

disAbility Access:

A Summary* of The State of our State for Victim Advocates

from the Washington State

disAbility Advocacy Project

∞ dAP ∞

* To request a free copy of the full report, email wscadv@wscadv.org

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Background

In 2006, the disAbility Advocacy Project (dAP) of Washington State received a three year grant from the federal Department of Justice. There are four organizations that make up the disAbility Advocacy Project:

- Washington State Coalition Against Domestic Violence;
- Abused Deaf Women's Advocacy Services;
- Disability Rights Washington; and
- Washington Coalition of Sexual Assault Programs.

The goal of the dAP partnership is to ***make domestic violence and sexual assault services more accessible for survivors with disabilities at the local level.***

To accomplish this goal, the dAP conducted a needs assessment in four Washington state communities; Tacoma, Grays Harbor, Spokane, and Pullman. Three of these communities - with the support of the dAP - will form partnerships to improve local services for survivors of abuse who have disabilities.

The needs assessment was carried out in October and November of 2007. Focus groups and interviews were conducted with advocates from domestic violence or sexual assault programs, with disability advocates, and with people with disabilities. This report is a summary of what we learned. To receive a free copy of the full report, email phil@wscadv.org.

Included in this summary is a discussion about "opportunities for collaborative advocacy." Collaborative advocacy means that different kinds of advocates and people with disabilities can work together to solve problems.

The word "survivor" means someone who has lived through domestic violence or sexual assault.

We have used the pronouns "she" or "her" when referring to survivors or advocates because most of those we spoke with were female. When referring to abusers, we used the pronouns "he" or "him," because studies show that the majority of abusers are male.

12 Things That We Learned

(*not* listed in order of importance)

- 1. Access is more than ramps and accessible bathrooms. Real access happens after survivors get in the front door.**
- 2. Domestic violence and sexual assault advocates often don't understand the impact a disability has on a survivor.**
- 3. Disability advocates are often unfamiliar with advocacy strategies regarding domestic or sexual violence.**
- 4. Survivors with disabilities often don't know about all of the services available to them.**
- 5. Reasonable accommodations that could make services accessible are often not offered by advocates or requested by survivors with disabilities.**
- 6. Survivors with disabilities often believe that they are not eligible for domestic violence and sexual assault services.**
- 7. Abusers use tactics that are designed to exploit the disabilities of the survivor.**
- 8. Survivors with disabilities don't feel welcome at domestic violence and sexual assault programs.**
- 9. Disability advocates don't know what domestic violence and sexual assault advocates offer; domestic violence and sexual assault advocates are largely unaware that disability advocates exist.**
- 10. Domestic violence and sexual assault programs rarely have outreach materials that are welcoming to survivors with disabilities.**
- 11. Transportation is a major concern for survivors with disabilities. Outreach efforts currently being utilized by advocates do not communicate a willingness to solve transportation problems.**
- 12. Domestic violence and sexual assault programs don't do outreach where people with disabilities are.**

Now for more details

1. Access is more than ramps and accessible bathrooms. Real access happens after survivors get in the front door.

For survivors with disabilities, real access is about what happens *after* they get in the front door. For an organization to be fully accessible:

- The building and office space must be physically accessible;
- Processes and policies at the organization must be easy for survivors to understand and navigate; and
- The staff must be willing to examine attitudes and pre-conceived notions about people with disabilities.
- Staff must be willing to change attitudes and pre-conceived notions about people with disabilities.

Most domestic violence and sexual assault programs have not looked at their practices and policies to see if they might be making survivors hesitant to trust them. In many cases, intake processes are confusing or make survivors worry that they are not welcome.

"I did an intake with [someone]. She couldn't read our form, she pretended to read it - I was embarrassed."

- sexual assault advocate

2. Domestic violence and sexual assault advocates often don't understand the impact a disability has on a survivor.

Domestic violence and sexual assault advocates understand that people who talk about their abuse are frequently not believed or deemed credible. But many of these same advocates:

- Do not always understand how the experience of living with a disability influences a person's daily choices and decisions;
- Have not yet figured out how they unintentionally mirror societal bias against people with disabilities;
- Have not yet found ways to talk openly with survivors about what kind of support they need;

- Don't have strategies to help them figure out what they don't know about providing support to people with disabilities.
- Often underestimate the need people with disabilities have for a network of services that provide needed support – and the fragility of that network.

“There are a lot of times I don't know [about a client's disability], either because they are in denial or they aren't forthcoming.”

- domestic violence advocate

3. Disability advocates are often unfamiliar with advocacy strategies regarding domestic or sexual violence.

Disability advocates are clearly more successful in developing support groups and other resources that ease some of the feeling of isolation that most people with disabilities experience. However, disability advocates are often unfamiliar with:

- Principles of safety planning or other advocacy practices that address domestic violence or sexual assault;
- How domestic violence and sexual assault advocacy might be added to a person's support network;
- How abusers can use a person's disability against them.

Disability advocates reported that their organizations do not screen for abuse, and they do not receive much training about how to support victims who choose to disclose abuse.

“You go into their office and you want to say something, but . . . they don't know how to bring a subject up because it's a touchy subject. It's like a big white elephant in the middle of the room.”

- person with a disability

4. Survivors with disabilities often don't know about all of the services available to them.

People with disabilities have incomplete knowledge of the services that are available to them when they experience abuse. Survivors who are familiar with disability advocacy services are frustrated about the lack of advocacy related to abuse. If, on the other hand, survivors are familiar with domestic violence and sexual assault advocacy, they are frustrated that issues relating to their disability are not effectively addressed.

5. Reasonable accommodations that could make services accessible are often not offered by advocates or requested by survivors with disabilities.

Domestic violence and sexual assault advocates are confused about what it means to provide accommodations.

- More than 12% of domestic violence and sexual assault advocates said that they do not ask survivors about accommodations;
- Many advocates said that they struggle to find ways to ask about accommodations respectfully;
- 26.3% of domestic and sexual violence advocates said they were "unsure" if their organization provided requested accommodations.

People with disabilities often need accommodations to access services. They stated that:

- Questions about accommodations are often seen as ways to screen them out of services;
- Paperwork can be a barrier for people with various types of disabilities;
- Communication can be an issue for Deaf people, people who do not speak clearly, or are non-verbal.
- Communication breaks down if an advocate talks to a person as if they were a child, simply because they have a disability;
- Shelter policies and rules make people with disabilities feel the shelter is not welcoming to them;
- Written materials are not accessible or welcoming to people with disabilities.

Low cost – or no cost – accommodations could easily remove many of these barriers.

6. Survivors with disabilities often believe that they are not eligible for domestic violence and sexual assault services.

- Domestic violence and sexual assault programs often have practices that screen out survivors with disabilities.
- Many domestic violence programs think of abusers as being a boyfriend, girlfriend, spouse, or ex-spouse. Many survivors with disabilities are abused by their personal attendant (caregiver). This creates confusion – are survivors who are abused in this way eligible for services at a domestic violence program?
- Practices at many sexual assault and domestic violence programs end up excluding men with disabilities who are survivors.

“A lot of people are desperate for help and they don’t want to say the wrong thing. How do you get them to be honest and not feel like you are going to kick them out?”

- sexual assault advocate

“Men don’t feel they are in a position to do anything about it. Like the [local domestic violence agency], they only serve women. Well, they will help, but they don’t make it readily apparent. You have to push it.”

- disability advocate

7. Abusers use tactics that are designed to exploit the disabilities of the survivor.

When asked how an abuser “uses your disability against you,” survivors with disabilities rattle off a laundry list of tactics. Abusers maintain power over the person through control of:

- Medical equipment;
- Finances, often by being appointed as the victim’s legal payee;
- Medications;
- Disability services (including access to the case manager or social worker);
- Access to the telephone or other communication.

Tactics used by abusers against survivors with disabilities usually exploit the social bias and stigma surrounding disability. Survivors reported that their abusers made comments such as, “Nobody will believe you, you’re crazy.” “If you leave me I’ll get the kids, no judge in his right mind would give you custody.” “I’ll tell them you get nutty when you don’t take your meds.”

“People with disabilities don’t have credibility. They threaten your benefits, you have to give up control over your budget, your spending. . . You’re afraid they’re going to take your children.”

- disability advocate

Domestic violence, sexual assault and disability advocates who are providing services to survivors do not have a full understanding of how abusers use the survivor’s disability against them, either directly or by exploiting societal bias.

8. Survivors with disabilities don’t feel welcome at domestic violence and sexual assault programs.

People with disabilities do not believe they will get the services they need when they disclose abuse to an advocate. Survivors with disabilities say

they do not feel welcome at many domestic violence or sexual assault advocacy organizations.

"I didn't have a good experience at _____ . It's not a very welcoming building, it's a maze in there and there are no signs. I finally got up to the receptionist and there was nothing there."

- person with a disability

In many cases, survivors with disabilities have had bad experiences with domestic violence or sexual assault programs. In a survey, we asked people with disabilities who had contacted a domestic violence or sexual assault advocate if they got "what they wanted." Only 50% replied "yes."

9. Disability advocates don't know what domestic violence and sexual assault advocates offer; domestic violence and sexual assault advocates are largely unaware that disability advocates exist.

Disability advocates expressed frustration about not knowing what to do for a person with disabilities who disclosed abuse. Most knew about local domestic violence and sexual assault programs, but were hesitant to refer the survivor. Outreach efforts by the domestic violence and sexual assault programs could do a better job of communicating who they serve and what they do.

Many domestic violence and sexual assault advocates have had little or no contact with Centers for Independent Living or other disability organizations, although there are some notable exceptions. One domestic violence advocate, when asked about existing relationships with disability advocates, replied, "I didn't know there were disability advocates. What do they do?"

"I didn't know there *were* disability advocates. What do they do?"

- domestic violence advocate

10. Domestic violence and sexual assault programs rarely have outreach materials that are welcoming to survivors with disabilities.

There are many issues regarding outreach materials created by domestic violence and sexual assault programs.

- Materials and brochures don't show people with disabilities receiving services, raising the question if they are welcome;
- Materials and brochures are usually not available in large print or other alternate format;
- Materials and brochures don't contain clear language and/or try to say too much;
- Materials and brochures use jargon, such as "intimate partner violence."

"The poster says, 'if you are abused by your partner . . .' What does that mean? It tells me if my caregiver is being [abusive] to me, it doesn't count."

- person with a disability

11. Transportation is a major concern for survivors with disabilities. Outreach efforts currently being utilized by advocates do not communicate a willingness to solve transportation problems.

Transportation is major barrier for people with disabilities, and must be taken into account in outreach efforts. People with disabilities identify transportation as one of the most critical of the network of services that allows them to live independently. If an organization's outreach materials do not address transportation issues, the survivor will likely not consider using those services.

Advocates at domestic violence shelters expressed concerns about confidentiality of their shelter if a resident uses paratransit services. Advocates need to think through this issue so people aren't denied shelter because of their disability.

"A lot of people use paratransit, but they don't understand our need to keep our location confidential. The closest place to drop them off is Safeway. We don't want different drivers coming here."

- domestic violence advocate

12. Domestic violence and sexual assault programs don't do outreach where people with disabilities are.

People with disabilities primarily find out about resources via word of mouth. General outreach efforts do not focus on public areas where people with disabilities go, such as food banks, bus stops, health clinics and grocery stores.

Opportunities for Collaborative Advocacy

This section is titled, “opportunities for collaborative advocacy,” and represents a starting point where domestic violence programs, sexual assault programs, disability advocates, and survivors with disabilities can begin to learn about each other. The conversations they have will lead to meaningful partnerships that support the decisions of survivors with disabilities.

The Opportunities

The three types of advocates and people with disabilities have many shared values.

Partnership can start with cross training, then progress to a deeper collaboration.

Many advocacy organizations have developed a “culture of learning” that makes change – and planning for change – easier.

The “disability community” is not a single, identifiable entity. Centers for Independent Living can help make sense of it all.

OPPORTUNITY – The three types of advocates and people with disabilities have many shared values.

There are strong shared values that can be a basis for collaboration.

- Domestic violence and sexual assault advocates describe themselves as non-judgmental, welcoming and supportive of survivor autonomy.
- Disability advocates talk about the importance of self-advocacy, promoting self-determination and individualizing their services.
- People with disabilities want their choices to be respected.

All three groups talked about the benefit of learning from and listening to people with disabilities.

OPPORTUNITY – Partnership can start with cross training, then progress to a deeper collaboration.

All three groups of advocates are eager to find more meaningful ways to collaborate. Cross-training about each other's work, practices and philosophical approach is merely the first step in relationship building.

"That's what it is coming down to - bringing domestic violence and disability workers together, because the biggest agencies aren't getting things done."

- disability advocate

Domestic violence and sexual assault advocates can offer information about maintaining confidentiality, safety planning, healing from trauma, and abuser accountability. Disability advocates can offer strategies to support autonomy and independence in a culture where people may not expect a person with a disability to live independently or to work and contribute to society.

OPPORTUNITY – Many advocacy organizations have developed a "culture of learning" that makes change – and planning for change – easier.

Many of the advocacy organizations have developed a "culture of learning," a system where learning from each other was valued by both staff and management.

Among the models we observed were:

- Using a comprehensive manual that is continually updated;
- Scheduling formal and informal times for staff to share what they have learned – encouraging resource sharing among staff;
- Developing "intake" systems where multiple staff members participate in the process;
- Building time into staff meetings to share practices and resources;
- Rotating staff members assigned to community gatherings.

"Where I've had the most training and education was from my peers."

- sexual assault advocate

OPPORTUNITY - The “disability community” is not a single, identifiable entity. Centers for Independent Living can help make sense of it all.

One of things that domestic violence and sexual assault advocates find confusing about working within the “disability community,” is that it seems to be a series of smaller communities, identified by type of disability.

The Centers for Independent Living are cross-disability organizations. The willingness of the CILs to participate in this project creates opportunities for domestic violence and sexual assault advocates to have a resource for understanding the many facets of the disability community.
