

Project EMERGE

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The artwork on the front of the tool is a collage of individual pieces created by members of the Project EMERGE Advisory Group.

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**The opinions, findings, conclusions, and recommendations do not represent official positions of Syracuse University, New York.

Table of Contents

Preface.....	5
Development of the ATIRT.....	6
Prevalence of Domestic and Sexual Violence among People with Disabilities and in the Deaf Community	7
Overview of Domestic and Sexual Violence	8
Accessible Services.....	10
Trauma Informed Services	11
Description of ATIRT.....	13
Administering ATIRT.....	14
Directions.....	14
Accessibility & Trauma-Informed Review Tool.....	16
Agency Visibility & Collaboration.....	16
Policy, Protocol, & Practice.....	17
Training & Provider Comfort Level	19
Physical Accessibility	21
Communication.....	23
Intake Procedures.....	25
Assessing Trauma History & Safety.....	28
Safety and Comfort.....	30
References.....	33

Preface

About Project EMERGE

In October 2006, Project EMERGE was funded by the Department of Justice, Office on Violence Against Women. Project EMERGE aims to identify specific gaps in service, barriers to safety and accessible support, and system inadequacies for people with disabilities and Deaf people who are survivors of domestic and/or sexual violence. Project EMERGE, a partnership between Vera House and ARISE, strives to build a community movement through increased collaboration, program policy review and education to improve access by building a comprehensive and inclusive coordinated community response for people with disabilities and Deaf people who have experienced domestic and/or sexual violence. Vera House and ARISE have joined the expertise of the personnel at each agency to create Project EMERGE. This partnership is structured around *INTERDEPENDENCE*, rather than our two agencies merely ‘working together.’ Together we are working to create a system of resourcing each other to better deliver services. Project EMERGE is a three-year, grant-funded project with technical assistance provided by the VERA Institute of Justice. The VISION of this project is to:

---create a comprehensive and inclusive community prevention and response system, guided by, and in service to, people with disabilities and Deaf people who are survivors of domestic and sexual violence. Through this system, Vera House, ARISE, and our community partners ensure access, equality, empowerment, and safety for all through accountable and knowledgeable providers.

Development of the ATIRT

In December 2008, Project EMERGE recruited participants to join what became the Project EMERGE Advisory Group. This group of women guided Project EMERGE through their expertise as survivors with disabilities and Deaf survivors. The experiences of these women were vital in the development of this tool. The main goal of Project EMERGE while developing this tool was to assist Vera House and ARISE in assessing their ability to provide services that are both accessible and trauma-informed. Also providing guidance in the development of the tool were members of the Work Group. The Work Group is comprised of the executive directors and two program managers of both agencies as well as the project director, advocates and interpreter. Members of the Work Group explored a number of issues in creating the ATIRT, including:

- how to ensure the tool is user-friendly
- how to understand the major variables of the tool
- how different learning styles could inform the provision of accessible and trauma-informed services
- review of accessibility guidelines, principles and practices of trauma-informed services, principles and practices of universal design
- research and review of other available accessibility review tools
- consideration of accessibility from a human rights perspective making reference to the Americans with Disabilities Act (ADA) and the 2006 United Nations Convention on the Rights of Persons with Disabilities
- exploration and identification of what we believe to be best practice in delivering accessible and trauma-informed services.

All the above and other considerations (such as feedback from reviewers and technical assistance from the Office on Violence Against Women) gave the Work Group insight and impetus to develop the Accessibility & Trauma Informed Review Tool

The Prevalence of Domestic and Sexual Violence among Persons with Disabilities and in the Deaf Community

Statistics on people with disabilities and the connection to domestic and sexual violence

- Intimate Partner Violence, sexual assault, and abuse by personal care attendants, are identified as “significant threats to the safety and well-being of women with disabilities, who are at comparable or greater risk for abuse than women without disabilities” (Oschwald, M., et.al., 2009, p.796)
- Numerous nationwide studies consistently show prevalence rates of sexual abuse histories at 50-70% among women in inpatient psychiatric facilities (Facts about mental health & physical and sexual abuse, 1994)
- Women with disabilities were **four** times more likely to experience sexual assault than women without disabilities (Cloutier, S., Martin, S., & Poole, C., 2006)
- Little is known about the prevalence of sexual violence in the Deaf community (Obinna, J., 2005).
- According to the 2000 U.S. Census, women with disabilities comprise 9.2% of the population. While a small percentage of the population, they have a high probability of being abused (2006).
- The Colorado Department of Public Health estimates that at least 85% of women with disabilities are victims of domestic violence compared to 25 to 50% of non-disabled women (Chang, et.al., 2004).
- Women with disabilities have identified issues of violence and abuse as the highest health priority (Berkeley Planning Associates, 1997)
- For individuals with psychiatric disabilities, the rate of violent criminal victimization including sexual assault was 2 times greater than in the general population (8.2% vs. 3.1%). (Hiday, Swartz, Swanson, Borum, and Wagner, 1999)

Overview of Domestic and Sexual Violence

What is domestic and sexual violence?

Domestic violence is any repeated pattern of behavior used to control or have power over an individual in the context of a relationship. This behavior can occur in all types of relationships including current or former dating relationships, marriage, or cohabitation. Domestic violence can happen in heterosexual, gay or lesbian relationships. Physical, mental, emotional, sexual, verbal, and financial abuse are all examples of ways a person may experience domestic violence. The following are types of abuse and a sampling of behaviors associated with the type of abuse:

- **physical abuse** – kicking, slapping, punching, strangling, using weapons
- **mental abuse** – using intimidation to make a person feel afraid, smashing things, using isolation to control who a person sees and talks to, denying or minimizing the abuse, threatening to leave, threats of harm
- **emotional**- making a person feel crazy, playing mind games, humiliating a person or making a person feel guilty
- **verbal**- name calling, put downs
- **sexual abuse** – denying sex, hurtful or painful sex, forced sex, rape, cheating
- **financial abuse** - denial of access to and control over one's own finances, misuse of financial resources, preventing one from getting or keeping a job

Sexual violence is a crime of power and control and can happen to anyone. Sexual violence encompasses rape, sexual assault, sexual abuse and incest. A friend, family member, or acquaintance often perpetrates an act of sexual violence. When a person experiences sexual violence, they have a myriad of emotions and thoughts. There is no right or wrong way to respond to having been sexually assaulted.

Experiences Unique to Survivors with Disabilities or Deaf Survivors

- Survivors with disabilities and Deaf survivors are not exempt from the aforementioned types of abuse and they may also experience abuse that is unique to their disability or being Deaf. People with disabilities or who are Deaf may be more at risk to

experience abuse because they may be unable to defend themselves, unable to report or communicate their experience, less able to escape, are dependent on others and/or fear that they may not be believed, and/or fear what could happen to them if they report the abuse. Abuse can also be more severe and last for longer periods of time. Below are examples of abuse that a person with a disability or who is Deaf may experience:

- Destruction of, denial of access to, or refusal to fix communication devices or adaptive equipment
- Withholding or changing one's medications
- Controlling access to phones, videophones, TTY, transportation service providers, counselors, and healthcare
- Intentionally miscommunicating to police, family, friends or service providers a Deaf survivor's experience

Historically, domestic and sexual violence service providers have not been adequately equipped with training or an understanding about the unique dynamics a survivor with disabilities or a Deaf survivor experiences, posing a great barrier to finding safety and support. Below are some experiences of survivors with disabilities and Deaf survivors in their own words:

“Abused women with disabilities have a double whammy. I didn’t know whether to deal with my abuse first or my disability. I didn’t know where to turn, and I lost all hope.” - comment by a survivor with a disability in a Listening Circle as part of the Project EMERGE Needs Assessment

“Some agencies are not accessible to people with disabilities. It is very difficult to get into their buildings. Some do not have ramps or elevators. Wider doorways and wider doors to bathrooms are needed”-comment by a survivor with a disability in a Listening Circle as part of the Project EMERGE Needs Assessment

Accessible Services

The spirit of the ADA, established in 1990, set forth a minimum standard of physical access for people with disabilities or who are Deaf. It is the goal of Project EMERGE, as well as the other OVW projects funded under this grant, to go beyond ensuring physical accessibility. True accessibility incorporates not only physical access, but also creating environments, programs, and services that provide a sense of comfort, confidence, and control to the consumer. Ultimately, when an agency can provide services that are holistically accessible or when accessibility is integrated into every aspect of an agency, every person who seeks services from an agency will benefit.

What are accessible services?

In order to meet the needs of our clients/consumers; we must take necessary steps in developing accessible and welcoming services by designing environments for all that include:

- Eliminating physical barriers to access the building, both inside and outside
- Communication by program staff with people who have disabilities or who are Deaf that is at least as effective as communication with those who do not have disabilities or who are Deaf
- Policies and practices should be reviewed to eliminate unnecessary barriers to accessing services

Andrews and Veronen (1993) list four requirements for effective victim services for people with disabilities:

1. service providers need to provide adequate assessment of survivors, including questions about disability-related issues
2. victim service providers should be trained to recognize and effectively respond to needs related to the disability, and disability service providers should be trained in recognizing and responding to physical and sexual trauma
3. barriers to services should be eliminated by providing:
 - barrier-free information and referral services
 - physical accessibility to facilities
 - 24-hour access to transportation, interpreters, and communication assistance, and
 - trained personnel to monitor risks and respond to victims receiving services through disability programs
4. people with disabilities who use personal care assistants (related or not related), either at home or in institutions may need special legal protection against abuse

Trauma-Informed Services

What is Trauma?

Trauma occurs when one loses the sense of having a safe place to retreat within or outside of oneself to deal with frightening emotions and experiences (Kolk, 1987). It is important to note that if trauma is severe enough, it can impair a person's cognitive, emotional, and physical well-being.

What is Trauma-Informed Service?

- A trauma-informed service system is one in which policies and practices reflect an awareness of the impact of trauma on survivor's functioning
- Knowledge about trauma is incorporated into all aspects of service delivery
- It is a system where consumers, trauma survivors, and people in recovery have effective roles in program development and service delivery
- Trauma-informed services involve understanding, anticipating, and responding to the issues, expectations, and special needs that a person who has been victimized may present with
- Trauma-informed services seek to do no harm; for example avoid retraumatizing survivors or blaming them for their efforts to manage traumatic reactions (Moses, Reed, Mazelis, & D'Ambrosio, 2003)

What are the objectives of trauma-informed service?

- To fully appreciate the trauma and stress in a person's life and directly address trauma in the agency's policies and protocols
- To ensure that service providers are well informed about the dynamics and the aftermath of trauma
- To create an environment based on safety, respect, and dignity

What are the basic principles of trauma-informed service?

- Understand trauma as a defining force in an individual's life
- Understand how actions labeled 'problem behaviors' may actually be coping strategies for dealing with trauma
- Create an open, cooperative relationship between providers and consumers with an emphasis on *safety, choice, and control*
- Create a safe and welcoming environment
- Avoid confrontations and practices that may be unnecessarily punitive or invasive
- Ask people "*What has happened to you?*" rather than "*What is wrong with you?*"

In conclusion, Falot and Harris (2009) state that trauma-informed service should emphasize safety, choice, trust, collaboration, and empowerment as defined below:

Safety: Ensuring physical and emotional safety

Trust: Maximizing trust through task clarity, consistency, and interpersonal boundaries

Choice: Maximizing consumer choice and control

Collaboration: Maximizing collaboration and sharing power

Empowerment: Prioritizing empowerment and skill-building

DESCRIPTION OF ATIRT

The Accessibility & Trauma-Informed Review Tool is designed to assess and guide improvement of an agency/program's ability to provide services that are both accessible and trauma-informed. This tool addresses areas that are core to service delivery of agency/program's in eight content areas.

Agency Visibility & Collaboration: This section assesses the collaborative partnership among agencies/programs and the visibility of the agency/program in the community.

Policy, Protocol, & Practice: Policies and protocols are the foundation for ensuring practices that are accessible and responsive to trauma. The purpose of this section is to assess that an agency/program's policies and protocols address accessibility and trauma.

Training & Provider Comfort Level: This section assesses an agency/program's understanding of disability and domestic/sexual violence and their comfort level in providing services to survivors with disabilities and Deaf survivors.

Physical Accessibility: The purpose of this section is to assess how easily a person can get to, enter, and freely move around an agency. This section does not address ADA compliance. It is recommended that agencies/programs use an ADA recommended checklist to provide a comprehensive review of the agency/program's physical accessibility (see http://adaptiveenvironments.org/neada/pubdocs/pub_307_checklist.pdf).

Communication: This section assesses an agency/program's ability to provide information in a variety of formats and reviews how people of different abilities interact with an agency.

Intake Procedures: This section assesses how accessibility and trauma responsiveness have been incorporated into an agency/program's intake procedures.

Assessing Trauma History & Safety: This section assesses the ability of an agency/program to incorporate questions about domestic and/or sexual violence.

Safety and Comfort: This section assesses the ability of an agency/program to provide an environment that is safe as well to explore safety planning when a person discloses they may be experiencing domestic and/or sexual violence.

Administering ATIRT

ATIRT was designed with domestic and/or sexual violence based agencies in mind. Questions are geared toward those agencies but in no way exclude other agencies from using this tool. This tool has been designed to assist agencies in assessing their accessibility and responsiveness to survivors with disabilities and Deaf survivors. Organizations that have identified a need and desire to become more accessible and responsive to survivors with disabilities or Deaf survivors should use this tool to guide their assessment. The ATIRT is meant to provide a broad sampling of guiding questions, practical ideas, and suggestions.

Depending on the size of the agency, Project EMERGE recommends that ATIRT be used programmatically such as with a team of rehabilitation specialists or advocates. If an agency is smaller (e.g. a rural domestic violence agency with less than ten staff), it may be more helpful to complete the tool as an entire agency. Responding to the questions with consideration for the unique work each program does will be critical for an accurate review of the program. Project EMERGE believes that by conducting the review within each program, the dialogue among staff will create opportunities for identifying the areas where they already provide accessible and trauma-informed services, as well as the areas where improvements to service provision, policies and protocols are needed. Staff who participate in the assessment should include leadership and direct services team members. Other administrative and support staff, such as people who have direct contact with consumers, should also be included (i.e. administrative assistants, receptionists, volunteers).

It is not necessary to be working in partnership with a domestic and/or sexual violence agency or with a disability-based agency. However, the expertise of those agencies should not be overlooked. It may be important to formulate or build on an existing partnership after the assessment is complete to fully implement policy or protocol changes.

Some of the concepts mentioned in the tool may already be in place in an agency program whereas others may refer to ideas or service provisions that a program has not previously considered before.

Directions

In order to complete the assessment of an agency/program, Project EMERGE strongly recommends using a facilitator who has extensive knowledge in the fields of domestic and sexual violence and disability related issues to adequately administer ATIRT and offer recommendations for improvement. Keeping the size of the agency in mind, the facilitator will meet with the staff of an agency/organization or program. This should be done during a regularly scheduled staff meeting to ensure that as many program staff as possible are present. The facilitator will introduce the tool, explain its purpose, administer the tool, and then will guide the

program staff to consider what steps need to be taken to move the program toward providing more accessible and trauma-informed services.

For questions with a yes/no answer, yes answers (except Q32) will indicate an agency is more accessible and more responsive to survivors of trauma. A no response for question 32 is preferred, which would indicate that there are no barriers to accessing the agency and its services. The facilitator will be responsible for documenting responses of the staff, noting responses on which the staff reached consensus and surprises, as well as themes of the responses.

For answers that require a more detailed response (e.g. questions 3, 5, 7, etc.), the facilitator will again list staff responses.

At the end of the assessment, the facilitator will highlight some general themes or areas that need immediate attention by the agency/organization. The facilitator will schedule a follow up meeting with agency leaders to provide recommendations for both the individual programs of an agency and the agency as a whole. The report should be both oral and in written format and occur within two months of the assessment.

ACCESSIBILITY & TRAUMA-INFORMED REVIEW TOOL

INSTRUCTIONS: There are eight sections in this tool. Responses to the items of the tool are either YES or NO or a brief narrative. At the end of each section, you may include comments and practical suggestions, if applicable.

AGENCY/PROGRAM VISIBILITY & COLLABORATION

1) Does your agency/program regularly collaborate with agencies/programs that serve people with disabilities?

- Yes No

2) Does your agency/program regularly collaborate with agencies/programs that serve Deaf people?

- Yes No

3) Please list the agencies/programs and how you collaborate:

4) Does your agency/program regularly collaborate with domestic and/or sexual violence agencies/programs?

- Yes No

5) Please list the agencies/programs and how you collaborate:

6) Do your agency/program brochures, outreach materials, website, etc. indicate accommodations will be provided for people with disabilities or people who are Deaf?

Yes No

7) How does your agency/program indicate accommodations will be provided?

8) Is your agency/program contact information listed with access signs (TTY, Wheelchair accessibility, etc)?

Yes No

9) If your agency/program has TTY #, is it listed on the agency/program website, brochures, letterhead, etc.?

Yes No

Comments

Practical Suggestions

POLICY, PROTOCOL & PRACTICE

10) Does your agency/program cultivate a model of doing “with” rather than “to” or “for” people?

Yes No

11) How does your agency/program cultivate a model of doing “with” rather than “to” or “for” people?

12) Does your agency/program work to ensure that the most supportive options for services are made available to people?

- Yes No

13) How does your agency/program work to ensure that the most supportive options for services are made available to people?

14) Does your agency/program have emergency procedures as they relate to people with disabilities?

- Yes No

15) Are staff at your agency/program trained to implement the emergency procedures as they relate to people with disabilities?

- Yes No

16) Does your agency/program have a policy pertaining to environmental/multiple chemical sensitivities?

- Yes No

17) Are the staff at your agency/program trained to implement the agency/program’s policies pertaining to environmental/multiple chemical sensitivities?

- Yes No

Comments _____

Practical Suggestions _____

TRAINING & PROVIDER COMFORT LEVEL

18) Does your agency/program provide staff with training on working with people with disabilities or with Deaf people?

- Yes No

19) How much experience do staff at your agency/program have working or interacting with people with disabilities or Deaf people?

20) Does your agency/program provide staff training for working with survivors of domestic and/or sexual violence?

- Yes No

21) How much experience does your staff have working or interacting with people who are victims of domestic and/or sexual violence?

22) Does your agency/program offer disability etiquette training?

- Yes No

23) How often does your agency/program provide disability etiquette training?

24) Who provides disability etiquette training?

25) Does your agency/program provide training on the dynamics of domestic and sexual violence?

- Yes No

26) How often does your agency/program provide training on the dynamics of domestic and sexual violence?

27) Who provides training on the dynamics of domestic and sexual violence?

28) Is your agency/program familiar with person-first language?

- Yes No

29) Does your agency/program use person-first language to emphasize the person and not the disability (e.g., person using a wheelchair vs. wheel chair bound, person with a disability vs. disabled person)?

Yes No

30) Does your agency/program provide information/training to staff about verbal and/or nonverbal cues that indicate a person may be feeling uncomfortable during meetings or on the phone?

Yes No

Comments _____

Practical Suggestions _____

PHYSICAL ACCESSIBILITY

31) Is staff at your agency/program encouraged to inform people of any barriers to accessing your agency/program’s location?

Yes No

32) Is your agency/program accessible to people with limited mobility?

Yes No

33) How is your agency/program accessible or not accessible?

34) Are there any barriers that prevent people from easily accessing your agency/program and its services?

Yes No

35) What are the barriers?

36) Are people with mobility issues and visual disabilities easily able to enter your building?

Yes No

37) Are people with mobility or visual disabilities easily able to maneuver through the building?

Yes No

38) Are doorways, signs, emergency exits in Braille?

Yes No

39) Does your agency/program have at least one accessible bathroom?

Yes No

40) Are phones accessible for people in wheelchairs to use comfortably?

Yes No

41) Does your alarm system (i.e. smoke alarms, fire alarms, etc.) have auditory and visual alarms in each room?

Yes No

Comments _____

Practical Suggestions _____

COMMUNICATION

42) Does staff have the ability to receive calls from a variety of communication devices (i.e. TTY, Videophone, etc.)?

Yes No

43) What communication devices does your agency/program have?

44) Does your agency/program ensure the functionality of your communication devices?

Yes No

45) How does your agency/program ensure the functionality of these devices?

46) Does your agency/program have a budget for American Sign Language (ASL) interpreters?

Yes No

47) Is staff trained on how to arrange for an ASL interpreter?

- Yes No

48) Does your agency/program have access to an ASL interpreter 24-hours per day?

- Yes No

49) If your agency/program has a TTY, are directions for the TTY posted near the TTY?

- Yes No

50) Are staff members trained to handle a TTY call?

- Yes No

51) Are staff members trained to handle a Video Relay Call?

- Yes No

52) Does your agency/program have a TTY or videophone for consumers to use?

- Yes No

53) Does your agency/program provide materials in alternative formats i.e. Braille, Large Print, JAWS (reads materials on computer)?

- Yes No

54) Please list the materials and their alternative formats:

Comments _____

Practical Suggestions _____

INTAKE PROCEDURES

55) Does your agency/program offer a variety of location choices for meeting with people (e.g. coffee shop, library, community center)?

Yes No

56) Do staff members provide information about accessing the location where the meeting will take place (parking, privacy, getting into the building, etc.)?

Yes No

57) Do staff members inform people about the amount of paperwork that may need to be completed at initial appointments?

Yes No

58) Does your agency/program provide people with the option of arriving early to the appointment to complete paperwork?

Yes No

59) Do staff members ask if people need assistance to complete paperwork?

Yes No

60) Does your agency/program provide people with options or support for completing paperwork?

Yes No

61) What options and/or support does your agency/program provide for completing paperwork?

62) Does your agency/program offer to mail paperwork to people so they may complete paperwork prior to the appointment?

Yes No

63) How does your agency/program determine if it safe to mail paperwork to people?

64) Do staff members inform people how long they may have to wait for their appointment?

Yes No

65) Do staff members ask people about any accommodations that might be helpful to them?

Yes No

66) How is this included in your agency/program's intake process?

67) Do staff revisit accommodation needs with people periodically?

Yes No

68) Does your agency/program keep track of people's accommodation needs?

Yes No

69) How does your agency/program keep track of people's accommodation needs?

70) Do staff clearly explain the meaning of confidentiality to people?

Yes No

71) Does your agency/program provide detailed information about people's rights and responsibilities regarding confidentiality?

Yes No

72) Does your agency/program provide detailed information to people when confidentiality ends?

Yes No

73) Do staff members inform people about who will have access to their information?

Yes No

74) Are people provided with information about their rights and responsibilities from the agency/program?

Yes No

75) Do people receive documents outlining their rights and responsibilities regarding agency/program services?

Yes No

Comments _____

Practical Suggestions _____

ASSESSING TRAUMA HISTORY & SAFETY

76) When people call your agency/program, do staff members ask if they currently are in a safe environment (i.e. no one is listening in on their conversation, the perpetrator/abuser is not present)?

Yes No

77) Are staff trained to respond to disclosures of domestic and/or sexual violence?

Yes No

78) How is staff prepared to respond to disclosures of domestic and/or sexual violence?

79) How people with disabilities who have experienced domestic and/or sexual violence know they can safely disclose their experience to staff in your agency/program?

80) Do staff members ask questions about sexual safety to help people identify if they have experienced abuse and/or trauma?

Yes No

81) Do staff members ask questions about physical safety to help people identify if they have experienced abuse/trauma?

Yes No

82) Do staff members ask questions about emotional safety to help people identify if they have experienced abuse/trauma?

Yes No

83) Do staff members ask questions about financial safety to help people identify if they have experienced abuse/trauma?

Yes No

84) Do staff members ask people if they feel safe with their Personal Care Attendants (PCA), family members, and/or partners?

Yes No

85) Generally, how are staff instructed to ask people about the above safety related questions (e.g. ask direct questions, talk to the person alone)?

86) Do staff members ask about safety concerns in follow-up contacts with people who disclose abuse?

Yes No

87) How are staff trained to minimize the possibility of re-traumatizing people when asking questions about their trauma history?

88) Do staff members respond in a compassionate, non-blaming manner when a person discloses domestic and/or sexual violence?

Yes No

89) How are staff trained to respond in a compassionate, non-blaming manner?

SAFETY AND COMFORT

90) Does the agency/program environment indicate that the agency/program is a safe place for people with disabilities to talk about domestic and/or sexual violence?

Yes No

91) How does the agency/program environment indicate that the agency/program is a safe place for people with disabilities to talk about domestic and/or sexual violence?

92) Do your agency/program materials indicate the agency/program is a safe place for people to talk about domestic and/or sexual violence?

Yes No

93) How do your agency/program materials indicate the agency/program is a safe place for people to talk about domestic and/or sexual violence?

94) Are staff encouraged to provide the option of keeping a door opened or closed when meeting individually with a person in an office or meeting room?

Yes No

95) Does your agency/program offer to meet people at the front door to help them feel more comfortable and safe?

Yes No

96) Does your agency/program offer to escort people to their car/call a bus/etc. to help them feel more comfortable and safe?

Yes No

97) Do staff members in your agency/program work in partnership with people to create immediate/short term safety plans when needed?

Yes No

98) Does your agency/program's safety planning process explore each person's unique barriers to safety (i.e. a person with a disability, a person who is Deaf, a person whose first language is not English)?

Yes No

99) How does your agency/program increase the physical safety of people during program activities?

100) How does your agency/program increase the emotional safety of people during program activities?

Comments

Practical Suggestions

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