Accessibility & Responsiveness for Survivors with Disabilities

Review Tool

safety first initiative

Prepared by the Safety First Initiative

Acknowledgements

The Safety First Initiative would like to acknowledge the women who served on the Accessibility and Responsiveness Work Group. Their input and advice as we worked together to develop this tool was invaluable. Thank you also to our collaborative partners who served as reviewers and work group members.

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Preface

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 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."*

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 services in both victim service and disability service agencies. Also, women with disabilities should be involved at all levels of work. With these assumptions in mind, the Safety First strategic plan is focused on the three following areas.

• Developing universal design policies and procedures that promote universal design and responsiveness within the collaborative partner agencies.

• Expanding safety planning processes and resources to better address the needs of survivors with disabilities.

• Developing relationships and linkages between victim service providers and disability service providers.

This Accessibility and Responsiveness Tool was developed as part of the 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 comprised of 2-3 representatives of each Collaborative agency and three women with disabilities.

Step 2: We identified and reviewed 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. We also gathered feedback on the philosophy and conceptualization of the tool from twelve community agency stakeholders.

Step 3: We drafted the tool as a workgroup, contracted for tool design, and submitted to OVW for approval.

Step 4: Once approved, the tool was piloted in each of the three Collaborative agencies.

Step 5: In 2012, we revised the tool to emphasize trauma-informed principles and practices.

Dynamics 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 definition of "intimate partners" to acknowledge spouses, partners, boyfriends, girlfriends, 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 repeated 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.

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:
  - Taking advantage of caregiver privilege- many persons with cognitive disabilities have been taught to comply with authority and caregivers at all times;
  - Providing care in a way that accentuates the person's dependency and vulnerabilities;
  - Denying the right to privacy;
  - Ignoring, discouraging or prohibiting the exercise of full capacities.
- "Grooming" for abuse by testing boundaries of the person over a period of time or 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.

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. (Although the following studies were of women, both women and men can be victims of domestic violence):
  - 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/his fault and she/he can fix it.
- Lack of resources needed to get out.

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.

The Intersection Between Universal Design & Trauma-Informed Principles and Practices

Universal Design & Accessibility

The World Health Organization defines **disability** as something that occurs outside of the person and 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.

Universal Design is an approach to the design of environments, communication, services and policies to work well for the widest range of people, taking into consideration the widest range of situations. It is not about "special design" just for a particular set of people, rather, it acknowledges that designing for the widest range of users will benefit all users in some way, and often in ways that may have been unexpected.

For example, a lever door handle rather than a knob improves accessibility for a person with mobility disability. That same lever door handle may improve accessibility for someone without a disability whose arms are full when trying to open the door. Another example: removing excess information and using plain language on an agency's brochure may improve accessibility for a person with an intellectual disability. This streamlined brochure will also improve accessibility for a person without a disability who just experienced trauma.

Trauma-Informed Principles and Practices

Many people have histories of physical, emotional, and/or sexual abuse that result in trauma. Unique power and control dynamics experienced by people with disabilities can contribute to risk of these traumatic experiences. **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. Trauma-informed practices assume that an individual should not have to disclose trauma to receive trauma-informed services, but rather, all people should be treated as she/he is a potential survivor of trauma.

Universal Design and Trauma-Informed Principles

There is an important intersection between implementation of **universal design** and **trauma-informed** principles. To return to the previous example, a person may benefit from plain language of a written document because the person has an intellectual disability or because the person has recently experienced trauma and is having difficulty processing. Regardless of the reason, transforming practices to be trauma-informed and universally designed go hand in hand.

Introduction

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, trauma-informed, 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, trauma-informed principles, 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, trauma-informed principles, and responsiveness across the five following domains.

1. Inclusive Practices

Agency services, supports, resources, and assistance should be provided in an accessible, inclusive, responsive, and trauma-informed 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.

2. Inclusive Communication

In a time of increased 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. Additionally, it is important to recognize that survivors with disabilities may use a variety of modes of communication, and that trauma can affect communication.

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). This section traces principles of universal design as they apply to collaboratively serving survivors with disabilities.

4. 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. In recognition of the pervasiveness of trauma in the lives of people receiving services, policies reflecting trauma-informed principles and practices are also important.

5. 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 and those with experiences of trauma.

Do You Have the Basics?

Completing an Accessibility and Responsiveness Review will leave a positive impact on your agency, but it is also a significant undertaking. The degree to which the following "foundation" pieces are in place ahead of the Review will likely be a predictor of your agency's success with this tool.

Does your agency....
• have a solid infrastructure that has sustained for a number of years? (i.e. leadership, budget, presence in community, etc.)
• have leadership who have some level of commitment to responding to violence against persons with disabilities?
• have baseline awareness/knowledge of violence against persons with disabilities across all levels?
• meet your field's standards of quality services? (check with your state coalition, certifying board, etc.)

Establishing Your Team

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.

Orienting Your Team

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. It may help to identify a facilitator for the review. This person can help to keep the team on task, on time, and step in if the team becomes "bogged down" by a particular issue. 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. Some situations may not apply to your agency, while 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; it is always a good idea to be familiar with legalities regarding people with disabilities. A good starting point is www. accessingsafety.org.

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.

Scoring is as follows:

(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, 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, agency-wide. We frequently collaborate with community partners. This is part of the way we do business day to day.

When scoring, it is important to remember that this is not a grade. It is a tool to facilitate the development of a work plan to address the needs of survivors with disabilities. It may be helpful to think of the completion of this process and something that can be used to leveraged funds--areas for improvement are not "bad scores" but a documented funding need for your agency.

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.

Review Tool

Inclusive Practices

The services, supports, resources, and assistance provided by the agency should be provided in an accessible, responsive, and trauma-informed 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 survivors 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
1) Competency To what extent does agency staff have the knowledge and expertise to serve survivors with disabilities?	• All staff receive training on such concepts as inclusion, self-determination, universal design, disability-related stereotypes, oppression, local/regional disability service agencies and their function, procedures for requesting disability-related accommodations, disability-related etiquette, independent living philosophy, ADA compliance rules and laws, disability-related culture, etc. • All staff receive training related to trauma-informed services, impact of trauma on survivors with disabilities, and practices that avoid re-traumatization.	
2) Resources Does your agency have an employee designated to have capacity for serving people with disabilities who have experienced (or may be at risk for) violence?	• Designate a staff member whose job description includes keeping contact with partner domestic violence, sexual violence, and disability-serving agencies, keeping current on community resources, and being knowledgeable about accommodating survivors with disabilities.	

Guiding Questions	Suggestions & Practical Ideas	Notes
3) Training & Information Does all agency staff have access to information and support needed in order to address the unique needs of survivors with disabilities in a timely manner? ("timely" may differ by setting: office, outreach site, residential, etc.)	• Embed information that addresses survivors with disabilities across all provided trainings. • As a follow-up to training, provide written materials that can easily be referenced in day-to-day work. • Ensure staff members know who key contact persons are for asking questions & getting more information.	
4) Training & Information Are all staff trained in best practices in providing trauma-informed services?	• Provide training/support for best therapy practices. • Partner with community disability/domestic violence/ sexual violence organizations to provide training and support for staff providing all agency services, including specific examples related to tasks and expectations of staff in different roles. • Provide training to all agency staff on trauma-informed services as part of new staff orientation and also as ongoing in-service training. • Training content should include the range of normal trauma responses, trauma-informed principles, and trauma-informed practices and techniques.	

Guiding Questions	Suggestions & Practical Ideas	Notes
5) Communication Are staff members comfortable and skilled interacting with individuals who use different methods of communication?	• Make available a list of on-call sign language interpreters, emergency back-up caregivers, and agencies to provide emergency assistive technology for communication. Ensure staff are aware of this list. • Ensure staff comfort in use of interpretive services.	
6) Safety Planning To what extent do staff support and assist with the development of safety plans for people with disabilities?	• In safety-planning with people receiving services, provide additional strategies people with disabilities can implement to increase safety. • 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.). • Consult with domestic or sexual violence advocates to gain safety planning expertise.	

Guiding Questions	Suggestions & Practical Ideas	Notes
7) Responsiveness To what extent is staff able to respond to the immediate needs of a person with disabilities that has experienced violence?	• Staff members respond knowledgeably and empathetically when a person discloses experiences of current or previous trauma. • Staff members provide tools and supports for creating physical and emotional safety when appropriate (personal space and boundaries, affirmation that safety is a right). • Routinely ask people receiving services about support or accommodations he/she may need. • 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. • Utilize a variety of crisis intervention practices available to all. • Develop a plan around need to support medication management (when to take, dosage, etc.). • Review policies and assess whether medication policies create barriers for survivors with disabilities. • Check-in with the person to ask about needs for assistance with medications.	

Guiding Questions	Suggestions & Practical Ideas	Notes
8) Outreach To what extend do your agency outreach activities (awards and fundraising events, services offered in community-based locations) model accessibility and responsiveness?	• Provide information to people with disabilities about the availability of support services from disability services/domestic violence/sexual violence organizations. • Review outreach services for accessibility. • Ensure all agency-sponsored events are accessible. • Be able to accommodate a broad range of participants with disabilities.	
9) Advocacy To what extent does your agency empower survivors with disabilities to advocate for their preferences in choosing services?	• Make sure advocates are familiar with ability of partnering agencies/organizations/systems to be accessible and responsive, and thus prepared to minimize the effects of inaccessibility and trauma. • 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.). • Review policies and determine whether mandating services creates barriers.	

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. Additionally, it is important to recognize that survivors with disabilities may use a variety of modes of communication, and that trauma can affect communication.

Guiding Questions	Suggestions & Practical Ideas	Notes
1) Communication Are agency informational and educational materials accessible to all individuals regardless of disability, and are they sensitive to trauma survivors?	• Documents avoid inclusion of words or depictions that are insensitive to trauma survivors. For example, posters or fliers with time sensitive information often have a cartoon depiction of a lit bomb. Be thoughtful of your intended audience. • Documents have been assessed for readability (e.g., simple sentence structures, unnecessary words eliminated, abbreviations and technical terms avoided). • 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). • Printed documents are available in at least 14 point font that has wide spacing between letters, words, and lines (e.g., Times or Arial). • Documents exhibit sufficient contrast and blank space to be readable. • All documents images should have text labels. • All unnecessary visual distractions have been removed from written materials. • Agency documents easily handled by individuals with limited motor coordination and within easy reach from a variety of heights (i.e. sturdy, nonglossy paper, single page, minimum of folds).	

Guiding Questions	Suggestions & Practical Ideas	Notes

2) Communication
Do you clearly communicate that your agency welcomes and can assist people with disabilities who are victims of violence?

- Make the community aware of your welcoming environment. Be sure it is clear when you arrive at your agency what the agency does.
- Clearly communicate the agency commitment to being a safe place to disclose violence and abuse.
- Provide captions for all audio & video-based materials.
- Pictures in your publications and website include people with diverse characteristics including individuals with disabilities.

Guiding Questions	Suggestions & Practical Ideas	Notes
3) Communication Can staff communicate with all service users regardless of their disability?	• 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. • The agency is 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. • 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. • At least one staff person is trained in American Sign Language. • Agency and staff members will place high value on individuals with disabilities being self-determined and will clearly communicate this value.	
4) Communication Do all agency electronic resources (e.g. web pages) adhere to current web accessibility guidelines?	• Your agency has reviewed web accessibility guidelines. • Your agency has evaluated your web pages based on web accessibility guidelines change from year to year. • Your agency has made the necessary changes and evaluates for web accessibility yearly.	

Inclusive and Trauma-Informed 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). This section traces the principles of universal design as they apply to collaboratively serving survivors with disabilities.

Guiding Questions	Suggestions & Practical Ideas	Notes
1) Equitable Use Are your agency environments (physical, communication, policy) designed such that it does not disadvantage or stigmatize any group of users?	• The agency's environment has been evaluated from a variety of cultural, age-related, and disability-related perspectives. • Evaluation of agency's environment includes staff, client, and community-based evaluation.	
2) Flexibility in Use Are you able to accommodate a wide range of individual preferences and abilities?	• Quiet space is available for individuals when needed. • 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).	

Guiding Questions	Suggestions & Practical Ideas	Notes
3) Simple, Intuitive Use Are your agency environments easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level?	• Interior and exterior pathways are marked for easy and independent navigation.* • Agency protocols are worded in a simple and direct manner such to ease understanding.	
4) Tolerance for Error If someone makes a mistake while participating in services, is it possible to self correct with confidence and dignity?	• As needed, precautions are in place to assist people with medications. • A protocol is in place for addressing needs for personal care assistance. • Consider counter heights, placement of items such food, brochures, signage and website design.	
5) Perceptible Information 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?	• High-contrast, well lit, large-print directional signs indicate accessible routes.* • Brochures/information displayed about safety awareness specifically for people with disabilities. • Materials are available in multiple formats to accommodate persons with varying reading abilities and communication styles.	

Guiding Questions	Suggestions & Practical Ideas	Notes
6) Low Physical Effort Is your agency designed in such a way that it can be used efficiently and comfortable, and with a minimum of fatigue?	• Therapy and activities include needed accommodations to ease participation of people with disabilities.	
7) Size and Space for Approach & Use 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?	• 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).* • The height of desks and lighting fixtures are adjustable for use by individuals with disabilities.	
8) ADA Policy Has your organization developed a physical accommodations policy in accordance with the ADA?	• You have assessed your agency's compliance with the ADA.*	

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. In recognition of the pervasiveness of trauma in the lives of people receiving services, policies reflecting trauma-informed principles and practices are also important.

Guiding Questions	Suggestions & Practical Ideas	Notes
1) Organizational Policy Do your agency policies articulate the expectation that the professional conduct of all staff demonstrates recognition of the pervasiveness of trauma in the lives of people receiving services, and express a commitment to reducing retraumatization/promoting healing and recovery?	• Agency mission statement and/or written policies and procedures include a commitment to providing trauma-informed services. • Agency policies reflect a commitment to reducing retraumatization and do not implement rules, procedures, activities, or schedules that unintentionally retraumatize or disempower. • Set an expectation that all staff implement trauma-informed practices through inclusion of trauma-informed principles into staff training, support, and performance evaluation. • Provide guidance on responding to persons with disabilities experiencing trauma.	

Guiding Questions	Suggestions & Practical Ideas	Notes
2) Accommodations Are there policies in place to determine needs for accommodations for survivors with disabilities?	• Assess the degree to which your facility is designed for universal access. • Develop and follow a protocol for identifying the need for accommodations. • Develop and follow an accommodation plan for addressing needs. • Conduct ongoing evaluation of the accommodation plan.	
3) Accommodations Do policies allow a survivor with disabilities to ask for individual accommodations? Are policies flexible enough to accommodate?	• 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. • Ensure policies encourage service coordination to provide a seamless experience for service users. • The agency has mechanisms in place to continuously gather feedback to evaluate whether people are receiving services that are sensitive to trauma and accommodations consistent with their individual needs.	

Guiding Questions	Suggestions & Practical Ideas	Notes
4) Training and Information Does your agency have a policy to provide ongoing training and information to direct service staff and volunteers regarding the types of accommodations and support they can provide, any limits to accommodations that can be provided, and providing these accommodations in a trauma-informed manner.	• Policy states the support expectations or limits of direct service staff and volunteers. • 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.	
5) Communication 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?	• Identify a complaint process for people with disabilities. • Provide a written grievance policy. • Post policy where people receiving services and employees have easy access to it. • Informed client of the policy in a way that accommodates special communicative needs. • Make policy available to the public.	

Guiding Questions	Suggestions & Practical Ideas	Notes
6) Safety Does your agency's emergency plan include procedures to evacuate individuals with disabilities, to alert individuals who may be hearing impaired or deaf, and to conduct emergency response in the least traumatizing manner possible?	• Your agency should have an emergency plan with procedures that address issues such as alert, response and evacuation of individuals with disabilities. • In your evacuation plan, include necessary equipment for alerting people with disabilities, such as flashing lights, emergency cards, sirens/ auditory alarms? • Obtain and install emergency alert equipment.* • Train your staff on implementing the plan in the event of an emergency. • Devise procedures for the conduct of safety activities, evacuations, and response to natural disasters that minimize stress and fear to the extent possible. Recognize that emergency response procedures will be retraumatizing to many survivors, so a trauma-informed response should follow.	

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 and those with experiences of trauma.

Guiding Questions	Suggestions & Practical Ideas	Notes
1) Partnerships To what extent do you have a collaborative working relationship with disability services/domestic violence/sexual violence organizations to serve survivors with disabilities?	• Identified service providers in your area and contact those agencies about potential collaborations. • Meet and develop a cooperative protocol and procedures related to addressing the needs of people with disabilities who have been victims of violence. • Exchange information and training opportunities with partner agencies.	
2) Leadership To what extent does your agency involve people with disabilities and trauma-informed philosophy in ways that influence and shape the agency?	• 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. • Appoint a diverse group of individuals (including individuals with disabilities) to develop and review agency materials, policies and practices based on universal design language. • Utilize the skills of board members/staff/ volunteers with disabilities at the same level as others.	

Guiding Questions	Suggestions & Practical Ideas	Notes
3) Training To what extent does your agency sustain ongoing disability/domestic violence/sexual violence-related training?	• Materials on disability or violence-related issues that are available to staff. • Training and education is provided to all new board/staff/volunteers about universal design, serving survivors with disabilities, and trauma-informed practices. • Continuing education is provided on a regular basis. • Designate a lead person to keep current with changes in the field and revise trainings accordingly.	
4) Inclusive Commitment To what extent does your agency's organizational culture reflect behaviors, beliefs, standards, and values consistent with universal design, inclusion, & trauma informed perspectives?	• Develop and follow a mission, vision, and goals that contain universal design, trauma-informed language. • Utilize written documents that contain inclusive, universal design, and trauma-informed language. • 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). • Budgets address universal design and trauma-informed deficiencies as well as a timetable for addressing needed improvements. • Agency leaders regularly communicate and model the agency's commitment to universal design, inclusion, and trauma-informed perspective. • Designate a staff to develop and share expertise on serving people with disabilities.	

Guiding Questions	Suggestions & Practical Ideas	Notes
5) Ongoing Evaluation To what extent does your agency monitor progress with regards to serving people with disabilities who have experienced violence?	• Evaluate services related to universal design, trauma-informed practice, program fidelity, quality assurance and program effectiveness. • Use evaluative feedback to improve its capacity to serve a diverse community. • Develop and revisit a plan for removing remaining barriers that prevent people with disabilities from fully accessing and benefitting from services.	

Developing a Work Plan for Your Agency

After completing the review, many agencies find it useful to assign scores for each guiding question within the five domains of the Accessibility & Responsiveness Tool. A *Scoring Instrument* is provided for this activity. (The *Accessibility & Responsiveness Tool* and the accompanying *Scoring Instrument* are both available at: http://www.accessingsafety. org/index.php/main/right_menu/resources/Promising-Practices/agency-assessment-tools-1/accessibility-and-responsiveness-review-tool, or contact: Elizabeth Durkin, Safety First project director at edurkin@mocsa.org.

The *Scoring Instrument* leads the team that completed the Accessibility & Responsive review through a process of recording 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, responsiveness, and trauma-informed principles and practices. 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. See the *Scoring Instrument* for more information.

The scores are not a grade. Scoring is a tool to facilitate the development of a work plan to address the needs of survivors with disabilities. It may be helpful to think of the completion of this process as something that can be used to leverage funds – areas for improvement are not "bad scores" but a documented need for your agency.

Teams may also record **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, teams should develop a work plan. (In order to facilitate this planning process, the *Scoring Instrument* contains an Action Plan Worksheet.) This process should be used to help your organization summarize the items by identifying priority action steps, establishing a time frame, and clarifying responsibility and roles. The scores assigned to each item are helpful in identifying priority action steps, but other considerations are also important. Teams should consider cost, capacity, staffing, measurement/data collection needed, political climate, time, readiness, sequence of required steps to make the change, systems change implications, and impact. After priority action steps are identified, teams should consider how long it will take to complete the steps, and create two-year and five-year work plans. Some changes will be easier to implement, given all considerations, and should be part of the short-term plan for change. Other priority changes may require considerable time, partnership, or funds, and should be part of the longer-term work plan for your agency. For each priority in the work plan, it is important to designate a person responsible for overseeing implementation of the change in accordance with the established timeline.

Resources

National Resources

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- *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*

The Institute for Health and Recovery-*http://www.healthrecovery.org/default.asp*

National Center on Domestic Violence, Trauma & Mental Health- *http://www.nationalcenterdvtraumamh.org*

Universal Design/Inclusive Environments
Institute for Human Centered Design-*http://www.adaptenv.org*

Violence against Women with Disabilities
Accessing Safety Initiative- *http://www.accessingsafety.org/*

Website Accessibility Resources
Web-AIM- *http://www.webaim.org*
WAVE website accessibility review tool- *http://wave.webaim.org*

Resources (continued)

Local Resources

Assistive Technology:
Missouri Assistive Technology- *http://www.at.mo.gov*
Phone: 816.655.6700

Disability Information:
UMKC Institute for Human Development - Missouri Developmental Disability Resource Center / Family-to-Family Health Information Center- *http://www.moddrc.org*
Phone: 816.235.1763 | TTY: 800.452.1185

Disability Services:
Developmental Disability Services of Jackson County--EITAS- *http://www.eitas.org* | Phone: 816.363.2000

The Whole Person- *http://www.thewholeperson.org*
Phone: 816.561.0304

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

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: 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: 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.

Sexual Assault: 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: 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.

Universal Design: An approach to the design of environments, communication, services and policies to work well for the widest range of people, taking into consideration the widest range of situations. It is not about "special design" just for a particular set of people, rather, it acknowledges that designing for the widest range of users will benefit all users in some way, and often in ways that may have been unexpected.

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

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