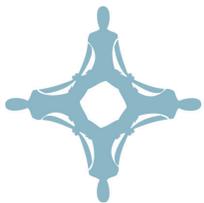


# Accessibility & Responsiveness for Survivors with Disabilities

Review Tool



safety first initiative

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# Preface

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## About the Authors

The authors of this Accessibility Responsiveness Tool are the partners in the Safety First Initiative-Kansas City Collaborative. They include the Metropolitan Organization to Counter Sexual Assault (MOCSA), an area leader in sexual assault services. MOCSA provides counseling, advocacy, intervention, education and prevention services designed to lessen the ill effects of sexual assault and abuse. Rose Brooks Center, a leader in domestic violence services, provides preventive programming, supportive services, crisis intervention, and shelter for women and children. Lastly, the UMKC-Institute for Human Development, a University Center for Excellence in Developmental Disabilities, provides applied research and training, and technical assistance for people, agencies, and the community.



In October 2006, the Safety First Initiative was funded by the Department of Justice, Office on Violence Against Women. This Kansas City Collaborative is a partnership between a Kansas City leader in sexual assault services (the Metropolitan Organization to Counter Sexual Assault), a leader in domestic violence services (Rose Brooks Center), and a leader in disability services, the University Center for Excellence in Developmental Disabilities (Institute for Human Development). The mission of the project is to enhance the capacity of service providers and improve the coordination of supports and services for women with disabilities who are victims/survivors of violence in the Kansas City, Missouri metropolitan area. The Safety First Initiative is a three-year, grant-funded project with technical assistance provided by the VERA Institute of Justice. The vision of the Safety First Initiative is:

*“To change the mindset in the Kansas City metropolitan area resulting in a sustained collaborative response that provides culturally competent, respectful, accessible, empowerment based services to women with disabilities who are victims/survivors of violence.”*



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## Development of the Tool

In the summer of 2008, the Kansas City Collaborative developed a strategic plan to guide its work. The overarching assumption was that all Safety First activities should promote sustainable systems change to support effective and inclusive service provision in both victim service and disability service agencies. Also, women with disabilities should be involved at all levels of work. The strategic plan focuses work in the three following areas.

1. Developing universal design policies and procedures that promote universal design and responsiveness within the collaborative partner agencies
2. Expanding safety planning processes and resources to better address the needs of survivors with disabilities.
3. Developing relationships and linkages between victim service providers and disability service providers.

This Accessibility and Responsiveness Tool was developed as part of first strategic plan focus area. The process of developing the tool followed a series of steps to ensure involvement across agencies and with women with disabilities.

- Step 1:** We convened a workgroup comprise of representatives of each Collaborative agency and women with disabilities. The group included 2-3 individuals from each agency and three women with disabilities.
- Step 2:** We identified existing accessibility and responsiveness assessment tools, and reviewed related literature and resources. In particular we reviewed accessibility guidelines, principles and practices of trauma-informed services, principles and practices of universal design, and identified barriers to services for survivors with disabilities.
- Step 3:** As a workgroup, we reviewed existing resources, discussed possibilities, and drafted the tool.
- Step 4:** We presented the overarching philosophy and conceptualization of the tool to a stakeholder group of twelve community agency representatives.
- Step 5:** A draft tool was designed and submitted to OVW for approval.
- Step 6:** Once approved, the tool will be piloted in each of the three Collaborative agencies.



# Dynamics

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## of Domestic & Sexual Violence for Persons with Disabilities

Please see definitions of both sexual assault and domestic violence included in the glossary of this tool. While general definitions remain consistent with existing practice, effective response to persons with disabilities requires victim service providers to expand their definitions of domestic and sexual violence. Those being violent includes spouses, partners, boyfriends, girlfriends, as well as family members, friends, acquaintances, roommates and other persons who provide care.

### Prevalence of Violence Against Persons with Disabilities

Research indicates that people with disabilities face increased risks for violence compared to people without disabilities.

- Women with developmental disabilities are four to ten times more likely than women without disabilities to be sexually assaulted and they are at greater risk for repeat victimization (Sobsey et al 1995).
- More than one-fourth of persons with severe mental health issues were victims of a violent crime in the past year--a rate more than 11 times that of the general population (Teplin et al).
- A study finds 53% of women with physical disabilities report having been sexually abused (Powers 2002).
- Of psychiatric inpatients, 80% have experienced physical or sexual abuse in their lifetime (Jacobson, 1987).
- The vast majority--97% of abusers-- are known by the victim who has an intellectual disability. Of those, 32% were family members or acquaintances and 44% had a relationship with the victim/survivor specifically related to the person's disability such as a residential care staff, a provider for transportation or personal care. (Baladerian 1991).

Most often the abuser is someone the victim knows well. Survivors with disabilities often have experienced multiple victimizations, and the abuse is longer in duration compared to survivors without disabilities.



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## Power and Control Dynamics

There are unique power and control dynamics experienced by persons with disabilities. Abusers may target people with disabilities because they perceive them as more isolated and more easily coerced into trusting someone. Abusers may assume these survivors would not report the violence to others or may not be believed, even if this is not true. Some abusers use power and control tactics that expressly target persons with disabilities by:

- Becoming a relied-upon, or primary caregiver before the assault and then exerting power as a caregiver:
  - o Taking advantage of caregiver privilege- many persons with cognitive disabilities have been taught to comply with authority and caregivers at all times;
  - o Providing care in a way that accentuates the person's dependency and vulnerabilities;
  - o Denying the right to privacy;
  - o Ignoring, discouraging or prohibiting the exercise of full capacities.
- "Grooming" for abuse by testing boundaries of the person over a period of time; exploiting a trusting nature.
- Taking advantage of the person's lack of sexual education or knowledge.
- Breaking/stealing adaptive equipment to increase barriers to independence or ability to call for help.
- Limiting access to, tampering with, or destroying communication devices as a way to create physical or emotional isolation, prevent success in work/school; limit/prevent communication with others (especially police, counselors, advocates) and to retaliate, frighten or punish.
- Attacking before the person can sense what is coming.
- Threatening, injuring or scaring away the service animal.
- Giving drugs without person's knowledge, forcing drugs/medication, or giving more/less or than prescribed.
- Claiming the injuries were related somehow to the disability.
- Preventing the person from reporting any troubles through coercion, threats or force.
- Taking advantage of the lack of accommodations at places the person may want to seek help (police, shelters, medical facilities, etc.)
- Exploiting the fact that the person may not be believed by a police officer or court even if she/he does report.



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## Safety Risks and Barriers for Victims of Domestic Violence

Persons experiencing domestic and sexual violence face many challenges and safety risks whether they decide to stay, leave or return to an abusive relationship. Often, choosing to stay keeps survivors and their children safer. It is important to recognize leaving may be a long process in which the person continually considers options, challenges and safety risks. Those unfamiliar with the dynamics of domestic violence often question why someone who is being abused does not leave. **Fear** is one of the most compelling reasons for staying.

### Reasons for staying may include:

- Threats that of being killed after leaving:
  - 3 out of 4 females murdered by their intimate partners had been stalked by the offender at least once in the year prior to the murder (McFarlane, 1999).
  - A woman's risk of being killed goes up 75% when she leaves the relationship or has left (Campbell et al., 2007).
- Past violence has taught the person that threats often result in violence
- Fear children may be harmed if abuser gets custody or visitation
- Fear of retaliation if help sought
- Fear family and friends will be hurt or killed

Additionally, survivors experience a range of challenges and barriers to seeking help or leaving an abusive relationship:

- Economic dependence --“I can't make it on my own”
- Loss of standard of living, income, housing, and/or personal property
- Loss of support from family and/or friends
- Religious and cultural beliefs
- Survivor's job to “keep the family together”
- Wants the relationship, not the abuse
- Thinks it's her fault and she can fix it
- Lack of resources needed to get out



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## Safety Risks and Barriers for Victims of Sexual Violence

- Increased risk of future victimization
- Increased risk of PTSD, depression, suicide ideation, and substance abuse
- Impaired work functioning – possible loss of job
- Loss of housing – roommate is perpetrator and survivor must find new roommate or move
- Lack of support system- due to cultural beliefs survivors may not disclose violence

It is also important to note that the sexual rights of people with cognitive disabilities have been historically denied and suppressed. Until recently, forced sterilization, segregation of males/females, and policies and procedures that violate basic rights to privacy and sexual expression were commonplace. Now, with the self-advocacy movement, things are changing. People with disabilities have the same rights to information and needs as everyone else when it comes to sexuality. Guilt can be a significant issue for some survivors who have been given limited information about their bodies and sexual contact. Guilt is often amplified by misinformation from parents and others about sexuality, relationships, and/or abuse.

## Safety Risks and Barriers for Survivors with Disabilities

- Ineffective, inappropriate response from community and institutions
- Lack of resources or accommodations for disability from service providers and shelters
- Limited access to services and support
- Fear of institutionalization
- Lack of options in the community for leaving
- Language and communication barriers
- Service providers do not believe reports of abuse

# Introduction

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The Accessibility Responsiveness Tool provides a framework for domestic violence, sexual violence, and disability service organizations to think about the “when, where, what, and how” of providing inclusive, accessible, and responsive services. These services for survivors with disabilities reach far beyond the accommodations required by the ADA (Americans with Disabilities Act, 2000). First, this tool addresses inclusiveness, accessibility, and responsiveness by illustrating how policies and services are intertwined. Second, it addresses an agency’s day-to-day practices as well as its collective mindset and culture. Lastly, this tool reinforces collaborative partnerships which are essential to improving services for survivors with disabilities. This tool traces inclusiveness, accessibility, and responsiveness across the five following domains.

1. **Building Capacity-** The culture of an agency or organization can promote or detract from inclusiveness, accessibility, and responsiveness. This section on Building Capacity focuses on the agency culture of and commitment to community partnerships. Specifically, this section identifies sub-areas of Partnerships, Leadership, Training, Inclusive Commitment, and Ongoing Evaluation as essential to building organizational capacity for serving survivors with disabilities.
2. **Inclusive Policies-** Inclusive policies support a welcoming environment for the widest range of potential users and circumstances in mind. In serving survivors with disabilities, policies for assuring compliance with the Americans with Disabilities Act, providing individualized accommodations to survivors needing support, and assuring the safety of survivors is essential.
3. **Inclusive Environment-** An inclusive environment refers to the design of places, things, information, communications, services and policy that focuses on the user, on the widest range of people operating in widest range of situations without special or separate design ([www.accessingsafety.org](http://www.accessingsafety.org)). This section traces principles of universal design as they apply to collaboratively serving survivors with disabilities.
4. **Inclusive Communication-** In a time of increase technologies, communication takes on multiple forms. This section will address all forms of communication: web-based, print, face-to-face, and phone. Communications used to market the availability of services, to provide services, and to link with community resources should all be considered.
5. **Inclusive Practices-** Agency services, supports, resources, and assistance should be provided in an accessible, inclusive, and responsive manner for all people (with and without disabilities). This section focuses on the day-to-day services needed by survivors with disabilities. It addresses not only services, but training and information for professionals in order to provide the services, and the organizational systems needed to support accessibility and responsiveness. Cross-cutting themes include staff competency, safety planning, responsiveness, outreach, advocacy, communication, resources, training and information.



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## Getting Ready to Use the Tool

A good first step to this process is to decide who will be part of the review team, and what their roles will be. This tool is designed to guide reviews both for disability and victim services providers. Ideally, this tool should be completed by a multi-disciplinary team comprised of disability and victims services providers, including people with disabilities. Individuals in leadership positions as well as individuals working directly with survivors and/or people with disabilities should be included. This team should initially meet to scan the items on the tool, discuss if additional or different individuals need to be involved in the review process due to needed expertise, and plan time to conduct the accessibility and responsiveness review using the tool. As you are planning, consider what individuals or agencies will serve as a “resource provider”. These people or agencies are the ones you know you can call for advice and support to make changes or implement new policies in the identified areas.

## How to use the Tool

Within each domain are a series of **Guiding Questions**, **Suggestions**, and **Practical Ideas** providing examples of “what it looks like.” The suggestions and practical ideas are meant to be examples that any agency providing domestic violence, sexual violence or disabilities services could utilize. As a review team, use the guiding questions, suggestions, and ideas to steer your discussion. The **Notes** space is provided for the review team’s convenience to record additional questions that may have been prompted by the conversation and thoughts for follow-up. It may be helpful to read through the glossary prior to conducting the review as some discipline-specific terms may be unfamiliar.

This guide is meant to provide a broad sampling of guiding questions, practical ideas and suggestions. Some may be ideas you have not considered before, others may lead you into thinking of additional areas or approaches. It is not a definitive guide to ADA or any other legal requirements. As such, some of the items in the Suggestions and Practical Ideas column are actually legal requirements. Whenever possible we have noted these items with a star and a footnote suggesting that you need to check ADA compliance. There may be other items that are legal requirements that we have not noted, but it is always a good idea to familiar with legalities regarding people with disabilities. A good starting point is [www.accessingsafety.org](http://www.accessingsafety.org).



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## Scoring

An optional *Scoring Instrument* is also provided. The team may choose to record their current status of implementation of each review item. Scoring is recorded using status indicators of 1-5. This scale ranks the levels of implementation and collaborative partnership as it applies to improving inclusiveness, accessibility, and responsiveness. In some areas of review, notable progress may have been made, but not everything is completed. The scoring is meant to be flexible and used in conjunction with your reflections and next steps as a tool for thinking through your progress and ideas. For Example: your agency may have built a new wing that is completely ADA compliant and still be working to make the old wing/s in your structure compliant. Score as you see fit. This could be scored as 4 (initial implementation), then include additional discussion as to the thought process and why this score was chosen under the reflections and next steps sections.

**(1) Not at all:** Item has not been considered.

**(2) Conversation Stage:** Initial conversations have occurred and strategies for addressing the indicator are being considered.

**(3) Planning Stage:** A plan for addressing the question has been developed and includes identification of key partners and action steps.

**(4) Initial Implementation:** We have begun work to address this question and have started to more regularly collaborate with community partner as needed. Some policies or procedures have been implemented.

**(5) In place:** We have policies and procedures in place to address the question. We frequently collaborate with community partners.

Next, teams may also record their **Reflections** and **Next Steps** for each item. **Reflections** may include an explanation of how a score was assigned, names of persons that may need to be contacted in order to fully discuss the item, or other additional thoughts. The **Next Steps** space may be used to identify actions that should take place in order to address the item.

Finally, the *Scoring Instrument* includes an **Action Plan Worksheet**. This worksheet helps you and your organization to summarize the items you scored by identifying priority action steps, establishing a time frame, and clarifying responsibility and roles.



# Building Capacity

The culture of an agency or organization can promote or detract from inclusiveness, accessibility, and responsiveness. This section on Building Capacity focuses on the agency culture of and commitment to community partnerships. Specifically, this section identifies sub-areas of Partnerships, Leadership, Training, Inclusive Commitment, and Ongoing Evaluation as essential to building organizational capacity for serving survivors with disabilities.

Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Partnerships:</b> To what extent do you have a collaborative working relationship with disability services/ domestic violence/sexual violence organizations to serve survivors with disabilities?</p>	<ul style="list-style-type: none"> <li>• Identified service providers in your area and contact those agencies about potential collaborations.</li> <li>• Meet and develop a cooperative protocol and procedures related to addressing the needs of people with disabilities who have been victims of violence.</li> <li>• Exchange information and training opportunities with partner agencies.</li> </ul>	
<p><b>Leadership:</b> To what extent does your agency involve people with disabilities and trauma-informed philosophy in ways that influence and shape the agency?</p>	<ul style="list-style-type: none"> <li>• Include at least one board member from your agency's board of directors with a disability. Invite diverse groups of individuals, including people with disabilities, to participate in strategic planning initiatives.</li> <li>• Appoint a diverse group of individuals (including individuals with disabilities) to develop and review agency materials, policies and practices based on universal design language.</li> <li>• Utilize the skills of board members/staff/ volunteers with disabilities at the same level as others.</li> </ul>	

Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Training:</b> To what extent does your agency sustain ongoing disability/ domestic violence/sexual violence-related training?</p>	<ul style="list-style-type: none"> <li>• Materials on disability or violence-related issues that are available to staff.</li> <li>• Training and education is provided to all new board/ staff/volunteers about universal design and serving survivors with disabilities.</li> <li>• Continuing education is provided on a regular basis?</li> <li>• Designate a lead person to keep current with changes in the field and revise trainings accordingly.</li> </ul>	
<p><b>Inclusive Commitment:</b> To what extent does your agency’s organizational culture reflect behaviors, beliefs, standards, and values consistent with universal design, inclusion, &amp; trauma informed perspectives?</p>	<ul style="list-style-type: none"> <li>• Develop and follow a mission, vision, and goals that contain universal design, trauma-informed language.</li> <li>• Utilize written documents that contain inclusive, universal design, and trauma-informed language.</li> <li>• Actively recruit people with disabilities and individuals with trauma-informed perspectives to serve in roles at all levels of the agency? (i.e. board, staff, volunteers).</li> <li>• Budgets address universal design and trauma-informed deficiencies as well as a timetable for addressing needed improvements.</li> <li>• Agency leaders regularly communicate and model the agency’s commitment to universal design, inclusion, and trauma-informed perspective.</li> <li>• Designate a staff to develop expertise on serving people with disabilities.</li> </ul>	



Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Ongoing Evaluation:</b> To what extent does your agency monitor progress with regards to serving people with disabilities who have experienced violence?</p>	<ul style="list-style-type: none"> <li>• Evaluate services related to universal design, program reliability, quality assurance and program effectiveness.</li> <li>• Use evaluative feedback to improve its capacity to serve a diverse community.</li> <li>• Develop and revisit a plan for removing remaining barriers that prevent people with disabilities from fully accessing and benefitting from services.</li> </ul>	

# Inclusive Policies

Inclusive policies support a welcoming environment for the widest range of potential users and circumstances in mind. In serving survivors with disabilities, policies for assuring compliance with the Americans with Disabilities Act, providing individualized accommodations to survivors needing support, and assuring the safety of survivors is essential.

Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Accommodations:</b> Has your agency established a policy on accommodating people with disabilities especially when universal designs fail to address their needs?</p>	<ul style="list-style-type: none"> <li>• Assess the degree to which your facility is designed for universal access.</li> <li>• Develop and follow a protocol for identifying the need for accommodations.</li> <li>• Develop and follow an accommodation plan for addressing needs.</li> </ul>	
<p><b>Accommodations:</b> Are your agency policies/accommodation plan flexible enough to accommodate a person with a disability's individualized needs?</p>	<ul style="list-style-type: none"> <li>• Agency policies should allow for addressing needs related to individualized needs such as medication assistance, attendant care, long-term counseling, assistive communication, or on-site/off-site medical care.</li> <li>• Ensure policies encourage service coordination to provide a seamless experience for service users.</li> </ul>	
<p><b>Policies:</b> Does your agency have a policy on the types of support direct service staff and volunteers can provide?</p>	<ul style="list-style-type: none"> <li>• Policy states the support expectations or limits of direct service staff and volunteers.</li> <li>• Your policy should address specific activities that can or cannot be provided by staff and also volunteers, such as crisis intervention, counseling, feeding, dressing, or toileting.</li> </ul>	



Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Communication:</b> Does your agency have a complaint process for people with disabilities who believe they have been denied access to services because of their disability or related to disclosure of violence/abuse?</p>	<ul style="list-style-type: none"> <li>• Identify a complaint process for people with disabilities.</li> <li>• Provide a written grievance policy.</li> <li>• Post policy where people receiving services and employees have easy access to it.</li> <li>• Informed client of the policy in a way that accommodates special communicative needs.</li> <li>• Make policy available to the public.</li> </ul>	
<p><b>Safety:</b> Does your agency's emergency plan include procedures to evacuate individuals with disabilities and to alert individuals who may be hearing impaired or deaf?</p>	<ul style="list-style-type: none"> <li>• Your agency should have an emergency plan with procedures that address issues such as alert, response and evacuation of individuals with disabilities.</li> <li>• In your evacuation plan, include necessary equipment for alerting people with disabilities, such as flashing lights, emergency cards, sirens/auditory alarms?</li> <li>• Obtain and install emergency alert equipment.*</li> <li>• Train your staff on implementing the plan in the event of an emergency.</li> </ul>	

\*Please check ADA compliance for this item

# Inclusive Environment

An inclusive environment refers to the design of places, things, information, communications, services and policy that focuses on the user, on the widest range of people operating in widest range of situations without special or separate design ([www.accessingsafety.org](http://www.accessingsafety.org)). This section traces the principles of universal design as they apply to collaboratively serving survivors with disabilities.

Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Equitable Use:</b> Are your agency environments (physical, communication, policy) designed such that it does not disadvantage or stigmatize any group of users?</p>	<ul style="list-style-type: none"> <li>• The agency’s environment has been evaluated from a variety of cultural, age-related, and disability-related perspectives.</li> <li>• Evaluation of agency’s environment includes staff, client, and community-based evaluation.</li> </ul>	
<p><b>Flexibility in Use:</b> Are you able to accommodate a wide range of individual preferences and abilities?</p>	<ul style="list-style-type: none"> <li>• Quiet space is available for individuals when needed.</li> <li>• Schedules are flexible to accommodate differing personal speeds (i.e. getting to and from rooms and preference to move slowly or quickly) and preferences (i.e. choice of activities or routines).</li> </ul>	
<p><b>Simple, Intuitive Use:</b> are your agency environments easy to understand, regardless of the user’s experience, knowledge, language skills, or current concentration level.</p>	<ul style="list-style-type: none"> <li>• Interior and exterior pathways are marked for easy and independent navigation.*</li> <li>• Agency protocols are worded in a simple and direct manner such to ease understanding.</li> </ul>	
<p><b>Tolerance for error:</b> Are your agency environments such that they minimize hazards and potential accidents?</p>	<ul style="list-style-type: none"> <li>• As needed, precautions are in place to assist people with medications.</li> <li>• A protocol is in place for addressing needs for personal care assistance.</li> </ul>	

\*Please check ADA compliance for this item



Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Perceptible Information:</b> Are your agency environments such that are able to communicate necessary information effectively to the user, regardless of ambient conditions or the user’s sensory abilities?</p>	<ul style="list-style-type: none"> <li>• High-contrast, well lit, large-print directional signs indicate accessible routes.*</li> <li>• Brochures/information displayed about safety awareness specifically for people with disabilities.</li> <li>• Materials are available in multiple formats to accommodate persons with varying reading abilities and communication styles.</li> </ul>	
<p><b>Low physical effort:</b> Is your agency designed in such a way that it can be used efficiently and comfortably, and with a minimum of fatigue?</p>	<ul style="list-style-type: none"> <li>• Therapy and activities include needed accommodations to ease participation of people with disabilities.</li> </ul>	
<p><b>Size and Space for Approach &amp; Use:</b> Is your agency design such that appropriate size and space is provided for approach, reach, manipulation, and use, regardless of the user’s body size, posture, or mobility?</p>	<ul style="list-style-type: none"> <li>• Appliances and other equipment are accessible to individuals with disabilities (e.g., front-mounted, easy-to-operate controls; equipment uses high-contrast, large print labels).*</li> <li>• The height of desks and lighting fixtures are adjustable for use by individuals with disabilities.</li> </ul>	
<p><b>ADA Policy:</b> Has your organization developed a physical accommodations policy in accordance with the ADA?</p>	<ul style="list-style-type: none"> <li>• You have assessed your agency’s compliance with the ADA.*</li> </ul>	

\*Please check ADA compliance for this item

# Inclusive Communication

In a time of increased technologies, communication takes on multiple forms. This section addresses all forms of communication: web-based, print, face-to-face, and phone. Communications used to market the availability of services, to provide services, and to link with community resources should all be considered.

Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Communication:</b> Are agency informational and educational materials accessible to all individuals regardless of disability?</p>	<ul style="list-style-type: none"> <li>• You have assessed the readability of documents (e.g., simple sentence structures, unnecessary words eliminated, abbreviations and technical terms avoided)</li> <li>• Documents are provided in a variety of alternative formats (e.g., Braille, large print, online that can be read by a screen reader, video communication, captioned, other languages).</li> <li>• Color documents are written using a 12 to 14 point font that has wide spacing between letters, words, and lines (e.g., Times or Arial).</li> <li>• Documents exhibit sufficient contrast and blank space to be readable.</li> <li>• All documents images should have text labels.</li> <li>• All unnecessary visual distractions have been removed from written materials.</li> <li>• All informational and educational materials</li> <li>• Agency documents easily handled by individuals with limited motor coordination and within easy reach from a variety of heights.</li> </ul>	



Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Communication:</b> Do you clearly communicate that your agency welcomes and can assist people with disabilities who are victims of violence?</p>	<ul style="list-style-type: none"> <li>• Provide captions for all audio &amp; video-based materials.</li> <li>• Pictures in your publications and website include people with diverse characteristics including individuals with disabilities.</li> </ul>	
<p><b>Communication:</b> Can staff communicate with all service users regardless of their disability?</p>	<ul style="list-style-type: none"> <li>• At least one staff person is trained in American Sign Language.</li> <li>• All staff have been trained and are able to communicate effectively with people who use alternative means of communication such as communication boards, interpreter, reading lips, etc.).</li> <li>• You are able to provide appropriate auxiliary aids to ensure that communications with individuals with hearing, vision, or speech impairments are as effective as communication with others.</li> <li>• Telecommunication devices for the deaf (TDD) are available and staff members and volunteers familiar with the availability and use of a TTY/TDD, the Telecommunications Relay Service, and alternate document formats.</li> <li>• Agency and staff members communicate high expectations for individuals with disabilities to be self-determining.</li> </ul>	

Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Communication:</b> Do all agency electronic resources (e.g., web pages) adhere to current web accessibility guidelines?</p>	<ul style="list-style-type: none"> <li>• Your agency has reviewed web accessibility guidelines.</li> <li>• Your agency has evaluated your web pages based on web accessibility guidelines change from year to year.</li> <li>• Your agency has made the necessary changes.</li> <li>• Your agency has created a committee or other mechanism to evaluate your agency’s web pages and review web accessible guidelines yearly.</li> </ul>	

# Inclusive Practices

The services, supports, resources, and assistance provided by the agency should be provided in an accessible and responsive manner for all people (with and without disabilities). This section on Inclusive Practices focuses on the day-to-day services needed by and provided to survivors with disabilities. Inclusive Practices addresses the full range of services needed by people with disabilities, the training and information needed by professionals in order to provide the services, and the organizational systems needed to support accessibility and responsiveness. Cross-cutting themes include staff competency, safety planning, responsiveness, outreach, advocacy, communication, resources, and training and information.

Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Competency:</b> To what extent does agency staff have the knowledge and expertise to serve survivors with disabilities?</p>	<ul style="list-style-type: none"> <li>• Provide access to information for staff regarding such concepts as inclusion, self-determination, universal design, disability-related stereotypes, discrimination, oppression, local/regional disability service agencies &amp; their function, procedures for requesting disability-related accommodations, disability-related etiquette, independent living philosophy, ADA compliance rules and laws, disability-related culture, best practice methods of working with people with disabilities.</li> </ul>	
<p><b>Resources:</b> Does your agency have an employee designated to have expertise on serving people with disabilities who have experienced (or may be at risk for) violence?</p>	<ul style="list-style-type: none"> <li>• Designate a staff member whose job description includes keeping contact with partner agencies serving people with disabilities, keeping current on community resources, and is knowledgeable about accommodating people with disabilities.</li> </ul>	

Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Training &amp; Information:</b> Does all agency staff have immediate access to information and support needed in order to address the unique needs of survivors with disabilities?</p>	<ul style="list-style-type: none"> <li>• As a follow-up to training, provide written materials that can easily be referenced in day-to-day work.</li> <li>• Ensure staff members know who key contact persons are for asking questions &amp; getting more information.</li> <li>• Embed information that addresses survivors with disabilities across all provided trainings.</li> </ul>	
<p><b>Training &amp; Information:</b> Are clinicians trained in best practices in providing therapy to survivors with disabilities.</p>	<ul style="list-style-type: none"> <li>• Provide training and support regarding best therapy practices.</li> <li>• Partner with community disability services/domestic violence/sexual violence organizations to provide training.</li> </ul>	
<p><b>Communication:</b> Are staff members comfortable and skilled interacting with individuals who use different methods of communication.</p>	<ul style="list-style-type: none"> <li>• Make available a list of on-call sign language interpreters, emergency back-up caregivers, and agencies to provide emergency equipment. Ensure staff are aware of this list.</li> </ul>	
<p><b>Safety Planning:</b> To what extent do staff support and assist with the development of safety plans for people with disabilities?</p>	<ul style="list-style-type: none"> <li>• In safety-planning with people receiving services, provide additional strategies people with disabilities can do to increase safety.</li> <li>• Check in with the person if he/she would or would not like to invite others to participate in problem-solving (transportation, care attendant, other resources, etc.).</li> <li>• Consult with domestic or sexual violence advocates to gain safety planning expertise.</li> </ul>	



Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Responsiveness:</b> To what extent is staff able to respond to the immediate needs of a person with disabilities that has experienced violence?</p>	<ul style="list-style-type: none"> <li>• Develop a plan around need for support medication management (when to take, dosage, etc.).</li> <li>• Review policies of requiring medication in order to participate.</li> <li>• Check-in with the person to ask about needs for assistance with medications.</li> <li>• Utilize a variety of therapy modalities available to all.</li> <li>• Plan for problem-solving with people with disabilities who may need individualized or unique forms of support such as personal care attendants, accessible transportation, interpreter, etc.</li> <li>• Routinely ask people receiving services about support or accommodations he/she may need.</li> </ul>	
<p><b>Outreach:</b> To what extent does your agency outreach activities model accessibility and responsiveness?</p>	<ul style="list-style-type: none"> <li>• Provide information to people with disabilities about the availability of support services from disability services/domestic violence/sexual violence organizations.</li> <li>• Review outreach therapy services for accessibility.</li> <li>• Ensure all agency-sponsored events are accessible.</li> <li>• Be able to accommodate a broad range of participants with disabilities.</li> </ul>	

Guiding Questions	Suggestions & Practical Ideas	Notes
<p><b>Advocacy:</b> To what extent does your agency empower survivors with disabilities to advocate for their preferences in designing services?</p>	<ul style="list-style-type: none"> <li>• Make sure advocates are familiar with partnering agencies/organizations/systems ability to be accessible and responsive, and thus prepared to minimize the effects of inaccessibility.</li> <li>• Support self-advocacy by encouraging and inviting people with disabilities to voice their opinions and have control over services received (by whom, with whom, where, when, etc.).</li> </ul>	

# Resources: National

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## ADA

Information and Technical Assistance on Americans with Disabilities Act- <http://www.ada.gov/>

## Communicating with and about People with Disabilities

U.S. Department of Labor-Office of Disability Employment Policy-<http://www.dol.gov/odep/pubs/fact/comucate.htm>

## People First Language

People First Language-Kathy Snow- <http://www.disabilityisnatural.com/peoplefirstlanguage.htm>

## Power and Control Wheels for Survivors with Disabilities and Deaf Survivors

Compiled by National Center on Domestic and Sexual Violence- [www.ncdsv.org/publications\\_wheel.html](http://www.ncdsv.org/publications_wheel.html)

## Trauma Informed Services

Criteria for Building a Trauma Informed Mental Health Service System

Montana Coalition against Domestic and Sexual Violence- <http://www.mcadsv.com>

SAMHSA's National Center for Trauma Informed Care- <http://mentalhealth.samhsa.gov/nctic/>

Creating Sanctuary: A Trauma Informed System of Care- Andrus Children's Center- <http://www.andruschildren.org>

## Universal Design/Inclusive Environments

Institute for Human Centered Design- <http://www.adaptenv.org>

## Violence against Women with Disabilities

Office on Violence against Women

Accessing Safety Initiative

<http://www.accessingsafety.org/>



# Resources: Local

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## **Developmental Disability Support Services:**

### **Developmental Disability Services of Jackson County--EITAS**

<http://www.eitas.org>

Phone: 816.363.2000

## **Disability Information:**

### **Institute for Human Development—UMKC**

<http://www.ihd.umkc.edu/>

Phone: 816.235.1770

TTY: 800.452.1185

## **Domestic Violence:**

### **Rose Brooks Center**

<http://www.rosebrooks.org>

24-hr Crisis Line: 816.861.6100

## **Sexual Violence:**

### **Metropolitan Organization to Counter Sexual Assault (MOCSA)**

<http://www.mocsa.org>

24-hr Crisis Line: 816.531.0233

## **Vision Rehabilitation Services:**

### **Alphapointe Association for the Blind**

<http://www.alphapointe.org>

Phone: 816.421.5848



# Glossary

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**Accessible:** Easy to get into or use safely by a person with a disability. For example: a building with now steps at the entrance or a ramp is accessible to a person who uses a wheelchair.

**Accommodation:** Modifications or adjustments to a program, services or physical environment that make it easier for a person with a disability to participate in the same manner as other people.

**Advocacy:** Working to make things better for another person.

**Assistive Technology:** Is a generic term for the adaptive, assistive and rehabilitative devices used to assist people with disabilities.

**Disability (World Health Organization Definition or WHO):** The WHO defines disability as something that occurs outside of the person that is based on the interaction of the person, his or her functional abilities, and the environment. As such, one is more or less disabled based on whether the physical, information, communication, and social and policy environment are accommodating and welcoming of variation in ability. In other words, the experience of disability can be minimized by designing environments to accommodate varying functional abilities and providing individualized solutions when needed, opening the door to a new approach to creating welcoming and accessible services for survivors.

**Domestic Violence:** is a pattern of behaviors used to establish power and control over another person through fear and intimidation. Domestic violence occurs within intimate relationships, and abusers can be spouses, partners, boyfriends/girlfriends, family members, or caregivers. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. Abusers use various tactics to achieve power and control, including behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. Legal definitions of domestic violence and the protections available to victims vary from one jurisdiction to another.

**Empowerment:** Having the right to make your own choices and having the ability to act on those choices.

**Functional Limitations and Abilities:** A newer approach to disability defines the interaction between a person’s functional limitations and the environment as creating barriers or facilitating participation, and therefore is not alone related to how bodies function. How a woman functions, for example, “this woman may have difficulty concentrating and following instruction” is more important than the reason for the difficulty, “this woman has an anxiety disorder.” There are many reasons people have difficulty concentrating. The solution for interacting with the person is to understand the nature of the difficulty and not its cause. With this new approach, the emphasis is on impact of a limitation rather than on the source of the limitation. This offers a more practical way of solving problems and addressing needs. Considering the practical impact of a functional limitation draws providers toward tailoring a response that is personal rather than driven by a diagnosis, which explains little about what a person can do and what a person needs.

**People First Language:** People First Language puts the person before the disability, and it describes what a person has, not who a person is. The basic idea is to replace, e.g., “disabled people” with “people with disabilities”, “deaf people” with “people who are deaf” or “individuals who are deaf”, etc., thus emphasizing that they are people first (hence the concept’s name) and anything else second. Further, the concept favors the use of “having” rather than “being”, e.g. “she has a learning disability” instead of “she is learning-disabled”.

**Personal Care Attendant (PCA):** In order that a person with a disability may live independently, many people with physical, sensory, or cognitive disabilities hire a personal attendant to assist with day-to-day tasks. Other terms may include, care attendant, home care attendant, or caregiver.

**Safety:** Being protected against physical, social, financial, emotional, psychological, educational, or other types of negative or harmful situations.

**Safety Plan:** These plans are often used in the domestic and sexual violence fields as an empowerment-based tool designed to help survivors plan for their physical and emotional safety. Safety Plans should be flexible to accommodate a variety of environments, personal situations, and can be memorized or written down. Safety Plans can be self-guided or completed with the assistance of an advocate.



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**Sexual Assault:** is any sexual act without a persons' consent up to and including rape. Sexual assault is an umbrella term and can include: unwanted touching/fondling, oral, anal, and/or vaginal penetration and rape. A person who is overcome by force or fear, who is unconscious or physically powerless, who may not be capable of giving consent or who is under the influence of alcohol and/or drugs is not able to give consent to sex.

**Stalking:** is a legal term for repeated harassment and other types of invasion of a person's privacy in a manner that causes fear and intimidation. Stalking is willful, malicious, and continued harassment and can include behavior such as persistent following, unwanted contact, inappropriate observation, and harassment or contact of family or friends. These behaviors can be conducted in person, through a third party, or over the Internet or through different technologies - commonly referred to as cyberstalking. Stalking, both off and on-line, can become a terrifying experience for victims, placing them at risk of psychological trauma and physical harm. A stalker can be a stranger or someone the victim knows including a partner, an ex-partner, or a family member.

**Trauma Informed:** Trauma informed services, practices, assessments, etc. incorporate knowledge about the trauma such as prevalence, impact, and recovery in all aspects of service delivery. They are practices that are hospitable and engaging for survivors, they minimize re-victimization, and they facilitate recovery and empowerment.

**Victim/Survivor:** A person who has experienced domestic violence, sexual assault or stalking and has lived through it.

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