

# Access Granted

Creating Access for Victims with disABILITIES

A Guide for Service Providers



Global Organization  
Feminists with disABILITIES

A collaborative effort from the  
Global Organization for  
Feminists with disABILITIES,  
Virginian's Against Domestic  
Violence and  
Virginian's Aligned Against  
Sexual Assault



**ACCESS GRANTED:  
A Manual to Improve the Lives of Victims with disABILITIES**

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**A message from the President of the Global Organization of Feminists with disABILITIES:**

This entire project has been a wonderful journey of learning, empowerment, and change. It is the Global Organization of Feminists with disABILITIES (GO FWD's) hope that this project has reached far and wide, arming those that are in a position to assist people with disabilities, with the tools and knowledge that they need to properly serve and make all the necessary accommodations one needs to exit an unhealthy situation and live life to the fullest, be productive, contributing members of society and to be safe while doing so. This is our human right.

This manual is more than just a piece of literature to provide troubleshooting and technical assistance. In the broad spectrum, it is the total, dedicated effort and the collaborative product of several organizations and individuals, including survivors, women with disabilities, professionals, stakeholders, small business, educators, colleagues and our friends and family.

We thank you for what this manual will enable your organization to do. We thank you for taking time out to review the data entailed throughout this work and use it as a tool to service the needs of individuals who for a time, have been neglected, passed over and ignored.

Knowledge enables change.

Sincerely,  
*Rosemary Ciotti RN, MSN, CRNP*

## UTILIZING THIS MANUAL

Use this publication as a model to:

- /// Become aware of the needs of persons with disabilities
- /// Bring your offices, facilities and access to goods and services into compliance with the Americans with Disabilities Act
- /// Inform your staff on the best practices needed to assist someone with a disability
- /// Begin using language that is appropriate and respectful when addressing and discussing persons with disabilities
- /// Answer questions about considerations and accommodations that must be made to ensure full participation and integration of the victim into services and programs
- /// Locate other sources within Virginia's comprehensive system of services and assistance, for durable medical equipment, technological equipment and services

This manual specifically contains resources, phone numbers and names of national and Virginia organizations ONLY.

All effort has been made to ensure the URL's, contact names and phone numbers are current. Please remember information changes over time. Websites become out dated and the information is no longer relevant or correct.

While we have made an attempt to arm you with lots of information, this book is not so comprehensive that it contains everything that you need to know and to do. Obtaining this publication does not mean you have done all required but we believe it is a tremendous effort and a beginning and for that we thank you.

## Women with Disabilities and Experiences of Abuse

### Prevalence of Abuse

In excess of three million women are physically abused by intimate partners each year and nearly one-third (31%) of women in the U.S. will have been physically or sexually abused by a husband or boyfriend at some point in their lives. These statistics increase when abuse is expanded to include emotional battering and other forms of nonphysical abuse. Although men are more likely than women to experience a violent crime, women are 5 to 8 times more likely to encounter violent crime at the hands of an intimate partner, are 7 to 14 times more likely to endure severe physical assaults from an intimate partner, and are significantly more likely to be stalked by former and current partners compared to men (Family Violence Prevention Fund, 1999).

Domestic violence perpetrated against women who are disabled has revealed that they are at disproportionately high risk for multiple forms of abuse in diverse settings including homes, in hospitals, and in institutions (Nosek, Rintala, Young, Foley, Howland, Chanpong, Rossi, Bennett, & Meroney, undated; Sosbey, 1994).

A national study comparing disabled and non-disabled women demonstrated that the rate of abuse experienced by disabled women and nondisabled women is similar. In both groups of women, 62% had experienced emotional, physical or sexual abuse at some point in their lives with husbands or live-in partners as the most common perpetrators of physical or emotional abuse. However, differences were noted in the length and diversity of abuse and perpetrators thereof. Women with disabilities experienced the abuse for a longer duration, were more likely to be abused by a greater number of perpetrators, reported a higher number of health care workers and attendants as the perpetrators, and noted fewer options for escaping or resolving the abuse than their non-disabled counterparts (Young, Nosek, Howland, Chanpong, & Rintala, 1997).

An issue that is closely related to the abuse of disabled women is the disablement of non-disabled women resulting from physical battering. Common injuries due to domestic violence treated at emergency rooms include fractures, dislocations, dental injuries, muscular/skeletal injuries, head injuries, and gunshot wounds (Bureau of Justice Statistics, 1997). The staff of the Domestic Violence Initiative for Women with Disabilities in Denver, Colorado has collected service statistics showing that an alarming rate of 40% acquired a disability as a result of the abusive relationship. Of those seeking services, 60% were already disabled (National Coalition Against Domestic Violence, 1996).

Consistent with the prevalence statistics, disabled women themselves have identified abuse as a serious personal concern. In a study of 100 disabled women, abuse and violence was ranked as their number one priority for service social attention and action (Berkeley Planning Associates, 1992).

Given the high prevalence of abuse among disabled women, let us now look at some of the barriers that may contribute to the development of sound and efficacious services and supports for this population.

Due to the empirical dearth of knowledge about disability and abuse, there are major barriers to the development and implementation of services and supports that can enhance inclusion, productivity, safety and quality of life for this population. Three particular areas, inaccessibility, negative attitudes towards disabled women and incapacity to identify the

unique abuse encountered by disabled women have been noted as service barriers, due in large part to the absence of sound knowledge with which to counter these barriers. These barriers can be conceptualized through social and cultural models of disability.

### ***Inaccessibility***

Inaccessibility is both a cultural and social phenomenon which can be examined through those two views of disability. Looking at the domestic violence services as social agencies, many shelter and non-shelter community services are characterized by physically inaccessible settings, lack material available in formats that women with sight and/or cognitive impairments can read, do not have staff proficient in the use of American Sign Language to communicate with women with hearing impairments, and lack the training to provide services on multiple cognitive receptive and expressive levels. These barriers are listed by Barnes and Mercer (1997) as social limitations in that the social context provides inadequate support for a segment of the population that is clearly in need. An additional example of social incapacity is transportation. Transport services for persons with disabilities operate on too limited a schedule (daytime and weekdays) and require advanced notice of request, with shelter programs, generally, being unable to provide accessible transportation. Women with disabilities who may require transportation support are seriously limited in their access to crisis and/or after hours safety and support services. Thus the locus of the “problem” as seen through the social lens of disability is limitation in environmental support and accessibility. Similarly, for women needing personal care assistance, domestic violence programs may be unable to provide or coordinate such assistance so that she is able to leave her home (National Coalition Against Domestic Violence, 1996). Without a clear identification of the access and daily assistance needs of disabled women, rehabilitation services and supports cannot respond appropriately.

### ***Negative Attitudes***

Negative attitudes fall within the realm of social, political and cultural understandings of disability. Based on, a medicalized stereotype that women with disabilities are asexual and are unlikely to be in a relationship, or that they would not be abused because others would take pity on their condition rather than abuse them (Calvey, 1998), it is not unusual for women with disabilities not to be believed when they disclose the abuse to service providers.

Chenoweth (1996), Gilson, Cramer, and DePoy (in press), and Sosby (1994) note that when disabled women are taught to comply with the requests and instructions of others, tacit cultural understandings silence these women from expressing their lived experiences and perceived needs. Moreover, women in the Gilson et al. study reported difficulty communicating with service providers, including hotline staff, healthcare providers, and police in large part due to dual service system that separates “disability (medical model) issues” and “domestic violence issues”(social, political phenomena); for example, women reported contacting an agency and once they identified as having a disability they were immediately referred to the disability services agency, which is directs attention away from social issues to the treatment of individual medical deficits. As we indicated above in our



discussion of the medical view of disability, the women reported that healthcare providers are trained to view disability, rather than abuse, as the issue for treatment.

### ***Incapacity to Identify the Unique Abuse Encountered By Disabled Women***

A third barrier to service is the non-recognition of the unique forms of abuse that disabled women experience. Narrow cultural and political definitions of physical abuse, such as a criminal justice definition of physical assault or those that emerge from the power and control wheel conceptualization of abuse, may exclude those disabled women who are being abused by control and restraint, mechanisms that may appear to service providers to be less harmful in the non-disabled population than direct assault. Examples of these situations include withholding access to medications, controlling assistive devices, and refusing to communicate using assistive devices or with sign language (Gilson et al., in press). Provider and community failure to understand and characterize abuse among the disabled culture may serve to isolate women from services and supports that could potentially decrease or eliminate the abuse and provide a supportive environment in which women with disabilities can live safely and productively. Furthermore, disabled women have noted that standard abuse assessments fail to identify the types and extent of abuse occurring in their relationships, and thus, providers using such instruments do not identify many abuse situations as domains for intervention (Gilson et al., in press).

The limited knowledge about forms of abuse unique to women with disabilities thus may inadvertently place this population deeper into a world of limitation and isolation. Viewing non-recognition of abuse of disabled women as a cultural phenomenon highlights the isolation of these women from the social services and supports that could potentially decrease or eliminate the abuse and provide a supportive environment in which women with disabilities can live safely and productively.

While there are forms of abuse common to all women, some types of abuse are unique to disabled women because of the limitations that the disability itself presents. What may not be abusive for nondisabled women may be extremely harmful for disabled women. For example, causing harm by moving a mobility impaired individual against her wishes is not a form of abuse that can occur when one is independent in mobility. Of particular note was the additive effect of demeaning or dismissive comments to women with disabilities who already belong to a population that is devalued and marginalized by mainstream culture.

Moreover, because disabled women are frequently dependent on providers for daily care, perpetrators can be “of many faces” in the lives of disabled women. Providers who are often seen as “helpers” may in fact be the very individuals whose behavior is intentionally or indirectly abusive to women with disabilities.

From the women’s voices, the researchers have suggested that the cultural construct of **limitation** and thus cultural isolation seems to amplify seemingly benign situations into harmful ones, placing disabled, abused women in cycles of poverty or isolation, or both that then further serve to increase vulnerability to even more abuse and limitation.

Not unexpectedly, because of the current conceptualizations of abuse for nondisabled women, providers and other community members may not recognize extremely harmful abuse that is unique to women with disabilities. So now what? Realizing that women with disabilities experience unique forms of abuse is crucial to efforts to include them in services and supports for abused women and to advance preventive efforts for this population in the future. Let us examine some considerations for the future now.

### **Considerations for the future**

Considerations for the future fall into several arenas, including current service revisions and direction for future research.

First, the application of traditional criminal justice models of abuse to identify disabled women who have been or are being abused is not sufficient, thereby neglecting disabled women in the service system. To remediate this immediate and severe social problem, participants suggested the questions presented in Table 1 as probes to identify abuse that might not be identified with traditional assessment techniques.

**Table 1- Questions to Identify Abuse in Women with Disabilities**

- Has someone ever withheld something from you such as medication or an assistive device that you needed?
- Has someone ever said you can't do something, for example get a job or find housing?
- Has someone ever just walked out of the room when you said to them you need to use the restroom, or left you in your chair knowing there is no way for you to transfer without assistance?
- What level of respect do you feel you get from people?
- Do you feel you are in control of your life?
- Who controls your activities? Your medication? Your health? Have you ever experienced anything that made you uncomfortable?

Second, although spouses or live-in partners have been found to be the most frequent perpetrators among samples of disabled and nondisabled women (Young et al., 1997), the participants reinforced that there is a greater likelihood for health care workers and attendants to be the perpetrators of disabled women than for nondisabled women (Young et al.). Therefore, when asking questions about the perpetrator, service providers should not assume that the relationship between victim and perpetrator is a romantic or familial one.

Further research to test, advance and apply socially and culturally sensitive theory to the development and implementation of services, supports, and policies, that will prevent abuse among disabled women and provide needed supports for this population is essential. Regarding future inquiry, participants suggested that service providers examine the issue of abuse of women with disabilities by type and onset of disability in that the population of abused disabled women is not homogenous. For example, does a woman who has had a disability all her life gain a certain amount of confidence and knowledge about herself that provides her strength in making decisions about abusive relationships, versus the woman with a recent-onset disability who may still be adjusting to the disability and her sense of self as a disabled person? Another participant suggested that the causative factors of

perpetration on the part of health providers specifically related to the stress of the job tasks needs to be fully examined. A more complete understanding of individual, medical, social, and cultural diversity of both individuals who are abused and of perpetrators, and the identification of correlates and predictors of abuse of disabled women can serve to inform prevention programs as well as provide the needed knowledge on which responsive programs and policies can be developed and implemented.

Finally, the role of multiple and sometimes competing views of disability must be taken into account to inform the development, implementation and evaluation of efforts at various system levels to protect those who are abused and to include women with disabilities into abuse and violence protection and prevention services, supports, policies and legislation.

**This work is excerpted from:**

***Women with Disabilities and Experiences of Abuse***

**AUTHORS: Elizabeth P. Cramer, Associate Professor, Virginia Commonwealth University; Stephen F. Gilson, Associate Professor, University of Maine, Orono; and Elizabeth DePoy, Professor, University of Maine, Orono.**

## DISABILITY ETIQUETTE

Language does matter but as the proper way to address persons with disabilities and “politically correct” terminology changes everyday, it’s hard to know what to say. Every person has his/her own preference and every type of disability has its own history of oppressive and degrading language that has been designed to offend and cast down. Using the right words shouldn’t be hard and when any uncertainty arises, simply **ask** the person how they’d like it referenced, if at all. The wrong kind of language can further degrade, stigmatize and make some persons with disabilities feel rejected and unworthy of assistance or access to services.

**"People First Language"** consists of words and phrases that emphasize stating the “person” first, rather than that person's condition. Avoid such terms that refer to generalizations about populations as a whole having “this or that disability”.

Instead say:

- ⚡ “People with then state the disability’ . . .
- ⚡ “Aman or woman who has. . .”
- ⚡ And "Individuals with. . .”
- ⚡ “He/she has. . . “

Incorrect terms	Correct terms
Handicapped, crippled, gimp, afflicted	Person with a disability
Confined to a wheelchair, wheelchair bound, bound to a chair	Person who uses a wheelchair, has a mobility disability, requires the use of wheelchair, wheelchair user
deaf/mute, deaf and dumb, can’t talk,	Deaf, Late Deafened, Hard of Hearing Has difficulty speaking, has a speech impairment, uses an assistive communication device
Suffering with, sick, ill	Has a disability
Abnormal, not normal, deformities, gnarled fists, spastic	A person with cerebral palsy, has some involuntary or uncontrollable movements/manners
Retardate, slow, can’t process things	MR, mentally retarded
dumb, stupid, illiterate	Has a learning disability
Crazy, whacko, can’t function	A person who is mentally ill, a consumer of mental health services

## **The AMERICANS WITH DISABILITIES ACT**

*The following is a brief overview of the American's with Disabilities Act. Some titles, (such as Titles II & III) have items that pertain specifically to your agencies' accessibility. Others are overviewed for your information.*

Signed into law in 1990, The American's with Disabilities Act (ADA)

- /// Provides a clear and comprehensive national mandate to end discrimination against persons with disabilities.
- /// Enforces standards addressing discrimination against persons with disabilities.
- /// Ensures that the federal government enforces standards of the ADA on behalf of persons with disabilities.
- /// Ensures that all facilities and services are accessible to all persons with disabilities

### **TITLE I - EMPLOYMENT**

- /// Employers may not discriminate against any person with a disability in hiring or promotion if the person is otherwise qualified for the job.
- /// Employers can ask about one's ability to perform a job, but cannot inquire if someone has a disability or subject a person to tests that tend to screen out people with disabilities.
- /// Employers must provide "reasonable accommodation" to individuals with disabilities. This includes restructuring and modification of equipment, structures, moving items to allow access and obtaining assistive technological equipment making a task easier to perform

### **TITLE II – PUBLIC SERVICES**

- /// Mandates compliance by all state and local governments
- /// Public Services, state and local governments, their departments, agencies or instrumentalities (whether or not they receive federal financial assistance) must make reasonable modifications to their policies, practices, and procedures to ensure equal access to people with disabilities
- /// Buildings must adopt the ADA Accessibility Guidelines (ADAAG)\*, while state and local governments may choose to follow the Uniform Federal Accessibility Standard (UFAS)\*
- /// Public transportation, any public bus system that operates fixed-route service must purchase or lease buses that are accessible to people with disabilities (including wheelchair users). All (new or used) rail, trolley, subway and commuter rail systems must ensure one car per train be accessible to persons with disabilities

### **TITLE III – PUBLIC ACCOMMODATIONS OPERATED BY PRIVATE ENTITIES**

- /// Prevents private entities that own, lease out, or operate a place of public accommodation from discriminating against people with disabilities, including imposing eligibility criteria that

screen out individuals or classes of persons with disabilities from fully enjoying goods or services offered to the general public, failing to make reasonable modifications in the policies and practices, failing to provide necessary auxiliary aides and services, failing to remove architectural and communication barriers in a place of public accommodation

- ⚡ New and existing facilities must be altered to become accessible according to the ADAAG
- ⚡ Private transportation such as shuttle services and other transportation systems for hotels, shopping centers, amusement parks, private universities, and car rental agencies are required to make their vehicles and services accessible to riders with disabilities

#### **TITLE IV - TELECOMMUNICATIONS**

- ⚡ Telephone companies must provide telecommunications relay services for people with hearing and speech disabilities.
- ⚡ Common carriers (telephone companies) to establish interstate and intrastate telecommunications relay services (TRS) 24 hours a day, 7 days a week. TRS enables callers with hearing and speech disabilities who use text telephone (TTY's or TDD's), and callers who use voice telephones, to communicate with each other through a third party communications assistant.
- ⚡ Requires closed captioning of Federally funded public service announcements

#### **This information adapted from the:**

**Access Board** - [www.access-board.gov](http://www.access-board.gov) and the

**ADA General and Technical Assistance Center** – [www.ada.gov](http://www.ada.gov)

**US Department of Justice (DOJ)** -<http://www.usdoj.gov/crt/ada/adahom1.htm>

Please visit [www.ada.gov](http://www.ada.gov) for more information:

[www.ada.gov](http://www.ada.gov)

800-514-0301 (voice)

800-514-0383 (TDD)

*\*Documents such as the ADAAG and the UFAS, mentioned above in Title 2, are available by calling the ADA General and Technical Assistance Center.*

## ACCESSIBILITY ASSESSMENT CHECKLIST

**This checklist should be used to identify architectural barriers and barriers to your programs goods and services. This checklist outlines acceptable standards for coming into compliance with the titles of the Americans with Disabilities Act (ADA) as well as possible solutions to remove the barriers.**

<i>Date:</i>	
<i>Name and Phone Number of Surveyor:</i>	
<i>Facility name and address:</i>	

***Please note: A person with a disability is the best person to fill out this form. Your local disability organizations, agencies and Centers for Independent Living (CIL's) can assist your facility with the form but also with locating resources to rectify any accessibility problems addressed on this form. This document is NOT a legal document. It is an assessment tool to assist you with locating areas of inaccessibility to make them accessible.***

*This information has been adapted from the ADA Technical Assistance Center website. The entire and complete Accessibility Checklist for readily achievable barrier removal can be found at the ADA website: [www.ada.gov/checktxt.htm](http://www.ada.gov/checktxt.htm) or call the U.S. Department of Justice, call (800) 514-0301 to request a copy of the **American's with Disabilities Act Accessible Guidelines (ADAAG)**.*

### ACCESSIBLE FACILITY ENTRANCE

ISSUE	SOLUTIONS
___ Is there a <b>route of travel</b> that does not require the use of stairs?	<ul style="list-style-type: none"> <li>- Add a ramp if the route of travel is interrupted by stairs.</li> <li>- Add an alternative route on level ground.</li> </ul>
___ Is the <b>route of travel stable</b> , firm and slip-resistant?	<ul style="list-style-type: none"> <li>- Repair uneven paving.</li> <li>- Fill small bumps and breaks with beveled patches.</li> <li>- Replace gravel with hard top.</li> <li>-add skid resistant area</li> </ul>
___ Are accessible <b>parking spaces</b> well lit and clearly marked?	- Add lighting, use paint to mark space with built in reflectors
___ Are accessible <b>parking spaces</b> close to the	- Rezone to make accessible parking

<p>accessible entrance of the facility? Accessible parking spaces should be 8 feet wide for car plus 5-foot access aisle, and 98 inches of vertical clearance, available for lift-equipped vans?</p> <p><i>At least one of every 8 accessible spaces must be van-accessible (with a minimum of one van-accessible space in all cases).</i></p>	<p>spaces, mark new space with a visible sign until painting and can be done</p>
<p>___ Are an <b>adequate number of parking spaces</b> available? <i>(see proportion of total parking spaces to accessible parking spaces)</i></p>	<p>- Repaint/zone spaces to comply with number of accessible spaces to the number of total spaces</p> <p>Total spaces Accessible</p> <p>1 to 25 = 1 space</p> <p>26 to 50 = 2 spaces</p> <p>51 to 75 = 3 spaces</p> <p>76 to 100 = 4 spaces</p>
<p>___ Do <b>entrance doors</b> have handles/grab bars in compliance with ADA? Weight of the doors should be no more than 5lbs.</p>	<p>- If doors are heavy, make available at the door a staff person to assist someone requesting entrance or</p> <p>- Install a call button/door bell (buzzer) or telephone for persons outside to call for assistance</p> <p>- Install automatic door/button to gain entrance.</p>
<p>___ If the building is locked, are there signs that designate a <b>call box or buzzer</b>?</p> <p>___ Does the <b>call box/buzzer both</b> sound and show an indicator light to alert that the door is open?</p>	<p>- Install call box/buzzer</p> <p>- Install flashing light indicator and sounding buzzer</p>
<p>___ Do all <b>inaccessible entrances</b> have signs that indicate the nearest accessible entrance?</p>	<p>- Install signs before ALL inaccessible entrances clearly disclosing the location of the accessible entrance.</p>
<p>___ Next to the <b>handle of a door</b>, is there at least 18 inches of clear wall space so that a</p>	<p>- Reverse the door swing.</p>



<p>person using a wheelchair or crutches can get close to the door to open it?</p> <p>___ Can <b>doors be opened</b> without too much force? (doors should weigh 5 lbs. at the maximum-interior doors)</p>	<ul style="list-style-type: none"> <li>- Move or remove obstructing partitions.</li> <li>- Adjust or replace doors – install lighter doors.</li> <li>- Install power-assisted or automatic door openers and buttons.</li> </ul>
<p>___ Are <b>door handles 48 inches high</b> or less and operable with a closed fist?</p>	<ul style="list-style-type: none"> <li>- Lower handles.</li> <li>- Replace inaccessible knobs or latches with lever or loop handles (these can be simply retrofitted with add-on levers).</li> <li>- Install power-assisted or automatic door openers and buttons.</li> </ul>
<p>___ Can <b>alternate accessible entrances</b> be used independently?</p>	<ul style="list-style-type: none"> <li>- Replace doors with electronic sensors that sense person needs entrance adding power-assisted or automatic door opener button.</li> <li>-Install a call button or buzzer that allows those at the entrance to notify someone on the inside for assistance.</li> </ul>
<p>___ Is the <b>route of travel at least 36 inches</b> wide?</p>	<ul style="list-style-type: none"> <li>- Change or move landscaping, furnishings, or other features that narrow the route of travel.</li> <li>- Widen route.</li> </ul>
<p>___ Are there <b>curb cuts at entrance</b>, and drop off points?</p>	<ul style="list-style-type: none"> <li>- Install curb cut.</li> <li>- Add small ramp up to the curb.</li> </ul>
<p>___ Are the <b>slopes of ramps</b> no greater than 1:12?</p>	<ul style="list-style-type: none"> <li>- If structural changes permit, lengthen the ramp</li> <li>- Add a railing on both sides of the ramp</li> </ul>
<p>___ Is the <b>sign or name denoting the building</b> large and well lit?</p>	<ul style="list-style-type: none"> <li>- Enlarge sign, add outdoor lamp to shine on/light the sign</li> </ul>
<p>___ Are <b>ramps</b> non-slip?</p>	<ul style="list-style-type: none"> <li>- Add non-slip surface material – this can be a rug made of material for outdoor or indoor use that creates some type of</li> </ul>

	tread for wheelchair tires, crutches, canes or walkers
--	--------------------------------------------------------

**INTERIOR ACCESS – INSIDE FACILITY**

***Please note, that while some questions may not include your facility’s having the personnel/item on site at all times, you may check the space IF you are certain you and your staff know where and how to go about solving the issues if a client, with the disability in question, should arrive at your facility. E.g. An interpreter might not ALWAYS be on site, but if a person who is deaf calls and expresses the need to come to your facility, do ALL of your staff know how to request/ensure an interpreter can be on site when he/she arrives?***

**ACCESS TO GOODS AND SERVICES (ORGANIZATION PROGRAMS)**

<p>___ Does the <b>accessible stall</b> (if a single stall is located away from the other restrooms); have a sign that labels it as an “accessible restroom”?</p>	<p>- Mount sign on the door of the stall and ensure other signs are mounted to direct persons to it. <b>(Signs must meet ADA requirements)</b></p>
<p>___ Can <b>persons with mobility disabilities meet</b> with other members, staff of the facility, participate in special events, and support group meetings?</p>	<p>- Move meetings and other group gatherings to a place where a person using a wheelchair or who cannot climb stairs can meet for the duration of his/her stay.</p>
<p>___ Is ALL literature available in <b>Alternative Formats</b></p> <p>___ large print and labeled as large print</p> <p>___ Braille materials</p> <p>___ Taped materials</p> <p>___ Videos in audio description</p> <p>___ Materials, brochures, and etc., on diskette or CD-ROM</p>	<p>- Have materials enlarged and re-printed.</p> <p>- Consult company where video was originally purchased about audio described versions.</p>
<p>___ Are <b>videos available</b> in Close Captioned?</p>	<p>- Consult company where video was originally purchased about closed-captioned versions.</p>
<p>___ Are <b>materials in an accessible location</b> (located where persons with a mobility disability</p>	<p>- Relocate materials (or a portion of ALL materials) to an accessible location.</p>

can access them)?	
___ Is <b>TDD/TTY equipment up and running</b> , and in working condition at all times?	- Access the Virginia Department for the Deaf and Hard of Hearing (VDDHH) for assistance on updating/obtaining or modifying equipment and training for personnel and staff on how to utilize the equipment. VDDHH 1-800-552-7917 (V/TTY)
___ Has the organization <b>oriented all staff members</b> , other personnel and volunteers on how to utilize TDD/TTY equipment?	- Have a mandatory meeting inviting qualified persons (a trainer), if not yourself, to train and demonstrate how to successfully utilize the equipment.  <i>Please note you may need to have several meetings to ensure all staff, regardless of their shift, receives adequate training and is comfortable using the machinery</i>
___ Is the <b>TDD/TTY number</b> located on all materials?	- Update ALL materials with a simple label stating the telephone number for TDD/TTY  - Resend all mailed materials, repeat calls to the call list, inform agencies and organizations with the TTY number and to ensure everyone has been notified of the increase in accessibility
___ Is <b>there a TDD/TTY machine available</b> for the Deaf and Hard of Hearing to use while staying at the facility?	-If the only machine is for the staff/personnel operating the facility, post a sign expressing machines are available for private use.  <i>To set up more private setting, express willingness to relocate machinery to a private room until more equipment can be obtained.</i>
___ Are there <b>signs within the facility</b> announcing the availability of TDD/TTY machines?	- Post signs that TDD/TTY machines/phones are available for use
___ Does the <b>organization use the following to make programs accessible</b> to people who are Deaf or Hard of Hearing?  Assistive Listening Devices  ___ Infrared	- <i>Access the Virginia Department for the Deaf and Hard of Hearing (VDDHH) for assistance on updating/obtaining or modifying equipment and training for</i>

<input type="checkbox"/> Audio Loop <input type="checkbox"/> FM Systems <input type="checkbox"/> Sign language Interpreters or CART Reporters <input type="checkbox"/> Scripts (or transcripts) and Texts for verbal Presentations <input type="checkbox"/> Captioned Audio Visual materials	<p><i>personnel and staff on how to utilize the equipment. VDDHH 1-800-552-7917 (V/TTY)</i></p>
<input type="checkbox"/> Does the <b>organization note its accessibility on ALL materials</b> (brochures, program announcements and other materials) <input type="checkbox"/> Via the internet <input type="checkbox"/> Via Direct Mail Campaigns <input type="checkbox"/> By telephone <input type="checkbox"/> By TDD/TTY <input type="checkbox"/> In Large Print <input type="checkbox"/> In Braille <input type="checkbox"/> On Audio Cassette Tapes <input type="checkbox"/> On your organizations website and ALL sites that link to your organizations website <input type="checkbox"/> In all program/special event announcements	<ul style="list-style-type: none"> <li>- Update ALL materials with accessibility symbols</li> <li>- Resend all mailed materials, repeat calls to the call list, inform agencies and organizations and note accessibility with proper symbols</li> </ul>
<input type="checkbox"/> Are <b>objects moved from the route of travel</b> so they do not protrude into the pathway?	<ul style="list-style-type: none"> <li>- Remove protruding objects entirely. Clear objects from the path that cannot be detected by a cane, or that are small and may cause bodily harm if ran into, e.g. sharp objects, heavy podiums or other heavy statuesque objects that either can fall, be ran into or can topple easily.</li> <li>- Add a cane-detectable base that extends to the ground.</li> <li>- Place a cane-detectable object on the ground underneath as a warning barrier.</li> </ul> <p><i>In order to be detected using a cane, an object</i></p>

	<p><b><i>must be within 27 inches off the ground. Objects hanging or mounted overhead must be higher than 80 inches to provide clear head room. It is not necessary to remove objects that protrude less than 4 inches from the wall.</i></b></p>
<p>___ Are <b>area rugs, carpeting and other moveable flooring</b>, tightly woven, and securely attached along edges?</p> <p><i>The corners of rugs often get turned over, pulled back, and propose hazard to those who cannot see them</i></p>	<p>- Remove area rugs entirely, or replace with heavy duty type, adhesive or rubber backed carpeting that cannot catch or trip feet and stays securely attached to the floor underneath</p>
<p>___ If provided, <b>do signs designating permanent rooms and spaces where goods and services are provided comply</b> with the appropriate requirements for such signage?</p> <p>(See specifications for signs in below)</p> <p>- Signs mounted with centerline 60 inches from floor.</p> <p>- Mounted on wall adjacent to latch side of door, or as close as possible.</p> <p>- Raised characters, sized between 5/8 and 2 inches high, with high contrast.</p> <p>- Brailled text of the same information.</p> <p>- If pictogram is used, it must be accompanied by raised characters and Braille.</p>	<p>- Provide signs that have raised letters, Grade II Braille, and that meet all other requirements for permanent room or space signage.</p> <p>- Consult the Virginia Department for the Deaf and Hard of Hearing for assistance (VDDHH) for assistance on updating/obtaining signs that meet specifications and government regulations. VDDHH 1-800-552-7917 (V/TTY)</p>
<p>___ Are <b>signs to designate facilities, services, goods and important office locations legible</b>?</p>	<p>- Replace worn signs with raised characters, sized between 5/8 and 2 inches high, with high contrast</p>

**Elevators**

<p>___ Are there <b>both visible and verbal (audible) door opening/closing</b> and floor indicators (for example, one tone = up, two tones = down and etc.)?</p>	<p>- Install visible and verbal (audible) signals.</p>
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___ Are the <b>call buttons in the hallway</b> no higher than 42 inches?	- Lower call buttons.  - Provide a permanently attached reach stick.
___ Do the <b>controls inside the elevator</b> car have raised and Braille lettering?	- Install raised lettering and Braille next to each button.
___ Is there a <b>sign on both door jambs</b> at each floor identifying the floor in raised and Braille letters?	- Install tactile signs to identify floor numbers, at a height of 60 inches from floor.
___ If an <b>emergency intercom</b> is provided, is it usable without voice communication?	- Modify communication system.
___ Is the <b>emergency intercom identified</b> by Braille and raised letters?	- Add tactile identification.

## Restrooms

<p>___ Is there at least one handicapped <b>stall in the restroom?</b></p> <p><i>This includes access to restroom, accessible restroom with grab bars, ADA compliance height toilet and lowered sink basin with lowered soap AND paper towel dispenser AND lowered mirror.</i></p>	<ul style="list-style-type: none"> <li>- Designate a second bathroom that has a single stall and lock on the door for persons with disabilities</li> <li>- Install a second mirror that can be placed on the adjoining wall or tilt an existing mirror away from the wall in that it will reflect downward</li> <li>- Add a larger mirror anywhere in the room.</li> </ul>
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<p>___ Does <b>one sink (or lavatory) have a 30-inch-wide</b> by 48-inch-deep clear space in front?</p> <p>Note: A maximum of 19 inches of the required depth may be under the lavatory. <i>(This depth allows persons who use wheelchairs access to pull close enough under the sink to reach the faucet levers)</i></p> <p>___ Is the <b>lavatory rim</b> no higher than 34 inches?</p>	<ul style="list-style-type: none"> <li>- Rearrange furnishings.</li> <li>- Replace lavatory.</li> <li>- Remove or alter cabinetry to provide space underneath. Make sure hot pipes are covered.</li> <li>- Move a partition or wall.</li> <li>- Adjust or replace lavatory.</li> </ul>
<p>___ Is there <b>at least 29 inches from the floor to the bottom of the lavatory apron</b> (excluding pipes)?</p>	<ul style="list-style-type: none"> <li>- Adjust or replace lavatory</li> </ul>
<p>___ Can <b>the faucet be operated with</b> one closed fist?</p>	<ul style="list-style-type: none"> <li>- Replace faucet handles with paddle (or lever) type handles.</li> </ul>
<p>___ Are <b>soap and other dispensers and hand dryers or paper towel holders</b> within reach ranges and usable with one closed fist?</p>	<ul style="list-style-type: none"> <li>- Lower dispensers.</li> <li>- Replace with or provide additional accessible dispensers.</li> </ul>

### Drinking Fountains

<p>___ Is there at least one <b>fountain with clear floor space</b> of at least 30 by 48 inches in front?</p>	<ul style="list-style-type: none"> <li>- Clear more room by rearranging or removing furnishings.</li> <li>- Provide cup dispensers for fountains with spouts that are too high.</li> <li>- Provide accessible water cooler.</li> </ul>
<p>___ Are <b>controls for the fountain</b> mounted on the front of or on the side near the front edge, and operable with one closed fist?</p>	<ul style="list-style-type: none"> <li>- Replace the controls.</li> <li>- Provide accessible water cooler.</li> </ul>
<p>___ Is each <b>water fountain cane-detectable</b> (located within 27 inches off the floor or protruding less than 4 inches from the wall, into the circulation path)?</p>	<ul style="list-style-type: none"> <li>- Place a planter or other cane-detectable barrier on each side at floor level.</li> </ul>

## Public or Pay Telephones

___ If <b>pay or public use phones</b> are provided, is there clear floor space of at least 30 by 48 inches in front of at least one of the phones?	- Move furnishings.  - Replace booth with open station.
___ Is the <b>highest operable part of the phone</b> no higher than 48 inches (up to 54 inches if a side approach is possible)?	- Lower telephone.
___ Does the <b>phone protrude</b> no more than 4 inches into the circulation space?	- Place a cane-detectable barrier on each side at floor level.
___ Is the <b>phone hearing-aid compatible</b> ?	- Contact phone company to replace with hearing-aid compatible phone.
___ Is the <b>phone adapted with volume control</b> ?	- Contact the phone company to add volume control.
___ Is the <b>phone with volume control identified</b> with appropriate signage?	- Add signage
___ Is there <b>public phones in the building, are one of the phones equipped</b> with a text telephone (TTY or TDD)?	- Install a text telephone.  - Have a portable text telephone available. <i>Provide signs that announce the availability of text telephone throughout the building and next to the public inaccessible phones</i>  - Provide a shelf and outlet next to phone.
___ Is the <b>location of the text telephone identified by accessible signage</b> bearing the International TDD Symbol?	- Add signage. <i>Provide signs that announce the availability of text telephone throughout the building and next to any and all public inaccessible phones.</i>

## Emergency Exiting Procedures

It is tremendously important that during an emergency those situated inside your building be able to exit without harm or injury to themselves and others requiring assistance.

In your planning, please note that you must research, and prepare staff for transporting and assisting individuals with disabilities to a safe location, in the event of an emergency. The fire and rescue department, police and other human safety service agencies should make available to you, plans and evacuation procedures to consider for persons with disabilities in the event of an emergency.



## **DISABILITIES OVERVIEW**

*A GUIDING PRINCIPLE: Each person with a disability is different. What works for some might not work for others. The information below is to provide you with an overview on different types of disabilities, the needs that persons with those disabilities may present to service providers and tips for service providers working with persons with disabilities.*

### **PERSONS WITH MOBILITY DISABILITIES**

#### **TYPES OF MOBILITY DISABILITIES**

People who have mobility disabilities may require the use of a wheelchair, cane, crutches, braces and/or walkers. Mobility related disabilities result from congenital conditions, accidents, or progressive neuromuscular diseases. These disabilities stem from conditions such as spinal cord injury, cerebral palsy, amputation, muscular dystrophy, cardiac conditions, cystic fibrosis, paralysis, polio/post polio, stroke and many more causes. Not all persons with mobility disabilities require the use of mobility aids.

#### **Persons with a mobility disability may:**

- /// Require more time to carry out daily operations and to get from place to place
- /// Need the use of a Personal Care Assistant (PCA) to help with personal hygiene, dressing, bathing and using the bathroom
- /// May need to use specialized transit services, elevators in building structures, ramps into buildings due to a wheelchair or because they are unable to climb stairs

#### **TIPS ON WORKING WITH PERSONS THAT HAVE A MOBILITY DISABILITY**

- /// Upon meeting people with mobility disabilities, if they are unable to reach up or out to shake your hand, you can make introductory contact with them by touching them on the shoulder, the arm or grasping his/her hand. NEVER pat a person on the head. A pat on the head is considered demeaning.
- /// ASK FIRST! Do not assume that a person who with any type of disability needs your assistance without asking them first. Most persons who need assistance will ask for it. Offer assistance and accept a "No, thank you." kindly.
- /// LISTEN! After asking whether or not a person needs help, listen to his/her instruction. He/she will know best how you can be of assistance.
- /// ANY type of equipment a person utilizes for assistance is an extension of his/her body, e.g. his/her wheelchair, cane, crutch, walker, service animal. DO NOT lean, stand, touch, pull or disturb the person's equipment in any way. If equipment becomes damaged, lost or stolen, this will severely hamper and in all cases, limit a person's independence

- ⚡ Persons with mobility disabilities may require the use of accessible transit. Regularly scheduled transportation systems (e.g. metro bus, rail) and fixed route transit, are hard to obtain on a moments notice. ALWAYS ask what kind of transit they would need to ensure you seek the right kind of assistance, e.g. a lift for a person who uses a wheelchair, or will a cab work for someone who uses a wheelchair AND can transfer? Is their wheelchair collapse-able and thus able to fit in the trunk of a car or on the back seat?
- ⚡ Wherever possible, sit down to talk with a person who uses a wheelchair. If sitting isn't possible, stand a few feet away from the person but never stand behind or to the direct side of a person to converse with them.
- ⚡ Within your facility, rearrange or move altogether, furnishings such as tables, chairs, display racks, vending machines and desks to make more room for persons to move about within the space.
- ⚡ Always look at and speak directly to the person with the disability rather than to a personal care assistant (PCA) or attendant who may be accompanying them.
- ⚡ Never push a person who uses a manual wheelchair without asking him/her if he/she would like assistance. After agreeing to assistance always inform the person exactly where you are taking him/her.

## GLOSSARY OF TERMS

**Hoyer, hydraulic lift** or **barrier free lift** – A mechanical aid that assists with transferring a person from a wheelchair to a bed, a sling is NEEDED WITH THE LIFT. (See *Sling* below)

**Personal Care Assistant, (PCA)** – also referred to as an attendant, home health aide, or personal attendant (PA) – This person is sometimes a nurse, nurse's aide or certified nursing assistant or he/she has no formal training. They will need to be oriented to a persons individualized needs before service can begin. The PCA assists with personal needs such as bathing and personal care, dressing, using the restroom and carrying out other daily living tasks a person with a disability might not be able to carry out on his/her own.

**Transfer** – means moving from one place to another, in this case, from wheelchair to bed, wheelchair to commode. Persons with mobility disabilities often need assistance with transferring.

**Quad cane** – usually a metal cane with four prongs instead of one, usually giving greater stability than a single leg cane

**Reacher** – an assistive device used to reach far away objects. A reacher usually looks like a long stick with a hook on the far end and a trigger mechanism on the handle end. Persons with limited reach use a reacher to grab far away objects bringing them closer within their grasps (e.g. picking up papers, coins or reaching into cabinets, refrigerator, and etc.)

**Service Animal** – A service animal is any animal that has been trained to provide assistance to a person with a disability. Specific types of service animals are defined below:

(I) "**Guide Animal**" means an animal has been specially trained to aid a particular person who is blind or has low vision.

(II) "**Hearing Animal**" means an animal has been or is being specially trained to aid a particular person who is deaf or hard of hearing.

(III) "**Service Animal**" means an animal that has been or is being specially trained to aid a particular person with a physically disability other than sight or hearing.

⚡ Never pet or playfully taunt a service animal. They are working and should not be distracted at any time.

⚡ Under the American's with Disabilities Act (ADA) service animals are permitted to go almost anywhere with their owner, including on planes, buses, trains, in restaurants, parks, malls, and any other place where a regular animal "pet" might be prohibited.

**Companion Animal** – is also a service animal, while not legally defined, may provide emotional or physical support to persons with disabilities.

*Please note: service animals are not always dogs.*

**Sling** – This is a device used often in conjunction with a Hoyer lift (also called a hydraulic or barrier-free lift). It is made of a strong, durable mesh netting material and is used for a person with a mobility disability to sit in. The sling has hooks usually at four corners which hook on to the lift so that the person can be lifted and transferred.

### **Where to borrow equipment for persons with mobility disabilities:**

There is often an association, organization, or agency for every type of disability. These organizations assist persons diagnosed with the disability they cater to and assist him/her with referrals, services, funding for equipment, and have other information that is important to their clientele. Moreover, they often have **loan closets** where they house wheelchairs and many other types of equipment. There are many agencies (as there are disabilities), yet a few of the largest listed below can refer you to a point of contact.

**Centers for Independent Living (CIL's)** – [www.virtualcil.net/cils/docs/va.html](http://www.virtualcil.net/cils/docs/va.html)

**Cerebral Palsy Foundation** – [www.ucp.org](http://www.ucp.org), 1-800-872-5827, 202-776-0406

**Multiple Sclerosis Foundation** – [www.msfacts.org](http://www.msfacts.org)

**National Multiple Sclerosis Society** – [www.nmss.org](http://www.nmss.org), 1-800-FIGHTMS (344-4867)

**Spina Bifida Association of America** – [www.sbaa.org](http://www.sbaa.org) 800 - 621-3141, 202- 944-3285

**The National Spinal Cord Injury Association** – [www.nscia.com](http://www.nscia.com), 1-800-962-9629

**The Muscular Dystrophy Association** –[www.mdaua.org](http://www.mdaua.org), 1- 800-572-1717

**Other ways to obtain equipment include those provided by rehab centers, charitable organizations and other non-profits. Some of the following organizations maintain loan closets to house donated medical equipment for the general public. Call or visit their website to locate your closest agency:**

The Salvation Army, [www.salvationarmyusa.org](http://www.salvationarmyusa.org),

Goodwill Industries International – [www.goodwill.org](http://www.goodwill.org), 1-800-664-6577

### **Obtaining a personal care assistant (PCA):**

Most local Centers for Independent Living (CIL's) maintain what is called a **PAS (Personal Assistant Services) Registry**, a list of persons that are available for personal care assistant services. These individuals may work for hospitals, elderly care facilities and the like, but they don't always. Some have steady clients or work on a case by case basis and their hours of availability vary. The CIL's can assist with locating a PCA for the victim.

The hourly rate for services rendered, varies. If the client is receiving any type of government assistance, on a state run program, or has Medicaid, there are usually funds allocated for the payment of these services. The client will need to have an assessment for participation in any of these programs and to receive like support services and benefits, such as the Medicaid Waiver PAS programs. **The following agencies can be contacted to begin the process to qualify for these services:**

**Department of Social Services Office** – [www.dss.state.va.us](http://www.dss.state.va.us)

**Centers for Independent Living (CIL's)** [www.virtualcil.net/cils/docs/va.html](http://www.virtualcil.net/cils/docs/va.html)

## **PERSONS WITH VISUAL DISABILITIES**

*A GUIDING PRINCIPLE: As aforementioned, each person with a disability is different. What works for some might not work for others. The information below is to provide you with an overview on different types of disabilities, the needs that persons with those disabilities may present to service providers, and tips for service providers working with persons disabilities.*

### **TYPES OF VISUAL DISABILITIES**

**Low Vision** – describes persons with low vision, who might not have complete vision loss, but are considered legally blind. They will have difficulty performing everyday tasks such as reading, writing, shopping, and cooking.

**Blindness** – refers to complete loss of vision

### **TIPS ON WORKING WITH PERSONS WITH VISUAL DISABILITIES**

- /// Not all persons who are blind can read Braille
- /// When assisting people with visual disabilities, or directing them to places within the building, always lead them by lending your elbow (at or about the elbow.) Some persons may choose to put their hand on your shoulder depending on the height of the person who is blind and the person assisting him/her. Holding on to your arm or shoulder will enable you to better guide rather than propel or lead the person.
- /// Never grab their hand, or arm and proceed to push and propel them where they want to go.
- /// When showing a person who is blind to a seat, place his/her hand on the back of the chair.
- /// Never take packages and carry them to the person's destination. Ask first then tell them exactly what you are doing and the exact location you have placed their items.
- /// If speaking with someone who is blind and planning to leave, always end conversation with a verbal parting expression. Never leave without expressing your departure despite thinking the conversation is through.

## GLOSSARY OF TERMS

**Braille** – is a system of writing using a series of raised dots to be read with the fingers by people who are blind or whose eyesight is not sufficient for reading printed material.

**Braille** – is an all-purpose Braille writer enclosed in a grey enamel aluminum case. It is operated by six keys.

**Cane** – The type of cane a person who is blind uses is different from the type of cane a person with a mobility disability or the elderly use. This type of cane is longer and assists the people who are blind with locating objects on the floor and in his/her pathway that he/she will need to step around.

**Descriptive Video** (sometimes called **Descriptive Captioning**) –designed for people who are Blind, the videos provide an additional narration that describes the visual elements of the film, such as the action of the characters, locations, and costumes, without interfering with the actual dialogue and sound effects. Some videos are now being made with Description caption. If ordering new materials from any agency, always inquire about to whether the video is available in descriptive captioning.

**Screen Reader** – Also called **Voice Output Technology**. Hardware and software produce synthesized voice output for the text that is being displayed on the computer screen, as well as for keystrokes entered on the keyboard. Examples of product names: JAWS for Windows, OutSpoken for Macintosh, and Screen Reader 2.

**Stylus** –A pointed steel tool with a handle used to punch Braille dots.

**Slate** – Slates are made of metal or plastic frames and used as a guide as the person who is blind punches dots onto the paper with a stylus. The paper fits into the slate between the top and bottom of the frame and is held in place by small pins. The Braille dots are punched downward into the paper.

### **Obtaining alternative formats:**

Consumers having limited to no vision have a need for information in alternative formats. While he/she may have some vision, allowing them to read large print, others choose to read Braille and others require the use of a computer with synthetic speech, or refreshable Braille display, to read electronic documents.

Your agency must obtain and make available a variety of formats because the ability of the client varies. Large print, Braille, audio tape, and electronic file (diskette) are just some of the more common alternative formats. Except for Braille, (unless a local Braille exist), most alternative formats can be made in-house. All of the following resources are listed at the American Council for the Blind's website.

The **American Council of the Blind** maintains a number of resource listings containing companies that provide products and services, [www.acb.org/accessible-formats.html](http://www.acb.org/accessible-formats.html), (800) 424-8666.

The **American Foundation for the Blind** offers a resource database on its website that will assist you in finding local organizations that can assist with the production of documents into alternate formats.

The **American Printing House for the Blind** has a database listing information about Accessible Media Producers, [www.aph.org/ampdb.htm](http://www.aph.org/ampdb.htm)

The **American-Association of the Deaf-Blind**, [www.aadb.org](http://www.aadb.org)

The **National Library Service for the Blind and Physically Handicapped** has a resource publication and is online in its entirety at:  
[www.ftp://ftp.loc.gov/pub/nls/reference/directories/custombooks.txt](http://www.ftp://ftp.loc.gov/pub/nls/reference/directories/custombooks.txt)

The **Virginia Department for the Blind and Visually Impaired** – [www.vdbvi.org](http://www.vdbvi.org)

*This information has been adapted and taken from **The American Council of the Blind**, [www.acb.org](http://www.acb.org), (800) 424-8666. For more information, visit their website or call their toll free number.*

## PERSONS WHO ARE DEAF and HARD OF HEARING

*A GUIDING PRINCIPLE: As aforementioned, each person with a disability is different. What works for some might not work for others. The information below is to provide you with an overview on different types of disabilities, the needs that persons with those disabilities may present to service providers, and tips for service providers working with persons with disabilities.*

### TYPES OF DEAFNESS

**Conductive Hearing Loss** – involves the outer and middle ear, may be caused by blockage of wax, punctured eardrum, birth defects, ear infection, or heredity, and often can be effectively treated medically or surgically.

**Sensorineural Hearing Loss** – (also called **nerve related deafness**) involves damage to the inner ear caused by aging, prenatal and birth-related problems, viral and bacterial infections, heredity conditions, trauma, exposure to loud noise, fluid backup or a benign tumor in the inner ear.

**Mixed Hearing Loss** – refers to a combination of conductive and sensorineural loss and means that a problem occurs in both the outer or middle and the inner ear.

**Central Hearing Loss** – results from damage or impairment to the nerves or nuclei of the central nervous system, either in the pathways to the brain or in the brain itself.

### A BRIEF ON COMMUNITIES AND CULTURE OF THE DEAF AND HARD OF HEARING

**Within the community of people with hearing losses, there are a variety of communities and cultures:**

**Deaf:** “capital D” deaf means culturally Deaf – the person accepts Deaf Culture, uses sign language, often does not want to be hearing, and the Deaf community and the relationships within it are very important. The culturally Deaf do not consider their hearing loss to be a disability.

**deaf:** “lowercase d” deaf means a person who has a hearing loss but may or may not consider him/herself culturally deaf.

**Hard of Hearing:** Generally means people with hearing losses that do not consider themselves part of the Deaf community. This may include people who use hearing aids, assistive listening devices and/or cochlear implants who do not consider sign language the most effective way to communicate. People who are hard of hearing usually consider their hearing loss to be a disability.

**DeafBlind:** When written with capital a “D” and “B” with no space between them, means a person who is part of the DeafBlind culture and has at least partial hearing and vision loss but does not see these losses as disabilities. Persons who identify as part of the DeafBlind culture usually use ASL to



communicate. Generally persons who are DeafBlind need both visual and auditory accommodations (large print, Braille, sign language, close vision sign language, tactile sign language, etc.) People who are not part of the DeafBlind culture may spell the word deafblind, with a hyphen, or a slash between "deaf" and "blind."

**Late-Deafened:** Includes persons who lose their hearing “postlingually” (any time after the development of speech and language). Hearing loss could be sudden or gradual and could be due to illness, medication, accident, noise, etc. Generally persons who are late-deafened (especially if it occurs in adulthood) do not use sign language to communicate, but instead rely on assistive listening devices, hearing aids, CART, cochlear implants, etc.

## **TIPS ON WORKING WITH the DEAF and HARD OF HEARING**

- ⚡ If a Deaf person uses an interpreter or a Computer-Aided Real Time Captioning (CART) reporter, speak directly to the person who is deaf and NOT the interpreter or CART reporter.
- ⚡ If using an interpreter or CART reporter, in group meetings or settings where there is more than two people present, ensure that people understand the importance of speaking one person at a time. When persons speak over each other, it is hard for the interpreter or CART reporter to translate all that is being said to the deaf or hard of hearing person.
- ⚡ Never chew gum or consume food and beverages while speaking directly (not through an interpreter) to someone who is Deaf or Hard of Hearing but is able to read lips. This distorts the way the words would sound thus altering what you are trying to say.

**For persons who have a hearing loss some of the above considerations may apply as well as these suggestions:**

- ⚡ Move closer to the listener, this approach works better than raising your voice
- ⚡ If possible, in a crowded area, move to a quieter room, shut the door
- ⚡ Turn off the radio, television, running water, air conditioners, fans and other background noises
- ⚡ Talk face to face, speaking at eye level
- ⚡ Try rewording a message, some words are easier to lip read than others, rephrasing the message may make it clearer and easier to understand

## **GLOSSARY**

**American Sign Language (ASL)** – manual (hand, facial expression, body language) language with its own syntax and grammar used primarily by persons who are deaf. Each

country has its own sign language, as with spoken language, and there are regional differences in signs within the United States.

**Assistive Listening Devices** – Refers to hard-wired or wireless transmitting/receiving devices that transmit sound from the microphone directly to the listener, minimizing the negative effects of distance, noise, and reverberation on clarity. The devices transmit sound directly to the ear, but also can employ "teleloop" attachment accessed by the telephone switch in some hearing aids and cochlear implants.

**CART (Computer Aided Real-Time) Reporters (a.k.a. Communication Access Real-Time Translators)** – CART Reporters are trained court stenographers who use a computer program which translates steno into written English using a steno machine and a laptop computer. A person who is deaf or hard of hearing will read what is being said by others from a laptop, word for word, as it is being said. This service is used primarily if a person does not sign or uses assistive listening devices.

**Closed Captioning** – is a method of embedding subtitles within the video signal. The subtitles can be descrambled and viewed on the television screen with the use of special decoding equipment.

**Cued Speech** – Some Deaf and Hard of Hearing people have been educated in a system which uses 12 specific hand signals representing the sounds of the English Language. The cues, when used along with lip movements, help a deaf or hard of hearing person to more clearly understand the numerous words which look alike on the lips.

**Deaf-Blind** – Refers to people who have significant, but not necessarily total, loss of both vision and hearing (dual sensory loss). Deaf-Blind people may be culturally Deaf, oral deaf, late deafened, or hard of hearing and his/her mode of communication varies accordingly.

**FM and Infrared Loop Systems** – FM System or Infra red Loop System cuts out background noises and allows a hard of hearing person to receive a spoken message sent directly to the telecoil in their hearing aid or to their ear. Used often in a group setting, where there are one – two speakers. The speaker wears the microphone that allows the hard of hearing person to pick up the signal in his/her hearing aid. This signal is not broadcast beyond the user.

**Late Deafened** – Refers to people who became deaf post-lingually (after learning to speak), and were raised in the hearing community. *Most* late -deafened people do *not* learn sign language.

**Oral Deaf** – This term refers to people who are born deaf or become deaf prelingually, but are taught to speak and do not typically use American Sign Language for communication.

**Oral Interpreting** – Oral interpreting is rendered by highly trained professionals. It involves the interpreter mouthing everything being said by whoever is speaking. The interpreter is trained to clarify words that may look similar on the lips and may include some natural gestures if necessary, to ensure comprehension.

**Signed English** – Signed systems exist in which persons who are deaf use sign language and mouth movements, which follow the syntax of English.

**Speech Reading** – also known as **lip reading**, through this method and depending on a person’s accent, individual speech pattern, this may be a method of communicating with a Deaf or Hard of Hearing person. If the persons who are deaf or hard of hearing aren’t accustomed to speech reading, having pen and paper on hand is often helpful to write down words.

**Tactile ASL** – refers to the signing of ASL into the palms of a deaf-blind person's hands, done by a skilled interpreter.

### **Where to borrow/obtain equipment for the Deaf and Hard of Hearing:**

***Before requesting an interpreter, any kind of assistive technology or other communication device it is tremendously important to ask the consumer what he/she prefers. Be sure to have an understanding of this information before contacting one of the agencies listed below.***

**Requesting/locating an interpreter** – see handout

To obtain more information about the Deaf and Hard of Hearing, contact:

***The Virginia Department for the Deaf and Hard of Hearing (VDDHH)***

[www.vddhh.org](http://www.vddhh.org) 1-800-552-7917 (V/TTY)

**Virginia Association of the Deaf (VAD)**

[www.vad.org](http://www.vad.org)

## PERSONS WITH COGNITIVE DISABILITIES

*A GUIDING PRINCIPLE: As aforementioned, each person with a disability is different. What works for some might not work for others. The information below is to provide you with an overview on different types of disabilities, the needs that persons with those disabilities may present to service providers, and tips for service providers working with persons with disabilities.*

The spectrum of abilities associated with any cognitive disability, vary widely. Significant challenges or difficulties in the following areas are common:

Memory/Learning	Problem solving	Decision making
Speech/Communication	Functional academics (e.g. reading, writing, basic math)	Motor Skills (e.g., balance and walking)
Health and Safety	Community use	Comprehension
Determining responses to properly caring for his/her health and being safe	Activities of daily living (e.g. bathing, dressing, toileting, eating)	Economic self-sufficiency Social skills

## CONCERNS FOR THOSE WITH COGNITIVE DISABILITIES

- ⚡ People with cognitive disabilities may not realize that sexual abuse is wrong, unusual or illegal. As a result they may not know they should tell someone about sexually abusive situations.
- ⚡ They may be fearful to openly talk about such painful experiences due to the belief that no one will believe them or take them seriously. They typically learn not to question caregivers or others in authority when these authority figures are often the ones committing the abuse.
- ⚡ They may be in an increased environment of risk (group home, nursing home or other situation where many kinds of people frequent, work and live, limiting their ability to tell someone outside the facility).
- ⚡ They may feel socially powerless, isolated or may not be able to express themselves verbally in order to relay what has happened to them.
- ⚡ They may not tell because the perpetrator has threatened to harm them or someone they love or care about if they do.
- ⚡ They may be under stress, lack proper judgment and their current living arrangements (and fear of losing a place to live) increases their silence and vulnerability.

## **Tips on working with those with cognitive disabilities:**

- /// Provide space enclosures or a private office.
- /// Reduce clutter and distractions such as noise around you in a meeting room, (e.g. outside noise, other people talking, loud machinery or construction add to the stress level of the individual and create distraction).
- /// Sit across from the person; never stand over him/her, which might be interpreted as an intimidating stance or threatening manner.
  
- /// Allow for frequent breaks.
- /// Use simple, concise language and instruction.
- /// Allow additional time for processing information. The person may need 20-30 seconds to process what you have said before being able to respond. Be patient!
- /// Ask the person to paraphrase what you have said to ensure comprehension.
- /// Maintain open channels of communication and at intervals ask questions, “How do you feel?” “Do you understand?” “How can we help you?”
  
- /// Let him/her know that whatever he/she is feeling is fine.
- /// Listen to what the person is saying and repeat it back to him/her.
- /// Encourage the person to share what has happened. Tell him/her its okay no matter what.
- /// Remind them of the environment “This is a safe place.”
  
- /// Remind them of your role, as a helper and that you are there to help them, “I will believe you in what you want to tell me,” and “I’m here to help you.”
- /// Recognize that ANY change or new circumstance can be difficult especially for a person with a cognitive disability.
- /// If you are providing written information, keep in mind that reading skills, if present will be at a very low level, use large print. This will make reading easier as small print can cause.
- /// In written materials, use simple, concise language. Include only the most important items.
- /// Keeping written materials together (e.g. in a notebook/notepad, binder, calendar) will help the person maintain the information and process it later.
- /// Throughout the training, provide gentle encouragement.

This information adapted from the:  
**Brain Injury Association** www.biaus.org

The **Job Accommodation Network** - www.jan.wvu.edu/media/BrainInjury.html and

**The Association of Retarded Citizens** – www.thearc.org

**The Arc National Headquarters** – 301-565-3842

*More Resources to obtain assistance for working with and addressing the needs of those with cognitive disabilities:*

**Brain Trauma Foundation** - [www.braintrauma.org](http://www.braintrauma.org), 212-772-0608

**The Brain Injury Association of America** –www.biausa.org, 1-800-444-6443

**The Association of Retarded Citizens** – www.thearc.org

## **CONSUMERS OF MENTAL HEALTH SERVICES**

*A GUIDING PRINCIPLE: As aforementioned, each person with a disability is different. What works for some might not work for others. The information below is to provide you with an overview on different types of disabilities, the needs that persons with those disabilities may present to service providers, and tips for service providers working with persons with disabilities.*

### **TYPES OF MENTAL ILLNESS**

Consumers of mental health services are best understood as having 1) **acute** or 2) **chronic** situations that are affecting their lives. Persons dealing with acute symptoms have experienced a recent crisis resulting in psychological and behavioral symptoms that need immediate attention.

Consumers of mental health services with chronic situations are dealing with long-term symptoms, especially mood disorders and thought disorders, which may have been passed on through the genes in their family or developed from multiple traumas since childhood, such as child sexual or physical abuse.

### **TIPS ON WORKING WITH CONSUMERS OF MENTAL HEALTH SERVICES**

- ⚡ Providers need to listen carefully to a consumer's description of his/her needs and work together to develop the most helpful response to their request for services.
- ⚡ The best guide for assisting consumers is based on asking them what has worked for them in the past when they have experienced stress.
- ⚡ Most persons with acute symptoms from a single episode of trauma respond well to crisis-intervention services and advocacy. If their current symptoms are interrupting their sleep, appetite, ability to work or care for themselves, they may benefit from a referral to a mental health provider.
- ⚡ Persons with the above needs are usually appropriate for shelters and supports groups that afford them safety with the understanding that they may need rest for a few days before setting goals and taking steps to accomplish them.
- ⚡ If a person is severely unstable emotionally, a psychological evaluation from a mental health provider is recommended.
- ⚡ If a person expresses suicidal or homicidal thoughts and/or plans, a mental health screener from the local Community Services Board is recommended.

Safety planning should include a plan of action for the consumer if they feel an on-coming acute crisis that would necessitate a higher level of care. The plan should also encourage the consumer to find a safe place to store any medication and papers relevant to his/her mental health needs.

This information adapted from:

**The National Alliance for the Mentally Ill (NAMI)**

1-888-486-8264. [www.nami.org](http://www.nami.org)

To obtain more information about mental illness contact:

**Community Services Board** – [www.vacsb.org](http://www.vacsb.org)

**The National Alliance for the Mentally Ill (NAMI)** – [www.nami.org](http://www.nami.org), 1-888-486-8264



## COMPLETE GLOSSARY – *alphabetized*

**American Sign Language (ASL)** – manual (hand, facial expression, body language) language with its own syntax and grammar used primarily by persons who are deaf. Each country has its own sign language, as with spoken language, and there are regional differences in signs within the United States.

**Assistive Listening Devices** – Refers to hard-wired or wireless transmitting/receiving devices that transmit sound from the microphone directly to the listener, minimizing the negative effects of distance, noise, and reverberation on clarity. The devices transmit sound directly to the ear, but also can employ “teleloop” attachment accessed by the telephone switch in some hearing aids and cochlear implants.

**Braille** – is a system of writing using a series of raised dots to be read with the fingers by people who are blind or whose eyesight is not sufficient for reading printed material.

**Braille** – is an all-purpose Braille writer enclosed in a grey enamel aluminum case. It is operated by six keys.

**Cane** – The type of cane a blind person uses is different from the type of cane a person with a mobility disability or the elderly use. This type of cane is longer and assists the people who are blind with locating objects on the floor and in his/her pathway that he/she will need to step around.

**CART (Computer Aided Real-Time) Reporters - (a.k.a. Communication Access Real-Time Translators)** – CART Reporters are trained court stenographers who use a computer program which translates steno into written English using a steno machine and a laptop computer. A person who is deaf or hard of hearing will read what is being said by others from a laptop, word for word, as it is being said. This service is used primarily if a person does not sign, uses cued speech, or has no other way to receive what is being said by the speakers.

**Closed Captioning** – is a method of embedding subtitles within the video signal. The subtitles can be descrambled and viewed on the television screen with the use of special decoding equipment.

**Companion Animal** – is a service animal, while not legally defined may provide emotional or physical support to persons with disabilities.

- /// Never pet or playfully taunt a service animal. They are working and should not be distracted at any time.
- /// Under the American’s with Disabilities Act (ADA) service animals are permitted to go almost anywhere with their owner, including on planes, buses, trains, in restaurants, parks, malls, and any other place where a regular animal “pet” might be prohibited.

*Please note: service animals are not always dogs.*

**Cued Speech** – Some Deaf and Hard of Hearing people have been educated in a system which uses 12 specific hand signals representing the sounds of the English Language. The cues, when used along with lip movements, help a deaf or hard of hearing person to more clearly understand the numerous words which look alike on the lips.

**Deaf-Blind** – Refers to people who have significant, but not necessarily total, loss of both vision and hearing (dual sensory loss). Deaf-Blind people may be culturally Deaf, oral deaf, late deafened, or hard of hearing and his/her mode of communication varies accordingly.

**Descriptive Video** (sometimes called **Descriptive Captioning**) –designed for people who are Blind, the videos provide an additional narration that describes the visual elements of the film, such as the action of the characters, locations, and costumes, without interfering with the actual dialogue and sound effects. Some videos are now being made with Description caption. If ordering new materials from any agency, always inquire about to whether the video is available in descriptive captioning.

**FM and Infrared Loop Systems** – FM System or Infra red Loop System cuts out background noises and allows a hard of hearing person to receive a spoken message sent directly to the telecoil in their hearing aid or to their ear. Used often in a group setting, where there are one – two speakers. The speaker wears the microphone that allows the hard of hearing person to pick up the signal in his/her hearing aid. This signal is not broadcast beyond the user.

**Hoyer, hydraulic lift or barrier free lift** – A mechanical aid that assists with transferring a person from a wheelchair to a bed, a *sling* is NEEDED WITH THE LIFT: See Sling below.

**Late Deafened** – Refers to people who became deaf post-lingually (after learning to speak), and were raised in the hearing community. *Most* late-deafened people do *not* learn sign language.

**Oral Deaf** – This term refers to people who are born deaf or become deaf prelingually, but are taught to speak and do not typically use American Sign Language for communication.

**Oral Interpreting** – Oral interpreting is rendered by highly trained professionals. It involves the interpreter mouthing everything being said by whoever is speaking. The interpreter is trained to clarify words that may look similar on the lips and may include some natural gestures if necessary, to ensure comprehension.

**Personal Care Assistant, (PCA)** – also referred to as an attendant, home health aide, or personal attendant (PA) – This person is sometimes a nurse, nurse's aide or certified nursing assistant or he/she has no formal training. They will need to be oriented to a persons individualized needs before service can begin. The PCA assists with personal needs such as bathing and personal care, dressing, using the restroom and carrying out other daily living tasks a person with a disability might not be able to carry out on his/her own.

**Quad cane** – usually a metal cane with four prongs instead of one, usually giving greater stability than a single leg cane

**Reacher** – an Assistive device used to reach far away objects. A reacher usually looks like a long stick with a hook on the far end and a trigger mechanism on the handle end. Persons with limited reach use a reacher to grab far away objects, bringing them closer within their grasps (e.g. picking papers, coins or reaching into cabinets, refrigerator, and etc.)

**Screen Reader** – Also called **Voice Output Technology**. Hardware and software produce synthesized voice output for the text that is being displayed on the computer screen, as well as for keystrokes entered on the keyboard. Examples of product names: JAWS for Windows, OutSpoken for Macintosh, and Screen Reader 2.

**Service Animal** – A service animal is any animal that has been trained to provide assistance to a person with a disability. Specific types of service animals are defined below:

(I) "**Guide Animal**" means an animal has been or is being specially trained to aid a particular person who is blind or has low vision.

(II) "**Hearing Animal**" means an animal has been or is being specially trained to aid a particular person who is deaf or hard of hearing.

(III) "**Service Animal**" means an animal has been or is being specially trained to aid a particular person with a physically disability other than sight or hearing.

***Please note: service animals are not always dogs.***

- ⚡ Never pet or playfully taunt a service animal. They are working and should not be distracted at any time.
- ⚡ Under the American's with Disabilities Act (ADA) service animals are permitted to go almost anywhere with their owner, including on planes, buses, trains, in restaurants, parks, malls, and any other place where a regular animal "pet" might be prohibited.

**Signed English** - Sign systems exist in which persons who are deaf use sign language and mouth movements, which follow the syntax of English. Persons who utilize this service rely on qualified professionals.

**Slate** – Slates are made of metal or plastic frames and used as a guide as the person who is blind punches dots onto the paper with a stylus. The paper fits into the slate between the top and bottom of the frame and is held in place by small pins. The Braille dots are punched downward into the paper.

**Sling** – This is a device used often in conjunction with a Hoyer lift (also called a hydraulic or barrier-free lift). It is made of a strong, durable mesh netting material and is used for a person with a mobility disability to sit in. The sling has hooks usually at four corners which hook on to the lift so that the person can be lifted and transferred.

**Speech Reading** – also known as **lip reading**, through this method and depending on a person's accent, individual speech pattern, this may be a method of communicating with a Deaf or Hard of Hearing person. If the persons who are deaf or hard of hearing aren't accustomed to speech reading, having pen and paper on hand is often helpful to write down words.

**Stylus** –A pointed steel tool with a handle used to punch Braille dots.

**Tactile ASL** – refers to the signing of ASL into the palms of a deaf-blind person's hands, done by a skilled interpreter.

**Transfer** – means moving from one place to another, in this case, from wheelchair to bed, wheelchair to the commode, etc. Persons with mobility disabilities may require assistance with transferring.

## FUNDING OPTIONS

As a nonprofit organization, the qualifying factors and stipulations to obtain any sort of funding are sometimes difficult to meet and take sufficient amounts of time to qualify and prepare application for. There are also standards and conditions placed on different agencies and you must study those guidelines carefully before deciding to submit an application.

Doing the following can assist you in taking provisions to make your facility accessible:

- /// Ensure that each year you review your funding sources and applications to inquire whether or not you can request funding for equipment, expansion of services and etc., for the next fiscal year.
- /// Conduct an in-depth assessment of your facility's needs by using the **Accessibility Assessment Checklist** to pinpoint problem areas and inaccessibility.
- /// Query area contractors and companies to obtain estimates on the cost of the work to be done in that you can add in those costs to your budget proposals and projections.
- /// Visit the **Internal Revenue Service** website [www.irs.gov](http://www.irs.gov), for more information.
- /// Visit the **Virginia Department of Taxation** website [www.tax.state.va.us](http://www.tax.state.va.us) for filing information and tax credits for accessible modifications, and building alterations to accommodate persons with disabilities.

## COLLABORATING WITH OTHER AGENCIES

Many companies, such as construction companies and those that make adaptive equipment for persons with disabilities may be willing to assist your organization as a charitable contribution (tax write off).

Before querying these agencies, however, it's important to:

1. Know exactly what your needs are
2. Be able to relay in what way financial assistance will improve your facility
3. Tell the donating organization exactly where will the money go?
4. Provide the organization with an estimate on the costs of the work to be done

Below, is a list of agencies that might be willing to provide financial assistance:

- /// Faith based Organizations (Churches, Religious Sectors of the community, theological agencies)
- /// Women's, Men's groups
- /// Community Groups e.g. Lions Club, Rotary, Junior League, Kiwanis, Knights of Columbus and etc.
- /// Centers for Independent Living (CIL's)

- ⚡ Organizations and Advocacy Groups that advocate for the empowerment of persons with disabilities
- ⚡ Big businesses (super stores, home improvement and other large conglomerate type agencies that have a monopoly on certain areas are in a position to donate monies and materials. They often have a division sector or offices solely that address and handle charitable work projects). Lastly, take into consideration that some big businesses may be willing to supply parts, materials only, with that secured, you can then look to other agencies for actual labor and cut down on the total cost of the renovation/modification

### **Other Sources of Funding:**

Through the Christopher Reeve Foundation, as a non-profit, you may qualify for a Health Promotion Grant.

The health promotion grants, a type of Quality of Life grant, were launched by Christopher Reeve Paralysis Foundation (CRPF) in 2001 in partnership with the Centers for Disease Control and Prevention (Grant No. U10/CCU220379-01). These grants are awarded to non-profit organizations that address the needs of people living with paralysis caused by spinal cord injuries and other injuries, diseases and birth defects, including (but not limited to) stroke, spina bifida, multiple sclerosis, cerebral palsy and amyotrophic lateral sclerosis.

You can download a **Quality of Life Grants** guidelines and application at:  
<http://www.christopherreeve.org/qlgrants/qlgrantsmain.cfm>

### **Write or call the foundation:**

Christopher Reeve Paralysis Foundation  
500 Morris Avenue  
Springfield, NJ 07081  
(800) 225-0292  
<http://www.christopherreeve.org>

### ***This information taken from:***

#### **The Christopher Reeves Paralysis Foundation (CRPF)**

500 Morris Avenue  
Springfield, NJ 07081  
(800) 225-0292  
<http://www.christopherreeve.org>

**The Internal Revenue Service**

Internal Revenue Service  
400 N. 8th St., Room 564  
Richmond, VA 23240

Speak with an IRS representative or get tax help by phone, call 1-800-829-1040  
[www.irs.gov](http://www.irs.gov)

**The VA Department of Taxation**

Office of Customer Services  
Post Office Box 1115  
Richmond, VA 23218-1115  
[www.tax.state.va.us](http://www.tax.state.va.us)  
804-367-8031

## **ACCESSIBLE TRANSPORTATION**

Lack of transportation remains a number one problem for persons with disabilities. Without transportation, persons cannot access services, leisure, partake in religious functions, obtain steady employment and income and most importantly they are unable to leave abusive situations.

**PARATRANSIT** – In urban area areas, a paratransit system may exist. A paratransit system, under the ADA law mandates that public transit systems provide ADA paratransit service for those whose disabilities prevent them from using accessible fixed-route transit (regular kinds of mass transit). The specific criteria for determining who is eligible for ADA paratransit are defined by ADA law.

There are pre-qualifications and an application the client must make and meet in order to qualify, however. Using any paratransit service often requires 24 hours notice to arrange transportation and some, often do not operate on the weekend or after/before certain times in the evenings and mornings.

Access an application for paratransit services in the Washington DC Metropolitan area at the **Washington Metropolitan Area Transit Authority website** [www.wmata.org](http://www.wmata.org)

**ACCESSIBLE TAXIES** – Throughout Virginia, there are few accessible taxicab services. These modes of transit are usually not available right away but require an hour to two hour window wait time depending on the distance to the location of the person to be picked up and the availability of an accessible vehicle. In a fleet of many vehicles, less than a handful may contain the vehicle modifications that make it accessible. In a metropolitan area, this creates a large demand and spreads thin, already limited resources.

**You must specify the need for an ACCESSIBLE cab** (if the person uses a wheelchair or has another type of disability that limits his/her mobility).

**MEDICAL TRANSPORTATION** – Some medical insurance programs, such as Medicaid, allot funds for medical and employment related transportation needs. While medical agencies may not have accessible vehicles in their use, they often pay the fees private sectors charge to transport a person with a disability.

**WORKING WITH OTHER AGENCIES TO SECURE TRANSIT:** Other organizations such as the Association for Retarded Citizens (ARC), the Agency on Aging, Community Service Boards, Department of Social Services, and Parks and Recreation services may have vans and buses for special trips, outings and for transporting their members to special events. Linking with these agencies may provide another source of assistance to transport persons with disabilities. You may want to contact those agencies now, to inquire about the use of these vehicles to render immediate services to a disabled victim should the need arise.

***Please note: if a personal care assistant (PCA) is needed to accompany the individual with a disability, the PCA may be allowed free travel (or discounted fare) as a reasonable accommodation (and often a PCA may be needed to assist thus making travel possible) for the person with a disability.***

To inquire about what transit options are available, the following agencies may be able to assist you.

**Centers for Independent Living** (CIL's) – [www.virtualcil.net/cils/docs/va.html](http://www.virtualcil.net/cils/docs/va.html)

The **Washington Metropolitan Area Transit Authority**, [www.wmata.com](http://www.wmata.com)

This information adapted from the following sources:

**Paratransit Services** – [www.commuterpage.com/paratran.htm](http://www.commuterpage.com/paratran.htm)

The **Washington Metropolitan Area Transit Authority** – [www.wmata.com](http://www.wmata.com)



## SAFETY PLANNING

**It's your RIGHT to be safe.** Help is just a phone call away. Taking precautions however, will ensure your exit out of an abusive situation is well planned for. As a person with a disability, more preparation is sometimes required. Use this checklist to help you.

You cannot take everything with you. It's important to have enough things to get through a few days. Later, a friend, a representative from law enforcement or a social worker can accompany you to return to your home and collect the rest of your things. Remember that things CAN BE REPLACED. Your most important concern is to get out **safely** and **quickly** with the bare essentials to survive.

### WHAT TO TAKE NOW

- Adaptive Equipment (Wheelchairs, Battery chargers, Shower Bench, Crutches/Walker, Hoyer Lift, Sliding Board, Communication Devices, etc.)
- Medications/Prescriptions
- Urological/Incontinence Supplies
- Social Security Award letters
- Proof of Disability
- Food Stamps/AFDC Card
- Insurance, Medicaid and/or clinic cards
- Names/Phone Numbers of Home Health Agencies, Caseworkers and other Disability Service Providers
- Phone numbers of friends/past attendants (those who might be willing to help with personal care assistance during a transition period and/or provide support)
- Children's small, favorite toy
- Toiletries, diapers, some clothes

### Identifying Information:

- Drivers License/State ID Card
- Birth Certificates (both yours and your children's)
- Social Security Card

### Money:

- Money and/or Credit/ATM Card
- Bank Books/Statements Account Information/Checkbook

### Legal Papers:

- Lease/House Payment Information/Deed to the House
- Car Registration/Car Insurance Papers
- Medical Records/Doctors Orders
- Children's School Records/Short Records
- Work Permits, (Green Card/Visa)
- Passport
- Divorce Papers
- Child Custody Papers
- Protective Orders

## **IMPORTANT DO's and DON'TS—Leaving An Abusive Situation**

- /// DON'T leave information about where you plan to go, contacts you've made or other forwarding information laying around for your abuser to find
- /// Don't take any electronic or digital devices that are not listed in your name. Having access to these things (e.g. cell phone, computers, pagers and etc.), can be reported as missing by the abuser. Advanced technology contains tracking and global positioning software that can help police officials locate the machinery and YOU should it be reported as stolen.
- /// Do ask someone you trust to take important papers and make copies returning the originals to the household to erase suspicion from the abuser

## **What Friends and Family Can Do When Someone They Care About Is Experiencing Abuse**

- /// Do not blame them or their disability. ABUSE IS NOT THEIR FAULT nor should abuse be viewed as a cause related to or occurring because of a disability
- /// Let them know abuse is wrong
- /// Encourage them to seek assistance and offer to get access to professional help
- /// Share information about area intervention programs and domestic violence shelters
- /// Offer confidentiality not to discuss their situation with anyone, validation, a listening ear and respect
- /// Do not trivialize or lessen the issues they are facing

## **Some Warning Signs That Abuse Is Occurring**

- /// Do you feel like a child in the relationship? Do you have to ask permission or apologize for your behavior? Do you feel powerless and "less than" your abuser?
- /// Has communication with friends and family been limited? Does the abuser criticize you/your friends and family members?
- /// Are you ashamed of your abusive behavior?
- /// Do you believe that you are to blame for the problems occurring?
- /// Does your abuser (if an intimate partner) force you sexually or make unreasonable sexual demands?
- /// Does the abusers personality change when s/he drinks alcohol?
- /// Does your abuser degrade you, withhold items or medications that you need?
- /// Does the abuser assist you reluctantly or withhold assistance altogether?
- /// Does the abuser control your monies without your consent or knowledge?
- /// Personal care assistants (PCA's)/family and anyone that provides care/supervision are not exempt from being abusive. The questions above apply to anyone that assists or supervises you with your daily routine.

## **Important Things Center's for Independent Living (CIL's) Can Do to Assist Women with Disabilities Who Are Experiencing Abuse**

- /// Make information on domestic violence, sexual assault, abuse and stalking, readily available and seen by disabled consumers who visit your center
- /// Screen for abuse when conducting consumer intakes
- /// Integrate abuse awareness and safety planning as part of your peer counseling services
- /// In your resource library include literature on examples of emotional, physical and sexual abuse and prevention
- /// Become familiar with domestic violence, and abuse intervention programs in your area
- /// Assist women in locating alternative attendant services when their current provider has been abusive
- /// Invite staff from and create an ongoing dialogue with abuse intervention programs and service providers
- /// Offer to provide disability related trainings to abuse intervention program staff
- /// Collaborate and keep an open dialogue with law enforcement, medical and social professionals alerting/training them to the specific needs of women with disabilities experiencing abuse
- /// Provide domestic violence and abuse shelters with information on obtaining personal care assistants, assistive communication devices for the deaf and hard of hearing and preparing materials in alternative formats for people who are blind, those with developmental disabilities and consumers of mental health services
- /// Keep updated lists of accessible and emergency transportation options and other necessities for persons with disabilities who must immediately leave an abusive situation

## **RESOURCES FOR MEN AND CHILDREN**

While this manual is designed to address the needs of Women, we recognize that we cannot help women without also providing assistance to their children and the men in their lives. Here below, is a brief listing of resources, agencies and organizations to obtain further assistance of those agencies, organizations that cater to and address the needs of Men and Children.

### **Organizations and Websites for Children**

During the past decade, increasing resources for developing new programs devoted for children have been created. Numerous programs have been designed to increase awareness of child abuse and neglect and are becoming more “family-system” oriented. Prevention is a major initiative of the U.S. Department of Health and Human Services. As part of this vision, the Children’s Bureau, Office on Child Abuse and Neglect (OCAN), has launched a Child Abuse Prevention Initiative to promote greater visibility for child abuse prevention activities in 2003-2004. (taken from Emerging Practices in the Prevention of Child Abuse and Neglect; Catherine Nolan [Director of Office on Child Abuse and Neglect; Melissa Lim Brodowski [Federal Project Officer]; p. 1.)

Some of the resources the Office on Child Abuse and Neglect recommends are as follows:

### **Virginia Resources**

#### **Ann Childress**

Department of Social Services  
Theater Row Building, 2<sup>nd</sup> floor  
730 East Broad Street  
Richmond, VA 23219-1849  
(Office) 804.692.1252; (Fax) 804.692.2215

#### **New River Valley Children’s Advocacy Center**

Southwest Virginia Higher Education Center  
Box 1987  
Abingdon, VA 24212  
Phone: 276-469-4043; Fax: 276-469-4009

#### **Children’s Advocacy Center of Bristol/Washington County, Inc.**

PO Box 16231  
Bristol, VA 24209  
Phone: 540-645-5867 Fax: 540-645-0589

### **National Resources**

#### **National Children’s Alliance**

1612 K Street NW

Suite 500  
Washington DC 20006  
Phone: 202.452.6001  
Fax: 202.452.6002

## **National Organizations with Local Chapters**

### **Alliance for Children and Families**

Phone: 414.359.1040  
Web site: [www.alliance1.org](http://www.alliance1.org)

### **AVANCE Family Support and Education Program**

Phone: 210.270.4630  
Web site: [www.avance.org](http://www.avance.org)  
Local contacts: [www.avance.org](http://www.avance.org) (See link for "Contact.")

### **Child Welfare League of America (CWLA)**

Phone: 202.638.2954  
Web site: [www.cwla.org](http://www.cwla.org)  
Local contacts: [www.cwla.org/members/members.htm](http://www.cwla.org/members/members.htm)

### **Circle of Parents**

Phone: 312.663.3520  
Web site: [www.circleofparents.org](http://www.circleofparents.org)  
Local contacts [www.circleofparents.org.locator/index.html](http://www.circleofparents.org.locator/index.html)

### **The FRIENDS**

(Family Resource Information, Education, and Network Services) National Resource Center  
for Community-Based Family Resource and Support Programs  
Phone: 312.338.0900  
Web site: [www.friendsnrc.org](http://www.friendsnrc.org)  
Local contacts: [www.chtop.com/FRIENDS/CBFERS.contacts.htm](http://www.chtop.com/FRIENDS/CBFERS.contacts.htm)

### **MELD: Programs to Strengthen Families**

Phone: 612.332.7563  
Web site: [www.meld.org](http://www.meld.org)  
Local contacts: [www.meld.org/sitemaplist.cfm](http://www.meld.org/sitemaplist.cfm)

**National Exchange Club Foundation for Prevention of Child Abuse**

Phone: 800.924.2643

Web site: [www.preventchildabuse.com](http://www.preventchildabuse.com)

Local contacts: [www.preventchildabuse.com/usamap.htm](http://www.preventchildabuse.com/usamap.htm)

**Parents Anonymous (Copyright)**

Phone: 909-621-6184

Web site: [www.parentsanonymous.org](http://www.parentsanonymous.org)

**National Organizations that Provide Information,  
Training, and Technical Assistance**

The following organizations provide services for both children and men who have been victimized.

**Center for the Prevention of Sexual and Domestic Violence**

Phone: 206-634-1903

Web site: [www.cpsdv.org](http://www.cpsdv.org)

**Childhelp USA**

Phone: 1-800-4-A-CHILD

Phone: 480-922-8212

Web site: [www.childhelpusa.org](http://www.childhelpusa.org)

**Kempe Children's Center**

Phone: 303-864-5252

Web site: [www.kempecenter.org](http://www.kempecenter.org)

**National Council on Child Abuse and Neglect Information**

Phone: 800-FYI-3366

Web site: [www.calib.com/nccanch](http://www.calib.com/nccanch)

**National Council on Child Abuse and Family Violence (NCCAFV)**

Phone: 202-429-6695

Web site: <http://nccafv.org>

**STOP IT NOW!**

Phone: 413-268-3096

Web site: [www.stopitnow.com](http://www.stopitnow.com)

**Organizations and Websites for Men**

Men Stopping Violence

**[www.menstoppingviolence.org](http://www.menstoppingviolence.org)**



**Global Organization of  
Feminists with disABILITIES**  
900 N. Stafford Street, Suite 2933  
Arlington, VA 22203

## **ABOUT**

### **Global Organization for Feminists with disABILITIES**

The Global Organization for Feminists with disABILITIES is a nonprofit 501c3 organization. Our ongoing projects include:

- /// Mobilizing Support Services for women with disabilities post Taliban Afghanistan; and ensuring women's clinics were rebuilt accessibly.
- /// Virtual support groups to promote independent living skills within developing nations
- /// Consulting and technical assistance for prosthetic devices
- /// Providing technical support and educational resources for individuals with disabilities in Kabul, Afghanistan on independent living, personal assistance, educational and career options.
- /// Working with Government organizations and NGO's to implement policy that economically and socially empowers women with disabilities
- /// GO FWD spearheaded the effort to include Women with Disabilities into the Afghan Women's Access Act which was passed by Congress
- /// GO FWD worked with Congress to pass the USAID disability in development policies

Today, GOFWD continues to increase awareness and access to goods and services for women with disabilities. We are currently involved:

- /// In independent living and capacity building in Afghanistan, India, Indonesia, Malaysia, Pakistan, Philippines, Singapore and the United States.
- /// With the help of a DOJ grant, GOFWD has been writing materials and doing training with Virginians Against Domestic Violence (VADV) in order to build services that will be able to meet the needs of all women, including women with disabilities.

*GOFWD continues to form new partnerships to empower all women and remove barriers to access..*



## ABOUT

### Virginian's Against Domestic Violence

(from the VADV website [www.vadv.org](http://www.vadv.org))

Virginians Against Domestic Violence mission is to work toward the elimination of personal and societal violence in the lives of women and their children. VADV encourages all Virginians to join us in our efforts to raise awareness of this violence, increase public access to resources services, and create opportunities for professional development and initiate legislative and policy changes.

Our work will be guided by the following principles:

- /// VADV recognizes violence as a tool that is used to maintain power and control over individuals and groups of people. Violence has been used as a tool against women and children in individual relationships and in our society at large. VADV opposes the use of violence against any individual or group of people.
- /// VADV asserts that women and children who have been the victims of violence must have access to information, resources and services without regard to their personal resources.
- /// VADV embraces the act of empowerment: assisting another to see her or his inherent worth and dignity as a human being. We believe that those who understand the power within themselves will choose to be in relationships that are healthy and respectful, and that their encounters with violence will not diminish them.
- /// VADV values the diversity of opinion and rich dialogue that are a part of working in coalition with individuals of all genders, races, classes, cultures, ages, abilities and sexual orientations. We believe that we must challenge each other, support each other and encourage each other as we work to eliminate violence in society and in our lives.
- /// VADV believes that the voices of women, men and children who have experienced the transformation from victim of violence to recognizing their own power and worth are important voices. Those who have transformed their experiences of violence as women and girls will be our guides.
- /// VADV commits to ending violence against children by applying the principles we have learned in our work to end violence against women. The empowerment of our children and youth is the key to our future.

*VADA maintains a website, holds training programs including Batterer Intervention Programs, a list of resources, a library and training education sessions to educate the public, outreach to victims, abusers and increase specialized training among professionals. VADV also has a hotline for victims in crisis.*

## **ABOUT**

### **Virginian's Aligned Against Sexual Assault**

(from the VAASA website [www.vaasa.org](http://www.vaasa.org), and their 2003 report: Annual Summary of Services [2003], [www.vaasa.org/2003summary.pdf](http://www.vaasa.org/2003summary.pdf))

VAASA brings together crisis centers, individuals and organizations to advocate for the needs and rights of sexual assault victims, eliminate sexual assault in Virginia and advance awareness and understanding of sexual assault. VAASA's services include:

- /// Providing a 24 hours statewide hotline offering crisis intervention, information and referral to sexual assault victims, their families and allied professionals (800-838-8238- V/TTY)
- /// Providing technical assistance, case consultations and training to crisis center personnel, allied professionals and law enforcement
- /// Maintaining a resource library containing over 2000 books, cassettes, curriculum guides, reports, pamphlets, videos and articles on sexual assault issues
- /// Monitoring public policy in the areas of sexual assault, child sexual abuse and fondling
- /// Publishing a semi-annual newsletter which provides information on national, state, coalition and center issues
- /// Developing training curriculae for crisis center staff and volunteers, allied professionals and law enforcement
- /// Developing written resources for victims, significant others and professionals
- /// Compiling statewide statistics on sexual assault
- /// Assisting communities wishing to develop sexual assault crisis services

## **THOUGHTS and CONCLUSIONS**

If you would like any further literature on the organizations listed within this publication, please do not hesitate to contact us:

### **Global Organization for Feminists with Disabilities**

900 N. Stafford Street  
Suite 2933  
Arlington, VA 22203  
[www.gofwd.org](http://www.gofwd.org)

### **Virginian's Against Domestic Violence**

2850 Sandy Bay Road  
Suite 101  
Williamsburg, VA 23185  
Phone: 757/221-0990  
Fax: 757/229-1553  
E-Mail: [vadv@tni.net](mailto:vadv@tni.net)  
[www.vadv.org](http://www.vadv.org)

Or

1010 N. Thompson Street  
Suite 202  
Richmond, VA 23230  
Phone: 804/377-0335  
Fax: 804/377-0339  
TTY: 804/377-7330

### **Virginian's Aligned Against Sexual Assault**

2850 Sandy Bay Road  
Suite 101  
Williamsburg, VA 23185  
Phone: 757/221-0990  
Fax: 757/229-1553  
E-Mail: [vadv@tni.net](mailto:vadv@tni.net)