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Sexual Assault Programs



Inspire and empower: Create captivating training

A guide for anyone who trains (or hopes to train) on issues at the intersection of sexual violence, disability and long-term care

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Table of Contents

| | |
|---|----|
| Purpose..... | 3 |
| Overview..... | 3 |
| Training considerations for advocates | 4 |
| Framing..... | 8 |
| OVW Guidelines..... | 9 |
| Accessibility..... | 10 |
| Spoken or Audio Presentations..... | 11 |
| Handouts & Posters..... | 12 |
| PowerPoint Presentation..... | 12 |
| Graphic Content..... | 13 |
| People First Language..... | 13 |
| Cultural Considerations..... | 14 |
| Budgeting Considerations..... | 14 |
| Registration Considerations | 16 |
| ADA Checklist..... | 17 |
| References..... | 18 |



Purpose

Advocates come from all walks of life and advocate for a variety of purposes; but the purpose of these training materials is to provide information and support for advocates who work with residents of long-term care, specifically, long-term care ombuds, sexual assault program advocates, or disability advocates. Building advocacy where disability, sexual violence and long-term care meet is nuanced and important. The intention of this booklet is to assist in the development of effective trainings on these intersections; for sexual assault advocates, long-term care ombuds, resident workgroups and any person or agency involved in long-term care sexual violence response.

The hope is that with guidance from this booklet, training attendees will leave with a touchstone -- a reminder of why they do what they do -- as well as tangible materials that realistically incorporate the everyday work of advocates. This in turn, will result in feelings of confidence and empowerment among those actively involved in this work.

Overview

Everyone deserves to live in a world free of threats, fear and acts of violence. Ending sexual violence takes all of us. Everyone can take action, raise their voice and contribute to environments that do not tolerate violence.

Developing effective trainings is vital when discussing the intersection of sexual violence, disability and long-term care. Statistics may alarm some, and beliefs and practices may surprise others, leaving training participants feeling disempowered.

Time spent conducting needs assessments within these communities showed that effective trainings on these intersections are rare and deeply desired by advocates working within the field. Trainings that do exist are reportedly ineffective in providing appropriate content, framing and accessibility to keep participants engaged.



As a result, survivors residing in long-term care are not getting needed services and support, and advocates are feeling overwhelmed in uncharted waters. We know, however, great hope, astounding resilience, and strength lies within this work. For this reason, the OVW collaboration has designed this booklet.

Building advocacy in sexual violence, disability and long-term care is challenging and there is much work left to complete; however, it is greatly rewarding and needed throughout communities. Advocates know they can make a difference. They find hope and build bridges to grow and enrich communities and lives. Advocates desire training; but must leave presentations with feelings that support the work and promote empowerment and transformation.

We would like to meet you here, in this intersection of sexual violence, disability and long-term care; an intersection of survivorship, wisdom, love, inspiration and hope.

Training considerations for advocates

The following considerations are important when developing training content about sexual violence, disability, and long-term care.

- Open the training with a clear definition of sexual violence. The term sexual violence encompasses many acts and occurs on a spectrum. Sexual harassing comments, unwanted physical touch or kissing and rape are only a few examples of the range of acts involved with sexual violence. It is important to train advocates that this term may evoke fear and resistance in some residents and survivors. They may think the act committed against them was not violent and therefore, the term does not apply to them; minimizing their own experience despite its traumatic effects. While all unwanted sexual acts or comments are a form of violence, not all are done in an aggressive manner. Advocates will need to understand the spectrum of sexual violence and be trained to allow the survivor to name their own



experience, without projecting a label that survivors may not identify with.

- Issues surrounding people with disabilities and sexuality are incredibly taboo. Most people have not had much experience or discussion surrounding these topics. Create a safe, open, non-judgmental space where individuals can discuss these issues and raise awareness of their own biases. Once awareness is present, advocates can then begin to overcome this barrier and provide appropriate services. Training advocates to identify their own biases is a necessary first step in preparing them for work involved in sexual violence, long-term care and disability.
- Include a detailed explanation of the importance in building rapport before providing any advocacy service. Many survivors begin with a level of mistrust from trauma and a fear of retaliation. Ensure training participants are aware of this and understand that respect and confidentiality are key components to providing effective sexual violence advocacy services in long-term care. Provide an appropriate amount of time for practice during the training.
- Trainings must be resident-centered, and focus primarily on rights, including resident, crime victims' and disability rights, rather than fear-based statistics or systemic challenges. This will allow advocates to leave the training with confidence in knowing there is possibility of improvement and change. This will also secure an advocacy focus on the dignity, autonomy, and well-being of the resident survivor.
- Advocates need to know all survivors have the right and autonomy to access and consent to advocate services without interference from a facility or home. By increasing knowledge of these rights, the trainer will properly validate and prepare advocates for potential resistance within the fields and agencies.



- Advocates need reassurance that their core advocacy skills (e.g. survivor-centered services) are applicable to all people, including people with disabilities, people in long-term care, and people who have experienced sexual violence. This builds confidence in advocates who may feel inexperienced in any of these areas. A person living with a disability, like a survivor, has likely had situations in which he/she has been silenced. It is important to prepare advocates to recognize that outspoken residents who disclose victimization may be labeled as problematic or experience retaliation by the facility or home in which they reside. A core skill that advocates must revisit is to support the voice of the survivor, not to verify the accuracy in an abuse report.
- Training advocates on how to navigate retaliation against a survivor from staff or a facility will be important. Although it is a violation of the survivor's rights, it is important to note that many experience neglect of care, or other forms of retaliation following a disclosure. Many times this form of abuse leave little physical evidence and is difficult to prove. Ensuring that the training prepares advocates for this will assist in providing services and safety planning with survivors.
- All training must be trauma-informed. It is critical that the trainer prepares advocates to respond to reports of sexual violence quickly and validate a survivor's experience. An individual, triggered from a 40-year-old sexual assault experience, may prompt an advocate request. The advocate must still respond quickly, and provide the same service one would give a survivor of a recent sexual assault. This is because the survivor is still experiencing symptoms of trauma, and the key, then, is to be present with the survivor and provide what that individual needs in that moment. Engaging the audience on understanding the importance behind trauma-informed services will be essential in providing an effective training.



- Advocates responding to long-term care facilities must remain flexible and find ways to personalize services. The resident drives advocacy, based on what he/she expresses are wants or needs. Trainings should provide many opportunities for advocates to practice the skill of personalizing services.
- Training must develop a deeper understanding of how advocacy services enhance a survivors' choice. Though advocates consistently challenge and work against the grain, this intervention in long-term care creates more options, challenges, and the need for enhanced advocacy tools. This may ultimately empower survivors to speak up against victimization. For example, a survivor residing in a long-term care facility may report repeated victimization by a staff person. Although the only person who believes the resident could be an advocate, this support alone can empower the survivor to continue speaking out and get the help needed. Ensuring that the training takes ample time explaining these increased choices and challenges will properly prepare advocates for providing services within this setting.
- Training will illustrate to advocates that the presence of disability is no reason to deny or limit service or requests for advocacy services. Clear examples should properly prepare advocates to respond to dismissals of sexual assault reports by facility or staff based on disability of the survivor. For example, if an individual with dementia repeatedly reports victimization and the need for advocacy services, an advocate should respond every time and give proper services, assessing what the survivor desires, and providing that intervention even if others dismiss the claim because of dementia.
- Avoid providing training that focus on busting myths, or pitting myths against facts related to disability, sexual assault and long-term care. Studies show this practice typically generates confusion. Many times participants leave the training without a clear memory of what was myth and what was fact. When advocates encounter situations in the



field that relate to what was discussed, the mere fact that it is familiar may lead to an assumption of truth; even if it was a myth the trainer was originally attempting to dispel. It is better to train on careful analysis of misinformation and focus primarily on what is true within the fields. (Schwartz et al.,2007)

- The presentation should primarily inspire and empower participants to walk away with a projected confidence in working at the intersection of sexual violence, disability and long-term care. Advocates should have a heightened sense of curiosity and desire to learn more. Participants should feel prepared and possess a sense of excitement to advocate for people with disabilities residing in long-term care facilities.

Framing

To ensure a presentation is effective and leaves the audience prepared and empowered to do this work, the training must be organized in a manner that keeps the audience engaged and excited to learn more.

Participant attention span during extensive presentations is limited; therefore, it is important to utilize materials that stimulate multiple senses. For example, use case studies and material that engage emotions, smells, sounds, sight, and physical movement.

- Open the presentation depicting reasonable expectations for the audience. Provide a clear road map of the information that will be provided, and explain how this is relevant individually and to one's work. Grasp participant focus early by creating connections to real life to ensure continued participation and focus.
- The trainer should present oneself in a manner that is relatable and approachable. Building rapport with the audience members will be essential in making individuals feel comfortable and engaged.



- To retain the audience's attention be sure to provide many opportunities for breaks and present for no longer than one-hour blocks.
 - During each one hour block maintain only one key point for each 10 minute period
 - For each key point, be sure and use applicable examples so that the audience can frame the content and engage the senses.
 - For each key point provided, the presenter should offer no more than three main ideas.
- To ensure the audience receives and retains key points, repetition is necessary.
 - During the repetition process, utilize various methods of delivering material. Take into consideration how some disabilities may affect the learning process; this will ensure the entire audience engages. For example, some individuals with a traumatic brain injury (TBI) may have difficulties concentrating and remembering what was verbally said during a presentation. To ensure information is retained, showcase the same key point in various manners, such as verbally and then providing handouts that participants can take home for further review.

OVW Guidelines

The Office on Violence Against Women (OVW) created the following guiding principles that are required for grantees and sub grantees that develop or deliver presentations with OVW funding. (Regardless of funding source, the following are great principles to consider when crafting presentations.)

- Trainings must comply with applicable law. In developing and conducting trainings, presenters shall not violate the Constitution or any federal or state law, including any law prohibiting discrimination.



- The content of trainings and training materials must be accurate, appropriately tailored, and focused. The content must be accurate, useful to those being trained, and well matched to the stated objectives. Training materials used or distributed must be accurate, relevant, and consistent with these guiding principles.
- Trainers must be well- qualified in the subject area and skilled in presenting it. Those presenting must possess the subject- matter knowledge and the subject- specific training experience necessary to meet the objectives of the training. In selecting or retaining an outside trainer, programs should consider such factors as the trainer's resume and written materials, interviews with the trainer, observation of other trainings conducted by the trainer, feedback from other entities with which the trainer has worked, training participant feedback and evaluations, and the general reputation of the trainer.
- Trainers must demonstrate the highest standards of professionalism. Trainers must conduct themselves with professionalism. While trainings will necessarily entail varying teaching styles, techniques, and degrees of formality, as appropriate to the particular training goal, professionalism demands that trainers instruct in the manner that best communicates the subject matter while conveying respect for all.

Accessibility

Providing information that is accessible to everyone is crucial in conducting effective presentations. There are often individuals in the audience living with various disabilities, including participants who are blind, deaf, hard of hearing, have low vision or mobility or physical challenges.

There are many things to consider when ensuring a presentation is 100% accessible to all attendees at all times. Careful review of the following areas can assure the trainer is prepared to accommodate the needs of



participants, so that all feel welcome and are able to fully participate throughout the duration of the training.

Registration is an important component of assuring access. When possible and practical, advance registration provides time to secure needed interpreters or modify materials. For example, a large conference with multiple workshops may prove challenging, if multiple sign language interpreter or CART (computer-aided real time translation) requests come in for different, concurrent, workshops. Budgets should always be built with these accommodations in mind, prior to conference events, so that when requests are made, there is ample time and funding to secure them.

Additionally, considerations below, adapted from the Association of University Centers on Disability's (AUCD) accessibility guidelines, may easily be completed before a presentation and will assure attendees can fully participate.

Spoken or Audio Presentations

- Sign language interpreters in attendance during a presentation should be provided a copy of all presentation materials to review well before the presentation.
- Individuals presenting should describe all material on slides and graphics briefly, rather than referring to items using words like, "this, that, these, and those". This ensures participants who have low vision or are blind can follow. Always describe what "this" or "that" is.
- Speaking at a clear, moderate pace, directly into the microphone, will ensure individuals who are deaf or hard of hearing can follow the presentation. However, be mindful not to over enunciate or yell, as this can create confusion and cause vibrations in hearing aids, making it even more difficult to hear. Speaking at a moderate pace will also allow sign language interpreters or CART transcribers appropriate time to translate the material. If there are audience questions, audience participants should ask questions into the microphone, or the presenter should repeat them.



- Any video **must** be captioned, without exception. Captioning should not jump around the screen but should consistently remain in the same place. Allow enough time for the captions to be read before moving forward. Captions/subtitles should have good contrast to the video background.

Handouts & Posters

- When including handouts, be sure and bring the appropriate amount in multiple formats so that individuals who are blind or have low vision can fully engage. If accessible handouts are not provided, the presenter should not reference those materials during the lecture.
- Large printed materials should be on single-sided 8.5" x 11" paper using letter orientation. Use 18-point font and a bold black sans-serif style font, such as Arial, for body text and a simple bold sans-serif font, such as Arial, for headings. Utilize underlining for emphasis rather than italics. Do not include unnecessary decorative graphics, colored text or highlighter.
- Some participants may prefer to have the materials provided in Rich Text Format (RTF) or ASCII on a flash drive or CD, for screen reader or other software conversion.
- Individuals requiring Braille materials should indicate that requirement on the registration form in advance, as this takes 1-3 weeks preparation.

PowerPoint Presentation

- Commonly used visual aids, such as PowerPoint presentations, are an incredibly effective way to display information. Be sure and keep title fonts at size 44 point or larger and text fonts at size 22 point or larger.



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- Keep text minimal on each slide, typically no more than 6 lines per slide. Move through the slides at a moderate pace, so attendees have time to read the information.
- Do not use flash animation, transitions or sound effects. This typically distracts from the content and can confuse participants.

Graphic content

- Many screen readers do not translate graphics well and they may create unneeded confusion if they do not include an appropriate description. All graphics should include a detailed explanation, both verbally and through a text only slide directly after the graphic slide. It is important to recognize a description of the graphic itself is not necessary, simply a description of the purpose behind the graphic. Use “this chart shows how people with disabilities have increased rates of ER visits” rather than “this chart has red and green bars”.

When at all possible, avoid busy backgrounds, chart filler patterns, over-crowded text, and low contrasted color scheme.

- Graphic content, icons and photographs can be a useful accessibility tool to provide context for people who don't read or experience visual or reading-related disabilities. These should not be so busy as to interfere with the presentation or cause confusion, and should be selected carefully, to accurately reflect text.

People First Language

- All presentations and materials must use people first language at all times. This ensures the person is emphasized first, and the disability is a secondary characteristic. For example, use “a person with a disability” not “a disabled person”, or “a woman who is blind” not “a blind woman”. This promotes the idea that a person living with a disability is not defined by the disability.

Cultural Considerations

- Assessing how culture is relevant to the topic and taking into consideration the background of the audience is imperative. If possible, know your audiences before you begin. For example, some may speak English as a second language or may use sign language other than ASL.
- Providing information and interpreters in various languages may be required, depending on attendees. Do not utilize free online translators as they can be inaccurate. Work with a credible professional who can accurately translate the topic matter to the community you are working with.
- Use appropriate diverse cultural and ethnic perspectives for case studies and examples. If the presentation requires the use of images or graphics, reflections should incorporate people with disabilities and diverse groups of people and the communities in which they reside.

Budgeting Considerations (VERA, 2014)

- Venue Accommodations
 - When reserving the meeting space ensure that there is adequate space for participants with disabilities to freely move about. Most venues estimate occupancy for rooms based on very narrow pathways. It would be wise to consider enough meeting space to accommodate 30 percent more attendees than expected; setting the room with minimum 36-inch wide aisles. This most likely will cause an increase in the cost of venue rental, so it will be important to incorporate that additional cost into the budgeting plan.
 - If the training has a stage, a ramp will be required to make certain people with mobility disabilities have access. Checking with the



- venue first to see if there is an ADA-compliant ramp available on site may be a cost saving option.
- o Specific audio video aids may require additional budget planning. Microphones and sound system rentals will ensure everyone, especially individuals that are hard of hearing, can receive the information presented. These devices also ensure sign language interpreters are able to clearly hear and dedicate full attention to interpreting the information.
 - o If the wall or stage where the presentation is occurring is incredibly busy (i.e., bright colors or patterned) it would be important to have a large solid colored backdrop. Backdrops are also useful for use with sign language interpreters. Draping can cost on average \$150.00 per panel and will vary on venue and amount of panels needed.
 - o If participants request to receive materials in advance or to send materials to ASL interpreters in advance arises, consider costs of additional postage and delivery.
 - o It is important to be proactive in reserving a venue that has a service animal relief area. This can be a small grassy area or the presenter may have to work with the venue to determine an appropriate location.
 - Individual Accommodations
 - o Certified ASL interpreters may be required if an accommodation request has been made for translation between ASL and spoken English. It is important to consider this cost within the budget, as the average cost for an interpreter can start around \$60.00 an hour with a minimum requirement of two interpreters, working in team format, per room. It is important to distinguish whether the accommodation need is for American Sign



Language, Signing Exact English, or a sign language from a foreign country, as these are distinct languages.

- o A personal or group assisted learning device (ALD) may be required depending on accommodation request. These devices separate sounds participants desire to hear from background noise.
- o Communication Access Real-Time Translation (CART) is a translation of spoken language into text that can be displayed in various ways with a less than two-second delay. The cost for this service can start around \$140.00 per hour.
- o If the presenter uses a personal care attendant (PCA) the additional costs of travel, lodging, per diem etc. must also be budgeted for that individual.
- **Registration Accessibility (VERA, 2014)**
 - o It is vital to make certain the registration form is accessible to all interested individuals. If the form is filled out online, make sure it is accessible to individuals who are blind or have low vision and use a screen reader. There are free online tools, such as, WAVE (www.Wave.webaim.org) that can check the accessibility of any webpage. It is also important that the registration form is provided in alternate formats, such as in a paper version or by allowing people to register by phone.
 - o Make certain the registration form includes appropriate questions surrounding accommodation. Having specific questions that ask individuals if they will have Personal Care Attendants accompany them will be an important factor when determining space. If the training requires overnight lodging, asking if a participant needs an ADA room will be crucial. In turn, the trainer must ensure that the hotel has enough ADA



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rooms blocked out for participants. Having questions that relate to dietary needs will be necessary if the training will provide meals. A simple question regarding interpretation requests for CART or ASL translators can capture a general idea of what participants may need to fully participate. Finally, having an open-ended catchall question that asks about any additional needs one may have will validate the diversity of disabilities and will ensure no participant is left unaccommodated.

Checklist

The American with Disabilities Act (ADA) requires all state and local governments, businesses, and non-profit agencies to provide services, including presentations, which are accessible to all. The American Bar Association has created useful checklists in an Accessible Meeting Toolkit, to assist in making certain your space is physically accessible to people with various disabilities. This can easily be downloaded online at

http://www.americanbar.org/content/dam/aba/administrative/mental_physical_disability/Accessible_Meetings_Toolkit.authcheckdam.pdf



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