

# Basic Disability Awareness: Providing Disability-Friendly Sexual and Domestic Violence Services

## Training Manual



Developed by the North Carolina  
Office on Disability and Health



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## INTRODUCTION

An estimated 18% of women in the U.S., ages 21-64 years, live with some type of disability (U.S. Census, 2000). Women with disabilities experience an alarmingly high incidence of violence and abuse.

- Sixty-two percent of a national sample of women with physical disabilities reported having experienced emotional, physical, or sexual abuse (Nosek, M. & Howland, C., 1998).
- Adults with developmental disabilities experience physical or sexual assault at a rate 4-10 times higher than adults without developmental disabilities (Office of Victims of Crime Bulletin, 1998).
- Women with disabilities were significantly more likely to experience emotional and sexual abuse by personal care attendants and health care workers than women without disabilities (Nosek et al., 1995).
- Persons with disabilities in North Carolina experience sexual assault at a rate five times higher than persons without disabilities (BRFSS, 2000-2001).

Women with disabilities face unique issues that may place them at increased risk for violence, and they may experience numerous barriers in accessing services (Sobsey & Mansell, 1994). For example, people with disabilities may need accessible transportation, a TTY, sign language interpreters, a ramp, or alternate formats of written materials to address their needs.

In 2001, the Violence Working Group of the Injury Prevention Research Center at the University of North Carolina in Chapel Hill conducted the *North Carolina Domestic Violence Programs Survey*. This needs assessment gathered information from domestic violence programs in North Carolina regarding their current services and perceptions about gaps in services. In particular, there was interest in the provision of services to specific populations, including individuals with disabilities.

Seventy-one domestic violence shelters in North Carolina (65% of which also provided sexual assault services) completed surveys regarding their services to people with disabilities. Many programs reported that they were only “somewhat able” to meet the needs of clients with disabilities and that they would benefit from additional training. Staff identified gaps such as insufficient training, too few staff, lack of equipment, and inability to make structural changes to improve physical accessibility.

Staff recommended training on the following topics:

- ❑ Shelter-specific strategies on working with individuals with disabilities
- ❑ Education about disabilities
- ❑ Ways to improve shelter accessibility
- ❑ Guidance from model programs on establishing better community networking
- ❑ Information on alternative funding sources

In response to the needs identified in the survey, we have developed this curriculum to assist domestic and sexual violence service providers to enhance their services to people with disabilities.

**THE GOALS OF THIS CURRICULUM:**

1. Increase knowledge and sensitivity about disability.
2. Share strategies on working effectively with people with disabilities.
3. Provide tools to assess accessibility of service environments
4. Provide strategies to improve accessibility and outreach for people with disabilities.

**THE CURRICULUM IS DIVIDED INTO 3 TWO-HOUR TRAINING MODULES:**

- 1.) What is Disability?
- 2.) Disability-Friendly Services
- 3.) All About Access

We encourage you to train all staff, volunteers, and board members using all three modules. Policy makers, including administrators and board members, may find Module 3 especially useful. Although we encourage you to use all three modules in your overall training effort, each module can be used as a stand-alone unit.

The trainer notes for each session include:

- Time needed to complete activity
- Session objectives
- Background information
- Materials and preparation suggestions
- Steps to complete the activities
- Handouts

**RECOMMENDATIONS FOR TRAINERS:**

- Have at least two trainers. We strongly encourage domestic and sexual violence agency trainers to partner with a person with a disability to co-train; the lived experience of a person with a disability is an invaluable resource.
- Before beginning training, read the entire curriculum and accompanying handouts to begin to understand disability, the Americans with Disabilities Act, and state and local resources.
- For each 2-hour module, include a 10 or 15 minute break. When to schedule the break is left to the discretion of the trainer. Check in with participants to gauge their level of comprehension or need for a break.
- Make sure the training site is accessible for all participants and trainers.
- Inquire about any accommodations participants may need.
- Offer training materials in alternate formats (large print, etc.), if needed.

- Adapt training activities as needed for participants or trainers who may have disabilities.

## REFERENCES

Injury Prevention Research Center (2002, August). *NC domestic violence programs survey*. A description of service provision focused on meeting the needs of special populations.

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State Center for Health Statistics. (2001). BRFSS. *Health Risks Among North Carolina Adults: 1999, with a Special Section on Persons with Disabilities*.

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## **MODULE 1**

### **WHAT IS DISABILITY?**

#### **INTRODUCTION AND OVERVIEW**

**ACTIVITY 1:** Overview of Disability

**ACTIVITY 2:** Messages about Disability

**ACTIVITY 3:** At Risk



# MODULE 1

## WHAT IS DISABILITY?

### INTRODUCTION AND OVERVIEW

**TIME:** 5 minutes

**BACKGROUND:** Take a few minutes to set the stage for training. This introduction and overview provides the opportunity to state the goal of the training, give an overview of the content, explain the roles of the facilitators and participants, and agree on group guidelines.

**OBJECTIVES:** At the end of this activity, participants will have:

1. Understood the goal of training and reviewed the agenda.
2. Understood their roles and the role of the facilitator(s).
3. Agreed on group guidelines.

### **MATERIALS:**

- Flip chart
- Marker

### **STEPS:**

1. Welcome participants and give an overview of the training. You may want to write down the Goal and the Agenda and post them in the room.
  - Goal: The goal of our training session is to increase disability knowledge and awareness among staff and volunteers at sexual and domestic violence service agencies.
  - Overview / Agenda: Our agenda for this session includes the following activities:
    - “Overview of Disability” in which we will define disability, discuss types of disabilities and become familiar with disability data and prevalence.
    - “ Messages About Disability” in which we will explore some of the societal attitudes and stereotypes about people with disabilities; and
    - “At Risk” in which we will identify some risk factors and vulnerabilities for violence that are unique to persons with disabilities.
  - Roles: This room is full of people with a wealth of ideas and experiences. We want you to share your ideas. Your role is to participate actively during training. The role of the facilitator is to guide discussion and emphasize important take-home messages.

- Guidelines: Let's look at these sample Group Guidelines. Does anyone want to add to this list? Does everyone agree to follow these guidelines during our training time together?

### **Group Guidelines**

- Start and end on time.
- Respect others' opinions.
- Ask for clarification.
- Create a safe place for expression.
- Share your own experiences.
- Maintain confidentiality.
- Members participate in all phases of the process as they choose.

# ACTIVITY 1

## OVERVIEW OF DISABILITY

**TIME:** 40 minutes

**BACKGROUND:** This activity provides an overview of disability and an opportunity for participants to gain awareness that people with disabilities are particularly vulnerable to experiencing domestic and sexual violence.

**OBJECTIVES:** At the end of this activity, participants will have:

1. Learned the definition of disability and general types of disabilities.
2. Become familiar with disability and violence prevalence and statistics.

**MATERIALS:**

- Flip chart paper
- Marker
- Pencils
- Handouts
  - *What is Disability?*
  - *The Americans with Disabilities Act*
  - *Defining Disability*
  - *Disability and Violence Statistics quiz*
  - *Disability and Violence Statistics quiz key*

**STEPS:**

1. Distribute handouts. Review the definition of disability using the handouts "*What is Disability?*" and "*The Americans with Disabilities Act*". Also discuss the following definitions:
  - **Disability** - A physical or mental condition that substantially limits one or more major life activity, a record of such a condition, or being regarded as having such condition. (ADA definition)
  - **Disabled** - Not able to work. For example – 1) The morning traffic report says that a disabled vehicle is in the right lane of traffic. 2) The flight attendant says that federal law prohibits tampering with, disabling or destroying the smoke detectors in airplane lavatories. 3) The Social Security Administration defines disabled as "not able to be gainfully employed". One can have a disability and not qualify for a 'disability check' under SSI because the person is able to work.
  - **Handicap** - A physical or social barrier that puts people with disabilities at a disadvantage and hinders their ability to fully participate in society; a handicap can be removed. This is often used incorrectly, for example, "handicapped parking" is really "accessible parking" – the parking *without* the barriers.

2. Ahead of time, record the following types of disabilities on a flipchart. Review with participants and briefly give examples of each type. Invite discussion and experiences of participants.

### **TYPES OF DISABILITIES**

There are hundreds of types of disabilities. Although this is not a complete list, there are some groupings that may help participants think about the diversity of disabilities:

- Deaf and hard of hearing
  - May affect ability to hear or process sound
- Low vision and blindness
  - Usually some level of sight is present
- Cognitive disabilities (e.g., traumatic brain injury, intellectual disability [sometimes called mental retardation], Alzheimer's)
  - Are often not visible disabilities
  - Can affect a person's ability to receive, process, and recall information
- Mobility disabilities (e.g., spinal cord injury, muscular dystrophy, amputation)
  - Can affect coordination and/or use of muscles
  - Often visible, but not always
- Mental health disabilities (e.g., depression, bi-polar disorder)
  - Are usually not visible disabilities
  - Can affect how a person receives, processes and recalls information
- Speech/language disabilities (e.g., stroke, cerebral palsy)
  - May not be visible
  - Can affect a person's ability to communicate information

### **ADDITIONAL POINTS TO MAKE ABOUT DISABILITY:**

- Disability may be temporary or permanent, and may range from a short-term experience of post-traumatic stress or a broken leg to long-term experience of arthritis or a spinal cord injury. Disability may be episodic, as with epilepsy, or controlled, as with diabetes. It may be experienced as part of the aging process when eyesight, stamina, or physical/mental dexterity can diminish.
  - Disability affects people of every culture, age, economic level, social background, and geographic location.
  - Disability affects most people at some time during their lifespan.
  - Disability is a universal experience.
  - Many people with disabilities and/or chronic conditions do not self-identify as having a disability.
  - How disability is perceived can have positive or negative impacts on life experience(s) and opportunities, including domestic and sexual violence services. For example, some think that people with cognitive disabilities do not need prevention programs because "they won't understand anyway."
3. Next, review the handout titled "*Defining Disability*", which includes disability data reported by the U.S. Census and the North Carolina BRFSS (Behavioral Risk Factor Surveillance System – a telephone survey conducted each year in each state of the US). Both the US Census and the BRFSS survey have screener questions that identify people with disabilities.

- Talk about the prevalence rates of disability in the US and NC and disability by minority groups. Note that disability occurs in about 1 in 5 persons and is prevalent among all minority groups, being more prevalent among certain groups. Thus, as a service provider tries to develop a culturally sensitive program, she/he may need to address a variety of cultural issues; for example, a client may be Latino **and** have a disability.
4. Ask, “What do we already know about persons with disabilities experiencing sexual or domestic violence?”
    - To begin the discussion, first administer the “*Disability and Violence Statistics* quiz”. Have participants complete the quiz. Acknowledge that these are some statistics based on specific studies done in the US.
    - Then read each statement aloud and have participants raise their hand if they think it is true or false. Get feedback from participants about their response to each statistic. Were they surprised?
    - Refer to the answer key, with study references, which is also included in the handouts.
  5. Conclude activity with acknowledgement that violence among persons with disabilities is prevalent and often unrecognized. The remainder of our training time will be exploring how you as a service provider can better recognize persons with disabilities in your community who may have experienced violence, and learn ways to provide disability-friendly, accessible services to these clients.

# What is Disability?

A disability can be a physical, mental health, cognitive, or sensory condition that limits:

- ✓ Walking
- ✓ Thinking
- ✓ Seeing
- ✓ Bathing
- ✓ Talking
- ✓ Hearing
- ✓ Mobility
- ✓ Everyday Activities



## Additional Facts:

- ✓ Disability affects all ages, races, economic levels, and social backgrounds.
- ✓ There are hundreds of disabilities.
- ✓ Some are present at birth.
- ✓ Some come later in life and may be part of the aging process.
- ✓ Some are visible. Some may not be obvious.
- ✓ Many people with disabilities do not self-identify as having a disability.

**Disability can affect if and how an individual receives sexual assault and domestic violence services.**

# THE AMERICANS WITH DISABILITIES ACT

**The Americans with Disabilities Act** was passed in 1990 as the nation's first comprehensive civil rights law for people with disabilities. The ADA aims to eliminate discrimination by ensuring equal opportunity in employment, state/local government services and programs, places of public accommodation, transportation, and telecommunications. The goal of the Americans with Disabilities Act is to break down barriers that prevent people with disabilities from living independently and achieving economic self-sufficiency.

Like other minority populations, people with disabilities have been marginalized, stigmatized and often isolated from the general public (limited access to education, employment, housing ... viewed as sick, contagious, less than human ... institutionalized in hospitals, nursing homes, and prisons). Like other civil rights legislation, the ADA seeks to advance the rights of people with disabilities and the opportunity to participate in activities, programs, and services experienced by people without disabilities.

**The ADA guarantees people with disabilities “equal opportunity” to participate in, and benefit from, services and programs.**

People with disabilities may already be limited in their ability to achieve independence and economic self-sufficiency because of physical, architectural, communication and attitudinal barriers. Thus, it is critical that domestic violence/sexual assault agencies embrace the ADA as a central feature of their mission to provide services to all people.

## **Who is covered by the ADA?**

The ADA first and foremost covers persons with disabilities. ADA defines persons with disabilities as those who:

- Have a physical or mental disability that substantially limits one or more major life activity, such as performing manual tasks, self-care, walking, seeing, hearing or working;
- Have a record of such a disability; or
- Are regarded as having such a disability.

## **Examples**

- A person with arthritis who is unable to perform manual tasks such as bathing or dressing is covered under the ADA.
- A person with a history of cancer is covered under the ADA and cannot be discriminated against based on his or her record of having been treated for cancer.
- A person who has facial disfigurement resulting from burns who is denied employment for fear that customers may be uncomfortable also is protected by the ADA.

## **ADA Resources**

### **ADA Technical Assistance Program**

This network of regional ADA technical assistance centers, sometimes called Disability Business Technical Assistance Centers (DBTACs), is a comprehensive resource for information, materials, technical assistance, and training on the ADA. These centers are well suited to providing health organizations with assistance in making programs accessible and compliant with ADA. Information is provided regarding topic areas such as ADA information (such as Title I, II, III, IV, and V regulations) and is available in manuals, videos, and publications in multiple languages. The website and toll free number below provide information, an extensive list of publications, and a means to connect to your regional center.

ADA Technical Assistance Program  
800-949-4232 (V/TTY)  
<http://www.adata.org/dbtac.html>

### **The Access Board**

This federal agency provides technical assistance, training, and research on accessible design. The Access Board develops and disseminates Accessibility Guidelines and Standards, which are minimum guidelines for standards under the ADA. Publications on communication aids are also available.

The Access Board  
1331 F Street, NW, Suite 1000  
Washington, DC 2004-1111  
202-272-0080 (V) or 202-272-0082 (TTY)  
800-872-2253 (V) or 800-993-2822 (TTY)  
<http://www.access-board.gov>

### **United States Department of Justice**

The Disability Rights Section of the DOJ carries out the mandates of the ADA through regulatory, mediation, and technical assistance activities. Publications are available on the DOJ website or can be ordered through the ADA Information Line.

Public Access Section, Civil Rights Division  
US Department of Justice  
P.O. Box 66738  
950 Pennsylvania Avenue, NW  
Washington, DC 20035-9998  
ADA Information Line: 800-514-0301 (V) or 800-514-0382 (TTY)  
<http://www.usdoj.gov/disabilities.htm>



## DEFINING DISABILITY

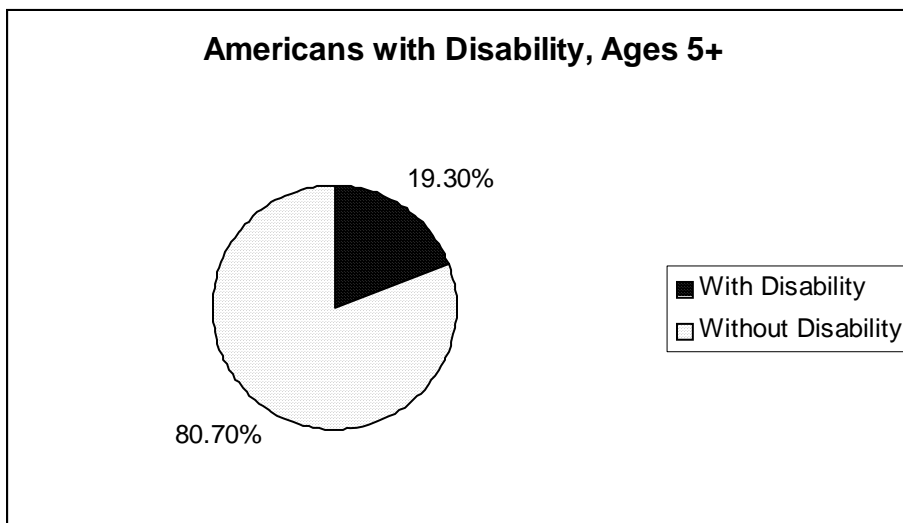
Definitions of disability have been driven by government agencies to determine eligibility for benefits and services. As a result, disability has been measured in different ways across surveys and censuses, leading to conflicting estimates of the prevalence of disability. Increasingly, surveys are basing the definition of disability on limitations in daily activities such as working at a job, using a phone, self-care such as eating, bathing, and toileting, or going outside the home alone. A person is considered to have a disability if he/she needs help to perform the activity, uses assistive equipment, or requires standby help. Furthermore, these limitations are expected to be permanent or long term (chronic) in duration.

Using a definition of disability based on limitations in activity results in a broad definition of disabilities including some disabilities present from birth (ie. cerebral palsy, spina bifida, intellectual disability) and others coming later in life as a consequence of injury, chronic disease, or aging (ie. spinal cord injury, arthritis, traumatic brain injury, Alzheimer's disease).

### PREVALENCE OF DISABILITY

According to the 2000 U.S. Census, an estimated 19.3% (totaling 54 million people) of non-institutionalized civilians, ages 5 and older have a disability. Also, the Census estimated 25% of adults, 21 years and older, have a disability. Another source of population-based prevalence of disability and functional activity limitation is through the Behavioral Risk Factor Surveillance System (BRFSS). According to the 2001 North Carolina BRFSS, 25.3% of adults, ages 18 and older, were living with some type of disability. Despite differing methods of identification of disability used by the U.S. Census and the BRFSS, disability prevalence estimates are comparable (25% for adults 21 and older in the 2000 Census and 25.3% for adults 18 and older for the NC BRFSS).

### Almost one in five people has a disability



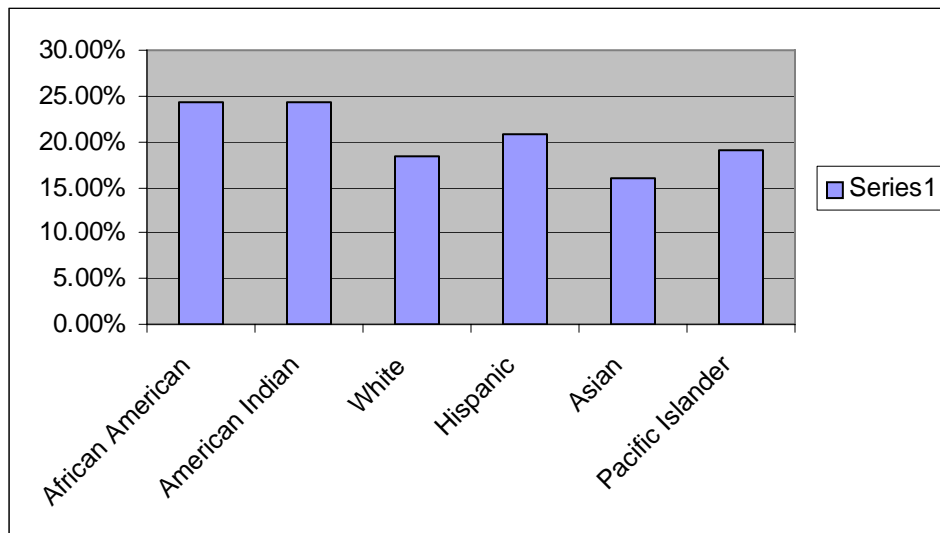
Source: U.S. Census Bureau, Census 2000

Data estimate as derived from the U.S. Census and the BRFSS indicate that across the life span, a substantial number of persons are living with some type of disability. The occurrence of disability increases among middle-aged adults and continues to increase among the elderly population. Moreover, the number of persons with disabilities will likely increase as our population ages, medical care and technology improve, and “institutionalized” individuals transition into the community from hospitals and nursing homes. This emerging population will require domestic violence and sexual assault agencies to have the capacity to provide inclusive, accessible services.

### DISABILITY AMONG ETHNIC GROUPS

Data also shows that people with disabilities are present in all ethnic groups. The U.S. Census 2000 prevalence rates, in the chart below, clearly indicate that people with disabilities are prevalent within other minority groups. Domestic violence and sexual assault organizations must recognize this issue when targeting services toward minority groups, such as African Americans or Latinos. Gaps often already exist in providing services to ethnic minority populations. It is critical to address disability issues in order to truly provide inclusive services and capture a large percentage of the target population that might have otherwise been overlooked. Remember not to assume that another organization is taking care of this need.

### DISABILITY BY RACE / ETHNIC GROUP



Source: U.S. Census Bureau, Census 2000

## DISABILITY AND VIOLENCE STATISTICS QUIZ

*Circle true (T) or false (F)*

1. Persons with disabilities in North Carolina experience sexual assault at a rate 2 times higher than persons without disabilities.      **T**      **F**
2. 62% of a national sample of women with physical disabilities reported having experienced emotional, physical, or sexual abuse.      **T**      **F**
3. Women with disabilities were significantly more likely to experience emotional and sexual abuse by personal care attendants and health care workers.  
**T**      **F**
4. Adults with developmental disabilities have 2-8x greater risk of physical/sexual assault.      **T**      **F**
5. As many as 26% of adults with cognitive disabilities are victims / survivors of sexual violence.      **T**      **F**
6. 50% of women with disabilities have experienced domestic violence.      **T**      **F**
7. Estimates that only 10% of sexual abuse cases involved people with developmental disabilities will ever be reported and such non-disclosure promotes an environment ripe for continued victimization.      **T**      **F**
8. Anecdotal evidence suggests sexual abuse crimes are seriously underreported; but when reported, victims are believed and cases are prosecuted.      **T**      **F**

## DISABILITY AND VIOLENCE STATISTICS QUIZ KEY

1. Persons with disabilities in North Carolina experience sexual assault at a rate 5 times higher than persons without disabilities (BRFSS, 2000-2001).
2. 62% of a national sample of women with physical disabilities reported having experienced emotional, physical, or sexual abuse (Nosek, M. & Howland, C., 1998).
3. Women with disabilities were significantly more likely to experience emotional and sexual abuse by personal care attendants and health care workers (Nosek et al., 1995).
4. Adults with developmental disabilities have 4-10x risk of physical/sexual assault (Office of Victims of Crime Bulletin, 1998).
5. As many as 76% of adults with cognitive disabilities are victims/survivors of sexual violence (CDC, National Center for Injury Prevention and Control, 1996).
6. About 85% of women with disabilities have experienced domestic violence (Feuerstein, 1997).
7. Estimates that only 3% of sexual abuse cases involved people with developmental disabilities will ever be reported and such non-disclosure promotes an environment ripe for continued victimization (Reynolds, 1997).
8. Anecdotal evidence suggests sexual abuse crimes are seriously underreported; when reported, victims not believed and cases not prosecuted (Sorensen, 1997; Sanders et al., 1997).

## ACTIVITY 2

### MESSAGES ABOUT DISABILITY

**TIME:** 30 minutes

**BACKGROUND:** This activity explores messages that participants have received about disability, where such messages come from, and how these messages may affect people with disabilities and/or service providers in a positive or negative way. The activity provides a good trigger for evaluative discussion about people's attitudes and stereotypes. By recognizing that disability is as much a social phenomenon as it is physical and psychological, domestic and sexual violence agencies can develop and deliver programs and services that are appropriate to people with disabilities as well as the greater community.

**OBJECTIVES:** At the end of this activity, participants will have:

1. Reflected on messages they have received from family, friends, the media, books, etc. regarding what it's like to have a disability and what "people with disabilities" are like.
2. Recognized societal attitudes and stereotypes about people with disabilities.
3. Explored ways that perceptions of disability may impact services.

**MATERIALS:**

- Flip chart paper
- Pieces of scrap paper
- Pencils

**STEPS:**

1. Introduce the activity. Pass out scrap paper and a pencil to each participant.
  - Spend a moment or two thinking about messages you have heard, read, seen in your life about persons with disabilities.
    - What are persons with disabilities like?
    - What's it like to be a person with a disability? You don't have to believe these messages; but we want to hear what messages you have received over the years.
  - Write down 1 message on the scrap paper; it can be a positive or negative message.
  - After everyone has written a message, crunch your sheet of paper into a ball and toss your message toward the opposite side of the room.
  - When the tossing has stopped, everyone should go pick up one ball of scrap paper, open it, and read the message on it.
  - Take turns reading the message you retrieved aloud to the group.

Variation: Participants could fold their sheet of paper in half and exchange the paper with other participants several times before reading the message aloud to the group.

2. Respond to each message as it is read, inviting discussion and ideas from the group. Questions to prompt discussion include:
  - Were you surprised by the messages you retrieved, or did they sound familiar to you?
  - Where did we get these messages originally? Whose voice told us these things?
  - Do you think the messages are true or not true?
  - Which messages would you consider stereotypes? Realities?
  - Were there more positive or negative messages?
  - How might these messages impact:
    - People with disabilities?
    - Domestic or sexual violence service providers?
    - Services to domestic or sexual violence survivors?

**POINTS TO ADDRESS:**

- Recognize that we may initially come to these stereotypes without intention to harm. We hear and see them all around us.
  - Stereotypes are often based on behaviors exhibited by some members of a group; they are usually exaggerated and then generalized to all people from that group.
  - Images and stereotypes describing persons with disabilities as weak, dependent, stupid, wild, innocent, or asexual have often occurred in American culture throughout history. A person with a disability is often seen as either an object of pity or a source of inspiration. These images are internalized by people with and without disabilities and they build social stereotypes, create artificial limitations, and can contribute to the discrimination and minority status of persons with disabilities.
  - Some common myths and stereotypes include:
    - Spread – assuming a person with one disability has another; for example, a person with cerebral palsy has an intellectual disability (sometimes referred to as mental retardation)
    - Deviancy and evil – assuming anyone who is different is evil
    - Contagion – assuming those without disabilities can catch a disability
    - Innocence – assuming people with disabilities are asexual and child-like
    - Wildness – assuming people with disabilities are like wild animals and need to be separated from those without disabilities
    - Stupidity – assuming people with cognitive disabilities do not feel things in the same way; therefore, why offer them counseling?
    - Pity/Courage – discourages authentic interaction by over-reacting with awe at a person with a disability and their normal life activities; this minimizes and diminishes by assuming a person with a disability is less reliable and less competent.
3. With the group, identify some stereotypes about persons with disabilities that were discussed. Record these stereotypes on the flip chart.

Adapted from: Planned Parenthood Of Connecticut, Inc.  
<http://www.ppct.org/education/toolbox/mixedmsg.shtml>

## ACTIVITY 3

### AT RISK

**TIME:** 45 minutes

**BACKGROUND:** This activity explores the risk factors and vulnerabilities for violence that people with disabilities may experience. Through scenarios about violence against people with disabilities, participants begin to appreciate some of the unique factors regarding disability that perpetrators of violence may take advantage of and how violence may be experienced in ways that are similar and different compared with persons without disabilities.

**OBJECTIVES:** At the end of the activity, participants will have:

1. Identified vulnerabilities for violence for people with disabilities.
2. Listed specific ways that violence is experienced differently for persons with disabilities.
3. Identified how power was used inappropriately.

**Materials:**

- Flip chart paper
- Scenario highlights on flip chart papers
- Markers
- Handouts
  - *At Risk Scenarios*
  - *Red Flags for an Abusive or Potentially Abusive Caregiver*
  - *Risk Factors for violence for Many People with Disabilities*
  - *Disabilities- Specific Types of Abuse Experienced by People with Disabilities*
- Video, "End the Silence"
- VCR / TV

**STEPS:**

1. Introduce the activity.
  - In this activity we will read and evaluate five scenarios. In each scenario a person with a disability experiences violence.
  - We will divide into five groups, each group taking one scenario. (See "Note to Trainer" below.)
  - Pay particular attention to how the individual with a disability experiences violence and how the violence occurs in the story.
2. Divide participants into five groups.
3. Give each group a copy of one scenario so that all five scenarios are distributed among the groups. Explain that there are 3 discussion questions at the bottom of the page of each scenario. You may also choose to write the questions on flip chart paper in front of the group for reference. The following questions accompany each scenario:

- What factors about the disability make this person vulnerable to violence?
- How is the violence in this scenario similar to violence experienced by people without disabilities? How is it different?
- Where was power used inappropriately? How could power have been used appropriately?

4. Allow 10 minutes for groups to read their scenario and record their answers to the questions.

5. Ask a representative from each small group to share their observations with the large group. (To save time, you may want to highlight points about each scenario on flip chart papers ahead of time and hang in room. Each group can read the highlights as an introduction to their scenario, rather than reading the entire paragraph).

6. Make two columns on a flip chart: “similarities” and “differences”. As groups report about their scenario, record the similarities and differences shared.

- a. Similarities: how the violence experienced by persons with a disability is similar to violence against persons without disabilities, i.e.: control, physical abuse, financial abuse, etc.
- b. Differences: how the violence experienced by persons with a disability is different from violence experienced by persons without disabilities, i.e. withholding medications or assistive devices, etc.

During discussion, trainers may refer to the handouts titled *Risk Factors for violence Many People with Disabilities* and *Disabilities- Specific Types of Abuse Experienced by People with Disabilities*

#### **POINTS TO ADDRESS:**

1. Disability-related factors that may be targets for the perpetrator’s violence:
  - Nature and severity of the disability
  - Dependency on caregivers
  - Social isolation
  - Lack of control or choice over her/his personal affairs
  - Lack of credibility when she/he reports or discloses abuse or violence
  - Lack of opportunities to develop social skills and social connections
  - Perception of vulnerability and incompetence
  - Negative attitudes about disability
  - Limited access to information – individuals may not have learned skills necessary for communicating about sex, setting boundaries, identifying inappropriate behaviors and unhealthy relationships.
  - Compliance – many people with disabilities, especially cognitive disabilities, have not been taught they have the right to say ‘no.’ This inability to assert oneself may carry over into all aspects of life.
2. Sexual and domestic violence may sometimes include other abuse for persons with disabilities:
  - Withholding medications



- Withholding or damaging assistive devices such as walkers, canes, wheelchairs, oxygen, etc.
  - Withholding personal care/assistance
  - Taunting him/her about the disability
  - Rough handling
  - Refusing to fix meals or feed the person
  - Making the individual lie in her/his own waste or remain unwashed
  - Withholding disability benefits, money, or food stamps
  - Withholding access to communication (interpreters/TTY)
  - Forced sterilization, abortion, or other birth-denying rights of choice
  - Threatening institutionalization (e.g., nursing home)
3. A perpetrator of violence may be the caregiver for the person with a disability; therefore the person with a disability may not feel safe to report the abuse. Give participants a copy of handout, *Red Flags for an Abusive or Potentially Abusive Caregiver*.

**NOTE TO TRAINERS:**

There are five scenarios. You may decide how many to use based on the size of your group.

**VIDEO**

If time, show the 7-minute video, "End the Silence" to end Module 1. This video is produced by the Institute on Disabilities at Temple University (phone: 215 - 204 -1356, estimated cost: \$20). It is also available for loan from the NC Coalition Against Sexual Assault and NC Coalition Against Domestic Violence.

## AT RISK

### SCENARIO 1

Sasha is a 30-year woman who is deaf. She has two children. Sasha has been physically and emotionally abused by her hearing husband. She communicates using American Sign Language and is a minimal speech (lip) reader. Her husband often hides or damages her TTY telephone to isolate her and the children. The children have also been forced to watch him beat up their mother and their pet dog. Sasha taught her 9-year old daughter to call 911 when Sasha is being battered. The police have come to the house numerous times. Until now, Sasha has never pressed charges. However, this time when her daughters were called into the parents' bedroom to witness their father attempt to strangle her, Sasha decided to press charges and move out. Since she is financially dependent on her husband and has never been employed, Sasha and her daughters have no resources to find another place to live on their own. Thus, she and her daughters moved in with Sasha's mother, who then called the local battered women's shelter. The husband was soon released but was arrested again for stalking and publicly attacking his wife and children.

1. What factors about the disability make this person vulnerable to violence?
2. How is the violence in this scenario similar to violence experienced by people without disabilities? How is it different?
3. Where was power used inappropriately? How could power have been used appropriately?

## AT RISK

### SCENARIO 2

Joan, a woman in her late 40's, has post-polio syndrome and uses a walker. Throughout her childhood, her grandfather and her uncle sexually abused her. She has been married for over 15 years to a man who is both physically and emotionally abusive. He sometimes hides her walker when she is in bed. Joan is isolated from other people. Recently her husband had a stroke, and her abusive uncle has come back into her life to assist with her husband's care. The sexual abuse has resumed. Two of Joan's cousins went to the trailer and took her away. They have called your agency for shelter. Joan is depressed and suicidal.

1. What factors about the disability make this person vulnerable to violence?
2. How is the violence in this scenario similar to violence experienced by people without disabilities? How is it different?
3. Where was power used inappropriately? How could power have been used appropriately?

## AT RISK

### SCENARIO 3

Sue is in her late 20's. She is blind and uses a guide dog. Sue is very independent and lived alone for several years until she got married. She and her husband bought a house together; Sue purchased all the furnishings. The abuse began slowly. Her husband started to scare her by running up and shouting in her face and then running away to another part of the room. He moved things in the house so that she would trip and fall. Her husband demanded that Sue not call her friends and family. He hid the phone when leaving the house. Sue's husband would lie about the bills, and then he would forge checks to pay the bills. Sometimes he also kept her disability check. She managed to leave one day and is staying at a friend's house in another city. She learned that her husband has run all the credit cards up to the limit. He is currently living in their house with another woman. Sue wants to divorce him, sell the house, and get out of debt. She has no financial resources and her credit rating is poor now. Sue was referred to your agency by another domestic violence agency out of the area.

1. What factors about the disability make this person vulnerable to violence?
  
2. How is the violence in this scenario similar to violence experienced by people without disabilities? How is it different?
  
3. Where was power used inappropriately? How could power have been used appropriately?

## **AT RISK**

### **SCENARIO 4**

Elizabeth was born with a moderate intellectual disability (sometimes referred to as mental retardation) and currently lives in a group home. She is 30 years old and comes from a large family. Elizabeth likes to go home on the weekends because she enjoys being with her family. When she visits home, she cries and says she does not want to go back to the group home. Her mother asked Elizabeth what happens at the group home to upset her so. She revealed that a staff person, Gary, comes into her bedroom at night and makes her have sex. He taunts Elizabeth about her disability and tells her it's okay to do this and not to tell anyone. Elizabeth tried to tell other staff about the sexual encounters, but no one listens or believes her. They think she is trying to get attention. Elizabeth's mother called the group home, but no one could account for this report by Elizabeth. Elizabeth continues to be upset when she visits her family. Her mother called a case manager, filled her in on the situation, and set up an appointment for counseling for Elizabeth.

1. What factors about the disability make this person vulnerable to violence?
  
2. How is the violence in this scenario similar to violence experienced by people without disabilities? How is it different?
  
3. Where was power used inappropriately? How could power have been used appropriately?

## AT RISK SCENARIO 5

Sam is a 54-year old man with multiple sclerosis who uses a wheelchair. He lives in a rural area with his wife. Sam's MS has deteriorated such that he needs assistance to get in and out of bed, dress and undress, use the bathroom, and prepare meals. He now needs more help than his wife can provide. His wife hired a personal care assistant, Beth, to assist Sam 5 mornings a week. With the new help available, his wife has grown more distant, is emotionally abusive to him, and stays away from home for days at a time.

After a few months, Sam noticed that money was often missing from his wallet and from his hidden stash in the bureau. Sam suspected Beth. Beth convinced Sam that it was just his imagination. Sam told his wife about the missing money, but she said that no one providing personal care assistance would take it. She scolded him for accusing a good lady like Beth and reminded Sam he was a burden. Eventually, Beth became more explicit in taking money and providing less care. She sometimes withheld Sam's medications and refused to give him a bath. On several occasions, she hit and pinched Sam to "let him know what he could expect if he said anything." One day after helping herself to a meal from Sam's kitchen, Beth took all the money in Sam's wallet and said she had to leave early and would not be back for several days. Sam has called your agency for help.

1. What factors about the disability make this person vulnerable to violence?
  
2. How is the violence in this scenario similar to violence experienced by people without disabilities? How is it different?
  
3. Where was power used inappropriately? How could power have been used appropriately?

## **RED FLAGS**

### **FOR AN ABUSIVE OR POTENTIALLY ABUSIVE CAREGIVER**

BEWARE if a caregiver or attendant:

- Has a past history or reports of abusive behavior, and/or criminal record of physical violence or sexual offenses against partners, people with disabilities, seniors, children or animals;
- Is unwilling to provide you, a home health agency or a service agency with a criminal background check or references;
- Is under the influence of alcohol or illegal drugs while providing you with personal care services;
- Continually refuses to follow your directions regarding how you need your care provided;
- Tells you that because he/she works for an outside agency, you are not his/her supervisor and therefore he/she does not have to do what you ask them to do;
- Uses manipulation and control when you try to assert yourself about your personal needs;
- Intimidates you physically or emotionally by the way he/she handles your personal needs or by not attending to your personal needs;
- Treats you and/or your body like an object or without regard or is unnecessarily rough when performing personal care tasks;
- Continues to treat you in a patronizing way even when you have asked him/her to stop or tries to punish you or control your behavior as if you were a child;
- Attacks your self-esteem through verbal and/or emotional abuse;
- Takes away or threatens to take away your adaptive/medical equipment needed for your daily functioning or survival (i.e., respirator, wheelchair, telephone, communication device, walker, TTY or hearing aid, etc.);
- Does not assist you or threatens to not assist you with medications necessary for your daily functioning or survival;
- Controls your money.

## RISK FACTORS FOR VIOLENCE FOR MANY PEOPLE WITH DISABILITIES

Research indicates that people with disabilities experience violence more frequently than people without disabilities. Some perceived vulnerability factors include:

- Persons with physical disabilities may depend on others to meet some of their basic needs. Care providers may be involved in the most intimate and personal parts of the individual's life, which can increase the opportunity for abusive acts. Persons with physical disabilities may also be less likely to defend themselves or to escape violent situations.
- Persons with cognitive limitations may be overly trusting of others and easier to trick, bribe, or coerce. They may not understand the differences between sexual and non-sexual touches. Persons with cognitive disabilities who experience violence may not understand that the violation is not normal, especially in cases of sexual abuse.
- Persons who are deaf may not be able to report due to barriers with communication (including lack of an interpreter and/or assistive devices).
- Persons with speech disabilities may have limited vocabulary or communication skills that can pose barriers to disclosing abuse. They may be misunderstood or viewed as intoxicated or making a prank call when making a report.
- Many people with disabilities are taught to be obedient, passive, and to control difficult behaviors. This compliance training teaches them to be "good" victims for abuse.
- Many persons with disabilities grow up without receiving sexuality education, abuse prevention information or self-defense training. They may lack knowledge about their bodies, healthy relationships, and how to protect themselves.
- A person who has a mental health disability can be vulnerable to victimization if they have difficulty discerning between reality and fantasy, are dependent on others for their mental and physical care, view themselves as unworthy, do not trust their instincts, and/or misinterpret the intentions of others.
- Perpetrators may perceive individuals with disabilities as easy targets.
- Society generally views people with disabilities as non-sexual, lacking intelligence, and not credible witnesses.
- In general, social isolation is associated with higher risk for sexual abuse. Unfortunately, many people with disabilities still face barriers to fully participate in the community and remain socially isolated.



## DISABILITY-SPECIFIC TYPES OF ABUSE EXPERIENCED BY PEOPLE WITH DISABILITIES

- Withholding medication.
- Withholding personal care or assistance.
- Withholding needed medical equipment like walkers, canes, wheelchairs, etc.
- Rough handling such as causing physical pain during routine dressing or bathing (i.e. yanking the person's arms to cause pain while taking off the individual's shirt or dropping the person while transferring them in and out of the tub).
- Refusing to fix meals or feed the person.
- Making the individual lie in her own waste or remain unwashed/bathed.
- Withholding benefits/money or controlling the person's finances.
- Withholding access to communication such as sign language interpreters and TTY.
- Forced sterilization, abortion, or other birth-denying rights of choice on reproductive issues.

## **MODULE 2**

### **DISABILITY- FRIENDLY SERVICES**

#### **INTRODUCTION AND OVERVIEW**

**ACTIVITY 1:** Interacting with People with Different Types of Disabilities

**ACTIVITY 2:** Role-Plays

**ACTIVITY 3:** Resources

**ACTIVITY 4:** “Credo for Support” video

## MODULE 2

### DISABILITY- FRIENDLY SERVICES

#### INTRODUCTION AND OVERVIEW

**TIME:** 5 minutes

**BACKGROUND:** Taking a few minutes to set the stage for training makes for a smoother training experience. This Introduction and Overview provides the opportunity to state the goal of the Module, give an overview of the content, explain the roles of the facilitators and participants, and agree on group guidelines.

**OBJECTIVES:** At the end of this activity, participants will have:

1. Learned the goal of training and reviewed the agenda.
2. Understood their roles and the role of the facilitator(s).
3. Agreed on Group Guidelines.

**MATERIALS:**

- Flip Chart
- Marker

**STEPS:**

1. Welcome participants and give an overview of the training. You may want to write down the Goal and Agenda and post them in the room.
  - Goal: the goal of our training session is to share and practice strategies on working with individuals with disabilities.
  - Overview/Agenda: Our agenda for this session includes the following activities: learn about communicating with people with different types of disabilities, apply skills through role-plays, participate in an exercise on resources for clients with disabilities, and lastly view a video that suggests ways to effectively interact with individuals with disabilities.
  - Roles: This room is full of people with a wealth of ideas and experiences. We want you to share them. Your role is to participate actively during training. The role of the facilitator is to guide discussion and emphasize important take-home messages.
  - Guidelines: Let's look at these sample Group Guidelines. Does anyone want to add to this list? Does everyone agree to follow these guidelines during our training time together?

**Group Guidelines**

- Start and end on time.
- Respect others' opinions.
- Ask for clarification.
- Create a safe place for expression.
- Share your own experiences.
- Maintain confidentiality.
- Members participate in all phases of the process as they choose.

## ACTIVITY 1

### INTERACTING WITH PEOPLE WITH DIFFERENT TYPES OF DISABILITIES

**TIME:** 50 minutes

**BACKGROUND:** This activity provides communication tips and rules of etiquette that will help service providers and persons with disabilities feel more comfortable. Participants learn general recommendations as well as some disability-specific suggestions to improve interaction skills.

**OBJECTIVES:** At the end of this activity, participants will have:

1. Understood strategies for effectively interacting with individuals with different types of disabilities
2. Shared their ideas for relationship-building with people with disabilities

**MATERIALS:**

- Handouts
  - *Tips and Strategies for Interacting with People with Disabilities*
  - *Fundamental Principles for Effective Intervention with People with Disabilities*
  - *Establishing Effective Working Relationships with Clients with Disabilities*
  - *Safety Planning for People with Disabilities Preparing to Leave an Abusive Situation*
  - *Checklist for Persons with Disabilities: What to Take with You when You Leave an Abusive Relationship*
  - *Suggested Intake Questions*

**STEPS:**

1. Introduce the idea of “Communicating with People with Disabilities.”
  - It is important to understand how disability may affect one’s functioning, how people with disabilities can access services, and how a service provider, like you, might provide services and make accommodations when needed.
  - This is not meant to be an all-encompassing discussion of disabilities. There are many disabilities and medical conditions. We can provide you with disability resources to get more information about specific types of disabilities if you want to learn more.
  - It is necessary to remember that people with disabilities are unique individuals, and that the most useful information about their disability and life experience will come from them, if you ask.
  - And, of course, people are people. Our medical conditions, diseases, illnesses, or disabilities do not solely define us.
  - The purpose of this activity is to provide some guidelines for effective interactions with people with disabilities. There are no hard and fast rules about how to

interact with people with disabilities. However, there are some general guidelines about etiquette, respect, and accommodations.

2. Distribute handouts. Each participant should receive a packet of materials.
3. Share the communication strategies for each type of disability using the handout, *Tips and Strategies for Interacting with People with Disabilities*. Read or paraphrase all the sections of the handout, including the general communication tips and people-first language; hearing loss; vision loss and service animals; and speech, cognitive, mental health, and mobility disabilities. We strongly encourage agency trainers to partner with persons with disabilities as co-trainers for this activity. The lived experience of a person with a disability is an invaluable experience.
4. Highlight ideas from *Fundamental Principles for Effective Intervention with People with Disabilities*.
5. Next, go around the room and ask participants to read some of the items from *Establishing Effective Working Relationships with Clients with Disabilities*. You may want to discuss or give examples for some of the suggestions.
6. Review *Suggested Intake Questions* and discuss the importance of including one of these questions on your client intake form. The client's response to the intake question may identify how to best provide sexual or domestic violence services. The client may identify assistance or an accommodation that is needed while receiving services at your agency.

# TIPS AND STRATEGIES

## FOR INTERACTING WITH PEOPLE WITH DISABILITIES

### DISABILITY IN GENERAL

#### 1. COMMUNICATION TIPS:

- Relax. Be yourself. Don't be embarrassed if you happen to use accepted, common expressions such as "See you later" or "Got to be running along" that seem to relate to the person's disability.
- Offer assistance to a person with a disability if you feel like it, but wait until your offer is accepted BEFORE you help. Listen to any instructions the person may want to give.
- Be considerate of the extra time it might take for a person with a disability to get things done or said. Let the person set the pace in walking and talking.
- When talking with someone who has a disability, speak directly to that person rather than through a companion who may be present.
- It is appropriate to shake hands when introduced to a person with a disability. People with limited hand use or who wear an artificial limb do shake hands.

#### 2. USE PEOPLE-FIRST LANGUAGE:

The way a society refers to persons with disabilities shapes its beliefs and ideas about them. Using appropriate terms can foster positive attitudes about persons with disabilities. People-first language emphasizes the person, not the disability. By placing the person first, the disability is no longer the primary, defining characteristic of an individual but one of several aspects of the whole person. It refers to the person first and then to the situation or disability, if it's relevant. For example, it is preferred to say, "people with disabilities" instead of "the disabled." People first language is respectful, and it addresses people as individuals.

- Following are some examples of appropriate language compared with negative "labels" (people first language).

<b>People-First Language</b>	<b>Not People-First Language</b>
People with disabilities	The disabled
Woman who uses a wheelchair	Wheelchair-bound woman
Girl with epilepsy	Epileptic girl
Woman with Down Syndrome	Mongoloid
Man who is deaf	The deaf and dumb
Boy with cerebral palsy	Suffering from cerebral palsy
Woman with a mental health disability	Crazy lady
Man of short stature	A midget
Boy with autism	Autistic boy
People without disabilities	Normal person

## **HEARING LOSS**

This disability can range from mild hearing loss to profound deafness. Some persons who have hearing loss use hearing aids or other assistive devices. Others may rely on speech read (lip reading) or sign language, but many do not.

### **COMMUNICATION TIPS:**

- To get the attention of a person who is deaf or hard of hearing, tap the person on the shoulder or wave your hand.
- Follow the person's cues to find out if he/she prefers sign language, gesturing, writing or speaking.
- Look directly at the person and speak clearly, slowly and expressively to establish if the person can read your lips. Those who read lips will rely on facial expressions and other body language to help in understanding. Remember, not all persons who are deaf or hard of hearing can lip read.
- Speak in a normal tone of voice. Talking too loudly or with exaggerated speech can cause distortion of normal lip movements. Shouting won't help.
- Place yourself facing the light source and keep your hands and food away from your mouth when speaking. Do not try to communicate while smoking or chewing gum.
- Keep mustaches well trimmed.
- Try to eliminate background noise.
- Written notes can often facilitate communication.
- Encourage feedback to assess clear understanding.



- If you have trouble understanding the speech of a person who is deaf or hard of hearing, let him/her know.

## **VISION LOSS**

As with hearing disabilities, there is a wide range of vision loss. Some people may have a total loss of vision. Others have limited vision with correction.

### **COMMUNICATION TIPS:**

- When greeting a person with a severe loss of vision, always identify yourself and others who may be with you. Say, for example, "On my right is Penelope Potts."
- When conversing in a group, remember to say the name of the person to whom you are speaking to give vocal cues.
- Speak in a normal tone of voice, indicate when you move from one place to another and let it be known when the conversation is ending.
- When you offer to assist someone who has vision loss, allow the person to take your arm. This will help you to guide rather than propel or lead the person. When offering seating, place the person's hand on the back or arm of the seat.
- Let the person know if you move or need to end the conversation. Let the person know if you leave or return to a room.
- Use specifics such as "left a hundred feet" or "right two yards" when directing a person with a visual disability.

## **SERVICE ANIMALS**

An important component of interacting with a person with a disability can be knowing how to interact with that person's service animal. Service animals, such as guide dogs for persons who are blind and assistant monkeys for persons with dexterity limitations, should not be considered pets. They are working animals. Following are a couple of rules for interacting with service animals.

- Service animals should not be petted or otherwise distracted when in harness.
- If the animal is not in harness, permission from the animal's companion should be requested and received.

## **SPEECH DISABILITIES**

Speech disabilities are seldom related to intelligence. A person who has experienced a stroke, is severely hard of hearing or has a stammer or other type of speech disability may be difficult to understand.

### **COMMUNICATION TIPS:**

- Give whole, unhurried attention when you're talking to a person who has difficulty speaking. Allow extra time for communication.
- Keep your manner encouraging rather than correcting. Be patient - don't speak for the person.
- If necessary, ask short questions that require short answers or a nod or shake of the head.

- Never pretend to understand if you are having difficulty doing so. Repeat what you do understand. The person's reaction may help verify that you really understand
- Use hand gestures and notes.

## **COGNITIVE DISABILITIES**

Cognitive disabilities include intellectual and learning disabilities and can result from conditions such as traumatic brain injury or Alzheimer's disease.

### **COMMUNICATION TIPS:**

- Be patient. Take the time necessary to assure clear understanding. Give the person time to put his/her thoughts into words, especially when responding to a question.
- Use precise language incorporating simpler words. When possible, use words that relate to things you both can see. Avoid using directional terms like right and left. Instead say, "Her office has a blue door."
- Be prepared to give the person the same information more than once in different ways.
- When asking questions, phrase them to elicit accurate information. People with cognitive disabilities may be eager to please and may tell you what they think you want to hear. Verify responses by repeating each question in a different way. Give exact instructions. For example, "Be back from lunch at 12:30," not "Be back in 30 minutes."
- Too many directions at one time may be confusing.
- Depending on the disability, the person may prefer information provided in written or verbal form. Ask the person how you can best relay the information.

## **MENTAL HEALTH DISABILITIES**

People with mental health disabilities may have thoughts, behaviors and feelings that distress them and/or other people. Their thoughts and actions may not appear to be reasonable to others. Mental health disabilities are often episodic, with people experiencing long periods without any symptoms. Examples of mental health disabilities include depression, bi-polar disorder and schizophrenia.

### **COMMUNICATION TIPS:**

- Listen and be attentive. Being heard is important to all people, but it is especially important to people with mental health disabilities because they are often disregarded and discounted. Medical complaints are often ignored and treated as psychological issues rather than physical.
- Validate the person's perspective. Often, the opinions of people with mental health disabilities are not respected. It is especially important that the individual feel that he or she has been heard and validated.
- Avoid arguments with the person. This leads to distrust and alienation.

## **MOBILITY DISABILITIES**

Mobility disabilities can affect coordination or use of muscles and may be attributed to various injuries or conditions that limit one's ability to get around, such as spinal cord injury, spina bifida, cerebral palsy, amputation, etc. Often persons with mobility disabilities use assistive devices such as a wheelchair, cane, or walker.

### **COMMUNICATION TIPS:**

- Remember that any aid or equipment a person may use, such as a wheelchair, guide cane, walker, crutch or assistance animal, is part of that person's personal space. Don't touch, push, pull or otherwise physically interact with an individual's body or equipment unless you're asked to do so.
- When speaking with someone in a wheelchair, talk directly to the person at his/her eye level, if possible. If you must stand, step back slightly so the person doesn't have to strain his/her neck to see you.
- When giving directions to people with mobility limitations, consider distance, weather conditions and physical obstacles such as stairs, curbs and steep hills they might face.
- Always ask before you push someone in a wheelchair to prevent disturbing the person's balance.
- If a person transfers from a wheelchair to a car, barstool, bathtub, toilet, etc., leave the wheelchair within easy reach. Always make sure that a wheelchair is locked before helping a person transfer.

### **NOTE TO TRAINERS:**

The NCODH free publication, "Tips and Strategies for Effective Communication" is a useful resource. Go to <http://www.fpg.unc.edu/~ncodh> to order a free copy or download.

## FUNDAMENTAL PRINCIPLES FOR EFFECTIVE INTERVENTION WITH PEOPLE WITH DISABILITIES

- Assume that people with disabilities are capable.
- Move beyond traditional ideas that assume the problem of disability lies with the person with a disability and that they need to be “fixed” or “cured.”
- Understand that there are historic and cultural influences that shape the experience of disability.
- Assume that there can be joy in living with disability, not just in spite of it or by “overcoming” it.
- Accept and defend the right of all people with disabilities to control their own lives.

## ESTABLISHING EFFECTIVE WORKING RELATIONSHIPS WITH CLIENTS WITH DISABILITIES

- First ask the individual with a disability about any assistance or accommodation (such as extra time, having things explained more slowly, having an interpreter, etc.) she/he may need in order to participate in counseling sessions or group activities.
- Allow individuals to name their experience and demonstrate your belief in and respect for their struggle as well as their strength as a survivor. Try not to confuse this respect with the “you’re so brave for having a disability” stereotype.
- See people with disabilities as whole people. Allow survivors to identify the issues they most want to work on and don’t assume that the things that are troubling them are disability-related.
- Avoid assumptions that people with disabilities are not employed or do not have sex lives.
- Deal with loss and grief when appropriate, but don’t assume all people are dealing with loss and grief.
- Deal with effects of oppression, such as isolation, a sense of social betrayal, fear of authority, sadness about past mistreatment or exclusion, social insecurity or immaturity, and fear of loss of freedom.
- Deal with the unique issues of those who have been hospitalized or institutionalized, including fear of abandonment, trauma from years of invasive medical treatment, separation from loved ones, forced medications or other treatments, loss of freedom through commitment, and physical or sexual abuse by caregivers.
- Help individuals identify their strengths and capacities and build on them.
- Hold and communicate a positive outlook for the future.
- Assist people with disabilities to connect with other people with disabilities as role models.
- Assist people with disabilities to learn more about their legal rights, including the right not to be discriminated against in housing, transportation, employment, government services, and public accommodations.
- Assist survivors in exploring community resources and social supports that may allow them to be more independent.
- Attend to spiritual needs of survivors and assist them to find connections with accessible and disability-positive spiritual resources and faith communities.
- Offer to assist clients to make connections with peers with disabilities who are involved in political and social action. Developing a positive disability identity and relevant social group affiliation can be an important vehicle for personal empowerment and healing.
- Seek out and work in partnership with colleagues with disabilities who might offer valuable insights, training, consultation, support, or intervention.

# SAFETY PLANNING

## FOR PEOPLE WITH DISABILITIES

### PREPARING TO LEAVE AN ABUSIVE SITUATION

A safety plan is a unique strategy to reduce the risks of abuse or violence, which may include escaping a dangerous situation. Each person's plan is individualized for her/his situation and may be altered at any time. The following are ideas to consider for women or men with disabilities, but are not in any particular order of importance.

- If you are thinking about leaving, do not let your abuser know of your plan to escape. Be careful not to leave clues regarding your destination (i.e., long distance phone bills or literature about domestic violence services).
- Change your payee (if you have one) on your SSI/SSDI benefit to someone *you* trust other than the batterer. You (or a caseworker from a domestic violence, disability service agency or Adult Protective Services) will need to contact the Social Security Administration to change the payee name.
- Open a savings account in your name only. Have your benefit checks direct deposited into that account. If possible, try to set aside as much money as you can. If you have joint accounts with your spouse or partner, try to take all of your money out and put it in your own account. It may seem sneaky or it may even be risky for you, but it may mean your survival.
- Plan for assistance with personal care tasks. Be prepared to receive this assistance from someone else besides the batterer. Ask several friends, family members or faith community members for help if possible so that one person is not over-taxed.
- If you receive Medicaid/Medicare and are low income, you may be entitled to services from the NC Department of Health and Human Services. Some home health care agencies have rates based on income. Contact a caseworker or an intake worker and let them know about your service needs. If at first she/he does not respond or assist, call again and ask for a status report or for an explanation about why services have not been initiated. If they still do not respond, ask to speak to their supervisor.
- Get a post office box in your own name and hide the key or give it to a trusted friend or relative.
- Gather money, extra set of keys, medications, spare adaptive aids or medical supplies, a packed bag with a few changes of clothes for you and your child(ren) and leave those items at the home of a trusted friend or relative.
- Assess your own resources. Figure out if you have people (i.e., friends, family, church or synagogue members, etc.) who would be able to let you stay with them or lend you some money to make the transition.

- Make sure if you drive an adapted vehicle that the adaptations are in good repair and the vehicle itself is in reasonable working order. Have your vehicle checked often in case the abuser has tampered with it in any way. Never leave your vehicle with less than half a tank of gas. This is so that if you need to leave in a hurry, you have a reasonable amount of gas available.
- If you live in a major metropolitan area, consider applying for para-transit services. A doctor or caseworker can certify your disability if you have seen them for services before. This may even be done by mail.
- Call the battered women's shelter in your area (or the National Domestic Violence Hotline at 1-800- 799-SAFE; 1-800-787-3224 (TTY) to discuss safety planning. Let them know what your needs are and that you have a disability. Inquire about accessibility. Be aware that shelters are often full. More than likely, the shelter is not turning you away because of your disability. Ask to be put on the waiting list and check back with them daily to inquire about the availability of space at the shelter. Remember, safety planning is very, very important at this stage of the process. Stay in touch with your local hotline. Ask them for help to strategize with safety planning. A woman is much more likely to be killed upon leaving a relationship than at any other time.
- Keep the battered women's shelter or domestic violence or other crisis hotline telephone number with you. Better yet, memorize it! Keep some extra change with you for phone calls. Most shelter hotlines will take collect calls.
- Call and talk with other disability-related service providers and disability rights organizations listed in the phone book (i.e., support groups, coalitions, independent living centers, etc.) and ask for assistance with locating accessible or other support services.
- Call Adult Protective Services (APS) and report the abuse. Let them know if your health and safety are at stake. They must take down all self-reports. Ask APS what the process will be for investigation and services. Not all APS reports end in a facility placement. If you are not willing to tolerate a facility placement, then let the social worker know that. There are emergency options other than an institutional setting and APS may be able to set up other temporary emergency services.
- When you leave, write a note to the abuser that says you went to a doctor's appointment or another place that will not make the abuser suspicious. This will give you a head start.
- If you use a credit card after leaving, make sure that the bill will not be sent to the residence where the abuser lives or has access.
- If, after you leave, you need to telephone anyone who knows the abuser, be careful that your location cannot be traced through caller ID or call return.
- Leaving an abusive relationship is a process for people with disabilities just like it is for people without disabilities. For individuals with disabilities, this process can be longer because of all the logistics. Leaving an abusive relationship is one of

the bravest, most frightening experiences a person can go through. Being abused is not your fault and neither is having a disability.

- Only you know your batterer best. Use the steps that make sense for your personal situation. If something does not feel safe and might put you or your children in further danger - don't do it!
- Remember there is hope. There are options. There is a way out.

This document is not intended to be all-inclusive, nor do any of the suggestions provided in this document guarantee personal safety. Disability Services ASAP (A Safety Awareness Program) of SafePlace, Austin, Texas, 2002



# CHECKLIST FOR PERSONS WITH DISABILITIES: WHAT TO TAKE WITH YOU WHEN YOU LEAVE AN ABUSIVE RELATIONSHIP

## **IDENTIFICATION**

- Driver's license or state I.D. card
- Your and your children's (or other family member's) birth certificates
- Social Security card or Social Security award letter
- Proof of disability
- Food stamps
- Insurance, Medicaid, Medicare and/or clinic card

## **MONEY**

- Money, credit cards and/or ATM card
- Bank books, account information and checkbook
- If applicable, information on stocks (including stock certificates), bonds, and individual retirement account(s), mortgage

## **LEGAL PAPERS**

- Lease or house payment information/deed to the house (even if you do not plan to live there)
- Car registration and car insurance papers
- Health and life insurance papers
- Medical records and doctor's orders
- Children's school records and shot records
- Work permits (green card, VISA)
- Passport
- Divorce papers
- Child custody papers
- Protective or Restraining Order

## **OTHER IMPORTANT DISABILITY-RELATED ITEMS**

- Adaptive equipment (wheelchair, shower bench, crutches, hearing aids, communicative devices, etc.)
- Medications, prescriptions and doctor's orders
- Urological or colostomy supplies
- Service animal and needed supplies for their care
- Names and phone numbers of home health agencies, caseworkers and other disability service providers to assist in coordinating services for you
- Phone numbers of friends or past attendants who might be willing to help with personal care tasks during the transition period and also provide you with some emotional support
- Fixed route bus pass, Mobility ID card or Special Transit ID card
- Medical records

## **MISCELLANEOUS ITEMS**

- ❑ House, car, and office keys
- ❑ Small objects to sell
- ❑ Jewelry
- ❑ Address book
- ❑ Pictures of you, your children, and your grandchildren
- ❑ Evidence of physical abuse and pictures of the abuser
- ❑ Children's small, favorite toys
- ❑ Toiletries and diapers
- ❑ Cellular phone programmed to 911 (these can often be obtained for free through a local domestic violence program)

Disability Services ASAP (A Safety Awareness Program) of SafePlace, Austin, Texas, 2002

## SUGGESTED INTAKE QUESTIONS

During intake ask one of the following questions to assess the client's needs (or ask similar questions of your own choosing). The client may identify assistance or an accommodation that is needed while receiving services at your agency. The client's response may identify how to best provide sexual or domestic violence services. Examples of accommodations might include assistance with communicating, a sign language interpreter, alternate formats of written materials (i.e. large print) or using simple language.

### Suggested Questions:

- We are working toward becoming accessible. Please tell us if you need any accommodations.
- Do you have any needs that we can assist you with while receiving services from us?
- We would like to accommodate your needs. Please tell us what needs you might have.
- Do you (or others) consider yourself to have a disability? What, if any, help will you need while you receive services from us?
- Do you need any extra help? (This question may be most appropriate for clients with cognitive disabilities.)

Taken from *Stop the Violence, Break the Silence*. SafePlace, Austin, TX, 2002

## ACTIVITY 2

### ROLE-PLAYS

**TIME:** 30 minutes (5 minutes to introduce material, 10 minutes for role-play and discussion; 15 minutes to report to large group)

**BACKGROUND:** This activity provides participants the opportunity to act out and discuss a role-play in which a service provider helps a person with a disability who has experienced sexual assault or domestic violence. Each participant will participate in a role-play scenario and will play the part of client or service provider.

**OBJECTIVE:** At the end of this activity, participants will have:

1. Practiced interacting with a person with a disability through role-play or experienced playing the role of a service provider.

**MATERIALS:**

- Role-Play handouts
  - *Role-play 1: Service provider & Client*
  - *Role-play 2: Service provider & Client*
  - *Role-play 3: Service provider & Client*

**STEPS:**

1. Divide participants into pairs.
  - Each of you will have the opportunity to play the role of client or service provider, using the handouts I will give you.
  - Remember that you only have about 10 minutes to conduct the role-play. You may find that the interaction feels stylized or artificial, but we want you to have the opportunity to practice some of the communication skills we've discussed.
  - Give each pair the role-play handouts, including both the provider and client handouts. Decide which role each of you will play, and then conduct the role-play.
  - Circulate around the room and listen to role-plays to see if anyone has a question or needs any prompts or assistance.
  - Once the pairs complete the activity, discuss how the role-play went. First, the "service provider" shares her perspective and then the "client" shares. There are discussion questions at the bottom of each scenario that can help guide the discussion.
2. After the role-play has been completed by each group, process the role-play with the large group.
  - What was your experience playing the role of the client with a disability?
  - As the service provider, what did you learn about accommodating clients with disabilities?

**NOTES TO TRAINERS:**

- Monitor the time of role-plays
- Be sure to watch the time carefully and keep it moving. Allow at least 15 minutes at the end to process the activity.
- After 10 minutes, bring everyone back to the large group.
- Make sure participants identify positive skills used in the role-play. Avoid a focus on only critical comments or feedback.

## ROLE-PLAY 1: CLIENT

### **CLIENT: MONICA**

- Monica is a woman in her 30's who was born with short arms and legs. She uses a motorized wheelchair.
- She is currently married to a physically and emotionally abusive man. Monica is afraid for her life because the abuse has begun to escalate.
- She requires personal assistance in all areas of her life.
- Her husband has said he will kill her if she tries to leave.
- Monica has anxiety about leaving her home and moving into a shelter because of her fears about her personal care and transportation needs.
- She has called the domestic violence hotline to discuss the possibility of moving into the local DV shelter.

### **THE DISCUSSION**

- How did you react to the service provider?
- Is there anything you wish the service provider had done to make you feel more comfortable or to accommodate you?
- What challenges did you face accessing the service you needed?

## ROLE-PLAY 1: SERVICE PROVIDER

**SERVICE PROVIDER:** Crisis Counselor, Justine, on the DV hotline

- Monica calls the crisis line. You have spoken with her several times. Monica is in her 30's. She was born with short arms and legs and uses a motorized wheelchair.
- Monica requests to go to the shelter.
- You ask her, "What, if any, help will you need while receiving services?"

### **THE DISCUSSION**

- How did you feel about working with this woman?
- What challenges did you face?
- What may have helped you to provide appropriate services?

## ROLE-PLAY 2: CLIENT

### **CLIENT:** Alma

- Alma is 35 years old. She has autism.
- Alma has a simple, limited vocabulary.
- She lives with her parents, who are in their late sixties.
- She spends her days working in a community rehabilitation / employment program.
- Alma was sexually assaulted in the bathroom by a co-worker. The assault was reported, and the perpetrator was removed from the employment program.
- She is afraid to go into the bathroom at the employment program.
- Alma comes to the Center for her appointment to talk about the incident and about her fears.

### **THE DISCUSSION**

- How did you react to the service provider?
- Is there anything you wish the service provider had done to make you feel more comfortable or to accommodate you?
- What challenges did you face accessing the service you needed?



## ROLE-PLAY 2: SERVICE PROVIDER

**SERVICE PROVIDER:** Sexual Assault Counselor, Karen

- The community rehabilitation / employment program director contacted the local rape crisis center to get help for a woman in her thirties who has autism. Her name is Alma.
- You and the program director decide to set up an appointment for Alma to come in to the Center to meet with you. The meeting is today.

### **THE DISCUSSION**

- How did you feel about working with this woman?
- What challenges did you face?
- What may have helped you to provide appropriate services?

## ROLE-PLAY 3: CLIENT

### **CLIENT:** Eloise

- She is a woman in her mid-sixties with a communication disability as a result of a stroke.
- It can be difficult to understand what Eloise is saying. She often communicates by writing notes.
- Over time, her husband has become physically abusive. During one explosive episode, she scratched his face while defending herself. When the police arrived, they arrested her because her husband appeared injured.
- Eloise moved out of the house and is living with a friend.
- Since her arrest, she is very depressed and angry and feels frightened because her husband continues to stalk her by driving by the house where she is staying.
- Eloise goes to the Family Violence Center to meet with a counselor. She is tired of being stalked and distrusts the criminal justice system.

### **THE DISCUSSION**

- How did you react to the service provider?
- Is there anything you wish the service provider had done to make you feel more comfortable or to accommodate you?
- What challenges did you face accessing the service you needed?

## ROLE-PLAY 3: SERVICE PROVIDER

**SERVICE PROVIDER:** Domestic Violence Counselor, Margaret

- Eloise is a woman in her mid-thirties with a communication disability as a result of a stroke.
- Today you meet with Eloise for the first time.
- You have difficulty understanding what Eloise is saying.

### **THE DISCUSSION**

- How did you feel about working with this woman?
- What challenges did you face?
- What may have helped you to provide appropriate services?

## ACTIVITY 3

### RESOURCES FOR CLIENTS WITH DISABILITIES

**TIME:** 25 minutes

**BACKGROUND:** This activity introduces local, state, and national resources for people with disabilities; and it offers participants the opportunity to match needs with resources.

**OBJECTIVES:** At the end of this activity, participants will have:

1. Learned about local, state, and national resources for people with disabilities.
2. Matched needs with resources.

**MATERIALS:**

- Need and resource index cards (create one index card for each need and each resource from the included *List of Needs and Resources*).
- Handout
  - *North Carolina Disability Agencies and Resources*

**STEPS:**

1. Introduce the activity.
  - We have learned that there are many disabilities, and we know that our resources are limited. One of our strengths is to know where to get help if we need it and where to refer our clients for specific services.
  - It is important to become familiar with the range of supports and services that are available to people with disabilities in order to serve them better.
  - Remember that people with disabilities have a right to access all community services - not just those with a specific disability focus.
  - Before seeking services on behalf of a person with a disability, it is important to understand if the individual has any need for specific disability-related accommodations such as a sign language interpreter or materials in alternative formats.
  - In trying to access services from community organizations that do not have a specific disability focus, it may be necessary to act as an advocate and remind other organizations that they are also covered by the ADA (Americans with Disabilities Act) and may not discriminate against people with disabilities.
  - Communicate with community agencies in a proactive effort to establish an understanding that they can be relied on to serve people with disabilities. Have a system in place for making referrals and providing services to people with disabilities.
  - There are community agencies, statewide agencies, and national resources for people with disabilities that can assist you to better serve clients with disabilities. We are going to have the chance to explore some of these resources in this activity.

- Give each participant an index card – ½ get one with a need written on it, the others get a card with a community resource written on it. Each participant should have a piece of a “matching pair”.
  - Some of you have an index card with a need written on it, and others have a card with a community resource written on it. Your task is to find the person who has a card that matches your need or resource. Some needs have multiple resources.
  - Before finding your match, first familiarize yourself with the resources by reviewing the handout, *North Carolina Disability Agencies and Resources*.
  - Then talk amongst yourselves to find out who can help each other.
  - Once you find your “partner,” discuss how you might access this resource.
  - After you’ve reviewed the resources, found your match, discussed how to access the resource, we’ll ask you to describe your need and the resource to the group.
2. Ask one person from each pair to explain their need and resource to the large group and include how they would go about using this resource to help a client.

## LIST OF NEEDS AND RESOURCES

NEED	COMMUNITY RESOURCE
Need to call a woman who is deaf	Relay North Carolina
The phone in the shelter needs a volume control	North Carolina Assistive Technology Program
Need to be able to communicate with a client who is hard of hearing in an upcoming counseling session	The Division for the Deaf and Hard of Hearing
Are remodeling the shelter's bathroom and want to know how to make it accessible	The Center for Universal Design
Need support to work with a client who has an intellectual disability	The Arc of North Carolina
Need assistance with obtaining employment for a client with a disability	The Division of Vocational Rehabilitation Services
Want to learn more about cerebral palsy and the challenges a person with this disability may face	Family Support Network of North Carolina Central Directory of Resources  Easter Seals UCP of NC
Need assistance with evaluating the accessibility of the agency	North Carolina Office on Disability and Health
A woman with schizophrenia is moving from the shelter to a new town and will be socially isolated. Need to find a resource to provide social support to minimize her risk for depression.	Mental Health Association of North Carolina  NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (Local Management Entity)
Woman with spinal cord injury is moving out of shelter into a new residence. Need information on how she can get a ramp.	NC Division of Vocational Rehabilitation Services, Independent Living Program The Center for Universal Design

Need more information about my clients' rights under the ADA	Carolina Legal Assistance
	NC Office on the Americans with Disabilities Act
Have a client with Multiple Sclerosis whose crutches were lost. Need more information about how she can replace these.	Multiple Sclerosis Society
Want to translate an agency document into Braille	NC Division of Services for the Blind
	NC Library for the Blind and Physically Handicapped
Individual with a disability is requesting advocacy to get needed services.	Alliance of Disability Advocates Center for Independent Living

## NORTH CAROLINA DISABILITY AGENCIES AND RESOURCES

**ALLIANCE OF DISABILITY ADVOCATES, CENTER FOR INDEPENDENT LIVING** promotes consumer control by people with disabilities to advance civil rights of equal access and full participation in society. The core services of the Alliance include individual and systems advocacy, peer mentoring and support, information and referral, independent living skills training, and community integration. Based in Raleigh, the ADA-CIL serves the counties of Durham, Franklin, Johnston, Orange and Wake.

ALLIANCE OF DISABILITY ADVOCATES  
CENTER FOR INDEPENDENT LIVING  
401 Oberlin Road, Suite 103  
Raleigh, NC 27605  
Mailing: P.O. Box 12988  
Phone. 919-833-1117 (V/TTY)  
Fax. 919-833-1171  
<http://www.alliancecil.org>  
E-mail. [info@alliancecil.org](mailto:info@alliancecil.org)

**ARC OF NORTH CAROLINA** and its 44 chapters throughout the state provide a support structure and access to needed services for persons with intellectual and developmental disabilities. Some services offered included supported employment, information and referral, self-advocacy, and community housing.

ARC OF NORTH CAROLINA  
4200 Six Forks Rd., Suite 100  
Raleigh, NC 27609  
Toll free. 1-800-662-8706  
Phone. 919-782-4632 or 919-782-4634  
<http://www.arcnc.org/>

**CAROLINA LEGAL ASSISTANCE** is a private, tax-exempt, non-profit legal assistance program that offers legal representation to children and adults with mental illness and developmental disabilities. CLA practices exclusively in the field of mental disability law. CLA serves individuals with mental illness and developmental disabilities throughout the state. Clients reside in the community with their families, in their own apartments, in group homes and other settings, and in state institutions.



CAROLINA LEGAL ASSISTANCE  
PO BOX 2446  
Raleigh, NC 27602-2466  
Phone. 919-856-2195  
Fax. 919-856-2244  
E-mail. [clamdlp@mindspring.com](mailto:clamdlp@mindspring.com)  
<http://www.cladisabilitylaw.org/>

**CENTER FOR UNIVERSAL DESIGN** is a national research, information, and technical assistance center that evaluates, develops, and promotes universal design in housing, public and commercial facilities, and related products. Universal design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

CENTER FOR UNIVERSAL DESIGN  
College of Design, North Carolina State University  
50 Pullen Road, Brooks Hall, Room 104  
Campus Box 8613  
Raleigh, NC. 27695-8613  
Toll free. 800-647-6777  
Phone. 919-515-3082  
Fax. 919-515-8951  
E-mail. [cud@ncsu.edu](mailto:cud@ncsu.edu)  
<http://www.design.ncsu.edu/cud/>

**EASTER SEALS UCP NORTH CAROLINA** offers quality programs to persons with disabilities and their families. Programs include: 1) Durable medical equipment program for people who would not be able to purchase it themselves. This program purchases durable medical equipment, such as wheelchairs, prostheses, orthotics, orthopedic shoes, hospital beds, walkers, canes, prescribed support hose, hearing aids, and bathroom equipment that does not require installation. 2) Information and referral services help individuals with disabilities and their families learn about programs, services, and resources that meet their needs. 3) Individual and family support services help individuals develop the skills necessary to live at home. Services include personal assistance, personal care services, skills training, respite, and the supports necessary for individuals to participate in community activities. 4) Support services facilitate a network of 22 support groups across North Carolina, including 12 Stroke, 7 Post-Polio, and 1 Physically Disabled Adult Support Group.

EASTER SEALS NORTH CAROLINA - STATE OFFICE  
2315 Myron Drive  
Raleigh, N.C. 27607-3399  
Phone. 919-783-8898  
[http://nc.easter-seals.org/site/PageServer?pagename=ncdr\\_homepage](http://nc.easter-seals.org/site/PageServer?pagename=ncdr_homepage)

**FAMILY SUPPORT NETWORK OF NORTH CAROLINA** provides support and information to families of children with disabilities by promoting family support and encouraging collaboration among families and service providers in the design and delivery of services. Eighteen local family support programs in North Carolina provide information about local resources and services to families and service providers. Programs match families for emotional support, information, and resources. The Central Directory of Resources (CDR) provides information and referral services. Through the toll-free number, (800) 852-0042, referrals are made to service agencies, family support programs, support groups, and disability organizations on local, state, and national levels. Printed information on diseases, disabilities, chronic illnesses and related issues is also available from the CDR.

FAMILY SUPPORT NETWORK OF NORTH CAROLINA  
CB# 7340, University of North Carolina at Chapel Hill  
Chapel Hill, NC 27599-7340  
Phone. 919-966-2841; Toll free.800-852-0042  
Fax. 919-966-2916  
Email.cdr@med.unc.edu  
<http://fsnnc.med.unc.edu/>

**MENTAL HEALTH ASSOCIATION OF NORTH CAROLINA** promotes mental health and works to prevent mental disorders and eliminate discrimination against people with mental disorders. They accomplish these goals through community advocacy, education, and services.

MENTAL HEALTH ASSOCIATION OF NORTH CAROLINA  
3820 Bland Road  
Raleigh, NC 27609  
Phone. 919-981-0740; Toll Free. 888-881-0740  
Fax. 919-954-7238  
<http://www.mha-nc.org/>

**THE NATIONAL MULTIPLE SCLEROSIS SOCIETY**

The National MS Society has 3 chapters in North Carolina. Each chapter provides a variety of programs for people with MS and their families. Each also offers many special events designed to raise funds for MS research and to support people living with MS. Chapter Programs help improve the quality of life of people living with MS and their families by improving knowledge about the disease, emotional health, physical health and independence.

CENTRAL NORTH CAROLINA serves 15 counties in central and western North Carolina.  
2211 West Meadowview Road, Suite 30  
Greensboro , NC 27407  
Phone: 336-299-4136

Phone: 1-800-FIGHT-MS  
Email: [ncc@nmss.org](mailto:ncc@nmss.org)  
Website: <http://www.nationalmssociety.org/ncc>

EASTERN NORTH CAROLINA serves 49 counties of eastern North Carolina.  
3101 Industrial Drive, Suite 210  
Raleigh , NC 27609  
Phone: 919-834-0678  
Phone: 1-800-FIGHTMS (1-800-344-4867)  
Email: [nct@nmss.org](mailto:nct@nmss.org)  
Website: <https://www.nationalmssociety.org/nct>

MID-ATLANTIC NORTH CAROLINA serves 33 counties of western North Carolina.  
9801-I Southern Pines Blvd.  
Charlotte , NC 28273  
Phone: 704-525-2955  
Phone: 800-477-2955  
Email: [ncp@nmss.org](mailto:ncp@nmss.org)  
Website: <http://www.nationalmssociety.org/ncp>

NC DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES makes policies and rules and monitors public services to people with mental illness, developmental disabilities, or substance abuse throughout North Carolina. Services are provided through local programs statewide (LME's or Local Management Entities).

NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services  
3001 Mail Service Center  
Raleigh, NC 27699-3001  
Phone: 919-733-7011  
Fax: 919-733-9455  
<http://www.dhhs.state.nc.us/mhddsas/>

NC DIVISION OF SERVICES FOR THE BLIND empowers individuals who are blind or have low vision to achieve their maximum potential through statewide services provided by staff in seven DSB District Offices and Social Workers for the Blind located in all North Carolina counties. Service categories include training, employment, medical, technology, and daily living skills.

North Carolina Services for the Blind  
309 Ashe Ave.  
2601 Mail Service Center  
Raleigh, NC 27699-2601  
Phone: 919-733-9822  
Fax: 919-733-9769  
<http://www.dhhs.state.nc.us/dsb/>

**NC DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING** provides a broad range of services for children and adults, their families, and the professionals who serve them. The division also provides interpreter services, advocacy, access to technology, and coordination of human services for the deaf and hard of hearing.

North Carolina Division of Services for the Deaf and Hard of Hearing  
2301 Mail Service Center  
Raleigh, NC 27699-2301  
Phone: 919-773-2963 (Voice, TTY)  
Fax: 919-773-2993  
<http://www.dhhs.state.nc.us/docs/divinfo/dsdhh.htm>

**NC DIVISION OF VOCATIONAL REHABILITATION SERVICES'** goal is employment. Vocational rehabilitation counselors work with business and community agencies to help them prepare their worksites to accommodate employees who have physical or mental disabilities. The division also provides services that encourage and reinforce independent living for people with disabilities through two main components: the Vocational Rehabilitation Program and the Independent Living Services Program.

NC Division of Vocational Rehabilitation Services  
2801 Mail Service Center  
Raleigh, NC 27699-2801  
Phone: 919-855-3500  
Fax: 919-733-7968  
<http://dvr.dhhs.state.nc.us/>

**NC OFFICE ON THE AMERICANS WITH DISABILITIES ACT** provides consultative services to state and local governments, businesses, and industry in complying with the Americans with Disabilities Act (ADA) of 1990.

NC Office on the Americans with Disabilities Act  
111 E. North St.  
1304 Mail Service Center  
Raleigh, NC 27601  
Phone. 919-733-0054  
Fax. 919-733-6909  
<http://www.doa.state.nc.us/doa/ada/welcome.htm>

**NORTH CAROLINA ASSISTIVE TECHNOLOGY PROGRAM** is a statewide system to coordinate assistive technology services. Assistive technology (AT) is any piece of equipment or device that is used to increase the independence of individuals with disabilities. This program's goal is to increase awareness about AT and provide training, funding information, referral services, technical assistance, and an equipment loan program.

Centers are located in Charlotte, Sylva, Winston-Salem, Raleigh, Rocky Mount, Greenville, and Wilmington.

North Carolina Assistive Technology Program  
1110 Navaho Drive  
Suite 101  
Raleigh, NC 27609  
Phone. 919-850-2787 (Voice, TTY)  
Fax. 919-850-2792  
<http://www.ncatp.org/>

**NORTH CAROLINA LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED** is a public library that circulates books and magazines especially made for persons who cannot use regular printed material because of a visual or physical disability. The library is located in Raleigh, and mails materials throughout the state. The NCLBPH is a state agency operated by the State Library of North Carolina as a part of the Department of Cultural Resources. It is also a part of the network of regional libraries operated by the Library of Congress National Library Service for the Blind and Physically Handicapped. Open 8:00 A.M. - 5:00 P.M., Monday – Friday.

NC Library for the Blind and Physically Handicapped  
Toll Free. 1-888-388-2460 (Nationwide)  
Phone. 919-733-4376 (Raleigh area residents); TDD. 919-733-1462  
Fax. 919-733-6910  
E-mail. [ncldbph@ncmail.net](mailto:ncldbph@ncmail.net)  
<http://statelibrary.dcr.state.nc.us/lbph/lbph.htm>

**NORTH CAROLINA OFFICE ON DISABILITY AND HEALTH** works to promote the health and wellness of persons with disabilities in North Carolina. NCODH works to increase awareness and understanding of the health-related needs of individuals with disabilities; improve access and inclusion; and develop health promotion programs and educational materials for consumers and professionals. As part of the women's health initiative, the office is available to provide technical assistance to domestic violence and sexual assault agencies around accessibility issues and staff training.

NC Office on Disability and Health  
Campus Box 8185, The University of North Carolina at Chapel Hill  
Chapel Hill, NC 27599-8185  
Fax. 919-966-0862  
E-mail. [odhpubs@fpg.unc.edu](mailto:odhpubs@fpg.unc.edu)  
<http://www.fpg.unc.edu/~ncodh>

Division of Public Health  
1928 Mail Service Center  
Raleigh, NC 27699-1928  
Fax. 919-870-4880  
E-mail. Anna.Johnston@ncmail.net  
<http://wch.dhhs.state.nc.us/cay>

**RELAY NORTH CAROLINA** provides telephone accessibility to people who are deaf, hard of hearing, or speech limited. Relay North Carolina is available 24 hours a day, 365 days a year with no restriction on the number of calls placed or on their length. Standard telephone users can easily initiate calls to TTY users by calling 711. The relay operator then types the hearing person's spoken words to the TTY user and reads back the typed replies.

Dial 711 or call  
1-877-735-8200 (Voice)  
1-888-825-2448 (Spanish)

## ACTIVITY 4

### CREDO FOR SUPPORT VIDEO

**TIME:** 10 minutes

**BACKGROUND:** Viewing this video provides participants the opportunity to review important strategies and skills for effectively interacting with people with disabilities.

**OBJECTIVES:** At the end of this activity, participants will have:

1. Reviewed many tips for working with people with disabilities.

**MATERIALS:**

- *Credo for Support* video (can be purchased through Axis Consultation & Training, phone: 250-754-9939, fax: 250-754-9930, estimated cost: \$30) It is also available for loan from the NC Coalition Against Sexual Assault and NC Coalition Against Domestic Violence.
- VCR and TV
- Handout
  - *Credo for Support*

**STEPS:**

1. Set up the video for viewing. Introduce the video.
  - *Credo of Support* was written by Norman Kunc. It was written in honor of Tracy Latimer, a girl who had cerebral palsy. Tracy was killed by her father when she was thirteen years old. He decided that her life with a disability was not worth living.
2. View the video.
3. Discuss the video with participants.
  - What are some key points you've learned that you will want to remember when working with clients with disabilities?
  - Did someone hear a strategy named in the video that they had not thought of?

## CREDO FOR SUPPORT

Throughout history,  
people with physical and mental disabilities  
have been abandoned at birth,  
banished from society,  
used as court jesters,  
as exhibits in freak shows,  
drowned and burned during the inquisition,  
gassed in Nazi Germany,  
and still continue to be segregated, institutionalized,  
tortured in the name of behavior management,  
abused, raped, euthanized and murdered.  
For the first time communities are being asked to welcome people with disabilities as  
fully contributing citizens.  
The danger is that we will respond with remediation or benevolent condescension  
rather than equity and respect.  
And so, we offer you  
A Credo for Support.  
Do Not see my disability as the problem.  
Recognize that the real problem confronting people with disabilities is social  
devaluation, prejudice and oppression.  
Do Not see my disability as a deficit.  
Recognize that my disability is an attribute, and that I am a member of the diverse  
human community.  
Do Not try to fix me because I am not broken.  
Support me so I can make my contribution to the community in my way.  
Do Not see me as your client, for I am your fellow citizen.  
See me as your neighbor, and remember that none of us can be self-sufficient.  
Do Not try to modify my behavior.  
Be still and listen. What you define as inappropriate may be an attempt to  
communicate with you in the only way I can.  
Do Not try to change me, you have no right.  
Help me learn what I want to know.  
Do Not try to be a competent professional, you will invariably do me harm.  
Be a person who cares, who takes time to listen, and does not take my struggle away  
from me by trying to make it all better.  
Do Not use "pedagogical approaches" on me. To abdicate personal responsibility for  
your actions behind theories and strategies is pure cowardice.  
Be with me. And when we struggle with each other let that be the impetus for  
self-reflection.  
Do Not try to control me. I have a right to my power as a person.  
What you call non-compliance or manipulation may actually be the only way I can exert  
some control in my life.  
Do Not teach me to be obedient, submissive and polite. You do me no favor.  
I need to feel entitled to say No if I am to protect myself.  
Do Not be charitable towards me. The last thing this world needs is more Shriners or  
another Jerry Lewis.  
Be my ally as I fight those who exploit me for their own gratification.  
Do Not try to be my friend. I deserve more than that.  
Get to know me. We may become friends.



Do Not help me, even if it does make you feel good.  
Ask me if I need your help. Respect my "No" or let me show you how you can best assist me.  
Do Not admire me. A desire to live a full life does not warrant adoration.  
Respect me, for respect presumes equity.  
Do Not tell, teach and lead.  
Listen, Support and Follow.  
Do Not work on me.  
Work with me.

Written and Produced by Norman Kunc and Emma Van der Klift

Copies available through:  
Axis Consultation & Training  
4623 Elizabeth Street Port Alberni, B.C. V9Y 6L8  
Phone (604) 723-6644 Fax (604) 723-6688

**MODULE 3**  
**ALL ABOUT ACCESS**

**INTRODUCTION AND OVERVIEW**

**ACTIVITY 1:** Is Your Agency Accessible?

**ACTIVITY 2:** Accessible Print Materials

**ACTIVITY 3:** Where Do We Go from Here?

## MODULE 3

### ALL ABOUT ACCESS

#### INTRODUCTION AND OVERVIEW

**TIME:** 5 minutes

**BACKGROUND:** Taking a few minutes to set the stage for training makes for a smoother training experience. This Introduction and Overview provides the opportunity to state the goal of the training, give an overview of the content, explain the roles of the facilitators and participants, and agree on group guidelines.

**OBJECTIVES:** At the end of this activity, participants will have:

1. Learned the goal of training and reviewed the agenda.
2. Understood their roles and the role of the facilitator(s).
3. Agreed on group guidelines.

**MATERIALS:**

- Flip Chart
- Marker

**STEPS:**

1. Welcome participants and give an overview of the training. You may want to write down the Goal and the Agenda and post them in the room.
  - Goal: The goal of our training session is to learn about accessibility of services for persons with disabilities, to assess accessibility, and to learn strategies to improve access for people with disabilities who seek services from domestic violence and sexual assault programs.
  - Overview/Agenda: Our agenda for this session includes the following activities:
    1. “Is Your Agency Accessible?” during which we’ll use a checklist to assess this facility for accessibility;
    2. “Accessible Print Materials”, which looks at accessibility of written materials such as brochures; and lastly,
    3. “Where do we go from here?” in which we’ll think about what we can do to enhance our work with people with disabilities.
  - Roles: This room is full of people with a wealth of ideas and experiences. We want you to share them. Your role is to participate actively. The role of the facilitator is to guide discussion and emphasize important take-home messages.

- Guidelines: Let's look at these sample Group Guidelines. Does anyone want to add to this list? Does everyone agree to follow these guidelines during our training time together?

### **Group Guidelines**

- Start and end on time.
- Respect others' opinions.
- Ask for clarification.
- Create a safe place for expression.
- Share your own experiences.
- Maintain confidentiality.
- Members participate in all phases of the process as they choose.

## ACTIVITY 1

### IS YOUR AGENCY ACCESSIBLE?

**TIME:** 65 minutes

**BACKGROUND:** Agencies are encouraged to conduct an internal assessment of their buildings, programs, and services to evaluate their level of accessibility. When looking at accessibility, agencies should think broadly to include removing structural barriers, as well as communication, attitudinal, and informational barriers. There are many low and no cost ideas and items that can make your agency more functional and friendly to persons with disabilities. The following activity is meant to be a place to begin. Incorporating some of these ideas and practices into your program will help make accessible practices a part of “business as usual.” Accessibility will benefit everyone. The clients you serve, staff, volunteers, and the overall agency will have the opportunity to participate in an inclusive community that is dedicated to quality service.

**OBJECTIVES:** At the end of this activity, participants will have:

1. Identified possible agency barriers that persons with disabilities may face.
2. Examined types of accommodations that can make an agency more friendly and accessible to persons with disabilities.
3. Learned about the Americans with Disabilities Act.

**MATERIALS:**

- Handouts, one per participant
  - *Accessibility within Domestic Violence and Sexual Assault Agencies*
  - *Removing Barriers to Domestic and Sexual Violence Services: An Abbreviated Accessibility Survey*
  - *Plan of Action Form for Improving Accessibility*
  - *Simple Accommodations*
  - *Suggestions For Your Agency To Support Accessible Practices*
  - *Resources on Accessibility*
- Flip Chart paper
- Marker
- Pencils
- Clipboards

**STEPS:**

1. Write “Accessible” on the flip chart.
2. Brainstorm with participants what an accessible domestic and sexual violence agency would be like. Record their ideas on flip chart.
  - What comes to mind when you think about accessibility at your agency?
  - Name some characteristics of an accessible agency.
  - Why is it important to be accessible? Who would benefit?

Points to include:

- An accessible agency includes a broad view of the areas of services:
    - Physical/structural environment (parking lot, building entrance, inside all the rooms);
    - Information and materials you give to clients (pamphlets, flyers);
    - Communication (telephones, Relay NC, TTY, assistive listening device, sign language interpreters);
    - Staff and volunteers' attitudes about disability.
  - The Americans with Disabilities Act (ADA) requires domestic and sexual violence agencies to make reasonable accommodations as necessary to make their facilities, services, or programs accessible to people with disabilities.
  - An accessible program will benefit clients, staff, and volunteers with disabilities; and it also makes the environment and services user-friendly for everyone.
3. Explain briefly the Americans with Disabilities Act (ADA). Give *Accessibility within Domestic Violence and Sexual Assault Agencies* handout to participants.
- The Americans with Disabilities Act (ADA) is a civil rights law passed in 1990 to guarantee equal opportunity for individuals with disabilities in employment, public accommodations, transportation, government services, and telecommunications.
  - The ADA is consumer driven. There is no current monitoring of compliance or education system in place. This act gives consumers with disabilities the right to request accommodations or file a complaint, if desired.
  - A reasonable accommodation is defined as a modification or adjustment to structures, policies, programs, or services that enables the right to equal benefits and privileges for individuals with and without disabilities. Agencies should be prepared to reasonably accommodate individuals with disabilities and make necessary modifications that do not require a fundamental alteration of the program.
  - An agency must provide reasonable accommodations upon request unless it would clearly be an "undue financial burden" on the agency to do so.
  - The ADA does not guarantee:
    - That people with disabilities will participate in programs; or
    - That an organization will be able to provide quality services that adequately meet the needs of people with disabilities.

**Example:**

A person using a wheelchair is seeking services from a counseling center. The center is not physically accessible, and the staff offers to schedule a time to meet the person at an accessible office a block away. The person declines, insisting that a ramp be built at the office. In this case, the center has complied with the ADA, and the person with the disability has declined the service.

4. Explain the *Removing Barriers to Domestic and Sexual Violence Services: An Abbreviated Accessibility Survey*. Give one to each participant.
- This is a tool that can guide us to learn more about the accessibility of this agency. With the information you learn, you can begin to find ways to improve

accessibility of your agency for all clients. This survey is not meant to be discouraging.

- Notice how the survey is divided into sections that assess the physical environment, information, communication, attitudes, and policies of the agency.
  - The survey provides boxes and space to note your findings and make suggestions for accommodations.
5. Divide participants into several groups, so that groups of 5 or less participants can work together on assessing an area of the agency.
  6. Assign each group several sections from the accessibility survey to complete (i.e., Group 1 assesses sections 1 and 3, Group 2 assesses sections 4 and 6, etc.).
    - Each group needs to identify one person to read each question, one person to record the observations, and one person to report the findings to the larger group.
    - Instruct each group to go to their assigned area (parking lot, for example).
    - Participants read each question in the assigned section and record general observations, not findings based on specific measurements. (They do not have enough time to take specific measurements.)
    - In each survey section, the group chooses one item that demonstrates how their agency is currently being disability-friendly and one item that their agency could change to become more accessible. Participants should attempt to complete the survey from the perspective of someone who is deaf or hard of hearing, has vision loss, uses a wheelchair/other assistive device for mobility, or who has a cognitive disability.
  7. Allow 15 minutes for groups to go to various areas in the agency and complete their assessments.
  8. When assessments are completed, have groups come back together to report and discuss their findings.
    - What did you observe/learn about accessibility of this agency?
    - What were some accessible components already in place? Share one.
    - What barriers did you identify? Share one.
    - Suggest some accommodations that would reduce these barriers.
    - What accommodations seem easy to do, and which seem difficult or not feasible at this time and why?
    - Who would need to be involved to make these kinds of changes?
    - What accommodations could be put on your agency's wish list?
  9. For additional information, give participants the following handouts:
    - *Plan of Action Form for Improving Accessibility*
    - *Simple Accommodations*
    - *Suggestions For Your Agency To Support Accessible Practices*
    - *Resources on Accessibility*

10. Encourage agency staff to use what they have learned from this accessibility survey to move towards creating a more accessible agency. The Plan of Action Form (see attached) is a useful tool to set priorities and then identify immediate, short-term, and long-term goals for improving access.

**NOTE TO TRAINERS:**

This activity reviewed the accessibility of your agency's office space. If your agency provides shelter services, we strongly encourage you to also review the accessibility of the shelter, as this is a critical location for people with disabilities to be able to access in time of crisis.



# ACCESSIBILITY WITHIN DOMESTIC VIOLENCE AND SEXUAL ASSAULT AGENCIES

The ADA outlines 4 priority areas of physical access for existing buildings:

1. Accessible entrance to the facility
2. Access to goods and services
3. Access to restrooms
4. Any other measures necessary

The Americans with Disabilities Act (ADA) establishes a clear and comprehensive prohibition of discrimination on the basis of disability. The ADA guarantees equal opportunity for individuals with disabilities in employment, government services including transportation, public accommodations, and telecommunications. The law requires agencies to make reasonable modifications as necessary to make the facilities, services, or programs accessible to people with disabilities.

A **reasonable accommodation** is defined as a modification or adjustment to structures, policies, programs and services that enable the right to equal benefits and privileges for individuals with and without disabilities. Although each person who has a disability may have unique needs in order to access services, crisis agencies should be prepared to reasonably accommodate individuals with disabilities, and make necessary modifications that do not require a fundamental alteration of the program. The same services should be available to all people regardless of physical, sensory, cognitive, mental health, multiple, or other disabilities. It is not acceptable to screen for a disability in order to deny services to a person with a disability or a parent who has a child with a disability. An agency must provide reasonable accommodations upon request unless it would clearly be an "undue financial burden" on the agency to do so.

The ADA prohibits discrimination against Americans with disabilities in these 5 areas:

## **TITLE 1 – EMPLOYMENT**

Responsibility includes making reasonable accommodations in the work environment. Covers all state and local government employers and private employers with 15 or more employees.

## **TITLE 2 - STATE AND LOCAL GOVERNMENTS**

Responsibility includes removing physical barriers, providing effective communication, and modifying existing policies. Covers government services such as public schools, public libraries and public transportation.

### **TITLE 3 – PRIVATE ENTITIES/PUBLIC ACCOMMODATIONS**

Responsibility includes removing physical barriers, providing effective communication, and modifying existing policies. Includes privately-owned entities such as restaurants, hospitals, hotels, and recreational facilities. Public accommodations include social service organizations such as domestic violence and sexual assault agencies.

### **TITLE 4 – TELECOMMUNICATIONS**

Telephone companies are required to provide telecommunication relay services for people who have hearing loss or speech limitations. Opportunities for communication must be equivalent to those provided to other customers. Television access requires federally funded public service announcements to be closed-captioned.

### **TITLE 5 – MISCELLANEOUS PROVISIONS**

Among other issues, Title 5 addresses the ADA's relationship to other laws and requirements relating to the provision of insurance, regulations by the Access Board, and provision of technical assistance by federal agencies.

For technical assistance, information and materials regarding ADA compliance, and referrals to regional resources for individual assistance, please contact your regional technical assistance center.

Southeast Disability & Business Technical Assistance Center  
1-800-949-4ADA or 1-800-949-4232 (V/TTY)  
404-385-0641 (fax)  
[sedbtac@catea.org](mailto:sedbtac@catea.org) and [www.sedbtac.org](http://www.sedbtac.org)

Crisis agencies should consider adopting an "**ADA Compliance Policy**" that describes their commitment to provide accessible services/accommodations for people with disabilities. To accommodate persons with disabilities and to comply with the law, it may be necessary to amend or create new agency policies, procedures, and practices. Creating guidelines for exceptions to standing rules may also be needed.

## **RECOMMENDATIONS FOR MAKING DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS AND SERVICES AVAILABLE AND MORE ACCESSIBLE FOR INDIVIDUALS WITH DISABILITIES**

### **Physical Accessibility**

- The building's entrance, doorways, hallways, restrooms, and areas where services are delivered (including residential services - at least one restroom, bath, sleeping area) are physically accessible (widened to at least 36") and kept clear of objects or furniture that could pose barriers for persons who use a wheelchair, cane, or other mobility devices.
- Tables, chairs, display racks, counters, and other furniture are rearranged if needed to remove obstructions to accessibility.
- There are accessible parking spaces located closest to the accessible entrance.
- The building has a ramp or non-step entrance; curb cuts are available at sidewalks and entrances.

- Accessible handles or levers (operable with a closed fist) are installed on doors.
- Raised letters or Braille are included on signs within the building and elevator control buttons.
- Sections of high tables or counters are lowered for physical accessibility.
- At least one restroom is equipped with grab bars, adequate space for a wheelchair, and access to the sink (including levers on the faucets).
- Accessible play areas and counseling are available for children with disabilities if the agency offers children's services.
- Alarms have flashing lights and audible sounds.

### **Counseling**

- If accessible transportation is not available, a counselor should be allowed to visit a group home, state school/hospital, or other institution to provide individual or group counseling.
- Additional time or counseling sessions are allowed for clients with disabilities if needed.
- Offer flexibility/patience in goal planning with persons who have difficulty articulating/determining their goals and needs.

### **Communication**

- Hire sign language interpreters or contract with an interpreter service to facilitate clear communication for intake and counseling sessions for clients who use sign language as a primary means of communication.
- Offer agency materials in alternate formats (large print, simplified language, audio cassette, diskette).
- Assist clients needing help with correspondence, completing forms, or making telephone calls.
- Ensure that a telephone is equipped with a TTY (telecommunication device for the deaf) and that staff/volunteers receive adequate training on TTY use and are familiar with relay services (operator-assisted service allowing communication between a TTY user and a non-user).
- Have a telephone with volume control for clients who are hard of hearing.

### **General**

- Allow service animals within the agency. These animals are not pets, but are specifically trained to assist with mobility, tasks, or alerts. Agency directors, in consultation with the individual, should determine the best way to provide services for the individual and her/his animal in a manner that will be the least disruptive to the other agency clients.
- Community education and outreach services are targeted to people with and without disabilities.
- Staff and volunteer training includes various aspects of disability and disability resources.
- Efforts are made to actively recruit staff and volunteers with disabilities.

- Volunteer opportunities are accessible for people with disabilities (i.e., training materials available in alternate formats, training sessions held in physically accessible locations.)
- Accessible transportation is available for clients with disabilities needing services.
- Agency fundraising events are held in accessible locations.

### **CONSIDERATIONS WITHIN SHELTER SETTINGS**

- During intake, ask the individual to identify their needs as well as assistance they prefer.
- Clients who have a mental health diagnosis (such as schizophrenia) or who experience mental health episodes are not automatically referred to a psychiatric facility (unless they are a danger to themselves or others).
- Include a line item in agency's budget to hire sign language interpreters when needed.
- Adopt and implement a policy to allow a client's personal care assistant to come to the shelter to provide services (as long as the person is not the batterer). Personal care services might include assistance with bathing, dressing, meal preparation or reading.
- Adapt agency rules (i.e., extend personal phone time for persons who use a TTY or allow persons who have current mental health concerns to have their own bedroom).
- Modify list of physical chores to include less strenuous tasks that individuals with disabilities may perform. Add non-physical tasks to the chores clients may perform in exchange for services (i.e., meal planning, helping with inventory).
- Shelter clients who take prescribed medications may need reminders about following doctor's orders.

The Americans with Disabilities Act (ADA) does require reasonable accommodations upon request but does not require program modification(s) that would fundamentally alter the nature of services. Please note that following these recommendations does not guarantee that all accessibility issues are being adequately addressed.

Adapted from Disability Services ASAP (A Safety Awareness Program) of SafePlace, Austin, Texas, 2002.

# REMOVING BARRIERS TO DOMESTIC AND SEXUAL VIOLENCE SERVICES

## AN ABBREVIATED ACCESSIBILITY SURVEY

Agency: \_\_\_\_\_ Observer: \_\_\_\_\_ Date: \_\_\_\_\_

The following checklist is intended to assist you in providing services to persons with disabilities. As you tour your facility please answer the following questions with a Yes or No. Additional space for comments and notes is provided below each section. Please note that a YES does not guarantee that accessibility is being adequately addressed. This survey is intended to help you begin a review of your facility's accessibility and develop plans for improved access.

### 1. CUSTOMER SERVICE

- Do staff / volunteers receive training in providing services to persons with disabilities?  
 Yes       No
  
- Are sign language interpreters provided, if needed?  
 Yes       No
  
- Do staff / volunteers know how to request sign language interpreters?  
 Yes       No
  
- Are key organizational materials available in alternate formats (audio, large print, or diskette)?  
 Yes       No
  
- Does staff know how to obtain or develop alternate formats?  
 Yes       No
  
- Do agency materials provide information about services for individuals with disabilities?  
 Yes       No
  
- Are assistive listening devices available?  
 Yes       No
  
- Does staff / volunteers know how to provide accessible accommodations?  
 Yes       No

Notes on customer service:

## 2. POLICIES

- Does the agency have a policy of inclusion that advocates for services that are accessible to all people?  
 Yes                       No
- Does the agency have an “ADA Compliance Policy” that describes the agency’s intention and commitment to meet the mandates of the ADA?  
 Yes                       No
- Does the agency have a policy that allows service animals to accompany their owners?  
 Yes                       No
- Does the agency have a policy that allows a person with a disability to be accompanied by her personal care attendant, if needed?  
 Yes                       No

Notes on policies:

## 3. EMERGENCY PROCEDURES

- Do fire alarms provide visual and audible signals?  
 Yes                       No
- Are there fire alarms with visual and audible signals in restrooms, meeting rooms, hallways, lobbies, and other common areas?  
 Yes                       No
- Are evacuation maps of adequate size, height and contrast posted in restrooms, hallway, reception area, and other common used areas?  
 Yes                       No
- Are fire extinguishers stored at a reasonable height for someone using a wheelchair or of small stature (48” or less)?  
 Yes                       No
- Do emergency procedures require staff to visually check all facility areas to ensure all clients are aware of the emergency announcement?  
 Yes                       No

- If there is more than one floor, is there an agency plan for evacuation of persons with disabilities from floors above the first floor?  
 Yes                       No
- Is there an evacuation chair on site?  
 Yes                       No
- If yes, is staff aware of the chair's location?  
 Yes                       No
- If evacuation chair is available, does staff know how to use this equipment?  
 Yes                       No
- Has staff received training regarding emergency procedures for persons with disabilities?  
 Yes                       No

Notes on emergency procedures:

**4. TELEPHONE CONTACTS**

- Is a TTY (text telephone) available?  
 Yes                       No
- If a TTY is available, do volunteers and staff know how to use it?  
 Yes                       No
- Do staff / volunteers know how to use NC Relay?  
 Yes                       No

Notes on telephone contacts:

5. PARKING

- Is a TTY (text telephone) available?  
 Yes       No
  
- Is one in every eight accessible spaces van accessible (min. 8' wide + 8' hatch)?  
 Yes       No
  
- Do accessible spaces have appropriate signage?  
-Accessible symbol       Yes       No  
-\$250 fine       Yes       No
  
- Is there an adequate number of accessible parking spaces? \*see below  
 Yes       No
  
- Are accessible spaces the closest spaces to the building (recommended not to exceed 200 ft. from the accessible entrance)?  
 Yes       No
  
- Do accessible parking spaces allow people to get in and out on a level, smooth surface?  
 Yes       No
  
- Does the person using the accessible space have to navigate behind parked cars to enter the building?  
 Yes       No
  
- Is there a curb cut to the sidewalk?  
 Yes       No
  
- If yes, is the curb cut kept clear?  
 Yes       No

\*(For every 25 spaces, at least one must be accessible. For 501-1000 spaces, 2% should be accessible. For more than 1000 spaces, at least 20 must be accessible + one for each 100 spaces over 1000).

Notes on parking:



## 6. TRANSPORTATION

- Does your community have accessible public transportation?  
 Yes  No

If yes, what types of transportation services are available?

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- Do accessible public transportation services serve the agency's location?  
 Yes  No
- Does your community have paratransit services (for people who can not use typical public transportation)?  
 Yes  No
- Can persons with disabilities access bus services from the agency (clear path of travel, close distance, and accessible bus)?  
 Yes  No
- Are the transportation vehicles (bus or van) equipped with a lift for persons who use a wheelchair?  
 Yes  No

Notes on transportation:

## 7. CIRCULATION PATHS\* AND ENTRANCES

- Are the paths of travel:
  - At least 36" wide?  Yes  No
  - Level?  Yes  No
  - Smooth?  Yes  No
- Are the paths free of permanent obstructions?  
 Yes  No
- Are the paths free of temporary obstructions?  
 Yes  No
- Do routes have adequate passing space (60" diameter circle or a T-shaped space)?  
 Yes  No
- If a flight of stairs is present, does it have:
  - Handrails on both sides?  Yes  No

-Extensions on the top and bottom?  Yes  No

- If there are steps, do steps have contrast edge marking?  
 Yes  No
- If there is a ramped entry, does it have 1:12 slope or less?  
 Yes  No
- If the ramp is longer than 6 ft., does it have sturdy railings on both sides that are between 34" & 38" high?  
 Yes  No
- Can doors be opened with hardware that does not require grasping, pinching, or twisting?  
 Yes  No
- Are the exterior doors heavy and difficult to open?  
 Yes  No
- Is there an automatic door option?  
 Yes  No
- Are the internal doors heavy and difficult to open (>5lbs.pressure)?  
 Yes  No
- Are the doorways wide enough to access when using a wheelchair or scooter (32" of clear opening space)?  
 Yes  No
- Where carpeting or rugs are used, are they permanently affixed to the floor surface?  
 Yes  No
- Where carpeting is used, is it low pile (<1/2") & tightly woven?  
 Yes  No
- Are there any objects protruding (4" or more) into the circulation path that are:  
-Higher than 27"  Yes  No  
-80" or lower?  Yes  No

\*Circulation path is defined as an exterior or interior way of passage from one place to another for pedestrians, including, but not limited to, sidewalks, hallways, courtyards, stairways, and stair landings.

Notes on circulation paths / entrances:

## 8. SIGNAGE

- Are permanent signs (i.e. restrooms):
  - Mounted at 60" above the floor to the center of the sign?  Yes  No
  - Mounted on latch side of door?  Yes  No
- Do permanent signs use:
  - Raised characters?  Yes  No
  - Characters sized between 5/8" and 2" high?  Yes  No
  - High contrast colors?  Yes  No
  - Non-glare finish?  Yes  No
  - Brailled text?  Yes  No
- Are signs posted directing people to the accessible entrances and accessible bathrooms?  
 Yes  No
- Are calendars and announcements posted at a reasonable height for someone using a wheelchair or someone of small stature?  
 Yes  No

Notes on signage:

## 9. RECEPTION / WAITING AREA

- Is there a clear pathway throughout the room (36" wide)?  
 Yes  No
- Can the reception or waiting room space accommodate someone using a wheelchair, scooter, or service animal?  
 Yes  No
- Is the reception counter height 36" or less above floor?  
 Yes  No
- If public telephones are provided, is a TTY (text telephone) available?  
 Yes  No
- Is the phone's highest operable part no higher than 48" for a front reach?  
 Yes  No
- Does the phone have volume control?  
 Yes  No

Notes on reception / waiting area:

10. RESTROOM(S)

- Is restroom entry at least 32" wide?  
 Yes                       No
  
- Is there an accessible toilet stall?
  - Area of at least 5' x 5' clear of the door swing       Yes       No
  - Grab bars on the walls behind and to the side of the toilet       Yes       No
  - 36" door that is outward swinging and self-closing       Yes       No
  
- Can stall doors be opened with hardware that does not require grasping, pinching, or twisting?  
 Yes                       No
  
- Are the following at a height reachable from a seated position (48" high or less)?
  - Soap dispensers       Yes                       No
  - Towel dispensers       Yes                       No
  
- Does sink have:
  - 34" maximum height?       Yes                       No
  - 29" clearance underneath?       Yes                       No
  - Insulated pipes?       Yes                       No
  - Faucets that can be operated with a closed fist?       Yes                       No
  
- Is there a wall mirror no more than 40" above the floor?  
 Yes                       No
  
- Is there a 36" wide path to all fixtures (sink, towels, toilet)?  
 Yes                       No

Notes on restroom(s):

11. ELEVATORS

- Is there an elevator to upper floor offices? If no, skip this section.  
 Yes                       No



## REVIEW OF AGENCY ACCESSIBILITY FINDINGS

What is the agency **presently doing** to promote access? \_\_\_\_\_

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What **access problems** did you identify? \_\_\_\_\_

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What changes can be made to make **immediate improvements** in this site's accessibility? \_\_\_\_\_

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What changes can be made to make **future permanent improvements** in this site's accessibility? \_\_\_\_\_

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# PLAN OF ACTION FORM

## FOR IMPROVING ACCESSIBILITY

Please develop a plan of action for your agency using the information learned from the accessibility review.

<b>Desired Changes In Our Agency</b>	<b>Necessary Steps, Equipment, &amp; Resources</b>	<b>Person(s) Responsible</b>	<b>Time Line</b>	<b>Indicators of Success</b>
<b>Immediate:</b>				
<b>Mid Range:</b>				
<b>Long Term:</b>				
<b>On-Going:</b>				

# SIMPLE ACCOMMODATIONS

## **THROUGHOUT THE OFFICE / COUNSELING SPACE / HOUSE:**

- Try not to use throw rugs as they are easy to slip or trip on. If you use them, secure the edges.
- Carpet should be low pile for easy rolling for persons who use a wheelchair.
- Keep floor space and hallways clear.
- Do not rely on accessible spaces for use as storage areas.
- Remove protruding objects that someone might trip on or which could cause eye injury.
- Limit the use of strong household cleaners to reduce environmental illness due to chemical sensitivity.
- Provide hooks for coats and mirrors at heights of 32-36”.
- Keep dust and other allergens, such as wool blankets, at a minimum.
- Have wall light switches at appropriate height or table lamps with a touch sensor or with a push switch. Turn switches are not recommended, as these may be difficult for some with dexterity problems

## **RESTROOMS:**

- Keep floor surfaces dry and clear of extra towels.
- Mark and store cleaning items with large print and warning pictures, and store them separately from bath products.
- Install a handheld shower.
- Purchase a shower bench.
- Keep hair dryers and other bath items in reach, yet safe from children.

## **OFFICE / COUNSELING SPACE:**

- If the accessible entrance is different from the one most used, have all staff and volunteers be familiar with how to use it.
- On directions sent to clients or volunteers, indicate any parking issues or instructions about accessible parking spaces.
- Ensure all staff members know which restrooms are accessible.

## **KITCHEN / FOOD SPACE:**

- Keep essential items within reach from a seated position (food, utensils, dishes).
- Use easy-to-open containers for food and other stored items.
- Establish a work surface that is at reachable height for someone seated or of short stature. Have a cutting board available for someone who may need to work from their lap.
- Ensure there is adequate knee space under counter surfaces. If there is not adequate space, purchase a rolling, drop-leaf cart.

Adapted from *Untold Stories, Unmet Needs* training manual, Massachusetts Coalition Against Sexual Assault and Domestic Violence.



# SUGGESTIONS FOR YOUR AGENCY TO SUPPORT ACCESSIBLE PRACTICES

## **BOARD OF DIRECTORS**

- ❑ Hold meetings, hearings, and conferences in accessible locations.
- ❑ Formulate nondiscrimination policies regarding disability that cover hiring policies and client intake procedures.
- ❑ Develop a written policy statement outlining the organization's commitment to inclusion for all people and full accessibility.
- ❑ Consider a policy regarding service animals accompanying their owners while in a shelter.
- ❑ Take all measures possible to make organization's facilities physically accessible in order to meet ADA guidelines.
- ❑ Institute ongoing efforts to have representation by persons with disabilities in staff, volunteer, and Board positions.
- ❑ Ensure short- and long-range plans include strategies that will move the organization towards full accessibility.
- ❑ Ensure the agency budget includes funds to support capital, personnel, and training items needed to accomplish accessibility.

## **AGENCY ADMINISTRATORS**

- ❑ Ensure staff hiring reaches out to, and is inclusive of, individuals with disabilities.
- ❑ Provide information and staff training about disability.
- ❑ Prioritize and implement ongoing efforts to move towards accessibility and compliance with ADA.
- ❑ Incorporate questions and data collection methods that include people with disabilities.
- ❑ Implement financial decisions that support effective accessible measures for clients and staff with disabilities (e.g., TTY, ramps, interpreters, literature).
- ❑ Implement a planning process and timeline for becoming more accessible, including a review of your facility by people with disabilities.
- ❑ Encourage and facilitate communication with disability organizations.
- ❑ Consider a written policy that allows an attendant or caregiver access to the shelter, either to accompany the client or to provide necessary services.
- ❑ Consider a written policy that allows a service animal to accompany the client to your program or services.
- ❑ Consider including intake questions to assess the needs of the clients, as long as questions are not used to deny services.
- ❑ Formulate emergency evacuation procedures that address issues for persons with disabilities.
- ❑ Institute mechanisms for comments or complaints from staff, volunteers, and clients to be addressed around issues of organizational accessibility.
- ❑ Evaluate and revise agency rules and policies, allowing flexibility and support to facilitate needed accommodations for staff, volunteers, and clients with disabilities.

### **DIRECT SERVICE STAFF AND VOLUNTEERS**

- ❑ Participate in regular training sessions about serving persons with disabilities.
- ❑ Ask questions which allow people with disabilities to tell you the accommodations they will need to access your services fully.
- ❑ Keep accurate and consistent records about the numbers of individuals with disabilities to whom you provide services.
- ❑ Support organizational policies and procedures regarding accessibility.
- ❑ Participate in the process of planning and giving new ideas for continued and better accessibility.
- ❑ Visit and collaborate with organizations that serve and represent people with disabilities.

### **OUTREACH STAFF**

- ❑ Develop materials that encourage and welcome people with disabilities to access your services.
- ❑ Provide accessible written materials.
- ❑ Publish accessibility-related information in newsletters and other publications.
- ❑ Display appropriate disability symbols on agency materials.
- ❑ Make the community aware of accessibility projects and features being implemented at your agency.
- ❑ Facilitate getting evaluation and regular feedback from the people with disabilities that you serve.
- ❑ Invite speakers from disability-related organizations and persons with disabilities to present at training sessions and events.
- ❑ Ensure all events, training sessions, and meetings are held in accessible locations, and provide reasonable accommodations as needed.

## RESOURCES ON ACCESSIBILITY

**SOUTHEAST DISABILITY AND BUSINESS TECHNICAL ASSISTANCE CENTER** is one of ten Regional Disability and Business Technical Assistance Centers (**DBTACs**) that offers services to promote awareness about the Americans with Disabilities Act (ADA), accessible information technology (IT), and the rights and abilities of people with disabilities. They respond to telephone or written inquiries.

SOUTHEAST DISABILITY AND BUSINESS TECHNICAL ASSISTANCE CENTER  
490 Tenth Street  
Atlanta, GA 30318  
Phone: 800-949-4231 (V, TTY) or 404-385-0636 (V, TTY)  
Fax: 404-385-0641  
Email. [sedbtacproject@catea.org](mailto:sedbtacproject@catea.org)  
<http://www.sedbtac.org>

### **AMERICANS WITH DISABILITIES ACT, ADA HOME PAGE**

Provides technical assistance on the Americans with Disability Act, information about federal agencies with ADA responsibilities, and ADA publication information for businesses, non-profit service providers and state and local governments.  
Phone. (800) 514-0301 (TDD) or (800) 514-0383  
<http://www.usdoj.gov/crt/ada/adahom1.htm>

**US DEPARTMENT OF JUSTICE, ADA HOME PAGE** provides free up-to-date information and technical assistance about the Americans with Disabilities Act (ADA). This service is provided directly to businesses, non-profit service providers, state and local governments, people with disabilities, and the general public.  
Phone. 800-514-0383 or 800-514-0301 (TTY)  
<http://www.ada.gov>

**JOB ACCOMMODATION NETWORK (JAN)** is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities.  
Phone. 1-800-526-7234 (V/TTY)  
Email. [jan@jan.icdi.wvu.edu](mailto:jan@jan.icdi.wvu.edu)  
<http://janweb.icdi.wvu.edu/>

**MEANS ADA COMPLIANCE PRICING GUIDE** is a guide to the costs of typical ADA compliance modifications. The book involves three basic steps: 1) Surveying the facility to identify barriers to accessibility; 2) Looking up specific items in the book; and 3) Using the project examples to identify necessary modifications and determine cost estimates.

*Means ADA Compliance Pricing Guide*. 2004. Adaptive Environments Centers, Inc. and R.S. Means Engineering Staff. Published by R.S. Means Company, Inc. (800-334-3509).

**THE ADA COLLECTION** is an online encyclopedia about the Americans with Disabilities Act. The Basic ADA Information page provides an overview of the ADA, and more specific information can be accessed using the search feature. It's compiled by the ADA and IT Technical Assistance Centers with over 6,000 documents.  
<http://www.adaportal.org/>

**ASL UNIVERSITY: ONLINE AMERICAN SIGN LANGUAGE COURSES** offers a series of self-paced online ASL lessons, which cover aspects of Deaf Culture, ASL grammar, and vocabulary. Dr. Bill Vicars developed the lessons as a public service. He is certified by the American Sign Language Teachers Association and has taught ASL courses for over 15 years. There are no fees for the lessons. Fees are charged if testing and documentation are requested.  
<http://www.lifeprint.com/as1101/index.htm>

## ACTIVITY 2

### ACCESSIBLE PRINT MATERIALS

**TIME:** 40 minutes

**BACKGROUND:** This activity provides an opportunity for participants to observe and review agency literature to evaluate if the information is inclusive of persons with disabilities and if it is accessible. The written information, photos, and print qualities (such as the size of the type, the colors used, the type of paper) all affect the inclusiveness and accessibility of a printed piece. It is also important to offer alternate format options whenever possible, such as large print, audiotape, computer disk and Braille.

**OBJECTIVES:** At the end of this activity, participants will have:

1. Understood the various issues to consider when making literature inclusive and accessible for persons with disabilities.
2. Obtained recommendations for revising agency materials.

**MATERIALS:**

- Examples of literature from various domestic violence and/or sexual assault agencies (brochures, fact sheets, etc.)
- Handouts:
  - *A Review of Agency Literature*
  - *Inclusive Flyer* (Family Violence - It Could Happen To You)
  - *Sources for Taping and Brailleing*

**STEPS:**

1. Introduce the activity.
  - Printed materials can be a significant way for your agency to include and reach out to people with disabilities. When looking at an agency's literature, the written information, reading level, photos, and print qualities all affect the inclusiveness and accessibility of the printed piece.
2. Place examples of agencies' literature on a table and ask pairs of participants to select a couple of materials to review.
3. Give participants the handout, *A Review of Agency Literature*, which lists questions to guide their assessment. Briefly discuss the bulleted items on the handout.
4. Ask participants to assess their materials, using the checklist.
5. Allow 10 -15 minutes for the pairs to review and evaluate the accessibility of the printed literature. What features of the printed material enhanced readability? Was the literature inclusive of people with disabilities? Have pairs report their comments to the large group, and invite discussion.

- What problems with accessibility did you identify?
  - How could you improve the accessibility of these materials?
  - How could you improve the inclusiveness of these materials?
5. Review the sample accessible flyer. Note inclusive and accessible characteristics of this material. Inclusive means including individuals with disabilities or mentioning of accessible services and accommodations. Accessible refers to the layout, font, print and colors of the flyer. Positive characteristics include:
- Larger, simple font with adequate spacing between lines
  - Information about disability (i.e.: accessible transportation, alternate formats available, TTY number, types of violence experienced by persons with disabilities)
  - Simple text
  - Text is left-aligned
  - Includes statement, “We are striving to make our services accessible to all people.”
  - High contrast between paper color and print color

**NOTE TO TRAINERS:** More information about accessible communication materials is available in *Tips and Strategies to Promote Accessible Communication* by the North Carolina Office on Disability and Health. A free copy may be downloaded from the NCODH website, [www.fpg.unc.edu/~ncodh](http://www.fpg.unc.edu/~ncodh), or ordered through email, [odhpubs@mail.fpg.unc.edu](mailto:odhpubs@mail.fpg.unc.edu) or fax 919-966-0862.

# A REVIEW OF AGENCY LITERATURE

When reviewing printed literature for accessibility and inclusiveness, consider the following questions:

## **1. Does the information include issues/accommodations for people with disabilities?**

- Is there a statement that the agency is striving to be accessible to all people?
- Does the contact information include a TTY or Relay number?
- Is there a statement that materials are available in alternate formats (diskette, large print, audiotape or Braille)?
- Do illustrations and photos include people with disabilities?

## **2. Is the material accessible or written in a way that enhances readability?**

- Is the language simple to understand?
- Is sentence structure simple?
- Is most of the material written in the active voice (subject completes the action, i.e. "Agency provides accessible services.")?
- Is the text left-aligned?
- Is the font simple serif, such as Times New Roman or sans-serif such as Verdana or Ariel? (Avoid fancy fonts for text and headlines.)
- Does the font have normal white spaces between characters? (Compressed fonts and *italics* are difficult to read.)
- Is there one and one-fourth to double spacing between lines?
- Are designs, photographs, graphics, and text free of type, illustrations or watermarks over or behind them?
- Does the document have a flexible binding, preferably one that allows the material to lie flat?
- Is non-glossy paper, such as copy paper, used to minimize glare?
- Is the difference/contrast between foreground and background colors distinct? (Use dark text on light background or vice versa, for example)
- Is the line of the text no longer than six inches - approximately 50-60 characters per line? (It's easier to read for people who use magnifiers.)

# Family Violence

## It Could Happen To You

An abusive partner or caregiver uses physical, emotional, sexual, or financial power to gain control over you..... It is not your fault.

- Does anyone (partner, friend family, caregiver) threaten you?
- Does anyone try to control you?
- Does anyone keep your medications from you?
- Does anyone hit, push, punch or kick you?
- Does anyone force you to do anything sexual?
- Does anyone take away your assistive equipment (wheelchair, walker, cane, TTY, etc.)?
- Does anyone try to isolate you from family and friends?

You deserve to be safe. You don't have to go through this alone.  
If you are experiencing violence or abuse, there is help...

### Family Violence Prevention Center

Our free and confidential services include:

- 24-hour crisis intervention
- shelter placement
- accessible transportation
- community education
- court advocacy
- support groups

We are striving to make our services accessible to all people.  
Please let us know how we may assist you.

Alternate formats of materials available upon request.

Family Violence Prevention Center  
500 Main Street, PO Box 100, Anytown, NC 20000  
Office: 919-555-0000, Toll Free: 800-555-1500  
Fax: 919-555-9900, E-mail: [fvpc@email.com](mailto:fvpc@email.com)

24-Hour Crisis Line: 919-555-7100 or 919-555-1200 (TTY)



# SOURCES FOR TAPING AND BRAILLING

*Note: This list is not designed to be complete, but provides a good place to start.  
Inclusion in this list is not an endorsement.*

## **NC LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED**

Toll Free. 1-888-388-2460 (Nationwide)  
Phone. 919-733-4376 (Raleigh area)  
TDD. 919-733-1462  
Fax. 919-733-6910  
Email. [nclbph@ncmail.net](mailto:nclbph@ncmail.net)  
<http://statelibrary.dcr.state.nc.us/lbph/lbph.htm>

## **LIBRARY OF CONGRESS RESOURCE LIST**

The National Library Service for the Blind and Physically Handicapped maintains and periodically publishes a list of sources for taping and Braille. It is on the Internet and can be reached by pointing a browser toward:  
<http://lcweb.loc.gov/nls/reference/directories/sources.html>

## **SOURCES FOR GETTING MATERIALS RECORDED:**

### **RECORDING FOR THE BLIND AND DYSLEXIC**

20 Roszel Rd  
Princeton, NJ 08540  
(609) 452-0606  
<http://www.rfbd.org>

### **INSIGHT FOR THE BLIND**

1401 NE 4th Avenue  
Fort Lauderdale, Florida 33304  
(305) 522-5072

### **NORTH TEXAS TAPING AND RADIO FOR THE BLIND**

3001 Bookhout  
Dallas, Texas 75201  
(214) 871-7668

### **POTOMAC TALKING BOOK SERVICES**

4940 Hampden Lane  
Suite 300  
Bethesda, Maryland 20814  
(301) 654-2887

## CREATING YOUR OWN AUDIO FORMATS

There may be times when you decide to produce your own taped versions of materials. Here are some general tips:

- Use a reader with a clear, strong voice. Avoid strong regional accents.
- Use a tape recorder that is fairly good quality. The recording should not have motor noises and should not have sounds of the pause button being pushed. Normally, a machine with a microphone plugged in is better than one that has a microphone built in.
- Do the recording in a quiet place.
- At the beginning of the tape, say "Side One," give the title of the publication, name of the narrator, and date of recording.
- Read the complete text. DO NOT ABRIDGE.
- If photos or graphics are needed to convey content, describe them. Begin the description with "Description of ..." and end with "...end of description." It is important to make it clear what is text and what is description.
- At the end of a side, say "End of Side #, turn the tape over."
- At the end of the second side (if there will be a second tape), say "End of Side Two. This material is continued on Tape Two."
- At the beginning of the second side, say "Side Two of *title*." For a second or more tapes, say "Side One of Tape # of *title*."
- At the end of the material, say "End of recording."
- Spell out difficult names or addresses after you say them. For example "617 Rays (r a y s) Avenue, or www.rey.com (w w w .r e y . c o m)
- If a phone number is given as a word, give the numbers after the word. For example, 872-HELP (872-4357).
- Clearly mark all tapes and cases.

## **SOURCES FOR GETTING MATERIALS BRAILLED**

These may or may not be listed in the NLS Resource list. You should only use Braillists who are certified by the Library of Congress. If dealing with an individual, ask to see proof of certification.

### **ASSOCIATED SERVICES FOR THE BLIND**

919 Walnut Street  
Philadelphia, Pennsylvania 19107  
(215) 627-0600

### **BRAILLE INTERNATIONAL, INC.**

3290 SE Slater Street  
Stuart, Florida 34997  
(561) 286-8366

### **THE CLOVEMOOK CENTER - OPPORTUNITIES FOR THE BLIND**

7000 Hamilton Avenue  
Cincinnati, Ohio 45231  
(513) 522-3860

### **DIVISION OF SERVICES FOR THE BLIND**

309 Ashe Avenue  
Raleigh, NC 27606  
(919) 733-9700  
Fax. 919-733-9769  
<http://www.dhhs.state.nc.us/dsb/>

### **METROLINA ASSOCIATION FOR THE BLIND**

704 Louise Avenue  
Charlotte, NC 28204  
(704) 372-3870 Email: [rscheffel@mab-jlbn.com](mailto:rscheffel@mab-jlbn.com)  
<http://www.mab-jlbn.com/index.htm>

### **NATIONAL BRAILLE PRESS**

88 Saint Stephen Street  
Boston, Massachusetts 02115  
(617) 266-6160

## ACTIVITY 3

### WHERE DO WE GO FROM HERE?

**TIME:** 10 minutes

**BACKGROUND:** This wrap-up activity provides everyone the opportunity to think about what they've learned during this training session (and other disability trainings) and to write down three things they can personally do to improve their services for people with disabilities.

**OBJECTIVES:** At the end of this activity, participants will have:

1. Thought about concepts they've learned about disability.
2. Made a personal commitment to serving people with disabilities.

**MATERIALS:**

- Post-it notes, 1 per participant

**STEPS:**

1. Introduce the activity.
  - Take a moment to reflect on what you have learned about inclusion of people with disabilities.
  - Please write down 3 things that your agency can do or things you can do to support your agency to increase inclusiveness and accessibility for persons with disabilities.
  - Write these on a post-it note and put the note in your calendar, training manual, or somewhere you're likely to see in two months or so. When you come across the note, it can prompt you to follow up and remind you of your commitment to serve people with disabilities and improve access to services.
  - Thank you for your participation in this training, and good luck in your work.

**VARIATION:** Depending on your audience and goal for the activity, you could ask participants to think of three things the agency could do to better serve people with disabilities, compile a list, and make recommendations to the Board and staff.

## **CREDITS**

This document was developed by the North Carolina Office on Disability and Health, a partnership between the North Carolina Department of Health and Human Services, Division of Public Health and the University of North Carolina at Chapel Hill FPG Child Development Institute.

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## **REVIEWERS**

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Susanna Bourgeois, DHHS, Division of Services for the Deaf and Hard of Hearing  
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Susan Coleman, DHHS, Women and Children's Health Section  
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Pam Dickens  
Carol Nobles  
Anna Bess Brown (former student intern)  
Crystal Smith (publication design)

# Notes

# Notes





# Other NCODH Publications

North Carolina Office on Disability and Health is a partnership between the North Carolina Department of Health and Human Services, Division of Public Health and the University of North Carolina at Chapel Hill FPG Child Development Institute.

## Tips and Strategies to Promote Accessible Communication

This booklet is an easy-to-read, quick reference guide that addresses the basics on ways to effectively communicate and interact with people with disabilities. It provides information and tips that can be incorporated into service provision for people with disabilities as well as in daily community living.

## Removing Barriers: Planning Meetings that are Accessible to all Participants

This publication highlights guidelines and strategies to help organizations make their meetings accessible and welcoming to people with disabilities. The guide focuses on small and last-minute meetings to make sure that a variety of participants are included in all aspects of organizational life.

## Orchid

This special issue health and wellness magazine for women with disabilities focuses on achieving wellness, not removing disability. Articles in *Orchid* include topics such as relationships, recreation and leisure, travel, and gardening. *Orchid* also offers an abundance of resource listings. Magazine is also available in Spanish.

## Depression and Disability

This booklet, written by clinical psychologist Dr. Karla Thompson, addresses basic information about depression, common symptoms and treatments of depression, and why people with disabilities may be at an increased risk for depression. Booklet is also available in Spanish.

Copies of these publications can be ordered or downloaded in PDF or html format from the NCODH website at <http://www.fpg.unc.edu/~ncodh>. Whenever possible, NCODH will make publications available in alternate formats, such as large print, audio, diskette, upon request.

## FOR ALTERNATE FORMATS OR ADDITIONAL COPIES, CONTACT:

The North Carolina Office on Disability and Health  
Frank Porter Graham Child Development Institute  
Campus Box 8185, UNC-CH  
Chapel Hill, NC 27599-8185  
Fax 919-966-0862