

PROCEEDINGS REPORT OF THE COMMUNITY VOICES PARTNERS' MEETINGS ON ENDING VIOLENCE AGAINST WOMEN WITH DISABILITIES

END SEXUAL VIOLENCE IN OUR COMMUNITIES

WASHINGTON COALITION OF SEXUAL ASSAULT PROGRAMS

A
C
C
E
S
S
S
E
R
I
E
S

CONTENTS

4	PEOPLE WITH DISABILITIES - ACCESS TO JUSTICE
5	VOICES FROM THE COMMUNITY
7	CORE VALUES
9	PROCEEDINGS
	RECOMMENDATIONS REGARDING SERVICE DELIVERY
10	GENERAL
11	ACCESS
12	TRAINING
14	ADVOCACY/INTAKE
15	MEDICAL SYSTEM
15	SAFETY PLANNING
16	LEGAL SYSTEM
18	MANDATED REPORTING
19	PREVENTION
	RECOMMENDATIONS TO ORGANIZATIONS
20	SEXUAL ASSAULT COALITIONS
21	SEXUAL ASSAULT SERVICE FUNDERS
22	DISABILITY ORGANIZATIONS
23	CONCLUDING STATEMENT

THIS PROCEEDINGS REPORT SEEKS TO PROVIDE A SUMMARY OF THE PRESENTATIONS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS OF THE PARTNERS LISTED BELOW:

Abused Deaf Women's Advocacy Services, represented by Cathy Hoog

Communities Against Rape and Abuse, represented by Joelle Brouner

Tacoma Area Coalition of Individuals with Disabilities, represented by Jill Kruger

Community member, Dawn O'Kane

Washington Protection and Advocacy System, represented by Phil Jordan

Washington Coalition of Citizens with Disabilities, represented by Lonnie Davis

Washington Coalition of Sexual Assault Programs, represented by Gayle Stringer, Ryan Warner & Lydia Guy

Partner Providing Technical Assistance: The Office of Crime Victims Advocacy, Represented by Ann Novakowski

Consultant: Rhonda, J. Brown, Esquire

PEOPLE WITH DISABILITIES ACCESS TO JUSTICE

The National Study of Women with Physical Disabilities conducted by the Center for Research on Women with Disabilities (CROWD) in 1988, concluded that women with disabilities face the same risks of abuse that all women face, plus additional risks specifically related to their disability. The authors found notable that women with disabilities tended to experience abuse for longer periods of time, reflecting the reduced number of escape options open to them due to more severe economic dependence, the need for assistance with personal care, environmental barriers, and social isolation. According to the authors it is difficult to separate the effect of disability from the effects of poverty, low self-esteem, and family background in identifying the precursors to violence against this population. ¹

Using 2000 Census data, in Washington State nearly 1 million individuals identify themselves as disabled.² From other recent reports, over 795,000 are identified as severely disabled. Over 99,000 individuals are identified as developmentally disabled, and over 18,000 individuals are in residential or institutional settings designed to provide care and support to individuals with physical, mental and sensory impairments. ³

In 2002, because of its recognition of the problem of access to sexual assault services by people with disabilities, the Washington Coalition of Sexual Assault Programs (WCSAP) applied for and was awarded a U.S. Department of Justice grant. The purpose of the grant was to support WCSAP's efforts to combine its expertise with the expertise of representatives from the disability community — people with disabilities and those who work with people with disabilities — to initiate a series of activities designed to create a statewide accessible and appropriate response system to sexual assault of people with disabilities.⁴

- 1 Center for Research on Women with Disabilities (CROWD)-The National Study of Women with Physical Disabilities (1998)
- 2 2000 U.S. Census- 981,000 persons self-identified as having a disability.
- 3 Education and Technical Assistance Grants to End Violence Against Women with Disabilities, Project Narrative Washington Coalition of Sexual Assault Programs, 2002.
- 4 Grant No. 2002-FW-BX-0009, awarded by the Violence Against Women Office, Office of Justice Programs, U.S. Department of Justice

VOICES FROM THE COMMUNITY

IN ADDITION TO AGENCIES AND INDIVIDUALS PARTICIPATING AS PROJECT PARTNERS, FIFTY INTERVIEWS WERE CONDUCTED WITH DISABLED WOMEN ACROSS THE STATE. THESE INDIVIDUALS REFLECT THE DIVERSITY OF THE EXPERIENCE OF DISABLED WOMEN IN THE STATE.

Below, is what the Partners heard from members of the community or what they themselves observed or experienced ...these voices informed the process.

Perspectives

Perceptions by society and reinforced in the family, that people with disabilities are non-sexual beings. These perceptions result in lack of sexuality education and information available to people with disabilities, and allows perpetrators to target people with disabilities and define sexual assault as consensual sex.

People with disabilities risk a lot to be involved with the sexual assault service delivery system. Survivors of sexual assault should not be ignored or subjected to oppression, punishment, or re-victimization, by any system that was created to provide support and services.

The culture of compliance, where compliance by people with disabilities is reinforced, enforced and rewarded, results in unconditional trust and a lack of awareness of good vs. bad touch, thereby causing assault/abuse to be more prevalent.

Issues of confidentiality may pose a barrier to a person seeking service.

A person providing personal attendant service has inordinate power over the person using the service, increasing the risk of sexual coercion.

Some people with disabilities who need personal attendant services, but cannot afford them, are forced to trade sex for service, i.e. survival sex – whether an explicit bargain or implied, but nevertheless, coercive.

Physical disabilities may exist that make escape/ resistance impossible.

There are few to no options for survivors in rural areas.

Segregated accessible transportation is very problematic and a potential target for perpetrators.

Understanding the roles of the police, prosecutor and advocate is critical to a survivor's self-determination.

The medical industrial complex medicates people into compliance and becomes a tool for perpetrators. Likewise, the Involuntary Commitment Act and the Guardianship Act become tools for perpetrators.

People with disabilities are often perceived as less credible in a variety of ways. People with intellectual disabilities are often dismissed. People with psychiatric disabilities are often disbelieved. Communication barriers can prevent reporting or seeking help.

Frequent medical exams, including public stripping in front of strangers, breaks down sensitivities to inappropriate touching. Personal boundaries get shifted and the individual becomes unaware of danger.

Family Court is a legitimate fear for parents with disabilities—specifically, elements of stereotyping exist in both law enforcement and family court settings, where an assault is often attributed to the victim/survivor as a failure to protect herself or assess danger. The court may then determine that there is a demonstrated history of poor decision-making, which could affect parenting. The question becomes: If you cannot protect yourself, how can you protect your child? The victim is viewed as incompetent.

During the next phase of the grant we hope to explore models to develop infrastructure necessary to adequately address the recommendations made in this report.

CORE VALUES

PROJECT PARTNERS IDENTIFIED A SET OF FUNDAMENTAL BELIEFS WHICH FORM THE FOUNDATIONAL BASIS FOR THE RECOMMENDATIONS CONTAINED WITHIN THIS REPORT.

- All people are valuable.
- People with Disabilities are entitled to equally effective service.
- The needs of all survivors are valid and must be addressed.
- Everyone deserves safety— sexual assault is not a forgone conclusion for people with disabilities.
- The perceived vulnerability of an individual is not a valid reason for dismissing or condoning violence.
- Whatever results from this process, it should do no further harm.
- Forced sterilization/birth control is not a sexual assault prevention strategy.
- More restrictive environments (nursing homes, institutions and other congregate care settings) are not safer environments.
- Honoring the self-determination of survivors with disabilities promotes respectful advocacy and may prevent future assault.
- Whether someone is taking her medication should not be a condition to receiving services.
- Providing accessible services is not optional.
- Expense is not an excuse to refuse reasonable accommodation.

*SAFETY IS AN EXPECTATION OF EVERYONE -
NOT JUST WHEN ITS CONVENIENT*

- All non-profit agencies including Sexual Assault Programs are subject to certain provision of federal and state laws regarding discrimination against people with disabilities. Failure to comply has multiple implications, including but not limited to, exposure to legal action, jeopardizing funding and alienating community members.
- Everyone communicates - It is important to evaluate nonverbal and physical signs and symptoms that may be a reaction to trauma.
- Everyone needs information in an accessible format to make informed decisions.
- Family members, guardians and personal attendant providers may want to have control of the course of action that is best for the survivor, but the best interests of the survivor are determined only by the survivor. This is a matter of confidentiality and respect.
- Collaboration is part of the solution to access to services.
- We believe the best advocates are those who accompany the survivor with a disability on referrals and throughout the process.
- Sexual Assault Service providers must have a basic understanding of a service model for people with disabilities. It should not be the job of a survivor in crisis to teach a crash course in disability.
- With appropriate support/accommodation, a person with a disability can be a reliable, believable witness.
- Safety is an expectation of everyone - not just when it's convenient

WCSAP CONVENED A GROUP OF EXPERTS FROM THE DISABILITIES COMMUNITY TO DISCUSS THE NEEDS OF DISABLED VICTIMS OF SEXUAL VIOLENCE. THIS GROUP MET OVER THE FIRST NINE MONTHS OF THE PROJECT TO HELP SHAPE DISCUSSION, IDENTIFY BARRIERS TO ACCESS, PROMOTE STRATEGY AND IDENTIFY NEEDED RESOURCES.

Meetings were held monthly from March 2003 to February 2004, (excluding May and August, 2003)⁵.

Objectives

- To begin to systematically identify barriers to access to sexual assault services.
- To develop and sustain the necessary capacity to eliminate those barriers statewide.
- To identify and utilize strengths and resources of those who provide services and of those in the disability community.
- To foster an understanding by Sexual Assault Programs of the issues facing people with disabilities and to foster ongoing communication between the disability community and Sexual Assault Programs, with the goal of improving access to services for survivors of sexual assault with disabilities.

Activities

Community Voices Meetings -
Disability Partners Group

Key Informant Interviews

Proceedings Report

State-wide Training

Publications

Advocacy Materials

Legal Analysis and Materials

Development of Model Policies and Procedures

The Partners examined external processes and how survivors with disabilities interact with the sexual assault service delivery system. They shared their experience with the system, drafted questions and evaluated the summary for the Key Informant Survey⁶, and evaluated and contributed materials to the publications, advocacy materials and legal analysis

⁵ Meeting Minutes available upon request

⁶ Key Informant Interview Summary available upon request

GENERAL RECOMMENDATIONS

PROJECT PARTNERS IDENTIFIED PERTINENT TOPIC AREAS IN WHICH TO MAKE RECOMMENDATIONS. TOPIC AREAS INCLUDE: ACCESS, TRAINING, ADVOCACY/INTAKE, MEDICAL SYSTEM, SAFETY PLANNING, LEGAL SYSTEM MANDATED REPORTING AND PREVENTION. IN ADDITION TO TOPIC BASED RECOMMENDATIONS, THE PARTNERS MADE RECOMMENDATIONS TO SPECIFIC TYPES OF AGENCIES INCLUDING: SEXUAL ASSAULT COALITIONS, SEXUAL ASSAULT SERVICE FUNDERS AND DISABILITY ORGANIZATIONS. RECOMMENDATIONS IN THE FOLLOWING SECTION ARE DIRECTED TOWARD ALL AGENCIES AND INDIVIDUALS INVOLVED IN THE SEXUAL ASSAULT SERVICE DELIVERY SYSTEM.

Sexual Assault Coalitions should pursue funding for technical assistance to develop and conduct comprehensive disability accessibility self-assessments of community Sexual Assault Programs, which address both physical and program accessibility, including policies, procedures, and staff and board training needs. Sexual Assault Programs should conduct these assessments annually.

A complaint process is necessary. People must be allowed to complain about access problems to sexual assault services, have an avenue for complaints and know that there will be accountability for non-compliance with civil rights laws.

All federal, state and local entities must enforce laws relating to discrimination against people with disabilities and respond to complaints.

Sexual Assault Service Funders, Sexual Assault Coalitions and Disability Organizations should collaborate to identify resources for Technical Assistance for providers. A single clearinghouse would be preferable

Include a person with a disability on advisory groups or boards of Sexual Assault Programs, Sexual Assault Coalitions and Sexual Assault Service Funders. Disability groups and Sexual Assault groups can support one another by attending each other's fundraisers and community events.

Center leadership among people with disabilities –recruit and train advocates with disabilities as part of the service model.

Recognize the importance of an Interdisciplinary Approach beyond the disability community, especially including schools.

Develop a model for trained emergency personal attendant service after a sexual assault.

Continue to focus on developing solutions for removing barriers to service for survivors with disabilities who must navigate the medical legal and social service systems.

Programs should closely review their policies and procedures for compliance with both confidentiality and mandatory reporting requirements.

INHERENT TO ALL THE RECOMMENDATIONS IS THE NEED FOR ACCESSIBILITY. THERE ARE MANY WAYS OF DEFINING ACCESSIBILITY. THIS SECTION OFFERS A BRIEF OVERVIEW OF FACTORS TO CONSIDER WHEN ADDRESSING ISSUES OF ACCESSIBILITY.

Survivors with disabilities cannot be denied access to services based on disability. The underlying intent of this rule - is to make people feel welcome.⁸

Accessibility includes but is not limited to

Physical - Are there appropriate access devices, such as sidewalks, ramps, rails, so that people with disabilities can get into and move around the building independently?

Services — Are the services and referrals appropriate and accessible for a survivor with a disability?

Transportation — Are there bus routes, taxis or other forms of transportation that will allow a person with a disability to come to the building?

Communication — Are sign language interpreters and other forms of assisted communication available to allow access to services?

Material — Are materials printed in plain terms and available in alternative formats such as large print or audiotapes?

⁷ See Section 504 of the Rehabilitation Act of 1973, and Titles II and III of the Americans with Disabilities Act (ADA) of 1990, Chapter 49.60, Revised Code of Washington. *Section 504 applies to programs or activities that receive Federal financial assistance. Title II of the ADA covers all of the services, programs, and activities conducted by public entities (state and local governments, departments, agencies, etc.), including licensing. Note: A state's Title II responsibilities cannot be transferred to entity receiving state funds. State retains its Title II obligations in the activity conducted by the entity and must ensure that the entity is in compliance. Title III of the ADA prohibits discrimination on the basis of disability in "places of public accommodation" (businesses and non-profit agencies that serve the public) and "commercial facilities" (other businesses).*

⁸ Chapter 49.60, Revised Code of Washington prohibits policies that unnecessarily impose requirements or burdens on individuals with disabilities that are not placed on others. For example, public accommodations may not require that an individual with a disability be accompanied by an attendant. However, a public accommodation is not required to provide services of a personal nature including assistance in toileting, eating, or dressing.

28 CFR §.36.301(c) provides that public accommodations may not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the costs of measures, such as the provision of auxiliary aids and services, barrier removal, alternatives to barrier removal, and reasonable modifications in policies, practices, and procedures, that are required to provide that individual or group with the nondiscriminatory treatment required by the Act or this part.

28 CFR § 36.302(c) Service animals — (1) General. Generally, a public accommodation shall modify policies, practices, or procedures to permit the use of a service animal by an individual with a disability. Care or supervision of service animals. Nothing in this part requires a public accommodation to supervise or care for a service animal.

TRAINING

TRAINING IS INTEGRAL TO APPROPRIATE SERVICE DELIVERY. THIS SECTION INCLUDES RECOMMENDATIONS FOR TRAINING TOPICS AS WELL AS TRAINING MODALITIES.

Self-defense training for people with disabilities should include empowerment tools and prevention strategies to counteract forced compliance and learned helplessness. It is important to provide concrete strategies rather than oppression strategies, such as “You’re vulnerable; don’t go out.” Strategies should include situational awareness, assertiveness and physical techniques modified as a way to empower. Training programs should ensure people with disabilities have the same access to community training on sexual violence as the general population.

Training for providers on how to obtain qualified American Sign Language interpreters and on the proper use of interpreters to assure safety and neutrality, while preserving accurate communication. Honor the survivor’s choice of interpreter after considering whether the interpreter may be allied with the perpetrator.

Disability and Sexual Assault Organizations should partner to train other service providers, such as law enforcement and medical and social service professionals, on the particular needs of women with disabilities who are experiencing abuse.

Training on sexual assault issues for people who provide personal attendant services.⁹

Provide comprehensive training for providers developed collaboratively by people with disabilities and allies, which includes the following six components:

1. Basic information on disability
2. Identifying and resolving systemic barriers to sexual assault services facing survivors with specific disabilities.
3. Systems with which a person with a disability may be involved — Social Security, Division of Developmental Disabilities, Medicaid etc.)
4. Independent living philosophy and disability history
5. Anti-Oppression training as related to discrimination against people with disabilities
6. Federal and state laws regarding discrimination against people with disabilities.

9 Personal Attendant Services— 1. A service purchased by a person with a disability through Medicaid, Medicare, or private pay, from an agency or an independent provider where the person with a disability directs the staff person to assist her with the tasks of daily life. These tasks often include but are not limited to: transferring, bathing, grooming, toileting or bowel care, grooming, food preparation. 2. People who do not qualify for Medicaid or Medicare but who don't have the resources to privately pay for this service often negotiate a similar unpaid relationship with family, friends, or partners. In these unpaid relationships the person with a disability may have less power and control.

ADVOCACY/INTAKE

ADVOCACY IS PROVIDING SUPPORT AND/OR ASSISTANCE TO INDIVIDUALS ACCESSING SERVICES NEEDED TO RECOVER FROM SEXUAL VIOLENCE. INTAKE IS THE PROCESS USED TO DETERMINE APPROPRIATE SERVICES FOR AN INDIVIDUAL EXPERIENCING SEXUAL VICTIMIZATION. THE RECOMMENDATION IN THIS SECTION FOCUS ON THESE CRISIS ORIENTED SERVICES.

The fundamental tenet of sexual assault advocacy is to believe all survivors, regardless of their marginalized status. **Working with people with disabilities is no different.** Patterns of abuse can exist in any setting—friends, family, school, and transportation. Consider all forms of communication, including body language and facial expressions.

Sexual Assault Advocates should actively outreach to advocates from organizations that work with people with disabilities

Sexual Assault Advocates should ascertain whether the community programs they use for referral are accessible. Have a list of accessible resources available for easy referral.

Sexual Assault Advocates should be prepared to assist survivors with the referral process. The advocate should go with the survivor to the referral and follow-up to ensure appropriate service. In any case the survivor should be made aware of potential barriers to access.

Be alert to nonverbal and physical signs and symptoms which may include genital and anal infection/soreness, stained or torn clothing, accumulation of money or other possessions.

Overcoming the barriers related to disabilities may take more time. Sexual Assault Advocates should schedule adequate time to address these issues.

Remember who your client is - The client is not the personal attendant, or the family member, or the guardian. The client is the survivor and confidentiality must be maintained.

MEDICAL SYSTEM

NAVIGATING THE MEDICAL SYSTEM CAN BE DIFFICULT FOR ANYONE, BUT CAN BE PARTICULARLY TRAUMATIC FOR SURVIVORS OF SEXUAL ASSAULT AND/OR PEOPLE WITH DISABILITIES. THIS SECTION REPRESENTS THE PARTNERS' INITIAL THOUGHTS AND RECOMMENDATIONS ON AN EXCEEDINGLY COMPLEX ISSUE.

The Partners emphasized the complex impact people with disabilities may experience from interaction with the medical system. The Partners expressed a desire for more time to explore this issue for comment and recommendations.

As an initial comment, the Partners emphasized that providers may encounter people with disabilities who are fearful of interactions with the medical system because of complex issues associated with the medical profession that can have a negative impact on people with disabilities. For example, people with disabilities are sometimes subjected to involuntary or coerced treatment, psychological/psychiatric evaluations that can lead to loss of freedom or self-determination, and advance directives that are designed to shield providers from liability rather than provide individual control over treatment options.

The Partners made the following recommendations

A Health Care Provider may be the only provider to ask a woman about violence and may provide the only opportunity for her to disclose. Health Care Providers need to inform women that it is not right to experience hurtful behavior and that it may be against the law.

Disability and Sexual Assault Organizations should partner to train other service providers, such as medical and social service professionals, on the particular needs of women with disabilities who are experiencing abuse.

SAFETY PLANNING

SAFETY PLANING IS INTEGRAL TO PROVIDING SEXUAL ASSAULT SERVICES. ITS PURPOSE IS TO ASSIST SURVIVORS IN IDENTIFYING POTENTIAL RISKS AND BARRIERS TO HEALING AND TO DEVELOP A PLAN THAT ADDRESSES THESE CONTINGENCIES. THIS SECTION INCLUDES RECOMMENDATIONS RELEVANT TO THE SAFETY PLANNING PROCESS.

For Safety Planning: Sexual Assault Advocates should be aware that issues of mobility and independence might affect the survivors' decisions. Appropriate safety planning must include a discussion of issues related to the survivor's disability

Sexual Assault Advocates should be aware that issues of mobility, communication and independence will play a part in the decisions made by police and prosecutors. These decisions may affect whether criminal justice professionals will move forward with an investigation or prosecution.

Many people with disabilities have been groomed to think they are not powerful. Resistance by the survivor to change may be related to how difficult it may have been to achieve her level of independence. Individualized safety planning is required.

Create safety plans that reflect an awareness of obstacles related to society's understanding of disability, but that do not compromise safety. Schedule a series of 'check-ins' to see if the plan is working.

LEGAL SYSTEM

NAVIGATING THE CRIMINAL JUSTICE AND CIVIL LEGAL SYSTEMS CAN BE DIFFICULT FOR ANYONE, BUT CAN BE PARTICULARLY TRAUMATIC FOR SURVIVORS OF SEXUAL ASSAULT AND/OR PEOPLE WITH DISABILITIES. THIS SECTION REPRESENTS THE PARTNERS' INITIAL THOUGHTS AND RECOMMENDATIONS ON AN EXCEEDINGLY COMPLEX ISSUE.

The Partners expressed a desire to have additional time to study the legal system and develop recommendations. The following represents the issues and recommendations that were discussed during our meetings. Due to biases against and stereotyping of people with disabilities within the legal system, there is a danger that survivors with disabilities will be required to defend themselves in a different sphere, such as Family Court, or protect themselves from involuntary treatment. There are many low-income individuals in the disability community.¹⁰ This is a primary barrier to affordable legal services. However, access to legal services is problematic for a number of reasons:

1. There are insufficient legal resources, civil or criminal, for low income individuals
2. When legal services are obtained, legal professionals are often unaccustomed to allowing the extra time that is sometimes needed by clients with disabilities to fully understand their situation. Further, legal jargon and complicated language make it more difficult for some survivors with disabilities to understand the process.
3. Clients with disabilities may have difficulty complying with requests to supply comprehensive documentation of events.
4. Law enforcement and other criminal justice professionals may be predisposed to believe that a crime victim with a disability will not be credible in court- the perception of a survivor's credibility becomes more important as the survivor advances in the legal system.
5. When prosecutors decide not to prosecute cases where people with disabilities are victims of sexual assault, perpetrators become emboldened because there are no consequences for their criminal behavior. People with disabilities lose confidence in the legal system.
6. Reasonable accommodations are often denied because associated expenses are not budgeted.

The Partners specifically recommend the following:

Members of the legal system should develop protocols for emergency sign language interpreters, including a pager system, and other support devices.

People developing investigative protocols should identify, develop and support methods available to establish credibility of the survivor; identify, develop and use alternate ways to gather evidence. Prosecutors who are conviction driven should also identify strategies to regard people who have disabilities as credible witnesses. The system needs to be more flexible. Provide a Hearsay Exception for Developmentally Disabled adult witnesses.

Continuity of Advocacy – an advocate specifically for the person with a disability should be available to provide continuity and consistency throughout the legal process.

Disability and Sexual Assault Programs should partner to train law enforcement professionals on the particular needs of women with disabilities who are experiencing abuse. Coordinate with Criminal Justice Training Center Programs regarding development of appropriate curriculum.

People who use assistive technology, such as voice synthesizers, communication boards, and eye-blink or eye movement switches, are less likely to be believed. Their responses tend to be shortened to speed up the process, so they are less nuanced. The vocabulary used is simpler, perhaps not as descriptive. Because of this Advocates should ask for the issues that will be covered by investigators, attorneys and prosecutors in advance, where possible, to allow a person who uses assistive technology an opportunity to prepare.

Within the scope of their authority, Legal Advocates should support and assist the survivor with navigating the legal system.

1 In the 2000 Census, 156,338 reported that they live in households below the poverty level set in 1999.

MANDATED REPORTING

MANDATED REPORTING STATUTES REQUIRE REPORTS BE MADE TO APPROPRIATE AGENCIES (ADULT PROTECTIVE SERVICES, CHILD PROTECTIVE SERVICES, LAW ENFORCEMENT) WHEN THERE IS REASONABLE CAUSE TO BELIEVE THAT ABANDONMENT, ABUSE, SEXUAL EXPLOITATION, PHYSICAL EXPLOITATION, FINANCIAL EXPLOITATION, OR NEGLECT OF A VULNERABLE ADULT OR A CHILD HAS OCCURRED. THIS SECTION INCLUDES RECOMMENDATIONS FOR MANDATORY REPORTERS TO KEEP IN MIND AS WELL AS RECOMMENDATIONS REGARDING AGENCY MANDATORY REPORTING POLICIES.

Sexual Assault Coalitions, Sexual Assault Programs and Disability Organizations should partner to develop a positive regular working relationship with Adult Protective Services Systems, which would include training activities on the particular needs of women with disabilities who are experiencing abuse.

Sexual Assault Advocates are Mandatory Reporters; they must inform the survivor of that fact and allow the survivor to decide whether to disclose. Discuss the impacts of reporting to the police with the survivor.

Mandated and Permissive Reporting policies need to be consistent for the same type of providers and for both adults and children. Mandated reporting policies often fail to address the unintended consequences survivors experience after a report —: unresponsive law enforcement, disrespectful medical treatment, and loss of control over subsequent events; potential loss of residence and/or attendant services. Reporting is most effective when there is an integrated system response that is victim-focused, recognizing the victim's capabilities. The goal is to adhere to the law while being mindful of the consequences of mandatory reporting in the lives of people with disabilities.

Confidentiality is a complex issue for people with disabilities because of fear of the system, fear of retaliation, etc. There should be an obligation by those working with the survivor to inform the survivor what information may be kept confidential and what may not.

*IF PEOPLE DO NOT GET INFORMATION REGARDING
SEXUALITY OR CONSENT, THEN THIS GAP ALLOWS
PERPETRATORS TO SET THE DEFINITION*

PREVENTION

THE MAJORITY OF THE RECOMMENDATIONS IN THIS REPORT FOCUS ON SERVICES PROVIDED TO INDIVIDUALS AFTER A SEXUAL ASSAULT HAS OCCURRED. THE RECOMMENDATIONS IN THIS SECTION ARE TARGETED TOWARD THE PREVENTION OF SEXUAL VIOLENCE. PREVENTION IN THIS CONTEXT IS NOT MERELY AN ISSUE OF TRAINING OR SKILL BUILDING BUT INCLUDES THE DEVELOPMENT OF POLICIES AND PROCEDURES WHICH MAY ULTIMATELY REDUCE THE INCIDENCE OF SEXUAL VIOLENCE.

Education for the disability community- The first priority is to inform girls and women that their choices should be honored, which is not yet the prevailing value in a culture that rewards compliance. Educate girls and women with disabilities to understand inappropriate touch, including in medical settings, and to learn how to recognize and avoid or resolve abusive situations in the family and in the community. Important elements in this training are informing women that they do not need to tolerate abuse. Advocates should link people with disabilities to community resources that could help them expand their options for removing violence from their lives. Disability programs should be equipped to identify abused women and refer them appropriately.

There is an extraordinary need for materials on positive sexuality, as well as on assault. Wider distribution of institutional policies regarding consensual sexual activity is also necessary.

Compile a database of personal attendant service providers. The database should include the skills and abilities of each provider. Each provider should undergo a background check prior to being included in the database. Such background checks should include checks of other databases in other states.

Employees in institutional settings must be screened for incidents of abuse and for the signs indicating a pattern of abuse.

A parental support system would be effective in helping parents address their fears and acquire additional skills to protect their children from assault. In addition, a support system should lead to improved education in sexuality issues as well as help parents recognize the signs of abuse.

Sex education must also include strong, reliable and accurate information regarding consensual sexual activity. Otherwise, an individual is open to exploitation, targeting and grooming by a perpetrator.

Only a certain segment of the disability community is protected under Adult Protective Services Systems—bridge the gap for people who do not fall under the guidelines.

RECOMMENDATIONS TO ORGANIZATIONS

SEXUAL ASSAULT COALITIONS AND SEXUAL ASSAULT SERVICE FUNDERS HAVE THE UNIQUE OPPORTUNITY OF PROVIDING LEADERSHIP AROUND THE ISSUE OF SEXUAL VIOLENCE. AS SUCH, FUNDERS AND COALITIONS HAVE THE UNIQUE RESPONSIBILITY OF WORKING COLLABORATIVELY TO ADVOCATE FOR THE NEEDS OF ALL SURVIVORS INCLUDING THOSE WITH DISABILITIES.

SEXUAL ASSAULT COALITIONS*

Facilitate sharing of information between all service providers regarding best practices for providing sexual assault services for people with disabilities.

Provide positive incentives and recognition (awards or scholarships that could be used for education or other activities) to advocates who employ strategies that honor the self-determination of and/or create opportunities for the survivor to live in the least restrictive environment.

** See Sexual Assault Funders Section for recommendations to be undertaken by coalitions in conjunction with funders.*

SEXUAL ASSAULT SERVICE FUNDERS

Sexual Assault Service Funders, with the support of Sexual Assault Coalitions, should use collaborative efforts with local, state and federal entities to address relevant issues developed by the Partners. See below for some current examples supported by the Partners.

Agencies that accredit or set standards of service should develop accreditation standards that are directly related to access to facilities, programs and services. These standards should have the highest compliance level required. For example, accreditation standards that are directly related to access must have a required compliance level of “A”.

Sexual Assault Service Funders and Disability Organizations, with the support of Sexual Assault Coalitions, should use whatever opportunity or influence they might have with the U. S. Social Security Administration and Washington State Department of Social and Health Services to draft a regulation clarifying whether a survivor with a disability who receives GAU, SSI, or SSDI will have her benefits reduced or be subject to spend down if she receives Crime Victims Compensation. Likewise, advocate on behalf of Sexual Assault Programs or organizations that receive subsidies for therapy, to extend medicoupon eligibility to these agencies for therapy services, so that the providers may accept clients using Medicaid and/or Medicare.

Sexual Assault Service Funders, with the support of Sexual Assault Coalitions should combine their efforts to create an Equipment Bank for loans of accessible devices to Sexual Assault Programs on an as needed basis. Funding should be available to handle maintenance and delivery of the equipment.

Sexual Assault Service Funders, with the support of Sexual Assault Coalitions should investigate funding for Sexual Assault Programs to make capitol improvements and develop techniques for assisting Sexual Assault Programs with increasing accessibility.

Sexual Assault Service Funders should advocate to create incentives for Sexual Assault Programs to hire advocates with disabilities.

DISABILITY ORGANIZATIONS

DISABILITY ORGANIZATIONS HAVE EXPERTISE IN DELIVERING SERVICES TO PEOPLE WITH DISABILITIES. SEXUAL ASSAULT ORGANIZATIONS HAVE EXPERTISE IN PROVIDING SEXUAL ASSAULT SERVICES. THESE FOCUS OF THESE RECOMMENDATIONS IS INCREASING THE CAPACITY FOR DISABILITY ORGANIZATIONS TO ADDRESS ISSUES OF SEXUAL VICTIMIZATIONS THROUGH CROSS TRAINING AND COLLABORATION.

Often, people are assaulted by someone they know. Disability Organizations need to evaluate their own personnel. Disability programs should be equipped to identify abused women and refer them appropriately. Screen for abuse when doing intakes with consumers. Utilize available Abuse Assessment Surveys.¹¹

Build relationships with sexual assault programs and agencies.

Refer suspected sexual assault cases to Community Sexual Assault Programs (CSAPs). Support the Sexual Assault Program in taking the lead on a sexual assault issue, and accompany survivor during the intervention process.

Do prevention work together with Sexual Assault Programs.

Incorporate abuse safety planning as part of peer counseling services.

Develop reporting policies that include contacting the police. If the Disability Organization is not a mandatory reporter, it should be able to explain options about reporting to a survivor and give the survivor choices on how to proceed. The organization should not take a “one size fits all” approach to reporting.

If there is a resource library for consumers, include resources on emotional, physical and sexual abuse in accessible formats.

Offer to train sexual assault program staff on disability issues.

Assist in the recruitment of advisory board or group members with expertise on disability issues for Sexual Assault Programs, Sexual Assault Coalitions and Sexual Assault Service Funders.

Include a board member with expertise in sexual assault issues on disability agency board.

Exchange materials with Sexual Assault Programs and Sexual Assault Coalitions and distribute them to consumers, families, and staff.

Disability Organizations should develop a written policy on what to do when sexual or domestic violence occurs. Support Sexual Assault Programs by attending their fundraisers and community event. Disability Organizations should use whatever opportunity or influence they might have with the U. S. Social Security Administration and Washington State Department of Social and Health Services to draft a regulation which clarifies clarify whether a survivor with a disability who receives GAU, SSI, or SSDI will have her benefits reduced or be subject to spend down if she receives Crime Victims Compensation. Likewise, advocate on behalf of Sexual Assault Programs or organizations that receive subsidies for therapy, to extend medicoupon eligibility to these agencies for therapy services, so that the providers may accept clients using Medicaid and/or Medicare.

CONCLUDING STATEMENT

Nothing less than full inclusion and equal access to sexual assault services for people with disabilities is acceptable. As this community becomes more familiar with services available to the general population, it may support another service model that is more culturally competent and affirming of the experience of people with disabilities.

11 Adapted from Sheryl Robinson Civjan is Adjunct Faculty in the Department of Psychology, Holyoke Community College, Holyoke, MA.



WASHINGTON COALITION OF SEXUAL ASSAULT PROGRAMS

2004