



Resource Sharing Project

Rural Training & Technical Assistance

Serving Sexual Violence Survivors with Disabilities

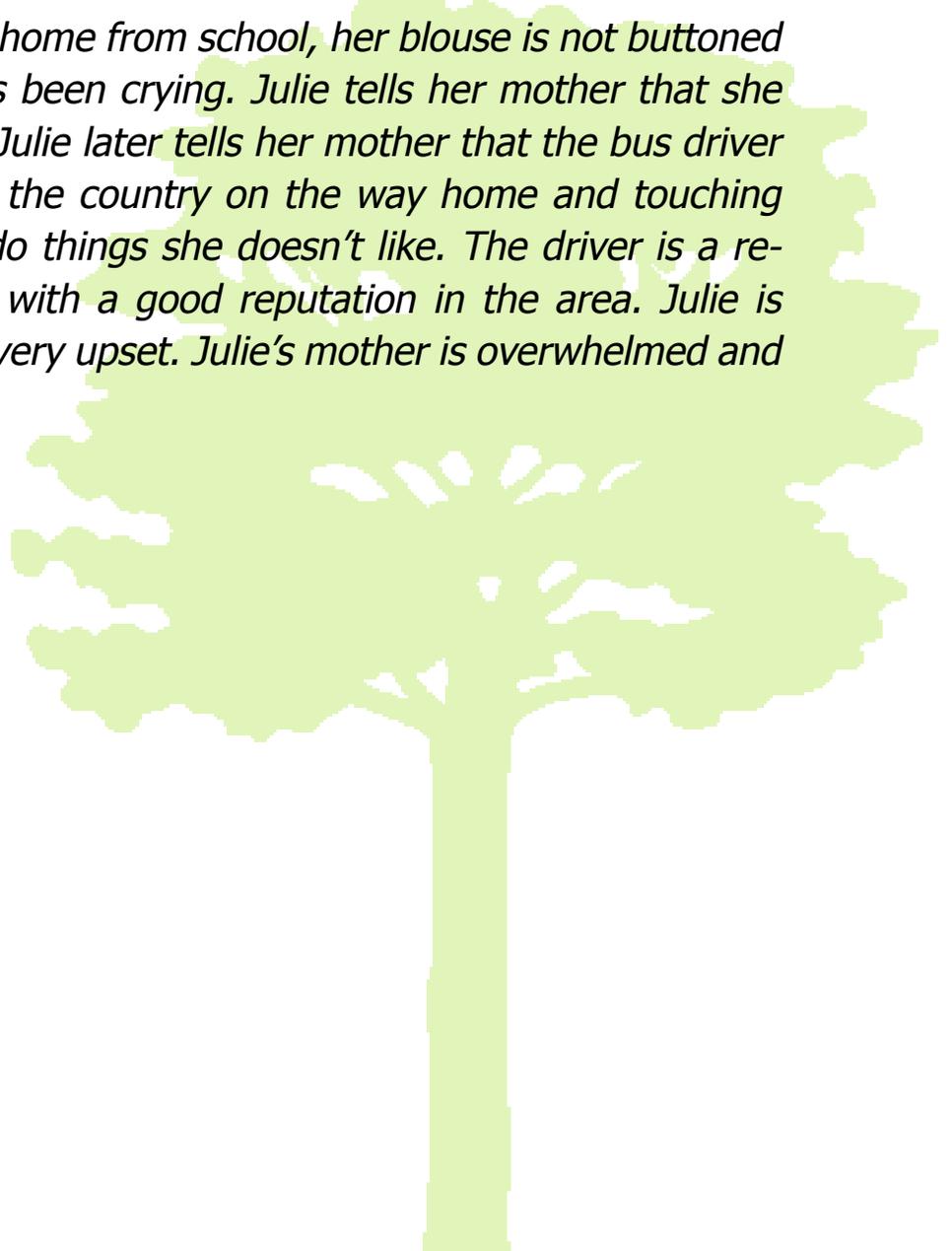
A Guide for Rural Dual/Multi-Service Advocacy Agencies

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JULIE'S STORY

Julie is a 20-year-old who lives in a small community with her parents and younger sister. Julie attends Special Education classes in a nearby town and dreams of going to college, being a social worker, getting married, and having a family. Julie has cerebral palsy, uses a wheelchair to get around, and her speech is difficult to understand by people who don't know her well. During recent weeks, Julie has become withdrawn and exhibits sudden outbursts of screaming.

One day, Julie arrives home from school, her blouse is not buttoned correctly, and she has been crying. Julie tells her mother that she wants to quit school. Julie later tells her mother that the bus driver has been stopping in the country on the way home and touching her and making her do things she doesn't like. The driver is a retired business owner with a good reputation in the area. Julie is confused, angry, and very upset. Julie's mother is overwhelmed and uncertain what to do.



Similar scenarios to Julie's happen across rural America on a regular basis. Individuals with disabilities experience sexual violence at horrific rates and yet do not often receive services from anti-violence advocacy organizations. According to the Bureau of Justice Statistics, people with disabilities experience violent crimes twice as often as people without disabilities (Harrell, 2012). Daniel Sorenson (2001) notes that, "most experts agree that the rate of violent crime is from four to ten times higher for people with disabilities than for the general public." Many are left with no one to believe them; some are exposed to continuing violence due to lack of intervention, information and resources; some are moved from their homes while the offenders continue their lives with no consequences; some are victims of behavior management programs when their response to trauma is seen merely as a behavior problem that needs to be extinguished; and many suffer a lifetime with no opportunity for healing or justice. An advocate's victim-centered response to an individual who has been sexually assaulted may assist in removing some of the barriers to accessing services and opening a path for the survivor to begin to heal.

All underlined words that are not hyperlinks are defined at the end of the paper.

Barriers exist in all parts of the response systems for survivors with disabilities: victim services, disability organizations, criminal justice systems, and health systems. Barriers can exist in communication, physical access, policies, program design, information, and attitudes. In rural communities, additional barriers may exist due to a lack of nearby services and resources, confidentiality and privacy challenges, and inadequate transportation systems.

To enhance access to sexual assault services for victims with all types of disabilities in rural dual/multi-service advocacy agencies, attention must be paid to our policies, outreach, welcoming environments, ensuring access, attitudinal access, communication access, collaboration, training, and sustainability. Each of these strategies will be addressed with an emphasis on practical application.

“Rape is a confusing issue for women. Women with disabilities may have some challenges that make it even more difficult for them to navigate the medical, legal, and service delivery systems.”

-Woman with psychiatric disability

POLICIES

The foundation of an organization is laid in the written policies. To assure that the policies are responsive, inclusive, and proactive regarding access for individuals with disabilities, it is ideal to get input from individuals with disabilities and/or a collaborative team that includes individuals with disabilities. Several policy considerations can reduce barriers to services for victims with disabilities:

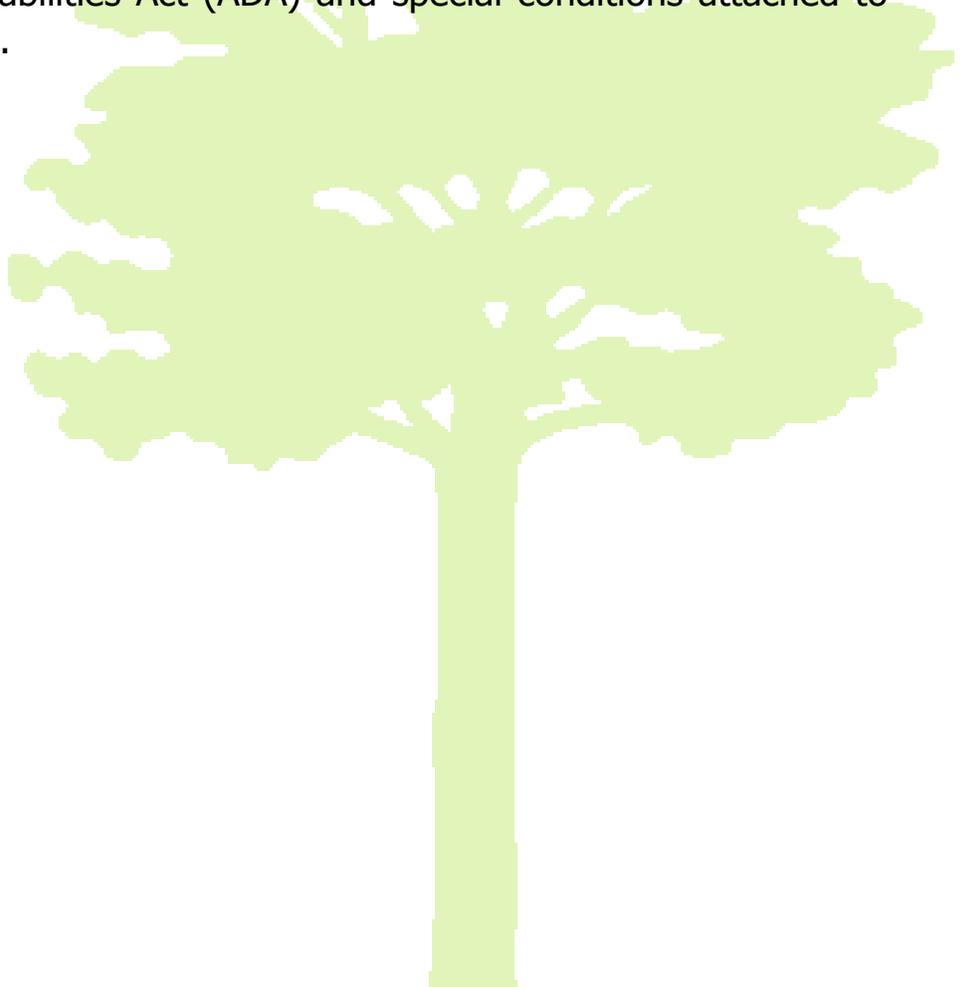
1. An annual review of accessibility using the ADA for guidance (of the physical space, written material, communication practices and staff/volunteer ability) with a resulting action plan,
2. Describing the right to request accommodations on agency materials,
3. Working agreements or Memorandums of Understanding (MOUs) with community disability organizations, to include the referral process and cross-training,
4. Recruitment of individuals with disabilities on the Board, volunteers pool, and staff,
5. A line in the budget to implement reasonable accommodations,
6. Providing all routine materials in simple language, large print (16 or 18 point font), and in Braille,
7. Training employees on the unique needs of individuals with all types of disabilities,

Many individuals who are Deaf or Hard of Hearing do not consider themselves disabled but as a member of a cultural or linguistic group.

It is for this reason that specific recommendations on how to best serve rural survivors who are Deaf or Hard of Hearing will be addressed in a separate paper.

8. Identifying and advocating for systems change to reduce barriers to accessing services in all systems, and
9. Writing policies in language that is easy to understand, respectful (people first language), and aligned with universal design principles.

Clear, consistent policies help staff to do the right thing. When employees are confused, the confusion is often and unfortunately evident in service provision and outreach. The best policies provide clear guidance for employees and manifest the organization's values. If we value compassion for all and equal access to services, our policies must be written with compassion and respect for all. It is also important to note that if an agency receives federal funding, they are required to provide services for individuals with disabilities. Noncompliance with this federal laws can result in a Department of Justice investigation and possible financial consequences. You can review the American Disabilities Act (ADA) and special conditions attached to your grant for more guidance.



“ I had no idea there was a place that could help me. ”

- Survivor of sexual assault with an intellectual disability

OUTREACH

Individuals with disabilities who experience sexual violence cannot access victim services if they are unaware that accessible services exist. Outreach to individuals with disabilities, their families, and the systems that provide services to them is a critical component of enhancing access. Outreach can take many forms, including brochures, posters, billboards, presentations at community events, and presentations at targeted classes, meetings, and gatherings.

Universal design is a concept that makes products, buildings, policies, communication, information and programs inherently accessible and inclusive to the largest array of people possible. Universal design takes into account the largest number of people and circumstances possible. When used to design environments, universal design decreases user fatigue and improves user performance. We can see universal design in many areas of life: playground games accessible to all children, homes modified to support us as we age, and even doorknobs that are lever-handles instead of round knobs. When considering universal design for written materials, we want to reach the broadest audience possible, across all reading levels. For more information on Universal Design, [click here](#).

Universal design means that written outreach materials should be written in plain language, contain pictures, mention available accommodations, and be available in alternate formats such as braille and large print. Font type, size, spacing, and contrast are all important features for people with low vision or reading difficulties. For example, Arial and Tahoma are two of the fonts that are easiest to read. In working with colors, make sure there is maximum contrast between the background and the text, and avoid putting words on top of other images. Marketing materials should be at a 4th to 6th grade reading level, which you can easily check in Microsoft Word by running spell check and looking under grade level. Make sure not to use jargon or acronyms like RVP, CDC, etc. that the public won't understand. When designing and maintaining your website, create text equivalents for all images on the website for

screen reader programs, choose easy-to-read fonts that can be enlarged, and make sure videos and other multimedia have accessible features.

You can also check out [ADA Best Practices Tool Kit for State and Local Governments](#) or ask your local disabilities service provider for information on accessible web design. Just following these simple tips will make written materials and presentations easier for everyone to access.

When conducting community presentations to any audience, be sure to explain that services are available to all survivors and significant others, including individuals with disabilities. Many times, families who have children or loved ones with disabilities assume their family member will be excluded unless the word 'special' is in the title. They may have learned that their child can only get separate services and cannot receive similar services. By mentioning that victim services are available to individuals with disabilities, the sense of segregation and not belonging can be lessened. It is helpful to have pictures, posters, and brochures that include images of persons with disabilities.

Perhaps one of the best ways to reach individuals with disabilities, their loved ones, and their service providers, is to conduct presentations especially for those audiences. Some examples include parents' support groups, early intervention programs, special education schools and classes, self-advocacy groups, disability agencies, special recreation programs, classes within adult day services, job training programs, and specific conferences. For more information on educational classes for individuals with disabilities and working with parents and guardians, go to www.illinoisimagines.net.

“ I could tell they didn't want me there and didn't know what to do with me, so I left. ”

-Survivor with physical disability

WELCOMING ENVIRONMENTS

Creating welcoming environments is another aspect of ensuring survivors with disabilities receive fair and equal services. In order to set the stage for this component, think about what makes you feel welcome when you enter an organization or facility. The goal is to create a space that is welcoming, safe, and comfortable for everyone.

For individuals with disabilities, this feeling of 'welcome-ness' begins in the parking lot, the sidewalk, the entry door, and the waiting room. Look at your space and imagine what it may look and feel like to different people. Is there adequate space for someone who uses a mobility device to move easily throughout the office space? It is best if an employee doesn't have to come and move a chair for someone who uses a wheelchair or other mobility device. Are the employees comfortable in communicating with someone with a disability? All people should be promptly welcomed with a warm smile, normal tone of voice and a friendly greeting. One woman with multiple disabilities said, "I feel most welcome when accommodations are not a big deal." For more information on creating a welcome space, go to www.accessingsafety.org.

“I did not get the rape kit done because they didn't know how to get my feet in the stirrups.”

-Survivor with cerebral palsy

ENSURING ACCESS

Survivors with disabilities have a right to equal access to victim services, health care and the justice system. Access can mean different things for different people. When we fully embrace the belief that all survivors should have equal access to our services, we take action to make that happen. When we make our services accessible to people who may be marginalized, the whole community benefits. The ADA sets guidelines to help programs, services, facilities and activities to be equally accessible to individuals with disabilities as they are to others. Physical access focuses on access by persons with physical disabilities. There are specific guidelines and standards for parking, curb cutouts, sidewalks, entryways, doorways, hallways, slopes/ramps, handles, restrooms, counters, and so on. For specifics, go to ada.gov or ask your local disabilities service provider for assistance.

It is good practice to have an accessibility review completed of your agency by an objective party. A community [Center for Independent Living](#) can often provide this service as well as some practical suggestions for improvement. It is not always feasible to have a building you lease undergo major construction. In that situation, it is okay to offer an equivalent service at an alternative, accessible location. For example, if a rape crisis center whose primary space has steps with no elevator, however, they have two accessible meeting rooms that are used for advocacy and counseling sessions with individuals with disabilities. The accessible space has proven helpful to many of their clients, as well as visitors. Not all modifications are expensive, and many programs have found small, local grants that will support minor renovations to increase accessibility. When you refer survivors to other services, such as follow-up healthcare or legal services, check that their spaces are fully accessible too. This will ensure accessibility and comfort for the survivor throughout the system and build more trust with you, as you demonstrate that you are advocating for them as a whole person.

In addition to providing access to sexual assault services, advocates can support survivors with all types of disabilities in accessing medical and criminal justice services. When a survivor with disabilities chooses to have a forensic medical examination, the advocate can work with the survivor and the medical professional to ensure access to the examination. Not all medical professionals have undergone specialized training to perform medical forensic examinations on individuals with disabilities. Additionally, individuals with physical disabilities who have been sexually assaulted may require alternative equipment for a medical forensic examination. The survivor will know best what position will work best and including the survivor in the process is of vital importance. Working with the hospital staff in a proactive manner can prevent re-victimization of the survivor. A similar process can be used with physical access to the criminal justice system. The sexual assault advocate can meet with the prosecutor, victim witness coordinator, and court personnel to assess and discuss access issues before they become a problem for a survivor. Including a representative from the Center for Independent Living can be very helpful in this process.

Individuals with disabilities often need advocacy related to ensuring safe and sensitive access to and response from their support services: care attendants or facilities, special education, job sites, among others. Advocates should be prepared to offer specialized assistance with safety planning and advocacy related to employment and education. In rural communities, there are fewer resources and options for survivors with disabilities. For example, there are a limited number of personal assistants (PA's) available for employment in rural areas. If a person is assaulted by their PA, it can be more dangerous and disruptive to daily life to fire the PA and no longer have access to support services. Similarly, a child with a disability who is assaulted by the only physical therapist in their community will need support in finding ways to meet that need.

“My disability is no big deal—but people’s attitudes are a very big deal. Attitudes are the biggest barrier I face.”

-Survivor with physical and communication disability

ATTITUDINAL ACCESS

Many individuals with disabilities have experienced segregation, discrimination, and stigmatization on countless occasions throughout their lives. What keeps many people from fully accessing their rights as equal citizens are the myths that exist about people with disabilities. It is critical that employees and volunteers within rural dual/multi-service advocacy agencies are able to treat survivors with disabilities as people first. A disability humility model is often more helpful than a disability competence model. Disability competency asserts that it is possible and necessary to memorize formulaic information about all disabilities prior to working with people with disabilities. This model is insufficient because it does not allow for inquiry and growth while working with people with disabilities and often relies on stereotypes. Another problem with the disability competency model is that it assumes that everyone with a particular disability is the same, which is, of course, not true. Disability humility equalizes the power between the advocate and the survivor by acknowledging that people are unique and that the person is the expert on their needs and preferences. Using the disability humility model the advocate is humble, respectful, open, and ready to learn from the survivor. The focus is on the survivor and their trauma experience, yet the advocate understands it is okay to inquire about the survivor’s needs related to a disability. While the disability competence model encourages advocates to ‘wait until we know enough’, the disability humility model allows us to serve people with disabilities ‘right now’. See [this resource](#) for more information.

It is important that advocates have the opportunity to reflect on their experiences with and attitudes about individuals with various kinds of disabilities, and be able to discuss any biases in an open, non-judgmental arena. In order to be allies, we need awareness and exposure. Advocates who lack exposure to individuals with disabilities can gain comfort and confidence by increasing their exposure. Meet with people at a local disability agency, invite the Center for Inde-

pendent Living in for a tour and discussion of services, present at a self-advocacy meeting, volunteer at a Special Olympics event, or get to know a neighbor with a disability. Many victim advocates have reported that getting to know individuals with disabilities in this way has been joyful and life enhancing. Engaging in equal and respectful relationships is the best way to gain comfort and confidence. Remember that your attitude may be the one that opens or closes the door to services for a survivor.

“ She took her time and told me when she could not understand me. Some people pretend they can understand me when they don’t. She was honest. We worked it out. ”

-Survivor with multiple disabilities

COMMUNICATION ACCESS

Communication is at the core of sexual assault services. Some individuals with disabilities will require specific accommodations, such as materials in Braille or an augmentative communication device, such as a communication board. Using this tool, the person will point to pictures, words, or symbols to express their ideas to you ([Click here](#) for an example of communication boards about sexual violence). In all cases, though, the best way to know what accommodation a person may need is to ask them.

It can be uncomfortable to communicate with someone who does not communicate in a way that we can easily understand and it is difficult sometimes to admit that we don’t understand them. It is helpful to understand how language works in order to increase our skills. Language has two main components: receptive language and expressive language. Receptive language refers to what a person understands (how I take in or understand your communication) and expressive language refers to what a person expresses or says (what I say to you, both verbally and non-verbally). Receptive language skills and expressive language skills are not the same. A person might not be able to express their thoughts and feelings in a way that you understand, but might understand everything you say. Let’s look at some tips for improving communication of receptive and expressive language.

We do not always know what a person’s receptive language skills are. Most of us have been in meetings when we did not understand something that was being said, but nobody else noticed. Some individuals with disabilities have learned to cover up what they don’t understand, and like us, they may not want to draw attention to that fact. One way to check another person’s understanding is to say, “I’m not sure I said that very well. Tell me what you understood me to say” or, “What do you think is the most important thing we talked about?” Another strategy is to set the stage for speaking up by saying, “Sometimes I don’t explain things very well.

Can you help me by letting me know when I do that?" Another way to improve communication is to use easy-to-understand words and avoid using acronyms, clichés, jargon, words with multiple meanings, and sarcasm. It is also helpful to use short sentences and concrete words. These simple tips can improve everyone's understanding of your communications, not just individuals with disabilities.

Also, consider the fact that there are many communication styles. By providing more than one way of communicating, you increase the odds that the person will understand you. Use pictures, role play, movement, tactile learning strategies, and others until you know what works best with a particular person. Adults with lifelong disabilities are often spoken to with a demeaning tone of voice. Be sure to use a respectful, adult tone of voice when communicating with survivors. And if a survivor with a disability brings a parent, guardian, aide, or anyone else to meet with you, always speak to the survivor and not about them.

If you have difficulty understanding someone's speech, take your time and listen closely. Your ability to understand can improve quickly once you spend some time with the person. Never pretend that you understand what someone is saying. It is respectful to ask a person to repeat what has just been said. One tip is to repeat the words that you do understand with a questioning tone of voice and the person will tell you again what the message is. People who are difficult to understand know that and would rather you try to 'get' the communication, than pretend or walk away. Some people can write or spell words to help you understand. Some people can gesture very effectively in combination with the spoken word. If you are sincere and respectful, the person will know that you care about them and that is an important aspect of communication.

“ *Nothing about me without me.* ”

-Core value of the self-advocacy movement

COLLABORATION

When we bring people with diverse backgrounds and roles in the community together with the goal of assuring inclusive and effective services for survivors with disabilities, the opportunities for systems change are incredible. Collaboration is the key to effectively serving victims with disabilities in rural communities. At a minimum, the collaborative team should include disability organizations, dual/multi-service advocacy agencies, and individuals with disabilities. Some teams include SANE nurses, law enforcement, prosecutors, special education professionals, child advocacy centers, housing authority representatives, victim witness coordinators, and/or abuse investigators. If you think that sounds a lot like a Sexual Assault Response Team (SART), you're right. You might consider adding disability service providers and folks with disabilities to your SART, and having some SART meetings dedicated to discussing the response to survivors with disabilities. The collaboration brings together the knowledge and skills necessary to understand and serve victims with disabilities as whole people.

From the authors' experience in working with collaborative teams, having individuals with disabilities on the team brings a passion and depth to the work that is critically important. "Nothing about me without me" is a value from the self-advocacy movement that means those who are most affected by the work must be involved in the decisions about the work that is being done on their behalf. As you invite individuals with disabilities to the team meetings, make sure the meeting is accessible and welcoming. How will the person with disabilities get to the meeting? Perhaps the meeting can be held in a place most convenient for them. Will everyone commit to using accessible language and avoiding some of the pitfalls in our expressive language?

Collaborative teams can engage in many activities including establishing working agreements, cross-training with other social service providers and disabilities organizations, doing outreach and education for students with disabilities, co-presenting with disability organizations, reviewing organizational policies, developing materials in alternate formats, action planning for accessible services, creating community events, identifying system barriers and taking action to reduce those barriers, and developing protocols for responding to survivors. Collaborative teams are vital in bringing the needed resources together in rural communities to effectively serve survivors with disabilities.

[Click here](#) for more information on collaborative teams at the intersection of violence and individuals with disabilities.

“Our required training includes information on working with people with disabilities and two of the instructors have disabilities, which really brought the information to life.”

-Rape crisis center employee

TRAINING

Training provides rape crisis center employees and volunteers the information and skills needed to effectively respond to victims of sexual violence. Determining what information and skills are needed is the best place to begin. Basic information can be included in the initial training that everyone receives; additional topics can be folded into advanced and ongoing training. Regular staff meetings can be used to train on shorter pieces of information. Consider finding individuals with disabilities to train or co-train the section(s) on working with survivors with disabilities. Advocates often report they learn best when a person with disabilities is involved in the training.

Training might include the following topics: disability humility; agency policies; myths vs. facts about individuals with disabilities; prevalence of sexual assault and individuals with disabilities; risk factors for violence in the lives of individuals with disabilities; personal attitudes and fears; barriers to accessing services; people first language; resources in your area; communication; accommodations; types of disabilities; guardianship and related issues; providing barrier-free services; universal design; disability history and oppression; criminal justice response to victims with disabilities; and medical advocacy for victims with disabilities.

Supervision and on-the-job training are follow-up activities that are crucial in assuring that the information and skills taught in training carry over to employee relationships and service provision. There may be situations when an employee needs support and guidance from a supervisor in working with a survivor with disabilities just as supervision is needed when working with any other survivors. Difficult situations can also be shared confidentially with a collaborative team for resource development and creative options.

“Don't let anything stop you. There will be times when you are disappointed, but you can't stop.”

-Mari Evans

SUSTAINABILITY

Most of us have been involved in projects and initiatives that start out strong and then disappear when funding stops or a leader leaves the project. Providing inclusive victim services on an ongoing basis takes intention, commitment, resilience, and action. Outreach, welcoming environments, attitudinal access, physical access, communication access, collaboration, policies, and training can combine to form a service culture that is respectful, safe, and welcoming to survivors with disabilities. We need to put energy into sustaining and feeding that culture if it is to last. Some specific strategies that can support sustainability include:

1. Written policies regarding ongoing review of accessibility issues,
2. Formal collaborative partnerships with strong, respectful relationships,
3. Inviting individuals with disabilities into all aspects of the organization, such as training, serving on the Board, volunteering, joining collaborative teams, etc.,
4. Having enthusiastic champions within the organization who regularly advocate for inclusion,
5. A process for evaluation of accessibility,
6. Tools to measure effectiveness, such as tracking the number of people served who have disabilities,
7. Celebrating our successes and outcomes, and
8. Attending to issues of compassion satisfaction and compassion fatigue.

Access to victim services for individuals with disabilities is a worthy cause to include in your organization. It is not a one-time effort, but a continuous value that can be embedded into the agency culture.

JULIE'S STORY

Julie's mother remembers hearing something about sexual assault services at a dual/multi-service advocacy agency at a parents' support group meeting. She calls the leader of the parent group and gets the name and phone number of the advocate the group leader knows. Julie and her mother make the call together on a speakerphone. They listen to the options and Julie wants to go to the hospital. The advocate meets them there and services begin...

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REFERENCES

Harrell, E. (2012). Crime Against Persons with Disabilities, 2009-2011. Statistical Tables, U.S. Department of Justice, Bureau of Justice Statistics, NCJ 240299.

Sorenson, D. (2001). Hate Crimes Against People with Disabilities (speech). California Coalition Against Crime on People with Disabilities, May 18, 2001.

RESOURCES

General Information

- Confronting the Sexual Abuse of Women with Disabilities, January 2005: http://www.vawnet.org/Assoc_Files_VAWnet/AR_SVDisability.pdf
- Collection of resources on survivors with disabilities from the Washington Coalition Against Sexual Assault: <http://www.wcsap.org/disability-community>

Americans with Disabilities Act

- "A guide to Disability Rights Law" 2009: <http://www.ada.gov/cguide.htm>
- For general information, go to: www.ada.gov

Attitudes

- "I am not my disability": <http://bit.ly/1FQgI71>
- "Credo for Support" video: <http://bit.ly/1fyIS9D>
- Kathy Snow challenges attitudes about individuals with disabilities. To read her article on "Presume Competence," go to: <https://disabilityisnatural.com/images/PDF/pc1-pwd.pdf>
- Kathy Snow writes a follow-up article on "Eliminating the Presumed Incompetence Paradigm" at: <https://disabilityisnatural.com/images/PDF/pc3-elim.pdf>

- Lighting the Way: Heroes with Disabilities is a free downloadable booklet written by a woman with disabilities, which highlights a variety of individuals with disabilities who have made a difference in lives of others. This booklet has been used with individuals with disabilities in educational classes and counseling as well as with general audiences across America: <http://www.maconresources.org/uploads/files/Lighting%20the%20Way.pdf>

Collaborations

- Vera Institute of Justice provides technical assistance to the disabilities grants through the Office on Violence Against Women through their Accessing Safety Initiative. All grants are based on a collaborative model: www.accessingsafety.org
- “Forging New Collaborations: A Guide for Rape Crisis, Domestic Violence, and Disability Organizations” by Nancy Smith and Sandra Harrell: <http://www.vera.org/pubs/forging-new-collaborations-guide-rape-crisis-domestic-violence-and-disability-organizations-1>

Communication

- “Getting Your Message Across: Communicating with People who have Intellectual Disabilities” by the Green Mountain Self-Advocates: <http://www.gmsavt.org/getting-your-message-across-communicating-with-people-with-intellectual-disabilities/>

Effective Communication per the Americans with Disabilities Act:

- http://www.sabeusa.org/wp-content/uploads/2014/02/National_ADA_Center_Fact_Sheet_2_EFFECTIVE_COMMUNICATION.pdf

Criminal Justice

- Crimes Against People with Disabilities, 2011. U.S. Department of Justice. Office of Justice Programs. Bureau of Justice Statistics. National Crime Victimization Survey, 2011: <http://1.usa.gov/1AIQHeF>

- "Victims with Disabilities: The Forensic Interview". Office for victims of Crime (OVC): <http://www.ovc.gov/publications/infores/pdftxt/VictimsGuideBook.pdf>
- Victims with Disabilities: Collaborative, Multidisciplinary First Response. 2009. Publication number NCJ 223940: www.ncjrs.gov
- Tips for First Responders, 3rd Edition, Center for Developmental and Disability, Dr. Anthony Cahill call 505-272-2990 or: <http://cdd.unm.edu/products/tips3rdedition.pdf>
- Davis, Leigh Ann (October 2006). The Arc's Justice Advocacy Guide: An Advocate's Guide on Assisting Victims and Suspects/Defendants with Intellectual Disabilities. Washington, D.C.: The Arc of the United States: <http://bit.ly/1rZPvbV>

Disability Humility

- The Overview Guide of the Illinois Imagines project includes information on Disability humility, as well as other topics: <http://bit.ly/1zViCBo>
- SAFETA.org presented by International Association of Forensic Nurses: <http://www.safeta.org/?page=DownloadbySection>

Health Care/Sexual Assault Examinations

- A Health Handbook for Women with Disabilities, By Jane Maxwell, Julia Watts Belser, and Darlena David © 2007. Hesperian Publications. ISBN: 978-0-942364-50-7

Access to Healthcare for Women and Girls with Disabilities DVD

- Achieva Disability Healthcare Initiative: <http://www.achieva.info/disability-healthcare-initiative>

People-First Language

- Article on People-First Language by Kathy Snow: <https://disabilityisnatural.com/images/PDF/pfl09.pdf>
- An article by the Arc of the United States about people-first language: <http://www.thearc.org/who-we-are/media-center/people-first-language>

Physical Accessibility

- Accessible medical exam rooms: http://www.ada.gov/medicare_mobility_ta/medicare_ta.htm

Self-Advocacy Movement

- The self-advocacy movement is a civil rights movement by and for people with disabilities. For historical information go to: <http://mn.gov/mnddc/parallels/seven/7a/2.html>
- Self-Advocates Becoming Empowered (SABE) is a national self-advocacy organization. To learn more go to: <http://www.sabeusa.org/>

Universal Design

- The Institute on Human Centered Design has an article about Universal Design here: http://www.udlcenter.org/resource_library/videos/udlcenter/udl#video0/

DEFINITIONS

Accommodation

A modification or addition based on an individual's needs and preferences which increases their access to information, communication, facilities, programs, services and/or activities. If survivors know they can request an accommodation, they are more likely to ask for what they needs.

Augmentative Communication Device

A device or tool used to help a person express themselves; may include pictures, symbols, and/or electronic tools.

Behavior Management Program

A program designed by professionals with the intent of decreasing or eliminating one or more of a person's behaviors determined to be problematic. Typically these programs use things the person likes to modify their behavior, such as access to activities, people, television, treats, etc. For example, if I am not 'good,' I may not get to visit my family.

Center for Independent Living

Community-based organization directed and managed by persons with disabilities which promotes the rights and independent living of all people with disabilities. Centers for Independent Living have a variety of resources for people with different kinds of disabilities, including physical, sensory, and developmental.

Disability

A physical or mental impairment that substantially limits one or more major life activities of such individual. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.

People First Language

A way to express yourself using respectful language; People First Language focuses on the person and not the disability; always putting the person first. For example, a person with a disability, not a disabled person.

Screen Reader Program

A program designed to assist blind or visually impaired individuals by converting digital text to speech or a Braille display.

Self-Advocacy Group

A group of people with disabilities who meet regularly to speak up for their rights, socialize, and make system changes. Self-advocacy groups work for freedom and equality in various ways.

ABOUT THE RSP'S RURAL TRAINING & TECHNICAL ASSISTANCE PROGRAM

The Rural Training and Technical Assistance team here at the Resource Sharing Project is always available for assistance on a range of issues in sexual assault services that rural dual/multi-services sites frequently face, such as

- Developing an outreach plan for sexual assault survivors in your community
- Performing a sexual assault needs assessment
- Providing culturally and linguistically specific/accessible services to sexual assault survivors
- Advocacy for the unique needs of sexual violence survivors

And many more topics

We are happy to chat with you about any particular challenges, send you resources, or even come visit your state to provide training and technical assistance. You can also access publications, e-learning tools, and past webinars at www.resourcesharingproject.org/rural-sexual-assault-services. Please email Leah@iowacasa.org or Elizabeth@iowacasa.org with any questions or call us at 515-244-7424. We look forward to talking about rural advocacy with you soon!

