutions, Council on Domestic Abuse (CODA), Down Syndrome Indiana, the Governor's Council on People with Disabilities (GCPD), Indiana Association of Rehabilitation Facilities, Inc. (INARF), Indiana Coalition to End Sexual Assault and Human Trafficking (ICESAHT), Indiana Disability Rights (IDR), Indiana State Department of Health (ISDH) Children's Special Health Care Services Division, Indiana Statewide Independent Living Council (INSILC), Insights Consulting, IU Center for Health Equity & IU Institute on Disability and Community, My Quillo, Self-Advocates of Indiana (SAI), Village of Merici, and a few regional YWCA's.

At the end of FY 2018, MESA & ICADV developed an internal assessment tool that collected feedback from Task Force participants about their experiences on the Task Force and ideas from participants about how the Task Force organizers could improve Task Force efficacy. The results of this feedback included reducing whole Task Force meetings from monthly to every other month, moving from email as the primary method of communication between meetings to Slack, and setting FY meeting dates and locations. Task Force agreed to carry over Communication Agreements developed in 2018 which were read by participants out loud at the start of each Task Force Meeting: "Guidelines on how we want to show up to work together (est. 3/5/18):

- A space of learning (no one knows everything, together we know a lot)
- Keep focused on our consumers, people with disabilities, people we are helping
- Try to leave personal and organizational hats at the door (i.e., acknowledge where we have been, give it due honor because we did the best we could at the time and look forward to our new horizon)
- Move up (Listen More) & Move Up (Speak More)-this is a grow zone
- Avoid acronyms—use common language
- Use a parking lot for questions and ideas that may fit into the "rabbit hole" category"

After Communication Guidelines were read aloud, each meeting would begin with an introduction and check-in of each present participant. Introductions included the participant's name, gender pronouns, organizational affiliation and title (if applicable). Participants were also invited to disclose whether they are a person with a disability (and if they wanted to disclose other intersecting experiences of marginalization) as a way of prioritizing the voices of multiply-marginalized people with disabilities in the Task Force's work, destigmatizing disclosure of disability status among members, and alleviating barriers in requesting accommodations by members. For example, the MESA Program Coordinator, who was a meeting co-facilitator, would usually introduce themselves with their name, pronouns, their organizational affiliation and title, and describe themselves as a trans person with disabilities. No one was ever required to disclose their disabilities in public, and all members were also invited to request accommodations outside of meeting settings if they preferred.

At the end of introductions, Task Force members were invited to briefly update others about their lives. This might include updates about their work and disability advocacy, personal successes or challenges, requests for support or emotional encouragement, or reminders about upcoming events. These "check-ins" were important as they allowed Task Force members to become more familiar with each other, inherently addressing a major risk factor for sexual harm among people with disabilities: isolation. Check-ins also increase connection among Task Force members (especially in increasing connections among people with disabilities and people without disabilities), strengthening the group's desire for mutual success and commitment to support each other in collaboration challenges. Lastly, providing time for introductions and check-ins at each meeting ensured that newly joined members were more familiar with longer-standing members, and created additional points of connection across the fields of disability services and violence prevention and intervention.

After communication guidelines and introductions and check-ins, the meeting would begin with naming a facilitator (the MESA Program Coordinator or the ICADV Prevention Specialist) and asking a Task Force member to volunteer as the meeting minutes' taker. Meetings typically involved updates about work conducted between Task Force meetings via the three subcommittees (Policy, Data, and Educational subcommittees), request for whole-group feedback on a project or votes for project implementation, and any other updates from participants.

1. Data subcommittee: responsible for developing a community strengths and needs assessment survey tool that may be piloted in 2019 among people with disabilities. This survey will assess safety, independence, and sexual wellness/harm being experienced by people with disabilities and the pilot project will collect feedback from survey participants about how the survey tool may be improved.
2. Education subcommittee: responsible for creating infographics to educate others about risk factors for sexual violence experienced by people with disabilities, creating flow charts to explain current and ideal reporting procedures for people with disabilities in Indiana, and developing a legislative review essay to summarize and educate regarding the legislation proposed and passed in 2019 that will disproportionately impact people with disabilities.
3. Policy subcommittee: responsible for piloting a disability services organizational assessment tool to assess the policies and practices of statewide disability service and advocacy organizations in Indiana. The tool was piloted with two organizations in 2019 and included post-survey debrief sessions with Task Force leadership to collected information about how to improve the tool for future use.
4. Other Tasks: Various Task Force individuals also volunteered to take on project leadership roles outside of subcommittee work. One individual agreed to take on managing publications posted to the Online Resource Hub. Another individual volunteered to draft submission guidelines for the Online Resource Hub. The Task Force executive leadership (MESA and ICADV staff) along with another volunteer organized and implemented the webinar series. Another volunteer created a Gantt chart for the Task Force to track the groups' projects and progress and maintain internal accountability.

In FY 2019, the Task Force met at the Indiana Coalition Against Domestic Violence (ICADV) in Indianapolis 6 times every other month, with encouragement for Subcommittee Meetings to take place on "off" months between full Task Force meetings. Summaries of these meetings are included in the final report to convey an abridged narrative of how the group's efforts were organized and carried out. Since the remaining objectives in this FY did not involve working groups or coalitions, this format is not included for future objectives or activities.

- 3/27/2019 Task Force Meeting Summary
  - General Discussion: Tammy Themel (AccessABILITY) introduced an Outcomes Tracker (a Gantt Chart) based upon the RPE Scope of Work to the Task Force, taught everyone how to use it, and invited everyone to consider what tasks (activities) they might be interested in contributing to. Reviewed Outcome Tracker.
  - Data Subcommittee, led by Skye Kantola (MESA), updated Task Force that they created outcomes spreadsheet, organized cloud server, finished launching the Online Resource Hub, added closed captioning for the 2018 Webinar videos and published them on YouTube & Patreon, and were working on designing the Community Strengths and Needs Assessment (CSNA). In the meantime, Subcommittee is finding it very challenging to locate prevalence data about people with disabilities (and their experiences with harm) in Indiana since APS and BDDS do not share this data.
  - Education Subcommittee, led by Jody Powers (GCPD), updated the Task Force that they decided against doing an awareness campaign (since GCPD already does this) and instead want to focus on creating infographics about Risk Factors for SV against people with disabilities.
  - Policy Subcommittee, led by Richard Propes (BQIS), updated the Task Force that they had finished the Organizational Assessment Tool and requested any final edits/feedback before they began re-formatting the Tool for implementation.
  - Mutual Aid Networking: Jae Chul Lee (IIDC) is conducting a health sexuality study with women (including femme aligned folks) with cognitive or developmental disabilities and their partners. Medicaid-Indiana Legal Aid partnership is offering free legal representation in 18 counties.
- 5/16/2019 Task Force Meeting Summary
  - Data Subcommittee, updates by Tammy Themel (AccessABILITY): CSNA Survey and implementation plan will be available at the next meeting.
  - Education Subcommittee, updates by Angela McGinnis (ICADV): Creating a support tool for people with disabilities experiencing sexual violence and would like feedback/edits before the next meeting. Subcommittee working on a Flow Chart to visualize what happens when people with disabilities disclose/report harm at various agencies, and creating a legislative review to identify proposed, passed, and failed legislation in 2019 that will impact people with disabilities. Jody Powers (GCPD) will stay on the Task Force but must step away from chairing the Education Subcommittee; Cierra Olivia Thomas-Williams will chair for the time being.
  - Policy Subcommittee, updates by Richard Propes (BQIS): Beginning pilot of Organizational Assessment Tool and reaching out to ISDH to find out if they are willing

to participate, and discussed with Task Force how group would like to determine "success" for organizations completing assessment and how Task Force can support improvements among organizations completing assessment tool.

- 7/09/2019 Task Force Meeting Summary
    - General discussion: Identified a volunteer coordinator for the online resource hub. Discussed marketing and official launch of the Online Resource Hub. Discussed plans for webinar series for FY 2019 and collected ideas from Task Force members for topics and presenters. Task Force agreed to apply to the VERA Institute "Increasing Survivors with Disabilities Access to Healing Services and Justice Options Learning Community"; Haleigh Rigger Rape Crisis Center (ICESAHT) will do an informal feedback collection among Rape Crisis Centers in Indiana to identify what kinds of technical assistance they could use, which the Task Force will include in the VERA Institute application.
    - Data Subcommittee, updates by Skye Kantola (MESA): Reviewed progress on developing the CSNA and an implementation plan options include online survey, print survey, town halls, focus groups, and/or individual interviews. Completely redesigned CSNA based on additional feedback from persons with developmental disabilities. Task Force agreed that town halls would be the most resource efficient option for a pilot project. Potential locations for town halls identified using demographic data from the 2010 Census (including population information based upon race, formal education level, poverty, and population density) and data from the 2016 American Community Survey (to incorporate information about prevalence of people with disabilities by county). Additional research identified relevant resources and collaborators
    - Education Subcommittee, updates by Cierra Olivia Thomas-Williams (ICADV): Flow charts for identifying reporting processes for people with disabilities is ongoing and legislative review is ongoing. Literature review of risk factors for sexual violence victimization against people with disabilities is complete and summarized in a chart available to Task Force members. How should that information be formatted for general educational use, including outside the task force? Infographics!
    - Policy Subcommittee, updates by Richard Propes (BQIS): Completed collecting feedback for the Organizational Assessment Tool but has not re-formatted tool into a user-friendly version, yet.
    - Mutual Aid Networking
        - ICADV's Prevention Institute on 7/18/19 will focus on primary prevention and the relationship of power, oppression, and violence.
        - MESA's 16th Annual Multicultural Gathering on 9/25/19 at Marriott East in Indianapolis on "Neurodiversity, Disability Justice, and Healthy Communities"
        - Please check out the publications on the Online hub and send feedback to Cierra (Education Subcommittee chair) and Richard (Online Hub Coordinator)

- 9/19/2019 Task Force Meeting Summary
  - General Discussion: Reviewed progress on online Hub and reminded Task Force members to send prospective posts to Richard Propes (BQIS) to coordinate publications. Several members suggest that the Task Force develop an internal Brand Guide for 2020+ Skye Kantola (MESA) agrees to draft this for the Task Force. VERA Institute Application for "Increasing Survivors with Disabilities Access to Healing Services and Justice Options Learning Community" was submitted in August on time. In September, Task Force received a rejection for admittance into the technical assistance opportunity because, "Your task force appears equipped to make change in your community and across your state." Task Force members were disappointed to not be admitted into the learning community, but excited that VERA indicated they felt the Task Force was already equipped to do meaningful disability justice work in Indiana.
  - Data Subcommittee: Additional updates to CSNA reviewed. Pilot survey will be launched online only given the remaining grant timeline. Task Force members should send any final feedback to Skye Kantola (MESA) as CSNA pilot will be launched online in November. Subcommittee goal is to receive 25 or more responses in the CSNA pilot survey.
  - Education Subcommittee: Flow charts and legislative review projects are ongoing. Experiencing difficulty in receiving information about reporting processes from DCS or APS. Risk Factors for SV against people with disabilities infographics are complete and require feedback from Task Force Members; send feedback to Kat Chappell (GCPD).
  - Policy Subcommittee: Identified Indiana State Department of Health (ISDH) and the Bureau of Developmental Disabilities Services (BDDS) as possible piloting agencies. However, subcommittee representatives have been unable to acquire a commitment for participation in piloting tool by ISDH or BDDS. ISDH and BDDS preliminary feedback is that the tool may be too long. Since subcommittee is having difficulty finding organizations willing to contribute to the pilot, perhaps subcommittee should look within the Task Force? Agreed to ask Task Force member affiliated organizations to pilot the Organizational Assessment Tool.
  - Mutual Aid Networking
    - MESA's 16th Annual Multicultural Gathering on 9/25/19 at Marriott East in Indianapolis on "Neurodiversity, Disability Justice, and Healthy Communities" NO COST Registration. Facebook Event page:
    - Rehab Hospital of Indiana Conference on Oct 9th and Oct 10th:
    - Governor's Council for People with Disabilities conference on November 17th - November 19th.
    - Rape Prevention Education grant call for proposals is open and due by October 18th. MESA & ICADV representatives will be meeting to draft next year's objectives during last week of September and will send those out for feedback to the Task Force via email.
    - Jae Chul Lee (IIDC) shared that Albany, Ft Wayne, and Indy will have focus groups for people with disabilities and their families. Watch for more detailed information.

- Evolution of Consent training by ICESA coming soon.

- 11/12/2019 Task Force Meeting Summary
  - General Discussion: Clarified how to follow the Task Force for free on Patreon Online hub. Skye Kantola (MESA) created new online hub submission guidelines and needs feedback. Skye (MESA) and Cierra (ICADV) will be developing an official "launch" email and flyer for the online hub. Please share widely once received via email. Webinar #6, Webinar #7, and Webinar #8 will take place in December 2019. Webinar #9 and Webinar #10 will be in January 2020.
  - Data Subcommittee: Final reminder for CSNA feedback (Nov 14th deadline) and CSNA pilot survey will be launched online on 11/15/2019.
  - Education Subcommittee: Flow charts and legislative review projects are ongoing.
  - Policy Subcommittee: Has not met due to turnover among members and health issues among remaining members. However, AccessABILITY & BDDS have agreed to pilot organizational assessment tool for Task Force.
  - Mutual Aid Networking: Governor's Council for People with Disabilities conference on November 17th - November 19th.

- 1/16/2019 Task Force Meeting Summary
  - General Discussion: ICADV received Rape Prevention Education grant funding for FY 2020. MESA did not receive RPE FY 2020 funding. Please send additional grant ideas to Skye Kantola (MESA) for consideration. Skye Kantola (MESA) will be designing an annual feedback survey for Task Force members to guide/improve Task Force work in 2020 and they are looking for feedback about what should be included in the survey. Webinar #10 will take place on 1/29/2020. Survey will also collect information to establish 2020 meeting dates/locations.
  - Data Subcommittee: CSNA pilot has launched and already has over two dozen responses. Yay! CSNA will stop accepting responses after 1/22/2020 and then subcommittee will analyze data. Suggestion: Survey collects information about strengths and needs, but not desires or solutions and therefore, it may be useful to conduct a SWOT analysis on CSNA.
  - Education Subcommittee: Flow charts for reporting sexual violence against people with disabilities is complete. Legislation review essay draft is complete (Angela McGinnis) and will be edited by Skye (MESA) and Cierra (ICADV). Risk Factor infographics are complete – Task Force gave live feedback and edits during general meeting to Kat Chappell (GCPD)
  - Policy Subcommittee: Organizational assessment tool has been piloted by AccessABILITY (Tammy Themel) and BDDS (Richard Propes). Skye Kantola (MESA) and Cierra Olivia Thomas-Williams (ICADV) will conduct follow-up interviews with each organizational representative to document feedback, edits, and ideas for improving tool for 2020.

In FY 2019, Educational Subcommittee met on 2/20/2019, 2/20/2019, 4/17/2019, 5/22/2019, 6/18/2019, 8/21/2019, 9/18/2019, 10/16/2019, 11/20/2019, 12/18/2019, and 1/15/2020. The Data Subcommittee met on 3/01/2019, 4/17/2019, 5/15/2019, 6/19/2019, 9/18/2019, 10/16/2019, 11/20/2019, 12/18/2019, and 1/15/2020. The Policy Subcommittee met on 4/2/2019 and continued their work via email for most of 2019. The Policy Subcommittee also had a lot of turnover in 2019 and the chair had some major health complications in late 2019 resulting in no more meetings taking place in later 2019. To adjust for these unexpected events, the Task Force leadership (MESA & ICADV staff) conducted a debrief session with the piloting agencies who completed the organizational assessment tool survey.

3. Activity 1.1: Community Strengths & Needs Assessment Pilot

Activity 1.1 was completed: Assist ICADV in developing and implementing a statewide community strengths & needs assessment (CSNA) designed to hear from survivors of SV with disabilities about what they need to be safe and to identify gaps in needs and services to survivors with disabilities that will assist with primary prevention efforts and education.

Activity 1.1 Summary

There is a severe shortage of information about self-reported experiences of bodily autonomy, hygiene, sexuality, safer sex education, healthy sexuality, sexual autonomy, healthy relationships, and sexual harm among people with disabilities, especially information that is specific to Indiana. The Task Force prioritized this gap in information by developing a survey about these topics with people with disabilities in the Data Subcommittee. Because developing a community strengths and needs assessment that is comprehensive, concise, cognitively and generally accessible, and not overwhelming in length was challenging, the Data Subcommittee decided to launch the survey as a pilot experiment in FY 2019. The pilot survey would collect responses to questions as well as feedback regarding survey content and implementation from respondents to allow the Task Force to improve and re-launch the community strengths and needs assessment in FY 2020.

During the survey development, the Data Subcommittee identified that one major challenge to collecting responses to the survey would be the lack of comprehensive body and sexuality education provided to people with disabilities. In order to alleviate this barrier to participation, the Data Subcommittee developed a brief “definitions” glossary on the Resource Hub that was linked to in the survey introduction and within the questions themselves. Another concern was the lack of access to mental health and healing services for those who responded to the survey and may be triggered by their participation. To address this, the Data Subcommittee also developed comprehensive resource lists (organized by county) for 1. Disability support services and 2. Sexual and domestic violence resources located in Indiana that were linked to in the survey.

The Community Strengths and Needs Assessment pilot survey collected 26 responses from participants residing in at least 9 out of Indiana’s 92 counties spread out all across Indiana. Respondents had a wide range of disabilities. Most respondents were White but there were respondents of many other racial backgrounds as well. Most respondents were women but there were also men and non-binary individuals who participated. Overwhelmingly, the data collected in the survey showed that people with disabilities in Indiana are experiencing significant challenges in receiving accurate and comprehensive information about their body, safer sex, healthy sexuality, and healthy relationships and that these barriers begin when people with disabilities are young. Additionally, respondents indicated that there is considerable confusion about whether they have experienced various kinds of sexual harm (not including rape or sexual assault) and the majority of those who had experienced sexual harm (not including rape or sexual assault) had not reported the incident.

In FY 2020, the Task Force may modify the survey to include questions about rape and sexual assault, faith background, protective factors against perpetration, and the frequency of interactions with disability services, and sexual identities of respondents. The survey will also undergo changes in format to improve accessibility. The Task Force also anticipates organizing town halls for data collection in FY 2020 or FY 2021 during the CSNA re-launch after data from FY 2019 is analyzed.

Survey Purposes: Collect feedback from people with disabilities (PWD) in Indiana to assess community priorities of bodily & sexual autonomy, health, independence, and experiences reporting harm. Collect feedback from PWD regarding how to improve the community strengths and needs assessment (CSNA) for wider implementation in 2020.

Data Collection Topics: The following topics provided guidance for survey question design. Topics 1- 4 are covered in section 2 of the survey. Topic 5 is covered in section 3 of the survey.

1. Bodily autonomy
2. Sexual autonomy
3. Sexual wellness, including knowledge of body functions, consent, healthy relationships, access to sexual health services
4. Lifestyle independence & supported decision making (especially about the body and sexuality)
5. Access to reporting harm with trauma-informed services and without retaliation

Online Survey Format

Survey introduction is provided on the first webpage (section 1) Questions 1 – 4 were located on the the next webpage (section 2). Questions 5 – 7 were located on the next webpage (section 3). Questions 8 – 14 were located on the last webpage (section 4). Section 2 questions focus on the topics of bodily and sexual autonomy, comprehensive healthy sexuality education, and safer sex across the life span. Section 3 questions focus on sexual harm and reporting. Section 4 questions are primarily demographic questions. Each section includes a question that invites respondents to provide feedback regarding survey improvements. The following process and outcome evaluation will be divided by each survey section because survey respondents had the opportunity to provide feedback about survey design/implementation within each section.

Section 1: Survey Introduction: The following text is located on the first webpage of the survey. After reading survey introduction information, participants are asked to indicate that they understand the survey introduction and consent to the Task Force using information collected in the survey as described in the introduction.

<u>Welcome!</u>

Welcome to the official Community Strengths and Needs Assessment (CSNA) for people with disabilities in Indiana. This survey was created by a coalition of people with disabilities and people without disabilities, self-advocates, service providers and professionals, and caregivers through the Indiana Abuse Prevention Disability Task Force (APDTF).

<u>Survey Purpose</u>

This survey seeks to identify whether people with disabilities in Indiana are experiencing sexual violence, sexual harassment, and bodily restriction; and if people with disabilities in Indiana are experiencing access to information about bodily autonomy, sexuality, and supported sexual and romantic decision-making. We hope that this preliminary assessment sheds light on the magnitude of healthful and harmful experiences people with disabilities in Indiana are experiencing, especially in regards to sexual and romantic wellness.

Who May Complete This Survey

Any individuals with disabilities who are residing in Indiana may participate. "Disability" for the purposes of this survey follows the social model for disability. Therefore, disability may include developmental and cognitive disabilities, physical disabilities, mobility disabilities, sensory disabilities, chronic illness, neurodivergence, mental illness, etc. Please feel free to invite a caregiver, friend, or other trusted support person to help you complete the survey.

Anonymity and Confidentiality

All information submitted in this survey will be completely anonymous as well as confidential. The settings for this survey are such that no personally identifying information will be collected. Data analysts will only have access to survey information submitted by each respondent. In other words, data analysts and project leaders will not be able to ever connect an individual survey to any individual person. Survey responses will be analyzed by as few people as possible so that only a very limited number of individuals have access to individual survey responses.

How Survey Responses will be Used

The purpose of this survey is to gain an understanding of the body and sexual health experiences of people with disabilities as self-reported by people with disabilities. Therefore, data collected will mostly be presented as a whole so that data analysts can look for larger trends. All information shared in this survey will be used only by the APDTF and our collaborators to better guide the coalition's efforts to support body and sexual wellness of people with disabilities in Indiana. This may include (but is not limited to) developing more detailed or updated surveys in the future, advocating for changes in policies at service provision agencies, applying for greater grant funding for more robust sexual violence prevention programming, and/or developing educational campaigns to support comprehensive sexuality and healthy relationship education for people with disabilities, caregivers, and service providers, among other strategies.

Participation Options

Ways to participate in this survey include online or on a paper survey which can be mailed to you. To request a paper survey be mailed to you, please email Skye Kantola at kantola@purdue.edu.

Brief Guidance to Support Persons

If you are assisting a person with a disability to complete this survey, be mindful to clearly convey the meaning of questions and response options. Do not encourage a particular response to the questions based on your beliefs regarding the questions.

Definitions

Please find a list of definitions for various words used in this survey https://www.patreon.com/posts/29760193. We recommend that you open the Definitions page (by clicking on the link) in another tab for reference as you complete the survey.

Resources

Here is a list of statewide and by-county sexual violence and domestic violence resources in Indiana: https://www.patreon.com/posts/27853216.

Here is a list of statewide and by-county disability services resources in Indiana: https://www.patreon.com/posts/28960906.

By continuing with this survey, you (the survey respondent) are indicating that you understand all the guidelines and survey information provided here and you agree to participate in this survey with the understanding of how information will be used and how it will not be used.

Survey Introduction Process Evaluation

No respondents indicated any difficulty understanding the introduction section anywhere in the survey, including those with cognitive and/or developmental disabilities, indicating the language was broadly understandable and linguistically accessable. However, in the Section 1 constructive criticism question (question 4), one respondent stated, "It wasn't clear how to start the survey (clicking the "I agree...")". In 2020, the survey buttons will be re-designed to be more visible and understandable.

Section 4: Questions 9-13 on Demographics

Demographic questions were included at the end of the survey – not the beginning – to avoid creating response biases based up identity group diclosure. There still does not exist an empirally tested standard procedure for determining when to place demographic questions at the beginning or end of a survey. However, some research[1] suggests that placing demographic questions at the start of a survey when the survey is self-administered and contains emotionally arrousing questions may result in respondents from marginalized backgrounds experiencing a "stereotype threat". This reaction may result in "priming" respondents to answer questions with a focus on positively "representing" those from their identity group, rather than responding specifically for themselves. For example, if a Latinx[2] person is asked to disclose their racial identity at the beginning of the survey, they are more likely to respond to the rest of the survey questions with a mental framework of, "I must respond to these questions as a Latinx person in such a way that positvely reflects on Latinx communities". Therefore, to ensure that this survey avoided any possibility of stereotype threat, demographic questions were included at the end of the survye.

Q8. Is there anything else you would like to tell us? Is there anything we forgot to ask you?

Q9. Please describe your gender:

Q10. Please describe your racial identity and/or your ethnic identity:

Q11. What county of Indiana do you live in?

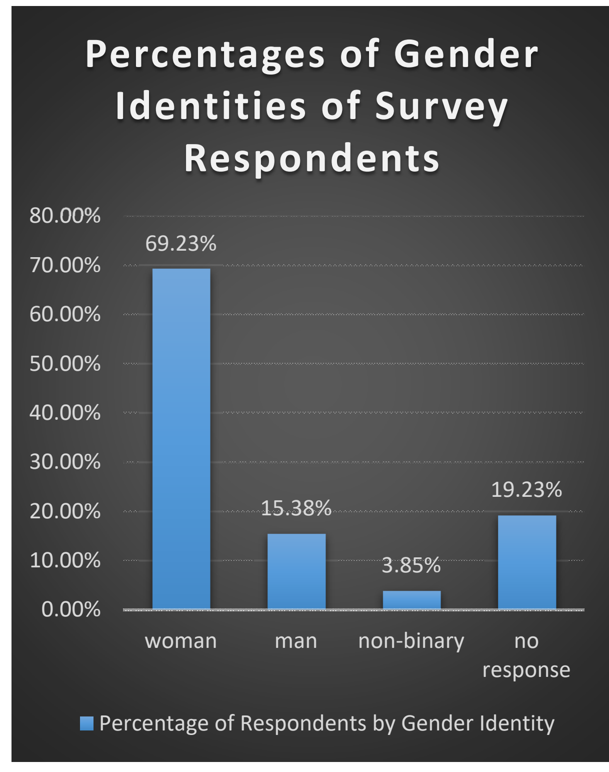
[1] Teclaw, Robert, Mark C. Price, and Katerine Osatuke. "Demographic Question Placement: Effect on Item Response Rates and Means of a Veterans Health Administration Survey." *Journal of Business and Psychology* 27, no. 3 (2011): 281–90. https://doi.org/10.1007/s10869-011-9249-y.

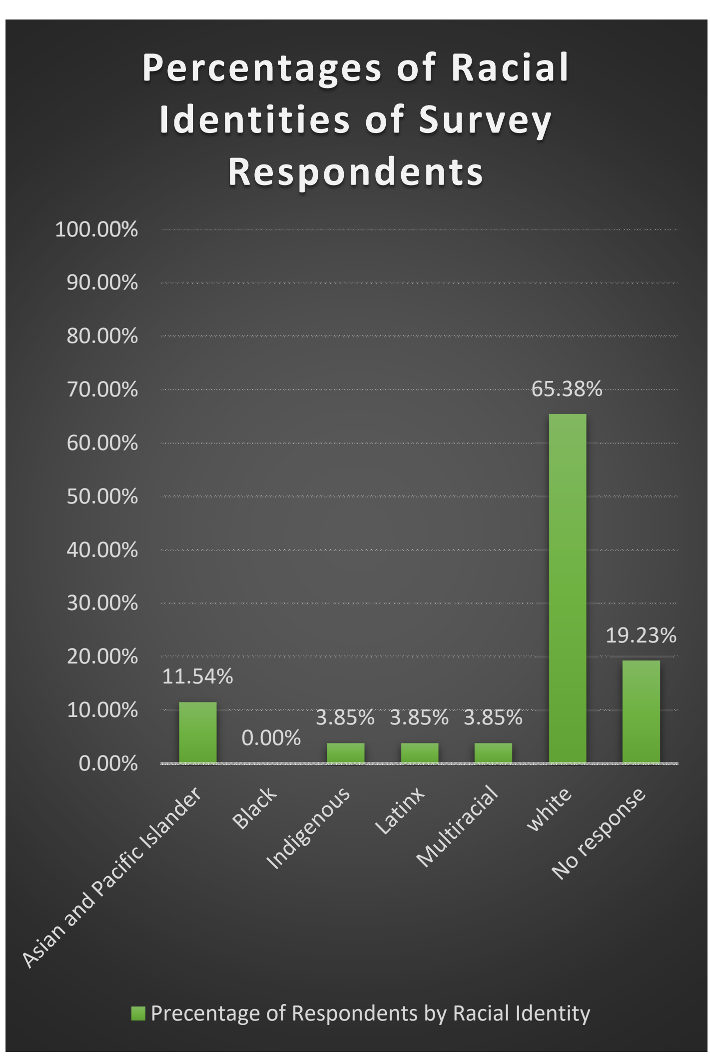
[2] "Latinx" refers to people of Latin American origins/heredity. The "x" is used in place of an "a" or "o" in an effort to be gender inclusive of mascline, feminine, and non-binary persons.

Question 9 Results & Process Evaluation: Gender Identity

Question 9 asked for respondents to disclose their gender in an small free-response box. Responses were then grouped into the following groups: Woman, Man, Non-Binary, and no response. Gender responses were not mutually exclusive. Approximately 69% of respondents were women; 15% of respondents were men; 4% of respondents were non-binary; 19% of respondents provided no response to this question.

Interestingly, although survey did not ask respondents to disclose their physical sex, two respondents (almost 8% of respondents) also disclosed that they are intersex in this section. The Task Force may incorporate a question regarding sex in the future, improved survey.





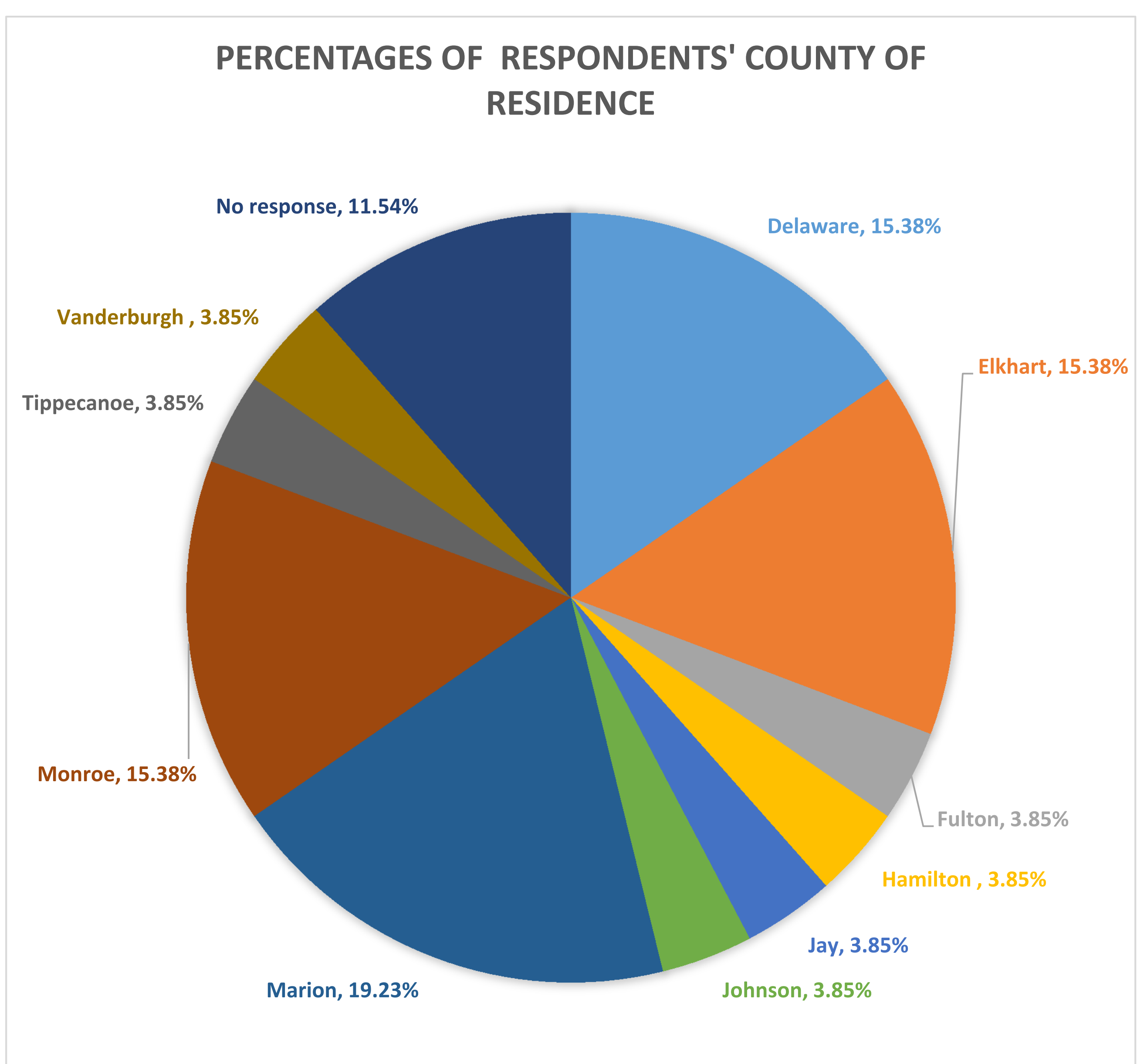
Question 10 Results & Process Evaluation: Racial Identity

Question 10 asked for respondents to disclose their racial and/or ethnic identities in a small free-response box. Responses were then grouped into the following non-mutually exclusive buckets: Asian and Pacific Islander, Black, Indigenous, Latinx, Multiracial, White, and no response. Approximately 65% of respondents were White, 12% of respondents were of Asian or Pacific Islander heritage, and 4% were Indigenous, Latinx, and Multiracial, respectively. No respondents were Black and approximately 19% of respondents chose not to disclose their racial identity.

Question 11: County of Residence

Question 11 asked for respondents to disclose their county of residence in a small free-response box. Respondents spanned 9 Indiana Counties out of the 92 Counties in Indiana and 11.5% of respondents declined to disclose their county of residence. To access how effectively the survey reached all Indiana regions and counties, the counties listed may be grouped by the Indiana Statewide Independent Living Council (INSILC) Center Regions (plus unserved counties). Indiana Counties listed below in alphabetical order and grouped by INSILC Center Regions. Respondents disclosed residing in 6 out of 10 INSILC Center Regions and any counties of residence of respondents are underlined. Additionally, the 4 counties (Elkhart, Delaware, Marion, Monroe) with the greatest number of respondents are located in different regions of Indiana. This distribution indicates an effectively broad scrope of reach regarding survey marketing, especially given that there were 26 respondents in total and all marketing was conducted online (email and social media).

- **INSILC Region 1 (Greater Indianapolis Counties)**: Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Shelby
- **INSILC Region 2 (Southwest Counties)**: Daviess, Dubois, Gibson, Greene, Knox, Martin, Pike, Sullivan (plus unserved: Perry, Posey, Spencer, Vanderburgh, Spencer)
- **INSILC Region 3 & 4 (Northwest Counties)**: Lake, Porter (plus unserved: Benton, Carroll, Cass, Clinton, Elkhart, Foutain, Fulton, Jasper, La Porte, Marshall, Miami, Montgomery, Newton, Pulaski, St. Joseph, Starke, Tippecanoe, Wabash, Warren, White)
- **INSILC Region 5 (Central Northeast Counties)**: Blackford, Delaware, Grant, Howard, Madison, Randolph, Tipton
- **INSILC Region 6 (East Central Counties)**: Decatur, Fayette, Franklin, Henry, Rush, Union, Wayne
- **INSILC Region 7 (Central South Counties)**: Bartholomew, Brown, Crawford, Jackson, Lawrence, Monroe, Orange, Washington (unserved: Clark, Crawford, Floyd, Harrison
- **INSILC Region 8 (Southeast Counties)**: Dearborn, Jefferson, Jennings, Ohio, Ripley, Scott, Switzerland
- **INSILC Region 9 (Northeast Counties)**: Adams, Allen, DeKalb, Huntington, Jay, Kosciusko, LaGrange, Noble, Steuben, Wells, Whitley
- **INSILC Region 10 (West Central Counties):** Clay, Owen, Parke, Putnam, Vermillion, Vigo


PERCENTAGES OF RESPONDENTS' COUNTY OF RESIDENCE
No response, 11.54%
Delaware, 15.38%
Vanderburgh , 3.85%
Elkhart, 15.38%
Tippecanoe, 3.85%
Monroe, 15.38%
Fulton, 3.85%
Hamilton , 3.85%
Jay, 3.85%
Marion, 19.23%
Johnson, 3.85%

Question 12 & 13: Respondent Disabilities

Question 12 asked for respondents to disclose what kinds of disability(ies) they experience from 6 discrete, non-mutually exclusive options. Respondents may select all disability types that apply to them in Question 12. Question 13 provides a small free-response box for respondents to provide additional information regarding their disability(ies) and/or clarify what other disability(ies) they experience if they selected "Additional disability not listed" in Question 12.

Q12. Please let us know which disabilities you experience. Please select all that apply to you.

Cognitive, Intellectual, or Developmental Disability (examples: down syndrome, traumatic brain injury, cerebral palsy, fetal alcohol syndrome)

Physical disability (examples: spinal cord injury, muscular dystrophy, arthritis)

Neurodivergence and/or Mental Illness (examples: autism, ADHD, bipolar, attachment or personality disorders, depression, post-traumatic stress disorder)

Chronic Illness resulting from bacterial, viral, or parasitic infections (examples: chronic lyme disease, HIV, HPV)

Chronic Illness resulting from genetic differences, inflammation, and/or body malfunction (examples: diabetes, cystic fibrosis, Chrone disease, chronic fatigue syndrome)

Additional disability not listed above

Q13. If you would like to list or further describe your disabilities to provide us with additional information, please feel free to do so here:

Question 12 Response Options included (in alphabetical order):

- Cognitive, Intellectual, or Developmental Disability (examples: down syndrome, traumatic brain injury, cerebral palsy, fetal alcohol syndrome)
- Physical disability (examples: spinal cord injury, muscular dystrophy, arthritis)
- Neurodivergence or Mental Illness (examples: autism, ADHD, bipolar, attachment or personality disorders, depression, post-traumatic stress disorder)
- Chronic Illness resulting from bacterial, viral, or parasitic infections (examples: chronic lyme disease, HIV, HPV)
- Chronic Illness resulting from genetic differences, inflammation, and/or body malfunction (examples: diabetes, cystic fibrosis, Chrone disease, chronic fatigue syndrome)
- Additional Disability Not Listed

Question 12 & 13 Results

Over 62% of survey respondents indicated being Neurodivergent and/or experiencing mental illness. Some of the forms of Neurodivergence and/or mental illness experienced by survey respondents included being Autistic, experiencing (complex/developmental)PTSD, experiencing anxiety and irritability disorders, experiencing dissociative identity disorder (DID), schitzophrenia, and/or bipolar disorder, but most survey respondents did not elaborate on the forms of Neurodivergence or mental illness they experience.

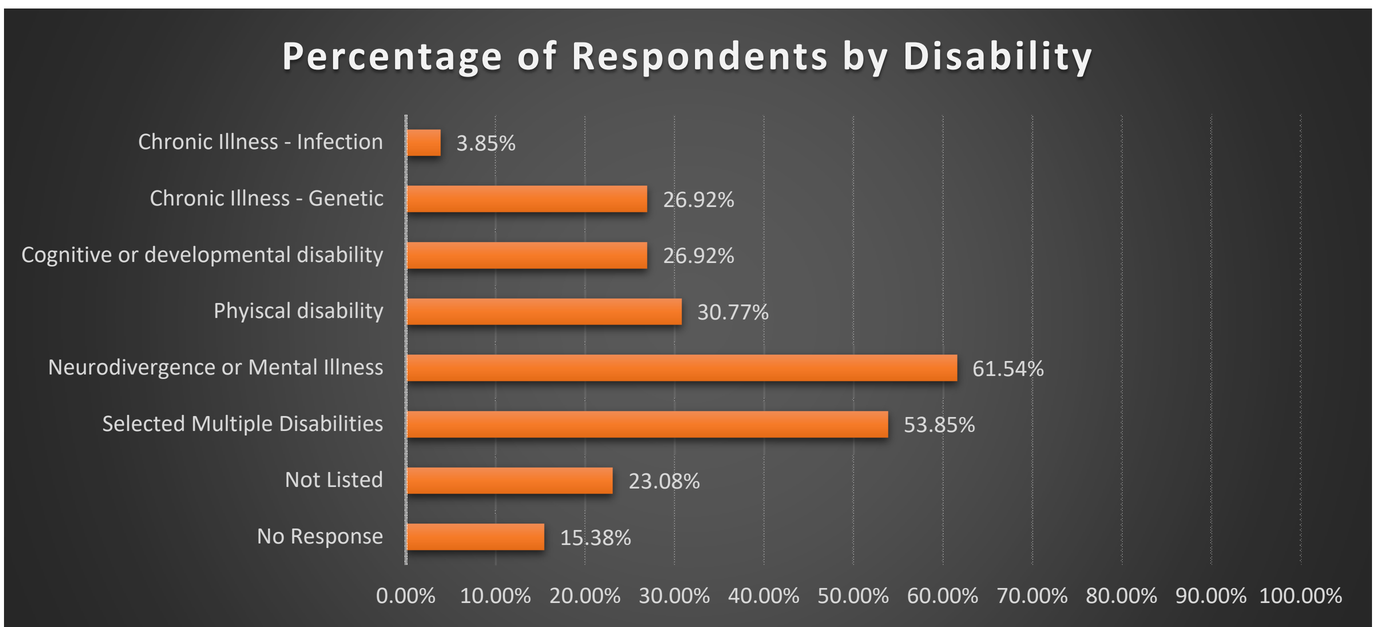
About 31% of respondents indicuated experiencing a physical disability including epilepsy, osteoporosis, peripheral neuropathy, scholiosis, or cerebral palsy. Most respondents did not elaborate on the physical disabilities they experience in question 13.

Over 1/4th of respondents indicated they experience a cognitive, intellectual, or developmental disability. One respondent indicated that they are Autistic. Another respondent indicated they have a learning disability.

Over 1/4th of respondents indicated they experience a genetic or physiologically-based chronic illness, including one respondent with multiple lung diseases and another respondent who experiences genetic immune suppression. Less than 4% of respondents experienced a pathogenic chronic illness.

23% of respondents selected “additional disability not listed” however all of these respondents also selected other categories of disability. One respondents indicated they are a Deaf person and another respondent indicated they are Deaf-Blind. One respondent also disclosed experiencing an eating disorder.

Over half of all respondents listed themselves as experiencing more than one disability. Less than 16% of respondents declined to provide any information regarding the disability(ies) they experience.



Question 12 Process Evaluation

Developing categories for disabilities is tremendously difficult due to how easily disabilities may overlap, the fact that many people have multiple disabilities, not all people with disabilities agree with what constitutes a disability, and the categorization of disabilities is often culturally, historically, and medically complex. The difficulty in developing categories for disabilities shows up in the data as well with almost 1/4th of respondents indicated they experience a disability which they do not feel is represented in the above response options.

For example, people who are Deaf and/or hard of hearing often consider themselves a cultural and linguistic minority, not as people with disabilities. Other Deaf folks may consider themselves as neurodivergent, as someone with a developmental disability, or even has having a physical disability. Other people who are Deaf may consider it offensive to be listed as someone with a physical disability or developmental disability. In this survey, the survey designers decided not to list “Deaf and/or hard of hearing” within any category example in an effort to let those in the Deaf community to decide where to list themselves. As described below, multiple respondents who are Deaf listed themselves as Deaf in Question 13 explicitely, but not including Deaf and/or

hard of hearing as an option seemed to have also created some confusion and survey developers should consider including this as a discrete option in the future.

In the future, survey designers should consider offering more options with more examples, including:

- Deaf and/or hard of hearing
- Sensory disabilities, not including people who are Deaf (Blind and/or low-vision, Taste or Smell disabilties, Touch sensation disabilities)
- Mobility and Neuromuscular Disabilities (instead of “physical disability” as people seemed to find this confusing due to the broadness of the response option)
- Eating disorders might be valuable to include in the next survey

Overall, the responses to this question indicate that the marketing was effective at reaching people with a very wide range of disabilities. Additionally, 61.5% of respondents provided no response to question 13. One way to increase responses may be to provide details of ways the respondents might elaborate on their Question 12 responses.

Question 14: The Use of a Support Person in Survey Response

Question 14 asks survey respondents to indicate whether they completed the survey with a support person. Mutually exclusive multiple-choice response options included:

- Yes - a professional or direct service provider assisted me
- Yes - a family member, friend, or other non-professional assisted me
- Yes - someone not listed above assisted me
- No - I completed the survey without my support person
- No - I don't have a support person

Q14. Did you complete this survey with the assistance of a support person? Please select any responses that reflect how you completed the survey.

Yes, a professional or direct service provider assisted me.

Yes, a family member, friend, or other non-professional assisted me.

Yes, someone else not listed above assisted me.

No, I completed the survey without my support person.

No, I don't have a support person.

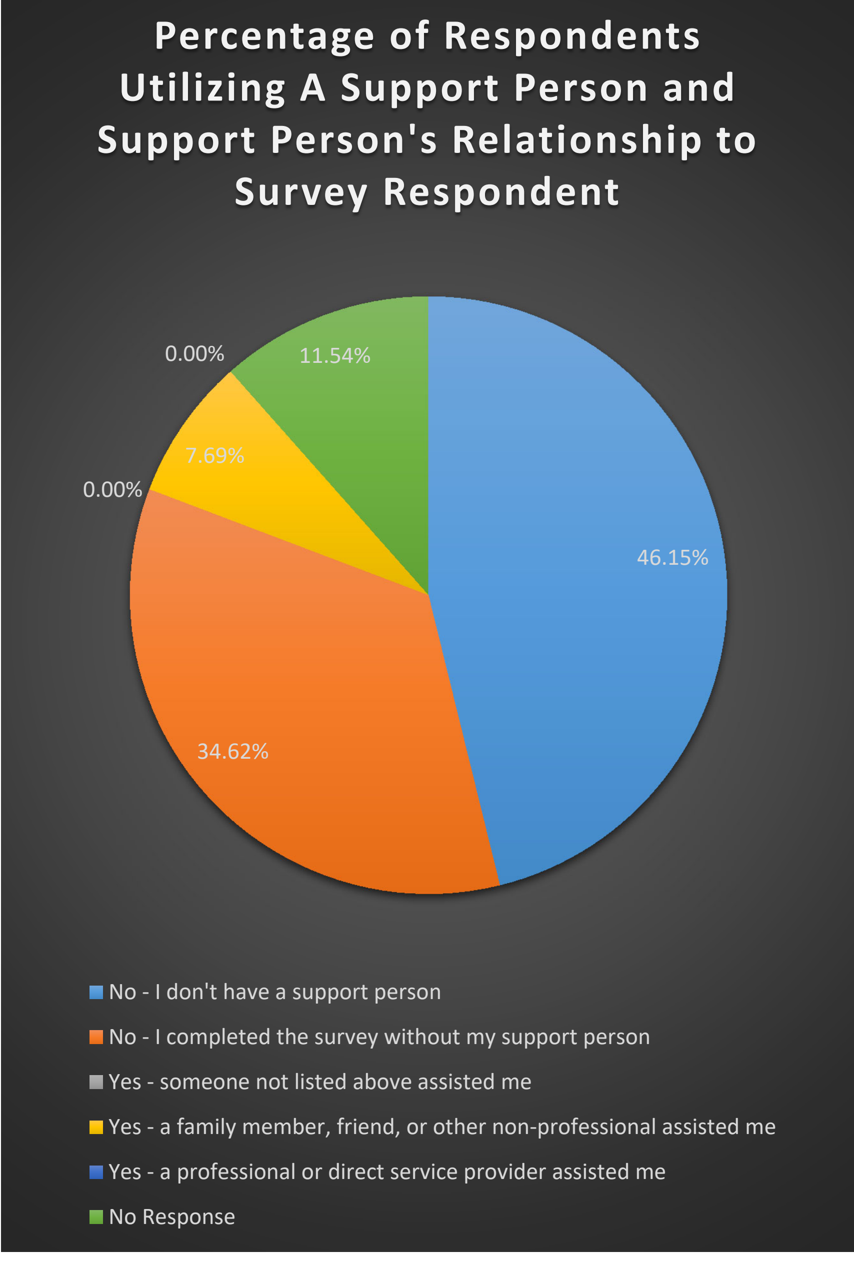
←　→

Question 14 Results

46.2% of respondents indicated that they do not have a support person and 11.5% did not disclose whether they have a support person. 34.6% have a support person but did not request assistance from their support person to complete the survey. The reminaing 7.7% of respondents completed the survey with a support person who is a family member, friend, or other non-professional. No respondents utilized help from a professional support person.

Question 14 Process Evaluation

Respondents did not indicate any confusion in responding to this question. However, from the survey design persepctive, there was much discussion about whether it was valuable to deliniate whether the support person was a personal acquaintance or a professional, especially since some support persons may be both.



Additional Section 4 (Demographics) Process Evaluation & Future Directions

In the future, it may be valuable to include some additional questions recommended by survey respondents. A few respondetns requested that the survey designers include a demographic question about sexuality and include more consideration to how an asexual person may respond to questions (Refer to Q4). Another respondent recommended that there be an additional question asking respondents how much they interact with disabilities services in Indiana to better understand differences and similarities among those who interact with service providers frequently or infrequently. Lastly, several respondents indicated an interest in asking about their religious history and/or current affiliation since faith and religious practices (Refer to Q4) may have significantly impacted their access and exposure to positve, comprehensive sexuality education and their attitudes and beliefs regarding disability and sexuality.

Section 2: Questions 1 – 4 on Bodily & Sexual Autonomy, Healthy Sexuality, and Safer Sex across the Lifespan

Question 1 Overview

Question 1 provides 8 statements which respondents were asked to disclose whether they had experienced. For each statement, respondents had the following response options or the option to not respond:

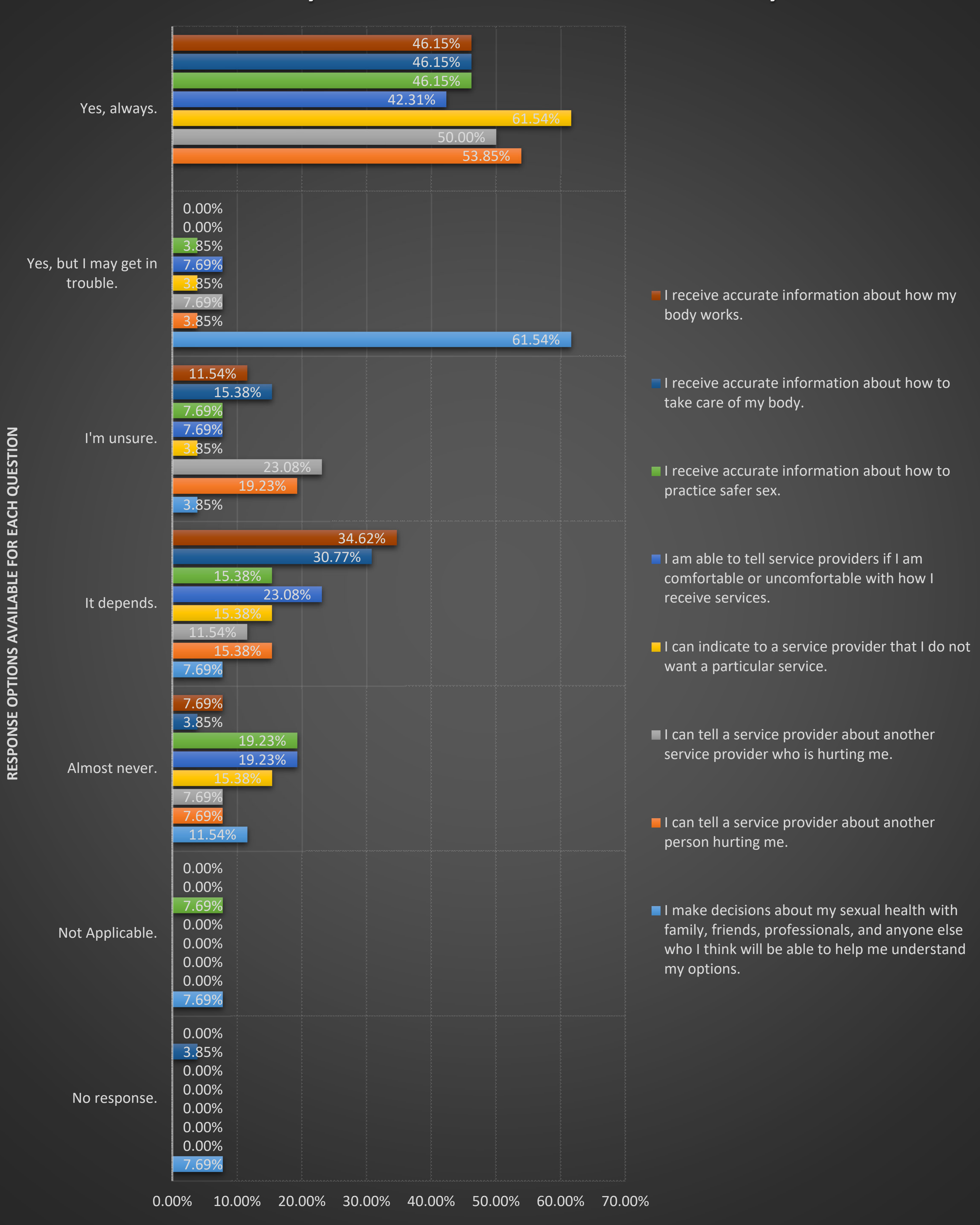
- Yes, always
- Yes, but I may get in trouble
- I'm unsure
- It depends
- Almost never
- Not applicable

Q1: Do you experience the following?

i. I receive accurate information about how my body works.
ii. I receive accurate information about how to take care of my body.
iii. I receive accurate information about how to practice safer sex.
iv. I am able to tell service providers if I am comfortable or uncomfortable with how I receive services.
v. I can indicate to a service provider that I do not want a particular service.
vi. I can tell a service provider about another service provider who is hurting me.
vii. I can tell a service provider about another person hurting me.
viii. I make decisions about my sexual health with family, friends, professionals, and anyone else who I think will be able to help me understand my options.

Q1. **Do you experience the following?**

	Yes, always	Yes, but I may get in trouble.	I'm unsure.	It depends.	Almost never.
I receive accurate information about how my body works.	○	○	○	○	○
I receive accurate information about how to take care of my body.	○	○	○	○	○
I receive accurate information about how to practice safer sex.	○	○	○	○	○
I am able to tell service providers if I am comfortable or uncomfortable with how I receive services.	○	○	○	○	○
I can indicate to a service provider that I do not want a particular service.	○	○	○	○	○
I can tell a service provider about another service provider who is hurting me.	○	○	○	○	○
I can tell a service provider about another person hurting me.	○	○	○	○	○
I make decisions about my sexual health with family, friends, professionals, and anyone else who I think will be able to help me understand my options.	○	○	○	○	○



Percentage of Responses to Question 1 Regarding Healthy Sexuality Education and Practices Currently
Yes, always.
46.15%
46.15%
46.15%
42.31%
61.54%
50.00%
53.85%
Yes, but I may get in trouble.
0.00%
0.00%
3.85%
7.69%
3.85%
7.69%
3.85%
61.54%
I'm unsure.
11.54%
15.38%
7.69%
7.69%
3.85%
23.08%
19.23%
3.85%
It depends.
34.62%
30.77%
15.38%
23.08%
15.38%
11.54%
15.38%
7.69%
Almost never.
7.69%
3.85%
19.23%
19.23%
15.38%
7.69%
7.69%
11.54%
Not Applicable.
0.00%
0.00%
7.69%
0.00%
0.00%
0.00%
0.00%
7.69%
No response.
0.00%
3.85%
0.00%
0.00%
0.00%
0.00%
0.00%
7.69%
0.00% 10.00% 20.00% 30.00% 40.00% 50.00% 60.00% 70.00%
RESPONSE OPTIONS AVAILABLE FOR EACH QUESTION
PERCENTAGES OF RESPONSES BY QUESTION & RESPONSE OPTION
I receive accurate information about how my body works.
I receive accurate information about how to take care of my body.
I receive accurate information about how to practice safer sex.
I am able to tell service providers if I am comfortable or uncomfortable with how I receive services.
I can indicate to a service provider that I do not want a particular service.
I can tell a service provider about another service provider who is hurting me.
I can tell a service provider about another person hurting me.
I make decisions about my sexual health with family, friends, professionals, and anyone else who I think will be able to help me understand my options.

Question 1 Results

Each statement from Question 1 (in italics) is listed below along with a results summery.

i. *I receive accurate information about how my body works.* 46.2% of respondents selected "Yes, always.", 34.6% selected "It depends.", 11.5% selected "I'm unsure.", and 7.7% selected "Almost never." No respondents indicated that they would experience retaliation for seeking accurate information about their body and no participants provided no response.

ii. *I receive accurate information about how to take care of my body.* 46.2% of respondents selected "Yes, always.", 30.8% selected "It depends.", 15.4% selected "I'm unsure.", and 3.8% selected "Almost never." No respondents indicated that they would experience retaliation for seeking accurate information about how to take care of their body and 3.8% of participants provided no response.

iii. *I receive accurate information about how to practice safer sex*. 46.2% of respondents selected "Yes, always.", 19.2% selected "Almost never.", 15.4% selected "It depends.", 7.7% selected "I'm unsure.", and 7.7% selected "Not applicable." (presuably these are asexual respondents), an d 3.9% of respondents indicated that theymay experience retaliation for seeking accurate information about safer sex. No participants provided no response.

iv. *I am able to tell service providers if I am comfortable or uncomfortable with how I receive services.* 42.3% of respondents selected "Yes, always.", 23.1% selected "It depends.", 19.2% selected "Almost never.", 7.7% selected "Yes, but I may get in trouble.", and 7.7% selected "I'm unsure." No participants provided no response.

v. *I can indicate to a service provider that I do not want a particular service.* 61.4% of respondents selected "Yes, always.", 15.4% selected "It depends.", 15.4% selected "Almost never.", 3.9% selected "Yes, but I may get in trouble.", and 3.9% selected "I'm unsure." No participants provided no response.

vi. *I can tell a service provider about another service provider who is hurting me.* 50% of respondents selected "Yes, always.", 23.1% selected "I'm unsure.", 11.5% selected "It depends.", 7.7% selected "Almost never.", and 3.9% selected "Yes, but I may get in trouble." No participants provided no response.

vii. *I can tell a service provider about another person hurting me.* 53.9% of respondents selected "Yes, always.", 19.2% selected "I'm unsure.", 15.4% selected "It depends.", 7.7% selected "Yes, but I may get in trouble.", 7.7% selected "Almost never." No participants provided no response.

viii. I make decisions about my sexual health with family, friends, professionals, and anyone else who I think will be able to help me understand my options. 61.5% selected "Yes, but I may get in trouble.", 11.5% selected "Almost never.", 7.7% selected "It depends.", 7.7% selected "Not applicable.", and 3.9% selected "I'm unsure." 7.7% of participants provided no response.

Question 1 Conclusions

Less than 50% of respondents indicated that they consistently received accurate information about their body (1i), accurate information about how to take care of their body (1ii), or accurate information about how to practice safer sex (1iii), respectively. No respondents felt they could consistently involve their family, friends, or professionals in supported decision-making regarding sexuality, and almost 62% of respondents indicated they feared retaliation or disciplinary action against them if they tried to involve someone close to them in understanding their options for sexual activity (1viii). Only 42% of respondents felt comfortable communicating with a service provider about their comfort or discomfort with how they receive services (1iv).

Whereas 53% of respondents felt comfortable telling a service provider if they were being harmed by someone (vii), only 50% of respondents felt consistently comfortable telling another service provider if they were being harmed by a service provider (1vi). However, it is staggering that barely half of survey respondents feel consistently empowered to report harm. Additionally, almost a fourth of respondents felt unsure if they could report harm by a service provider (1vi) and almost a fifth of respondents felt unsure if they could report harm by someone generally to a service provider (1vii). Similarly, almost a fifth of respondents felt they almost never receive accurate safer sex information or felt comfortable telling providers how comfortable or uncomfortable they felt with the way they received services.

Although the number of respondents in this pilot survey are limited, this preliminary data provides shocking insight into the massive disparities people with disabilities experience in regards to access to bodily autonomy, comprehensive healthy sexuality education, and knowledge and confidence in exerting self-advocacy in service delivery situations.

Question 1 Constructive Criticism & Improvements

This section includes feedback from survey respondents in Question 4 (in quotes) as well as additional critical reflection from Task Force organizers.

- “In Q1, there was no place to say that no one has ever hurt me.” (Question 4 Response)
- “Q1 should have had some additional response options, such as "Yes, usually" between the first two options. Also "yes, always" should probably be "Yes, almost always"” (Question 4 Response)

Question 2 Overview

Question 2 provides 7 statements which respondents were asked to disclose whether they had experienced before the age 18. For each statement, respondents had the following response options or the option to not respond:

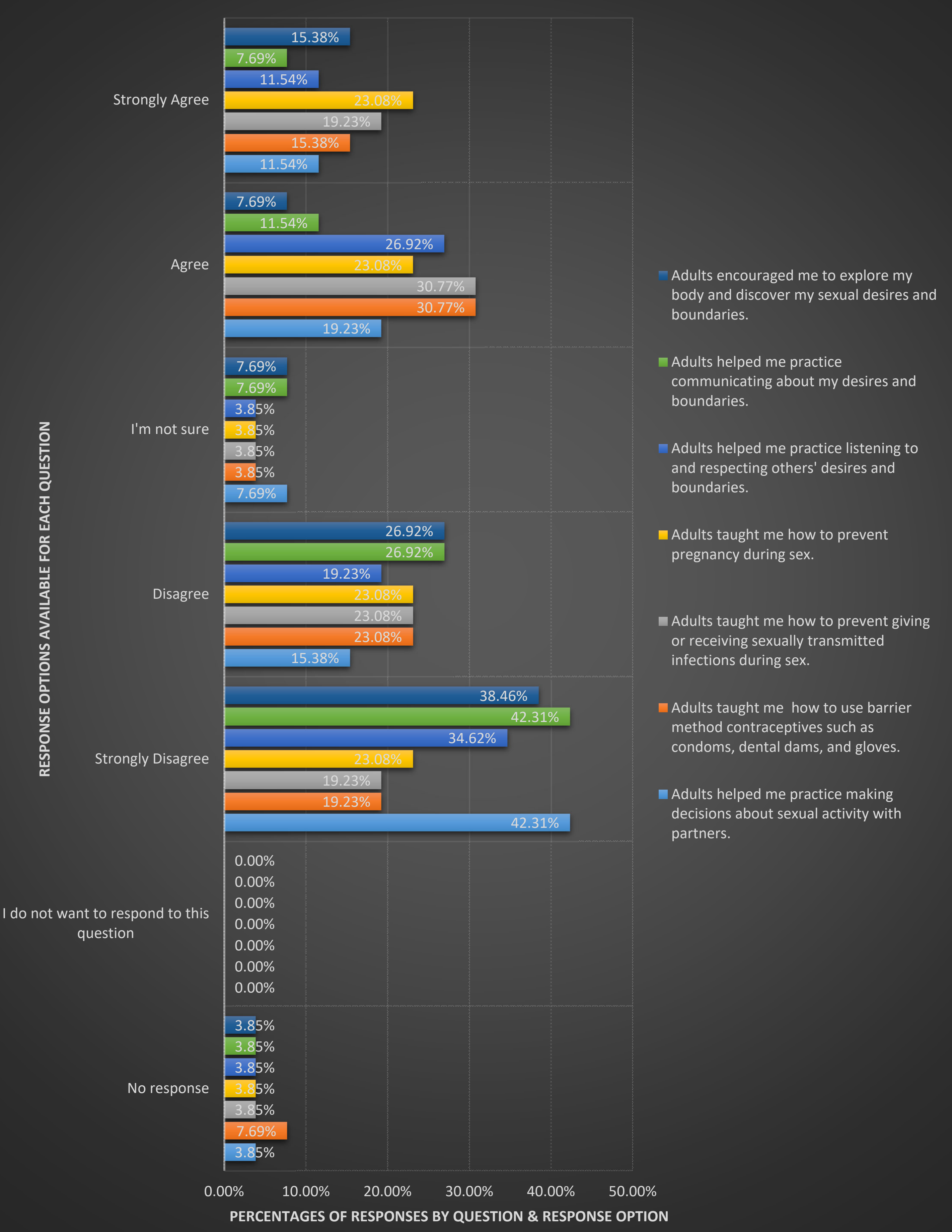
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I'm not sure.
- I do not want to answer the question.

Q2. **The next question is about your experiences as a minor (before the age of 18).** Please indicate how strongly you agree or disagree with the following statements about your experiences.

	Strongly Agree	Agree	Disagree	Strongly Disagree	I'm not sure.	I do not want to respond to this question.
Adults encouraged me to explore my body and discover my sexual desires and boundaries.	O	O	O	O	O	O
Adults helped me practice communicating about my desires and boundaries.	O	O	O	O	O	O
Adults helped me practice listening to and respecting others' desires and boundaries.	O	O	O	O	O	O
Adults taught me how to prevent pregnancy during sex.	O	O	O	O	O	O
Adults taught me how to prevent giving or receiving sexually transmitted infections during sex.	O	O	O	O	O	O

Q2. The next question is about your experiences as a minor (before the age of 18). Please indicate how strongly you agree or disagree with the following statements about your experiences.

i. Adults encouraged me to explore my body and discover my sexual desires and boundaries.
ii. Adults helped me practice communicating about my desires and boundaries.
iii. Adults helped me practice listening to and respecting others' desires and boundaries.
iv. Adults taught me how to prevent pregnancy during sex.
v. Adults taught me how to prevent giving or receiving sexually transmitted infections during sex.
vi. Adults taught me how to use barrier method contraceptives such as condoms, dental dams, and gloves.
vii. Adults helped me practice making decisions about sexual activity with partners.


Percentage of Responses to Question 2 Regarding Healthy Sexuality Education and Practices As a Minor
Strongly Agree
15.38%
7.69%
11.54%
23.08%
19.23%
15.38%
11.54%
Agree
7.69%
11.54%
26.92%
23.08%
30.77%
30.77%
19.23%
I'm not sure
7.69%
7.69%
3.85%
3.85%
3.85%
3.85%
7.69%
Disagree
26.92%
26.92%
19.23%
23.08%
23.08%
23.08%
15.38%
Strongly Disagree
38.46%
42.31%
34.62%
23.08%
19.23%
19.23%
42.31%
I do not want to respond to this question
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
0.00%
No response
3.85%
3.85%
3.85%
3.85%
3.85%
7.69%
3.85%
RESPONSE OPTIONS AVAILABLE FOR EACH QUESTION
0.00%
10.00%
20.00%
30.00%
40.00%
50.00%
PERCENTAGES OF RESPONSES BY QUESTION & RESPONSE OPTION
Adults encouraged me to explore my body and discover my sexual desires and boundaries.
Adults helped me practice communicating about my desires and boundaries.
Adults helped me practice listening to and respecting others' desires and boundaries.
Adults taught me how to prevent pregnancy during sex.
Adults taught me how to prevent giving or receiving sexually transmitted infections during sex.
Adults taught me how to use barrier method contraceptives such as condoms, dental dams, and gloves.
Adults helped me practice making decisions about sexual activity with partners.

Question 2 Results

Each statement from Question 2 (in italics) is listed below along with a results summery.

i. *Adults encouraged me to explore my body and discover my sexual desires and boundaries.* 38.5% of respondents Strongly Disagreed, 26.9% Disagreed, 26.9% Agreed, and 15.4% Strongly Agreed. 7.7% of respondents indicated they were not sure and 3.9% of survey participants did not provide a response.

ii. *Adults helped me practice communicating about my desires and boundaries.* 42.3% of respondents Strongly Disagreed, 26.9% Disagreed, 11.5% Agreed, and 7.7% Strongly Agreed. 7.7% of respondents indicated they were not sure and 3.9% of survey participants did not provide a response.

iii. *Adults helped me practice listening to and respecting others' desires and boundaries.* 34.6% of respondents Strongly Disagreed, 26.9% Agreed, 19.2% Disagreed, and 15.4% Strongly Agreed. 3.9% of respondents indicated they were not sure and 3.9% of survey participants did not provide a response.

iv. *Adults taught me how to prevent pregnancy during sex.* 23.1% of respondents Strongly Agreed, Agreed, Disagreed, and Strongly Disagreed, respectively. 3.8% of respondents indicated they were not sure and 3.8% of survey participants did not provide a response.

v. *Adults taught me how to prevent giving or receiving sexually transmitted infections during sex.* 30.8% of respondents Agreed, 23.1% Disagreed, 19.3 Strongly Agreed, and 19.3% Strongly Agreed. 3.9% of respondents indicated they were not sure and 3.9% of survey participants did not provide a response.

vi. *Adults taught me how to use barrier method contraceptives such as condoms, dental dams, and gloves.* 30.8% of respondents Agreed, 23.1% Disagreed, 19.3 Strongly Agreed, and 15.4% Strongly Agreed. 3.9% of respondents indicated they were not sure and 7.7% of survey participants did not provide a response.

vii. *Adults helped me practice making decisions about sexual activity with partners.* 42.3% of respondents Strongly Disagreed, 19.2% Agreed, 15.4% Disagreed, and 11.5% Strongly Agreed. 7.7% of respondents indicated they were not sure and 3.9% of survey participants did not provide a response.

Question 2 Conclusions

Questions 2i, 2ii, and 2iii focused on asking survey participants about how effectively adults supported them in understanding their and others' boundaries and desires. 73% of respondents disagreed or felt unsure about whether adults encouraged them to explore their body and sexual desires and boundaries (2i). Almost 77% of respondents disagreed or felt unsure about whether adults helped them practice communicating their boundaries and desires generally (2ii). Over 61% of respondents disagreed or felt unsure about whether adults helped them practice respecting others' desires and boundaries generally (2iii).

Question 2iv, 2v, and 2vi focused on asking survey participations about their experiences with safer sex education. 50% of respondents disagreed or felt unsure whether adults taught them how to prevent pregnancy during sex (2iv). 46% of respondents disagreed or felt unsure whether adults taught them how to prevent giving or receiving sexually transmitted infections (2v), and how to use barrier method contraceptives (2vi), respectively.

Lastly, Question 2vii asks about survey participants' experiences in practicing supported decision-making regarding sexuality as a minor. 65% of respondents disagreed or felt unsure whether adults helped them making decisions about sexual activity with partners. Overwhelmingly, responses to this question set indicate a massive gap in healthy sexuality education and skill-building for people with disabilities when they are minors.

Question 2 Constructive Criticism & Improvements

- "Ask if we were sexually abused before the age of 18." (Question 4 Response)
- "Might word-smith the questions. Might also add questions about disability and health that address sexuality i.e., the teenage year's girl's menstrual cycle and conversations of future family planning and infertility and genetics..." (Question 4 Response)
- "I think the survey was put together well. I think a question could have been added about comfortably talking to a trusted adult as a child about exploring your kinks" (Question 4 Response)
- "I would have asked "Was I taught to be responsible for my actions?" and "Was I encouraged to show respect for others?"" (Question 4 Response)

Question 3 Overview

This free-response question invites survey participants to reflect on ways adults in their life could have enhanced their access to and comprehension of safer sex and healthy sexuality education as a minor.

Q3. **The next question is about your experiences as a minor (before the age of 18).** What else could parents, caregivers, educators, service providers, and/or other adults have done to help you learn about safer sex and healthy sexuality?

Question 3 Results

The next question is about your experiences as a minor (before the age of 18). What else could parents, caregivers, educators, service providers, and/or other adults have done to help you learn about safer sex and healthy sexuality?
been more comfortable talking about it
My parents did tell me about contraception. I'm 81, so AIDs wasn't an issue, and I didn't know about other STDs.
Provide appropriate information
Talked to me would have helped instead of giving me a pamphlet to read.
Started talking about it before I had questions, and answered any and all questions truthfully.
Just to acknowledge and talk about my sexuality.
Keep me safe from abuse
Comprehensive education
Health Science needs to be taught in the schools; Nurse educators in Primary Care / Family Care clinics need to educate both youth and their parents about the facts of life. Caregivers and service providers working with people with disabilities need to discuss behaviors which lead to consequence help the person with disability make informed decisions about their health and how to best protect themselves and others they have contact with.
Open conversations about masturbating
I would have preferred to have s safe sex tall with a trusted adult exploring both the good and the bad and to talk about the risks as well as learning about boundaries of my own
Literally anything. The only time I was taught anything about sex was a single class when I was ten.
I wish I'd been taught that relationships can be in flux,
Talked about it and been more informed in it themselves.
I would have liked to learn about the diverse spectrum of genders and sexualities (including asexuality and demi-sexuality) from a younger age, because it makes it a lot easier to communicate with sexual partners in a healthy way if you understand the different ways that sexuality works for different people. I also think it's important to explain to kids what sexual assault is, at least by middle school, because if a child is assaulted and they don't know what's happened, it can cause all sorts of mental health problems for the child beyond the typical issues that an assault survivor faces, and decrease the chances of the perpetrator being brought to justice.
Offer accessible classes for I/DD people
Provide medically accurate information about my body. Provide safer sex information without stigma around sex or bodies, especially LGBTQ+ inclusive safer sex education. Getting education about safer sex that is comprehensive instead of fear-based or abstinence only. Having age-appropriate conversations about consent and discussing boundaries and desires with prospective partners. Receiving age-appropriate education about sex toys post-puberty.
I don’t know
“Nothing” x2
No response x6

Question 3 Conclusions

Survey participants overwhelmingly indicated they wanted more education regarding healthy relationships, healthy sexuality, and safer sex as minors. Respondents desired more consistent education about their body, masturbation, STI prevention, and the dynamics and choices common in intimate partnerships. Several respondents indicated a desire for earlier conversations with trusted adults and for adults to initiate conversations about healthy relationships, sexuality, and identifying and reporting sexual harm.

Question 4 Results

This question asks survey participants for feedback and constructive criticism about section 2 (Questions 1 – 4) of the survey. "Q4. Are there anys way this section of the survey could be improved? Were there additional questions we should have asked, or questions you'd like to see edited or removed?"

Content Recommendations
There is no religious section and many religions treat disability as a manifestation of Sin. Very relevant. Especially with the overlap of abuse and sexual education.
Ask about sexual orientation. For example, I'm asexual, so most of these situations will never apply to me.
There should be questions about sexual orientation and gender identity.

Formatting Recommendations
It seems to me that people with memory challenges may have a hard time taking the survey because the title for the dots disappears and I had to remember which dot meant which option to select.
I did not grow up in Indiana, and most of the information I received was not from somebody operating in Indiana, so I think it might be helpful to clarify that. However, I have received a lot of information relating to these topics from providers in Indiana, so I think my answers can still be used. (Also, if these boxes were bigger, like boxes intended for a paragraph, that might help to encourage more in-depth responses.)

Other Q4 Responses
Create a similar survey for guardians of I/DS people
I'm very uncomfortable with them
It was fine the way it was, for me.
"No" x4

Section 3: Questions 5 – 7 on Sexual Harm and Reporting

Question 5 Overview

Question 5 provides 7 statements which respondents were asked to disclose whether they had reported sexually harmful experiences. For each statement, respondents had the following response options or the option to not respond:

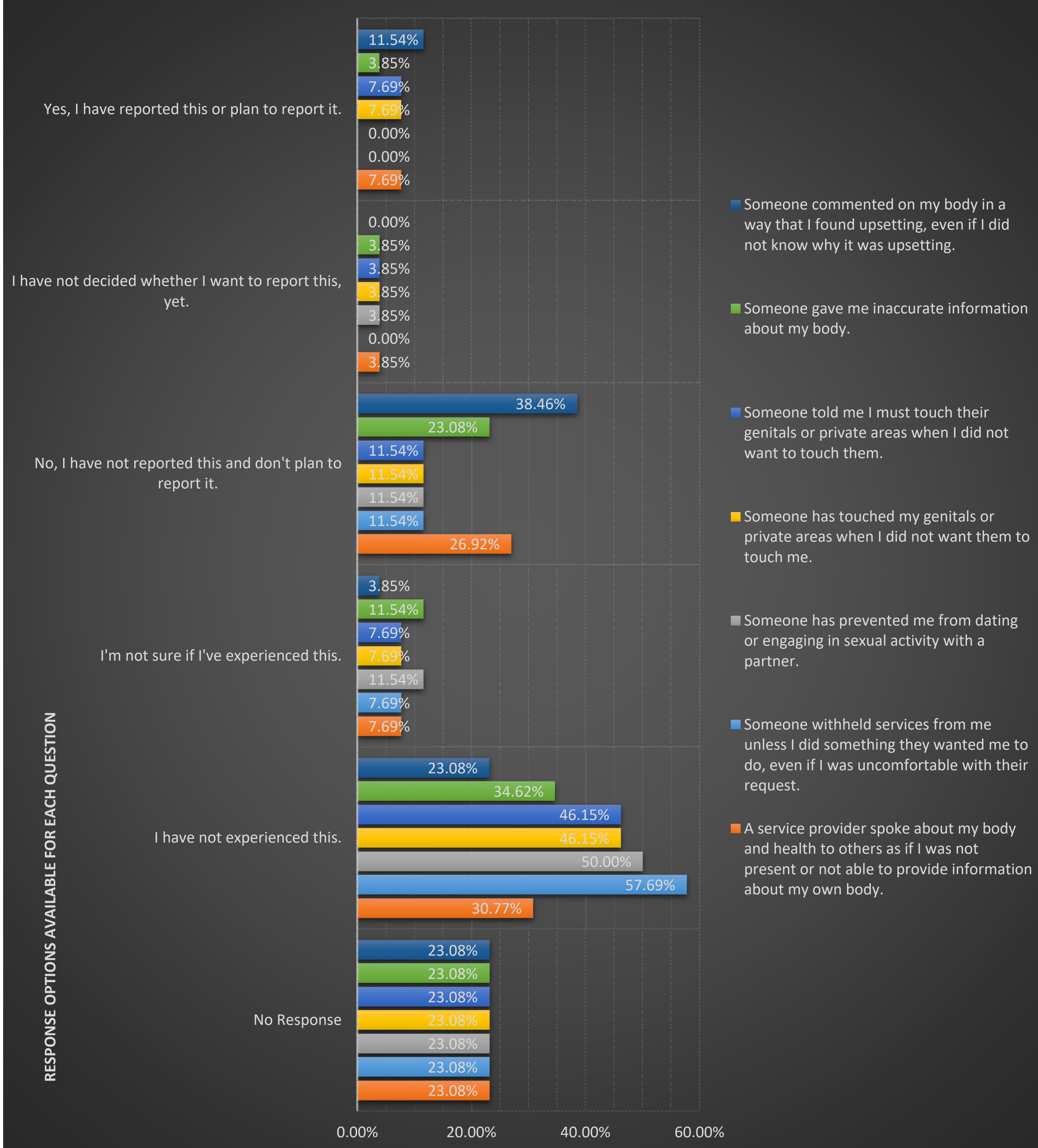
- Yes, I have reported this or plan to report it.
- I have not decided whether I want to report this, yet.
- No, I have not reporte this and do not plan to report it.
- I'm not sure if I experienced this.
- I have not experienced this.

Q5. Please indicate if you have reported any of the following experiences to a person who could offer help in the right column. If you have not experienced the statement, please select "I have not experienced this."

i. Someone commented on my body in a way that I found upsetting, even if I did not know why it was upsetting.
ii. Someone gave me inaccurate information about my body.
iii. Someone told me I must touch their genitals or private areas when I did not want to touch them.
iv. Someone has touched my genitals or private areas when I did not want them to touch me.
v. Someone has prevented me from dating or engaging in sexual activity with a partner.
vi. Someone withheld services from me unless I did something they wanted me to do, even if I was uncomfortable with their request.
vii. A service provider spoke about my body and health to others as if I was not present or not able to provide information about my own body.

Q5. Please indicate if you have reported any of the following experiences to a person who could offer help in the right column. If you have not experienced the statement, please select "I have not experienced this."

	Have you ever reported any of the following experiences?				
	Yes, I have reported this or plan to report it.	I have not decided whether I want to report this, yet.	No, I have not reported this and do not plan to report it.	I'm not sure if I experienced this.	I have not experienced this.
Someone commented on my body in a way that I found upsetting, even if I did not know why it was upsetting.	○	○	○	○	○
Someone gave me inaccurate information about my body.	○	○	○	○	○
Someone told me I must touch their genitals or private areas when I did not want to touch them.	○	○	○	○	○
Someone has touched my genitals or private areas when I did not want them to touch me.	○	○	○	○	○
Someone has prevented me from dating or engaging in sexual activity with a partner.	○	○	○	○	○
Someone withheld services from me unless I did something they wanted me to do, even if I was uncomfortable with their request.	○	○	○	○	○
A service provider spoke about my body and health to others as if I was not present or not able to provide information about my own body.	○	○	○	○	○
	Yes, I have reported this or plan to report it.	I have not decided whether I want to report this, yet.	No, I have not reported this and do not plan to report it.	I'm not sure if I experienced this.	I have not experienced this.


Percentage of Responses to Question 5 Regarding Reporting of Harmful Sexual Experiences
Yes, I have reported this or plan to report it.
11.54%
3.85%
7.69%
7.69%
0.00%
0.00%
7.69%
I have not decided whether I want to report this, yet.
0.00%
3.85%
3.85%
3.85%
3.85%
0.00%
3.85%
No, I have not reported this and don't plan to report it.
38.46%
23.08%
11.54%
11.54%
11.54%
11.54%
26.92%
I'm not sure if I've experienced this.
3.85%
11.54%
7.69%
7.69%
11.54%
7.69%
7.69%
I have not experienced this.
23.08%
34.62%
46.15%
46.15%
50.00%
57.69%
30.77%
No Response
23.08%
23.08%
23.08%
23.08%
23.08%
23.08%
23.08%
0.00%
20.00%
40.00%
60.00%
RESPONSE OPTIONS AVAILABLE FOR EACH QUESTION
PERCENTAGES OF RESPONSES BY QUESTION & RESPONSE OPTION
Someone commented on my body in a way that I found upsetting, even if I did not know why it was upsetting.
Someone gave me inaccurate information about my body.
Someone told me I must touch their genitals or private areas when I did not want to touch them.
Someone has touched my genitals or private areas when I did not want them to touch me.
Someone has prevented me from dating or engaging in sexual activity with a partner.
Someone withheld services from me unless I did something they wanted me to do, even if I was uncomfortable with their request.
A service provider spoke about my body and health to others as if I was not present or not able to provide information about my own body.

Question 5 Results

Each statement from Question 5 (in italics) is listed below along with a results summery.

i. *Someone commented on my body in a way that I found upsetting, even if I did not know why it was upsetting.* 23.1% of respondents had not experienced this, 23.1% provided no respsonse, and 3.9% were unsure whether they had experienced this. Of the 49.9% of respondents who had experienced someone commenting on their body in a way that they found upsetting, 38.5% of respondents had not reported the incident(s) and did not plan to, 11.5% of respondents had reported it or planned to, and 3.9% had not yet decided whether they wanted to report it.

ii. *Someone gave me inaccurate information about my body.* 34.6% of respondents had not experienced this, 23.1% provided no respsonse, and 11.5% were unsure whether they had experienced this. Of the 30.8% of respondents who had experienced someone giving them inaccurate information about their body, 23.1% of respondents had not reported the incident(s) and did not plan to, 3.85% of respondents had reported it or planned to, and 3.85% had not yet decided whether they wanted to report it.

iii. *Someone told me I must touch their genitals or private areas when I did not want to touch them.* 46.2% of respondents had not experienced this, 23.1% provided no respsonse, and 7.7% were unsure whether they had experienced this. Of the 23% of respondents who had experienced someone telling them they must touch another person's genitals or private areas when they did not want to, 11.5% of respondents had not reported the incident(s) and did not plan to, 7.7% of respondents had reported it or planned to, and 3.8% had not yet decided whether they wanted to report it.

iv. *Someone has touched my genitals or private areas when I did not want them to touch me.* 46.2% of respondents had not experienced this, 23.1% provided no respsonse, and 7.7% were unsure whether they had experienced this. Of the 23% of respondents who had experienced someone touching their genitals or private areas when they did not want the person to, 11.5% of respondents had not reported the incident(s) and did not plan to, 7.7% of respondents had reported it or planned to, and 3.8% had not yet decided whether they wanted to report it.

v. *Someone has prevented me from dating or engaging in sexual activity with a partner.* 50% of respondents had not experienced this, 23.1% provided no respsonse, and 11.5% were unsure whether they had experienced this. Of the 15.5% of respondents who have experienced someone preventing them from dating or engaging in sexual activity with an intimate partner, 11.5% of respondents had not reported the incident(s) and did not plan to, 3.9% had not yet decided whether they wanted to report it, and none of the respondents had reported it or planned to.

vi. *Someone withheld services from me unless I did something they wanted me to do, even if I was uncomfortable with their request.* 57.7% of respondents had not experienced this, 23.1% provided no respsonse, and 7.7% were unsure whether they had experienced this. Among respondents who have had services withheld from them unless they cooperated with a request that they were uncomfortable with, all of them (11.5% of respondents) had not reported the incident(s) and did not plan to report it.

vii. *A service provider spoke about my body and health to others as if I was not present or not able to provide information about my own body.* 30.8% of respondents had not experienced this, 23.1% provided no respsonse, and 7.7% were unsure whether they had experienced this. Of the 38.4% of respondents who had experienced speaking about their body or health as if they were not present or unable to speak for themselves, 26.9% of respondents had not reported the incident(s) and did not plan to, 7.7% of respondents had reported it or planned to, and 3.8% had not yet decided whether they wanted to report it.

Question 5 Conclusions

Question 5 demonstrates primarily two devastating realities experienced by people with disabilities in Indiana. First, the question demonstrates that people with disabilities are experiencing astoundingly high levels of sexual harassment and even assault in their daily lives. Nearly 50% of respondents have experienced someone commenting on their body in a way that they found upsetting (5i.), over 38% experienced a provider speaking about their body or health as if they were not present or unable to speak for themselves when they were present and able (5vii.), and over 30% experienced someone providing them inaccurate information about their body (5ii.). Nearly 1/4th of respondents indicated that they had experienced someone instructing them to touch another person's genitals or "private parts" when they did not want to (5iii.) and nearly 1/4th of respondents indicated that someone had touched their genitals or "private parts" when they did not want to be touched by that person (5iv.). 15.5% of respondents had experienced interference in pursing intimate relationships (5v.) and 11.5% of respondents had experienced services being denied to them unless they complied with a stipulation made by a service provider, even if the requirement made them uncomfortable (5vi.).

However, the data collected does have several limitations. Most obviously, this data is not a statisticaly significant sample of Indiana residents with disabilities since it is a pilot study with only 26 participants. Additionally, for example, a person's parents, friends, or caregiver may have intervened in an intimate relationship to protect the person with a disability from harm or manipulation rather than harmfully imposing expectations of asexuality on people with disabilties. In other words, there may be certain extenuating circumstances in which some of these experiences may have a reasonable, not harmful, origin. This issue may be alleviated or reduced in a future community strengths and needs assessment by lengthening the survey to ask additional and/or more precise questions, and/or conducting interviews or focus groups.

The second reality demonstrated by this question block is that people with disabilities experience an overwhelming reluctance or inability to report experiences of sexual harm. Even in the most extreme case of sexual assault when the person disclosed that they had experienced someone demanding they touch the other person's genitals or private areas (5iii.) or being forced and/or coerced to allow someone else to touch their own genitals or private areas (5iv.), only 7.7% of respondents indicated they had reported or planned to report each incident(s) of sexual assault, respectively. In fact, the item with the highest rate of reporting only reached 11.5% of respondents (5i.), and in a couple of situations, none of the respondents indicated that they had or planned to report sexually harmful experiences (5v. and 5vi.). Some reasons for these very low rates of reporting may include a fear of retaliation (as explored in Question 1) or reduction/retraction of services, a lack of trust in the reporting infrastucture, experiences or fears of not being listened to (as someone noted in Question 6), a lack of

knowledge about how to report instances of harm or what qualifies as harm, or even a fear of causing harm to the person who committed the harm, among many other reasons.

Although this data is not generalizable to all people with disabilities in Indiana, even one instance of sexual harm committed against people with disabilities is too many instances of sexual violence and this data clearly demonstrates that the state of Indiana has a lot of work to do to prevent and eliminate opportunities for sexual harm against people with disabilities.

Question 5 Constructive Criticism & Improvements

- "I think this needs to be two sections because reporting seems to be the focus which is sending the message I should have report. We need to ask what setting did this abuse take place." (Question 7 response)
- "I think the response options in Q5 should be changed. They should read, "I have experienced this" or "I have not experienced this" AND then the response options already listed. It's a little confusing to jump over those words otherwise." {Question 7 response)

Question 6 Overview

This free-response question invites survey participants to provide additional information about their experiences with reporting harm and follow-up that results from reporting in service provision settings.

Q6.
If you have reported an experience of someone hurting you while working with disability-related service providers, what happened after you reported? For example, did the person hurting you get removed from the agency? Did anyone follow up with you about what you reported to see what you needed to heal?

Question 6 Results

Q6. If you have reported an experience of someone hurting you while working with disability-related service providers, what happened after you reported? For example, did the person hurting you get removed from the agency? Did anyone follow up with you about what you reported to see what you needed to heal?
I don't know what happened. I was never updated
I've never felt comfortable to report service providers. I often feel like my disabilities make people find anything I say to be irrelevant.
I have not experienced any of these things, but I would sincerely hope that there are firm procedures in place that prioritize the safety of the victim after an incident is reported.
I've never been able to seek support from a disability service provider/agency.
Yes.
No
N/A [x4]
No response [15x]

Question 6 Conclusions

Although the responses were limited, some responses indicated that respondents were not familiar with reporting processes for experiences of harm or that they never received follow-up upon reporting. Both of these results are unacceptable and clearly indicate that Indiana disability services require additional training and practice regarding supporting survivors.

Question 7 Results

Similar to question 4 in section 2, this question asks survey participants for feedback and constructive criticism about section 3 (Questions 5 – 7) of the survey. "Q7. Are there anys way this section of the survey could be improved? Were there additional questions we should have asked, or questions you'd like to see edited or removed?"

Formatting Recommendations
I liked this page better because the titles for the columns are on the bottom too. I didn't notice if that was also true for the other sections with a Likert scale.*
This section was put together wonderfully.
The format does not work for phones and maybe tablets

Other Comments
No Response [x17}
"no feedback" or "no" [x5}

*This response was originally recorded in the free-response box for Questions 6, but the response content makes more sense under Question 7 and the respondent made a comment in the Question 7 free-response box to indicate that they wanted their response in Question 6 to be moved under Question 7.

Section 4: Question 8 – Final Free Response Comments

Question 8 Overview & Results

This question is located among the demographic questions in Section 4 and offers a final opportunity for survey participants to provide additional feedback regarding their experiences with the survey. “Q8. Is there anything else you would like to tell us? Is there anything we forgot to ask you?”

Content Recommendations
It would be to ask about the quality of romantic/ intimate relationships. Ask if we can express our desires, needs, and boundaries. There isn’t a question about sexual orientation.
I think it might be useful to ask how much interaction a person has had with Indiana disability service providers. I have not had much, given that I moved here very recently, and I think it might be wise to note that, so that, if there were some sort of concerning pattern among people who have been receiving care for a long time, it would not disappear in the mix of responses from people who have not.

Formatting Recommendations
This survey is inaccessible. There is no way I can confirm my answers. On my end I don't see my answered marked. I'm trusting the first click marked my response and other clicks on the same radial button toggled between applicable/not applicable
The text boxes are too small. It was not clear to click on the "I understand" link to start the survey.

Other Comments
I grew up in such a safe time and place. I was very lucky and still am.
A friend told me I had to touch myself in the bathroom at school. Another friend told me that I do inappropriate things with another student who is gay.
No I’m happy with the survey.
I'm not sure?
“No” or “Nope” [x6]
No response [x12]

Question 8 Conclusions

Based on feedback, it seems clear that the survey design was not very accessible to some participants. In FY 2019, the Task Force designed the survey on Qualtrics because one of the Task Force members had access to the basic Qualtrics platform. However, in FY 2020, the Task Force should look into identifying a more accessible software tool or paying for additional plugins and services to make the survey more accessible.

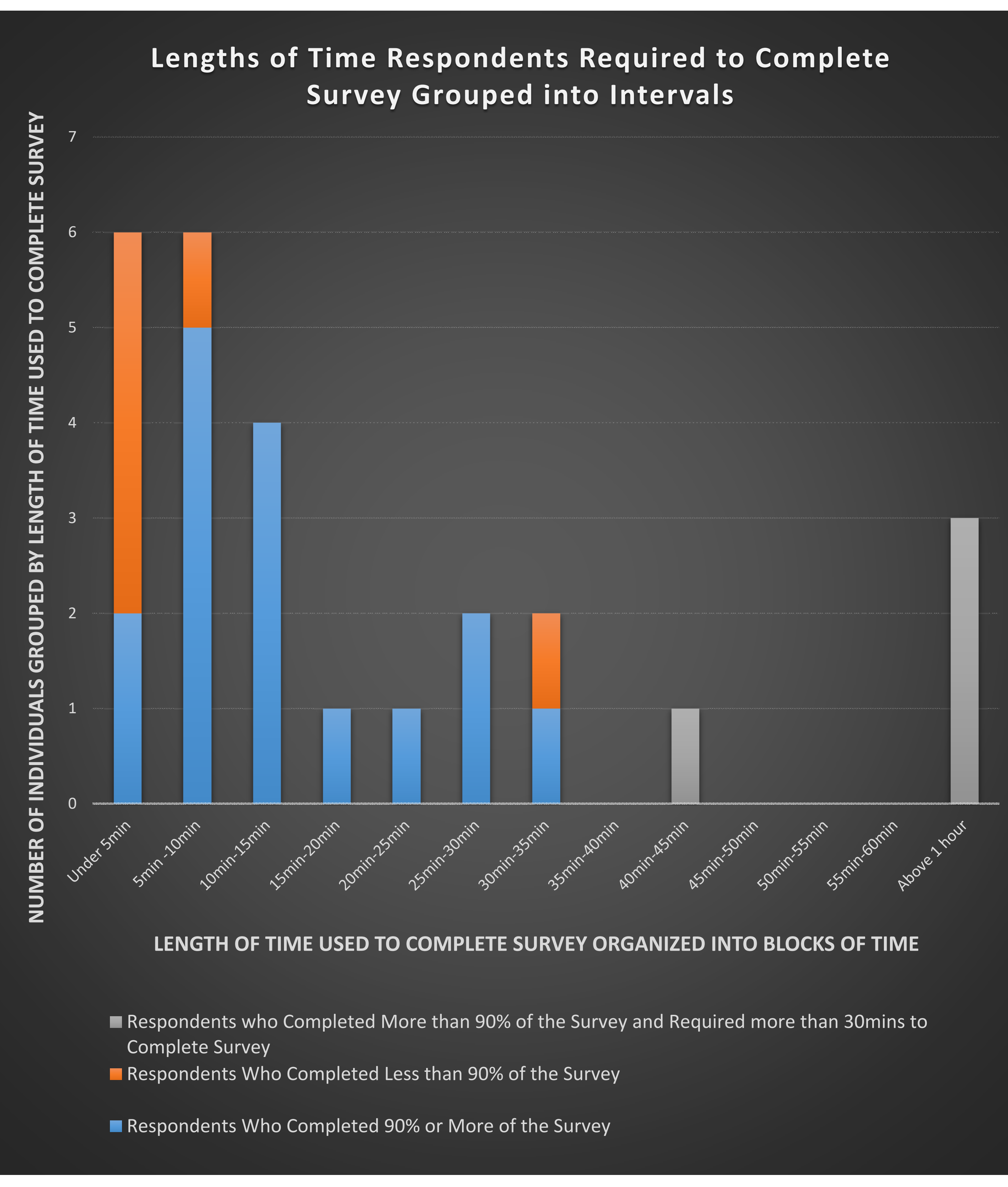
Some survey participants requested additional questions regarding sexuality and the health of their intimate partnerships. Task Force members who designed the survey strove to make the survey as brief as possible to ensure a low rate of non-response or partial response bias. However, among those who completed the survey (26 respondents), 6 respondents completed less than 90% of the survey. In other words, 23% of respondents completed less than 90% of the survey. Since all questions were optional, this suggests that the survey could be lengthened to include more robust questioning without sacrificing much participation.

Survey Process Evaluation

Length of Survey

Qualtrics tracks the length of time each participant required to complete the survey. There were 4 respondents who required longer than 30 minutes to complete the survey and 6 respondents who completed less than 90% of the survey (Counting only questions 1-3, and 5-6). Excluding the 4 outlier long-length responses and the 6 respondents who completed less than 90% of the survey, respondents required 11.6 minutes on average to complete the survey, with the shortest time to complete the survey was 3.8 minutes and the longest time to complete the survey was 30.5 minutes. Most respondents (11 out of 16) completed the survey in under 15 minutes

The 4 respondents who required more than 40 minutes to complete the survey did complete more than 90% of the survey, suggesting that the survey really did take as much time as the software tracked or that perhaps the individuals took breaks between questions, during which time the software recorded the response as an active response. These long responses included response times of 43 minutes, 1 hour, 3 hours and 35 minutes, and 20 hours and 47 minutes. These outliers provide important insight into survey response methods for respondents and suggest that the Task Force should look into software that allows people to identify when they are taking breaks so that more accurate information will be collected regarding the length of time required for participants to complete the survey.


Lengths of Time Respondents Required to Complete Survey Grouped into Intervals
NUMBER OF INDIVIDUALS GROUPED BY LENGTH OF TIME USED TO COMPLETE SURVEY
0
1
2
3
4
5
6
7
Under 5min
5min -10min
10min-15min
15min-20min
20min-25min
25min-30min
30min-35min
35min-40min
40min-45min
45min-50min
50min-55min
55min-60min
Above 1 hour
LENGTH OF TIME USED TO COMPLETE SURVEY ORGANIZED INTO BLOCKS OF TIME
Respondents who Completed More than 90% of the Survey and Required more than 30mins to Complete Survey
Respondents Who Completed Less than 90% of the Survey
Respondents Who Completed 90% or More of the Survey

Non-Response Bias

Question 1 sub-questions had almost no non-responses. Question 2 sub-questions had consistently less than 10% non-response and almost all the non-responses came from 1 respondent. Question 3 had 19.2% non-response and Question 6 had 53.8% non-response. As these were free-response questions, it is not surprising or unusual to experience higher rates of non-response to these questions. Question 5 sub-questions had 23.1% non-response across the board. Interestingly, the non-responses to Question 5 came entirely from the 6 respondents who completed less than 90% of the survey. If respondents found the length of the survey to be overwhelming, the non-response rate could be reduced in the future by building in additional opportunities to "pause" the survey for breaks.

Alternatively, the higher rates of non-response could be due to the content of the questions, which asked for respondents to disclose information about past experiences of sexual harm. If this was a major cause for the higher rate of non-response, adding opportunities for respondent-controlled breaks could allow respondents to better self-regulate their emotional response to these questions and the memories triggered by them. This is likely to be especially effective among neurodivergent respondents, since there is robust research indicating that neurodivergent people experience high rates of alexithymia, or challenges in identifying and responding to emotions[1]. Additionally, if the edited future survey included additional questions, survey creators could design the survey to alternate between more emotional and less emotional questions, thereby mimicking the natural bodily method of emotion regulation and allowing participants to have "emotional breaks" as they complete the survey.

Among the 6 respondents who provided no response to Question 5 sub questions, half of them did respond to the closing demographic questions and half did not. Those who simply stopped responding to the survey after Question 4 may have found the survey structure (the "next" button) confusing and not understood how to proceed with the survey or felt overwhelmed by the survey length. Those who completed the demographic questions may have found Question 5 sub questions overwhelming.

Survey & Question Design

Overall the survey was designed in accordance with best practices[2], including a question "arch" with the most emotionally intense questions located in the middle of the survey and less emotionally intense questions organized at the beginning and end of the survey. Additionally, as described previously, demographic questions were left to the end of the survey to avoid skewing responses based up group identity. Some questions (such as Question 5 sub questions, did ask two questions, i.e. "Have you experienced this kind of sexual harm?' and "Did you report the experience if you experienced that kind of sexual harm?" These kinds of questions should be divided into separate questions for clarity.

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[1] Poquérusse, Jessie, Luigi Pastore, Sara Dellantonio, and Gianluca Esposito. "Alexithymia and Autism Spectrum Disorder: A Complex Relationship." *Frontiers in Psychology* 9 (2018). https://doi.org/10.3389/fpsyg.2018.01196.

[2] Dillman, Don A., Jolene D. Smyth, and Leah Melani Christian. *Internet, Mail, and Mixed-Mode Surveys: the Tailored Design Method*. 3rd ed. Hoboken, NJ: John Wiley, 2014.

4. Activity 1.2: Disability Agency Organizational Assessment Tool Pilot

Activity 1.2 was completed: Implement audit tool in at least two state level agencies to evaluate opportunities for policy and practice change using tools designed by Statewide Abuse Prevention Task Force with People with Disabilities FY2018-2019.

Activity 1.2 Summary

In addition to collecting data from people with disabilities about their experiences with their body, sexuality, and relationships, the Task Force wanted to develop a tool that would reliably and comprehensively assess organizational efficacy in the areas of sexual violence prevention and response. Initially this tool was developed as a survey that an interested organization could complete. This would effectively be a check list of best practices, policies, and procedures that organizations could measure themselves against. Once this survey was developed and two pilot agencies completed the survey, it became apparent that the tool as a survey was too long and overwhelming for participants. In particular, pilot organizations conveyed that they were currently implementing best practices for prevention and intervention at such a moderate level compared to the entire check list that participants were left feeling defeated and frustrated.

In response to this feedback, the Task Force discussed that the problem is not with the tool content but rather the way the tool is currently organized and designed. Therefore, Task Force members brainstormed that in FY 2020 and beyond, the Tool should be developed into an interactive resource where participants can track their own intent to work on various aspects of the Tool, thereby acknowledging organizational readiness to work on each check list item. The Tool should also allow respondents to track their progress over time, and the Tool should include examples of policies and additional educational materials (or links to these items) to ensure that the Tool is educational and reciprocal (rather than the Task Force simply collecting information provided by agencies).

Tool Design

The organizational assessment tool was originally assigned to the Policy Subcommittee of the Task Force. This subcommittee was led by staff from BDDS, the Indiana Bureau of Developmental Disability Services. By spring of 2019, the subcommittee had finished designing the assessment tool and the larger task force membership was invited to provide edits. At this point, several policy subcommittee members experienced work-related changes that caused them to leave the Task Force and the Policy Subcommittee. Additionally, the chair of the subcommittee became too busy to focus much attention on the subcommittee and then once their work load became more manageable, they experienced a serious health emergency that resulted in them no longer being able to contribute to coordinating the Policy Subcommittee. This means the audit tool was structurally and linguistically complete, but it had not been formatted into a user-friendly document.

Tool Implementation

By fall of 2019, Task Force Leadership took on the process of piloting the survey with one disability non-profit agency and two government disability agencies. Each agency was informed that the tool was still in-progress and that the Task Force was looking for critically constructive feedback to make the tool as useful as possible and not overwhelming. In particular, Task Force members acknowledged that the assessment tool is very long and very detailed, and it would be likely that organizations completing the assessment tool would have to respond that they had not thought of or worked on the vast majority of the recommendations presented in the assessment tool. The group was aware that asking someone to complete a survey of this scale would easily overwhelm a survey respondent and/or make them feel defensive as a result of completing the assessment tool. Therefore, the Task Force leadership asked the two volunteering agencies to complete the assessment tool and be prepared to offer feedback to Task Force leadership in a debriefing meeting that would take place near the end of the grant year. Additionally, the Task Force advised the collaborating organizations that the Task Force would not collect their responses to the assessment tool, but rather only feedback about the experiences they had responding to each question.

The non-profit disability service agency did complete the assessment tool in the winter of 2019 and Task Force leaders from MESA and ICADV conducted follow-up debriefing interviews with this agency in January and February of 2020 (the debrief session had to be slip into two meetings because the agency's feedback was very robust). One government agency did complete the organizational assessment tool, but Task Force Leadership was not able to hold a debriefing interview with that agency's representative during FY 2019 because the representative was the same individual who had serious medical issues in 2019. The Task Force does anticipate incorporating their feedback in FY 2020 once the individual who conducted the survey has recovered and is in good enough health to proceed. The second government agency indicated interest in completing the assessment tool, but later conveyed that they felt the tool was too long and involved. After providing this feedback, the agency stopped responding to the Task Force. Therefore, the following results and analysis come from 1. The debrief interview with the non-profit disability agency that volunteered to complete the audit tool and 2. From continued brainstorming by Task Force members.

Tool Overview

The Task Force Organizational Assessment Tool was designed as a comprehensive assessment of organizational commitment and effectiveness:

1. for the primary prevention of violence against people with disabilities, and
2. for transformational justice with survivors of violence as staff, volunteers, and clients.

To achieve these ambitious goals, the Tool was designed with numerous sections including:

- Policies
    - Mandatory Reporting
    - Abuse by Employees
    - Service to victims and perpetrators who are both consumers/clients of the same agency
    - Confidentiality
    - Anti-Sexual Harassment
    - Workplace Domestic Violence
    - Guardianship
- Curriculum
    - Direct Services Staff
- Written Protocols (Policy Implementation)
    - Mandatory reporting
    - Screening for domestic and sexual violence with clients
    - Immediate safety planning
    - Informed referrals
    - Addressing abuse by employees
    - Serving victims and perpetrators who are both consumers/clients of the same agency
- Interagency Agreements
    - MOU with domestic violence agency
    - MOU with sexual violence agency
- Other
    - Safety and responsiveness review tool
    - Safety and responsiveness review team roster
    - Safety and responsiveness review team meeting minutes
    - Agency strategic plan (current)
    - Annual statistical report
    - Grant proposal in partnership with domestic violence agency
    - Grant proposal in partnership with rape crisis center
    - Job announcements/postings
    - Redacted Budget

Results, Analysis, and Future Directions

The following section includes each section (bolded and italicized) and subsection (numbered) with Assessment Tool questions bulleted. Below each question are the feedback notes collected from the non-profit agency that piloted the Tool as well as notes from Task Force Leadership. Most notes will include the recommended re-phrasing of the Assessment Tool questions as suggested by the pilot agency. If there are no notes under a bulleted question, this indicates that all parties found the question to be clear and effective as is. These notes will be used to improve the Assessment Tool for wider use in FY 2020.

Policies

1. Mandatory Reporting

- Does your mandatory reporting policy outline who in the agency is a mandated reporter?
    - Change to "Is your agency under mandatory reporting requirements?"
    - "Cogent adults" have the right to not report and collaborating non-profit agency has a federal mandate to respect their wishes. Cogent = "able to manage your own affairs" = living independently and not having a legal guardian
    - Task Force should include links or information to what mandatory reporting federal policies and guidance includes.

- Does your mandatory reporting policy outline what type(s) of abuse triggers a report?
    - This question is too confusing and definitely needs to be re-written.
    - Change to "Does your policy outline what kinds of behaviors should be reported as abuse?"

- Does your mandatory reporting policy outline what type(s) of disability the person must have to trigger a report?
    - Why would only certain forms of disability trigger a report?
    - This question is not clear or helpful and should be removed.

- Does your mandatory reporting policy outline who the staff must report abuse to, both inside and outside of the agency?
    - Question is clear but could be improved.

2. Abuse by Employees

- Does your policy establishing zero-tolerance for abuse committed by employees outline the responsibility of agency staff to report any suspected abuse by staff?
    - Considering how to encourage honest responses with language tweaks. For example, could we name this section "Accountability Among Employees"
    - Do we know for certain that every agency we collect data with has a zero-tolerance policy? While they should have this, we don't want to throw off our data collection by nullifying the question if our survey question assumption is inaccurate. Possible way to reframe question, "Do you have a policy that outlines the responsibility of agency staff to report any suspected harm by staff against consumers/clients?"
    - Change to: "Do you have a policy that outlines the responsibility of agency staff to report any suspected harm by staff."

- Does your policy establishing zero-tolerance for abuse committed by employees outline the agency's commitment to investigating all allegations of abuse?
    - Change to: "Does your agency have a policy that explains the agency's commitment to investigate all allegations of abuse?"

- Does your policy establishing zero-tolerance for abuse committed by employees outline what accused employees can expect during the investigation?
    - Change to: "Does your agency have a policy that clearly explains the investigation process for abuse allegations against employees?"

- Does your policy establishing zero-tolerance for abuse committed by employees outline the consequences of a finding of responsible for accused employees?
    - Change to: "Does your agency have a policy that clearly explains how the results of the investigation will impact accused employees who are found guilty or not-guilty of causing harming?"

3. Service to victims and perpetrators who are both consumers/clients of the same agency

- Does your policy on handling instances when both the victim and perpetrator are being served by the agency outline the agency's commitment to safe and respectful service delivery?
    - Thinking about evaluation and how tricky it is to evaluation "commitment". Could we find a way instead to reframe this as policy implementation as this will be easier and more concrete to assess? Possible example, "Does your policy on handling instances when both the victim and perpetrator are being served by the agency outline an implementation process to ensure safe and respectful service delivery to both consumers?"

- Does your policy on handling instances when both the victim and perpetrator are being served by the agency outline the agency's protections and limitations around confidentiality?
    - Task Force should provide an example of what this kind of policy of confidentiality is a good one.

- Does your policy on handling instances when both the victim and perpetrator are being served by the agency outline the circumstances under which services can be terminated for perpetrators?
    - Task Force should provide an example/model of this policy.

- Does your policy on handling instances when both the victim and perpetrator are being served by the agency outline the agency's commitment to ensuring victim safety and choice?
    - Typically in survey design it's risky to ask multiple "questions" in a single response prompt, like asking about safety and choice. Since safety and choice may not be the same thing in every situation (which is why these were delineated in the first place), we may end up with some respondents answering in regards to safety only or choice only, giving you imprecise results. This question overlaps a little with the first question in this section and as before, it makes more sense to assess implementation than intent/commitment, so we ought to make it more precise and move it towards individual agency more, such as, "Does your policy on handling instances when both the victim and perpetrator are being served by the agency outline how the agency will prioritize the needs of the victim as described by the victim?" This also allows us to access whether the agency is utilizing a restorative/transformative (at minimum) framework for response rather than standardized punitive protocols.

4. **Confidentiality**
   - Does your confidentiality policy outline any limitations of the agency's ability to hold confidential information about a person's experiences with domestic or sexual violence?
     - Similar to above, it's risky to ask a "double question" by wording this as "domestic or sexual violence". The question would be stronger if we asked "domestic AND sexual violence" because we want them to have outlined these issues in all cases.
   - Does your confidentiality policy emphasize survivor autonomy in deciding who to tell?
     - "Describe" instead of "emphasize"
     - "Survivor autonomy" should be "consumer control"
     - ...who to tell about an experience of harm."
     - Upon reflecting on the next question, this question should be removed altogether.
   - Does your confidentiality policy outline that a limited number of people should be told about the incident, unless the survivor desires otherwise?
     - Use this instead of the above question.
   - Does your confidentiality policy clearly articulate who within and outside of the agency will be told about disclosures of violence?

5. **Anti-sexual harassment**
   - Does your agency have an anti-sexual harassment policy?
     - Task Force should provide examples of this policy.

6. **Workplace domestic violence**
   - Does your agency have a workplace domestic violence policy?
     - DELETE – The meaning of this question is confusing. In disability services, when would someone be experiencing domestic violence in the workplace? Already have questions about workplace violence

7. **Guardianship**
   - Does your agency have a guardianship policy that provides staff guidance on how to identify the level of guardianship in place?
     - "If your agency provides guardianship services, does your policy mandate the choosing of the least restrictive option?"
     - Include education about supported decision making
   - Does your agency have a guardianship policy that articulates the emergency services that can be provided without guardian consent and regardless of the level of guardianship?
     - Change to: "When working with a person under legal guardianship, does your agency have a policy that articulates the emergency services that can be provided without guardian consent and regardless of the level of guardianship?"

- Does your agency have a guardianship policy that articulates the expectations of what can be said and done in front of a guardian?
    - Change to: “When working with a person under legal guardianship, does your agency have a guardianship policy that articulates the expectations of what can be said and done in front of a guardian?”

- Does your agency have a guardianship policy that guides staff to encourage the guardian to allow provision of services to people in private (i.e., without the guardian present)?

Curriculum

1. **Direct services staff training**
    - Does your direct services staff training curriculum address understanding dynamics of domestic violence in the lives of people with disabilities?
        - We need to add a question about prevention. Something like, "Does your direct services staff training curriculum include a section on prevention of violence against people with disabilities as part of staff responsibilities?"

    - Does your direct services staff training curriculum address how to identify sexual violence and information on the criteria for consensual sexual activity?
        - Separate into two questions.

    - Does your direct services staff training curriculum address how to conduct basic safety planning with survivors with disabilities?

    - Does your direct services staff training curriculum address how to assist survivors with disabilities who want to make a report to law enforcement?
        - This should read, "…make a report to law enforcement, staff accountability, and survivor wellness agencies?" Agencies should be equipped to support folks in all of these needs.
        - Make this three questions
        - Provide links to resources and education, including transformative accountability.

Written Protocols (Policy Implementation)

1. **Mandatory reporting (implementation/procedures, not policies?)**
    - Does your agency's mandatory reporting procedure require staff to inform service recipients about mandatory reporting requirements of staff so they can make informed decisions about disclosure?

    - Does your agency's mandatory reporting procedure require staff to allow service recipients who wish to talk about sexual and/or domestic violence to speak with a non-mandated reporter or agency?

    - Does your agency's mandatory reporting procedure require staff to provide affected service recipients with the option of making the report themselves or co-reporting with the agency staff?
        - Change to: “…or being supported in making a report with agency staff?”

- Does your agency's mandatory reporting procedure require staff to meet with affected service recipients after mandatory reports have been made to determine what supports they may need because of the mandatory reporting process?

2. **Screening for domestic and sexual violence with clients**
   - Does your screening procedure require your agency to screen for domestic or sexual violence on an ongoing basis?

   - Is this screening done by a non-mandated reporter?

   - Is this screening done to assess for histories of domestic and sexual violence as well as current victimization?

   - Is this screening done one-on-one, without a partner, family member, guardian, or other caregiver present?

3. **Immediate safety planning**
   - Does your agency's safety planning protocol guide staff to help survivors create a bag with important items (documents, assistive technology, medications, etc.) the person will need in an emergency situation and to determine where best to keep it?
     - This question is not useful.
     - People don't have duplicate assistive technologies.
     - People may not have extra medications.
     - Bag could be found and cause extra problems
     - Change to: "...to help survivors create a meaningful emergency plan."

   - Does your agency's safety planning protocol guide staff to determine if calling 911 is a safe and viable option?

   - Does your agency's safety planning protocol guide staff to determine if any escape options exist and prepare a survivor to use them?
     - Double question. A way to make this is a singular question is, "Does your agency's safety planning protocol guide staff to prepare survivors to use escape options?"

   - Does your agency's safety planning protocol guide staff to connect survivors with on-going, accessible victim services and supports?

4. **Informed referrals**
   - Does your agency's written protocol on making informed referrals to a domestic violence organization or rape crisis center include identifying the best, most appropriate agency(s) for referral?
     - "best" is challenging to evaluate. Change to, "…include identifying the most appropriate agency(s) for referral based on accessibility and victim needs?"

- Does your agency's written protocol on making informed referrals to a domestic violence organization or rape crisis center include offering options for contacting the agency (together or alone in a private area)?
    - Does your agency's policy outline that staff should provide a list of domestic violence organization and rape crisis center contact information if a consumer has disclosed experiencing violence?
    - Change to: "Does your procedure outline how your agency could be supported in reaching out to those VP contacts?"

- Does your agency's written protocol on making informed referrals to a domestic violence organization or rape crisis center include strategizing with the person to ensure the service users access needs are met by the referral agency?
    - Change to: "Does your agency work with the consumer to identify their accessibility needs and then ensure the service provider is aware of those needs?"

- Does your agency's written protocol on making informed referrals to a domestic violence organization or rape crisis center include honoring the person's choice on whether or not to make contact?
    - Change to: "Does your agency's reporting procedure honor the person's choice on whether or not to make contact with a referral agency?"

5. Addressing abuse by employees

- Does your agency's written protocol on how to handle allegations of abuse committed by agency employees and volunteers outline the confidentiality protections and limitations of the involved employees, volunteers, and service users?
    - Change to: "Do your protocols outline how to handle..."

- Does your agency's written protocol on how to handle allegations of abuse committed by agency employees and volunteers outline how and by whom an investigation will be conducted?
    - Change to: "Do your protocols outline how to handle..."

- Does your agency's written protocol on how to handle allegations of abuse committed by agency employees and volunteers outline options for holding the responsible person accountable?
    - Change to: "Do your protocols outline how to handle..."
    - Should add a question about whether this accountability process centers the needs of the victim(s)?

- Does your agency's written protocol on how to handle allegations of abuse committed by agency employees and volunteers outline the support provided to victims?
    - Change to: "Do your protocols outline how to handle..."

6. **Serving victims and perpetrators who are both consumers/clients of the same agency**
    - Does your agency's written procedures on handling instances when both the victim and perpetrator are being served by the agency address confidentiality protections and limitations?
        - Change to: "Do your protocols address confidentiality protections and limitations for victims and perpetrators who are being served by the same agency?"

    - Does your agency's written procedures on handling instances when both the victim and perpetrator are being served by the agency address how victim/perpetrator status effects service eligibility and termination of services?
        - Change to: "Do your protocols address how perpetrator status effects service eligibility and termination of services?"

    - Does your agency's written procedures on handling instances when both the victim and perpetrator are being served by the agency address how and when to link survivor(s) to resources and supports?
        - Change to: "Does your agency's procedures address how and when to link survivor(s) to resources?"

    - Does your agency's written procedures on handling instances when both the victim and perpetrator are being served by the agency address how and when to link perpetrator to appropriate interventions?
        - Change to: "Does your agency's procedures address how and when to link perpetrator(s) to resources?"

Interagency Agreements

1. **MOU with domestic violence agency**
    - Does your agency have a Memorandum of Understanding (MOU), collaboration charter, or equivalent agreement with at least one domestic violence program that serves people living in the agency's service area that is current and signed by agency leaders?

    - Does the MOU commit your agency to provide consultation and other assistance to the domestic violence agency as needed?
        - This should be a sample MOU

    - Does the MOU dedicate staff time to participate in cross-agency meetings?

    - Does the MOU commit the agencies represented to provide training at one another's new employee/volunteer orientations?
        - These MOU questions should be formatted as a matrix.

2. **MOU with rape crisis center**
   - Does your agency have a Memorandum of Understanding (MOU), collaboration charter, or equivalent agreement with at least one rape crisis center that serves people living in the agency's service area that is current and signed by agency leaders?

   - Does the MOU commit your agency to provide consultation and other assistance to the rape crisis center as needed?
     - Should be a sample MOU

   - Does the MOU dedicate staff time to participate in cross-agency meetings?

   - Does the MOU commit the agencies represented to provide training at one another's new employee/volunteer orientations?

3. **MOU with local law enforcement agency**
   - Does your agency have a Memorandum of Understanding (MOU) with your local law enforcement department that commits your agency to provide annual training to local law enforcement to enhance their capacity to serve people with disabilities?

   - Does the MOU identify a law enforcement liaison(s)?

   - Does the MOU commit agency staff to meet with the law enforcement liaison(s) on a semi-annual basis?

   - Does the MOU commit the law enforcement liaison(s) to provide annual education events for the people your agency serves about the services and resources that are offered by law enforcement?

Other

1. **Safety and responsiveness review tool**
   - Does your agency have a standardized review process and tool?
     - Does your agency routinely review your policies and procedures in responding to reports of sexual or domestic violence among consumers?

2. **Safety and responsiveness review team roster**
   - Does your agency have a trained review team of internal staff and external experts from the fields of domestic and sexual violence?
     - "Does your agency have a trained review team that includes internal staff, external experts from the fields of domestic and sexual violence prevention and intervention, people with disabilities, and agency consumers/clients?"

3. **Safety and responsiveness review team meeting minutes**
   - Does your agency have a process to review the findings from the safety review with staff and external experts to develop possible solutions to identified issues?
     - "Does your agency have a process to implement the findings from the safety review team…" - to include consumers/clients

4. **Agency strategic plan (current)**
   - Does your agency's current strategic plan include efforts to increase the agency's capacity to address domestic and/or sexual violence against people with disabilities?
     - I think we need to have two questions. One for "increasing the agency's capacity to prevent sexual and/or domestic violence against people with disabilities" and one for "increasing the capacity to intervene in sexual and/or domestic violence against people with disabilities, including perpetrator accountability and survivor healing"

5. **Annual statistical report**
   - Does your agency's statistical report include the number of people served who request support from your agency related to domestic or sexual violence?

   - Does your agency's statistical report include the number of people served who disclose a past history of trauma or victimization?

   - Does your agency's statistical report include the number of internal reports of domestic and/or sexual violence made to supervisors or other agency staff named in the agency's mandatory reporting policy?
     - This is incredibly confusing/doesn't make sense. What were the original authors trying to ask?

   - Does your agency's statistical report include the number of people referred to outside victim service providers?

6. **Grant proposal in partnership with domestic violence agency**
   - Has your agency submitted at least one grant proposal in partnership with a domestic violence program?
     - Is this appropriate when we're mostly asking about policies and procedures?
     - We might consider removing this for length

7. **Grant proposal in partnership with rape crisis center**
   - Has your agency submitted at least one grant proposal in partnership with a rape crisis center?

8. **Job announcements/postings**
   - Has at least one of your agency's job announcements included substantive knowledge of domestic and/or sexual violence as an employment qualification?
     - great question

9. Redacted budget [removed "redacted"]

- Does your agency have a separate line item(s) in the overall agency budget that provides for staff time spent addressing issues related to domestic and sexual violence against people with disabilities?
    - Instead line item, "specific funding", "department", "dedicated monies"

- Does your agency have a separate line item(s) in the overall agency budget that provides for staff development and training on issues related to domestic and sexual violence against people with disabilities?
    - good

- Does your agency have a separate line item(s) in the overall agency budget that provides for safety enhancements to the agency's core environments (physical, information/communication, policy, and social)?
    - Instead line item, "specific funding", "department", "dedicated monies"

- Does your agency have a separate line item(s) in the overall agency budget that provides for emergency resources for clients, such as taxi cabs and hotel rooms?
    - Instead line item, "specific funding", "department", "dedicated monies"

Additional Feedback and Changes for Assessment Tool in FY 2020

- Task Force should create an internal document that explains the purpose for every question.
- Survey should be re-organized. For example, wouldn't it make more sense to create a single "policy and procedures" section that includes the "policy" and "policy implementation" questions?
- Survey should include directions and instructions for each section at a minimum.
- Survey should be expanded into a full tool. For example, add a column for make notes about which items the organization actually wants to address internally. This transforms the tool from a survey that most organizations will feel they "failed" to a helpful tool that meets agencies where they are at.
- Allow organizations to document their progress throughout the year so that the Task Force and the collaborating organizations can track their progress.

5. Activity 1.3: 2019 Legislation Review

Activity 1.3 was completed: Review state statutes addressing abuse/violence to identify legislative support to contribute to primary prevention of sexual violence against people with disabilities.

- Documented review of current state (and federal) legislation regarding prevention and intervention of sexual violence and domestic violence against people with disabilities
- Developed a resource list of websites and applications that allow the Task Force to monitor and respond to legislation that impacts people with disabilities.

Activity 1.3 Process Evaluation

This activity was primarily completed by a Task Force member, Angela McGinnis, who is an avid policy-watcher. Originally, the Task Force leadership envisioned that volunteers would analyze all legislation existing in the Indiana Code that related to the wellness of people with disabilities, especially in regards to sexual and domestic violence. However, upon searching the State Government website, Task Force members received thousands of search hits and realized that this endeavor would be too massive for a small group of volunteers. Additionally, Indiana legislation is already well organized within the Indiana Code and much of Indiana's legislation regarding people with disabilities is "translated" into lay language by Indiana Disability Rights on their website and through their email listserv. Therefore, Angela instead focused on identifying where the legislation of interest could be found and also created a list of websites and apps Task Force members could explore to be informed about new and changing Indiana and U.S. legislation relating to people with disabilities. These materials are included below.

State of Indiana Sexual Assault Laws

- SART (Sexual Assault Response Team) IC-16-21-8.1 (CESA 2015)

Chapter 4 Sex Crimes

- Rape IC 35-42-4-1
- Child Molesting IC 35-42-4-3
- Child Exploitation; IC 35-42-4-4 possession of child pornography; exemptions; defenses.
- Vicarious Sexual Gratification; IC 35-42-4-5 Sexual conduct in front of a minor.
- Child Solicitation IC 35-42-4-6.
- Child Seduction IC 35-42-4-7.
- Sexual Battery IC 35-42-4-8.
- Sexual Misconduct with a Minor IC 35-42-4-9.
- Indiana Romeo and Juliet Law IC 35-42-4-9(e)
- Unlawful Employment near Children IC 35-42-4-10
- Sex Offender Employment and Residence Section 1. IC 35-38-2-2.2, AS AMENDED BY P.L. 114-2012 SECTION 79, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019] (Mrvn, Head, Young) ***New***
- Sex Offender Internet Offense IC 35-42-4-12
- Sex Offender Residency Restrictions IC 35-42-4-11
- Inappropriate Communication with a Child IC 35-42-4-13
- Non-Consensual Pornography Section 4 IC 34-21.5 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS. (EFFECTIVE JULY 1, 2019) Senate Bill 192. (Bohacek,Freeman, Alting) ***New***
- Nonconsensual Pornography “Distribute” Section 176.2 IC35-45-4-8. Senate Bill 243 (EFFECTIVE JULY 1, 2019) (Bohacek, Freeman) ***New***
- Sentencing Bias Crimes Section 2. IC 35-38-1-7.1 AS AMENDED BY P.L.213-2015, SECTION 261 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1,2019] Senate Bill 12. (1/29/2020) (Bohacek, Alting, Taylor G) ***New***

U. S. Federal Laws to Protect Individuals with Disabilities from Sexual Assault & Domestic Violence

- ***The Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act - 2009.*** This law is commonly referred to as the Hate Crimes act, or by Matthew Shepard Act. "...this federal law gives the U.S. Department of Justice the power to investigate and prosecute defendants who selected their crime victim based on race, color, religion, national origin, gender, sexual orientation, gender identity, or disability." (Nolo)

- ***The Justice for All Act – 2004.*** The first part of the Act is to protect the rights of survivors in federal court criminal proceedings, as well as a list of rights the survivor has. This Bill contains four different Acts in it. (OVC)
    - Scott Cambel,Stephanie Roper,Wendy Preston, Louarna Gillis, and Nila Lynn Crime Victim's Rights Act
    - Debbie Smith Act of 2004
    - DNA Sexual Assault Justice Act of 2004
    - Innocence Protection Act of 2004

- ***Victims of Crime with Disabilities Act 1984*** (VOCA) - VOCA is a federal program formed to compensate survivors by levying fines and penalties, and establishing provisions to assist state programs that compensate victims of crimes.

Citations:

1. Bohacek, Freema, Alting. Indiana General Assembly Senate Bill 192, 1/26/2020 https://iga.in.gov/legislative/2019/bills/senate/192
2. Bohacek, Freeman. Indiana General Assembly Senate Bill 243, 1/26/2020. https://iga.in.gov/legislative/2019/bills/senate/243
3. Indiana Coalition to End Sexual Assault & Human Trafficking, 2016 "Indiana Code of Sex Crimes." 12/27/19. https://indianacesa.org/icesa-resources/indiana-sexual-violence-laws/
4. Mrvn, Head, Young, "Sex Offender Employment and Residence." Indiana General Assembly Senate Bill 258, 1/27/2020. https://iga.in.gov/legislative/2019/bills/senate/258
5. Nolo Plain English Law Dictionary, "Matthew Shepard and James Byrd Hate Crimes Prevention Act of 2009," 1/26/2020 https://nolo.com/dictionary/matthew-shepard-and-james-byrd-jr.-hate-crimes-prevention-act.term.html
6. The Justice for All Act, "OVC Fact Sheet" U.S. Department of Justice, Office for Victims of Crime. 1/26/2020 https://ovc.gov/publications/factshts/justforall/fs000311.pdf

Legislation Websites and Applications to follow Government

The following list contains webpages and phone applications to assist individuals in following the Indiana State Assemble and the U.S. Government General Assembly. Not all of the services are free and some apps are still in development and therefore may be pending improvements.

1. **Billtrack50.com** - This site offers free and paid service. The free service offers unlimited search for specific bills and/or keywords. The paid service is more professional and puts the bills of interest into a spreadsheet.

2. **Govtrac.us** - Begun in 2004, this site allows congress to be open and accessible to everyone. Track senators, representatives, bills, and even the roll call count.

3. **Indiana General Assembly (iga.in.gov)** – The Indiana Government website has many tools to track past and current Legislation at no cost. The site can give short version or the full version of a bill.

4. **Legiscan.com** - Legiscan has a range of free and paid services. The reports are offered in a variety of levels of detail depending and the paid versions include bill tracking services. The website may be inaccessible for some as it is very text-heavy.

5. **Our Congress/Congress App -** This app allows individuals to find and call their representative, explore committees, follow bills. "Congress" is an android app. "Our Congress" is an iOS app.

6. **PingThePeople.org** - Ping the People was John Hoer and Austin Lord from Bloomington, Indiana. This website is solely based on current Indiana legislation and activity and the website is completely free.

7. **TrackBill App** – This legislation tracker allows individuals to track bills and receive alerts for bills of interest. This app also lets the user connect with representatives on live chat. The app has free and paid services and is available on Android and iOS.

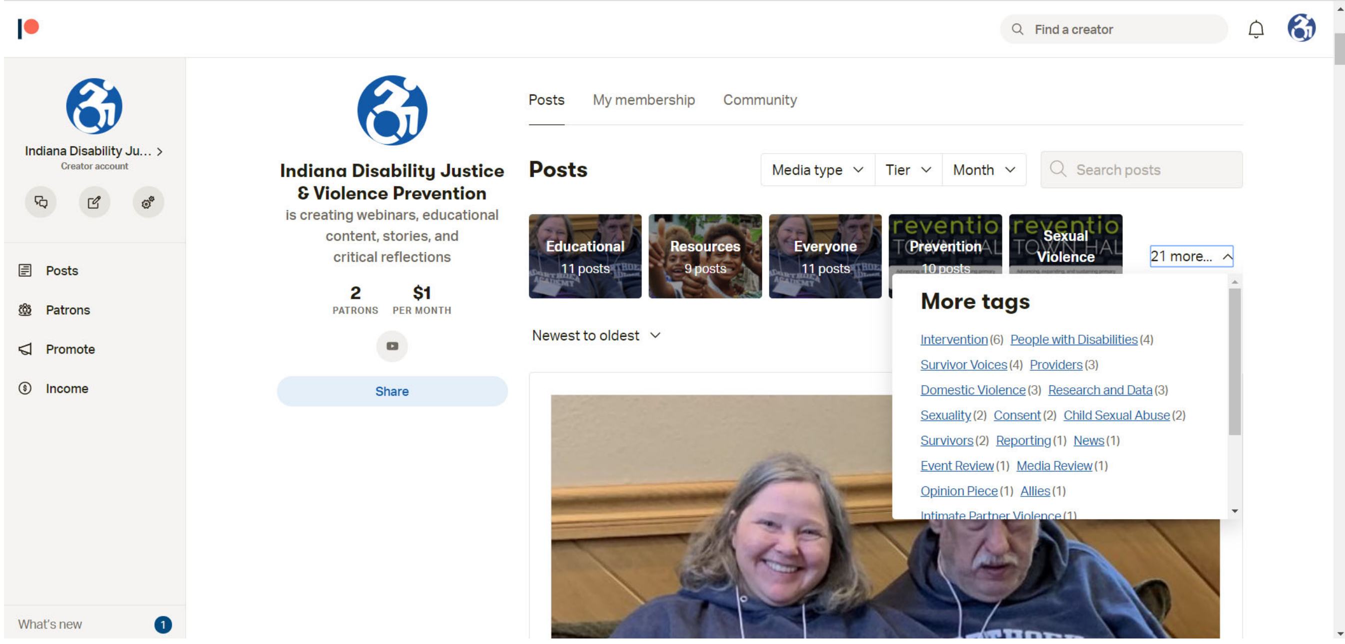
6. Activity 1.4: Online Resource Hub

Activity 1.4 was completed: Create an online disability justice and sexual violence primary prevention (SVPP) hub to collect, house, and promote national use of disability justice and sexual violence primary prevention related materials, including webinars from RPE FY2018-2019, provide links to project partners, RPE FY2019-2020 deliverables and resources.

Hub Selection Process

By the end of FY 2018, Task Force members felt that they were creating and compiling so many resources that it would be valuable to have a digital location for all these materials to be available for anyone to use. The most robust option would have been to create a website for the Task Force, but at the beginning of FY 2019, the Task Force did not have the resources or time to build a website. Therefore, the Task Force decided instead to make sure of a creation platform called Patreon. Patreon is free for anyone to use and all the Task Force materials could be published and accessed at no cost to the creators or users. The Task Force published their online hub at www.patreon.com/InDisabilityJustice/.

Patreon was only a temporary solution, however, because the platform was a little too simplistic for the Task Force's needs. All content was organized by tags on a single webpage ("Posts"). In contract, a website would be able to create multiple layers of engagement through menus. Since the online resource Hub was intended to be useful to survivors, educators, professionals, community leaders, preventionists, direct service providers, and caregivers, this simplistic form of organization was not comprehensive enough for the Task Force. Some Task Force members also felt the layout was not very accessible. However, it did allow the Task Force to publish updates, news, essays, resources, and more during FY 2019. The Task Force anticipates transitioning to a full website in FY 2020.



Online Hub Grand Opening & Marketing

Hub Introduction Email

New Free Resource!

Welcome to a new free online resource, the Indiana Disability Justice & Violence Prevention HUB (https://www.patreon.com/INDisabilityJustice). This platform includes free content created for people with disabilities, service providers, caretakers, and anyone else who is interested in supporting people with disabilities. The HUB was created by a coalition of people with disabilities/self-advocates, representatives of sexual and domestic violence prevention and intervention programs, disability service providers, and caregivers.

The working group that created The Hub is called the Indiana Abuse Prevention Disability Task Force (APDTF). The mission of The Task Force is to increase holistic wellness of people with disabilities through education, advocacy, restorative and transformative accountability, policy change, research, and action. The Task Force created this space to ensure that violence prevention and disability justice materials created by survivors and people with disabilities who lead the movement to end violence are uplifted and accessible to anyone. Publications on the Task Force hub include: best practices, research, data and education posts, book reviews, media reviews (movies, t.v., hashtags, etc.), event reviews, and personal stories on disability, survivorship, and/or prevention.

How to Follow

Subscribe to free updates about the Task Force on the Online hub by "following" the Indiana Disability Justice and Violence Prevention Hub. Create your Patreon account and then click the "follow" button located at www.patreon.com/InDisabilityJustice/. When you follow us on Patreon, you will receive an email any time a new resource or update is published! Notice that each post contains information about how to cite the publication following APA citation formatting. We encourage everyone to feel free to utilize anything published on Patreon, and please be sure to give credit to the creators, authors, editors, research translators, story-tellers, and resource compilers who collaborate to bring you this amazing content!

How to Use Patreon

To find content that is most relevant to you, go to https://www.patreon.com/INDisabilityJustice/posts and find a list of "tags" on the left side of the page. Every publication have up to 5 different tags so that followers may easily find publications geared towards their group, publications regarding certain content, or publications focused on certain topics. Click on any of the tags on the left side and Patreon will automatically load just the posts that have the tag you are interested in. Otherwise, feel free to scroll down and check out all the posts and/or wait to receive updates in your email from us once you have followed us!

Feel free to reach us at InDisabilityJustice@gmail.com with any questions or comments, including if you might be interested in submitting something for publication!

Hub Marketing Flyer

Indiana Disability Justice and Violence Prevention Resource Hub

by the Indiana Abuse Prevention Disability Task Force (APDTF)

MISSION: APDTF supports a statewide effort to prevent violence and enhance independence and wellness among people with disabilities.

FIND US ON PATREON!

ONLINE COMMUNITY

https://www.patreon.com/INDisabilityJustice

EDUCATE - ADVOCATE - CONNECT

Contact:
indisabilityjustice@gmail.com

RESOURCES

(many available now, some in progress)

- Online resource hub.
- Education about laws and policies.
- Survey for people with disabilities about your experiences with sexuality, independence, and safety.
- Assessment tool for disability service agencies.
- Policy implementation guidance.
- Survivor stories and disability perspective essays.
- Support services agency directory.
- Research and data on disability justice and sexual wellness.
- Educational Webinars.

Want to be involved? We could use your support! We need:

- Webinar presenters with disabilities.
- Share stories on survivorship, healthy relationships, art projects, and anything related to your wellness.
- Accessibility feedback/advice.
- Responses to our survey for people with disabilities or agencies who serve people with disabilities.
- Research and book reviews.
- You to send us anything we can promote via patreon or social media.

To participate, email us at indisabilityjustice@gmail.com

Publications

Below is a complete list of publications on the Task Force Resource Hub during FY 2019 along with a brief description and link. Posts are listed in reverse chronological order of the date of publication.

- 12/16/2019: **Funding Disclaimer**
    - Link: https://www.patreon.com/posts/32338949

- 12/13/2019: **2019-2020 Disability Justice and Sexual Violence Prevention Webinars**
    - Description: Advertising about Task Force Webinars 6-10
    - Link: https://www.patreon.com/posts/32307895

- 11/19/2019: **Technical Assistance & Training for Deaf Organizations**
    - Description: Resources by the Deaf Action Initiative
    - Link: https://www.patreon.com/posts/31134830

- 11/14/2019: **Submission Guidelines for Anyone Interested in Contributing to the Online Hub!**
    - Link: https://www.patreon.com/posts/31573051

- 11/14/2019: **Definitions Related to Disability Justice and Sexual Wellness**
    - Description: Definitions for educational purposes and to support Community Strengths and Needs Assessment participants
    - Link: https://www.patreon.com/posts/29760193

- 11/12/2019: **Shelter Accessibility for Deaf and Hard of Hearing Survivors**
    - Description: Resources and education from ICADV
    - Link: https://www.patreon.com/posts/31133989

- 11/7/2019: **PreventConnect Town Hall**
    - Signal boosting a PreventConnect webinar
    - Link: https://www.patreon.com/posts/31369647

- 11/5/2019: **Deaf Survivors in Indiana Find Services**
    - Description: Signal boosting work at ICADV
    - Link: https://www.patreon.com/posts/31134101

- 10/29/2019: **Reflection on the 2019 National Sexual Assault Conference**
    - Description: Personal essay critiquing accessibility at #NSAC2018
    - Link: https://www.patreon.com/posts/30988249

- 9/8/2019: **[Webinar] Violence Prevention & Disability Justice**
    - Description: Task Force Webinar 5 with closed captions
    - Link: https://www.patreon.com/posts/29817651

- 9/8/2019: **[Webinar] Best Practices for Working with People with Disabilities**
  - Description: Task Force Webinar 4 with closed captions
  - Link: https://www.patreon.com/posts/29817463

- 9/8/2019: **[Webinar] Advocacy: Medical, Social, and Survivorship & Disabilities**
  - Description: Task Force Webinar 3 with closed captions
  - Link: https://www.patreon.com/posts/29817232

- 9/8/2019: **[Webinar] Legal Guardianship & Consent for People with Developmental and Intellectual Disabilities**
  - Description: Task Force Webinar 2 with closed captions
  - Link: https://www.patreon.com/posts/29816753

- 9/7/2019: **[Webinar] Historical & Cultural Context for Disability Justice & Primary Prevention**
  - Description: Task Force Webinar 1 with closed captions
  - Link: https://www.patreon.com/posts/29788352

- 9/3/2019: **Disability Services in Indiana Resource List**
  - Description: Comprehensive list (including contact info) for disability services agencies in Indiana.
  - Link: https://www.patreon.com/posts/28960906

- 8/30/2019: **Sexual & Domestic Violence Organizational Resource List**
  - Description: Comprehensive list (including contact info) for sexual violence agencies and domestic violence agencies in Indiana.
  - Link: https://www.patreon.com/posts/27853216

- 6/14/2019: **Consent and Intellectual and Developmental Disability**
  - Description: Educational information and links to resources
  - Link: https://www.patreon.com/posts/27636668

- 6/14/2019: **2018 NPR Comprehensive Sexual Violence & Disability Series**
  - Description: Signal boosting NPR's "Abused and Betrayed" podcast series
  - Link: https://www.patreon.com/posts/27633124

- 6/14/2019: **2018 Disability Justice & Violence Prevention Webinars with Transcripts**
  - Description: 2018 Webinar teaser
  - Link: https://www.patreon.com/posts/27632395

- 6/12/2019: **National Sexual Violence Prevention with People with Disabilities**
  - Description: Sharing prevention tools from across the U.S.
  - Link: https://www.patreon.com/posts/27590357

- 6/12/2019: **Kelsey starts the conversation about sexual violence prevention, Utah Keynote**
  - Description: Keynote videos
  - Link: https://www.patreon.com/posts/27583473

- 6/10/2019: **Starting the Conversation: Addressing Sexual Violence within the Disability Community through Advocacy, Education, and System Change**
  - Description: Sexual violence prevention toolkit for people with disabilities
  - Link: https://www.patreon.com/posts/27516117

- 6/9/2019: **Share Disability and Sexual Violence Prevention Resources**
  - Description: Help us create the Indiana Sexual Violence Prevention and Disability Justice HUB and keep this resource HUB up-to-date and comprehensive by submitting your favorite publications, tools, programs, case studies, and more! https://goo.gl/forms/ySidM0JJklA65IGU2
  - Link: https://www.patreon.com/posts/27515603

- 6/9/2019: **Disparities in Data Collection Methods**
  - Description: Exploring sexual violence prevalence rates among people with cognitive and developmental disabilities in the U.S.
  - Link: https://www.patreon.com/posts/27515076

- 6/9/2019: **A Supportive and Restorative Infrastructure for All**
  - Description: Sexual violence (or abuse) reporting flow chart
  - Link: https://www.patreon.com/posts/27514006

Online Hub Analysis

During FY 2019, the Task Force released 25 posts, 20 of which were original publications and 5 of which were publications from other organizations. From Feb 1st, 2019 – Jan 31st, 2020, the Hub collected 15 "followers", 1,546 total page views (1,233 were unique page views) from 620 distinct users representing 200 cities and 22 countries. While most traffic came from the United States (91%), the Hub also received engagement from people (in descending order of frequency) from Venezuela, United Kingdom, Canada, Russia, Singapore, Austria, Turkey, Ukraine, South Africa, Australia, Belgium, Brazil, Switzerland, Colombia, Ethiopia, France, Greece, Kazakhstan, Mexico, New Zealand, and Thailand.

Future Directions

During FY 2020, the Task Force will transfer the hub to its own website. This website will prioritize accessibility and ease of use with content organized for different audiences and needs. Additionally, there will be a greater breadth of publications including uplifting the works of people with disabilities, essays, creative work, tools, resources, as well as materials created by the Task Force members.

7. Activity 1.5: Disability Justice & Sexual Violence Prevention Webinar Series #2

Activity 1.5 was completed: Co-host web-based series with at least 5 webinars exploring the intersections of disability justice and sexual violence primary prevention, to deepen and expand the capacity-building with service providers, preventionists, community leaders, and other professionals conducted through webinars in the 2018-2019 grant cycle.

Activity 1.5 Summary

One way the Task Force strove to enhance statewide efforts to prevent sexual violence was to organize another 5 webinars focused on the intersections of disability justice and sexual violence prevention during FY 2019. The first 5 part webinar series launched in 2018 addressed the history of disability movements in Indiana, introduced legal guardianship and supported decision-making, inviting survivors with disabilities to share ideas to improve work with advocates, introducing some best practices for working with people with disabilities, and exploring ways to contribute to primary prevention with people with disabilities. In 2019, the Task Force expanded on the series by holding a session specifically about working with people who are Deaf and/or Hard of Hearing and another webinar on working with Neurodivergent survivors. Webinars in this fiscal year also explored accessible organizing and accessibility in budgeting and included a webinar about safer sex and healthy sexuality for people with disabilities. Similar to FY 2018, webinar presenters included nationally recognized disability self-advocates who are also leading experts in the field of violence prevention, survivors with disabilities, local disability community leaders across Indiana, and experienced non-disabled allies who work in collaboration with people with disabilities to prevent harm against people with disabilities.

Feedback collected in post-surveys clearly indicated that attendees gained knowledge and skills to expand their ability to work with people with disabilities and to prevent sexual violence. Attendees also indicated that their organizations benefited by developing an increased capacity for working with people with disabilities, teaching disability inclusive safer sex and healthy sexuality, and the prevention of sexual violence broadly as well as specifically among people with disabilities. Out of 266 live attendees, 82 disclosed that they are Indiana residents, while each video also collected dozens of views of the recordings once they were published on YouTube. Live attendees also included residents of 28 other states and 1 other country, but it is likely that residents of many other locations also viewed the webinars once published on YouTube. In 2019 the webinars also included several accessibility improvements thanks to feedback enacted from FY 2018, including live captioning and usage of professional audio equipment for better sound quality.

Webinar Organization

MESA & ICADV staff implemented 5 webinars in collaboration with the Indiana Abuse Prevention Disability Task Force during the grant cycle. Presenters were identified through past collaborations as well as recommendations made by Task Force members. For each webinar, MESA and/or ICADV representatives reached out to prospective presenters to identify interest, plan content, communicate about technology, and assess accessibility needs. MESA or ICADV then developed and disseminated marketing materials through MESA's listserv (1,087 recipients), the Prevent Connect listserv, the Indiana State Department of Health newsletter, social media, and other collaborative digital avenues. Registration was created by ICADV and included in the marketing materials. Additionally, MESA developed and maintains a listserv of past webinar attendees (294 recipients) who do not reside in Indiana to whom MESA also sent webinar-only marketing materials.

Date	Title	Registrants	Attendees
12/06/2019	Sexual Violence Prevention with People who are Deaf and Hard of Hearing, LINK	62	34
12/10/2019	Mental Health, Neurodivergence, and Sexual Violence, LINK	106	55
12/17/2019	Nothing About Us Without Us – Accessible Organizing, LINK	77	46
01/10/2020	Sex and Sense Ability: Disability, Accessibility, and Available Adaptations, LINK	178	90
01/29/2020	Budgeting for Accessibility, LINK	90	41

General Webinar Evaluation Planning

Post-tests were developed in advance of each webinar and in collaboration with the presenters. After the first three webinars in FY 2019, an email was automatically populated by the registration software to invite attendees to respond to the post-test. Due to low response rates, ICADV manually developed and disseminated the post-test for the last two webinars to boost response rates. Attendees included medical professionals, therapists, direct service providers working at sexual and/or domestic violence agencies, service providers at disability advocacy and service agencies, college and university faculty, staff, and students, business professionals, faith leaders, educators, and community leaders.

Webinar Marketing

Webinar 6 & 7 Digital Marketing Email: https://us17.admin.mailchimp.com/campaigns/show?id=900143

- Title: NEW Disability Justice and Violence Prevention Resource Hub!
- Date: November 15th, 2019, 4pm EST
- MESA Listerv Engagement: 22.7% Open Rate, 1.9% Click Rate
- MESA Non-IN Resident Webinar Listserv Engagement: 21.4% Open Rate, 1.6% Click Rate

Webinar 6 & 7 Digital Marketing Email: https://us17.admin.mailchimp.com/campaigns/show?id=900143

- Title: REGISTER NOW! Disability Justice Webinars Dec 6th And 10th
- Date: December 4th, 2019, 11:45am EST
- MESA Listerv Engagement: 20.3% Open Rate, 2.3% Click Rate
- MESA Non-IN Resident Webinar Listserv Engagement: 27.0% Open Rate, 0.8% Click Rate

Webinar 7 Digital Marketing Email: https://us17.admin.mailchimp.com/campaigns/show?id=917979

- Title: Last Chance To Register: Mental Health, Neurodiversity, & SVP Panel Webinar Tomorrow!
- Date: December 9th, 2019, 3:10pm EST
- MESA Listerv Engagement: 19.4% Open Rate, 2.2% Click Rate
- MESA Non-IN Resident Webinar Listserv Engagement: 36.5% Open Rate, 8.3% Click Rate

Webinar 8 Digital Marketing Email: https://us17.admin.mailchimp.com/campaigns/show?id=922963

- Title: Last Chance To Register: Accessible Organizing Webinar At 1pm EST
- Date: December 17th, 2019, 8:30am EST
- MESA Listerv Engagement: 20.0% Open Rate, 1.5% Click Rate
- MESA Non-IN Resident Webinar Listserv Engagement: 35.2% Open Rate, 6.8% Click Rate

Webinar 9 Digital Marketing Email: https://us17.admin.mailchimp.com/campaigns/show?id=933779

- Title: Webinar On Jan 10: Sex And Sense Ability: Disability, Sexuality And Available Adaptations
- Date: January 7th, 2020, 4:30pm EST
- MESA Listerv Engagement: 24.9% Open Rate, 4.0% Click Rate
- MESA Non-IN Resident Webinar Listserv Engagement: 41.3% Open Rate, 11.7% Click Rate

Webinar 10 Digital Marketing Email: https://us17.admin.mailchimp.com/campaigns/show?id=939027

- Title: Webinar On Jan 29: Budgeting For Accessibility
- Date: January 20th, 2020, 3:00pm EST
- MESA Listerv Engagement: 22.5% Open Rate, 2.0% Click Rate
- MESA Non-IN Resident Webinar Listserv Engagement: 41.3% Open Rate, 11.7% Click Rate

Webinar 10 Digital Marketing Email: https://us17.admin.mailchimp.com/campaigns/show?id=939051

- Title: REGISTER NOW: Budgeting For Accessibility Webinar 1/29
- Date: January 27th, 2020, 3:00pm EST
- MESA Listerv Engagement: 21.7% Open Rate, 2.8% Click Rate
- MESA Non-IN Resident Webinar Listserv Engagement: 31.9% Open Rate, 4.3% Click Rate

Webinar Flyer v1

MESA & ICADV presents:

DISABILITY JUSTICE & SEXUAL VIOLENCE PREVENTION WEBINARS #6-10

Webinar 6: "Sexual Violence Prevention with People who Are Deaf and Hard of Hearing" by *Holly Elkins* (Indiana Coalition Against Domestic Violence)
December 6th, 2019, 1-2:30pm EST

Webinar 7: "Mental Health, Neurodivergence, and Sexual Violence Prevention Panel" by a group of self-advocates
December 10th, 2019, 1-2:30pm EST

Webinar 8: "Nothing About Us Without Us - Accessible Organizing" by *Jody Powers* (Governor's Council for People with Disabilities), *Skye Ashton Kantola* (Multicultural Efforts to End Sexual Assault, Purdue University), & *Cierra Olivia Thomas-Williams* (Indiana Coalition Against Domestic Violence)
December 17th, 2019, 1-2:30pm EST

Webinar 9: "Sexual Violence and Disability: A Social Justice Framework for Service Providers" by *Richard Propes* (Indiana Bureau of Developmental Disabilities Services)
January 7th, 2020, 1-2:30pm EST

Webinar 10: TBD - January 2020

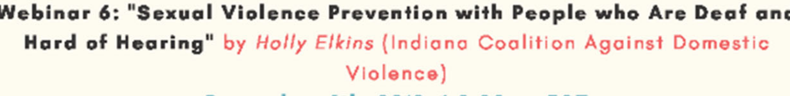
Follow us: www.patreon.com/InDisabilityJustice/
and on YouTube!

CONTACT: INDISABILITYJUSTICE@GMAIL.COM

Webinar Flyer v2

MESA & ICADV presents:

DISABILITY JUSTICE & SEXUAL VIOLENCE PREVENTION WEBINARS #6-10



Webinar 6: "Sexual Violence Prevention with People who Are Deaf and Hard of Hearing" by *Holly Elkins* (Indiana Coalition Against Domestic Violence)
December 6th, 2019, 1-2:30pm EST
REGISTER: https://bit.ly/363iXIs

Webinar 7: "Mental Health, Neurodivergence, and Sexual Violence Prevention Panel" by a group of self-advocates
December 10th, 2019, 1-2:30pm EST
REGISTER: https://bit.ly/2sG6qMF

Webinar 8: "Nothing About Us Without Us - Accessible Organizing" by *Jody Powers* (Governor's Council for People with Disabilities), *Skye Ashton Kantola* (Multicultural Efforts to End Sexual Assault, Purdue University), & *Cierra Olivia Thomas-Williams* (Indiana Coalition Against Domestic Violence)
December 17th, 2019, 1-2:30pm EST
REGISTER: https://bit.ly/2OQlv5K

Webinar 9: "Sexual Violence and Disability: A Social Justice Framework for Service Providers" by *Richard Propes* (Indiana Bureau of Developmental Disabilities Services)
January 7th, 2020, 1-2:30pm EST
REGISTER: https://bit.ly/2OMsXjE

Webinar 10: TBD
January 10th, 2020, 1-2:30pm EST
REGISTER: https://bit.ly/2YfsnOx

Follow us: www.patreon.com/InDisabilityJustice/

and on YouTube!

CONTACT: INDISABILITYJUSTICE@GMAIL.COM

Webinar 9 Flyer

WEBINAR 9: SEX & SENSE ABILITY: DISABILITY, SEXUALITY AND AVAILABLE ADAPTATIONS ON JANUARY 10, 2019 AT 1:30 PM EST

END STIGMA. Register: http://bit.ly/39Jjtyd

When we challenge assumptions and acknowledge that people with disabilities can and often are people with sexual desires, we grant people with disability agency over their bodies and desires. Sex and pleasure are accessible to everyone with some creativity and an open mind. In this jam packed session we will hit on a multitude of topics related to sex and sexuality from practical adaptations, conversations with caregivers, navigating partnerships, body positivity and sex surrogacy. Sexual desire is a spectrum for us all, including people with disabilities. It's time we talk about how we talk about sex, sexuality, desire and intimacy. From social media movements like #disabledpeoplearehot and #babewithmobilityaid to discussions with doctors and other service providers, the discussion is happening all around us. Join Em Mais and Skye Kantola as they share a queer inclusive perspective on navigating this complex topic. Everyone (over 18) and ready to engage openly is welcome and encouraged to attend!

ICADV and MESA collaboration with the Abuse Prevention Disability Task Force. Reach us via email at indisabilityjustice@gmail.com.

Visit, follow, or become a patron in our online community called the Disability Justice and Violence Prevention HUB at this URL: https://www.patreon.com/INDisabilityJustice.

Webinar 10 Flyer

Webinar 10: Budgeting for Accessibility by Cierra Olivia Thomas-Williams

Cierra Olivia Thomas-Williams, M.A. (she/her pronouns) is a Prevention Specialist at Indiana Coalition Against Domestic Violence (ICADV) whose work focuses on primary prevention with people with intellectual and developmental disabilities who remain underserved by the movement to end violence and marginalized by systems inequities, such as differential access to opportunities and resources.

January 29th, 2020
1:00pm - 2:30pm EST

Please join us for a webinar on budgeting time, resources, and funding to prioritize accessibility in prevention programming and organizing.

REGISTER NOW:
https://bit.ly/35RLReb

Indiana Abuse Prevention Disability Task Force:
www.patreon.com/IndisabilityJustice

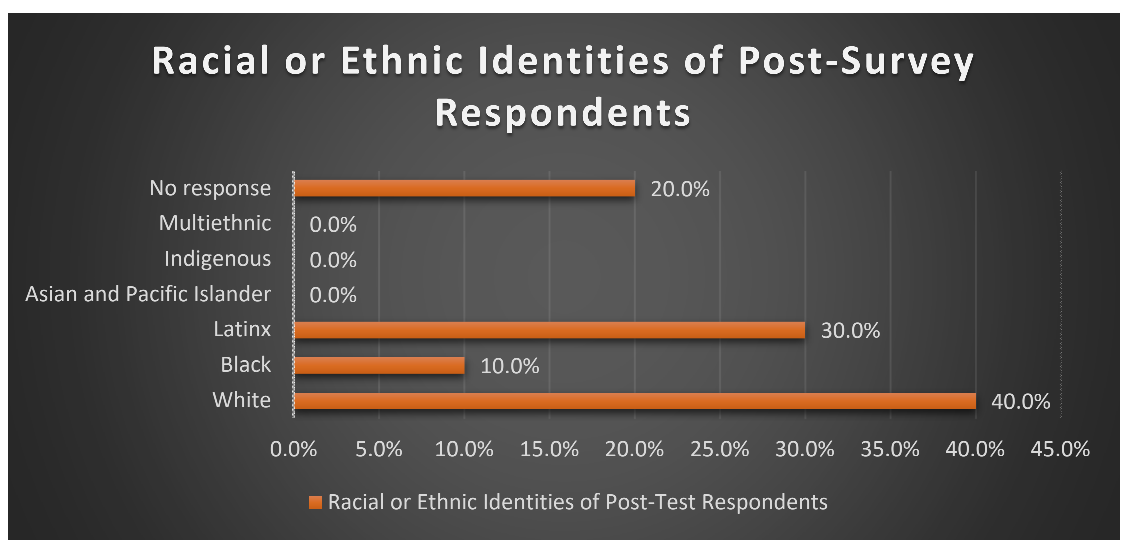
This webinar is supported (in part) by the Rape Prevention Education Grant from the Centers for Disease Control and Prevention and Indiana State Department of Health. The views and information in this training do not necessarily represent the official views of the Centers for Disease Control and Prevention, the Indiana State Department of Health, or Purdue University, nor does the mention of trade names, commercial practices, or organizations imply endorsement by any program funders or affiliates.

Webinar 6 Evaluation

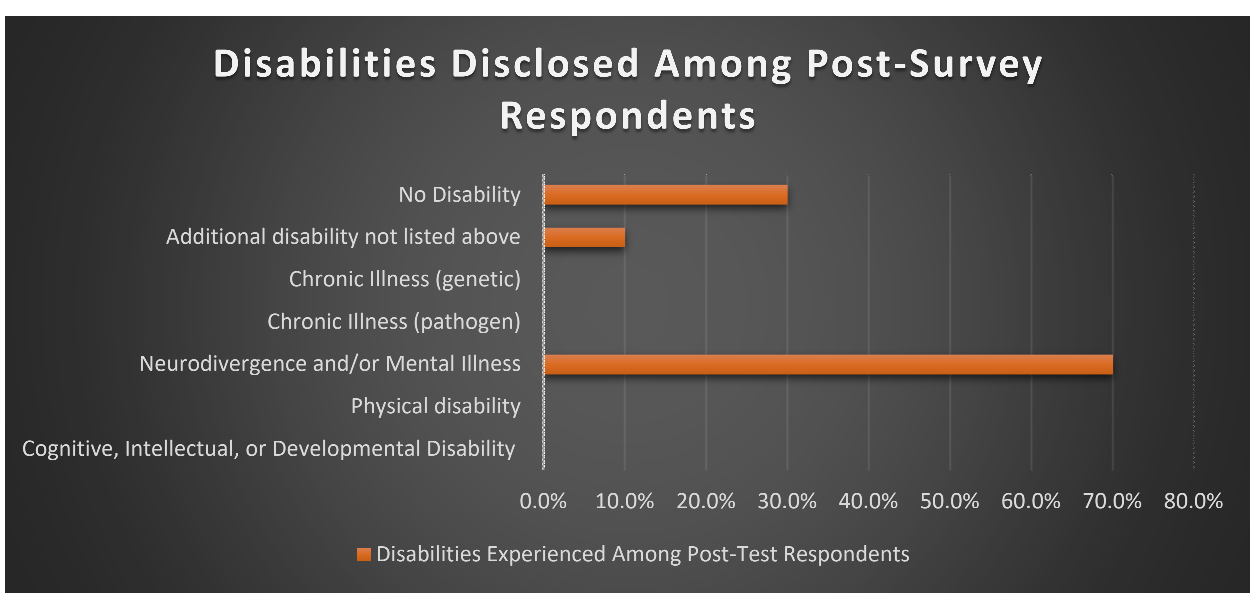
Title: Sexual Violence Prevention with People who are Deaf and Hard of Hearing
Presenter: Holly Elkins, Deaf and Hard of Hearing Outreach Coordinator, Indiana Coalition Against Domestic Violence (ICADV)
Technical Moderator: Cierra Olivia Thomas-Williams (ICADV)

Workshop Demographics Summary

Demographics Summary: 60% of respondents were women, 20% of respondents were men, 10% of respondents were non-binary, and 10% provided no response. 20% of respondents indicated they are cisgender and 10% of respondents indicated they are transgender. Respondents were invited to disclose their racial and ethnic identities as well as what disabilities they experience, if any, in a non-mutually exclusive manner, respectively. 40% of respondents were White 30% of respondents were Latinx, 20% provided no response, and 10% of respondents were Black. 70% of respondents indicated they were neurodivergent and/or experience mental illness. 1 respondent indicated they experience a disability not listed and 2 respondents indicated they did not have any disabilities.



Registration information also indicated that 11 attendees were Indiana residents and 12 attendees did not disclose their location. Out-of-State attendees including residents of: California, Florida, Montana, Pennsylvania, South Carolina, and Virginia.



Process Evaluation

This webinar begins a 5 part-series taking place in FY 2019 that followed a 5-part series in FY 2018, facilitated through the Indiana Abuse Prevention Disability Task Force (co-organized by MESA and ICADV). All webinars focus on connecting disability justice and sexual violence primary prevention with a particular effort to center the expertise and leadership of people with disabilities. In feedback from webinars 1-5 in 2018, attendees indicated interest in community-specific webinars, so we launched Webinar 6 with a specific focus on Deaf and hard of hearing communities. All webinars are 1.5hrs in length and were advertised across digital platforms lead by MESA, ICADV, and several of our collaborators, as well as listservs of out-of-state attendees from the 2018 webinars.

Webinar began and ended on time, and presenter maintained fairly consistent flow of information. Organizers experienced some technical difficulty at the beginning of the webinar due to microphone echoing, but this was resolved quickly and provided valuable information for future webinars.

In response to constructive criticism from the 2018 webinars, organizers also arranged for CART services to be present during webinar for Deaf and hard of hearing attendees and those with sound processing differences. Unfortunately, organizers discovered that the selected webinar platform (Go To Webinar) does not have an endogenous captioning space so attendees needed to open a separate parallel window for live captions. This also informed organizers to the issue that presenters would not be able to have live captioning during their presentation if they were the webinar controller. This means that a presenter would have to have one of the organizers advance their slides if the presenter required access to CART services. Organizers selected Go To Webinar simply because ICADV already has a subscription to Go To Webinar. However, if this project is funded again in 2020, organizers will be looking for a new webinar host platform that is more compatible with CART services. Organizers also realized information about accessing CART services was not send to registrants in advance of the webinar leading to some confusion at the start of the webinar. CART services information was provided to registrants in advance of the future webinars in webinar reminder emails.

Evaluation materials were prepared in advance and immediately following the webinar, attendees received an email invitation to participate in the post-webinar survey. Attendees received weekly reminders to submit post-webinar feedback for two weeks following the webinar. Despite this preparation, organizers noted a relatively low response rate from attendees for unknown reasons.

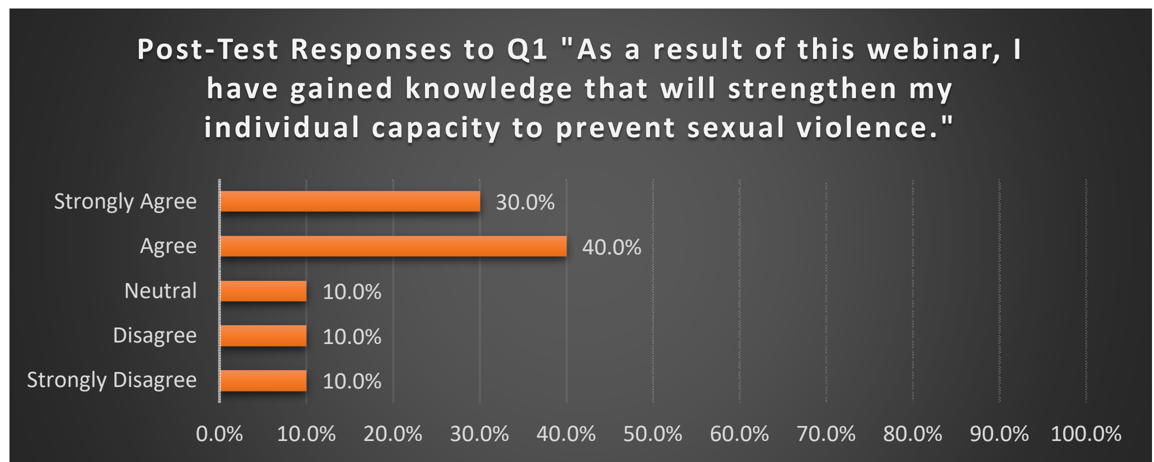
Question 6: What was the most valuable part of this webinar for your work?
Learning from Holly and the work she did with the Indiana School for the Deaf, including the policy pieces that impacted prevention
(see above) Also, the differentiation between deaf and Deaf was really helpful for me to think more about the way to provide education that is accessible in more than one way.
The term "trauma-informed interpreter"!
To see how many people that are either hearing impaired or hard of hearing.
Learning more about phrases/terminology relating to deaf and hard of hearing individuals
The discussion of Deaf people as a cultural/linguistic minority. Had not known previously that this was the case.
Learning the difference between deaf and Deaf.
No response. [x3]

Question 7: How could this webinar be improved in the future?
Have more of them!
Wish the resources included more of the assessment tools that Holly used on her three separate projects!
I thought it was great. Will you have a webinar to help interpreters become "trauma-informed"?"
I see nothing at this time.
Really the only improvements I can think of would be smoothing out the technical issues that occurred during the webinar beforehand, but that isn't always possible / issues may not always be present before broadcasting.
Talk more about sexual assault with the general public who are deaf/hard of hearing
To include more concrete, impactful tools for people who work directly with survivors of sexual assault.
No response. [x3]

Outcomes Evaluation

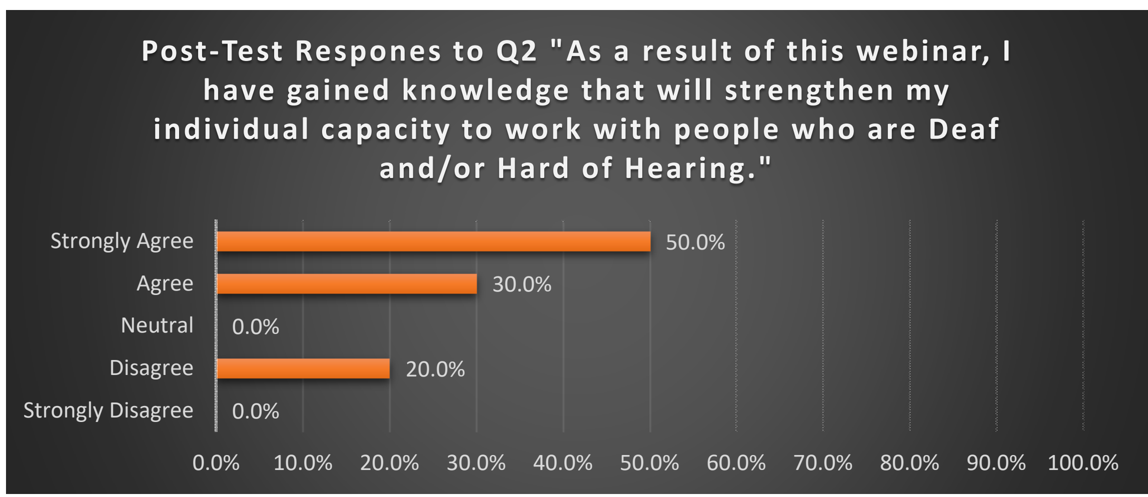
Question 1: As a result of this webinar, I have gained knowledge that will strengthen my individual capacity to prevent sexual violence.

Results summary: This Likert scale question assessed whether attendees felt they gained knowledge that would strengthen their ability to prevent sexual violence. 70% of attendees Strongly Agreed or Agreed that the webinar increased their knowledge in sexual violence prevention. 10% of respondents Neither Agreed nor Disagreed, Disagreed, and Strongly Disagreed, respectively.



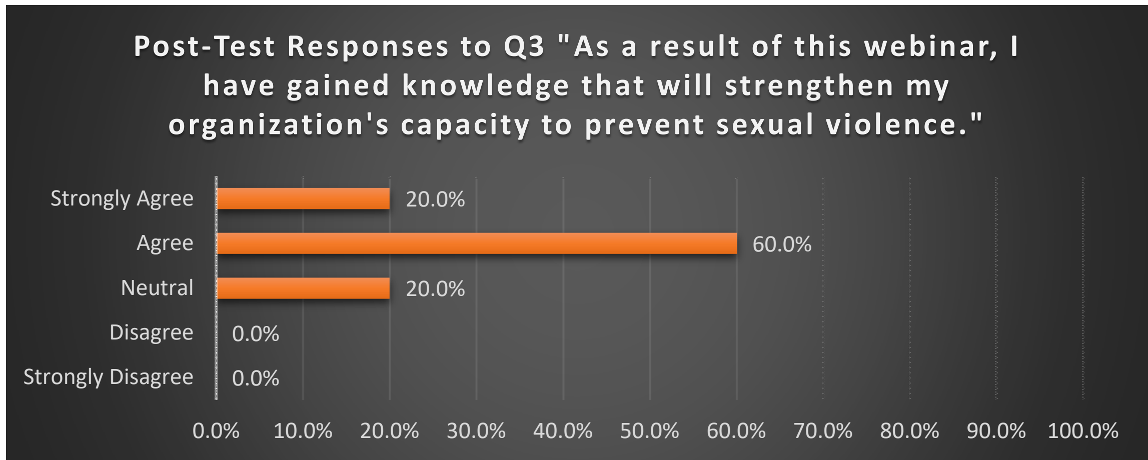
Question 2: As a result of this webinar, I have gained knowledge that will strengthen my individual capacity to work with people who are Deaf and/or Hard of Hearing.

Results summary: This Likert scale question assessed whether attendees felt they gained knowledge that would strengthen their abilities to work with people who are Deaf and Hard of Hearing. 80% of attendees Strongly Agreed or Agreed that the webinar increased their knowledge in working with people who are Deaf and Hard of Hearing. 20% of respondents Disagreed (and interestingly these were the same respondents who responded negatively to question 1).



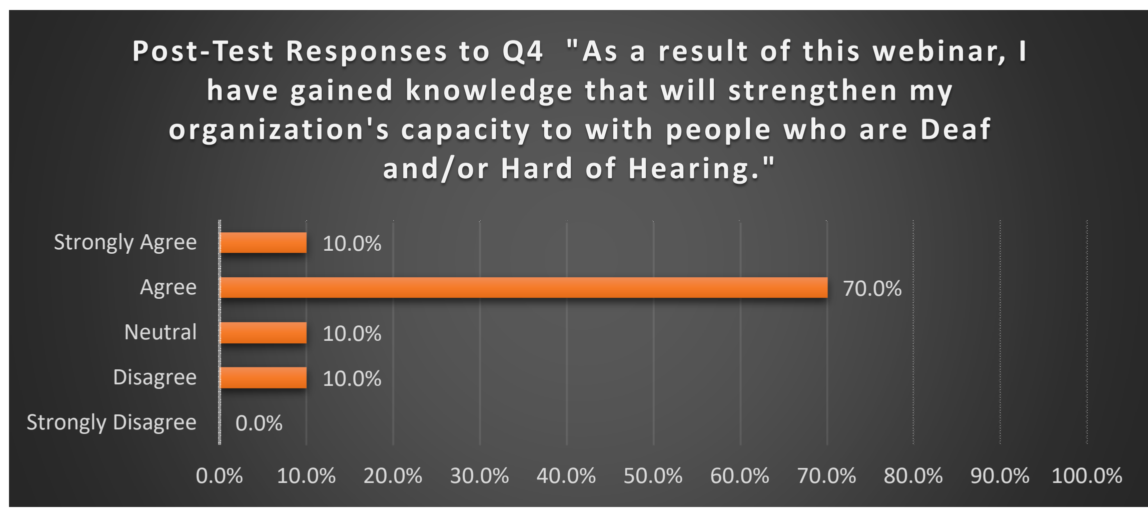
Question 3: As a result of this webinar, I have gained knowledge that will strengthen my organization's capacity to prevent sexual violence.

Results summary: This Likert scale question assessed whether attendees felt the webinar increased knowledge to strengthen organizational capacity to prevent sexual violence. 80% of attendees Strongly Agreed or Agreed that the webinar increased knowledge that would strengthen their organizational capacity to prevent sexual violence. 20% of respondents Neither Agreed nor Disagreed (same respondents who responded negatively to questions 1 and 2).



Question 4: As a result of this webinar, I have gained knowledge that will strengthen my organization's capacity to with people who are Deaf and/or Hard of Hearing.

Results summary: This Likert scale question assessed whether attendees felt the webinar increased knowledge to strengthen organizational capacity to work effectively with people who are Deaf or Hard of Hearing. 80% of attendees Strongly Agreed or Agreed that the webinar increased knowledge to strengthen organizational capacity work with people who are Deaf or Hard of Hearing. 10% of respondents Neither Agreed nor Disagreed and Disagreed, respectively (same respondents who responded negatively to questions 1 and 2).



Question 5: As a result of this webinar, what is one strategy you feel more confident in implementing at your agency to prevent harm against people who are Deaf and/or Hard of Hearing?
Creating protective environments that prevent violence against people who are Deaf and/or Hard of Hearing
I have been looking for tools to do an "accessibility audit" and this webinar made me realize that to do so thoroughly, I need to audit our outreach and services based on individual types of disability. Hearing about the work that Holly has done to make member agencies more accessible to community members who are deaf and hard of hearing, makes me realize how huge an audit could be if we really want to dive deep.
Work to create a "trauma-informed" interpreter pool here in Alaska.
To make sure there is help for them to make a complaint or safe zone for them to be safe to tell what happened to them.
more aware about the impacts a skilled/properly trained ASL interpreter can make for a survivor
Having a better understanding of people who are bid 'D' Deaf as a cultural/linguistic minority (which I hadn't really considered before, had never been informed of before) will help me inform others during conversations about intersectionality and thus help me foster safer environments for these folk.
No Response [4x]

Conclusions

Conclusions based upon post-survey responses are necessarily limited due to an under 30% response rate among attendees and the N value of 10. Overall it is clear that the webinar content was valuable to individuals and at the organizational level in building capacity broadly for sexual violence prevention efforts and in culturally affirming work with people who are Deaf or Hard of Hearing. There was also an interesting trend among the likert scale responses in which those who felt the webinar content was unhelpful, felt so consistently across all questions. This also indicates that those who found the webinar helpful, found it helpful in building their capacity in these areas consistently. Due to this trend, it is likely that it was perhaps the webinar format and/or personal background (such as personal readiness) of those who responded negatively that was the limiting factor for capacity building rather than the webinar content itself or the presenter. This conclusion is consistent with past MESA programming evaluation in which a small minority of program attendees display a lack of readiness, emotional/attitudinal resistance, or overt hostility to program content or delivery methodology. Furthermore, of the three individuals who indicated that they do not experience any disabilities, two of those individuals were the ones who consistently provided negative feedback in the likert and free response questions. This supports the conclusion that these negative responses may have been rooted in the respondents personal backgrounds as MESA finds that disproportionately those who do not experience systemic marginalization on the axis of the topic at hand tend to be most resistent to programming that addresses inequity and health disparities resulting from that particular axis of marginalization.

While MESA strives to meet all attendees where they are at, part of that effort is to ensure that the process of education takes place in an intentionally anti-oppressive and anti-violent way. Some program participants may find this shift in process uncomfortable. Discomfort is a necessary aspect of transformational learning and growth, especially in violence prevention work. Therefore, MESA staff is continually grappling with how to best optimize challenging program participants while also titrating process and content flow to meet attendees where they are in their own learning processes.

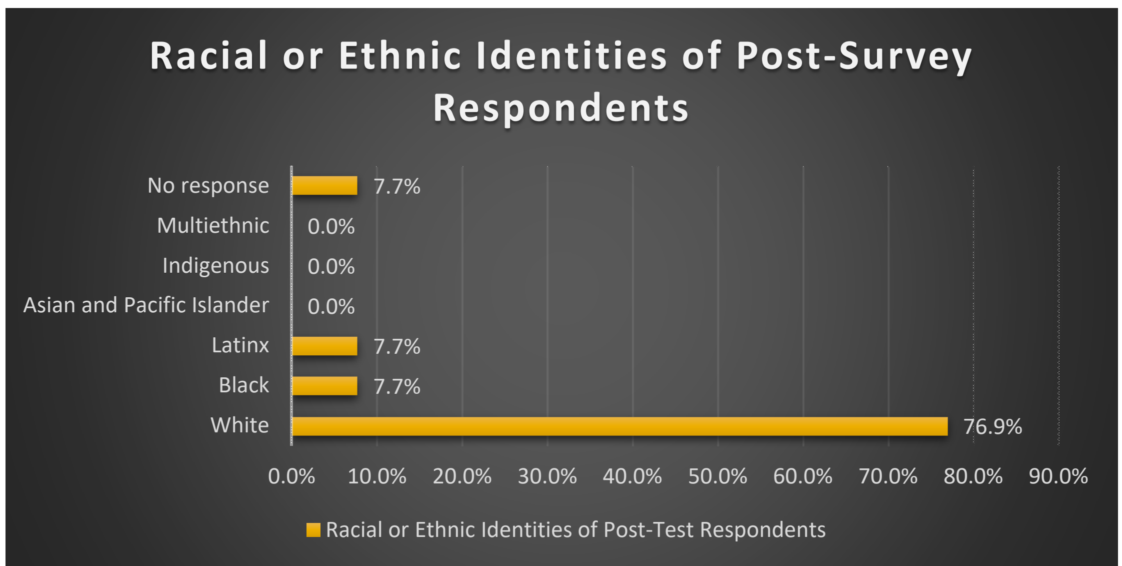
Question 5 asks participants to apply what they may have learned in the webinar to their own organizational practices. Responses demonstrated a strong understanding of the content delivered by the presenter and excellent application of that content at the organizational level. Responses also varied widely indicating that the webinar content was robust, allowing attendees to find numerous applications of the content. Overall, the post-surveys indicated that there are a minority of attendees who attend programs who are either lacking readiness for change and/or whom MESA must continue to find creative ways to reach, and also that the webinar was of high quality, robust in content, and effective at achieving transformative learning for most attendees.

Webinar 7 Evaluation

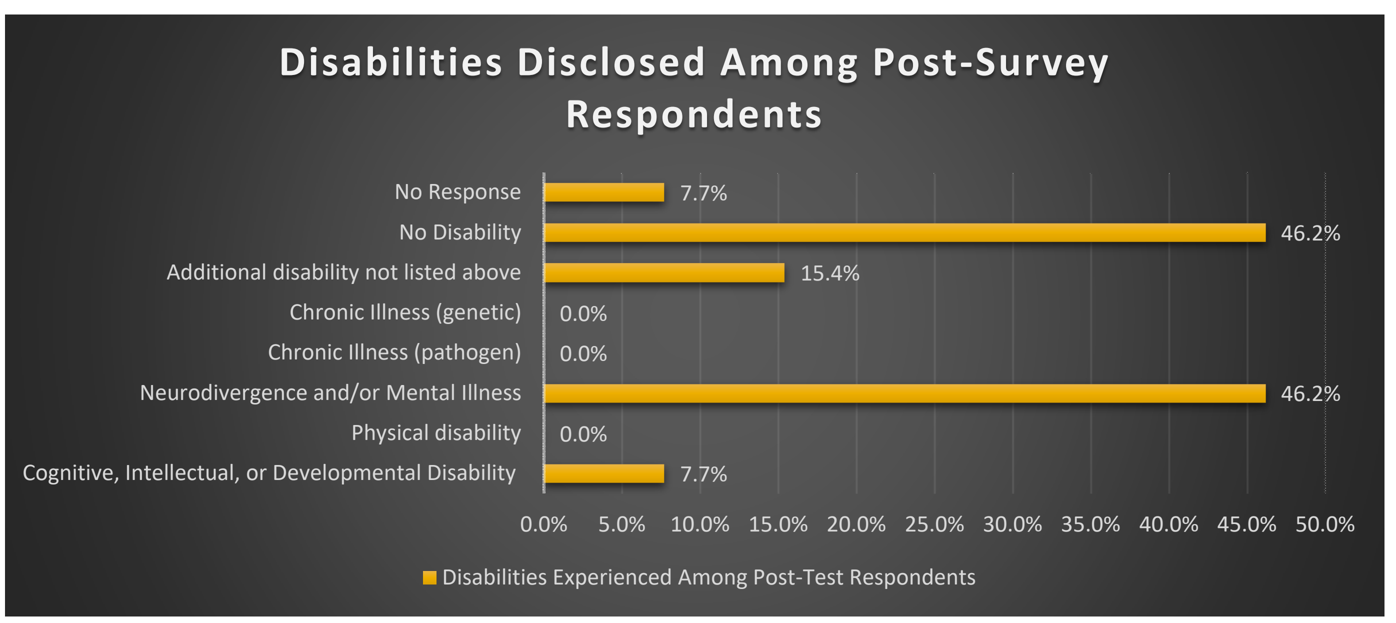
Title: Mental Health, Neurodivergence, & Sexual Violence Prevention Panel
Panelists: Vita E. Cleveland, Cénix C. Callejo, Nick Dowling, Teht Ashmani, AJ Lewis
Facilitator: Skye Ashton Kantola, MESA
Technical Moderator: Cierra Olivia Thomas-Williams, ICADV

Workshop Demographics Summary

Demographics Summary: 69% of respondents were women, 15% of respondents were men, 8% of respondents were non-binary, and 8% provided no response. 1 respondent disclosed they are transgender. Respondents were invited to disclose their racial and ethnic identities as well as what disabilities they experienced, if any, in a non-mutually exclusive manner, respectively. 77% of respondents were White, 8% of respondents were Latinx, 8% of respondents were Black, and 8% of respondents provided no response regarding their racial and/or ethnic identities. 46% of respondents indicated they were neurodivergent and/or experience mental illness. 46% respondents indicated they do not have any disabilities, 15% of respondents indicated they experience a disability not listed, 8% of respondents experience a cognitive, intellectual, or developmental disability, and 8% of respondents did not disclose whether they experience any disabilities.



Registration information also indicated that 26 attendees were Indiana residents and 11 attendees did not disclose their location. Out-of-State attendees including residents of: Alabama, Alaska, California, Florida, Georgia, New York, North Carolina, Michigan, Missouri, Montana, Pennsylvania, Virginia, and Washington.



Process Evaluation

This webinar is the second of a 5 part-series taking place in FY 2019 that followed a 5-part series in FY 2018, facilitated through the Indiana Abuse Prevention Disability Task Force (co-organized by MESA and ICADV). All webinars focus on connecting disability justice and sexual violence primary prevention with a particular effort to center the expertise and leadership of people with disabilities. In feedback from webinars 1-5 in 2018, attendees indicated interest in community-specific webinars, so organizers planned Webinar 7 with a specific focus on people who experience neurodivergence and mental illness. All webinars are 1.5hrs in length and were advertised across digital platforms lead by MESA, ICADV, and several of our collaborators, as well as listservs of out-of-state attendees from the 2018 webinars.

Webinar began and ended on time, panelists shared airtime well, and facilitator ensured the webinar flowed well and panelists had time to respond to all planned questions. One panelist experienced some difficulty in joining the webinar on time, but this was quickly resolved. Webinar also experienced some echoing initially and organizers realized quickly that this was due to the need for all non-used microphones to be muted while any given panelist spoke, so this was also resolved quickly.

Organizers decided to have the webinar panel function as a visual panel as well where all panelists could be seen during the webinar. This was done intentionally so that the webinar would have the feel of a community conversation/panel and for ease of use among panelists so that each individual did not need to turn their video off/on each time they wanted to participate. A few attendees indicated that it was distracting to be able to see all the panelists at once during the webinar. However, organizers felt it would have created too many technical challenges to have each panelist turn their video off/on throughout the webinar, it would have detracted from panelists' ability to interact during the webinar, and it would have made moderation more challenging for the facilitator since panelists were located across the globe. In the future, it may be helpful to name the format at the start of the webinar and then invite attendees to minimize the screen if they prefer not

to see the web cams, or even to drag the window up so that the web cams are not visible while the PowerPoint is still visible for attendees.

Evaluation materials were prepared in advance and immediately following the webinar, attendees received an email invitation to participate in the post-webinar survey. Attendees received weekly reminders to submit post-webinar feedback for two weeks following the webinar. Despite this preparation, organizers noted a relatively low response rate from attendees for unknown reasons.

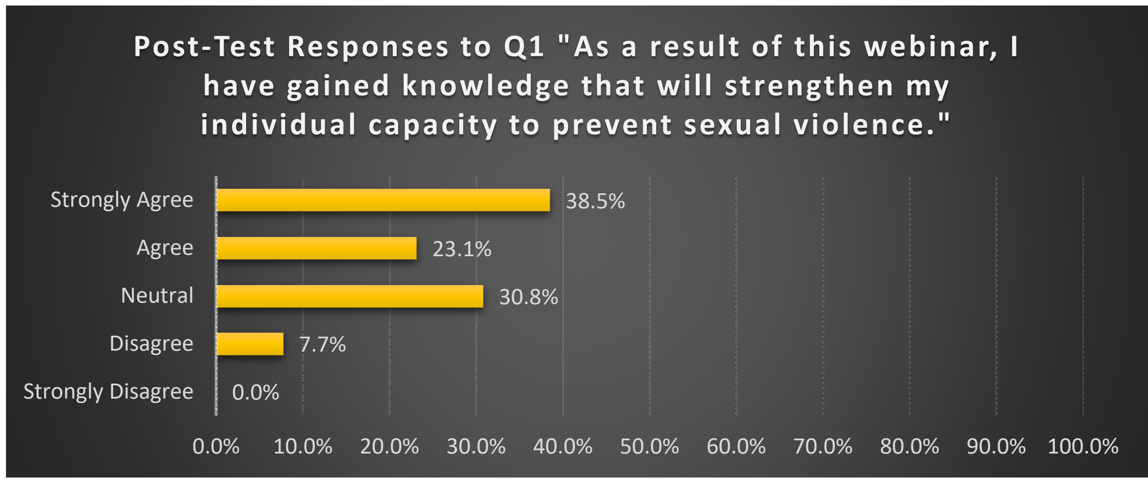
Question 6: What was the most valuable part of this webinar for your work?
The most valuable part of this Webinar for my work in advocacy was hearing personal anecdotes from each panelist as they described various ways in which they navigate through their communities as a survivor with mental illness.
Hearing victims speak their truth is always helpful and makes us more mindful of special circumstances that may come our way. Thank you to the speakers for sharing with all of us!
Understanding neurodivergence and mental illness
I didn't know what the word neurodivergent meant until this webinar. As for all the answers above where I "disagreed" - did I gain knowledge about this topic because of the webinar? Yes. Because some of the words used I had never heard. However, I did not gain knowledge on what to do about it if someone came into my work place. Maybe it helped that I might recognize that the person has some issues, but the webinar did not give me information to PREVENT sexual violence or work with people with these issues.
Oh my goodness every person on this panel is a hero to me. Thank you for your brave choice to be vulnerable and share your wisdom and your stories to improve the lives of so many!
I didn't know even know what neurodivergent was before this. I have already read more information on this.
Hearing the number of panel members speak about their own experience and how it impacted them.
Intro to neurodiversity
No response. [x5]

Question 7: How could this webinar be improved in the future?
Ensure time for questions.
The one speaker who was eating the entire time was not very professional.
A clearer definition of neurodivergence. Although I appreciated the stories, I still did not get a clear understanding of the term.
It took longer than 35 minutes to tell us how to work the webinar and for all of the introductions. That could have been shortened tremendously. A quick intro of the people and the bios on the screen would have been enough. The technical difficulties in that trying to explain to people how to use the webinar (closed captioning etc.) took too much time. Most people viewing webinars know how to use them. It just took too much time, lost my attention. I walked away several times because it wasn't relevant to the topic I came to listen to and would check back in to see if it had moved on.
nothing - I plan to watch the recording again I just want to soak it in
I found the format (live feed of the participants) to be very distracting. Especially showing them all at once. It was just really hard to focus on what was being said because my eyes and brain became more focused on watching the movement of the 5 or so participants.
I was really distracted by the multiple webcams. I like being able to see someone speaking during the webinar but that was too many.
I had no problems and enjoyed the educational information that is vital to living in the 21st century
No response. [x5]

<u>Outcomes Evaluation</u>

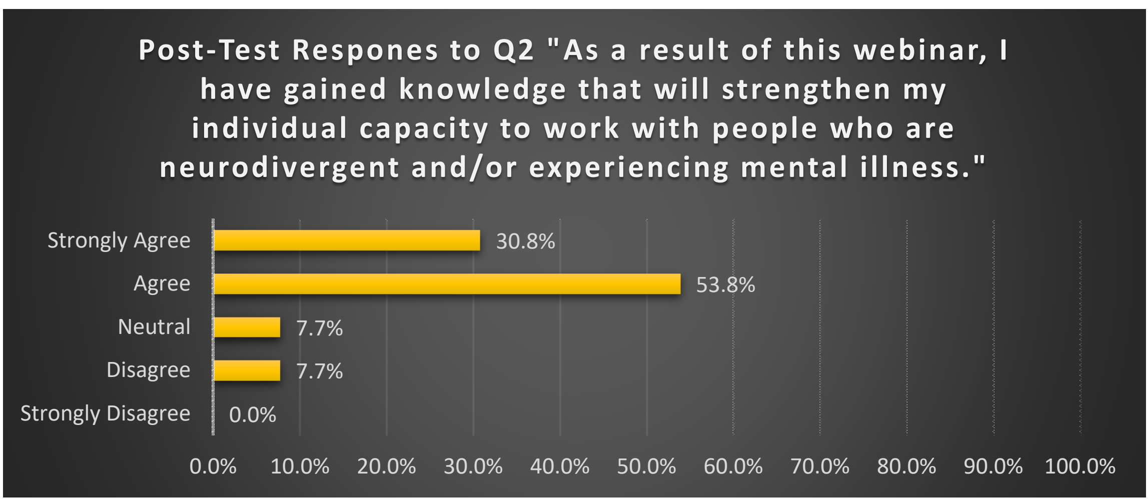
Question 1: As a result of this webinar, I have gained knowledge that will strengthen my individual capacity to prevent sexual violence.

Results summary: This Likert scale question assessed whether attendees felt they gained knowledge that would strengthen their ability to prevent sexual violence. 62% of attendees Strongly Agreed or Agreed that the webinar increased their knowledge in sexual violence prevention. 31% of respondents Neither Agreed nor Disagreed and 8% Disagreed that the webinar increased their knowledge in sexual violence prevention.



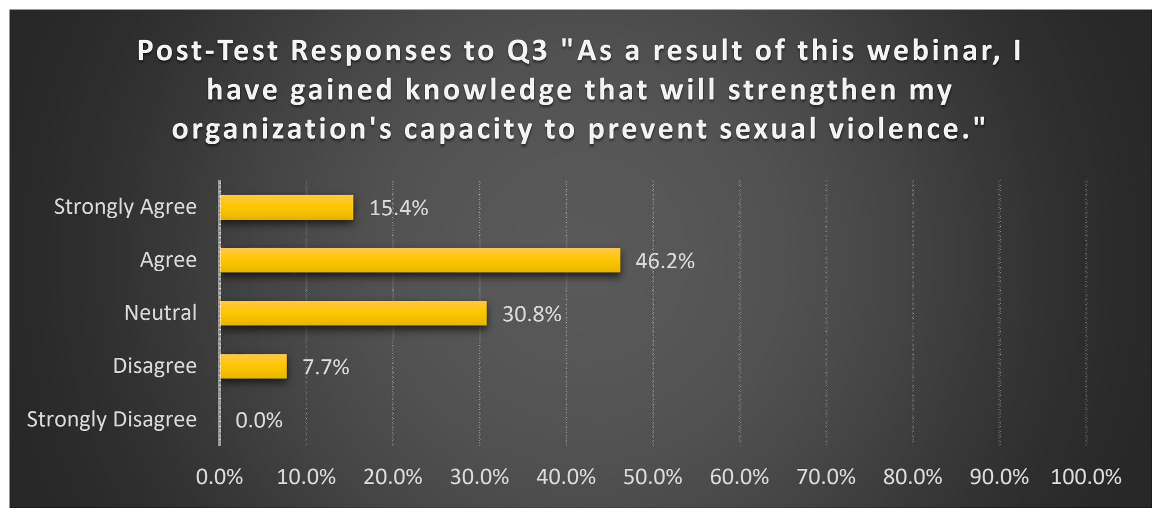
Question 2: As a result of this webinar, I have gained knowledge that will strengthen my individual capacity to work with people who are neurodivergent and/or experiencing mental illness.

Results summary: This Likert scale question assessed whether attendees felt they gained knowledge that would strengthen their abilities to work with people who are neurodivergent and/or experiencing mental illness. 85% of attendees Strongly Agreed or Agreed that the webinar increased their knowledge to better work with people who are neurodivergent and/or experiencing mental illness. 8% of respondents Neither Agreed nor Disagreed and 8% Disagreed that the webinar increased their knowledge to strengthen their ability to work with people who are neurodivergent and/or experiencing mental illness



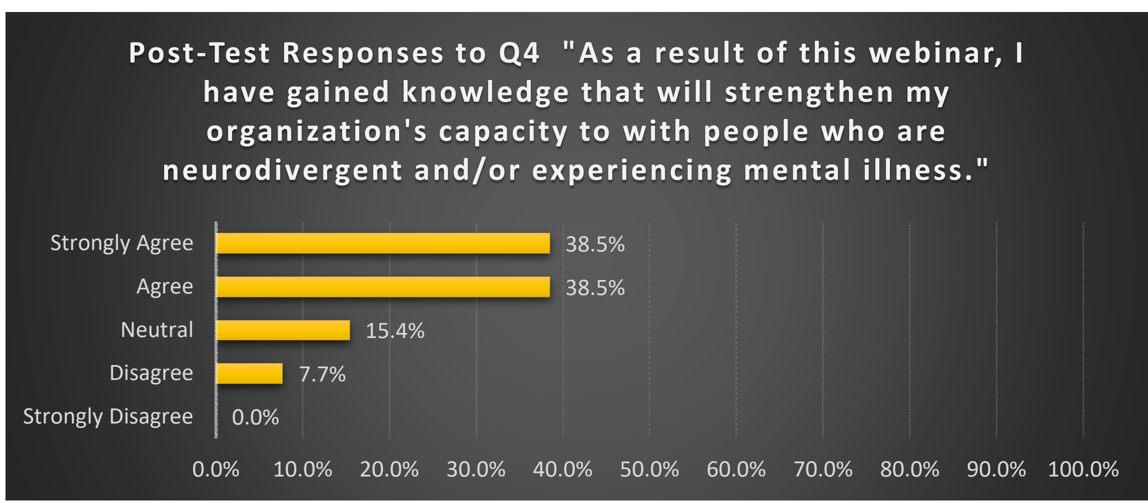
Question 3: As a result of this webinar, I have gained knowledge that will strengthen my organization's capacity to prevent sexual violence.

Results summary: This Likert scale question assessed whether attendees felt the webinar increased knowledge to strengthen organizational capacity to prevent sexual violence. 62% of attendees Strongly Agreed or Agreed that the webinar increased knowledge that would strengthen their organizational capacity to prevent sexual violence. 31% of respondents Neither Agreed nor Disagreed and 8% Disagreed.



Question 4: As a result of this webinar, I have gained knowledge that will strengthen my organization's capacity to with people who are neurodivergent and/or experiencing mental illness.

Results summary: This Likert scale question assessed whether attendees felt the webinar increased knowledge to strengthen organizational capacity to work effectively with people who are neurodivergent and/or experience mental illness. 77% of attendees Strongly Agreed or Agreed that the webinar increased knowledge to strengthen organizational capacity work with people who are neurodivergent and/or experience mental illness. 15% of respondents Neither Agreed nor Disagreed and 8% Disagreed that the webinar increased knowledge to strengthen organizational capacity work with people who are neurodivergent and/or experience mental illness.



Question 5: As a result of this webinar, what is one strategy you feel more confident in implementing at your agency to prevent harm against people who are Deaf and/or Hard of Hearing?
I believe educating our community about mental illness and neurodivergent would be the first step and aiding victims and survivors of crime.
Listen and be nonjudgmental
I felt that I didn't learn what I need to do if I encounter someone with these issues. It felt more like I was listening to group therapy among the presenters. All of them were telling about their past experiences, even crying at one point. And though this is important to help the viewer understand where the presenter is coming from, the problem was I really never heard about what to do or how to help.
Understanding - there are so many norms we have that exclude neurodivergent folks and label them as weird or bad. We are going to change this!
I don't think there is just one but the reminder of asking a person before speaking with on a sensitive issue and also showing empathy and that everyone is different.
Training in neurodiversity.
No Response [7x]

Conclusions

Conclusions based upon post-survey responses are necessarily limited due to an under 30% response rate among attendees. Overall it is clear that the webinar content was valuable to individuals and at the organizational level in building capacity broadly for sexual violence prevention efforts and in culturally affirming work with people who are neurodivergent and/or experience mental illness. This webinar was intentionally organized to be a panel discussion and arranged in a narrative format, not as a bulleted research explanation. While most attendees responded positively to this format, some attendees did not. These responses are of particular interest to the webinar organizers because there is often an assumption rooted in structural inquity that “professional” means non-emotional, non-personal, non-narrative, and that “presenters” (the assumed “teachers”) should provide answers to questions for “attendees” (the presumed “students”). Organizers have intentionally attempted to format webinars so that presenters and attendees are simultaneously students and teachers (in alignment with the praxis of “pedagogy of the oppressed” and “transformative education”). It continues to be a challenge to the webinar organizers to find creative and clear ways to convey this message with impact to webinar attendees who are primarily used to “banking method” education in which attendees are presumed to be blank slates for webinar presenters to “deposit” information and “answers” to, and to encourage attendees to learn collaboratively with presenters.

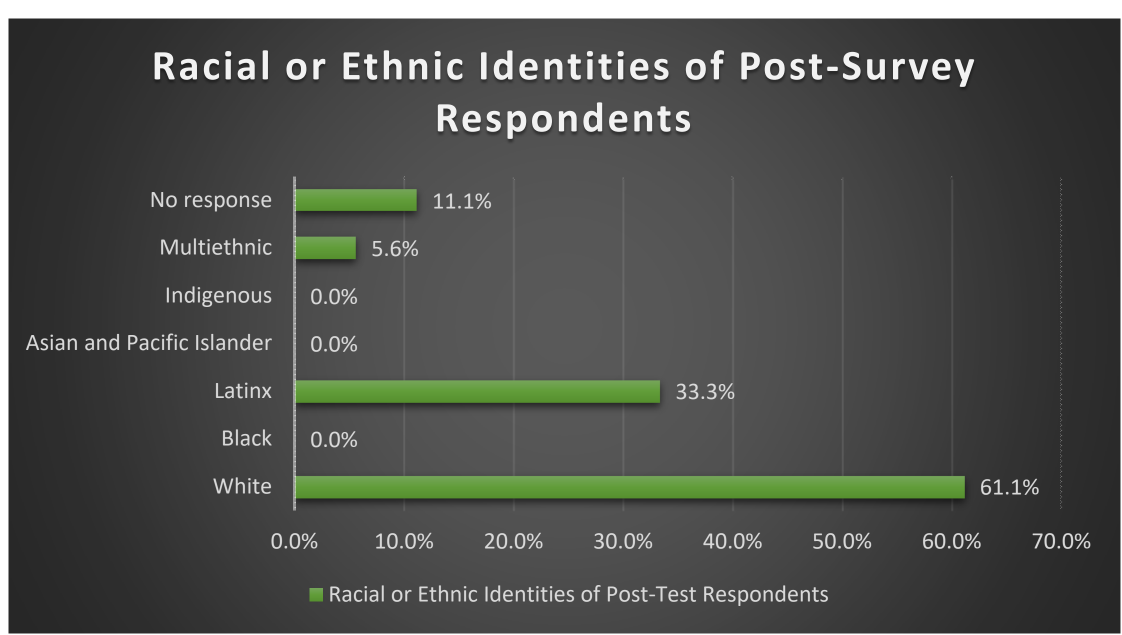
Question 5 asks participants to apply what they may have learned in the webinar to their own organizational practices. Responses demonstrated a good level of understanding of the content delivered by the presenter and some good ideas for application of that content at the individual and organizational level. As is common, it also appears that some attendees struggled to made concrete connections between the recommendations, stories, and ideas of presenters in the panel format with their localized work.

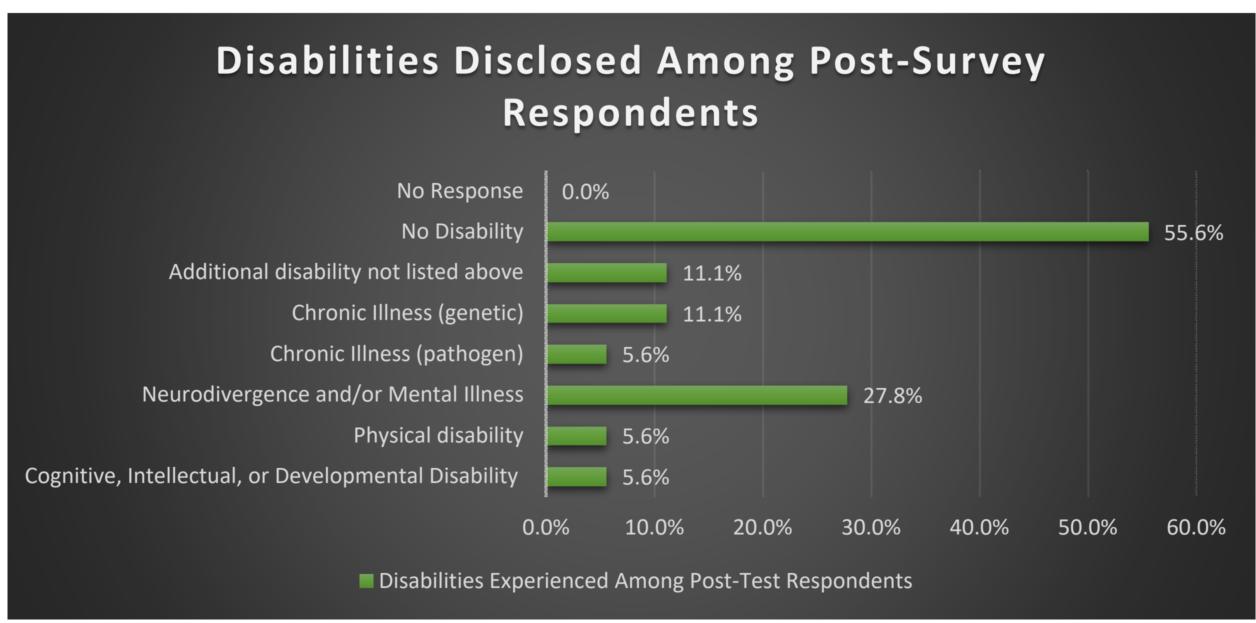
Webinar 8 Evaluation

Title: Mental Health, Neurodivergence, & Sexual Violence Prevention Panel
Panelists: Vita E. Cleveland, Cénix C. Callejo, Nick Dowling, Teht Ashmani, AJ Lewis
Facilitator: Skye Ashton Kantola, MESA
Technical Moderator: Cierra Olivia Thomas-Williams, ICADV

Workshop Demographics Summary

Demographics Summary: 67% of respondents were women, 17% of respondents were non-binary, 5% of respondents were men, and 11% provided no response. 1 respondent identified themselves as cisgender and 3 respondents disclosed they are transgender. Respondents were invited to disclose their racial and ethnic identities as well as what disabilities they experienced, if any, in a non-mutually exclusive manner, respectively. 61% of respondents were White, 33% of respondents were Latinx, 11% of respondents provided no response regarding their racial and/or ethnic identities, and under 6% of respondents indicated they are multiethnic. 56% respondents indicated they do not have any disabilities, 28% of respondents indicated they were neurodivergent and/or experience mental illness, 11% of respondents indicated they experience a disability not listed, 11% of respondents experience an endogenous chronic illness, 6% experience a pathogenic chronic illness, 6% experience a physical disability, and 6% of respondents experience a cognitive, intellectual, or developmental disability.





Registration information also indicated that 10 attendees were Indiana residents and 22 attendees did not disclose their location. Out-of-State attendees including residents of: California, Delaware, Florida, Minnesota, Montana, New Jersey, New York, South Carolina, Virginia, and West Virginia.

<u>Process Evaluation</u>

This webinar is the third of a 5 part-series taking place in FY 2019 that followed a 5-part series in FY 2018, facilitated through the Indiana Abuse Prevention Disability Task Force (co-organized by MESA and ICADV). All webinars focus on connecting disability justice and sexual violence primary prevention with a particular effort to center the expertise and leadership of people with disabilities. All webinars are 1.5hrs in length and were advertised across digital platforms lead by MESA, ICADV, and several of our collaborators, as well as listservs of out-of-state attendees from the 2018 webinars.

Webinar began on time but ended 10 minutes late. This was not due to any technical issues but rather due to the fact that this was the first time presenters had co-presented this content. When presenters realized they would be running late or have to cut off content, they stopped and informed all attendees that the webinar would run 10 minutes late since the webinar was being recorded. This allows attendees to make an informed choice to stay late or leave on time and review the end of the webinar online once the recording is published. One attendee did suggest that we invest in actual lapel microphones for webinars, and the organizers will definitely consider this for FY 2020. Lastly, organizers originally planned for each presenter to have an equal amount of presentation time. However, one of the organizers' communication needs requires longer time to communicate. During the webinar, presenters spontaneously respected this access need, but not planning ahead was part of what lead to the presenters requiring additional time to finish. In the future, organizers should consider this in advance and plan accordingly (this suggestion was also made by an attendee).

Evaluation materials were prepared in advance and immediately following the webinar, attendees received an email invitation to participate in the post-webinar survey. Attendees received a reminder to submit post-webinar feedback the week following the webinar as well. Despite this preparation, organizers noted a relatively low response rate from attendees for unknown reasons.

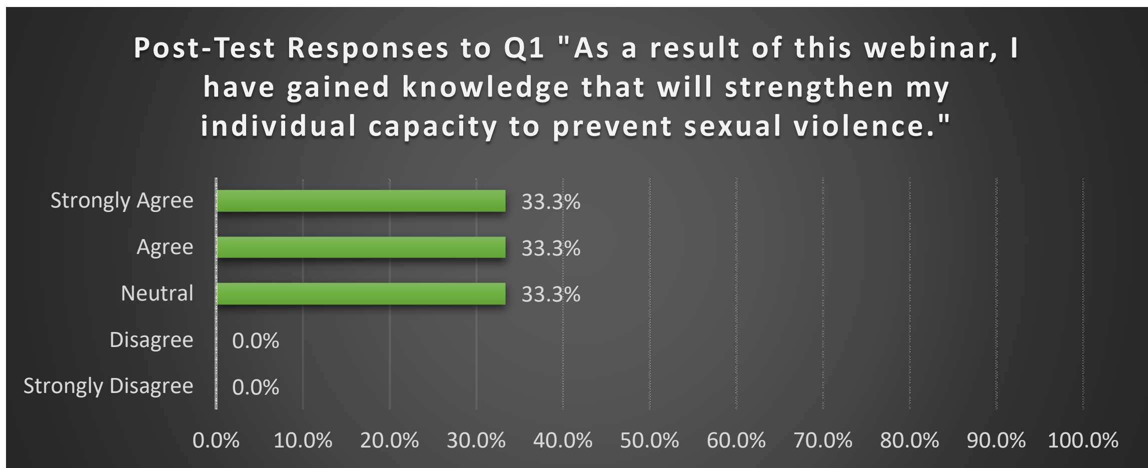
Question 6: What was the most valuable part of this webinar for your work?
Understanding disabilities.
I am the Event Manager at our organization so I gained important information from all speakers. It really got me thinking about what we are doing well and what we can do better on.
Listening to the presenters' perspectives.
That is was facilitated by people with disabilities
Learning more about how to serve people with disabilities
Hard to choose. I appreciated all of the information and also the process; it's awesome to see inclusion in practice. I loved how the team worked together.
getting to hear directly from advocates
very informative
Learning to be nonjudgmental
Overall presentation
No response. [x8]

Question 7: How could this webinar be improved in the future?
It was fine.
The content was fantastic. Maybe just plan for slightly more time.
I had a really, really hard time understanding what everyone was saying, or it would have been more highly rated. I can't rely on closed captions because I'm often doing other things while attending webinars, but everyone sounded very muffled. I think an actual microphone instead of a webcam would be a great idea, and if you are using a microphone, please experiment with it to make sure that you're getting the best audio fidelity, because both Jody and Skye were very difficult to understand, and even Cierra was dampened (my speakers were at 100%).
Better time management
Can't think of anything
I noticed that equal time was planned for each presenter. Since Jody's communication needs necessitated a little more time, maybe it makes sense to plan to balance the time differently to ensure equitable representation? Also, each of the topics that you discussed could probably be a standalone webinar topic. Each subject was really valuable if there's another opportunity to expand in each area. Thank you!
This was fantastic, thank you!!!
It is fine the way it is
No response. [x10]

Outcomes Evaluation

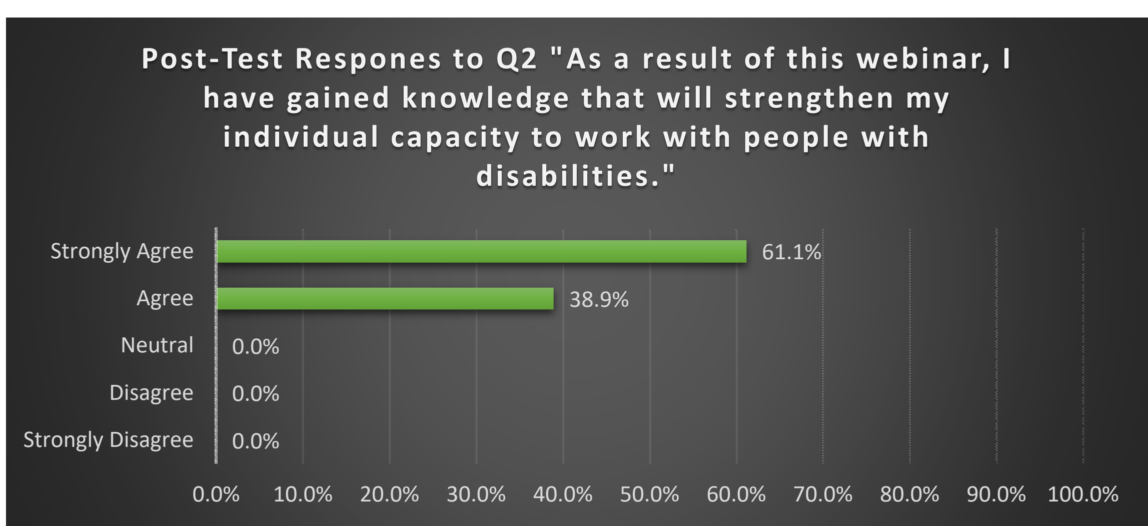
Question 1: As a result of this webinar, I have gained knowledge that will strengthen my individual capacity to prevent sexual violence.

Results summary: This Likert scale question assessed whether attendees felt they gained knowledge that would strengthen their ability to prevent sexual violence. 2/3rds of attendees Strongly Agreed or Agreed that the webinar increased their knowledge in sexual violence prevention. 1/3rd of respondents Neither Agreed nor Disagreed that the webinar increased their knowledge in sexual violence prevention.



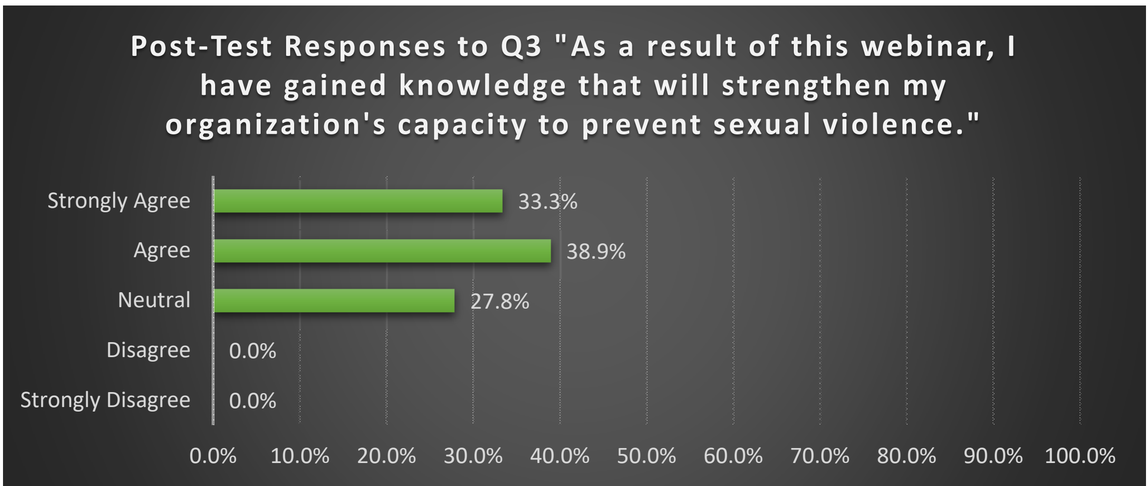
Question 2: As a result of this webinar, I have gained knowledge that will strengthen my individual capacity to work with people who are neurodivergent and/or experiencing mental illness.

Results summary: This Likert scale question assessed whether attendees felt they gained knowledge that would strengthen their abilities to work with people with disabilities. All attendees Strongly Agreed or Agreed that the webinar increased their knowledge to better work with people with disabilities.



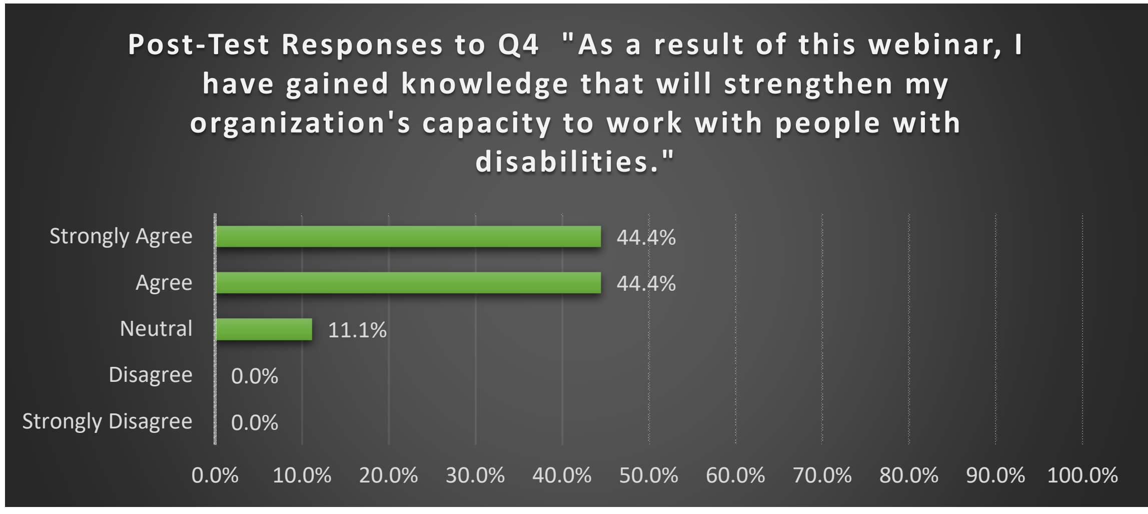
Question 3: As a result of this webinar, I have gained knowledge that will strengthen my organization's capacity to prevent sexual violence.

Results summary: This Likert scale question assessed whether attendees felt the webinar increased knowledge to strengthen organizational capacity to prevent sexual violence. 72% of attendees Strongly Agreed or Agreed that the webinar increased knowledge that would strengthen their organizational capacity to prevent sexual violence. 28% of respondents Neither Agreed nor Disagreed.



Question 4: As a result of this webinar, I have gained knowledge that will strengthen my organization's capacity to with people with disabilities.

Results summary: This Likert scale question assessed whether attendees felt the webinar increased knowledge to strengthen organizational capacity to work effectively with people with disabilities. 89% of attendees Strongly Agreed or Agreed that the webinar increased knowledge to strengthen organizational capacity work with people with disabilities. 11% of respondents Neither Agreed nor Disagreed that the webinar increased knowledge to strengthen organizational capacity work with people with disabilities.



Question 5: As a result of this webinar, what is one strategy you feel more confident in implementing at your agency to prevent harm against people who are Deaf and/or Hard of Hearing?
Teaching others to look at the person and not the disability.
I really feel strongly about the idea of setting deadlines with leeway. I think this is something that I can improve on even more to account for unexpected circumstances.
Jargon finger
Challenge the idea that is shameful to have needs
Increasing accessibility and inclusivity for people with disabilities for all programs
intentionality around institutionalizing inclusive practices with attention to time, space and budgeting
listening better
Working with local agencies that serve PWD to include their voices in this work.
Adding a line item in the budget for transportation so we can make events more accessible.
the discussion about sexual violence
Recognizing their disability
Understanding the struggles
No Response [x6]

Conclusions

Overall it is clear that the webinar content was very valuable to individuals and at the organizational level in building capacity broadly for sexual violence prevention efforts and in culturally affirming work with people with disabilities. Question 5 asks participants to apply what they may have learned in the webinar to their own organizational practices. Responses demonstrated a strong understanding of the content delivered by the presenters and excellent application of that content among varied locals. Responses also varied widely indicating that the webinar content was robust, allowing attendees to find numerous applications of the content. Attendees also provided great constructive criticism so that organizers may contrinue to improve accessibility, content quality, and expand on topics explored in webinars.

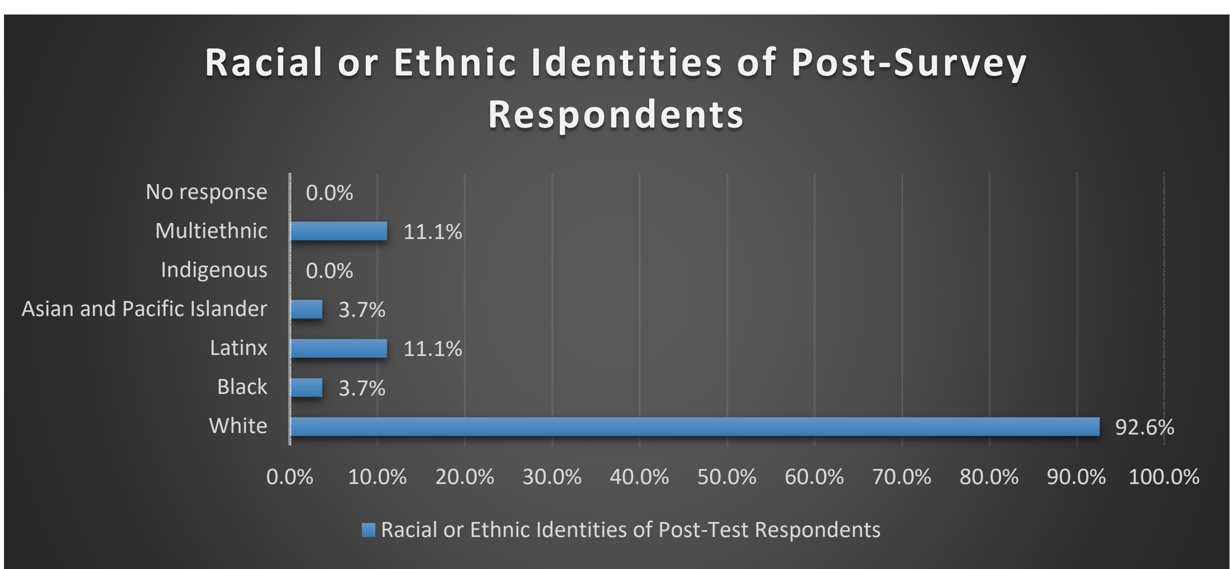
Webinar 9 Evaluation

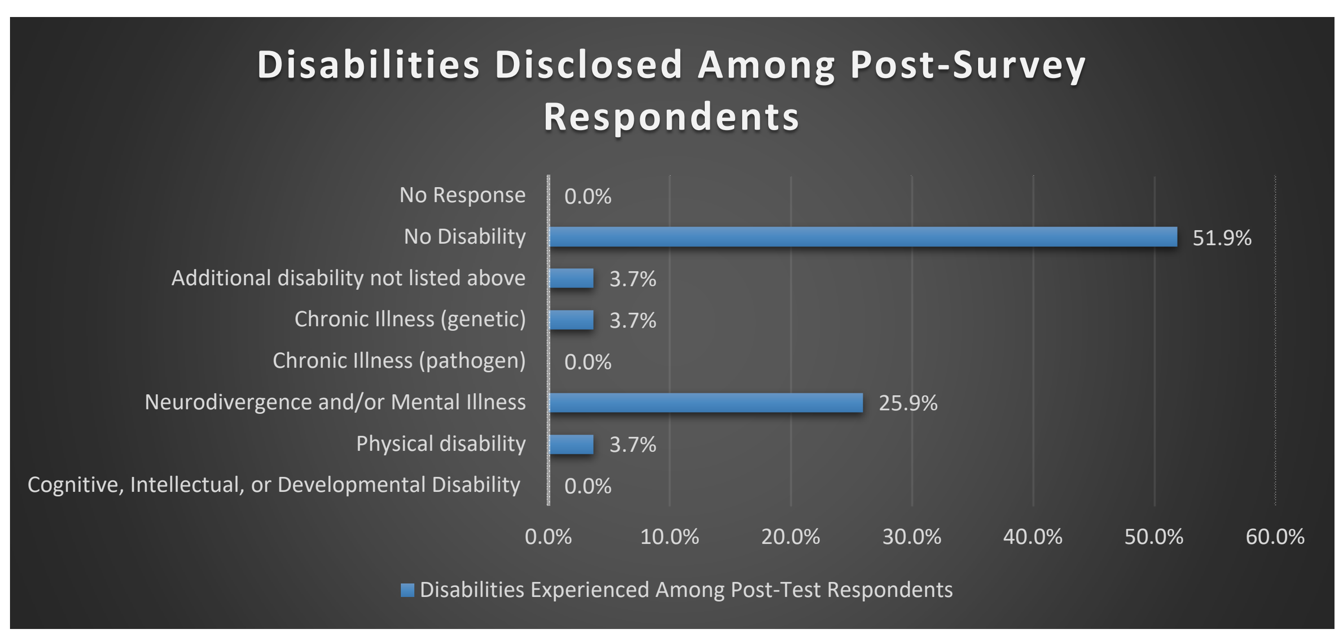
Title: Sex and Sense Ability: Disability, Accessibility, and Available Adaptations
Co-Presenters: Em Maus (Kinsey Institute), Skye Ashton Kantola (MESA)
Technical Moderator: Cierra Olivia Thomas-Williams (ICADV)

Workshop Demographics Summary

Demographics Summary: 85.2% of respondents were women, 7.4% of respondents were men, and 3.7% of respondents were non-binary. 5 respondents identified themselves as cisgender and 1 respondent disclosed they are transgender. Respondents were invited to disclose their racial and ethnic identities as well as what disabilities they experienced, if any, in a non-mutually exclusive manner, respectively. 93% of respondents were White, 11% of respondents were Latinx, 11% of respondents indicated they are multiethnic, and 4% of respondents indicated they are Black or Asian and Pacific Islander, respectively. 52% respondents indicated they do not have any disabilities, 26% of respondents indicated they were neurodivergent and/or experience mental illness, 4% of respondents experience an endogenous chronic illness, 4% experience a physical disability, and 4% of respondents indicated they experience a disability not listed.

Registration information also indicated that 27 attendees were Indiana residents and 10 attendees did not disclose their location. Out-of-State attendees including residents of: Alabama, Georgia, Iowa, Kansas, Kentucky, Louisiana, New Jersey, North Carolina, Maine, Massachusetts, Montana, Pennsylvania, Oregon, Rhode Island, South Carolina, Texas, Virginia, Washington, West Virginia, Wisconsin. There was also an attendee from New Zealand.





Process Evaluation

This webinar is the fourth of a 5 part-series taking place in FY 2019 that followed a 5-part series in FY 2018, facilitated through the Indiana Abuse Prevention Disability Task Force (co-organized by MESA and ICADV). All webinars focus on connecting disability justice and sexual violence primary prevention with a particular effort to center the expertise and leadership of people with disabilities. All webinars are 1.5hrs in length and were advertised across digital platforms led by MESA, ICADV, and several of our collaborators, as well as listserv composed of out-of-state attendees from the 2018 webinars.

Webinar began and ended on time and there were no significant technical difficulties. Presenters were prepared and the webinar flowed well. Evaluation materials were prepared in advance and immediately following the webinar, attendees received an email invitation to participate in the post-webinar survey. Attendees received a reminder to submit post-webinar feedback the week following the webinar as well.

Question 6: What was the most valuable part of this webinar for your work?
Really great presentation and something that isn't talked about much. I'd encourage you to do some consulting presentations for other universities.
Apps and resources to share with victims with disabilities who've suffered sexual violence to help prevent being taken advantage of again.
The items folks can use, and the resources to find them, to have safer, more fulfilling sex.
The knowledge of the presenters
The resources that were included
The resources
Information about resources for individuals with diverse abilities who are facing sexual needs and challenges.
expanding tools that people with disabilities can use to engage in healthy sex; resources to share with colleagues and clients
the frank discussion

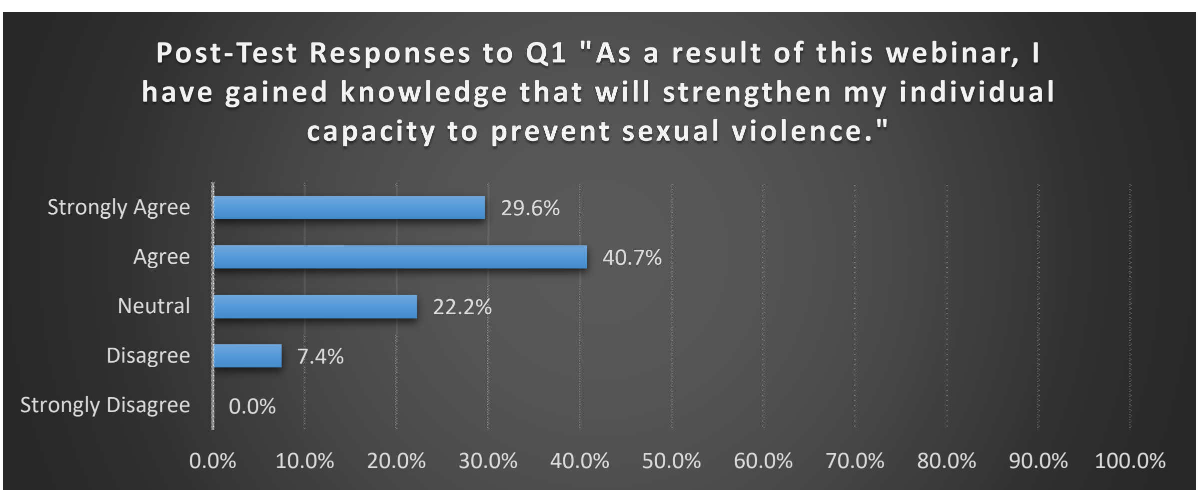
The apps that were shared
It was validating to see other programs embracing actual comprehensive sexual health as a protective factor, and you referenced my colleague Heather Corrina!
Learning about the different toys and other items that can help people with disabilities explore their sexuality, also discussion around how difficult it can be for people with disabilities to find someone who will talk to their sexuality with them
Learning about options and where to get the information
The specific resources I can refer clients to if they want to research/learn/access on their own
resources
Learning accommodations for PWD
Both of the presenters were fantastic. I liked that they were unafraid to "go there" so to speak, and to be open about not only disability adaptations, but queer sex education as well as polyamory.
Discussion and modeling pleasure first instruction and facilitating!
The two presenters were so authentic and respectful. This information could not have been presented any better. I learned a lot and immensely thank the presenters.
The technological resources were great, being able to lead youth to apps that help them explore safer sex and healthy communication and boundaries is critical
No Response [x6]

Question 7: How could this webinar be improved in the future?
I don't feel capable of answering as I was unable to stay for all of it. I had to leave about 90% of the way through.
I would love to learn more about risk factors and protective factors specific to people with Disabilities
It was hard at times to hear the speakers... (Talk loudly :)
Was fabulous!
I can' think of anything
Not show the equipment.
Starting with definitions and background information so everyone goes into the webinar with the same amount of knowledge and understanding.
I think it was an excellent webinar, full of great information. I think the description and the actual content did not match, which was a pleasant surprise (at least the way my mind processes information). Also
Create resources per region, state, city etc.
would just love more information on topic
I would have loved to see some incorporation of the needs of individuals with intellectual disabilities who are almost always left out of the conversation about sexuality.
A questions I receive a lot is about students/youth with disabilities and consent (laws, practice, personal influences)
Potentially some type of questionnaire or activity that helps participants explore their own biases or knowledge regarding sex and disability
No response. [x14]

Outcomes Evaluation

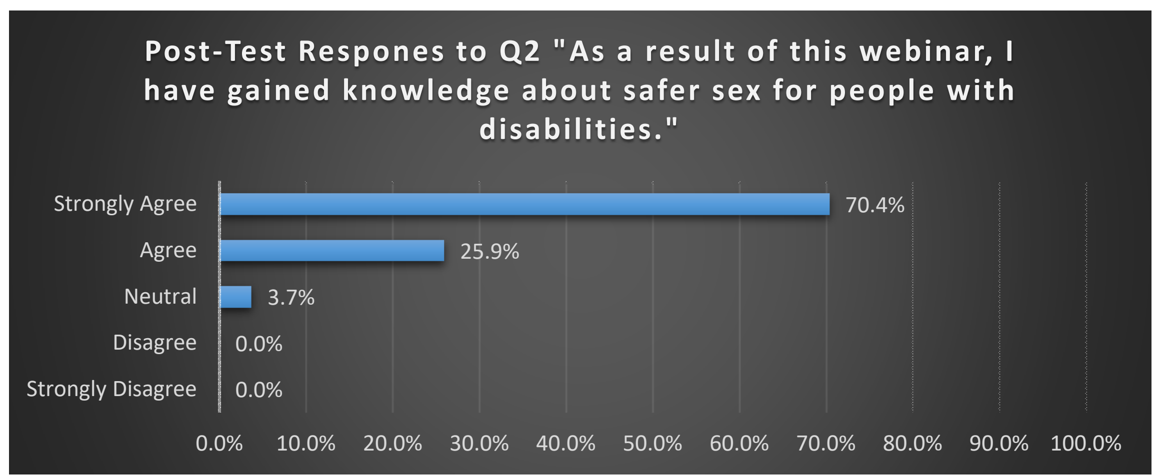
Question 1: As a result of this webinar, I have gained knowledge that will strengthen my individual capacity to prevent sexual violence.

Results summary: This Likert scale question assessed whether attendees felt they gained knowledge that would strengthen their ability to prevent sexual violence. Almost 3/4ths of attendees Strongly Agreed or Agreed that the webinar increased their knowledge in sexual violence prevention. 22% of respondents Neither Agreed nor Disagreed that the webinar increased their knowledge in sexual violence prevention and 7.4% Disagreed.



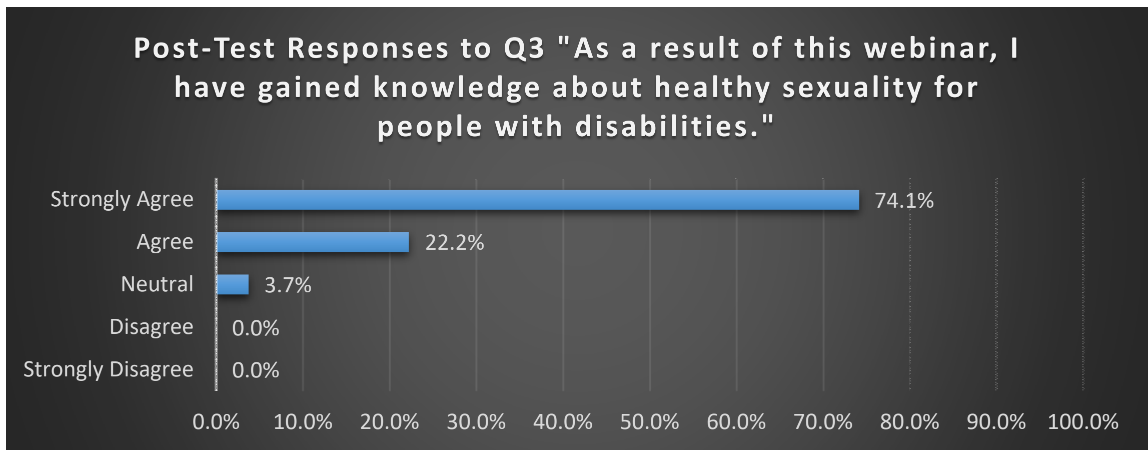
Question 2: As a result of this webinar, I have gained knowledge about safer sex for people with disabilities. Note: for additional information about the meaning of safer sex, please refer to our alphabetical glossary: https://www.patreon.com/posts/definitions-to-29760193.

Results summary: This Likert scale question assessed whether attendees felt they gained knowledge regarding practicing safer sex for people with disabilities. Nearly all attendees Strongly Agreed or Agreed that the webinar increased their knowledge to practice safer sex among people with disabilities. Less than 4% Neither Agreed nor Disagreed that the webinar improved their knowledge of practicing safer sex among people with disabilities.



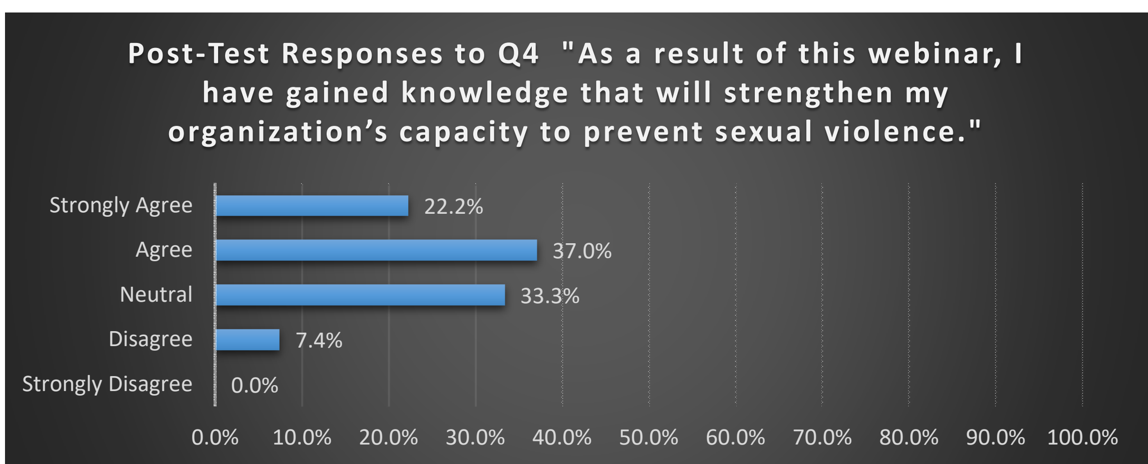
Question 3: As a result of this webinar, I have gained knowledge about healthy sexuality for people with disabilities. Note: for additional information about the meaning of healthy sexuality, please refer to our alphabetical glossary: https://www.patreon.com/posts/definitions-to-29760193.

Results summary: This Likert scale question assessed whether attendees felt the webinar increased knowledge regarding practicing health sexuality among people with disabilities. Nearly all attendees Strongly Agreed or Agreed that the webinar increased their knowledge to practice healthy sexuality among people with disabilities. Less than 4% Neither Agreed nor Disagreed that the webinar improved their knowledge of practicing healthy sexuality among people with disabilities.



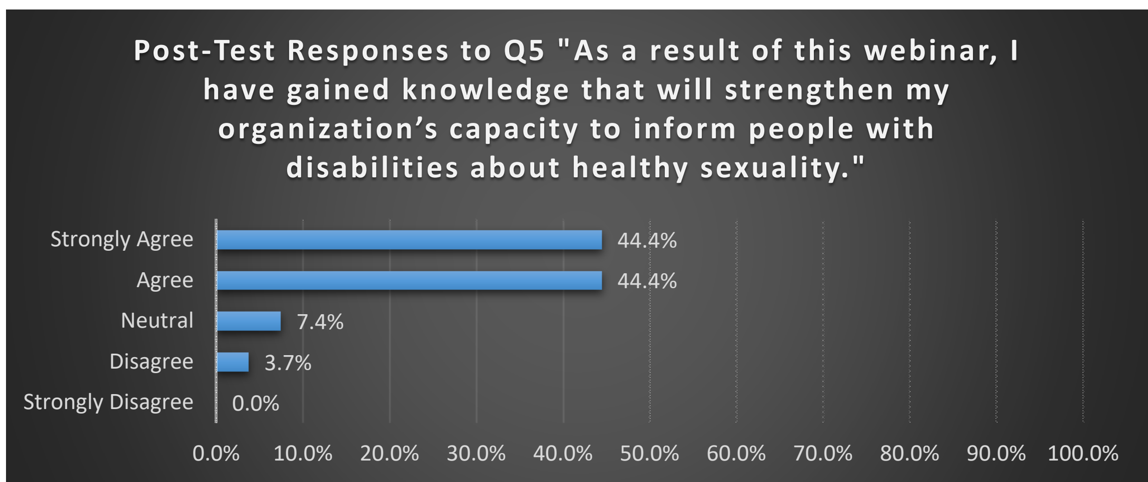
Question 4: As a result of this webinar, I have gained knowledge that will strengthen my organization's capacity to inform people with disabilities about healthy sexuality.

Results summary: This Likert scale question assessed whether attendees felt the webinar increased knowledge to strengthen organizational capacity to prevent sexual violence. Nearly 60% of attendees Strongly Agreed or Agreed that the webinar increased knowledge to strengthen organizational capacity to prevent sexual violence. 1/3rd of respondents Neither Agreed nor Disagreed that the webinar increased knowledge to strengthen organizational capacity to prevent sexual violence and 7.4% Disagreed.



Question 5: As a result of this webinar, I have gained knowledge that will strengthen my organization's capacity to inform people with disabilities about healthy sexuality.

Results summary: This Likert scale question assessed whether attendees felt the webinar increased their organizational capacity to educate people with disabilities about healthy sexuality. 89% of attendees Strongly Agreed or Agreed that the webinar increased knowledge to strengthen organizational capacity to educate people with disabilities about healthy sexuality. 7% of respondents Neither Agreed nor Disagreed that the webinar increased their organizational capacity to educate people with disabilities about healthy sexuality and under 4% disagreed.



Question 6: As a result of this webinar, what is one strategy you feel more confident in implementing at your agency to prevent harm against people with disabilities?
I feel more confident helping students learn how to discuss safe sex around disabilities.
Apps and resources
Resources for folks with disabilities to find safe sex products, as well help have that conversation with caregivers.
I think just opening up the discussion and being more aware
Honestly, I think our organization needs to start at the beginning with understanding how to talk about disabilities in the first place
I will include some of the resources into the training of our Sexual Health Promoters
The lists from different websites that give comprehensive ways to discuss boundaries and expectations for sexuality.
providing apps that were introduced on the webinar
better training for staff
Sharing resources
Discussing the possibility for fetishization of people with disabilities, and how they can be safe when engaging in kink/fetish communities
Informational review.
Recording times where they are vulnerable (with doctors) to maintain accountability
dispersing sexuality information for those with disabilities
Discussing sex and sexuality with PWD
I think we will have more in-depth conversations about how we will incorporate training on adapted sex toys into our work.
Having discussions about everyone's individual responsibility during sexual behaviors and moments.
Helping youth discuss definitions of sex beyond heteronormative and ableist definitions
Education and self advocacy
No Response [x8]

Conclusions

Overall it is clear that the webinar content was very valuable to individuals and at the organizational level in building capacity to practice and educate about disability-inclusive safer sex and healthy sexuality. Interestingly, the higher rate of "Neither Agree nor Disagree" responses to question 4, asking whether the webinar increased their organizational capacity to prevent sexual violence suggests that there may have been a significant minority of attendees who left the webinar unaware of how safer sex and healthy sexuality education can contribute to sexual violence prevention even though presenters articulated those connections.

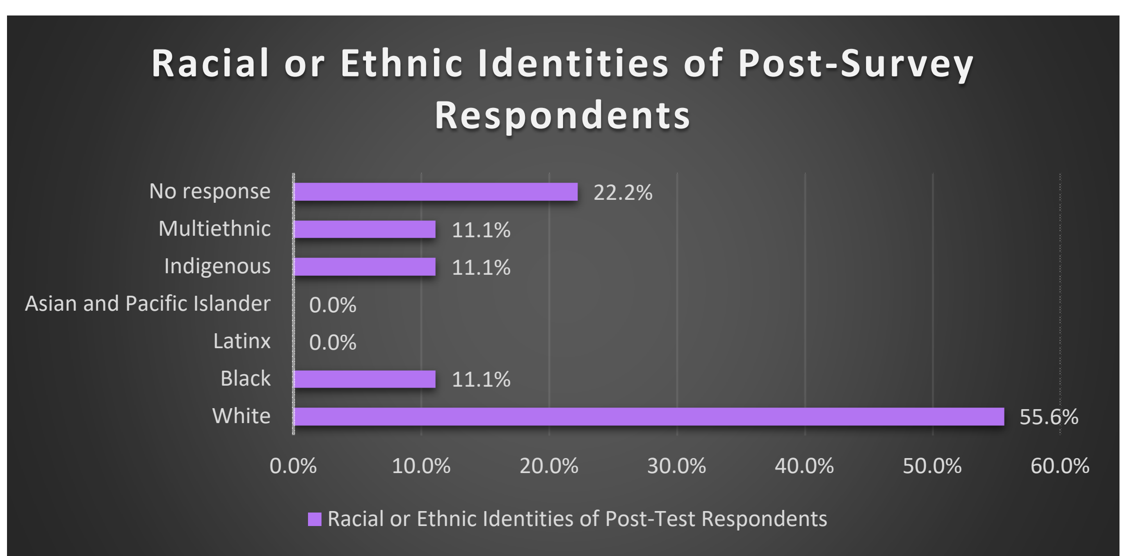
Question 6 asks participants to apply what they may have learned in the webinar to their own organizational practices. Responses demonstrated a strong understanding of the content delivered by the presenters and excellent application of that content among varied locales. Responses also varied widely indicating that the webinar content was robust, allowing attendees to find numerous applications of the content. Attendees also provided some great ideas for how presenters might continue to expand their methods and resources on these topics.

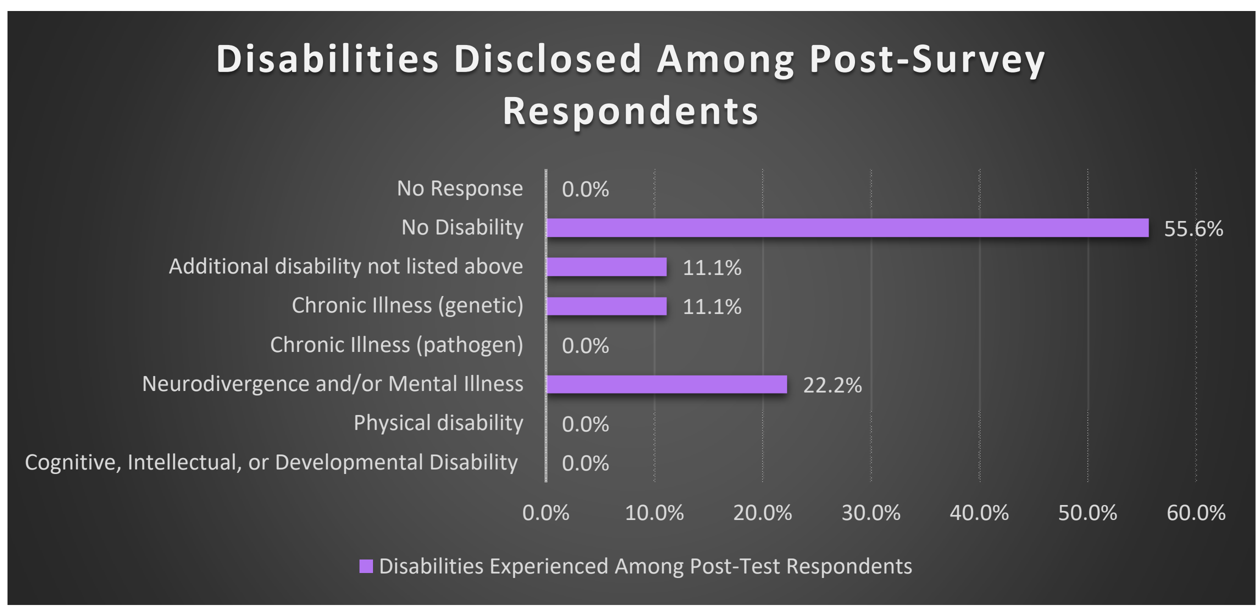
Webinar 10 Evaluation

Title: Budgeting for Accessibility
Co-Presenters: Cierra Olivia Thomas-Williams (ICADV) & Kat Chappell (Governor's Council for People with Disabilities
Technical Moderator: Skye Ashton Kantola (MESA)

Workshop Demographics Summary

Demographics Summary: 78% of respondents were women and 22% provided no response. 1 respondent identified themselves as cisgender. Respondents were invited to disclose their racial and ethnic identities as well as what disabilities they experienced, if any, in a non-mutually exclusive manner, respectively. 56% of respondents were White, and 11% of respondents identified as Indigenous, Black, or Multiethnic, respectively. 22% of respondents provided no response regarding their racial and/or ethnic identities. 56% respondents indicated they do not have any disabilities, 22% of respondents indicated they were neurodivergent and/or experience mental illness, 11% of respondents experience an endogenous chronic illness, and 11% of respondents indicated they experience a disability not listed.





Registration information also indicated that 8 attendees were Indiana residents and 20 attendees did not disclose their location. Out-of-State attendees including residents of: Illinois, Iowa, Kentucky, Michigan, Texas, and Wisconsin.

Process Evaluation

This webinar is the last of a 5 part-series taking place in FY 2019 that followed a 5-part series in FY 2018, facilitated through the Indiana Abuse Prevention Disability Task Force (co-organized by MESA and ICADV). All webinars focus on connecting disability justice and sexual violence primary prevention with a particular effort to center the expertise and leadership of people with disabilities. All webinars are 1.5hrs in length and were advertised across digital platforms led by MESA, ICADV, and several of our collaborators, as well as listservs of out-of-state attendees from the 2018 webinars.

Webinar began late when one of the presenters forgot began the webinar but forgot to click the correct button to allow attendees into the webinar. They noticed quickly and corrected the issue. Additionally, the technical moderator had serious technical problems which prevented them from attending or assisting with the webinar. This did not disrupt the webinar too much since there were no major technical problems, however, it did take the presenters some time to realize that the technical moderator was unable to assist and take over technical duties.

Evaluation materials were prepared in advance and immediately following the webinar, attendees received an email invitation to participate in the post-webinar survey. Attendees received a reminder to submit post-webinar feedback the week following the webinar as well. Despite this preparation, organizers noted a relatively low response rate from attendees for unknown reasons.

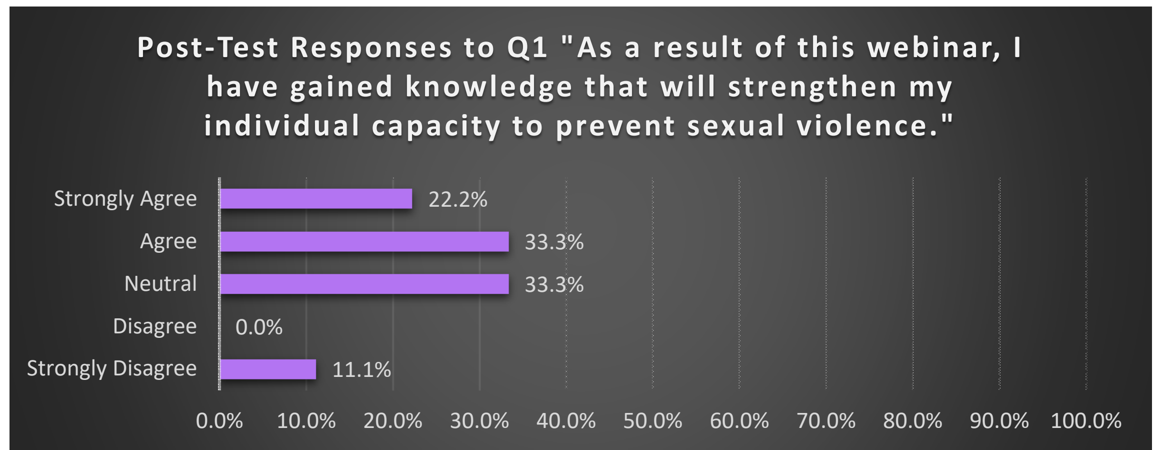
Question 6: What was the most valuable part of this webinar for your work?
accessibility statement
Understanding what isn't in the ADA requirements.
Learning the importance of accommodating our space and being aware and sensitive to the needs of our client's
I think it showed me how to truly be actively inclusive rather than passively open to diversity as I would currently say our agency is.
The honest presentation of real-life scenarios that impact the lives of people with disabilities, in ways that those without disabilities may not realize.
When the sound went out and I was able to go back to work.
No response. [x2]

Question 7: How could this webinar be improved in the future?
Live captioning wasn't great quality - in looking over the transcript, lots of mistakes
Speakers could be more clear
I obviously wish technical difficulties could be avoided to allow for more time to dive deeply into the material, but webinars are always tricky beasts.
Not sure
More information on how to actually budget for the resources and language to use on grant budgets to get them covered.
Frankly, I have no idea.
No response [x3]

Outcomes Evaluation

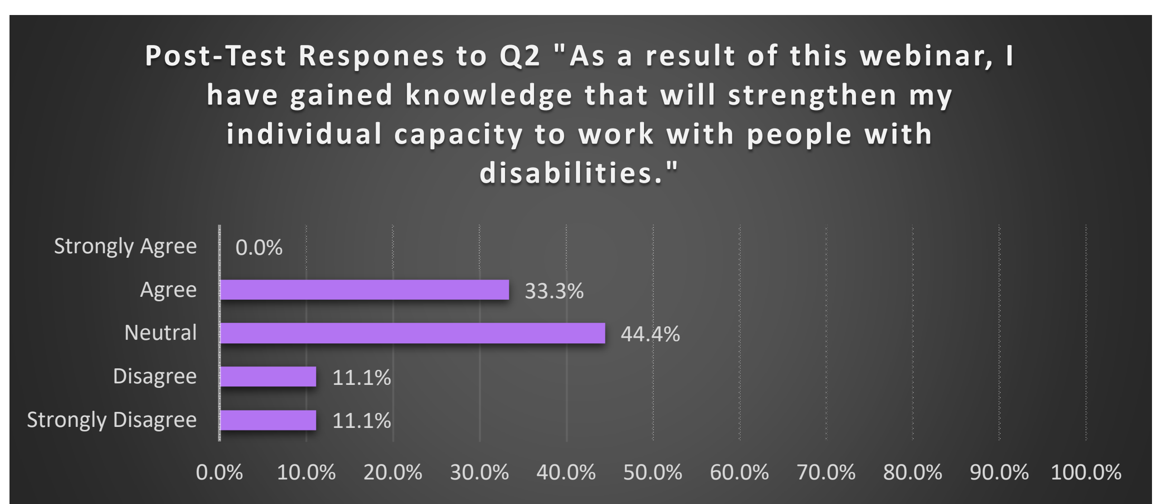
Question 1: As a result of this webinar, I have gained knowledge that will strengthen my individual capacity to prevent sexual violence.

Results summary: This Likert scale question assessed whether attendees felt they gained knowledge that would strengthen their ability to prevent sexual violence. 56% of respondents Strongly Agreed or Agreed that the webinar increased their knowledge in sexual violence prevention. 1/3rd of respondents Neither Agreed nor Disagreed that the webinar increased their knowledge in sexual violence prevention, and 11% Strongly Disagreed.



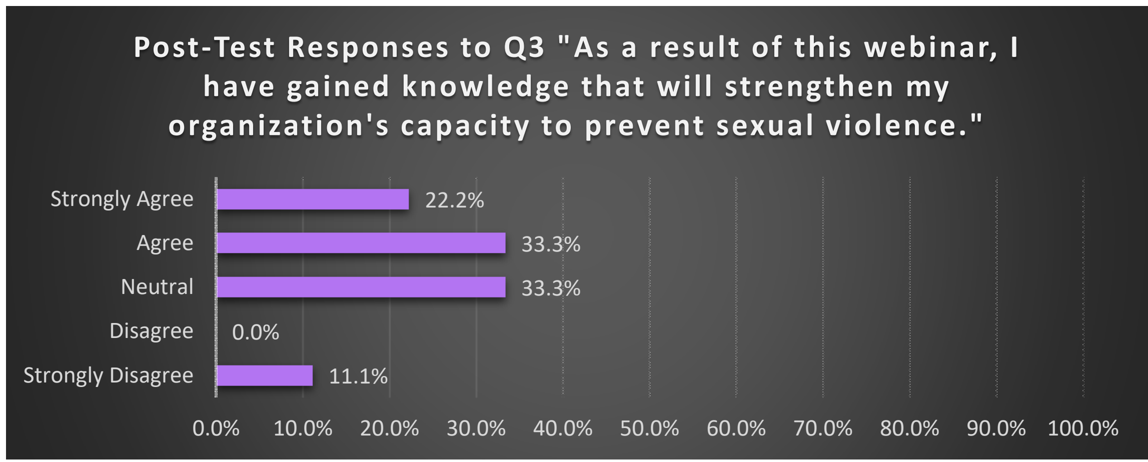
Question 2: As a result of this webinar, I have gained knowledge that will strengthen my individual capacity to work with people with disabilities.

Results summary: This Likert scale question assessed whether attendees felt they gained knowledge that would strengthen their abilities to work with people with disabilities. 1/3rd of the respondents Strongly Agreed or Agreed that the webinar increased their knowledge to better work with people with disabilities. 44% Neither Agreed nor Disagreed that the webinar the webinar strengthened their capacity to work with people with disabilities and 22% Disagreed or Strongly Disagreed.



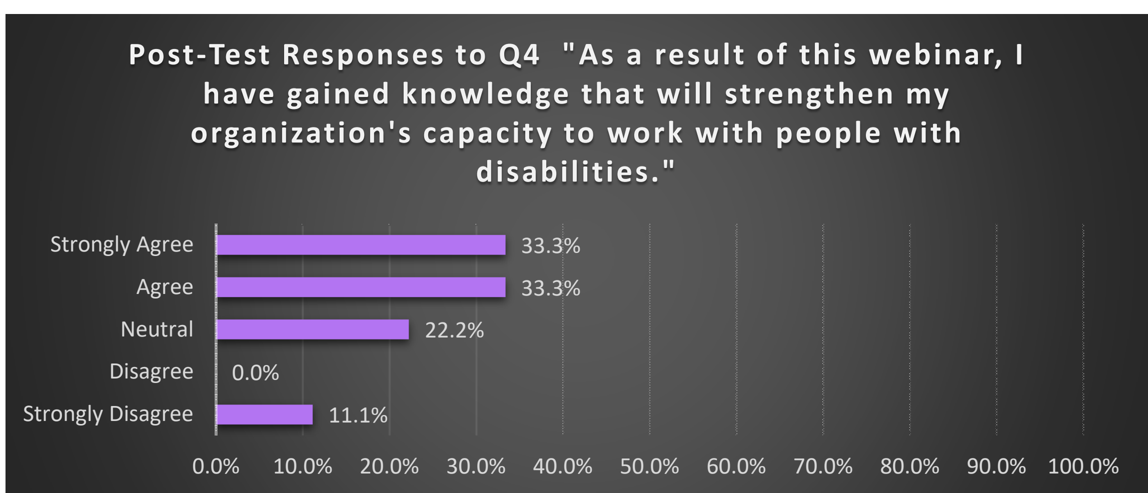
Question 3: As a result of this webinar, I have gained knowledge that will strengthen my organization's capacity to prevent sexual violence.

Results summary: This Likert scale question assessed whether attendees felt the webinar increased knowledge to strengthen organizational capacity to prevent sexual violence. 56% of attendees Strongly Agreed or Agreed that the webinar strengthen their organizational capacity to prevent sexual violence. 33% of respondents Neither Agreed nor Disagreed and 11% Strongly Disagreed.



Question 4: As a result of this webinar, I have gained knowledge that will strengthen my organization's capacity to with people with disabilities.

Results summary: This Likert scale question assessed whether attendees felt the webinar strengthened their organizational capacity to work effectively with people with disabilities. 2/3rds of attendees Strongly Agreed or Agreed that the webinar strengthened their organizational capacity work with people with disabilities. 22% of respondents Neither Agreed nor Disagreed and 11% Strongly Disagreed that the webinar strengthened their organizational capacity work with people with disabilities.



Question 5: As a result of this webinar, what is one strategy you feel more confident in implementing at your agency to prevent harm against people with disabilities?
Teaching others to look at the person and not the disability.
I really feel strongly about the idea of setting deadlines with leeway. I think this is something that I can improve on even more to account for unexpected circumstances.
Jargon finger
Challenge the idea that is shameful to have needs
Increasing accessibility and inclusivity for people with disabilities for all programs
intentionality around institutionalizing inclusive practices with attention to time, space and budgeting
listening better
Working with local agencies that serve PWD to include their voices in this work.
Adding a line item in the budget for transportation so we can make events more accessible.
the discussion about sexual violence
Recognizing their disability
Understanding the struggles
Absolutely nothing.
No Response [x6]

Conclusions

Although the response rate to the post-survey was low, feedback indicated the webinar content was very valuable to individuals and at the organizational level in building capacity for more effective work with people with disabilities. Most respondents also felt the webinar strengthed their capacity to prevent sexual violence against people with disabilities. However, a significant minority of respondents seemed to have difficulty in connecting how budgeting for accessibility would enhance protective factors against sexual violence against people with disabilities, even though the presenters discussed this explicitely.

Note that one attendee provided exclusively passive aggressive and negative responses. They were the only respondent who gave “strongly disagree” responses on the 4 Likert Scale questions. When asked how they might apply webinar content to their agency, they responded, “Absolutely nothing.” When asked what aspect of the webinar was most beneficial for their work, they responded, “When the sound went out and I was able to go back to work.” It is not clear what they are referring to when they mentioned the “sound went out” as there were no technical issues with the sound during this webinar; perhaps they mean when the webinar ended. When asked how the webinar could be improved, they said, “Frankly, I have no idea.” It is clear that this attendee was upset for reasons unrelated to the webinar and it is unfortunate that they impacted our evaluation results in bad faith. It might be that they were required to attend by a supervisor and were resentful. This might explain their negativity since, if they really felt the webinar was unhelpful, they otherwise could have simply not attended or left early.

Question 5 asks participants to apply what they may have learned in the webinar to their own organizational practices. Responses demonstrated a strong understanding of the content delivered by the presenters. Responses also varied widely indicating that the webinar content was robust, allowing attendees to find numerous applications of the content. Feedback in Questions 6 and 7 also gave organizers great ideas for future improvements, including asking for more detailed ideas in grant writing and improving the captioning.

8. Activity 1.6 Evaluation Tools

Activity 1.6 was completed: Develop and implement evaluation tool(s) to track use of webinars from 2018 onwards, and other online materials.

Activity 1.6 Summary

All activities were appropriately evaluated as demonstrated throughout the grant year and in the final report. Evaluation strategies/tool included surveys, observational evaluation, activity-based assessment, and direct feedback from activity participants.

9. Additional Task Force Deliverables

A. Reporting Flow Charts Overview

The original problem that inspired the creation of the Indiana Abuse Prevention Disability Task Force was the lack of clarity regarding the procedures for reporting instances of known or suspected sexual harm against people with disabilities. In 2017, the ICADV Prevention Specialist held meetings with dozens of professionals in the field of disability services across Indiana and found that both within agencies and across agencies, even direct service providers were unclear on how to report harm or seek appropriate response services for their clients. This suggests that access to reporting and response services for people with disabilities would likely depend on the knowledge and skills of a given provider rather than equally accessible for anyone who might need those services. In an effort to support equal education and access to reporting and response services, the Education Subcommittee of the Task Force set about to create reporting procedure flow charts for Indiana residents.

The goal of the Subcommittee members in FY 2019 was to create as many flow charts as necessary to accurately reflect the current state of reporting procedures for people with disabilities in Indiana. This would then allow the Task Force to develop reporting and response best practices guidance, and additional support to disability service agencies on how to improve their reporting procedures in the future.

The Two Flow Charts

In 2019, the Task Force created two flow charts – one for the Bureau of Quality Improvement Services (BQIS) and one that generally outlines the process which most on-the-ground service providers will go through to initiate reporting. BQIS "monitors services to individuals by organizations and providers. BQIS is funded by or funded under the authority of the Division of Disability & Rehabilitative Services and organizations/providers that have entered into a provider agreement under Indiana Code (IC) 12-15-11 to provide Medicaid in-home waiver services." BQIS is the primary agency responsible for responding to all incident reports at disability services agencies in Indiana and serves as an oversight organization to the Bureau of Developmental Disabilities Services (BDDS), which "provides services for individuals with developmental disabilities that enable them to live as independently as possible in their communities. BDDS assists individuals in receiving community supports and residential services using a person-centered plan to help determine which services are needed and who can best provide them. BDDS also monitors the quality of care and the facilities of those who are approved to provide these services in Indiana."

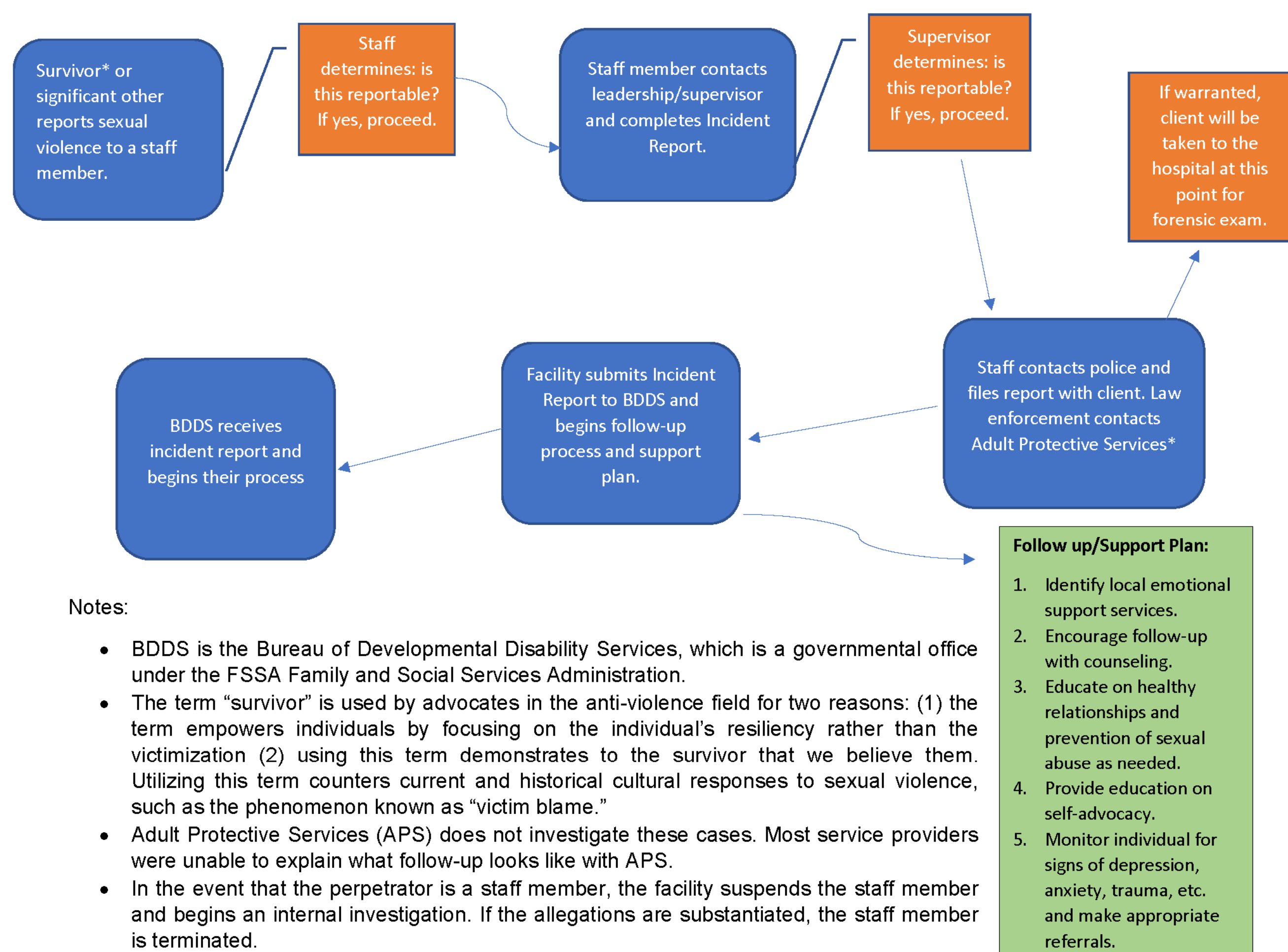
Reporting Gaps & Task Force Next Steps

Unfortunately, these flow charts are still missing important information. Overall, the Task Force found that when an incident of harm is reported by a person with a disability (or their partner, loved one, or caregiver) to a disability services staff person, the staff person is responsible for notifying their supervisor. The supervisor may then choose not to escalate the report or they may submit a report to Adult Protective Services (APS), BQIS, and/or law enforcement. APS does not appear to have the authority to investigate incidents and Task Force members were unable to identify where reports go if submitted to APS. BQIS and/or law enforcement may conduct an investigation or may decide to close the incident report. At this point, the Task Force found it challenging to find consistent information about what happens with incident reports. How do BQIS or law enforcement determine which incident reports to investigate or pursue further? How is the will of the person harmed incorporated into the reporting process? What power does BQIS have to enforce the outcomes of an

incident report? What power do BQIS or law enforcement have to compel the release of information from the service agency? If a provider is found responsible of sexual harm against a person with a disability, how is this information maintained in their file, if at all? What recourse is taken to prevent the service provider from committing additional harm in the future?

Task Force members found that follow up with survivors to support healing also varied widely and mostly depended on the education and capacity of the individual service providers. There is no standardized procedure for service providers to guide them in providing support and healing resource referral to people with disabilities under their care. With the information the Task Force has collected so far, the members intend to collect more precise information about reporting and response across Indiana with the implementation of the Organizational Assessment Tool in FY 2020 and beyond.

General Service Provider Flow Chart for Reporting Incidents of Harm in Indiana



Notes:

- BDDS is the Bureau of Developmental Disability Services, which is a governmental office under the FSSA Family and Social Services Administration.
- The term "survivor" is used by advocates in the anti-violence field for two reasons: (1) the term empowers individuals by focusing on the individual's resiliency rather than the victimization (2) using this term demonstrates to the survivor that we believe them. Utilizing this term counters current and historical cultural responses to sexual violence, such as the phenomenon known as "victim blame."
- Adult Protective Services (APS) does not investigate these cases. Most service providers were unable to explain what follow-up looks like with APS.
- In the event that the perpetrator is a staff member, the facility suspends the staff member and begins an internal investigation. If the allegations are substantiated, the staff member is terminated.

BQIS Report Procedure Flow Chart

BQIS Incident Reporting Flow Chart

It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of individuals receiving services administered by the Bureau of Developmental Disabilities (BDDS).

B. Risk Factor Review Chart & Infographics

The ICADV Prevention Specialist completed a literature review of risk factors for experiencing violence among people with disabilities at the higher socioecological model levels. This information, which was originally organized in a table format was then re-organized by the Education Subcommittee into three infographics. A summary of the infographic text is included below and the infographics are included on the following pages.

Research Methodology

ICADV Prevention Specialist used Google scholar: https://scholar.google.com/ and search terms: disability + risk factor + variations on words like rape, sexual assault, sexual abuse. Search was limited to studies from 2010 or later in the US (no international research) and results in Google that had full text available.

Research Summary

Organizational Risk Factors for Victimizations of People with Disabilities

- Lack of resources
- Staff turnover
- Lack of experience
- Lack of confidence
- No procedural clarity
- Background checks
- Over-controlled environment

Community Risk Factors for Victimization of People with Disabilities

- Experiencing poverty
- No internet access
- Lack of opportunity
- No public transport
- Lack of accessible transportation

Societal Risk Factors for Victimization of People with Disabilities

- Lack of education
- Negative attitudes
- Others' lack of belief
- False ideas on sexuality
- Social isolation
- Lack of accountability
- Assistance barriers

Citations:

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Krahn, Gloria L. PhD, MPH, Deborah Klein Walker, EdD, and Rosaly Correa-De-Araujo, MD, PhD (2015). Persons with Disabilities as an Unrecognized Health Disparity Population. *American Journal of Public Health*, Supplement 2, 2015, Vol. 105, No. S2., p. S198. Retrieved November 1, 2018 from: https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2014.302182

National Center for Injury Prevention and Control, Division of Violence Prevention (2020). Risk and Protective Factors. Accessed online May 20, 2019 at https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html

Normand, C.L. and Sallafranque‐St‐Louis, F. (2016), Cybervictimization of Young People With an Intellectual or Developmental Disability: Risks Specific to Sexual Solicitation. *Journal of Applied Research in*

Intellectual Disabilities, 29:99-110. doi:10.1111/jar.12163

Plummer, S.-B., & Findley, P. (2012). Women with Disabilities' Experience with Physical and Sexual Abuse: Review of the Literature and Implications for the Field. *Trauma Violence Abuse* 2012 13: 15. Accessed online May 21, 2019 at: https://www.researchgate.net/profile/Patricia_Findley/publication/51787909_Women_With_Disabilities'_Experience_With_Physical_and_Sexual_Abuse/links/0deec5304c5a1c79d8000000.pdf

Taggart, L. & R. McMillan (2009). Listening to women with intellectual disabilities and mental health problems: a focus on risk and resilient factors. *Journal of Intellectual Disabilities*, 2009, vol 13(4) 321–340. doi: 10.1177/1744629509353239

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Table of Risk Factors for Victimization of People with Intellectual and Developmental (and other) Disabilities

Literature review was summarized in the table below and then eventually developed into the infographics included in the pages following the table.

Individual Risk Factors		**Relationship Risk Factors**	**Organizational Risk Factors**	**Community Risk Factors**	**Societal Risk Factors**
Youth placement out of home	Lack of control over personal affairs, including physical, emotional, and economic dependency	Intentional targeting of vulnerable people	Staff turnover/staff instability	**Poverty/earns less than $15,000 per year**	Lack of sexual education (body parts, public v. private, etc.)
Reliance on others for care, especially for basic needs such as toileting and bathing	Intimacy of being in a relationship and need for support outweigh abuse	Trauma experiences, such as physical, emotional, and sexual abuse	Lack of resources (i.e., funding, but also knowledge of prevention/intervention resources)	**Lack of accessible transportation**	Negative public attitudes toward persons with disabilities
Being in physical contact with multiple caregivers	Over-controlling guardians	Exposure to peer offenders, especially in the case of residential programs	Authoritarian environment	Limited access to internet	Perceived lack of credibility of people with disabilities when they disclose sexual violence
Being touched by others is normalized	Lack of information about resources to protect one's self	Contact with multiple "potential" perpetrators	Lack of caregiving experience	**Low employment rates/Lack of employment opportunities**	The false idea that people with intellectual disabilities are not sexual
Learned helplessness, compliance	Not given the opportunity to make decisions or learn through making mistakes / Not given enough experiential opportunities to learn how to develop and individual's intuition (to detect between safe versus unsafe situations.)	Out of home placement (as in foster care or residential programs).	Lack of confidence among staff to give healthy relationship an healthy sexuality coaching	**Inadequate transportation system**	**Social isolation**

Communication barriers, including unclear speech or being misunderstood	Can't recognize abuse/Not recognizing inappropriate sexual touch		Lack of abuse reporting procedures (or lack of clarity on procedures)		Cultural/societal barriers that impede an individual's ability to find and access assistance
Not being taught about body, the body parts, and what bodies are capable of	Lack of self-advocacy skills		Over-controlled environment		People who cause harm are typically not caught nor held accountable for sexual violence
Lack of instruction on healthy relationships and healthy sexuality	Experiences of abuse		Failure to use background checking for *all* people in the individual's life via the organization (i.e., maintenance, volunteers, etc.)		
Feelings of powerlessness	Behaviors that include suicidal ideations, alcohol or drug use, and delinquency				

ORGANIZATIONAL RISK FACTORS FOR VICTIMIZATION

of People with Disabilities*

There are many risk factors for victimization for people with disabilities (PWD); some of these factors are specific to distinct life areas, while others are more universal. These risk factors are all related to organizations and services.

LACK OF RESOURCES

Organizations that serve people with disabilities often experience a lack of resources--not only monetary or funding-based, but also a lack of resources related to prevention or intervention.

STAFF TURNOVER

Currently, the disability field is experiencing a staffing crisis; there's more need than supply, and wages are poverty-level and stagnant. This increases turnover, which leads to less oversight and more instability of care.

LACK OF EXPERIENCE

Due to the staffing crisis, many people who are providing care to people with disabilities lack caregiving experience, and may not have the support to recognize, prevent, or intervene in victimization of the people who use their services.

LACK OF CONFIDENCE

Staff often lacks confidence to give healthy relationship and healthy sexuality coaching to people who receive services. This may tie in to staff turnover, lack of organizational resources, or lack of staff experience.

NO PROCEDURAL CLARITY

Sometimes people will not respond properly to something if there's no process to follow. Organizations need to implement abuse reporting procedures and make sure staff understands them.

BACK-GROUND CHECKS

A failure to perform background checks on *all* people in the organization can place vulnerable people at risk. This includes maintenance, volunteers, staff, and so on.

OVER-CONTROLLED ENVIRONMENT

Many people with disabilities experience life within an authoritarian environment where they aren't granted the agency to make their own choices or decisions; this often extends to decisions about their bodies and sexualities.

COMMUNITY RISK FACTORS FOR VICTIMIZATION

of People with Disabilities*

There are many risk factors for victimization for people with disabilities (PWD); some of these factors are specific to distinct life areas, while others are more universal. These risk factors are all related to community--or lack thereof.

EXPERIENCING POVERTY

Many PWD experience poverty, earning less than $15,000 per year. Although currently the poverty line for a single person under 65 is an annual income of $11,770, healthcare costs and costs of living with disabilities further limit spending power. Additionally, the American Journal of Public Health estimates that 530,000 American families go bankrupt every year from medical debt.

NO INTERNET ACCESS

Lack of internet access is a large barrier for many PWD, for many reasons including experiencing poverty or homelessness, lack of available providers (particularly in rural communities), or lack of support for being online or accessing the internet. Lack of internet access may also mean lack of access to community, assistance, opportunity, and information.

LACK OF OPPORTUNITY

The rate of employment for PWD from the Bureau of Labor Statistics was 19.1% in 2019; the rate for people without disabilities was 65.9%. This gap reflects both the low employment rates for PWD and the lack of opportunities available. Currently, it is legal to pay PWD subminimum wage for working in certain locations, often referred to as 'sheltered workshops.'

NO PUBLIC TRANSPORT

According to the American Public Transportation Association, 45% of the population of the US lives in an area where there is no access to public transportation. The percent increases for PWD due to weather conditions and inaccessibility of currently available options. Buses with broken lifts, broken elevators in subway stations, or info only given through audio are all examples.

LACK OF (ACCESSIBLE) TRANSPORTATION

When public transportation isn't an option, private transportation becomes a necessity. Accessible vehicles are often prohibitively expensive, and many people with disabilities are not taught how to drive due to societal attitudes. Ride sharing services like Lyft and Uber are often inaccessible and riders who use mobility devices have often reported having rides canceled or hostile drivers. Service dog users have experienced similar problems.

Personal vehicle maintenance can also be expensive; the APTA estimates that the average household spends 16 cents out of every $1 on transportation--the largest expense after housing. On an annual income of $15,000, that's $2,400 per year.

SOCIETAL RISK FACTORS FOR VICTIMIZATION

of People with Disabilities*

There are many risk factors for victimization for people with disabilities (PWD); some of these factors are specific to distinct life areas, while others are more universal. These risk factors are all related to society and societal attitudes towards PWD.

LACK OF EDUCATION

People with disabilities are often left out of sexual education, which leads to situations where they are uneducated about their body, the way that it works, what's private and what's public, sex, sexuality, sexual health, relationships, and so on.

NEGATIVE ATTITUDES

Societal attitudes towards PWD leave them vulnerable to abuse, particularly for PWD who are multiply marginalized--people of color, LGBTQ, immigrant populations, or people experiencing homelessness, for example.

OTHERS' LACK OF BELIEF

When people with disabilities disclose sexual violence, many people perceive them as being less credible than a person without a disability, often citing that the person made it up or did not understand what was really happening.

FALSE IDEAS ON SEXUALITY

People with disabilities are often seen as non-sexual beings who do not experience sexual desires, which is not true. People with disabilities experience the same spectrum of desire that people without disabilities do, from the same ages.

SOCIAL ISOLATION

People with disabilities often experience social isolation due to a variety of factors, including overcontrolled environments, lack of access to transportation, lack of access to the internet, caregiver belief or comfort, lack of staffing, and so on.

LACK OF ACCOUNT-ABILITY

People who cause harm are often not caught or not held accountable for sexual violence. Though this is a pervasive societal issue; due to the combined social factors it has an outsize impact on PWD.

ASSISTANCE BARRIERS

People with disabilities often experience cultural and societal barriers that impede their abilities to find and access assistance. This may include assistance that is not in ASL for Deaf individuals; lack of support from caregivers or staff to acquire assistance; agencies and organizations that are not equipped to assist people with intellectual or cognitive disabilities.

C. VERA Institute Learning Community Application

In the summer of 2019, the VERA Institute of Justice opened a call for applications for working groups to apply to be a part of a learning community for “Increasing Survivors with Disabilities Access to Healing Services and Justice Options Learning Community”. This was not a funding opportunity, but rather a technical assistance opportunity. The Task Force decided to apply by the August 31st, 2019deadline. The Task Force was notified on September 17th, 2019 via email that the Task Force was not selected for the VERA Institute Learning Community because, “Your task force appears equipped to make change in your community and across your state.” While this was not the Task Force’s desired outcome, it was also very encouraging that the group was not selected because the VERA Institute felt the group did not require the support of the learning community. Because the Task Force leaders including ICADV’s Prevention Specialist, MESA’s Program Coordinator, and ICESA’s Rape Center Coordinator spent considerable time on the application, the submitted materials are included below. In addition to the application below, the Task Force received Letters of Support from the AccessABILITY, Families First, the Indiana Coalition Against Domestic Violence (ICADV), the Indiana Coalition to End Sexual Assault (ICESA), Indiana Disability Rights (IDR), The Village of Merici, and Prevail.

Dear Selection Committee,

<u>1. The Problem</u>: All people deserve safe, stable, nurturing relationships and environments, yet people with disabilities (PWD) are rarely at the center of defining what that means for them, their loved ones, and their community. While there is little data available about sexual violence (SV) within the U.S., even less is known about SV among people with intellectual (cognitive) and/or developmental disabilities (IDD). Known prevalence rates among people without disabilities (PWD) are 20%-25% (Black, et. al. 2011, Breiding, 2014) and for people with IDD prevalence rates range from 32% for men to 83% for women (Vera Institute of Justice, 2019). National data collection efforts also exclude the “373,000 people who live in group homes” and “in state institutions — where other research shows the risk [for SV] is higher” (Shapiro, 2018).

In Indiana, statewide SV rates are unknown for PWD and SV investigations are completed by county prosecutors (not Adult Protective Services), who often do not pursue cases involving PWD. Some of the structural barriers to holistic wellness, independence, and healthy sexuality for PWD in Indiana include:

- The lack of questions regarding PWD in government-funded surveys and funding for disability inclusion in data collection,
- The lack of comprehensive sexual education in K-12 systems, especially in special education,
- The significant disconnections among disability service agencies and between disability services and other forms of institutional support,
- Employment discrimination leading to unemployment and underemployment,
- And a confusing, inaccessible reporting system for abuse against PWD along with low rates of legal or social/transformative accountability.

<u>2. Vision</u>: In 2018, with Rape Prevention Education (RPE) funding from the Indiana State Department of Health (ISDH), Indiana Coalition Against Domestic Violence (ICADV) in partnership with Multicultural Efforts to end Sexual Assault (MESA), created the Indiana Abuse Prevention Disability Task Force (APDTF) to address the intersections of violence prevention and disability justice.

As a 20-agency multidisciplinary, cross-disability team, the APDTF seeks to lessen harms in the state of Indiana by identifying opportunities to support survivors with disabilities and to create lasting change through inclusive primary prevention strategies at the organizational and community levels. Our learning community stakeholders have been identified as the following: Anti-Violence Coalitions (to provide administrative support and resources):ICADV, MESA, Indiana Coalition to End Sexual Assault; Legal Stakeholder: Indiana Disability Rights; Sexual Health Stakeholders: The Village of Merici, The Self-Advocates of Indiana; Disability Services Stakeholder: accessABILITY; Rape Crisis Center (RCC) Stakeholders: Families First, Prevail, The Julian Center.

APDTF Objectives & Vera Learning Community (VLC) partnership:

1. **Developing and implementing a survey tool to assess safety, independence, and sexual wellness of PWD in Indiana.** <u>Timeline</u>: Finalize tool by Aug 2019; Implement survey and hold town halls Sep 2019 - Nov 2019; analyze data and develop report Dec 2019 - Jan 2020; Disseminate results and begin more rigorous follow-up community strengths and needs survey Feb 2020+. <u>VLC support opportunities</u>: critical feedback on design, accessibility, implementation methodology, and evaluation strategies
2. **Review state statutes regarding disability.** <u>Timeline</u>: Finish surveying state statutes by July 2019; Develop infographic/methods of communication for results by Dec 2019; Disseminate educational tools Jan 2020+. <u>VLC support opportunities</u>: critical feedback on how to present information; additional ideas about information the APDTF should be aware of and/or utilizing (i.e. case law)
3. **Developing and implementing a survey tool to identify what service provision agencies are doing to ensure wellness and independence of the PWD who they serve and how they are preventing harm against PWD.** <u>Timeline</u>: Finalize survey tool by June 2019; Pilot survey with two disability organizations that are on APDTF by Sep 2019; Analyze pilot feedback, make changes, finalize tool and create evaluation report for RPE on pilot by Jan 2020; Prepare for wider dissemination of tool in Feb 2020+. <u>VLC support opportunities</u>: critical feedback on design, accessibility, implementation methodology, and evaluation strategies, including how to analyze and present data collected for greatest impacts; Adapt APDTF organizational survey tool for use by RCCs and determine RCC readiness to serve PWDs.
4. **Developing an online disability justice and violence prevention HUB to share APDTF resources and uplift self-advocates and other accessible services/resources.** <u>Timeline</u>: Publish HUB by June 2019; Begin creating publications and identify HUB coordinator by July 2019; create an official opening/marketing strategy for online HUB by Sep 2019; Continue publications and resource sharing Aug 2019+. <u>VLC support opportunities</u>: provide guidance on methods to optimize engagement, marketing, and accessibility, as well as resource coordination through HUB.

5. **Implementing at least 5 new webinars focused on disability justice and sexual violence prevention. To see the 2018-2019 series, visit the ICESA webpage or the APDTF YouTube channel.** Timeline: Set topics/dates, invite speakers, create marketing, and finalize accessibility options by by Sep 2019; Market upcoming webinars Sep 2019+ ; Implement webinars Dec 2019 - Jan 2020; Evaluate webinars & create report by Jan 2020. VLC support opportunities: speaker recommendations; accessibility guidance; evaluation support

6. **Developing and implementing creative, community-building evaluation strategies to assess our effectiveness. The APDTF wants to know if we are doing things well, in survivor-centered and accessible ways and how we might continue to improve.** Timeline: All objectives must be evaluated by January 2020 at the end of the RPE grant cycle. However, the APDTF will apply for a grant renewal. VLC support opportunities: provide guidance and support on all objective evaluation strategies and program evaluation implementation.

3. Organizational Descriptions: The mission of the APDTF is to support statewide efforts to prevent violence and enhance independence and wellness among PWD. Our efforts are centered on the voices and actions of PWD and we operate using a mix of practices including social justice, public health, and popular education. Although the APDTF participation is voluntary, 70% of APDTF members have full-time employment from agencies that donate staff time, energy, and resources; 30%+ of the APDTF membership are PWD who are paid for their time, mileage or transportation, and labor via consulting fees or stipends to foster more equitable participation among those most impacted by sexual violence. The APDTF is organized by two full-time staff members serving as the administrative backbone with RPE funding.

- Skye Kantola (she and they), Program Coordinator for MESA, has 12 years' experience in violence prevention and intervention work. Skye's specialties include community organizing, anti-violent, trauma-informed leadership, and designing experiential social change curriculum.

- Cierra Olivia Thomas-Williams, Prevention Specialist for ICADV, has 20 years' experience in violence prevention and intervention work. Since 2009, Cierra has collaborated with people with IDD to design, implement, and evaluate SV PP strategies inclusive of PWD.

Haleigh Rigger, Rape Crisis Coordinator for ICESA and a member of APDTF, joined the APDTF's administrative support team to support the Vera Learning Community in Indiana bringing with her experience as a direct support professional, case manager, and five years of crisis intervention. Altogether, the APDTF members have decades of experience working with survivors, doing trauma-informed work, and working with PWD.

4. Why APDTF? The APDTF has a stable volunteer base that has met consistently for over a year, paid lead co-organizers, and strong community and organizational buy-in. In the 17 months of working together, the APDTF has established a mission, set-up an online resource HUB, created two evaluation tools (the community survey and the organizational survey), completed a legislative review, begun publishing resources on the HUB, and continues to work towards prevention and intervention of sexual violence with PWD and survivors at the forefront of our work.

5. Impact Statement: The VERA Institute technical assistance pilot project will enhance the APDTF's ability to effectively complete our objectives with PWD and survivors in positions of leadership by enhancing ally's abilities to support the success of PWD and supporting the ability of PWD to be self- and community-advocates. The APDTF hopes to receive support in strategically implementing the community strengths and needs assessment, an organizational survey, developing a communication and marketing plan for our resources, ensuring that our evaluation strategies are accessible and rigorous.

6. Statement of Commitment: The APDTF voted to support this application and the learning community. MESA has received RPE funding for almost a decade and ICADV has also been receiving RPE funding since 2014. Even if the APDTF was not formally funded after January 2020, the entire APDTF, including representatives from MESA, ICESA, and ICADV have agreed to continue to commit our time, energy, and appropriate organizational resources to these efforts after January 2020. As outlined above, the taskforce has designated three full time staff to serve as administrative support, along with a team of community stakeholders, to meet the requirements of this project.

Citations:

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