



***ACCESSIBILITY GUIDE FOR
DOMESTIC VIOLENCE AND
SEXUAL ASSAULT
SERVICE PROVIDERS***

***Violence Against Women with Disabilities in Wisconsin
Partner Organizations:***

**Wisconsin Coalition for Advocacy
Wisconsin Coalition Against Domestic Violence
Wisconsin Coalition Against Sexual Assault
IndependenceFirst**

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ACCESSIBILITY GUIDE FOR DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES PROVIDERS

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Each of these work group members authored various segments of this *Guide*. As the lead agency in this Project, the Wisconsin Coalition for Advocacy was responsible for editing the final version of this resource and appreciates greatly the dedication and time of the authors in making this *Guide* what we believe is a useful tool regarding accessibility in all of its forms.

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Disclaimer

This *Guide* is written for sexual assault and domestic violence service providers in Wisconsin to provide a basic understanding of the laws affecting access to programs and services for people with disabilities. The laws upon which the *Guide* is based are more complex than the general descriptions provided in the *Guide*. We have tried to give the readers practical discussions and examples of specific applications of the law, but it is not possible to anticipate every situation.

Although the *Guide* uses some legal citations, it is written for non-lawyers. It is not specific legal advice, nor is it a comprehensive review of all aspects of the civil rights laws for people with disabilities. Laws change and develop over time, so we have provided you with information about useful technical assistance and resource contacts. If you want more information, we suggest that you contact the resources we have provided, or that you consult with an attorney.

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INTRODUCTION

Violence Against Women with Disabilities: A Collaborative Wisconsin Project

The Wisconsin Coalition for Advocacy (WCA) was one of 18 organizations awarded a two-year Education and Technical Assistance Grant to End Violence Against Women with Disabilities by the Office on Violence Against Women, Office of Justice Programs, U.S. Department of Justice. These federal grants focusing on violence against women with disabilities were made available through passage of the Violence Against Women Act (VAWA) of 2000. While WCA serves as the lead organization, this project's mission and activities are founded on collaboration. The Project partner organizations include the Wisconsin Coalition Against Domestic Violence (WCADV), Wisconsin Coalition Against Sexual Assault (WCASA), and Independence *First*.

Wisconsin has made a promising start in responding effectively to women with disabilities who experience sexual assault, domestic violence or stalking. This Project's mission is to coordinate and elevate the efforts of these Project partners and others to forge a unified approach to address the needs of women in all disability populations and in all locales in the state.

A primary focus of the Project's activities is to enhance the accessibility of domestic violence and sexual assault programs and services to women with disabilities who experience violence. Regardless of a person's specific disability, there are many ways in which the services and support that you provide can be enhanced to ensure that all women who need and want your services can avail themselves of what you have to offer.

Fears and Realities about Addressing Accessibility Issues

We are aware that already stretched domestic violence and sexual assault agencies approach accessibility with some trepidation. Knowing that funding has been stagnant or decreased for your work only intensifies the potential fears about the "costs" associated with ensuring your programs and services are truly accessible to women with disabilities. Publicized and distorted cases of expensive physical modifications in response to ADA complaints are widespread. The reality is that the majority of modifications are inexpensive or cost-free. Places of public accommodation, such as domestic violence and sexual assault agencies, undertake affordable modifications every day to ensure equal access to programs and services throughout Wisconsin and the nation.

However, these misconceptions tend to leave businesses and society in general with a negative perception of people with disabilities, and the idea that resources and money have to be taken out of your pockets or away from some other group in order to accommodate a few. So how do we "fix" something that is so "unpopular," undefined and seemingly immense in its undertaking?

It helps to remember that we all might face some type of disability at some point in our lives; whether it is temporary, such as a broken leg; connected to age, such as hearing or vision loss; the result of a disease, such as cancer or heart disease; an accident, such as a spinal cord injury or amputation; or maybe the result of life circumstances like depression or post traumatic stress disorder. Those people that remain healthy, “able-bodied” and never experience any problems throughout their entire lives are few. Therefore, it is important for everyone that the environment in which we live, work and provide programs and services be barrier-free and adapted to fulfill the needs of all people equally. While you may be making accommodations for a group that neither you nor your staff currently belongs to, this can change in an instant. Disabilities cross age, gender, economic, racial, ethnic and sexual orientation lines -- anyone can be affected at any time. As such, planning for the majority implies planning for people with varying abilities and disabilities.

Although situations will arise that require creative thinking and quick action to respond to a victim/survivor in crisis who has an accessibility-related need, this *Guide* was developed to assist you and your agency to embark on an action-oriented process to address more common accessibility barriers. In addition, the technical assistance resources described throughout this *Guide* and available through this Project can alleviate some of the confusion, fear and frustration of locating needed assistance when working with someone in crisis.

Reaffirming a Person-Centered, Empowerment-Based Approach to Support and Services for Women with Disabilities

Domestic violence and sexual assault agencies provide vitally important services to women and children who experience domestic violence, sexual violence or stalking. Some of the foundational beliefs and practices of the anti-violence movement embody some of the same core values and philosophies of people with disabilities and disability rights/advocacy movements: achieving a person-centered and empowerment-focused approach to services and support. The anti-violence movement’s liberating approaches foster tangible benefits to victims and survivors, including:

- empowering victims/survivors,
- believing a victim’s/survivor’s account of what she experienced, and
- supporting a person’s choices about the services and supports she identifies needing to remain safe and heal.

These strength-based approaches promote acceptance, respect, compassion, empowerment and individuality. Unfortunately, many women with disabilities are unaware of or feel excluded from your agencies, and thus feel that your liberating approach does not apply to them or is not appropriate to them.

The very nature of the work that you do – empowerment-based and person-centered – embodies a tremendous asset that you bring to bear on issues of accessibility. Since accessibility barriers

often are unique to a given situation, person or agency, we encourage you to embark on this process by building on these strengths in order to ensure equal access to women with disabilities.

IMPORTANT NOTE

It is important to state from the outset that there are individuals who do not consider themselves to be “individuals with disabilities” and who do not identify with this designation. However, for the purposes of the Violence Against Women with Disabilities in Wisconsin Project funded by the Office on Violence Against Women, U.S. Department of Justice Disabilities Education Grant Program, “individuals with disabilities” refers to all individuals covered under the definition contained in the Americans with Disabilities Act.

“Disability” means, with respect to an individual, (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment. (42 U.S.C. § 12102(2)).

Similarly, this Project is funded to focus on women with disabilities who experience violence. Male victims/survivors, especially those with disabilities, do experience domestic violence, sexual assault or abuse, and stalking. However, for the purposes of this grant and Project, the focus is centered on adult women with disabilities.

Definitions And Language

Because every system and culture is comprised of its own definitions and language, we have included here for your reference a description of some of the most frequently or often used terms in the fields of domestic violence, sexual assault and disability advocacy and services. This list is not all inclusive, but represents many words, phrases and references that you will encounter throughout this *Guide*.

Definitions

- **Americans with Disabilities Act (ADA):** In 1990, the ADA was passed to address discrimination faced by people with disabilities and has two purposes: eliminating illegal discrimination and integrating people with disabilities into the community.
- **Assistive Technology (AT):** A general term that describes devices, equipment, software and services designed to help people with disabilities.
- **Auxiliary Aids and Services:** Required of places of public accommodation under the ADA refers to aids and services that are necessary to ensure effective communication

with individuals with hearing, vision or speech impairments. *Examples include qualified interpreters, assistive listening devices, audio taped text, and materials in Braille or large print.*

- **Complaint:** A complaint is filed with a governmental agency or professional organization to resolve a dispute or a violation of law.
- **Consumer:** Term used to describe any individual who does, could or has received health care or services. This term also includes more specialized terms, such as beneficiary, client, customer, eligible member, recipient or patient. A consumer might refer to someone who has been diagnosed with a particular disability and has received treatment and/or services in some manner as a result of that diagnosis.
- **County human services:** County departments of human services are responsible for developing and implementing programs and services for children and adults with mental illness, substance abuse and developmental disabilities, as well as providing child welfare and other social services in Wisconsin.
- **Distinction between “handicap” and “disability”:** Handicap is not a synonym for disability. Disability refers to a physical, sensory or mental limitation that interferes with a person's ability to move, see, hear or learn. Handicap, on the other hand, refers to a condition or barrier imposed by the environment, society or oneself. As such, physical and programmatic barriers constitute a handicap to a person with a disability. *For example, a stairway is a handicap to someone using a wheelchair.*¹
- **Domestic violence:** A pattern of coercive behavior designed to exert power and control through the use of intimidation, threats, harmful or harassing behavior over a person in an intimate relationship. Intimate relationships include current or former spouses, partners, significant others, family members, individuals who currently or formerly resided together (e.g., roommates), caregivers. Domestic abuse includes physical abuse, sexual assault/abuse, stalking, confinement, emotional abuse, neglect and financial exploitation.
- **Fundamental alteration:** A phrase in the Americans with Disabilities Act meaning a “modification that is so significant that it alters the essential nature of the goods, services, or facilities.”
- **Paratransit:** Paratransit is a term used to describe specialized transportation services to individuals who cannot ride regular transit due to their disability.
- **Personal Care Services:** Generally described, these services refer to care provided to an individual with disabilities who needs assistance with bathing, feeding, toileting, dressing, cooking, cleaning, etc.

¹ Adapted from: <http://www.un.org/esa/socdev/enable/designm/intro.htm>.

- **Public accommodation:** As defined under Title III of the Americans with Disabilities Act, places of public accommodation refer to businesses and nonprofit service providers, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities. *Examples of places of public accommodation include sexual assault and domestic violence agencies, restaurants, retail stores, hotels, movie theaters, private schools, convention centers, and doctors' offices.*
- **Readily achievable:** A phrase used in the Americans with Disabilities Act meaning “easily accomplished and able to be carried out without much difficulty or expense.” It is flexible and determined on a case-by-case basis.
- **Reasonable accommodation/modification:** A reasonable accommodation under the Americans with Disabilities Act and other disability civil rights laws is a modification or adjustment to the typical way in which things are done. *An example would be providing written materials in large print or moving a support group to an alternative location that is accessible for a participant who uses a wheelchair.*
- **Service animals:** Defined in section III-4.2300 of the Title II Technical Assistance Manual to include any guide dog, signal dog (e.g., a “hearing dog”), or other animal individually trained to do work or provide assistance to an individual with a disability, regardless of whether the animal has been certified or licensed by a state or local government. Service animals also include emotional support or therapy animals. *For example, someone with a disability related to an anxiety disorder seeking services in a sexual assault provider’s support group or shelter in a domestic violence agency might require the support animal to use and enjoy those services.*
- **Sexual assault/abuse:** Includes a range of behaviors perpetrated against another person which breaks a person’s trust and/or safety and is sexual in nature. Sexual assaults are acts of violence where sex is used as a weapon. Assaults are motivated primarily out of anger and/or a need to feel powerful by controlling, dominating, or humiliating the victim. Victims/survivors of sexual assaults are forced, coerced, and/or manipulated to participate in unwanted sexual activity.
- **Stalking:** In Wisconsin, a stalker is defined as someone who “intentionally engages in a course of conduct directed at a specific person that would cause a reasonable person to fear bodily injury or the death of himself or herself or his or her family or household.” (Wis. Stat. Sec. 940.32(2)(a)). A “course of conduct” means a series of two or more acts carried out over time, however short or long, that show a continuity of purpose. (Recently, the Wisconsin Governor signed into law modifications to Wisconsin’s stalking law. Contact the Wisconsin Coalition Against Sexual Assault for an updated “Fact Sheet” on the new law. See the *Technical Assistance and Resource Information* section for contact information.)

- **Survivor:** Term used to describe someone who has lived through experiencing domestic violence, sexual assault, or stalking. This term also is used by some individuals who lived through their experiences in the public mental health system, including inpatient institutionalization.
- **Undue burden:** Defined under the Americans with Disabilities Act as “significant difficulty or expense.” A number of factors can be considered in determining undue burden. Some of the factors include the nature and cost of the action, overall financial resources of the public accommodation, the impact of the action on the operation of the public accommodation, and the type of goods or services offered by the public accommodation.
- **Victim:** Term used to describe someone who has had domestic violence, sexual assault, or stalking committed against them. This term also is used in the context of the criminal justice process whereby someone reports a crime having been committed against them or their property. “Victim” and “survivor” are terms sometimes used interchangeably; however, the connotation for each word differs. “Survivor” connotes a more empowering framework for having lived through violence.
- **Victim blaming:** A concept whereby someone intentionally or unintentionally holds a victim accountable for the violence and crime perpetrated against her. *For example, a close friend can ask a sexual assault victim, “Why didn’t you fight back?” or “What did you think was going to happen going up to his apartment like that?”* A domestic violence victim also experiences victim blaming. *A person responding to the violence may ask, “What did you do or say that set him off?” or “Why didn’t you just leave him?”*

Language

Language is powerful. In the area of domestic violence, sexual assault and people with disabilities, the terms we use to describe people often can mean more than we intend, or just the opposite – they convey a status that has a negative connotation that reflects our beliefs about a person. The very words we use to describe women with disabilities and women who have experienced sexual assault or domestic violence are intended to be respectful of each person. Yet, as with all descriptors, these only address one part of what is a whole person.

As a result, recognize that these terms are labels only. They do not give you any real sense of a person’s life experiences. In the disability arena, this concept is applied through usage of “people first” language. Instead of defining someone as mentally ill, for example, it is more reflective of a person to say that she is a woman with mental illness. In other words, she’s a woman first. That is the important characteristic to acknowledge. People with disabilities are not simply their disabilities – there is more to each person than what a label or status implies. Moreover, people may have the same disability label, but function and experience that disability and their life very differently. Labels don’t tell you very much about a person. The same concept applies to sexual assault and domestic violence survivors or victims. While

victims/survivors might share a history of having experienced domestic violence or sexual assault, their circumstances, feelings, and responses during and after the violence is individual.

The point of raising awareness of language for the purposes of this *Guide* is to promote an individualized approach to working with women with disabilities who have experienced sexual or domestic violence. Avoid making assumptions about a woman because of a label that she is given. Instead, approach her as you would anyone else – with respect and dignity. If language becomes a barrier for you or makes you nervous about “saying the wrong thing”, there is a simple solution. Ask her how she describes herself and the needs she has to access your services and support.

HOW TO USE THIS *GUIDE*

Introduction

Accessibility is a large and varied topic. This *Guide* is designed to assist **you** in your role with a domestic violence and/or sexual assault services program to learn about and then address the scope of what encompasses accessibility.

Accessibility awareness and implementation is an ongoing process. This *Guide*, including the *Self Assessment Tool for Ensuring Access for People with Disabilities*, is designed to assist you and others in your agency to start an action-oriented conversation about accessibility within your organization. We encourage you to use this *Guide* to engage in an on-going planning process to continually challenge you and others in your agency on issues of accessibility to women with disabilities.

As with any resource that could be written on this topic, we cannot possibly provide all the methods and strategies to cover the gamut of potential accessibility situations that might arise. This *Guide* will not and is not intended to be “the definitive” resource on accessibility issues. Instead of providing specific direction for every possible scenario you might encounter (which would be impossible because of the individualized nature of accessibility), we have provided you with a framework of how to think about and address accessibility in all of its forms in your agency.

Accessibility *Guide* Framework

This *Guide* is designed to provide you with a clear framework for learning about, identifying and resolving issues related to accessibility. First, you will become more informed about what is meant by accessibility. Second, you will recognize and identify barriers that might exist at your agency and within the services and programming you provide. Third, you will figure out a process to resolve immediate and longer-term accessibility barriers for women with disabilities who desire your services. Finally, you will discover additional resources and assistance available to you and your agency for achieving your accessibility goals.

Based on this framework, this *Guide* will assist you by:

- **Providing a basic understanding** of the laws that protect people with disabilities from discrimination and ensure their equal access to programs and services, such as the Americans with Disabilities Act (ADA).
- **Informing** you that your program/agency is **legally responsible for ensuring access** to programs and services under the ADA, and will **assist you in achieving compliance**.
- **Exploring the systemic, communication and physical barriers** that impact an agency’s accessibility for women and their children with disabilities generally.

- **Reminding you that no one response** works for every woman or for every program addressing a similar accessibility barrier.
- **Identifying and suggesting practical resolutions** to barriers that arise when collaborating with other systems and conducting outreach to women with disabilities.
- **Guiding** you through an agency **Accessibility Self Assessment Tool** designed specifically for domestic violence and sexual assault agencies.
- **Providing** you with information about **useful technical assistance contacts and resources**.

Steps For Using This *Guide*

To use this *Guide* most effectively for your organization, we strongly encourage you to follow these steps:

1. Glance through the *Guide* so you become familiar with how it is organized before launching into addressing specific accessibility areas within your agency. Make sure to refer to the definitions and glossary to prevent any misunderstanding about what specific terms mean as they are used throughout this *Guide*.
2. Identify the area of accessibility that you and your agency will address first.
3. Revisit the *Guide*'s section describing the accessibility area that you identified and work through the *Self Assessment Tool for Ensuring Access for People with Disabilities* section that corresponds to the initial focus area you selected.
4. Identify the technical assistance resources you might need to assist you to overcome accessibility barriers that you identified. Resource ideas are located in the *Technical Assistance and Resource Information* section.
5. Implement the changes or modifications you developed and inform/train all staff and volunteers about this accessibility enhancement.
6. Return to Step 2 and address the next accessibility area you and your agency plans to assess.
7. Work through each accessibility area following these steps.
8. Revisit annually your agency's accessibility needs and solutions. Include this process in your annual planning activities.

The amount of time it might take to complete these steps for each accessibility area you plan to address will vary. For example, if the barrier involves adding a ramp to enter your building, the length of time needed to complete Steps 4 & 5 could take several months. If a barrier involves modifying an agency policy or procedure, the time frame is dependent upon how busy staff are and what priority is given to exploring, making, and implementing the newly modified policy.

Remember, this *Guide* is not intended to anticipate every situation that you might encounter. Instead, we encourage you to focus on developing a process your agency can use with individual women to address a particular area of accessibility.

SPECTRUM OF ISSUES FACED BY DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS

You already possess many of the skills and helpful attitudes that are needed to help a woman with a disability find and receive the services she needs to protect herself and recover from the violence that has been inflicted upon her. Women with disabilities who are victims of domestic violence, sexual assault and stalking face many of the same barriers and obstacles as all women when attempting to leave a domestic violence relationship or sexually abusive situation. They often face additional barriers and obstacles that are created by the agencies that were established to create safety and provide support to all women experiencing domestic violence, sexual assault or abuse, or stalking.

Prevalence Of Abuse Among Women With Disabilities

- A national survey of 860 women found that women with and without physical disabilities were equally likely (62%) to experience physical or emotional abuse from husbands, live-in partners or family members; however, for women with disabilities the abuse tended to last longer than for women without disabilities.²
- Eighty-three percent of females and 32% of males with developmental disabilities have experienced sexual assault.³ Forty-nine percent of victims with developmental disabilities will experience abuse 10 or more times.⁴
- The most common perpetrators of abuse are husbands/partners. This is the same for women with or without a disability. Women with disabilities also are vulnerable and experience abuse from caregivers or service providers.⁵
- In addition to the types of abuse experienced by women without a disability, women with a disability also are abused by having their orthotic equipment (e.g., wheelchairs, adaptive equipment), medication, transportation, or other medically necessary treatments and supports withheld.
- They may also be threatened with institutionalization or hospitalization.⁶
- Seventy-nine percent of women with disabilities found treatment services to be inadequate or not offered to them.⁷

² Young, M.E., M.A. Nosek, C. Howland, G. Changpong, and D. Rintala. Prevalence of Abuse of Women with Physical Disabilities. *Archives of Physical Medicine and Rehabilitation*, 78 December (1997).

³ Johnson, I., Sigler, R. "Forced Sexual Intercourse Among Intimates," *Journal of Interpersonal Violence*. 15(1) (2000).

⁴ Valenti-Hein, D., Schwartz, L. *The Sexual Abuse Interview for Those with Developmental Disabilities*. (1995).

⁵ Sobsey, D. "Sexual Offenses and Disabled Victims: Research and Practical Implications." *Visa Vis*, Vol. 6, No. 4 (1988).

⁶ Young, M.E., Nosek, M.A., Howland, C.A., Chanpong, G., Tintala, D.H: Prevalence of abuse of women with physical disabilities. *Archives of Physical Medicine and Rehabilitation Special Issue*. 78 (12, Suppl. 5) S34-S38

⁷ Sobsey, D., Wells, D., Lucardie, R., & Mansell, S. (Eds.). *Violence and disability: An annotated bibliography*. Baltimore, MD: Paul H. Brookes, 1995).

Removing Attitudinal Barriers

Removing attitudinal barriers does not have to be a daunting task. Much of what you already do in terms of best practices and core practitioner skills can be applied to removing attitudinal barriers. Best practices, such as believing the victim, are already in place, but need to be systematically applied to all women, including women with disabilities. Solutions to these barriers are not expensive or beyond the skills and resources you already have in your agency. Skills of listening and practicing empathy need only be extended to women with disabilities.

Yet, there might be attitudinal barriers that you and your agencies might encounter when seeking to provide services to women with disabilities. Attitudinal barriers pose very real and at times enormous barriers for women with disabilities who are seeking domestic violence and sexual assault services. Without addressing these barriers, domestic violence and sexual assault programs can provide only limited services to women with disabilities.

Without realizing it, domestic abuse and sexual abuse/assault agencies may create an environment that does not seem to welcome women with disabilities. Most programs' brochures and posters do not show images of women with disabilities. The myths and assumptions that staff has about individuals with disabilities can create an unwelcoming atmosphere. Many women with disabilities, who have contacted domestic and sexual abuse services in the past, may have experienced a negative reaction when they disclosed their disability.

Practice Tip:

If a woman with a disability seeks domestic violence or sexual assault services, does her disability become the main focus of service provision? Many times the need for core services (e.g., support, safety planning, legal advocacy, information and referral) becomes secondary to what is seen first as a person with a disability, and second as a victim of abuse in need of supportive services.

Another attitudinal issue is the perception that because a victim has a disability, she is less able to make her own choices. Both domestic and sexual assault programs offer victims information to make their own choices about interventions. It is easy to fall into the 'need to protect' or 'need to help with decision making' mindset when working with a woman with a disability. All victims have the right to make their own choices. Victims who have legal guardians (appointed by a court of law) who may make ultimate decisions for them still need information to help them work with their guardian.

(The Violence Against Women with Disabilities Project has developed a background paper that explains issues related to managing potential barriers to decision making and collaboration due to **confidentiality requirements** and **substitute decision makers, such as guardians**. This resource also includes sample "release of information" forms that you might use to ensure legally permissible communication with others, if a woman gives her informed consent for you to do so.

This background paper is available in the Violence Against Women with Disabilities Project's cross training materials. Information about useful technical assistance contacts and resources is included in the *Technical Assistance and Resource Information* section of this *Guide*.)

Unfortunately, societal attitudes and perceptions of women with disabilities have permeated our culture, teaching us myths and stereotypes and devaluing people with disabilities. Your organization must identify these attitudinal barriers and develop tools to remove them so that you can provide the most effective services to women with disabilities. There are many myths and stereotypes that could prevent women with disabilities from receiving effective services.

Some of these stereotypes have been applied to all women with disabilities. How many do you recognize?

- No one would hurt or commit an act of violence against a woman with a disability.
- Women with disabilities are not sexually active, desirable, or capable of being in a relationship where abuse can occur.
- Women with disabilities, especially women with cognitive disabilities or mental illness, are making up the abuse to get attention.
- Women with mental illness are the abusers, not the victims, because people with mental illness are violent.
- Women with disabilities make poor witnesses.
- The disability is hard to deal with for the partner or care provider and abuse in those situations is understandable, expected, or justified by the circumstances.
- Women with disabilities do not know what abuse is.
- Women with disabilities lack the ability to make good choices or determine what is best for them. They are repeat victims so often that it is impossible to help them.

Women with disabilities have reported the following responses when they have sought help to stop the violence:

- They were not believed.
- They had no transportation or, if it was available, it was not accessible.
- They received referrals that were not appropriate to their needs.

- They experienced inaccessible shelters.
- They were spoken to with disrespectful language.
- They were blamed and the violence was ignored.
- They were referred for disability-related services and the violence was ignored.
- They were turned away at domestic violence programs and shelters or excluded from sexual assault program services.

In addressing the variety of attitudinal barriers that exist, think about whether or not some of the following situations apply to your agency:

- Outreach posters, brochures, and other materials do not include images or experiences of women with disabilities and often do not include caregivers as abusers.
- Posters and brochures are not placed where women with disabilities may have access to them, such as in disability agencies, hospitals, etc.
- Outreach and other materials are not available in alternate formats (e.g., audio tape, large print).
- Your agency's website is not accessible.
- Staff is not trained about disability issues.
- Attitudes persist that women with disabilities primarily need services related to their disabilities.
- Our agency cannot serve women with disabilities.
- Women with disabilities do not need or want the services we have to offer.

The section describing *Answers to Common Title III (Public Accommodations) ADA Questions* provides more detailed information about these barriers and proposes solutions to resolve them.

Sadly, women who have experienced these barriers are unlikely in the future to seek help at all and might remain feeling unsafe and unhealed, end up back with an abuser or become victims of sexual assault again. (A study mentioned earlier bears repeating: that approximately 49% of women with developmental disabilities experience 10 or more abusive incidents.⁸) Also, once word is out that an agency does not effectively serve women with disabilities, most women in similar circumstances will not even try to use the services.

⁸ Valenti-Hein, D., Schwartz, L. *The Sexual Abuse Interview for Those with Developmental Disabilities* (1995).

Practice Tips:

- *In trainings that you already provide, you can broaden the curriculum to include improving services to women with disabilities.*
- *Keep in mind that if your program provides services to older battered women and older sexual assault victims, you might have made some adaptations that would be beneficial for women with disabilities.*
- *In your networking with other agencies, you can learn of services that would be of use for appropriate referral for women with disabilities.*
- *Your community resources manual should include information about how to obtain personal assistance or interpreters for women with disabilities, as needed.*
- *Informational pamphlets can be designed to include person first language in referring to women with disabilities.*
- *Train staff and volunteers on how to communicate with persons who have hearing, cognitive, speech and psychiatric disabilities.*
- *Offer training on disability related subjects and issues as they relate to providing services to women with disabilities.*
- *Another strategy to employ is to offer trainings to disability-related service providers and agencies on recognizing symptoms of abuse.*
- *By including women with disabilities and disability related issues in your training and outreach, you will be training all staff and volunteers within and outside your agency to expect women with disabilities to be utilizing your services.*

One of the most effective strategies to eliminate attitudinal barriers is having staff, board members or volunteers who have disabilities. Women with disabilities could provide insight into attitudinal barriers that may exist in your agency. If they have a disability with “physical” issues, they also could identify physical barriers and provide a link to networking with disability organizations that can offer services and support to women with disabilities who come through your doors. By working with a person who has a disability, staff, board members and volunteers have an opportunity to become acquainted with and comfortable around a person with a disability. Having staff with disabilities at all levels of your agency helps ensure your best practices are applied to all women who seek your vital services and support.

Removing Policy, Procedural and Programmatic Barriers

Systemic barriers, like attitudinal barriers, also present some challenging obstacles for women with disabilities. Systemic barriers are policies and procedures that hinder or prevent a woman with a disability from accessing services. Many of the policies and procedures of domestic and sexual abuse programs were developed without careful thought to the needs of women with disabilities.

Sometimes policies need to be more flexible and sometimes new policies must be created to accommodate the needs of women with disabilities. You will need to examine your agency's policies and procedures to determine what barriers to accommodation they may pose. ***For example, a policy regarding an alternate drop off location for coming into a domestic violence shelter may not be feasible for women with disabilities who have mobility issues.*** (See the *Self Assessment Tool for Ensuring Access for People with Disabilities* for information on how to review your agency's policies and procedures.)

Other policies may exclude women based solely on the kind of disability the woman may have. Some sexual assault programs and domestic violence programs have excluded women with cognitive disabilities or psychiatric disorders from certain services, such as support groups or shelter. More frequently, women with disabilities have been referred out to human services or other social service agencies that address their disabilities and offer services related to their disability. As a result, the violence in women's lives is ignored and the focus becomes the disability and not the violence. Then the domestic violence or sexual assault supports women need to leave or address the violence are not provided. This disability-only focus also reinforces in women that they are the problem or their disability is the problem and not the violence.

Referrals

Referrals also pose significant barriers to women with disabilities. Women with disabilities often utilize a number of services to meet their needs related to their disability. There frequently are not adequate confidentiality practices involving women with disabilities. For example, women with psychiatric disabilities or cognitive disabilities experience their confidentiality breached by those with a genuine concern for the woman. Strict confidentiality practices should be applied to the woman's disability related services as they are to the woman's abuse history.

Practice Tip:

When making referrals, ask yourself if this referral is necessary and why you are referring this person to another agency. Have you obtained the woman's permission and consent to refer? Does she feel it is necessary?

Some women with disabilities are simply referred out of domestic violence or sexual assault services. Women with disabilities need and can benefit from support, advocacy and shelter as any woman does during a time of crisis. Referrals need to be appropriate to the needs of the woman with a disability.

Practice Tip:

An example of a policy that may need revision is the definition of “physical danger.” Physical dangers should be expanded to include the unique kinds of violence women with disabilities may experience. Physical danger definitions should include withholding adaptive devices, wheelchairs, medical equipment or treatment. An abuser might remove ramps from a woman’s home to prevent her from leaving. Abusers also may withhold medication or personal care which puts a woman needing these supports in grave physical danger. For women who rely completely on another person for personal care with bathing and toileting, an abuser may perform harmful genital practices in providing that care.⁹

Other Policy and Procedural Barriers to Consider

Many programs have TTYs available to communicate with women who use TTYs to communicate by telephone. If your agency does not have a TTY or staff within the agency is unfamiliar with how to operate and communicate using it, then programs should train staff on TTY usage. On the other hand, some programs rely on the Relay System to converse with women who seek to communicate with your program. ***Although TTYs are not required, per se, the ADA clearly requires your agency, as a public accommodation, to ensure “effective communication.”*** What determines whether or not the communication is “effective” depends upon the nature of the communication. Since conversations between you and someone seeking your services often entail sensitive issues and crisis situations, a person-to-person conversation likely would be most “effective” for the woman contacting you. The woman contacting you determines what method of communication is most effective. She might prefer using the Relay System or a TTY. It is best to be prepared for either method.

Besides communication-based procedural barriers, there are others that might be in place in your agencies. While we have listed below some of the barriers created by policies, procedures and programming, refer to the *Self Assessment Tool for Ensuring Access for People with Disabilities* for more information. Some additional barriers to consider include:

- Crisis lines that are not equipped with TTYs;
- Telephone relay or translation services are not utilized;

⁹ “Harmful genital practices” refers to unnecessary and unwarranted, or excessive, personal care to a person’s genitals, breast, or anus. This type of abuse is specific to individuals who rely on others for intimate personal care of their bodies. Ramsey-Klawnsnik, Holly. *Widening The Circle: Sexual Assault/Abuse and People with Disabilities and the Elderly*, Wisconsin Coalition Against Sexual Assault (1998).

- Interpreters are not made available for support groups or counseling sessions;
- Program intake forms ask questions in a way that could make a woman with a disability afraid to answer truthfully for fear of being denied services;
- Peer counseling and support groups are not held in accessible locations;
- Support groups fail to address the needs of women with disabilities;
- If a domestic violence shelter is not accessible, women are referred to other emergency housing programs that offer no domestic or sexual assault services;
- Women with caregivers are excluded from shelter services;
- Rigid shelter rules require residents to care for themselves and their children or will not accept situations where residents need to provide care to a frail parent or other relative; or
- Service animals are not allowed on the agency's premises.

See the sections entitled, *Answers to Common Questions Common Questions from Housing/Shelter Providers* and *Common Title III (Public Accommodations) ADA Questions*, for responses surrounding some of the issues noted above.

Practice Tip:

What attitudinal, procedural, and/or programmatic barriers can you identify that your agency may have in place? What improvements can you immediately make in attitudinal, procedural, and programmatic barriers? Solicit women with disabilities to review your policies and your services. What insights did they provide that were not immediately obvious?

Removing Physical Barriers

Although domestic violence and sexual assault programs have worked on enhancing accessibility, many of the places services are provided remain physically inaccessible. Multiple problems exist. For example, there have been many instances in which a woman with a disability has arrived for services only to find that she could not enter the building. In addition, the most common barrier to receiving services identified by women with disabilities is transportation. Women with and without disabilities face tremendous barriers in accessing transportation, especially in rural areas. For women who require accessible transportation, typically there are no options at all.

Solutions

Addressing attitudinal barriers will help your agency identify these hidden, but real barriers which prevent women with disabilities from accessing support and crisis intervention services for domestic violence and sexual assault. Staff education, including shattering myths, is the first step toward breaking down these types of barriers. Cross training in collaboration with disability service providers has been demonstrated to be an effective strategy for training staff in abuse and disabilities. Domestic violence and sexual assault advocates understand how to provide advocacy, support, and safety planning, but they need to have an understanding of the additional issues faced by women with disabilities.

To fully meet the needs of women with disabilities domestic violence and sexual assault programs need to look at the range of their services beginning with outreach and the point of entry (phone line) through the point of service delivery and follow-up. We encourage you and your agency to review and undertake an agency self-assessment of accessibility. At the end of this *Guide*, we have developed a *Self Assessment Tool for Ensuring Access for People with Disabilities* to begin this process. Also, technical assistance and support is available from experienced staff of this Project to ease your potential discomfort with addressing and responding to accessibility issues.

Housing

Housing poses significant barriers to women with disabilities. Housing services, such as domestic violence shelters, could jeopardize subsidized housing status as well as the personal care to provide needed services. Some women with disabilities have relied upon their spouse, partner or others for housing, income, and personal care. They might not have been eligible for or applied for disability or other benefits.

As a result, as with many women without disabilities, women with disabilities may have no sources of income. The enforcement of a limit of days for emergency shelter might be even more problematic for some women with disabilities. There are long waiting lists for receiving disability benefits and for subsidized, accessible housing, personal care, and other supports a person needs to live independently. The customary length of stay might be insufficient for a woman with a disability to find housing or financial resources.

Transportation

The lack of transportation available to women who need domestic violence and sexual assault services is problematic regardless of whether or not a woman has a disability. However, the lack of accessible transportation might pose an even greater barrier for women with disabilities who require transportation that accommodates their disability, e.g., a wheelchair lift. Some women with disabilities will need assistance from your agency in securing transportation to and from your facility if they do not have transportation available to them. ***If you provide transportation to women without disabilities who seek your services, you must provide the same service to women with disabilities. If providing transportation is not a regular practice for the women***

you serve, then you do not have to pay for accessible transportation for a woman who needs that service. However, you do need to assist her in securing accessible transportation in order to access your services. You might need to place some calls to learn what accessible transportation services are available and facilitate securing that service for a woman who needs it, but you would not be responsible for payment of that transportation service.

Paratransit, which is specialized services to individuals who cannot ride regular transit due to their disability, is intended to be comparable to regular transit. Many communities in Wisconsin do not have paratransit services available, such as in more rural areas of the state. If paratransit is available in your community, it often is not available during an emergency. Paratransit practices might also impact a victim's safety. Paratransit operators often call back the rider to confirm where a person is going and where they will be dropped off. This confirmation could be dangerous for someone leaving an abuser.

Practice Tip:

To avoid abuser suspicion when arranging paratransit services, suggest to the victim that when scheduling her ride she give the paratransit operator the name and address of a typical place she visits. Then, when the paratransit service arrives she can give the operator the address of the domestic violence or sexual assault program.

Domestic violence programs that include shelters and services often have a policy of having an alternative pick up/drop off location. This policy may not be accessible or feasible for a woman with a disability if accessible transportation is not available in that area. For both domestic violence and sexual assault programs, support groups and counseling services that are conducted at alternate locations may compound the transportation barriers. Paratransit may not be available in those areas where support groups or counseling services exist. In addition, women who do not receive medical benefits or Social Security benefits related to their disability may not qualify for obtaining paratransit services, assuming these services are available in your community.

Personal Care Workers

Personal care workers may not be available due to shortages of individuals available to provide personal care services. Funding availability also limits the options available to someone who might require personal care services in order to stay at a shelter program or participate in counseling sessions or a support group.

Attendants and other personal care or support persons often are not allowed in domestic violence programs, including shelters, or in sexual assault agency sessions. This prohibition is a precautionary measure borne out of the importance of safety for all individuals who seek domestic violence or sexual assault services, and could reflect a fear that the attendant is the abuser. Some policies allow no one other than the woman to be on the premises. Yet, individuals with personal care attendants or other support persons cannot avail themselves of your services without these assistants. (See the *Answers to Common Questions Common*

Questions from Housing/Shelter Providers and Common Title III (Public Accommodations) ADA Questions sections for issues related to inclusion of women who utilize personal care attendants.)

Health Care Related Barriers

Access to medications may be a barrier for some women who receive shelter services. For example, a woman might need 24 hour access to medication and supervision which is not typically available around the clock. Other health care related barriers arise for women with disabilities who seek domestic violence and sexual assault services. If a woman has left her home in an emergency she may not have medication or other necessary items with her. Assistive devices, such as wheelchairs or communication boards, often are selected by an abuser for destruction in an abuse situation because doing so further controls a woman's options and increases her dependency on the abuser. These devices are hard to replace due to policies that limit funding for such devices to be replaced, for example, once in so many years. Also, laws for dispensing of medication may prevent refills for 30 days.

In emergency rooms, doctors frequently do not think about abuse and abuse related injuries when examining women with disabilities. Bruising and other injuries often are seen as a result of a disability. Frequently the abuser/third party is allowed into the exam room and there is no privacy to discuss abuse. Many hospitals lack proper examination tables to accommodate women for signs of abuse. Yet, some important progress is being made for sexual assault victims in Wisconsin. Many Sexual Assault Nurse Examiners (SANE) have received specific training about unique adaptations they could employ with women victims with disabilities. SANE nurses are well trained to examine a woman victim and gather forensic evidence in the event that the woman agrees to report the assault to law enforcement. They also provide an important link for women victims to learn about and receive support services from domestic violence and sexual assault programs throughout the state. However, not all hospitals and emergency rooms employ SANE nurses to respond to women victims of sexual assault.

Funding/Finances

Women with disabilities who are married may not qualify for services because they or their husbands earn too much money. Sometimes, a married woman with a disability cannot obtain sufficient disability benefits or services until she is divorced or has established an independent household. Women with disabilities who need community services might need to give up communal property to qualify for needed services, e.g., go into poverty in order to qualify for services. If a woman with a disability has no financial resources, she might face the threat of going into a nursing home if she cannot secure community services.

Domestic Violence Shelter Work Assignments for Residents

Shelters rules and chores that women must perform in order to stay in the shelter might pose a significant accessibility barrier for some women. Women with cognitive, emotional, and psychiatric disabilities might not be able to understand or consistently follow rules or have

behavior they cannot control, which threatens their ability to stay in shelter. Certain chores pose a difficult challenge for a person with an ambulatory disability.

Practice Tip:

Ask what chores or work assignments a woman would like and is capable of performing. Focus on what and where the woman with a disability can help out around the shelter. Take the time to make sure the woman with a disability understands rules which may mean shelter workers may have to patiently explain rules and expectations several times, and in small manageable “chunks.”

Removing attitudinal, procedural, and programmatic barriers requires domestic violence and sexual assault services providers to evaluate their services and how they are provided. As you think through the barriers women with disabilities may face when seeking your services, it is good practice to follow a holistic approach in evaluating the services you offer. Providing accessible services not only includes removing physical barriers, but also means providing services that are free from attitudinal, procedural, and programmatic barriers that may prevent women from accessing your services.

COMMUNICATION ISSUES AND BARRIERS

Part of ensuring equal access for women with disabilities involves ensuring effective communication. Communication can pose the most challenging barrier women with disabilities face in accessing services. For women who are Deaf or hard of hearing, as well as for women with cognitive disabilities, communication might be the greatest barrier to accessibility. If a woman is unable to tell her story, ask questions, and learn about services and supports, the woman will not be able to access your valuable and needed services. Fortunately, you probably already have good listening skills and an understanding that abuse has many faces.

Communication Issues For People Who Are Deaf Or Hard Of Hearing

It is important to state from the outset that there are individuals who do not consider themselves to be “individuals with disabilities” and who do not identify with this designation, including some individuals who are Deaf or hard of hearing. However, for the purposes of this Violence Against Women with Disabilities Project and the Office on Violence Against Women, U.S. Department of Justice Disabilities Education Grant Program, “individuals with disabilities” refers to all individuals covered under the definition contained in the Americans with Disabilities Act (42 U.S.C.§12102(2)), which includes Deaf women. (See *The Laws about Access for People with Disabilities* section for an expanded definition of “individuals with disabilities” under the Americans with Disabilities Act (ADA).)

Women who are Deaf

Generally, the term “deaf” refers to those who are unable to hear well enough to rely on their hearing and use it as a means of processing information.

“We use the lowercase deaf when referring to the audiological condition of not hearing, and the uppercase *Deaf* when referring to a particular group of deaf people who share a language, American Sign Language (ASL) and a culture. The members of this group have inherited their sign language, use it as a primary means of communication among themselves and hold a set of beliefs about themselves and their connection to the larger society. We distinguish them from, for example, those who find themselves losing their hearing because of illness, trauma or age; although these people share the condition of not hearing, they do not have access to the knowledge, beliefs, and practices that make up the culture of Deaf people.”¹⁰

Women who are Hard of Hearing

Persons are considered *hard of hearing* when their hearing loss does not preclude understanding spoken language, usually with the assistance of a technical aid. The person’s hearing loss may

¹⁰ Carol Padden and Tom Humphries, *Deaf in America: Voices from a Culture* (1988).

range from mild to severe, but, with the use of a hearing aid, a person who is hard of hearing can still communicate primarily by speech. A person also may rely on speech, lip reading and assistive listening devices to communicate; sign language may or may not be used. “‘Hard-of-hearing’ can denote a person with a mild-to-moderate hearing loss or it can denote a deaf person who doesn't have/want any cultural affiliation with the Deaf community or both.”¹¹

Deaf Culture versus “Disability”

Many individuals who are deaf identify themselves as Deaf – part of a Deaf culture that embodies a community with its own language and values. As you develop an understanding of Deaf culture and the Deaf community, it is important to recognize that many individuals who are Deaf do not consider themselves to have a “disability.” As noted at the beginning of this *Guide*; however, for the purposes of the Violence Against Women with Disabilities in Wisconsin Project and the Office on Violence Against Women, U.S. Department of Justice Disabilities Education Grant Program, “individuals with disabilities” refers to all individuals covered under the definition contained in the Americans with Disabilities Act (42 U.S.C. § 12102(2)), including Deaf women.

Accessible Communication

Since accessibility needs vary from person to person, you can learn directly from the person what accommodations for communication, if any, that person requires to access your services. If a Deaf woman uses American Sign Language (ASL) or another form of sign language she might request an interpreter. Another woman might decide that she does not want to share information with an interpreter present, so she would rather write to communicate. For Deaf or hard of hearing women who you communicate with by telephone, a TTY machine or the relay service might provide the most accessible communication. (See the *Technical Assistance and Resource Information* for contacts regarding the Wisconsin Relay Service, and the Violence Against Women with Disabilities Project and independent living centers who could assist you with learning how to operate a TTY.)

Wisconsin Sign Language Interpreting Services

To ensure effective communication with a woman who is Deaf or hard of hearing, it may be appropriate to hire an interpreter. This cost is borne by your agency. (See *Common Answers to Title III (Public Accommodations) ADA Questions* for more information.) First, to determine needs, you should find out how the woman communicates. There are several modes of communication used by women who are Deaf or hard of hearing. These include American Sign Language (ASL), Cued Speech, English-Based Sign Language, Oral Interpreting, Speech Reading, and Tactile ASL.

The interpreter uses sign language skills and spoken English skills to bridge a communication gap. Information the interpreter hears is conveyed to the Deaf person. Information the Deaf

¹¹ Carol Padden and Tom Humphries, *Deaf in America: Voices from a Culture* (1988).

person expresses is conveyed to other people present. This process ensures each participant the fundamental right to communicate freely and effectively. In a description of professional interpreters, Amy Roach emphasizes the importance of understanding that professional interpreters have a strict code of ethics. Interpreters must understand their role as facilitators of communication:

- All interpreted information is confidential.
- The interpreter is neutral, and cannot interfere, advise, or interject personal opinions into interpreted situations.
- Interpreters are professionals, and must conduct themselves appropriately.¹²
- Some interpreters specialize in communication conducted in specific settings, such as in the legal process and in courtrooms, as well as in medical settings.

Practice Tips: Things to Remember When Working with an Interpreter

- *If possible, try to meet with the interpreter beforehand in order to clarify unique vocabulary, technical terms, acronyms, jargon, seating arrangements, lighting and other needs. Also, provide the interpreter with any written materials ahead of time.*
- *At meetings reserve seats for the women who are Deaf or hard of hearing that provide them with a clear view of the speaker and interpreter.*
- *The interpreter should be in the woman's sight line to allow the woman who is Deaf or hard of hearing to pick up visual cues and the expressions of the speaker. In small group discussions, consider using a circle or semi-circle seating arrangement rather than a theater style arrangement.*
- *Always talk directly to the woman who is Deaf or hard of hearing. Maintain eye contact with her and avoid directing comments to the interpreter (e.g., such as saying to the interpreter, "Tell her..." or "Ask her..."). Also, respond directly to the woman who is Deaf or hard of hearing, not to the interpreter.*
- *Speak naturally and at your normal pace. If needed the interpreters will ask you to slow down or repeat what you said. The interpreter will listen for concepts and ideas, not just the words, to deliver an accurate interpretation.*

¹² Roach, Amy. "Using a Sign Language Interpreter & Providing Visual Access to Deaf Consumers." *Deaf Linx*, 2002 at <http://www.deaflinx.com/useterp.html>, 3 September (2003).

- *Avoid private conversations because everything will be interpreted, whatever the interpreter hears will be interpreted; therefore, do not ask the interpreter to censor any portion of your conversation.*
- *Keep in mind that you might need to provide a short break every hour because interpreting is mentally and physically taxing; you should not expect the interpreter to interpret during these breaks¹³.*
- *For longer assignments (1 1/2 hours or more) such as, workshops, lectures, conferences, training sessions, stage productions, etc. with continuous interpreting, you will need to use a team of at least two interpreters.*
- *If your appointment runs over the scheduled time the interpreter will stay to finish the job if her/his schedule permits, but remember that there is a high demand for interpreting services and often interpreters have a very tight schedule.*
- *Payment for interpreting services is the responsibility of the office, company or organization needing to make their services accessible to the person who is Deaf, not the individual woman.¹⁴*

At this time, Wisconsin has no legal mandate for minimum skills in interpreting settings. The Wisconsin Office for the Deaf and Hard of Hearing recommends that all interpreters and consumers of interpreting services use the recommended guidelines for interpreter usage.

- When selecting an interpreter, the consumer's preference and the interpreter's familiarity with the subject matter should be considered along with the interpreter's skill level.
- There are different skill levels and certifications. Before you contract with an interpreter, determine your need. Ask yourself these questions: Is this a legal setting? An informal setting? You will want to ascertain that the interpreter is competent in the required setting.

The *Technical Assistance and Resource Information* section provides contact information for the Office for the Deaf and Hard of Hearing and their regional offices throughout Wisconsin.

Practice Tip:

Qualified interpreters are in high demand. You will need to schedule an interpreter at least several days (sometimes a couple of weeks) in advance.

¹³ Adapted from: http://www.interpreterreferral.org/print/work_interpreters.htm

¹⁴ Adapted from: <http://www.vitalsigns.cc/use.htm>.

Wisconsin Office for the Deaf and Hard of Hearing

The Office for the Deaf and Hard of Hearing within the Wisconsin Department of Health and Family Services has five regional offices that provide a broad array of services to individuals and organizations to promote equal communication access throughout the state. Through Regional Coordinators, the Office provides information, referral, education, training, technical assistance and consultation on a myriad of topics, such as interpreters, real-time captioning, using a TTY, accommodations and Americans with Disabilities Act (ADA) issues, and other issues and services that affect individuals who are Deaf or hard of hearing.

This Office also provides a “Service Fund.” This Service Fund pays for communication access services for Deaf, deaf-blind and hard of hearing persons under certain circumstances. Communication access services that the Service Fund covers are sign language interpreting and real time captioning that make communication possible for persons who are Deaf, deaf-blind or hard of hearing with hearing persons in various situations. The ADA requires most organizations, both profit and non-profit, businesses, employment sectors and other entities to cover communication access services. If an entity is facing an undue hardship the Service Fund may help. *For more information refer to <http://www.dhfs.state.wi.us/sensory/INDEX.HTM>.*

Wisconsin Real Time Captioning Services

Real Time Captioning (RTC) involves a trained captioner using a steno machine that translates steno-entries into readable text on a lap top computer at a near verbatim rate. It can be a useful accommodation for people with memory difficulties or difficulties tracking verbal conversation in meetings with multiple speakers. When looking for Real time captioners, look for someone who is a Registered Professional Reporter (RPR) and/or Certified Real-time Reporter (CRR).¹⁵ The *Technical Assistance and Resource Information* section lists real time captioning services in Wisconsin.

Wisconsin Relay Services

The Wisconsin Telecommunications Relay System, also called WTRS, is a 24-hour service that provides the vital link for effective telephone communication between people who use a TTY (also called a TDD, TT, or text telephone) and those who use a standard telephone. When you use the Wisconsin Relay, your calls are facilitated by highly trained operators called Communication Assistants, or CAs. During a relay call, a CA will voice everything typed by the TTY user and type everything said by the telephone user. In this way, the relay allows people who are Deaf, hard of hearing or have speech disabilities to have a telephone conversation with anyone, anytime, even if the other person does not have specialized equipment.

The Wisconsin Telecommunications Relay System is available 24 hours a day, seven days a week. There are no restrictions on the length of relay calls or how many calls you choose to

¹⁵ Adapted from <http://www.dhfs.state.wi.us/sensory/RTC/rtcfrontpage.HTM>.

make. (See the *Technical Assistance and Resource Information* section to learn more about Wisconsin's relay system.)

Communication Issues for Women with Cognitive and Other Disabilities that Affect Verbal Communication

Use of the term **cognitive disability** means that to some degree a person has difficulty learning in all areas of her life. The diagnosis is generally determined as a lower measure of intelligence when compared to others of the same chronological age. Some of the primary difficulties for people with cognitive disabilities might be best understood as the problem of not noticing and remembering which details are the most relevant, and challenges in communicating with others unfamiliar with them.

Part of ensuring equal access for women with disabilities is ensuring effective communication. Fortunately, you probably already have good listening skills and an understanding that abuse has many faces. There are some basic concepts to keep in mind regarding effective communication. Assure the woman that she did nothing wrong and that you are glad that she came for help. This affirmation may need to be repeated more than once or communicated using terms that are more understandable for the woman. Because of past experience many people with developmental disabilities expect to “get in trouble” for things they do or say because it was labeled “inappropriate” or felt troublesome for the family member or support person to hear.

Often, a woman knows she has a disability, so do not be afraid to ask her politely about what types of accommodations are needed and what she needs to communicate effectively. This question acknowledges that many women with disabilities know what is most helpful for them in order to get their needs met.

Be clear about who you are and why you are asking her questions. Explain your role: “I’m a counselor who helps people after bad things have happened to them.” Then, develop a rapport with the woman. Spend some time talking with her about non-abuse related topics. This rapport building gives you a feel for how she talks and also helps you understand any speech impediments, body language, or substitution for concepts the woman uses, such as saying “911” to mean “police.”

It is common for people with developmental disabilities to possess better receptive language than verbal language. A woman with cerebral palsy, for instance, may look or sound in a way that makes you think she has a cognitive disability, when she may not. On the other hand, many women, especially those with mild disabilities, know they have a disability and want others to think they understand everything. They may possess very good verbal and social skills, but still not completely understand the entire content of what you are saying or what the implications of it are.

Practice Tip:

- *There is no “correct” way to speak with women who have cognitive disabilities and you certainly don’t have to be an “expert” to do it. If you follow a couple of basic ideas, you need not worry about making any serious mistakes. After all, they are women seeking your assistance, and as with every woman you assist, you figure out how best to ensure effective communication exists when conversing with each other.*
- *Above all, be respectful to the person. Like other women with whom you work, a woman with a disability has been traumatized. She may have a lifetime of family and caregivers who have not believed her when she reported things that are uncomfortable for them to hear.*
- *Allow yourself enough time. Communicating with a woman who has a cognitive disability may take roughly twice as long as with a woman who does not. If you are patient and thoughtful, you will usually understand what the woman is trying to say and be able to speak to her in a way that she understands.*

Sometimes a woman with a cognitive disability may come to your agency with a family member or staff person who helps her with daily living skills. The person might have an opinion about the woman’s situation, ability level, or even veracity. That information may color your response to the victim. Ward off too much “pre-information” about the woman, just as you would honor the confidentiality of any other victim. If the woman who is seeking help is present and agrees to have someone with “background knowledge” fill you in, then an exception to find out how the victim communicates may be warranted.

Some Common Myths and Stereotypes that Impact Communication

Understand that no matter how well-intentioned you are, you will bring your own biases and misconceptions about people with developmental disabilities and abuse to your work.

Myth: Sexual abuse of people with developmental disabilities doesn’t happen because they are undesirable or perceived to be vulnerable.

Reality: *Among adults who have developmental disabilities, as many as 83% of females and 32% of males are victims of sexual assault.¹⁶*

Myth: People with developmental disabilities can’t understand what’s happening to them, feel no pain, are too disabled to know or care or even if they did, it wouldn’t make any difference to them.

¹⁶ Johnson, I., Sigler, R. “Forced Sexual Intercourse Among Intimates,” *Journal of Interpersonal Violence*. 15(1) (2000).

Reality: *People who have been sexually or physically assaulted often will relay in poignant detail the fear and pain they felt. Even people who do not communicate through speech frequently show physical and behavioral signs of trauma after an assault.*

Often people with developmental disabilities are expected to be compliant with what family or caregivers ask of them. They are not encouraged to say “no,” or follow their own instincts or desires in many situations. In fact, their “gut feeling” may have been discounted or overridden so many times that they may no longer be able to use this to detect danger. This contributes greatly to the ability of perpetrators to successfully sexually or physically abuse people with developmental disabilities. In many police interviews, the interviewer will ask the victim/survivor why they complied with whatever act the perpetrator requested. Invariably, the person says, “Because he told me to.” No threat, no secret, no weapon.

“Where, what, who” concepts are often the easiest for people with cognitive disabilities to understand. “How” is more difficult. “When” is the most difficult. Many people with developmental disabilities cannot tell time or sequence events. It is a myth that because of the developmental disability, a person cannot tell the truth or is one to fabricate stories. Sometimes an inability to understand time sequences or use of verbal language may make it seem like the person isn’t being truthful. Help the woman figure out time sequences by associating things.

For example:

- ***“What was on the television when that happened?”***
- ***“Was that before or after your birthday?”***
- ***“Is that the day you visited your parents?”***
- ***“Was it dark outside?”***
- ***“Were there leaves on the trees?”***

To verify that you are communicating adequately or effectively, you may be tempted to ask the woman, “Do you understand?” The answer will invariably be “yes.” You feel satisfied that you have conversed effectively and have even verified this with the woman. In fact, you have only succeeded in relaying to the woman that you *want* her to understand! Try a different way, e.g., “Can you tell me in your own words what we have just talked about?”

Practice Tip:

Be aware of your own body language, tone of voice, and facial expression. Even people who are not skilled with language will often pick up on your mood or affect. Because many people are taught to be compliant, they may also want to please you or say what they think is the “right” answer. If you ask a question and are giving signs of what you want or think you will hear, you will probably get that response.

Case Example: Concrete Thinking Processes

Keep it simple! One of the most difficult things to do when speaking to a person with a developmental disability is to make language uncomplicated. This does not mean talking baby talk or shouting at the person. It means using simple words and analyzing if they may have another meaning. It may be tempting for you to use the jargon of your profession, explain legal concepts in technical terms, or talk on and on to “make things clearer.”

In an interview with a woman who had been sexually assaulted, the detective said “Let’s go back to the time he came in the room.” Each time he said this, the woman panicked and said, “I don’t want to go back!” What do you think would have worked better? Another woman who has autism is a very concrete thinker (e.g., what you say is exactly how she interprets it). The attorney asked her, “After the assault, did you drive away in his car?” (She had previously testified that the man drove her back to the bus stop after the assault.) She said, “No.” Why do you think she said this?

Many people with developmental disabilities do not read or do not fully understand what they read. Giving a woman written materials without helping her understand them might be of little use to her. She probably will not volunteer that she cannot read.

Practice Tips:

Some other strategies to ensure effective and accessible communication include the following:

- *Talk directly to the woman at eye level.*
- *Speak at a normal volume.*
- *Ask one thing at a time and wait for the answer.*
- *Give the woman time to process the information. Be patient.*
- *Don’t complete the woman’s sentences or guess what she is about to say.*
- *Be repetitious. Ask question in a different way. Give examples.*
- *If you are having difficulty understanding what the woman is saying, ask her to repeat herself, e.g., “Could you help me by slowing down?”*
- *Keep the counseling or other type of session to the limit of the woman’s attention span.*
- *The woman will show you if she is uncomfortable talking to you about the situation. Most people with developmental disabilities have had their privacy invaded many times. Honor her need to talk or her need for silence.*

It is always best if you can communicate directly with the woman who has a developmental disability. However, if you feel the woman is not comfortable talking to you alone (be sure you show her that *you* are comfortable talking to her!), has speech that is difficult for you to understand, or needs assistance in other ways to communicate with you, you may need a helper. Find out if the victim is connected to a disability or other social service agency or has a friend,

advocate, or other person whom she trusts. If she identifies someone, you will have to verify that this trusted other is not the abuser. If the victim then agrees to involve a trusted other, use this person to assist you in the interview or provide you with information. The helper will only be valuable if she/he understands the way the woman communicates. Just because she/he works with the woman doesn't mean she/he is the best at communicating with her.

Define the role of the person who is helping in the presence of the woman and be sure that is acceptable to her, e.g., "We would like you to help us if I have any problems understanding Jane or she does not understand me. Jane and I have discussed this and she agrees to this. If I ask you or you see we are stuck, please tell me what she has said or tell her what I have said. Right now we are not interested in your opinion or any other information about it." Always talk directly to the woman, not to the person who is assisting, e.g., avoid saying, "Ask Jane how she is feeling." Be sure the person is not speaking for the woman or exhibiting power and control over the situation.

As with some of the other victims with whom you work, a woman with a developmental disability may get stuck on one thought. You might notice signs of distress or inattention or she may repeat the same thing over and over again. This can happen when something that has been said either reminds her of something else or she does not understand what you are saying. Speaking further will likely be futile until you have ascertained what the block is. The most effective way to do this is just by asking her what she is thinking.

Case Example: Checking In

While being prepped by the Assistant District Attorney to testify at a preliminary hearing, a woman began rocking back and forth with a distressed look on her face. The Assistant District Attorney talked louder and used bigger words in an effort to convey information. When someone finally asked what she was thinking about, the woman said, "I don't want to be in trouble." The courthouse had reminded her of the terrible time in her life when she had lost the custody of her children, and she thought something bad was going to happen again.

There can be some difficult issues in sorting through abuse with women with developmental disabilities. Sometimes you may think that a woman is lying or changing her story. While there are occasional false reports from women with developmental disabilities, just as there are from the other women with whom you work, this perception also can be due to other factors. Frequently people with developmental disabilities are not provided sexuality education and lack names for intimate body parts and functions. The woman may get confused about the details of a situation. This confusion may be the result of a jumbled memory, having difficulty with certain language skills, anxiety about the situation, or an inability or lack of knowledge about how to tell time accurately. A woman may be able to tell you the details of abuse, but not be able to tell you that the abuse happened 20 years ago rather than last week and involved her now deceased father. You will have to use some good detective skills to sort through this by asking her questions about place, time, people, etc. For example, "Where were you living when that happened?"

As sexual assault or domestic violence service providers, our core value is believing the victim or survivor. Fabrication, if it does exist, could be due to psychological issues or an understanding from past experience that this is what it takes for someone to listen to her. As with women without disabilities, some women with cognitive disabilities have reported real abuse in the past which has not been believed.

Communication with Women who do not Communicate Verbally

There are some additional communication barriers that arise when working with women who do not communicate verbally. Although these situations might cause you to feel inadequate in your skills to assist women who communicate non-verbally, there are strategies you could employ to help understand the circumstances she is experiencing.

Practice Tips:

Tips for communicating with women who have a cognitive disability and are non-verbal or are hard of hearing or Deaf:

- ***Everyone communicates in some way, even through behavior. This behavior may be the key to learning about the abuse.***
- ***The victim may use sign language, an interpreter, a communication board, a computerized device (e.g., a Dynavox), pictures, props, maps, drawing, writing, pointing, nodding, hand/feet movements, eye-blinking, hand-squeezing, or head nodding to communicate.***
- ***You may need to ask “yes” and “no” questions to build your understanding of what she is communicating to you. Try asking questions that have one answer, instead of asking about several different issues at once. This method reduces confusion and ensures effective communication.***
- ***Observe the victim’s reactions to caregivers, family members, and others to see what she may be feeling. Watch her body language.***

Communication Issues for Women with Psychiatric Disabilities

Women labeled or diagnosed as having a psychiatric disability carry with them an enormous social stigma; they frequently are misperceived as violent, manipulative, and delusional. This stigma may have permeated your agency and its work with women with psychiatric disabilities. It is necessary to acknowledge this stigma because it likely affects your interactions and communications with women who have psychiatric diagnoses. Since domestic violence and sexual assault agencies must ensure effective communication with a person with a disability who seeks your services, keep in mind that this requirement also applies to women with psychiatric disabilities.

As with any woman who has experienced domestic violence, sexual assault or stalking, a victim/survivor feels an overwhelming sense of emotional distress. For many women with psychiatric disabilities, this increased stress exacerbates symptoms they experience due to their psychiatric disability. As a result, meaningful, respectful and effective communication might be hindered. (*See the Cross Training Workbook section on What are Disabilities for additional information about trauma -- sexual assault, domestic violence and stalking -- and its connection for some women with psychiatric disabilities.*)

Building rapport and trust with the woman is an important first step. Because many women with psychiatric disabilities have been labeled negatively and stigmatized, it might take longer to build the trust needed to communicate effectively, and ultimately provide the services and support the woman needs and wants. Learn from her what environment would be most conducive to have a conversation. For example, some women might feel threatened if you meet in a small room with the door closed. Other women might have trouble focusing on the conversation if there is too much distraction around them, such as phones ringing, people talking outside of the door, etc.

Because many women with psychiatric disabilities have been placed on medications, there might be communication issues that result from medication side effects. For example, a woman might need water to drink because her medication causes extreme dry mouth, resulting in difficulty talking. Another side effect with some medications is difficulty concentrating or processing information. These issues are not only the result of medication side effects, but also could be a symptom of a woman's psychiatric disability.

If concentration difficulties arise, ask the woman whether or not it might be helpful to take short breaks, or find out from her specifically what would be most helpful. Sometimes concentration difficulties lead you to feel that the person is "going off on tangents." Respectfully explore with her how the issues she raises might relate to her needs for services. You might predetermine that these issues are irrelevant until you learn from her how they, in fact, are pertinent. If after listening thoroughly you feel that the conversation has strayed from addressing sexual assault, domestic violence and the services you have to offer, bring the person back to the issue you both started to address. It might be helpful to say, "I appreciate you sharing that with me. To make sure that I answer any questions or provide any assistance related to why you are here today, I would like us to focus on"

Practice Tips:

If a woman you are working with seems to have difficulty processing information, you have a responsibility to clarify what you are communicating.

- ***Ask her what would be helpful or not helpful to the conversation, such as meeting in the morning or later in the afternoon or writing down appointments or options you are discussing.***

- *Encourage her to state back to you her understanding of the information you are conveying to her. This strategy helps ensure that you are on the “same page.”*
- *If her situation is complex, break it down into smaller, more manageable parts. Inquire which part she would like to address first.*
- *Find out if it’s helpful to write things down or audiotape information for her to review and consider at a later time.*
- *Above all, inquire if she feels safe, has a place to live and food to eat. If she needs assistance in any of these areas, work with her to secure what is necessary to survive safely.*

As with all women, there is no “correct way” to ensure effective communication with a woman who has a psychiatric disability. Yet, remember that **she has come to you for assistance for violence related issues, not mental health ones**. As a result, take your cues from her and learn what might be most helpful to promote her healing and safety.

PHYSICAL BARRIERS

Introduction

Barriers for women with disabilities can include structures or objects that impede free movement. Barriers maintain separation by obstructing vision or access. Barriers make it difficult to achieve progress or achieve an objective.

Many of the buildings in our society were designed and built during a time when people with disabilities were invisible, hidden in institutions or not expected to take part in mainstream America. Times have changed; medical advances make it possible for women with catastrophic injuries to survive, adaptive equipment makes it possible for women to live, go to school and work alongside their non-disabled peers and laws have been enacted to protect the rights of people with disabilities to enable them to participate on an equal basis with the rest of society. The problem now lies in removing all these barriers, and a barrier is something different for each person, disabled or not.

What are the specific barriers to women who are blind, Deaf, paralyzed or have developmental disabilities? The barriers that exist are as diverse as disabilities and the people who have them. Guidance from the Department of Justice identifies priorities for addressing barrier removal. Your agency assessment of physical barriers should reflect the following order of priority:

1. Provide access from **parking areas, public sidewalks or public transportation.**
2. Provide access to those **areas where services are provided.**
3. Provide access to **restroom facilities.**
4. Take any **other measures necessary** to provide access.

Detailed information about barriers and their removal is described in *The Laws about Access for People with Disabilities* section of this *Guide*.

Description Of Physical Barriers

Physical Barriers may exist in structures or designs that will interfere or impede a person with a disability from accessing the particular location or service. Physical barriers include things like:

- Doorways that are not wide enough,
- Poor lighting,
- Inaccessible bathrooms,
- Inadequate parking for persons with disabilities, and
- Lack of audible light signals.¹⁷

¹⁷ Information from <http://www.gwbarrierfree.org/barriers.htm>.

Agencies are required by the Americans with Disabilities Act (ADA) to eliminate barriers to access, but there often are misunderstandings when it comes to ADA requirements. For instance, it is a common misconception that the ADA is inflexible and requires businesses to spend lots of money to make their existing facilities accessible. In fact, the ADA is based on common sense. It recognizes that altering existing structures is more costly than making new construction accessible. The law only requires that public accommodations, such as domestic violence and sexual assault agencies, remove architectural barriers in existing facilities when “readily achievable,” meaning, it can be done “without much difficulty or expense.” (See *The Laws about Access for People with Disabilities* section for more detailed ADA issues related to physical accessibility.)

Practice Tip:

Inexpensive, easy steps to take include installing a ramp or installing a bathroom grab bar. For these modifications, make certain that the modification you make is safe. For example, a ramp can be too steep for someone to use safely, or a grab bar improperly secured might pull out of the wall and cause the person to be severely injured. Other easy steps include lowering a paper towel dispenser; rearranging furniture; installing offset hinges to widen a doorway; or painting new lines to create an accessible parking space.

Another common misconception is that the ADA requires public accommodations to remove barriers immediately. The truth is that public accommodations are only required to do what is “readily achievable” at that time. Programs should evaluate their facilities and develop a long-term plan for barrier removal that is commensurate with their resources.¹⁸

When we mention physical barriers we often associate this in terms of how they relate to people with mobility disabilities but people with vision, hearing and cognitive disabilities also experience physical barriers that prevent access to the physical environment. For example, unclear signage and cluttered areas can cause confusion for a person with a cognitive disability; lighting and clutter can cause difficulty in mobility for a person with a visual disability; lack of alarms with lights can cause safety concerns for someone who is Deaf or hard of hearing.

Developing a plan for existing barrier removal and planning ahead so that future physical barriers are avoided can minimize physical access problems. This will not only remove barriers for people with disabilities but for all people. Improved access to your buildings, program and services for people with disabilities is improved access for everyone. Ramps put in for wheelchairs are also convenient for people pushing strollers or when using a dolly to transport supplies. Non-slip floors, signs that are easy-to-read, glare-free lighting and a hazard free work space and public access area are likely to be appreciated by everyone who uses your facility. Refer to the *Self Assessment Tool* for specific suggestions to plan and implement strategies for barriers removal.

¹⁸ Adapted from <http://www.disabilitylearningservices.com/pages/6/index.htm>.

Independent living centers and privately-owned companies can provide your agency with a survey of your facility to identify the barriers that currently exist. They can help you develop a plan to remove these barriers in ways that are affordable, practical and meet requirements under the law. For example, sometimes putting in an elevator will not be the most practical solution to accessing rooms on the second floor. Instead, offering the same services on the first floor as on the second is a cheaper, more “readily achievable” solution. Refer to the *Technical Assistance and Resource Information* section of this *Guide* for information on contacting the independent living center in your region to inquire about the process and cost for an accessibility survey.

Assistive Technology

Assistive technology (AT) is a general term that describes devices, equipment, software and services designed to help people with disabilities. Assistive technology includes any device, simple or complex, that makes it possible or easier to perform a task (e.g., seeing, hearing, walking, manipulating, organizing and understanding). For example, a TTY device is a form of assistive technology. It assists people who are Deaf or hard of hearing to communicate via telephone. Some domestic violence and sexual assault agencies have these assistive devices for individuals who need to contact you using assistive technology. Assistive technologies provide individuals a greater degree of independence, inclusion and/or integration into their communities.¹⁹ Another example of an assistive technology device is a walker. Many women with mobility disabilities, including older women, use walkers that give them the freedom to be physically active. These examples give you only a taste of the numerous devices that assistive technology encompasses.

WisTech is an agency that provides people with disabilities, their families, service providers and other members of the community with resources or information on assistive technology. Information also can be obtained locally from Wisconsin's eight independent living centers. The Centers provide assessments of individual needs and maintain a loan closet of assistive technology items that people can try out for themselves. This resource might be useful for you and your agencies to ensure that women with disabilities who request your services receive the assistance they need. Most WisTech services are provided free of charge. The AgrAbility program is another provider of information about assistive technology. AgrAbility is a partnership between Easter Seals and the University of Wisconsin to promote assistive technology for farmers with disabilities. Contact the Wisconsin Coalition for Advocacy or the independent living center in your region for more information about these assistive technology resources. *See the Technical Assistance and Resource Information section of this Guide for contact information.*

¹⁹ Information from <http://wind.uwyo.edu/wynot/inforesource/informational/what.asp>.

OUTREACH BARRIERS/ISSUES

Introduction

A basic tenet of both the sexual assault and domestic violence movements is equality for all people. While most service providers are well intentioned, many have not served an individual with a disability. This can result in the misperception that women with disabilities always require specialized services which the agency is not equipped or trained to handle. Service providers also may feel too overextended in the provision of existing services to expand outreach to a new population.

Today, efforts are underway to create and enhance services that are inclusive for all women. Agencies now realize the importance of reaching out to underserved women. *How can you and your agency most effectively reach women with disabilities who have or are vulnerable to experiencing sexual assault, domestic violence or stalking?*

Outreach strategies for reaching women with disabilities vary from community to community. A primary resource available to assist you in reaching women with disabilities is consumers (people utilizing disability services) who live and work in your communities. In addition to consumers themselves, there also are consumer-run organizations and agencies that serve people with disabilities. The *Technical Assistance and Resource Information* section of this *Guide* lists several resources for consumer-run and disability agencies in Wisconsin.

Serving Underserved Populations

As an advocate, it is important to think about your own attitudes, values, and beliefs regarding individuals with disabilities. If they do not reflect equality for all people, sensitivity training on disability issues may be helpful. A dedication to serving victims of violence is your best tool in helping people with disabilities. You really do not need any special training or skills to work with women with disabilities. However, if you have never met or worked with an individual with a disability, it may help you become more comfortable if you watch a video and/or read literature about victims with disabilities. Another possibility is to observe other providers while they work with a victim with a disability. Finally, spend time with individuals with disabilities outside of work to help you develop a comfort level.

Enhancing Public Awareness Strategies

Focus on issues of physical accessibility as well as being sure that your resources are available in alternative formats (e.g., different reading levels, audio tape, large print, etc.). You also can change the perception of your agency's accessibility by including diverse images and information about people with disabilities and violence in all of the resources and/or

advertisements your agency creates. The *Self Assessment Tool* includes specific suggestions for enhancing inclusion in your outreach materials and activities.

Expanding Public Speaking Opportunities

There are a number of other ways that you can reach out to the disability community. You can include disability and violence issues in your agency's general prevention education work and other community presentations. For example, you can provide disability specific information when training in elementary schools on bullying and harassment or you may wish to include disability issues when addressing the topic of domestic violence or sexual assault in later life. You also can do trainings that specifically focus on violence and disability specific issues. This can be accomplished by offering free community education classes on abuse and women with disabilities. In this forum, you can train on healthy sexuality, sexual assault, and domestic violence for groups of people with disabilities, supported living staff, administrators, etc. Prevention efforts are enhanced by incorporating sex education, protective behaviors, and information on sexual assault and domestic violence into agencies that support people with disabilities.

You can display information about sexual assault/domestic violence and services available in many different locations:

- all school classrooms;
- sheltered workshops;
- adult day care centers;
- supported living facilities, e.g., assistive living facilities, nursing homes, group homes;
- various health related and human service agencies, e.g., independent living centers, Social Security Administration agencies, hospitals, doctor offices, rehabilitation facilities, outpatient occupational therapy or physical therapy clinics, consumer-run organizations, community support programs, county human services agencies, and drop-in centers.

Working In Partnership With Disability-Related Organizations

First it is important to be sure that the policies of your agency reflect parity in services for all people. ***Remember that your agency provides a certain type of assistance that victims will get nowhere else.*** Sexual assault and/or domestic violence service providers and disability groups need to talk with one another and educate each other on violence against individuals with disabilities. This cross education will help promote understanding regarding the enormity of the problem for women victims with disabilities while enhancing your mutual capacities to respond effectively to women with disabilities who have experienced, or are currently experiencing, abuse.

Practice Tip:

An easy solution is to include individuals with disabilities as part of your overall outreach efforts to your entire community.

Cross training among sexual assault, domestic violence, and disability agencies is a helpful strategy to work through differing perspectives. It also is helpful to collaborate with the disability network regarding conferences, meetings, and resource development/sharing. The development of a **memorandum of understanding (MOU) and/or a referral system** between agencies also are useful strategies to employ.

If you provide **legal advocacy**, it is recommended that you educate yourself on legal issues for people with disabilities in addition to your knowledge of general legal issues. Two advocacy organizations that could assist you in enhancing your legal knowledge of issues related to people with disabilities and older adults are the Wisconsin Coalition for Advocacy and the Elder Law Center of the Coalition of Wisconsin Aging Groups. The Elder Law Center also operates the Guardianship Support Center. Information about these organizations is located in the *Technical Assistance and Resource Information* section of this *Guide*.

Practice Tip:

Conduct and complete the Accessibility Self Assessment Tool included in this Guide to ensure that your agency is accessible. If your agency is indeed accessible you might want to advertise this fact. For example, include statements like the following in your conference brochures and other resources:

“The XYZ agency is a fully accessible facility. Please specify if you will require any accommodations with access or communication.”

Verbally communicate the accessibility features of your agency’s services and programs as well as its physical accessibility.

Engaging disability organizations in your community to partner with you in addressing violence against women with disabilities can help inform you about what new ideas and modifications your agency can make to ensure accessibility. Learn from consumers and disability organization staff what barriers and issues face them. Try to incorporate what you have learned into your agency’s accessibility planning. If your agency is not currently accessible, you may work with the Violence Against Women with Disabilities Partner Project Organizations to learn about ways to ensure accessibility in your programs and services. *See the Technical Assistance and Resource Information section of this Guide for contact information.*

THE LAWS ABOUT ACCESS FOR PEOPLE WITH DISABILITIES

Introduction

There are a variety of laws that protect people with disabilities from discrimination, such as the Americans with Disabilities Act (ADA), the Fair Housing Amendments Act, and the Rehabilitation Act. To some extent, the services and programs your sexual assault or domestic violence agency offers will dictate which laws apply. For example, if you own and operate emergency shelter, several housing laws will apply. In this section of the *Guide* you'll find information about each of the laws that might apply to your program.

As a reminder, this *Guide* is written for sexual assault and domestic violence service providers in Wisconsin to provide a basic understanding of the laws affecting access to programs and services for people with disabilities. The laws upon which the *Guide* is based are more complex than the general descriptions that are provided. We have tried to give you practical examples of specific applications of the law, but we cannot anticipate every situation.

Although the Guide uses some legal citations, it is written for non-lawyers. It is not intended to provide specific legal advice, nor is it a comprehensive review of all aspects of the civil rights laws for people with disabilities. Laws change and develop over time, so we have provided you with information about useful technical assistance and resource contacts. If you want more information, we suggest that you contact the resources we have provided, or that you consult with an attorney.

The laws create a minimum set of requirements. As your agencies work to increase access and participation by people with disabilities, we encourage you to do more than the law requires.

The Americans With Disabilities Act (ADA)

In 1990, the ADA was passed to address discrimination faced by people with disabilities. Historically, people with disabilities have experienced discrimination based on myths and stereotypes and been excluded by physical barriers and exclusionary policies.

The ADA has two purposes: eliminating illegal discrimination and integrating people with disabilities into the community. Community integration means that people with disabilities have the right to participate in activities such as school, work or accessing services without unnecessary segregation. Like other pieces of civil rights legislation, choice, equal opportunity, empowerment and equal access are at the heart of the ADA.

The ADA is divided into five parts or titles:

- **Title I** deals with employment discrimination.
- **Title II** covers government services, including public transportation and access to government buildings, such as court houses.
- **Title III** addresses places of public accommodation and services provided by private entities, including both for profit and non-profit businesses.
- **Title IV** addresses telecommunications, such as access to telephone services and closed captioning.
- **Title V**, among other things, protects people who have asserted their rights under the ADA from retaliation.

Because neither of these last two titles (Titles IV and V) applies to sexual assault and domestic violence service providers, they are not discussed in this *Guide*.

Definitions of terms used in the ADA

Three categories of individuals with disabilities are protected by the ADA:

- An individual **with a disability** is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities,
- A person who **has a history or record of such an impairment** (e.g., a cancer survivor, or a former illegal user of drugs) or
- A person **who is regarded by others as having such an impairment** (doesn't have a disability but is treated as if one exists, such as an employer who hears and believes a rumor that an employee has a mental illness).

In addition to these three categories protecting individuals with disabilities, public and private entities may not discriminate against an individual or entity because of the known disability of a person with whom the individual or entity has a relationship.

The ADA does not cover people who currently are engaged in the illegal use of drugs. However, it does protect people who are no longer using illegal drugs and who have completed a supervised rehabilitation program or are participating in a supervised rehabilitation program.

- **Impairment** means any physiological disorder or condition affecting one or more of the body systems, including: neurological, musculoskeletal, special sense organs, respiratory, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine, or any mental or physiological disorder, such as learning disabilities, cognitive disabilities and emotional or mental illness.
- **Major life activities** include functions such as caring for oneself, eating, walking, seeing, hearing, speaking, breathing, learning and working. Unlike some other laws like Social Security, there is not a list of disabilities. **What the ADA mandates is that we look at each**

person as an individual, not a label. This is particularly important when looking at the reasonable accommodations a person with a disability might need.

Several sections of the ADA, as well as other laws, require employers and service providers to make reasonable accommodations for employees and participants with disabilities. **A reasonable accommodation is a modification or adjustment to the typical way in which things are done.** *An example would be providing written materials in large print or moving a support group to an alternative location that is accessible for a participant who uses a wheelchair.*

Employment

Title I of the ADA covers employers with 15 or more employees. It therefore applies to sexual assault and domestic violence service providers with 15 or more staff members. Because the focus of this *Guide* is on access for your participants, only minimal employment information is provided. One way your agency increases the comfort level and trust of participants with disabilities is for them to see that you have made the commitment to hiring staff and recruiting volunteers with disabilities.

Prohibited Actions

The ADA makes it unlawful for an employer to discriminate on the basis of disability against a qualified person with a disability in regard to any aspect of employment, including advertising and job application procedures, hiring, promotion and termination, and pay or other compensation. A qualified person with a disability is someone who has the skill, experience and other job related requirements for the work position and who can perform the essential parts of the job with or without a reasonable accommodation.

A reasonable accommodation in the employment context might be acquiring or modifying equipment, transfer to a vacant position, modified work schedules, appropriate adjustments to training materials, providing qualified interpreters or readers or restructuring a job. Employers don't have to provide reasonable accommodations if providing that accommodation would pose an undue hardship on the employer. Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of a number of factors that include the nature and cost of the accommodation and the overall financial resources of the facility and the employer.

Employees who believe they have been discriminated against have the right to make a complaint to the Equal Employment Opportunities Commission (EEOC). In Wisconsin, charges must be filed within 300 days of the event(s) that are the basis for the discrimination. Also in Wisconsin, a charge of employment discrimination is automatically cross-filed with the State of Wisconsin Equal Rights Division, which enforces state protections. (*Resources related to filing complaints about access laws for people with disabilities follow at the end of this section.*) Once the investigation is completed, the EEOC issues a determination and the employee can sue in court within 90 days of the EEOC determination.

Remedies for employees who prove discrimination may include back pay, reinstatement, out of pocket expenses, compensation for emotional distress and attorney's fees. The employee also could seek punitive damages.

Wisconsin Fair Employment Act

The Wisconsin Fair Employment Act prevents discrimination against people with disabilities. Although the law and the process are similar to the ADA, the WFEA covers employers with one or more employees. A complaint is made with the Department of Workforce Development's Equal Rights Division.

State and Local Government Entities

Title II of the ADA covers all activities of State and local governments regardless of the size of the government or whether or not it receives Federal funding. This includes departments and agencies of government, such as the Parks Department and the Department of Motor Vehicles. Title II requires that State and local governments give people with disabilities an equal opportunity to benefit from all of their programs, services, and activities, including transportation, recreation, health care, social services, courts, voting, and town meetings.

Sexual assault and domestic violence agencies are not Title II entities, although many of the obligations are similar to those that may be required under Title III and the Rehabilitation Act (see those sections for more detail about the specific laws regarding access). Since sexual assault and domestic violence agencies often provide services in locations operated by Title II entities, such as legal advocacy in the courthouse, it's helpful for you to know the responsibilities of your local government. *You may need to help someone advocate, for example, for the judge to move a hearing to an accessible location.*

Title II protects individuals with disabilities who, with or without reasonable modifications to rules, policies or practices, or the removal of architectural barriers, communication barriers, or transportation barriers, or provision of auxiliary aids and services, meet the essential eligibility requirements for receiving services or participating in programs or activities.

State and local governments have been required to follow specific architectural standards in the new construction and alteration of their buildings. All facilities that are constructed or altered after January, 1992 must be readily accessible or usable by people with disabilities. Public entities can use either the Uniform Federal Accessibility Standards (UFAS) or the Americans with Disabilities Act Guidelines for Buildings and Facilities (ADAAG) to meet this requirement. They also must relocate programs or otherwise provide access in inaccessible older buildings, and communicate effectively with people who have hearing, vision, or speech disabilities.

Public entities are not required to take actions that would result in undue financial and administrative burdens. They are required to make reasonable modifications to policies, practices, and procedures where necessary to avoid discrimination, unless they can demonstrate

that doing so would fundamentally alter the nature of the service, program, or activity being provided. *An example of a modification in a policy would be helping someone who has a cognitive disability fill out a complex and lengthy application for county social services.*

Program Accessibility

Public entities must provide “**program accessibility**” meaning that the services, programs and activities of a public entity must be “readily accessible to and usable by” people with disabilities. Program accessibility can be accomplished in a variety of ways, including:

- modifying policies, practices or procedures,
- acquiring adaptive equipment or a communication device, or
- through the provision of services at alternate accessible sites.

Public entities are not necessarily required to make each of their existing facilities program accessible. They are required to be readily accessible to and usable by people with disabilities when viewed in their entirety.

Public entities must provide effective communication. This may include providing interpreters, note takers, alternative format written materials, telephone headset amplifiers, closed captioning, computer terminals and TTYs. In considering the type of aid or service required for effective communication think about the length and complexity of the communication. A public entity must give people with disabilities the opportunity to request specific types of auxiliary aids and services, and must give primary consideration to the choice required by the person. This is a more stringent requirement than the one that applies to places of public accommodation under Title III of the ADA. **It is the responsibility of the public entity to pay for any auxiliary aids or services or accommodations and modifications to services, programs and activities.** People with disabilities cannot be charged surcharges or fees for accommodation. *For example, a court could not charge a person who is Deaf with the cost for providing an interpreter to testify.*

Complaints of Title II violations may be filed with the Department of Justice within 180 days of the date of discrimination. In certain situations, cases may be referred to a mediation program sponsored by the Department. The Department may bring a lawsuit when it has investigated a matter and has been unable to resolve violations. Title II may also be enforced through private lawsuits in Federal court.

Transportation

The transportation provisions of Title II cover public transportation services, such as city buses. Public transportation authorities may not discriminate against people with disabilities in the provision of their services. They must comply with requirements for accessibility in newly purchased vehicles, make good faith efforts to purchase or lease accessible used buses,

remanufacture buses in an accessible manner, unless it would result in an undue burden, and provide Paratransit where they operate fixed-route bus or rail systems. Paratransit is a service where individuals who are unable to use the regular transit system independently (because of a physical or mental impairment) are picked up and dropped off at their destinations. Unfortunately, many places in Wisconsin do not offer public transportation at all and therefore do not offer paratransit services. Lack of adequate, accessible transportation is a significant barrier to participation in programs and services.

Practice Tip:

Some ways your agency can increase access include:

- ***providing home visits,***
- ***making use of speaker phones for meetings for those who are unable to leave their homes, and***
- ***changing meeting places and times to accommodate people with transportation difficulties.***

Places of Public Accommodation

Title III of the ADA ensures equal opportunity for individuals with disabilities by guaranteeing full and equal enjoyment of the goods, services, facilities, privileges, advantages or accommodations offered by a place of public accommodation.

Title III covers businesses and nonprofit service providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities.

IMPORTANT NOTE

Sexual assault and domestic violence service providers are considered places of public accommodation.

Besides sexual assault and domestic violence agencies, public accommodations are private entities that own, lease, lease to, or operate facilities, such as:

- restaurants,
- retail stores,
- hotels,
- movie theaters,
- private schools,
- convention centers,
- doctors' offices,

- homeless shelters,
- transportation depots,
- zoos,
- funeral homes,
- day care centers, and
- recreation facilities including sports stadiums and fitness clubs.

Transportation services, such as taxi services and medical transportation services provided by private entities are also covered by Title III.

Requirements of Sexual Assault (SA) and Domestic Violence (DV) Service Providers

As places of public accommodation under the ADA, your agency must provide people with disabilities with an equal opportunity to participate in and benefit from your programs and services. You must provide services in the most integrated setting appropriate. All your services and programs are covered, including hotlines, support groups, legal and medical advocacy, emergency shelter and transitional housing.

Your agency must comply with basic nondiscrimination requirements that prohibit exclusion, segregation, and unequal treatment. Your organization must:

- meet specific requirements related to architectural standards for new and altered buildings (called the ADAAG);
- provide reasonable modifications to policies, practices, and procedures;
- provide effective communication with people with hearing, vision, or speech disabilities;
- remove barriers in existing buildings when “readily achievable,” meaning where it is easy to do so without much difficulty or expense, given your resources.

Practice Tip:

When developing your agency’s annual budget, be sure to include a line item for accommodations. For example, allocating funds for interpreter services or modification of your facility can feel less stressful to implement if some level of funding has been designated for such a purpose.

Modifying a policy might include allowing a person using a service animal to have the animal at a meeting where animals are typically prohibited. To promote effective communication, programs must provide auxiliary aids and services. This may include a wide variety of options such as closed captioning, telecommunication devices, interpreters and taped texts. Some

auxiliary aids are very low cost, such as taping and making available an audio recording of an agency brochure.

Although places of public accommodations must provide some equipment and services to people with disabilities, they are not required to provide personal or individually prescribed devices, such as wheelchairs, prescription eyeglasses or hearing aids, or services of a personal nature, such as assistance in eating or dressing.

For example:

Sexual assault and domestic violence agencies are not required under the law to provide personal care attendants for people with disabilities. Although your agency would not have a legal obligation to pay for a personal care attendant, if the person with a disability needs an attendant to stay in a shelter, you would be required to modify any of your policies that would prevent the person's attendant from remaining on the premises (unless you can demonstrate that modifying these practices would fundamentally alter the nature of your services).

On the other hand, since your agency is committed to serving people with disabilities, it would be useful to have a list of agencies that provide attendants to make referrals and for staff and volunteers to be trained about the duties of attendants. Also, just like your agency may provide free child care to encourage women with children to use your services, you may want to provide some personal care to increase the number of women with disabilities who are able to access your services. You might make it part of your agency plan to seek a grant to pay for this service.

Public accommodations don't have to make auxiliary aids and services if they cause an "undue burden." This is defined as a "significant difficulty or expense." It varies from case to case, because it is not based upon a set dollar amount. Some of the factors that are considered include the nature and cost of the action, the overall financial resources of the entity and the impact of the action on the operation of the organization.

Important Note:

It is the responsibility of the public accommodation to assume any financial obligations resulting from compliance with the ADA. The person with a disability cannot be charged for the service.

Architectural and Structural Barriers

A basic provision of Title III mandates that public accommodations remove architectural and structural communication barriers where such removal is readily achievable. Architectural barriers are physical elements of a facility that impede access. Structural communication barriers

refer to barriers that are an integral part of the physical structure of the building, such as auditory fire alarms that present a structural communication barrier for people who are Deaf.

If you cannot provide access by removing the barrier, you are required to provide alternatives. The alternatives to removing barriers should be taken in a safe manner and should preserve the dignity of the person to the maximum extent possible. The Americans with Disabilities Act Accessibility Guidelines (ADAAG) can serve as a guide for identifying the various kinds of measures that can be taken to improve barriers. (*See the Technical Assistance and Resource Information section for web-based information resources about ADAAG guidelines.*)

The U.S. Department of Justice recommends an **order of priorities for barrier removal**:

1. Provide access from parking areas, public sidewalks or public transportation.
2. Provide access to those areas where services are provided.
3. Provide access to restroom facilities.
4. Take any other measures necessary to provide access.

An agency has **additional obligations when altering or remodeling a building**. Any alteration must follow the ADAAG. An alteration would include any renovation, remodeling or rearrangement in structural parts, but not the normal maintenance of a building. Alterations should be made in the following order:

1. Accessible entrance,
2. Accessible route to the altered area,
3. At least one accessible restroom,
4. Accessible telephones,
5. Accessible drinking fountains, and
6. When possible, additional accessible elements such as parking, storage and alarms.

Complaints of Title III violations may be filed with the U.S. Department of Justice (DOJ). The DOJ may bring a lawsuit against the public accommodation. The remedies available in a lawsuit brought by the DOJ include monetary damages. The court also may assess a civil penalty against the violator in an amount up to \$55,000 for the first violation and up to \$110,000 for any subsequent violation. In addition to a DOJ lawsuit, individuals may sue for injunctive relief, to ask that the court order the facility to make itself accessible.

Rehabilitation Act

The Rehabilitation Act prohibits discrimination on the basis of disability in programs receiving Federal financial assistance. *If your agency receives federal funding, you must comply with the provisions of the act.*

Section 503

Section 503 requires affirmative action and prohibits employment discrimination by Federal government contractors and subcontractors with contracts of more than \$10,000.

Section 504

Section 504 states that “no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under” any program or activity that receives Federal financial assistance.

Each Federal agency has its own set of Section 504 regulations that apply to its own programs. Agencies that provide Federal financial assistance also have Section 504 regulations covering entities that receive Federal aid. Requirements common to these regulations include reasonable accommodation for employees with disabilities; program accessibility; effective communication with people who have hearing or vision disabilities; and accessible new construction and alterations. Each agency is responsible for enforcing its own regulations. Section 504 also may be enforced through private lawsuits.

Section 504 and the Americans with Disabilities Act (ADA) contain different standards on physical access. Section 504 requires that all federally assisted programs and activities be readily accessible to and usable by individuals with disabilities, even if major structural alterations are necessary to make a program accessible. Title III of the ADA, in contrast, only requires alterations to existing facilities if the modifications are “readily achievable;” that is, able to be accomplished easily without much difficulty or expense. A public accommodation that is covered under both Section 504 and the ADA is still required to meet the program accessibility standard in order to comply with Section 504, but would not be in violation of the ADA unless it failed to make readily achievable modifications. On the other hand, an entity covered by the ADA is required to make readily achievable modifications, even if the program can be made accessible without any architectural modifications. Thus, an entity covered by both Section 504 and Title III of the ADA must meet both the program accessibility requirement and the readily achievable requirement.

Section 508

Section 508 establishes requirements for electronic and information technology developed, maintained, procured, or used by the Federal government. Section 508 requires Federal electronic and information technology to be accessible to people with disabilities, including employees and members of the public.

An accessible information technology system is one that can be operated in a variety of ways and does not rely on a single sense or ability of the user. For example, a system that provides output only in visual format may not be accessible to people with visual impairments, and a system that provides output only in audio format may not be accessible to people who are Deaf or hard of

hearing. Some individuals with disabilities may need accessibility-related software or peripheral devices in order to use systems that comply with Section 508.

Architectural Barriers Act

The Architectural Barriers Act (ABA) requires that buildings and facilities that are designed, constructed, or altered with Federal funds, or leased by a Federal agency, comply with Federal standards for physical accessibility. ABA requirements are limited to architectural standards in new and altered buildings and in newly leased facilities. They do not address the activities conducted in those buildings and facilities.

Fair Housing Amendments Act

Depending upon the programs your agency runs, you may have obligations under the fair housing laws. *Domestic violence and sexual assault service providers who operate transitional housing programs must comply with the Fair Housing Act.*

Important Note:

Some courts, including courts in Wisconsin, have held that emergency shelter providers are covered by the Fair Housing Act. We recommend, as a best practice, that you comply with this law.

This law protects certain groups from discrimination. In 1988, it was amended to protect people with disabilities from discrimination. The law states that:

- people with disabilities cannot be denied access to the housing,
- reasonable exceptions to your policies, practices and procedures must be made for people with disabilities, and
- you must allow people with disabilities living in your housing to make reasonable modifications, which are usually made at the expense of the person with a disability.

However, if your agency receives federal funding to operate the housing, Section 504 of the Rehabilitation Act also will apply, and your agency may need to pay expenses related to making modifications so that a person with a disability can use the housing.

Any housing that you operate that consists of four or more units built after March 13, 1991, must comply with the following seven design and construction requirements of the Fair Housing Act:

- accessible entrance on an accessible route,
- accessible public and common-use areas,
- usable doors,
- accessible route into and through the dwelling unit,
- accessible light switches, electrical outlets, thermostats, and environmental controls,
- reinforced walls in bathrooms, and
- usable kitchens and bathrooms.

Remedies

A person with a disability who believes he or she has experienced discrimination in housing can file a complaint with the U.S. Department of Housing and Urban Development (HUD). HUD then launches an investigation. The case may be resolved through the investigation process. If not, HUD may proceed to an administrative hearing. HUD represents the interests of the person seeking the housing. HUD may seek compensation for actual damages and pain and suffering for the individual, an injunction requiring you to provide the housing and a civil penalty (up to \$10,000 for a first violation) and attorney's fees. Also, the person experiencing discrimination may decide to file a lawsuit in federal court on his or her own within two years of the date of the discrimination.

Resources Related To Filing Complaints For Violations Of Laws About Access For People With Disabilities

See the Technical Assistance and Resource Information section for more resources addressed in this section.

To make an employment discrimination complaint

Equal Employment Opportunities Commission

Reuss Federal Plaza

310 West Wisconsin Avenue, Suite 800

Milwaukee, WI 53203-2292

414-297-1111 or 1-800-669-4000 Voice

414-297-1115 or 1-800-669-6820 TTY

Equal Rights Division

1 S. Pinckney St., Rm. 320

P.O. Box 8928

Madison, WI 53708

608-266-6860 Voice

608-264-8752 TTY

Equal Rights Division

819 N. 6th St., Rm. 255

Milwaukee, WI 53203

414-227-4384 Voice

414-227-4081 TTY

To make an ADA Title II Complaint against a Public Entity

U.S. Department of Justice

Civil Rights Division

950 Pennsylvania Avenue, NW

Disability Rights Section – NYAV

Washington, D.C. 20530

www.usdoj.gov/crt/ada/adahom1.htm or ada.gov

800-514-0301 Voice

800-514-0383 TTY

To make an ADA Title III Complaint

U.S. Department of Justice

Civil Rights Division

950 Pennsylvania Avenue, NW

Disability Rights Section – NYAV

Washington, D.C. 20530

www.usdoj.gov/crt/ada/adahom1.htm or ada.gov

800-514-0301 Voice

800-514-0383 TTY

Access requirements under ADA Title III for Public Accommodations:

<http://www.usdoj.gov/crt/ada/reg3a.html#anchor-99575>

To make a complaint under Section 504 of the Rehabilitation Act

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Disability Rights Section – NYAV
Washington, D.C. 20530
www.usdoj.gov/crt/ada/adahom1.htm

800-514-0301 Voice
800-514-0383 TTY

To make a complaint about public transportation

U.S. Department of Transportation
Federal Transit Administration
Office of Civil Rights
400 Seventh Street, S.W.
Washington, D.C. 20590

Documents and Questions: 202-366-1656 Voice
202-366-4567 TTY

Complaints and Enforcement: 202-366-2285 Voice
202-366-0153 TTY

To file a complaint under the Architectural Barriers Act

U.S. Architectural and Transportation
Barriers Compliance Board
1331 F Street, N.W., Suite 1000
Washington, D.C. 20004-1111
www.access-board.gov

800-872-2253 Voice
800-993-2822 TTY

Answers to Common Title III (Public Accommodations) ADA Questions

- **What are my responsibilities as a support group facilitator or peer counselor to ensure that support group members with disabilities can fully participate?**

The goal of Title III of the ADA is to ensure that people with disabilities have equal access and opportunity to use your program. First, think about physical access. Can a person with a physical disability access your group? Do you need to relocate your meeting place? Can a person who is Deaf or hard of hearing participate? Do you have an interpreter available? What are your rules and policies? You might need to change or revise them so that a person with a disability can participate. This might include anything from letting someone arrive late or leave early because of transportation issues related to a disability, to taking extra steps to ensure that someone with a cognitive disability understands and is able to participate in the conversation and thus benefit from the group.

- **We have a main office and some small satellite offices from which we offer services. Does the ADA just cover our main office?**

No, the ADA requires that people with disabilities have access to all of your programs, which would include programming offered at all of your sites. This requirement also includes all of your activities and programs, whether they are held on your premises or not. This could include fundraisers and other special events.

- **Is it ok having a separate support group for a specific disability group, such as a group for survivors with psychiatric disabilities?**

Individuals with disabilities cannot by default be excluded from regular programming or be required to accept special services or benefits. Sometimes programs offer special programming for people with disabilities, such as a support group targeted to the specific issues faced by survivors with cognitive disabilities. It is ok to offer this group, but survivors with cognitive disabilities should have the choice to participate in this group or a general support group.

- **Is it ok to ask whether a person has a disability?**

Generally, this should be avoided. More important than knowing if a person has a disability is whether or not the person needs a reasonable accommodation or a reasonable modification to your policies or practices. As long as you routinely ask everyone, your agency can ask whether a person needs an accommodation. You might give some examples, such as help with an application or materials in large print.

- **Does our agency have to pay for an interpreter for someone who is Deaf? Do we have to use the interpreter that the person wants?**

The decision is made on a case-by-case basis considering the specific needs of the person with a disability and the resources of the agency. The agency's obligation is to provide effective communication, unless it causes an undue burden or would fundamentally alter the nature of the service. If an interpreter is hired to ensure effective communication for a person, it is the agency's obligation to pay for that service. The agency cannot charge the person with a disability. Typically communication is more effective using the method and means suggested by the person with a disability. If there is no reason to dispute the choice, use the interpreter the person wants. If your agency has an arrangement with another agency, you may decide to use that agency. Your obligation remains to provide a qualified interpreter to ensure effective communication.

- **What can I do as an advocate for a person with a disability who cannot participate in the legal system because it is inaccessible? For example, what if a person using a wheelchair can't get in the courtroom?**

You can help a person with a disability ask the judge to relocate a hearing. This request can be done in writing prior to the hearing.

- **Does our website have to be accessible?**

Yes. Your website is part of the programming you offer. It serves as outreach, education and information and referral. Accessibility standards for web sites are still being developed, but some basic standards do exist. See the Self Assessment Tool section (Item Number 24) for resources to check the accessibility of your web site.

Answers to Common Questions from Housing/Shelter Providers

- **What are my responsibilities regarding shelter residents having access to medications?**

You must provide access to needed medication for a shelter resident with a disability. This may mean, for example, allowing a resident with diabetes access to the refrigerator to get insulin at hours when access is not available to other shelter residents.

- **What about other items, such as food, that may be needed by a person with a disability?**

Again, if this is something the person with a disability needs related to the disability, your agency must allow the access.

- **Do I have to allow service animals? What if someone is allergic to dogs?**

You must allow people with disabilities to bring service animals. Unless another person is so allergic that it rises to the level of a disability, the person with a disability needs to be granted access. You can take steps to keep the service animal and the person with the allergies as far apart as possible through room assignments, staggered times to eat and so on.

- **Does my shelter have to pay for the food for the service animal?**

No. This would be considered similar to an item of a personal nature and thus the person with a disability would need to pay for the food.

- **Do I have to allow a personal care attendant to stay at the shelter, even if we're over capacity?**

*If the person with a disability needs a personal care attendant, you must allow that person and attendant to stay at the shelter. Depending upon your specific maximum occupancy, these two residents may put you at capacity. Because health and safety laws override the ADA in matters such as maximum occupancy standards, a shelter program would not be required to admit a woman along with her personal care attendant if admitting the two people would result in the shelter exceeding its maximum occupancy standard. **However, a shelter program would have to provide an alternative to the woman and personal care attendant, such as providing hotel lodging or some other means of emergency housing.***

- **Do I have to allow a personal attendant to stay present during a support group?**

If the person with a disability needs attendant services during the time the support group is taking place, the program may need to allow the person to remain present. The attendant should be made aware of the confidentiality requirements and could even be asked to sign a confidentiality agreement. Although it is not required, it might be useful to offer the attendant training about domestic violence, sexual assault and stalking to increase awareness of safety issues, including confidentiality.

TECHNICAL ASSISTANCE AND RESOURCE INFORMATION

The following is a selective list of resources and organizations, which may be of assistance to your in work with women with disabilities who have been victims of violence. We have done our best to ensure that the information is accurate; however, it is possible that some of it may have changed.

Violence Against Women with Disabilities Project Partners

Wisconsin Coalition for Advocacy (WCA)

State's protection and advocacy agency for people with disabilities; provides individual advocacy, systems advocacy, and training and technical assistance to people with disabilities, their families, and a variety of professionals.

Madison Office:

16 North Carroll St., Suite 400
Madison, WI 53703
608-267-0214 Voice/TTY
800-928-8778 Voice/TTY
www.w-c-a.org

Milwaukee Office:

2040 W. Wisconsin Ave, Suite 678
Milwaukee, WI 53233
414-342-8700 Voice/TTY
800-708-3034 Voice/TTY

Rice Lake Office:

113 North Main Street
Rice Lake, WI 54868
715-736-1800 Ext. 3 Voice/TTY

Wisconsin Coalition Against Domestic Violence (WCADV)

Statewide membership organization of domestic abuse programs, formerly battered women, and others; activities include technical assistance and training regarding domestic violence, networking and support for victims, their families and for professionals working with victims, batterers, and their children; and policy development.

Madison Office:

307 South Paterson Street, Suite 1
Madison, WI 53703
608-255-0539 Voice/TTY
www.wcadv.org

Wausau Office:

PO Box 6068
Wausau, WI 54402-6068
715-849-3610 Voice

Wisconsin Coalition Against Sexual Assault (WCASA)

Statewide organization providing education and training around sexual assault issues to local sexual assault programs, schools, law enforcement, and other community-based organizations.

600 Williamson Street, Suite N-2
Madison, WI 53703
608-257-1516 Voice/TTY
www.wcasa.org

IndependenceFirst

Independent living center, primarily serving the four county metropolitan Milwaukee area; provides information and referral, counseling, abuse prevention classes, and advocacy to women with disabilities who are victims of violence.

600 West Virginia Street, 4th Floor

Milwaukee, WI 53204-1516

414-291-7520 Voice/TTY

www.independencefirst.org

Americans with Disabilities Act (ADA) and Other Law Related Resources

General ADA Information

Background on the ADA: <http://www.usdoj.gov/crt/ada/adahom1.htm>

Summary of the ADA at DOJ's website: <http://www.eeoc.gov/laws/ada.html>

Job Accommodation Network

Web site providing technical assistance regarding the ADA, including ideas for accommodations for specific disabilities.

<http://www.jan.wvu.edu/>

ADA and Technical Assistance Information from the U.S. Department of Justice

<http://www.usdoj.gov/crt/ada/adahom1.htm>

<http://www.usdoj.gov/crt/ada/publicat.htm>

ADA Accessibility Guidelines for Buildings and Facilities (ADAAG)

<http://www.access-board.gov/adaag/html/adaag.htm>

ADA Guidelines and the Uniform Federal Accessibility Standards

U.S. Architectural and Transportation Barriers Compliance Board

1331 F Street, N.W., Suite 1000

Washington, DC 20004-1111

800-872-2253 Voice

800-993-2822 TTY

www.access-board.gov

Great Lakes ADA and IT Center

Provides technical assistance and training to businesses and persons with disabilities.

Department of Disability and Human Development, College of Applied Health Sciences

1640 West Roosevelt Road

Chicago, Illinois 60608

312-413-1407 Voice/TTY

800-949-4232 Voice/TTY

<http://www.uic.edu/orgs/ada-greatlakes/>

Section 503 of 1973 Rehabilitation Act

Office of Federal Contract Compliance Programs
U.S. Department of Labor
200 Constitution Avenue, NW
Room C-3325
Washington, D.C. 20210
202-693-0106 Voice/Relay
www.dol.gov/dol/topic/disability/index.htm
click on “Laws & Regulations”

Section 504 of the 1973 Rehabilitation Act

Office of Federal Contract Compliance Programs
U.S. Department of Labor
200 Constitution Avenue, NW
Room C-3325
Washington, D.C. 20210
www.dol.gov/dol/topic/disability/index.htm
click on “Laws & Regulations”

Section 508 of the 1973 Rehabilitation Act

U.S. General Services Administration
Center for IT Accommodation (CITA)
1800 F Street, N.W.
Room 1234, MC:MKC
Washington, DC 20405-0001
202-501-4906 Voice
202-501-2010 TTY
www.itpolicy.gsa.gov
click on: “IT Access for People with Disabilities” -- “Section 508”

Fair Housing Amendments Act

<http://www.hud.gov/offices/fheo/FHLaws/index.cfm>

Wisconsin Disability Resources

The Arc – Wisconsin

Provides a variety of assistance to people with developmental and related disabilities and their families; 33 local chapters in Wisconsin.
600 Williamson St.
Suite J
Madison, WI 53703
608-251-9272 Voice
www.arc-wisconsin.org

Brain Injury Association of Wisconsin

Provides information, education, support and advocacy to people with brain injury, their families and other community members.

2900 North 117th Street, Suite 100

Wauwatosa, WI 53222

414-778-4144 Voice

800-882-9282 Voice

www.biaaw.org

Elder Law Center

Coalition of Wisconsin Aging Groups (CWAG)

2850 Dairy Drive, Suite 100

Madison, WI 53718

608-224-0606 Voice

www.cwag.org

Grassroots Empowerment Project

Mental health consumer-run organization with groups in many areas of the state.

P.O. Box 26515

Wauwatosa, WI 53226

414-454-0221 Voice

800-770-0588 Toll-free

Wisconsin Independent Living Centers

Provide an array of services, including: peer support, information and referral, independent living skills training, advocacy, community education, personal care and service coordination to people with a variety of disabilities and information and access to assistive technology.

Access to Independence

Counties served: Columbia, Dane, Dodge, Green

2345 Atwood Avenue

Madison, WI 53704

608-242-8484 Voice

608-242-8485 TTY

800-362-9877 Toll-free

Center for Independent Living for Western Wisconsin

Counties served: Barron, Chippewa, Clark, Dunn, Eau Claire, Pepin, Pierce, Polk, Rusk, St. Croix

2920 Schneider Avenue East

Menomonie, WI 54751

715-233-1070 Voice/TTY

800-228-3287 Toll-free

Rice Lake Office:

113 N. Main Street

Rice Lake, WI 54868

715-736-1800 Voice/TTY

Independent Living Resources

Counties served: Buffalo, Crawford, Grant, Iowa, Jackson, Juneau, La Crosse, Lafayette, Monroe, Richland, Sauk, Trempealeau, Vernon

4439 Mormon Coulee Road

La Crosse, WI 54601

608-787-1111 Voice

608-787-1148 TTY

888-474-5745 Toll-free

Richland Center Office:

149 East Mill Street, Suite A

Richland Center, WI 53581

608-647-8053 Voice/TTY

877-471-2095 Toll-free

IndependenceFirst

(Listed above under Violence Against Women with Disabilities Project Partners.)

Midstate Independent Living Consultants

Counties served: Adams, Florence, Forest, Langlade, Lincoln, Marathon, Oneida, Portage, Taylor, Vilas, Wood

203 Schiek Plaza

PO Box 369

Rhineland, WI 54501-0369

715-369-5040 Voice/TTY

800-311-5044 Toll-free

Stevens Point Office:

3262 Church Street, Suite 1

Stevens Point, WI 54481

715-344-4210 Voice/TTY

800-382-8484 Toll-free

Wausau Office:

10101 Market Street, Suite B

Mosinee, WI 54455

715-241-6927 Voice/TTY

877-711-6452 Toll-free

North Country Independent Living

Counties served: Ashland, Bayfield, Burnett, Douglas, Iron, Price, Sawyer, Washburn

2231 Catlin Avenue

PO Box 1245

Superior, WI 54880

715-392-9118 Voice/TTY

800-924-1220 Toll-free

Ashland Office:

422 W. Third Street, Suite 114

Ashland, WI 54806

715-682-5676 Voice/TTY

800-499-5676 Toll-free

Options for Independent Living

Counties served: Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca,

Waushara, Winnebago

555 Country Club Road

PO Box 11967

Green Bay, WI 54307

920-490-0500 Voice

920-490-0600 TTY

Appleton Office:

820 W. College Avenue, Suite 5

Appleton, WI 54914

920-997-9999 Voice/TTY

Society's Assets

Counties served: Jefferson, Kenosha, Racine, Rock, Walworth

5200 Washington Avenue, Suite 225

Racine, WI 53406

262-637-9128 Voice/TTY

800-378-9128 Toll-free

Elkhorn Office:

615 E. Geneva Street

Elkhorn, WI 53121

262-723-8181 Voice/TTY

800-260-7704 Toll-free

Kenosha Office:

5727 Sixth Avenue

Kenosha, WI 53140

262-657-3999 Voice/TTY

800-317-3999 Toll-free

National Alliance for the Mentally Ill – Wisconsin Chapter (NAMI)

Provides information, support, and advocacy regarding mental illness to consumers, families, and friends of people with severe mental illness; 34 affiliates serving 40 counties in Wisconsin.

4233 West Beltline Highway

Madison, WI 53711

608-268-6000 Voice/will transfer to TTY

800-236-2998 Toll-free

www.namiwisconsin.org

National Multiple Sclerosis Society -Wisconsin Chapter

Advocates and educates people with multiple sclerosis, their families, and the general public.

1120 James Drive, Suite A

Hartland, WI 53029

262-369-4400 Voice

800-242-3358 Toll-free

www.nationalmssociety.org/wig

People First Wisconsin

Statewide self-advocacy organization for people with disabilities.

Marian Center, 3195 South Superior Street

Milwaukee, WI 53207

414-483-2546 Voice

888-270-5352 Toll-free

www.peoplefirstwi.org

Wisconsin Association of the Deaf

Advocates for the civil rights of the Deaf and hard of hearing, including legal, employment and educational rights; provides information, referral, education and training.

Linda Russell, President
519 Heatherstone Ridge
Sun Prairie, WI 53590
608-250-5076 TTY
www.wi-deaf.org

Wisconsin Council for the Blind

Provides services to people who are blind or visually impaired and education to the public.

754 Williamson Street
Madison, WI 53703
608-255-1166 Voice
800-783-5213 Toll-free
www.wcblind.org

Wisconsin Council on Developmental Disabilities

Advocates for adequate and appropriate supports on behalf of individuals with developmental disabilities and for improvements in the disability service system.

201 West Washington Ave, Suite 110
Madison, WI 53703
608-266-7826 Voice
608-266-6660 TTY
www.wcdd.org

For information re: Relay System, Real Time Captioning and Hearing Interpreters

Wisconsin Relay System

Call **711** to access the Wisconsin Relay System
800-283-9877 Customer Service TTY, VCO (voice carry over)
800-395-9877 Customer Service Voice
www.hamiltonrelay.com -- click on "Wisconsin"

Wisconsin Office for the Deaf and Hard of Hearing Regional Offices

Northern Region

Counties: Adams, Ashland, Florence, Forest, Iron, Juneau, Langlade, Lincoln, Marathon, Marquette, Oneida, Portage, Price, Taylor, Vilas, Waushara, Wood

Jason Altmann
2801 N. 7th St.
Wausau, WI 54401-3281
715-842-1211 TTY
AltmaJR@dhfs.state.wi.us

Northeastern Region

Counties: Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Outagamie, Ozaukee, Shawano, Sheboygan, Washington, Waupaca, Winnebago

Marge Liberski

200 N. Jefferson, Suite 311

Green Bay, WI 54301-5191

920-448-5295 Voice Interpreted/TTY

LiberMA@dhfs.state.wi.us

Southern Region

Counties: Columbia, Dane, Grant, Green, Iowa, Jefferson, Lafayette, Richland, Rock, Sauk, Walworth

Bette Mentz

2917 International Lane, Suite 230

Madison, WI 53704-3135

608-243-5732 TTY

608-243-5733 Voice

MentzBJ@dhfs.state.wi.us

Southeastern Region

Counties: Kenosha, Milwaukee, Racine, Waukesha

Rebecca Steele

141 NW Barstow St., Room 157

Waukesha, WI 53187

262-548-5858 TTY

SteelRL@dhfs.state.wi.us

Western Region

Counties: Bayfield, Barron, Buffalo, Burnett, Clark, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Jackson, La Crosse, Monroe, Pierce, Pepin, Polk, Rusk, St. Croix, Sawyer, Trempealeau, Vernon, Washburn

Carolyn Small

610 Gibson St., Suite 1

Eau Claire, WI 54701

715-836-2107 Voice/TTY

SmallCM@dhfs.state.wi.us

SELF ASSESSMENT TOOL FOR ENSURING ACCESS FOR PEOPLE WITH DISABILITIES

For use by sexual assault and domestic violence service providers

This tool is to be used by sexual assault and domestic violence programs to review their programs and services to ensure that people with disabilities have equal access and an equal opportunity to participate. Accessibility includes removing not only physical barriers to participation, but also cultural and attitudinal barriers. To get the most out of this Tool, first read the accompanying *Accessibility Guide*, which will give you a basic orientation, including the applicable laws and a common vocabulary. The *Accessibility Guide* also will give you practical suggestions and useful ideas to incorporate.

Ensuring accessibility is an on-going process. After you read the *Guide*, use this tool to review your current accessibility to women with disabilities. It's important to discuss these issues with all of your staff, volunteers and Board members. Also, it's particularly important to have participation from people in leadership to ensure agency commitment. Assign a leader from the agency to oversee this review.

The Self Assessment Tool has three sections:

1. Inclusionary policies,
2. Effective communication, and
3. Physical accessibility.

Many of the suggestions about policies and communication are best practices. If you implement them, you will be increasing access for women with disabilities. ***Some of the access elements in this Tool regarding policies and communication are basic minimums required by law. These items are indicated in BOLD within the tool. The physical accessibility section is the longest and most comprehensive, since the law is very specific in this area. All the items in this final section are required by law as basic minimums.*** The ADA is a flexible law that respects the individual needs of people with disabilities and the unique circumstances of places of public accommodation. Because of this flexibility, we cannot provide hard and fast rules for each agency under every circumstance. For example, agencies do not have to make accommodations that cause an undue burden on the agency or fundamentally alter the nature of the services provided. However, we have tried to give specific guidance as much as possible so that you have an understanding of basic minimums for compliance with accessibility laws.

Once you've completely reviewed your current situation, use the Tool to develop your next steps. Make sure you assign a specific person the task of ensuring that each change is made. Prioritize the improvements you want to make. Many of the suggestions to increase accessibility cost little or nothing. These changes might be the easiest place to start. An example would be modifying your policies to allow someone in emergency shelter who has a medical need, such as

diabetes, to have 24-hour access to a refrigerator for food, beverages or medicine. Other changes have a financial impact and you will need to prioritize and plan. You will find resources for assistance in the *Accessibility Guide*.

Sexual assault and domestic violence programs may provide a variety of services in a variety of settings, e.g., medical advocacy in a hospital, peer counseling at a community center, or emergency shelter at a facility owned by a program. Think about all of your programs and services and the physical locations where those services are provided. Review all of your written materials, including policies and procedures, outreach materials and resources provided to staff, volunteers and the public. You only need to complete the sections of the assessment that apply to your organization and places where you provide programs and services. For example, you do not need to complete the sections related to running a shelter if you don't provide or pay for housing. The key is that participants need to be able to access your services, no matter where that service or program is provided.

For your reference, we have included a copy of the U.S. Department of Justice's *Code of Federal Regulations* that apply to places of public accommodation (28 C.F.R. Part 36, Revised as of July 1, 1994). This resource includes pictures, diagrams and descriptions that provide more detailed information about some of the accessibility areas addressed in this *Self Assessment Tool*. Where applicable, we have included page numbers for specific reference. If you have questions or would like assistance as you work through this Tool, please contact the Violence Against Women with Disabilities Project at the Wisconsin Coalition for Advocacy or the ADA Information Line at the U.S. Department of Justice. That number is 1-800-514-0301 (voice), and 1-800-514-0383 (TTY).

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
I. ENHANCING ACCESS WITH INCLUSIONARY POLICIES		
<p>1. Does your agency have a policy stating your commitment and intent to comply with the ADA (known as an ADA Compliance Policy)? If your agency receives federal funding, you are required to have such an ADA compliance policy.</p>	<ul style="list-style-type: none"> • Create a policy using the guidelines provided in the contracts you sign. • Train staff and volunteers on implementation of policy. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>2. a) Does your agency have a complaint process for people with disabilities who believe they have been denied access to services because of their disability? Is the grievance policy available to the public?</p> <p>b) Is the policy posted where women and employees have easy access to it?</p>	<ul style="list-style-type: none"> • Create and distribute policy, then incorporate into your general complaint policy. • Post policy in visible places. • Train staff on ways to provide notice to women about complaint process. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>3. Does your agency offer in-service training for staff and volunteers that facilitate working with women with disabilities?</p>	<ul style="list-style-type: none"> • Schedule and hold trainings with the assistance of your local disability organizations. • Reference the <i>Technical Assistance and Resource Information</i> section of the <i>Accessibility Guide</i> for contact information. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>4. Does your agency have policies and outreach strategies for recruiting employees, board and committee members and other volunteers with disabilities?</p>	<ul style="list-style-type: none"> • Create and implement policies. 	<p>></p> <p>></p> <p>></p>
<p>5. a) Have all employees and volunteers received training on the ADA, Fair Housing and other laws?</p> <p>b) Has staff received practical training on ways to accommodate women with disabilities so that they have equal access to programs and services?</p>	<ul style="list-style-type: none"> • Conduct training with the help of the local Independent Living Center and/or with technical assistance from the Violence Against Women with Disabilities Project. • Reference the <i>Technical Assistance and Resource Information</i> section of the <i>Accessibility Guide</i> for contact information. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>6. Does your organization make changes in rules so that women with disabilities can participate (e.g. allowing an attendant to stay with a woman with a disability in emergency shelter or during a support group session)?</p>	<ul style="list-style-type: none"> • Review rules. • Identify rules that, when applied, exclude women with disabilities. • Utilize technical assistance from the Violence Against Women with Disabilities Project to assist with policy development. • Reference the <i>Technical Assistance and Resource Information</i> section of the <i>Accessibility Guide</i> for contact information. • Develop and distribute revised policies concerning accommodations. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>
<p>7. Does your organization have a strong working relationship with local disability groups?</p>	<ul style="list-style-type: none"> • Reference the <i>Technical Assistance and Resource Information</i> section of the <i>Accessibility Guide</i> for contact information. • Contact these resources to start making connections, building relationships and promoting understanding among domestic violence, sexual assault and disability organizations. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>8. Does your agency have policies (explicit or “unwritten” policies or practices) that might exclude women with disabilities, such as women with psychiatric disabilities or alcoholism?</p>	<ul style="list-style-type: none"> • Review policies and practices. • Make any necessary changes to ensure compliance. • Train staff and volunteers on revised policies and practice. 	<p>></p> <p>></p> <p>></p>
<p>9. a) Does your agency have a policy describing a process for offering accommodations to provide accessibility to programs and services?</p> <p>b) Is staff aware of this policy?</p>	<ul style="list-style-type: none"> • Develop policy and procedures for offering accommodations. • Train staff on the policy. • Train staff on communicating to women the availability of accommodations. 	<p>></p> <p>></p> <p>></p>
<p>10. a) Has your agency identified accessibility needs and developed a budget for modifications and reasonable accommodations (such as interpreters and securing space at an alternate location)?</p> <p>b) Are there policies developed on accessing these funds?</p> <p>c) Is staff aware of the policies and how to request use of the funds?</p>	<ul style="list-style-type: none"> • Contact agencies that provide these services to learn of costs. • Estimate costs and incorporate improvements into budget annually. • Develop policies. • Train staff on policies. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>11. Does your agency understand that a woman with a disability can choose to participate in a general program, even if a separate program exists specifically for women with disabilities?</p>	<ul style="list-style-type: none"> • Make sure this point is made in training and incorporated into your policies. 	<p>></p> <p>></p> <p>></p>
<p>12. a) What materials on disability are available to staff?</p> <p>b) Does the manual you use to find/access community resources include those of use to women with disabilities, such as accessible housing?</p>	<ul style="list-style-type: none"> • Review materials. • Review the <i>Technical Assistance and Resources Section</i> of the <i>Guide</i> to learn about other resources you might include for your community. • Make any necessary additions. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>13. Have steps been taken to ensure that contractors or sub-contractors with your agency are aware of their legal obligations to meet the needs of women with disabilities?</p>	<ul style="list-style-type: none"> • Include statements to this effect in your agency's contracts and subcontracts. • Include a provision that requires compliance with state and federal laws regarding people with disabilities. 	<p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>14. a) Does the staff have access to information about transportation for people with disabilities?</p> <p>b) Does your agency provide cab fare, rides, in-home visits or schedule events at alternative, accessible sites as an accommodation?</p> <p>c) Is the staff trained about these resources?</p>	<ul style="list-style-type: none"> • Review resource materials. • Make any necessary additions. • Train staff on policy implementation. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>
<h2 style="color: green;">II. ENSURING EFFECTIVE COMMUNICATION</h2>		
<p>15. Does your agency make it clear that it offers accommodations to assist participants in accessing services?</p>	<ul style="list-style-type: none"> • Add specific language about accommodations to all of your written and audio visual materials. • Example of statement to include in all materials: “If you need any accommodations to participate in our services, please contact us.” • Example of verbal statement: “We have materials available in alternative formats, such as large print, audio tape, Braille. Would you prefer to have our materials in one of these formats?” 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>16. Does the staff have the training and knowledge to make these accommodations?</p>	<ul style="list-style-type: none"> • Review the <i>Technical Assistance and Resources Section</i> of the <i>Guide</i> to learn about resources you might tap for training. • Train staff on communicating with people with a variety of disabilities. 	<p>></p> <p>></p> <p>></p>
<p>17. Is staff able to communicate effectively with women who use alternative means of communication, such as communication boards?</p>	<ul style="list-style-type: none"> • Make sure staff understand types of accommodations that are available for communication and who can provide training on these accommodations. • Reference the <i>Technical Assistance and Resource Information</i> section of the <i>Accessibility Guide</i> for contact information. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p>
<p>18. a) In the past, has your agency actually made accommodations for participants with disabilities seeking services?</p> <p>b) What were they and how successful were they for the woman receiving services?</p>	<ul style="list-style-type: none"> • Develop list of accommodations made to serve as samples for staff. • Identify any modifications needed in providing effective accommodations. 	<p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>19. Are materials available in alternate formats (e.g., audio tape, large print, Braille)?</p>	<ul style="list-style-type: none"> • Review all of your materials. • For large print, use at least 16 point font. • Make audio tapes of your materials. • Put your vital documents, such as your agency brochure, intake forms, release forms, and other documents in Braille and have these materials available upon request. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>
<p>20. Does your agency offer interpreters for participants who are Deaf or hard-of-hearing?</p>	<ul style="list-style-type: none"> • Make sure staff has access to a list of qualified interpreters. • See the <i>Technical Assistance and Resource Information</i> section of the <i>Guide</i> for interpreter information. 	<p>></p> <p>></p> <p>></p>
<p>21. Do written materials make it clear that your agency welcomes women with disabilities?</p>	<ul style="list-style-type: none"> • Add statement to written materials. • Add a statement that your agency provides accommodations, upon request, to any woman seeking services. • Include visual images and examples of women with disabilities in your agency materials. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>22. a) Does your agency share information and communicate regularly with disability services and advocacy groups?</p> <p>b) Do your agency materials include statements specifically informing others that accommodations will be provided?</p>	<ul style="list-style-type: none"> • Send out agency brochures and information to disability groups. • Make contact and schedule in-services between agencies to increase communication and collaboration. • Include a statement in your training materials and presentations indicating accommodations are provided to women with disabilities. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>
<p>23. Is the commitment to access reflected in the composition of staff, Board and volunteers?</p>	<ul style="list-style-type: none"> • Recruit people with disabilities for your staff, Board and volunteers. 	<p>></p> <p>></p>
<p>24. If the agency has a web site, is it accessible?</p>	<ul style="list-style-type: none"> • Check accessibility of site through using systems such as “Bobby” at: http://bobby.watchfire.com/bobby/html/en/index.jsp. 	<p>></p> <p>></p> <p>></p>
<p>25. Can a person with a disability talk with a staff member or volunteer with a disability, if requested?</p>	<ul style="list-style-type: none"> • Include statement to this effect in your agency materials. 	<p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>26. If your agency makes computers available to women, is technology available that would allow women with disabilities to access this equipment (e.g., voice recognition software)?</p>	<ul style="list-style-type: none"> • Talk with your regional independent living center (ILC) for software, devices, and other assistive technology ideas. • Reference the <i>Technical Assistance and Resource Information</i> section of the <i>Accessibility Guide</i> for contact information. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>27. Does your agency target outreach to women with disabilities (e.g., presentations to brain injury support groups)?</p>	<ul style="list-style-type: none"> • Meet with your regional ILC or other local disability organizations to create an outreach plan. • Reference the <i>Technical Assistance and Resource Information</i> section of the <i>Accessibility Guide</i> for contact information. 	<p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>Information in Alternative Formats:</p> <p>28. Upon request, are you able to provide literature, posted information, and audio-visual materials in formats which are understandable to persons with visual, hearing, learning and cognitive impairments (disabilities)?</p>	<ul style="list-style-type: none"> • Write materials at a fifth grade reading level and use graphics. • Develop and keep up-to-date Resource List of services available in your area for taping, Brailing and putting materials in large print. • Any time you create new materials, make sure that you have them available on tape, in large print and in Braille, and announce their availability. • Ensure that your video resources have closed or open captioning. • Develop an active network with community based organizations that serve individuals with disabilities. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>Auxiliary Aids:</p> <p>29. Are you able to provide appropriate auxiliary aids to ensure that communications with individuals with hearing, vision or speech impairments are as effective as communications with others?</p> <p><i>(Note that a written plan should be available so that all staff can locate, request, and obtain auxiliary aids.)</i></p>	<ul style="list-style-type: none"> • Qualified interpreters. • Assistive listening headsets. • Television captioning and decoders for videos. • Videotext displays. • Readers. • Taped texts. • Brailled materials, large print materials and on computer diskette. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>30. Telephone Access:</p> <p>a) Does the agency have a TTY and is staff trained in using the TTY?</p> <p>b) Does staff know how to use the relay?</p> <p>c) Does staff know to provide choices to a caller which form of communication would be most effective?</p>	<ul style="list-style-type: none"> • Purchase a TTY. Ultratec is one resource that sells TTYs. Their web site provides information on models and prices, which range from \$240 for nonprinting TTYs and \$600 with a printer. Go to: http://www.ultratec.com/ShopATTY.html. • Train staff on use of a TTY. • Train staff on use of Relay System. • Reference the <i>Technical Assistance and Resource Information</i> section of the <i>Accessibility Guide</i> for contact information. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>
<p>31. a) If you have a phone for public use, is it equipped with a TTY?</p> <p>b) Is signage posted above telephones to either indicate the presence or the location of the TTY?</p>	<ul style="list-style-type: none"> • Install a text telephone. • Have a TTY available. • Provide a shelf and outlet next to the standard phone to place the TTY. • Post signs indicating location of TTY. 	<p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<h3>III. ENSURING PHYSICAL ACCESSIBILITY</h3>		
<p>Your bottom line is to provide the most accessible environment for people with disabilities so that they can access your services. Please review the <i>Accessibility Guide</i> and the U.S. Department of Justice <i>Code of Federal Regulations</i> for Public Accommodations for details. For example, as the <i>Guide</i> explains, you have an obligation to immediately do things that are “readily achievable,” meaning it is easy to do so “without much difficulty or expense.” Your obligations depend, somewhat, upon your agency resources. Because your obligation is to make sure your programs are accessible, you can switch the location of a program if the physical location isn’t accessible. If your agency or your landlord has built or renovated a building since 1992, you have additional requirements on accessibility. Due to all of these variables, we can’t give you a listing of legal obligations, because each agency will be different. In general, look to the things you can change easily with little expense. If you have questions, contact the Wisconsin Coalition for Advocacy or other technical assistance resources listed in the <i>Guide</i>.</p>		
<p>32. Has your agency contacted the local independent living center (ILC) or staff from the Violence Against Women with Disabilities Project at the Wisconsin Coalition for Advocacy (WCA) to conduct a thorough assessment of physical accessibility?</p>	<ul style="list-style-type: none"> • Conduct physical accessibility review. • Contact the ILC nearest you. Information to locate the ILC in your region is found at www.dhfs.state.wi.us/Disabilities/Physical/ILCs.htm. • Contact the Violence Against Women with Disabilities Project (phone: 608-267-0214 or email: amyj@w-c-a.org). 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p><u>Parking and Drop-off Areas</u></p> <p>33. If you have a parking lot, are there enough accessible spaces?</p> <p><u>Total Spaces in Lot = Required Minimum Number of Accessible Parking Spaces</u></p> <p>a) 1-25 total spaces = 1 parking space with a 96-inch access aisle for either car or van.</p> <p>b) 26-50 total spaces = 2 parking spaces - one with a 60-inch access aisle for a car and one with a 96-inch access aisle for a van.</p> <p>c) 51-75 total spaces = 3 parking spaces - two with 60-inch access aisles (access aisle can be placed between two parking spaces to serve them both), and one with a 96-inch access aisle.</p> <p>d) 76-100 total spaces = 4 parking spaces - 3 with 60-inch access aisles, and one with a 96-inch access aisle.</p> <p>e) 101-150 total spaces = 5 parking spaces - 4 with 60-inch access aisles, and one with a 96-inch access aisle.</p>	<ul style="list-style-type: none"> • Reconfigure a reasonable number of spaces by repainting stripes. • See page 497 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>34. For people parking in the accessible spaces, are they able to travel to the facility's entrance, e.g., is the path sufficiently wide and flat?</p>	<ul style="list-style-type: none"> • Add curb ramps. • Reconstruct sidewalk. • See pages 516-519 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>35. Are accessible spaces on the flattest ground, closest to accessible entrance?</p>	<ul style="list-style-type: none"> • Reconfigure spaces. • See page 516 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p>
<p>36. Are accessible spaces marked with identification signs?</p>	<ul style="list-style-type: none"> • Install signs in parking lots. • Add/update signs. • Place signs so they are not obstructed by cars. (4 feet high from bottom of sign WI State code: Trans 200.07(3)). • See page 516 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<u>Ramps</u> 37. If the building has outside ramps, is the grade of the ramp no steeper than 1 inch of slope for each 12 inches of ramp?	<ul style="list-style-type: none"> • Check grade of ramp. • If not in compliance, lengthen ramp. • See pages 518-520 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	> > > >
<u>Entrance</u> 38. If there are stairs at the main entrance, is there also a ramp, lift or other accessible entrance?	<ul style="list-style-type: none"> • If the main entrance cannot be made accessible, create a dignified alternate accessible entrance. • Make sure the accessible parking is near this entrance. • See pages 507 and 527 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	> > > >
39. Do all the inaccessible entrances have clearly visible signs giving the location of the nearest accessible entrance?	<ul style="list-style-type: none"> • Install signs. • See page 498 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	> > >

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>40. Does the entrance door have at least 32 inches clear opening (at least one 32-inch leaf of a double door with a 32-inch clear opening)?</p>	<ul style="list-style-type: none"> • Widen the door to 32 inches clear. • Install offset (swing-clear) hinges to widen opening. • See page 527 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>41. Is there a threshold edge 1/4 inches high or less, or beveled edge from 1/4 to 1/2 inch high?</p>	<ul style="list-style-type: none"> • If there is a single step with a rise of 6 inches or less, add a short ramp. • If the threshold is greater than 1/2 inch high, remove it or modify to be a ramp. • See page 527 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p>
<p>42. a) Are carpeting or mats a maximum of 1/2 inches thick? b) Are the edges secured?</p>	<ul style="list-style-type: none"> • Replace or remove mats. • See page 515 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>43. a) Is the door handle no higher than 48 inches above the finished floor?</p> <p>b) Is the door handle operable without grasping, twisting or turning?</p>	<ul style="list-style-type: none"> • Lower handle. • Replace inaccessible knobs with a lever or loop handle. • Retrofit with an add-on lever extension. • See pages 527-528 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>44. Can doors be opened without too much force (exterior doors, maximum 8.5 lb, and interior 5 lb)?</p>	<ul style="list-style-type: none"> • To measure force, use an accurate fish scale, available at any local hardware store or bait shop. • Retrofit with an add-on lever extension. • See page 528 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>45. Does the accessible entrance provide direct access to the main floor, lobby or elevator?</p>	<ul style="list-style-type: none"> • Add ramps or lifts. • Make another entrance accessible. • See pages 507 and 531 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>46. Are all public spaces on an accessible route of travel which is at least 36" wide (42" at doorways)?</p>	<ul style="list-style-type: none"> • Provide access to all public spaces along an accessible route of travel. • Move furnishings such as tables, chairs, display racks, vending machines and counters to make more room. • Rearrange furnishings, displays and equipment. • See page 507 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p><u>Doors</u></p> <p>47. a) Do all doors have at least a 32-inch clear opening? b) Can the doors be opened without too much (5 pounds) force?</p> <p><i>Although not required by law for older buildings, best practice would be to install an electric, power door.</i></p>	<ul style="list-style-type: none"> • Identify/widen/replace doors. • Install off-set hinges to widen opening. • Adjust/replace door closer. • Move/remove obstructing partitions. • See pages 527-528 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>48. a) Are door handles no higher than 48 inches from the floor?</p> <p>b) Are door handles operable without grasping, twisting or turning?</p>	<ul style="list-style-type: none"> • Lower handles. • Replace inaccessible knobs or latches with lever or loop handles. • Retrofit with add-on levers. • Install power-assisted or automatic door openers. • See pages 527-528 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p>
<p>49. Are all threshold edges 1/4 inch high or less, or beveled from 1/4 to 1/2 inch high?</p>	<ul style="list-style-type: none"> • If there is a threshold greater than 1/4 inch high, remove it or modify to be a ramp. • If between 1/4 and 1/2 inch high, add bevels to both sides. 	<p>></p> <p>></p> <p>></p>
<p><u>Rooms and Spaces</u></p> <p>50. Are all aisles and pathways to materials and services at least 36 inches wide?</p>	<ul style="list-style-type: none"> • Rearrange furniture and fixtures to clear aisles. • See page 507 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
51. If there are changes in elevation, are there ramps, wheelchair lifts or elevators to all public areas?	<ul style="list-style-type: none"> • Install ramps or lifts. • Modify a service elevator. • Relocate goods/services to an accessible area. • See page 510 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
52. If there are stairs between the entrance and/or elevator and essential public areas, is there an accessible alternate route on each level?	<ul style="list-style-type: none"> • Post clear signs directing people along an accessible route. • See page 497 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p>
<u>Stairs</u> 53. a) Do treads have a non-slip surface? b) Are there continuous rails?	<ul style="list-style-type: none"> • Add non-slip surface to treads. • Add or replace handrails within existing floor plan. • See page 521 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<u>Elevators</u> (if any) 54. Are call button in hallway no higher than 42 inches?	<ul style="list-style-type: none"> • Lower call buttons. • Provide permanently attached reach stick. • See page 521 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	> > > >
55. Do controls in the elevator cab (the part you ride in) have raised and Braille lettering?	<ul style="list-style-type: none"> • Install raised lettering and Braille next to buttons. • Install tactile signs to identify floor numbers, no higher than 48 inches from the floor. • See pages 525-526 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	> > > >
<u>Restrooms</u> Getting to Restrooms 56. If rest rooms are available to the public, is at least one of the rest rooms (one for each sex or unisex) fully accessible?	<ul style="list-style-type: none"> • Reconfigure toilet room. • Combine toilet rooms to create one unisex accessible toilet room. • See pages 536 and 538 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	> > > >

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
57. Are there signs at inaccessible rest rooms that give directions to the accessible ones?	<ul style="list-style-type: none"> • Install directional signs. • See pages 497 and 498 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	> > >
<u>Doorways & Passages</u> 58. Are the doorways at least 32 inches clear opening?	<ul style="list-style-type: none"> • Install offset (swing-clear) hinges. • Widen the doorway. • See page 527 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	> > > >

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>59. a) Can the doors be opened easily (5 lb. maximum force)?</p> <p>b) Are doors equipped with accessible handles (operable with a closed fist)?</p> <p>c) Are those handles 48 inches high or less?</p>	<ul style="list-style-type: none"> • To measure maximum force, use an accurate fish scale, available at any local hardware store or bait shop. • Adjust/replace door-closers. • Install power-assisted or automatic door openers. • Lower handles. • Replace knobs/latches with lever or loop handles. • Add lever extensions. • See pages 527-530 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>60. a) Does the entry setup provide adequate maneuvering space for a person using a wheelchair?</p> <p>b) Is there a 36 inch path to all fixtures (42" aisle to stall doors)?</p> <p><i>(A person using a wheelchair needs 44 inches of clear width for forward movement, and 5-foot diameter or T-shape clear space to make turns. A minimum 48 inches clear of the door swing is needed between the two doors of an entry vestibule.)</i></p>	<ul style="list-style-type: none"> • Rearrange chairs, trash cans, etc. • Remove inner door, if there is a vestibule with two doors. • Move or remove obstructing partitions. • See pages 527-529 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p> <p>></p> <p>></p>
<p><u>Toilet Stalls</u></p> <p>61. Is the stall door operable from both sides without grasping, twisting or turning?</p>	<ul style="list-style-type: none"> • Replace inaccessible knobs/latches with lever or loop handles. • Add lever extensions. • See pages 527 and 527 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>62. Is there a wheelchair accessible stall with a clear area at least 5 feet by 5 feet from the door swing, or is there a stall that is less accessible, but that provides greater access than a typical stall (either 36 inches by 69 inches, or 49 inches by 69 inches)?</p>	<ul style="list-style-type: none"> • Move or remove partitions between stalls. • Reverse the door swing if it is safe to do so. • See pages 533-534 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>63. a) In the accessible stall, are there grab bars securely fastened on the wall behind and on the side wall nearest to the toilet?</p> <p>b) Are grab bars 1 ¼ to 1 ½ inches in diameter and mounted 1 ½ inches from the wall?</p>	<ul style="list-style-type: none"> • Add grab bars. • See pages 534-535 and 541 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p>
<p>64. Is the toilet seat 17 to 19 inches high?</p>	<ul style="list-style-type: none"> • Add raised toilet seat. • See page 531 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p>
<p><u>Sinks</u></p> <p>65. Does one sink have a 30-inch wide by 48-inch deep clear space in front, centered on the sink?</p>	<ul style="list-style-type: none"> • Rearrange furnishings. • Replace sink. • Remove/alter cabinetry to provide space. • Make sure hot pipes or sharp projections underneath sink are covered. • See page 535 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>66. Is there at least 29 inches from the floor to the bottom of the sink apron, excluding pipes?</p>	<ul style="list-style-type: none"> • Adjust or replace sink. • See page 535 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p>
<p>67. Can the faucets be operated without grasping, twisting or turning?</p>	<ul style="list-style-type: none"> • Replace with paddle or lever handles. • See page 535 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p>
<p>68. Are operable parts of soap and other dispensers and hand dryers within reach ranges (maximum height of 48 inches from the floor) and usable without grasping, twisting or turning?</p>	<ul style="list-style-type: none"> • Lower dispensers. • Replace with or provide additional accessible dispensers. • See pages 532 and 543 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p><u>Bathtubs</u> (if any)</p> <p>69. Does the bathtub area provide adequate maneuvering space for a person using a wheelchair?</p> <p><i>(A person using a wheelchair needs 44 inches of clear width for forward movement, and 5-foot diameter or T-shape clear space to make turns.)</i></p>	<ul style="list-style-type: none"> • Rearrange bathroom furnishings, such as trash cans. • Replace vanity with wall-attached sink to increase space. • Remove/alter cabinetry to provide space. • See pages 536-537 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>70. a) Is there an in-tub seat or seat at the head of the bathtub (opposite end from where the faucet is located)?</p> <p>b) Is the seat securely mounted?</p>	<ul style="list-style-type: none"> • Install a secure tub seat. • Check to see if tub seat is secure. • If not stable, tighten or reinstall. • Periodically check to insure seat remains secure. • See pages 536 and 541 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
71. Can the bathtub faucets be operated without grasping, twisting or turning (“closed-fist” test)?	<ul style="list-style-type: none"> • Replace faucet handles. • See pages 536-537 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p>
72. Are there grab bars on the side and back walls (24 inches minimum, 48 inches if the seat is located at the back of the tub)?	<ul style="list-style-type: none"> • Add grab bars. • See pages 536-537 and 541 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p>
<p><u>Shower Stalls</u> (if any)</p> <p>73. Does the accessible shower stall provide adequate maneuvering space for a person using a wheelchair?</p>	<ul style="list-style-type: none"> • Consult an expert to determine what changes need to be made to the shower stall. • See pages 536 and 538 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>74. a) Is the rim of the bathtub clear of the shower door tracks?</p> <p>b) Is the stall curb no higher than 1/2 inches high (in stalls 36 inches by 36 inches) or is there no curb (in stalls 30 inches by 60 inches)?</p>	<ul style="list-style-type: none"> • Lower stall curb or remove. • See page 536 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>75. a) Is there a seat in the shower stall?</p> <p>b) Is it securely mounted?</p> <p>c) Are there grab bars on the walls, other than the one behind the seat?</p>	<ul style="list-style-type: none"> • Install securely fastened seat. • Remount seat. • Install grab bars. • See pages 527, 539 and 541 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>76. a) Are faucet controls located within reach of the seat?</p> <p>b) Can the controls be operated without grasping, twisting or turning (“closed-fist” test)?</p> <p>c) Does the shower have a spray unit that can be used as a hand held or fixed shower head?</p> <p>d) Is the hand-held shower head mounted no higher than 48” high?</p> <p>e) Does hand-held shower have a hose no less than 60” long?</p>	<ul style="list-style-type: none"> • Install larger controls with lever handles. • Install hand-held shower spray unit. • Add a second holder for hand-held shower head no more than 42” high. • See page 536 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p><u>Drinking Fountains</u> (if any)</p> <p>77. a) Is there at least one fountain with clear floor space at least 30 inches by 48 inches in front?</p> <p>b) Is the spout no higher than 36 inches from the ground?</p> <p>c) If the fountain is not in an alcove, is the underside of both high and low fountains no higher than - and no lower than - 27 inches?</p>	<ul style="list-style-type: none"> • Clear more room by rearranging or removing furnishings. • Provide cup dispensers for fountains with spouts that are too high. • Provide accessible water cooler. • See pages 531-532 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>78. a) Are the fountain controls (such as electrical and cabinets) mounted on the front or on the side near the front edge?</p> <p>b) Are the controls operable without grasping, twisting or turning (“closed-fist” test)?</p>	<ul style="list-style-type: none"> • Replace the controls. • Move/change the fountain cabinet handles. • See pages 531-532 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p><u>Seats, Tables and Counters</u></p> <p>79. Are spaces for wheelchair seating available in all common areas (for trainings, meetings, conferences, and counseling sessions)?</p>	<ul style="list-style-type: none"> • Remove furnishings, including chairs. • Clear pathways for wheelchair access. • See pages 547-548 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>80. Are the tops of tables or counters between 28 and 34 inches high?</p>	<ul style="list-style-type: none"> • Lower counters. • Replace tables. • See pages 547-548 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p><u>Additional Questions for Shelters</u></p> <p>81. a) Is there a portion of the food preparation and serving counter areas that are no more than 34 inches high?</p> <p>b) Are counters open underneath -- clear floor space at least 30 inches by 48 inches in front?</p> <p>c) Do all features (range, refrigerator, sink) have a clear floor space of at least 30" by 48", centered on that feature?</p>	<ul style="list-style-type: none"> • Lower part of counter. • Add on extension to counter that is lower. • Remove one cabinet below counters. • See pages 547-548 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>
<p>82. a) Is there at least 36 inches of maneuvering space on each side of the bed?</p> <p>b) Is there either a 60-inch diameter or T-shaped turning space in the room?</p>	<ul style="list-style-type: none"> • Rearrange furnishings. • See pages 547-548 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p>
<p>83. <i>Best practice:</i> Is there a hospital bed on site?</p>	<ul style="list-style-type: none"> • Purchase or seek donation of hospital bed. 	<p>></p> <p>></p>

ACCESS ELEMENT	SUGGESTIONS	NEXT STEPS TO TAKE
<p>84. Is at least 50% of the refrigerator and cabinet shelf space within reach?</p> <p><i>(For forward reach this is 48 inches maximum height, 25 inches maximum depth; side reach is 54 inches maximum height and 24 inches maximum depth.)</i></p>	<ul style="list-style-type: none"> • Lower adjustable refrigerator shelves. • Lower adjustable cabinet shelves. • See pages 506 and 509 of the <i>Code of Federal Regulations</i> booklet accompanying this <i>Accessibility Guide</i>. 	<p>></p> <p>></p> <p>></p> <p>></p>