

REMOTE CART  
Serving Survivors Who Are Blind or Have Low Vision-  
(Adobe)  
1:30 p.m. - 3:30 p.m. (EST)  
June 18, 2019  
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KAITLIN SHELTER: Good afternoon everyone, this is Kaitlin Shetler with the Vera Institute of Justice. The webinar will begin in 5 minutes.

If you have a question or need any assistance, please send us a message in the Q&A pod to the right of the PowerPoint.

Also, if you would like to download a copy of the PowerPoint, you can do so by clicking on the file you wish to download in the Webinar Downloads box and then clicking "download file."

»: Please leave your name and a message, speaking slowly and clearly and I will return the call as soon as I can. Thank you.

KAITLIN SHETLER: Good afternoon everyone! Thank you for joining our webinar today. I'm Kaitlin Shetler with the Center for Victimization and Safety at the Vera Institute of Justice. I would like to welcome you to today's webinar. We are so pleased to bring you this as part of our 2019 End Abuse of People with Disabilities webinar series.

We have just a few quick logistical items to go over before we begin today. There are two ways to communicate with myself and my Vera colleagues, presenters,

and other webinar participants today.

First, the chat pod. The chat pod is used to communicate with the presenter and other attendees. You may use the chat box to introduce yourself and answer any questions the presenter may pose to the audience. In addition to the chat box, there is a Q&A pod, which is used to communicate directly and privately with myself and my Vera colleagues.

If you have technical difficulties or a question for the presenter, please post in the Q&A pod. If you post about a technical issue in the chat pod, my Vera colleagues providing technical support may not see your post.

You may also post questions about the presentation in the Q&A pod. Next, we'd like your assistance in testing the features of this webinar.

First, let's test the captioning pod. The captioning pod is located in the bottom left hand corner of your screen directly below the PowerPoint presentation.

The words I am speaking should appear in the captioning pod. If you can -- please note that if you are using the mobile app on your smartphone or tablet, you will not be able to see the captioning pod. Instead, you will see a message that says, "Unsupported content." If you are on a computer and cannot see the captioning, please send us a message in the Q&A pod so that myself and my Vera colleagues can assist you.

Next, in the pod to the right of the presentation you should see our American Sign Language interpreter. How is the light? Can you clearly see the interpreter? If you cannot clearly see them or the lighting is too dim, please use the Q&A pod to contact us. I am going to pause for a moment to see if anyone needs assistance and to allow time for our interpreters to make those adjustments. If, at any time, you have difficulty seeing the interpreter, please contact us in the Q&A pod.

Please note that we value complete access during our webinars. This means that we will ensure the complete functionality of our captioning pod and interpreters before moving forward. Due to the nature of technology, we may experience technical difficulties.

First, if you can help us out by making sure your line is muted, if you called in, that will ensure that we won't have any feedback. If we do experience a technical

challenge, you will see a message on your screen which reads "we are experiencing technical difficulties, please standby."

We will work to resolve these issues as quickly as possible. If the issue cannot be resolved, we may have to cancel the webinar. If this happens, we will send a follow up email providing additional information to all attendees.

Participants are in "listen-only" mode, which means we are not able to hear you, but you should be able to hear us. If you cannot hear the presenters speaking, if you are having any difficulties with the captioning, or any other technical difficulties during the presentation, please enter a message in the Q&A pod, to the bottom, right of the PowerPoint.

This is the best way to communicate with me or my Vera colleagues who are providing technical support throughout the webinar today.

We plan to have time after the presentation for questions and comments. If you don't want to lose a question or comment during the presentation, please feel free to go ahead and enter it in the Q&A pod and we will hold onto your questions until the end. Please DO NOT put questions in the chat pod.

If you would like to download a copy of today's presentation, you can do so by going to the pod in the bottom right hand corner of the screen. Select the document and click the Download File button.

We will be recording today's webinar. A link to the recording, as well as the PowerPoint, transcript, and ending survey, will be emailed to all participants following the webinar. The webinar recording will also be posted on the End Abuse of People with Disabilities website.

Our presenters today are Shari Roeseler and Brandie Kubel. Shari Roeseler is the Executive Director/CEO of Society for the Blind, which provides education and services to people who are low-vision and blind in a 27-county region.

Prior to joining Society for the Blind, she served as Executive Director for St. Anthony Foundation, one of the largest non-profit social service agencies in San Francisco.

Shari served for nine years as the Vice President of Resource Development for the West Region of Mercy Housing a well-known national non-profit affordable housing

organization. She has served on non-profit boards including Capitol Public Radio, the NPR affiliate in Sacramento, CA and the USF McCarthy Center Board of Advisors.

She is currently a lecturer at USF, a member of the board of Vision Serve Alliance, a national association of agencies serving people with vision loss, and Bread of Life Center. Shari has a B.A. in Social Work, Sociology, and Criminal Justice from the University of Wisconsin-Madison, and a Masters in Ethics/Bio-Ethics from Santa Clara University-Jesuit School of Theology.

Brandie Kubel is an Independent Living Skills Instructor at Society for The Blind in Sacramento, California and has worked in the blindness rehabilitation field for over twenty years. She teaches her students basic cane travel skills, budgeting and finances utilizing online bill paying and assistive technologies, household management, and personal care among other daily living skills.

Brandie is legally blind, having lost her vision due to retinopathy of prematurity. Today she shares her experiences with others and is a frequent facilitator of adjustment to blindness workshops at Society for the Blind.

Brandie helped to create the curriculum for Society's Senior IMPACT Program and a two-week Adjustment to Blindness program for new clients. Previously she helped to develop the Daily Living Skills program for the Center for the Visually Impaired in Stockton, CA. She received her Bachelor of Arts degree from the University of California Berkeley in Social Welfare and is pursuing a MS in Counseling.

Thank you, Shari and Brandie, for being with us today and I will now turn the presentation over to you.

SHARI ROESELER: Thank you, so much for the introductions ever giving Brandie and me the opportunity to talk with you today about providing services to survivors of interpersonal violence or sexual assault who have vision loss.

I want to begin today with a brief overview of Society for the Blind and of the collaboration we have with the Sacramento's regions' main agency for survivors of domestic violence and sexual assault and human trafficking. Society for the Blind is a nonprofit and we are founded in December of 1954 by a group of Sacramento community members who were blind as well as some members of local Lion's club. What originally began as a more of a social gathering center quickly developed into an

educational center. Today's society is the only comprehensive blindness and low vision training Center in northern California. We provide services to about 6000 people in 27 counties each year. And little bit I am going to let Brandie tell you about our core courses, braille, orientation and mobility, independent living skills, and adaptive technology. Brandie?

BRANDIE KUBEL: Thank you, Shari. Society for the Blind offers classes in the four core areas of blindness training. Braille, orientation and mobility, independent living skills, and adaptive technology. Braille teaches literacy to our clients so they can read independently. Most importantly for children who are blind, braille teaches them how to form words, understand language, and communicate.

Braille is used to label household items, organize our important files, and enjoy reading again. While many may think of braille as archaic, it is literacy and is very important in our everyday life. Orientation and mobility or O&M for short teaches clients how to travel with a long white cane. Using the remaining senses, hearing, touch with a cane, and even smell, clients learn how to safely navigate through this busy world we live in. They learn how to cross complicated intersections by listening to traffic. How to locate points of interest by sight and smell. It is always easy to find a Starbucks.

They learn how to take public transportation like buses, commuter trains, how to find commuter train stations, bus stops, and even airports. We practice O&M skills by taking program outings like farmer markets, theater productions, Museum Tours, and even kayaking trips. And independent living skills, clients learn how to cook, clean, organize, label, their finances, and so much more. They learn how to incorporate skills from all four areas so they can independently take care of themselves and their families with confidence.

In adaptive technology, clients learn how to use text to speech technology or magnification to use technology that many of you use every day.

We teach when, Apple, iPhone, iPad, even Lenox. Clients learn software like Word, Excel, Firefox, Chrome, and many more. Students learn the skills they need to be competitive in the job market.

SHARI ROESLER: Our collaboration with WEAVE started in 2017 when they started the California offices of emergency services grant focusing on the people with

disabilities. The Executive Director of WEAVE and I knew each other for over 20 years and she asked if we would like to be their partner and shortly after that, the OBW grant came along and our work on the Cal OES grant showed us there was a very real need for grant services for people with vision loss who were survivors of interpersonal violence and sexual assault.

Our collaboration on this OBW grant is called a shared vision Sacramento. And we recently completed our needs assessment, which provided us with valuable information to now lay out a strategic plan and detailed activities for the final year and a half of this grant. Our overall goal is to create a model for collaborative services between domestic violence and sexual assault agencies and organizations such as Society for the Blind. During the course of today's presentation, we will share some of what we have learned thus far with you. And now let's look at our four learning outcomes for today.

BRANDIE KUBEL: For today's webinar, Shari and I want you to gain understanding in the four areas, the need for services for survivors with vision loss.

Facts and statistics about people with vision loss.

What it is to live with blindness or low vision.

And ways to assist survivors with vision loss.

SHARI ROESLER: Let's take a look at some of the gaps we found in our needs assessment. Having just finished the assessment and our shared vision Sacramento collaborative found among the key findings not always a surprise to us, but in fact, validated what we thought was going to be some of the gaps. First there was insufficient data. One of the biggest challenges is the lack of data specific to people who are blind and low vision. This is also true for those who are Deaf or Hard-of-Hearing. People with sensory loss are often and too frequently lumped into a generalized category. It shows we think somewhat of a bias toward ableism that is not helpful quite frankly, for anyone with a disability, be it intellectual, developmental, sensory, or others.

As you can see on this slide the prevalence of abuse is at least two and a half times greater for a person with a disability. Women in particular with a disability are seven times more likely to be victimized.

For a person who is blind or low vision, they may not be able to visually identify their attacker. As you can see by the quote on the slide, which reads, "It is difficult to ask for help because I don't know if the person helping me is also my attacker." It creates a rather perilous situation because the person coming to your rescue may, in fact, be the person who is assaulting you. While it is true that people with a disability have more difficulty escaping the abuse of a partner or a situation, there are specific challenges for someone who is blind or has low vision and these will be addressed as we go through our presentation.

BRANDIE KUBEL: Another gap we have found was that our respective offices and shelters were not accessible. They meet current ADA standards. We find in buildings it was particularly challenging for people who are blind or have low vision. These buildings and shelters or ADA accessible as far as access accessing the buildings were concerned, but once inside there was no way to find a specific or offices. A solution to this was a tactile or braille format -- floor map and ideally these would be located in the most central location on each floor.

Another gap we found was access to adaptive technology, which was problematic. Here we found two issues. First, that WEAVE's may office did not have adaptive technology and second, while they shelter at adaptive technology, staff were not trained on maintaining so when it was needed, the batteries were not charged. A third area of challenge that we identified was attitudinal challenges. Here we found challenges in both agencies. As -- at society, there was reticence by staff to get involved in the interpersonal or sexual use issues facing clients mostly due to the staff's knowledge on how to respond. At WEAVE there was lack of understanding of unique challenges for survivors with vision loss.

SHARI ROESLER: There was also an overall lack of training and knowledge of where to find resources when a gap was identified for both WEAVE and Society as mentioned above staff was hesitant to get involved primarily because of their lack of knowledge, but what to say and where to go if a student disclosed abuse. For WEAVE, the staff was not aware of successful materials available and how to access adaptive technology or how to make materials accessible.

Both agencies take a client-centered approach so the challenge has been how to

assist without the quote-unquote taking care of the client, but rather, in them.

It was clear to us through our needs assessment that having clear processes and steps will help mitigate this challenge in providing services for our clients with vision loss.

BRANDIE KUBEL: Now we will look at how leaving is more challenging. It is common to recommend that a person in a abuse relationship have a "Go Bag" ready packed and able to leave on a moment's notice. This is not something a blind person may be able to prepare. Abusers may hide the "Go Bag" and may be challenging to even have a go back and keep it in a place one's abuser cannot find. And abusers may take critical papers and hide them, and not being able to drive, it is not easy to slip out. Having to call a ride service or come up with another plan. And most abusers are the intimate partners or caregivers so they are around monitoring things even closer.

SHARI ROESLER: Some of the other challenges were also found. Overall --

BRANDIE KUBEL: Overall, there is a lack of research and statistics on survivors with visual impairment. Where there is data, it is lumped together, limiting what we can know about people specifically who are low-vision and blind. It would benefit all of us do have more specific information so that we can be of greater assistance to survivors who are blind and low vision.

SHARI ROESLER: We are going to shift now and talk a little bit more about information specific to blindness and low vision. So first we want to talk about the four leading causes of blindness. In the United States, they are age-related macular degeneration, or AMD, diabetic retinopathy, glaucoma, and cataracts. Costs related to vision loss are quite high and right now, they are estimated at roughly \$139 billion a year and direct cost come in around \$67 billion and that includes medical cost, low vision devices, assistive programs, and education. Indirect costs are even higher at 72.2 billion dollars and that also involves a loss of productivity and loss of employment, long-term care and informal care that can be provided, say by family members and friends. AMD, glaucoma and cataracts are the leading causes of blindness for people age 55 and over while diabetic retinopathy is the leading cause of blindness for people in their 30s and 40s, thus impacting their ability to stay fully employed, for many of them. Today is estimated that 70% of people with vision loss are unemployed, which

also leads to the financial factor that can make it difficult for someone who is being abused to leave and seek help. Now we are going to take a look at some of the impacts of vision loss in some of these photos. Here you have an image of a river with palm trees and a bridge in the distance as seen by someone with normal vision. It is clear and it is in focus.

This slide shows vision with age-related macular degeneration. It is the same image, but, as you can see, it is quite distorted and this is what it would look like with advanced AMD and the image here is very wavy and depth perception is challenging and it also affects balance and one's sense of space.

BRANDIE KUBEL: Here is the same image, but it is very blurry and has multiple dark spots in these dark spots are blind spots, and the lack of clarity plus blind spots make it very challenging to know your surroundings and it affects depth perception.

Here we have two images. On the top is an image of a large building as seen with normal vision. It is clear and well-defined. The bottom image is the same building, but, as you can see, it is very blurry and dark. There is much less color contrast. This is how someone with cataracts would see this building. Cataracts cloud the lens of the eye causing fuzzy vision and muted colors and contrast. In the fourth cause of blindness is glaucoma. Glaucoma predominately affects the overall vision. Left untreated, someone with glaucoma will lose their vision from the outside in. While highly treatable, it is undetected, detectable only by regular eye exams. There are no early warning signs. Everyone should get a full eye exam every other year and always wear sunglasses.

SHARI ROESLER: We are going to look now at some factors and definitions that have to do with living with vision loss and what someone may experience to help us all learn and be a little bit more aware of some of the additional issues that are encountered by someone with vision loss.

First of all, there are varying levels of vision loss and while we typically think of acuity or our ability to see clearly, that is only one factor. The field of vision also impacts our ability to function or carry out activities of daily living.

Loss of peripheral vision has a big impact on one's ability to function safely. And there are also folks who see better at night or in darker rooms. Usually, this is due to

the eye conditions affecting the cone and rods in the eyes. We might see pretty clearly and have a full visual field, but it is only able to be really clear when you are in a dark space and in this case, you will notice these are folks who may wear sunglasses at all times.

BRANDIE KUBEL: People who are new to vision loss often feel very vulnerable and scared.

SHARI ROESLER: Sensitivity to light is also common and glare and bright lights can be painful and also bring on severe headaches and migraines. And it is always okay to ask if you should close the blinds in your office or turn off overhead lights. It is also helpful to have the person with vision loss sit with their back to the window as it will cut down on glare, which can also and really impact -- it can also really impact someone's vision.

As Brandie was saying, people who are new to vision loss often feel very vulnerable and scared. Not having visual cues, one loses a sense of space and it can be very difficult to orient yourself to your surroundings. You don't know what is around you and if you are feeling afraid and think someone is following you, it makes it very hard to know who to ask for help.

BRANDIE KUBEL: A quick trip to the Dumpster, it left me lost and afraid at night and lost for 60 minutes.

SHARI ROESLER: Balance and spatial issues are also common side effects of vision loss. When you cannot see the surface you are walking on or see the room and space you are in, suddenly every step feels vulnerable. As you saw in the earlier slide on macular degeneration, everything can get really wavy which means the floor can look like it is moving. Furniture or carpeting with a lot of patterns can be very disorienting. If my field of vision is restricted, I may only be able to see what is directly in front of me unless I turn my head to see what is on either side. Items sticking out from a wall can be a particular hazard.

BRANDIE KUBEL: Sleep disturbances can affect many people with vision loss. Especially those with light perception. About 15% of those who are blind have no light perception and this affects the body's circadian rhythms and sleep patterns. Your body might think it is morning when it is actually midnight. This can lead to a condition where

you literally fall asleep standing up. Fortunately, there are some very good medications to help with this. Another common side effect of vision loss is headaches. This can be due to eyestrain, the eye condition itself, sleep deprivation, or as noted earlier, bright lights. It is good to check in to see if they are getting adequate sleep and/or if they are experiencing headaches. If someone has had to flee from an abuser, they may not have been able to grab their medications so you will want to ask them if they need medications.

Spirit --

SHARI ROESLER: Here we have the definitions associated with low vision and legal blindness. When we talk about low vision, we focus on a person's ability to function, that is carry out the daily activities of living. Cooking, personal care, hygiene, mobility, if they are impacted, then they likely qualify for services and training in nonvisual techniques and skills.

What does it mean to be legally blind? This definition was developed as a guideline to help people receive government assistance such as Social Security Disability benefits. The Department of Motor Vehicles also uses this definition to measure vision and determine if someone can get a license or a restricted use license. Someone who is legally blind has a corrected vision of 20/200 in their best seeing eye. They might feel like -- you might feel like you are legally blind if you cannot see a foot in front of you without wearing your glasses or contact lenses; however, as long as your vision can be corrected to 20/20 with corrected vision or glasses, you are not legally blind.

BRANDIE KUBEL: As this slide demonstrates, that will be a pretty big increase of people living with vision loss and blindness in the near future. In large part this is due to the aging of the population over the next 35 years and we will see 21% increase in the number of people who are legally blind. This needs to be factored in the way we design housing, offices, plans for transportation and services. Who is most impacted? Let's look at who is most impacted by vision loss. As this slide shows, women are at much higher risk of vision loss. Women comprise 63% of people who are blind and 62% of those are low vision. The reasons for this include the fact that women with children simply let their own eye lag behind that of their children. Women are also more

impacted by dye eye, autoimmune diseases that can lead to blindness such as Crohn's disease and pregnancy which causes changes in vision loss, from gestational diabetes.

The Hispanic and Latino population has a higher increase of diabetic retinopathy due to higher prevalence of diabetes in this population.

African-Americans have a higher rate of glaucoma due to a lack of access to adequate eyecare and a higher incidence of high blood pressure. Caucasians have the highest incidence of macular degeneration. 80% of those with AMD are Caucasian and if you are a smoker, you are 50% more likely to get AMD.

SHARI ROESELER: We are going to shift now to talk more specifically about survivors who are blind or have low vision. On this slide you see an image depicting someone with advanced retinitis pigmentosa and is also simulates what someone with advanced glaucoma would see. As you can tell your vision shrinks down from the outside and in the case of retinitis pigmentosa, eventually you lose all the perception.

Let's talk now about tactics used by perpetrators.

BRANDIE KUBEL: This slide gives you some of the most common ways abuser can use to intimidate. Intimidate someone with vision loss. We have had clients report that their partners or caregivers has hidden their medications or their debit cards, disabling their assistive devices is another tactic. For those of us who are blind, our smart phones are our lifelines. To have someone take it or access it remotely to track us is very frightening. We recently assisted a client who was blind and who had a leg amputated. Her abuser through things at her, took her artificial limb from her, and told her she was useless because she was blind and did not have a leg. He constantly abused her verbally and emotionally. She came to class and disclosed to us what was going on. With the assistance of WEAVE, we helped her leave the area. She expressed so much shame and self-blame because it clearly affected verbal abuse and blaming.

SHARI ROESELER: Being able to access resources is critical when someone is trying to get away from a situation. In our needs assessment and focus groups, a common barrier is the inaccessibility of a reporting forms and finding housing and shelters and most of this information is on posters, but it is not available in braille or large print and many cases. When making a report, survivors who are blind may need

someone to read and fill out the forms and this can also affect one's sense of privacy and sense of safety if that person reading is a complete stranger. It may impact their sense of feeling safe and also being willing to disclose what happened. It also may be a need for assistance due to the vision loss. This puts the survivor in a more vulnerable situation. The perpetrator may hide their medications or take their debit and credit cards, as noted before, and this can make it difficult, if not impossible to leave.

And then there is the issue of transportation. It may not be safe to call for an Uber or a Lyft or paratransit service. We know that a go back may not be feasible and we know for excited people have barriers and traps set up by their abuser and it is more challenging if you cannot see what has been done in your home or to your devices if you are trying to escape.

**BRANDIE KUBEL:** One of the biggest mistakes people make when talking to someone who is blind or low vision is treating them like they have an intellectual disability. So speak to the person like they are of normal intelligence and fully capable of making decisions. Please also speak in a normal tone of voice. Most of us hear just fine and talking louder to us will not make us see better. It is okay to ask us about the amount of vision we have, or you can ask, "Do you use a screen reader or Zoom text?" It is important to verbally identify what you are going to do especially if it involves touching a survivor who is blind or low vision.

For example, if you need to take their blood pressure, let them know this before you take their arm. It is appropriate to say, "May I be of assistance?" When you encounter someone who is blind or low vision and ask them, "Would you like to take my elbow?" Whatever you do, do not take a hold of a person's arm or cane.

**SHARI ROESLER:** Be sure to introduce yourself or others in the room. Then for the first part of your conversation or meeting, say your name before you start talking. This gives the person the opportunity to learn your voices. If someone new comes into the room, be sure to introduce them as well. Speak directly to the survivor. Don't speak at them or in the third person, which happens all too frequently for people who are blind or have low vision. If you are going into a new location or room, describe the layout to the person. Explain the shape of the room. Is it a rectangle? Perhaps there are no windows. Or maybe it is a square room with windows on the left side. If there are

tables and chairs, explain how they are arranged. And if there is anything sticking out on the walls at shoulder height or above, alert the person to this.

One thing that is important is to know that you don't need to pull chairs or wastebaskets and the like out of the way. The cane is intended to find these objects as the individual learns the room. If you move them out of the way, then put it back, and the person who is blind walks back, they may actually trip or fall because they are not expecting that obstacle.

Finally, let somebody know of the entry and exits and it is also really helpful if you can tell them which way doors open. Does the door open outward or does it open inward?

BRANDIE KUBEL: Because someone with vision loss cannot see your facial expressions, it is important to convey your compassion and care verbally. Tone of voice is very important. To help someone get oriented, we recommend using the, "Clock method." Whichever way the person is facing, that is 12:00. If you need them to go to your left, you say turn to your 9:00. If they need to go in the opposite direction, you say, "Turned to your 6:00" when we are teaching someone how to use the white cane, we tell them to swing it in an arc from 10:00 to 2:00 so they get a broad arc with the cane. It is best to meet in a room or area that is quiet. Lots of noise can be very disorienting and can create special confusion.

Plus in the case of working with survivors, calm quiet areas are preferred.

SHARI ROESLER: I would like to share with you now some tips and ideas for interviewing. A trauma-centered approach with blends with our client-centered philosophy means that our way of interacting is to create a safe, emotionally supportive space for survivors who are blind and low vision. When asking for information about the perpetrator, ask for nonvisual descriptions. For example, do you recall if the person had facial hair? How did their skin feel? What did their voice sound like? Did you notice any particular smells or odors? If they have a guide dog, be sure the dog stays with the person. If the survivor is being transported by ambulance and they cannot accommodate the dog, have someone bring the dog to the hospital. If the person uses a white cane, be sure to have their cane with them and offer to read materials to the survivor. Whenever possible, have electronic versions of your forms, brochures,, etc.

so you can e-mail them to the person and do whatever you can to create accessible forms. It is always good and important to check in on how survivors are doing.

For somebody who is blind or low vision, their facial expressions may not actually match with what they are feeling in the moment so do check in on how they are feeling. In some cases, when a survivor who is blind or low vision has been traumatized due to also perhaps being in a new space, they may start rocking and that is indicative of being afraid, being sort of out of their comfort zone.

So again, use your voice to convey your compassion and empathy and also you might want to say is it okay if I place my hand on your arm? We might naturally want to touch somebody to come them, but again, it is helpful if you are going to announce what you are going to do before you show that expression of care.

BRANDIE KUBEL: Now let's talk more about guide dogs. Having once been a guide dog user myself, the single most important thing to remember about a guide dog is that it is a working dog. Never pet them or speak to them without asking their person for permission. As a mention before, keep the guide dog with their person. If the person is on the ground and the dog has its paws over them, it is signaling the person needs help. Or if the dog approaches you without its person, it may be trying to get help, so follow the dog.

If you have a counseling center or safe shelter, keep water and food bowls on hand. And have some packets of dry dog food. You can pick up sample packets at pet stores. Guide dogs are specially bred to be gentle and domicile so it is a good idea to keep other dogs away from the guide dog.

SHARI ROESELER: On this slide we want to look at some of the assistive or adaptive technology that is available. In the top right corner we have what is known as a CCTV or electronic magnification device. This is something you can put on a tabletop. You lay the document on the flat part and it shows up on the screen and the screens can be adjusted to have larger font, different color backgrounds. Some people with vision loss need a blue background with yellow font and it can be magnified quite a bit. Many of the CCTV's now come with built-in screen readers. One side effect of vision loss or low vision is that folks get fatigued trying to read and so it is helpful to be able to switch over to a screen reader, which then reads everything to the individual.

These come in many sizes and this is one of the larger ones. They come portable, almost the size of a laptop now. So many different options for CC TVs and the top right corner is a book and there is a pair of glasses. These are called the OrCam and it is a wearable technology that is relatively new within the last three years and you put on those glasses and there is a small device that you turn on.

You point at the document that you want to read. It takes a picture of it and begins reading to you in an earpiece. It is Bluetooth enabled and this is one of the newer technologies that has really opened up a world of independence for people who are blind and low. So OrCam is one of the more popular ones. In the bottom right corner is a Victor reader stream and these are very handy devices to download books from the library of congress. There is the California state braille and talking library and it is a recording device and it is used by most of our students who have one of these Victor reader streams.

And finally, on the lower left corner we have the braille reading device with multiple cells so again, it will connect via Bluetooth to a laptop or your iPhone and you can read your e-mails or any other electronic device through the braille sales on the bottom and an individual can respond by using the braille keys at the top. In these are just some of the assistive technology devices that are available.

BRANDIE KUBEL: Your local blindness center like the Society for the Blind is a great place to go for adaptive technology. We happen to have a retail store on site so we have all of these products on on-site. We also have some older models that we loan out to agencies to use. Smart phones like an iPhone have made a tremendous difference in our lives. It has become the greatest thing since braille. The iPhone 1st came with built-in voice over features back in 2009 with the iPhone 3 GS. And the Android has caught up as well and also offers a lot of accessibility features. There are some apps that are particularly helpful to those of us who are blind and low vision. APSE like TapTapSee offer object recognition and let us read print in the palm of our hands. And while money reader and apple pay allow us the freedom to work our finances independently. Other apps like BlindSquare and Move It give us transportation and walking directions so we have the freedom to travel with confidence. Some of the main retailers of adaptive technology are Freedom Scientific, HIMS, and Enhanced

Vision. For wearable technology, OrCam is very popular and a subscription-based service AIRA is also gaining traction. AIRA provides trained navigators who connect via the camera feature on your phone and a you. They can identify streets, stores, obstacles. It was recently used to guide runners in the Boston Marathon.

BRANDIE KUBEL: As we have been working together with WEAVE collaboration shared vision Sacramento, the needs assessment and some real-life situations over the past year make it clear to us that providing client services for survivors who are blind or have low vision require some particular things, one of which is cross training. In the coming year, we will have a focused effort to cross train a staff of both agencies so that each can learn more about the services we provide, how they are provided, and begin to think about how to really incorporate steps when there is disclosure. We want to share resources on responding to survivors who are blind or have low vision so again, we want to be able to empower folks who make a disclosure so they are able to continue to have that personal autonomy in making decisions that are best for them. We also see the importance of collaborating with a blind specific agency and again this is a partnership that we really see as bringing value and we know we have recently had a client with vision loss and other that client is getting connected to our blindness skills classes and as we have mentioned, we have had clients here who have come in and disclosed that they are being abused. So again, coordination will help so that our staff will know what steps do I take, who is the contact person in my agency to go to when I get a disclosure. We want to give everybody a sense of confidence and reassurance to know steps that they can handle disclosure and make sure people get the proper attention and.

services they need.

And last, but certainly not least is the importance of including people who are blind or have low vision in developing training and ongoing assessment of services. Are focus groups for our needs assessment involve many of our students and former students as well as all of our staff. 50% of the staff here at Society or blind or low vision and they continue to play a critical role in helping us develop sensitive appropriate services for our clients who are blind or low vision. In closing, Brandie and I truly appreciate the opportunity to speak with you today about vision loss. And we also want

to acknowledge the folks from WEAVE who have been working with us on this and to creating services to help people who are living with low vision and us to continue to live their lives fully, independently, and safely. Thank you.

BRANDIE KUBEL: Thank you.

KAITLIN SHETLER:

Thank you, Shari and Brandie, at this time we would like to open it up for questions.

If you have a question for our presenters, please enter them now in the Q&A pod. I will read the questions aloud for Shari and Brandie to respond to.

We do have a question from TJ and let me go ahead and read that for you.

Hold on one second. I am having a hard time getting to it. Leslie, can you help me read that?

»: Are there any pros and cons using an iPad to use videophones versus a stationary kiosk?

KAITLIN SHETLER: Thank you.

»: Can you repeat that question one more time, please?

»: Are there any pros and cons using an iPad to access videophones versus a stationary kiosk?

SHARI ROESLER: Are there any pros and cons using an iPad to access videophones versus a stationary kiosk? Well, it would be mobile. It could go everywhere. I would say yes. It could go everywhere. Instead of being stuck into one room, it could go somewhere where it is more quiet. So the iPad allows the mobility. So Brandie says the iPad is better.

BRANDIE KUBEL: You can take it somewhere, which is much more quiet and personal.

KAITLIN SHETLER: Great. Thank you. And Michaela had a question about how we can assist low blue -- low vision, blind victims in rural communities.

BRANDIE KUBEL: So again, if you -- I am not sure where this individual is located, but if you are able to connect with your local blindness and low vision agency, that would be helpful. You know somebody can e-mail me after this presentation and I have a listing of where all of the agencies are around the country so that might be of

help to get a listing out. And to make information available. I guess a question I would have back is are you looking for materials or is it how to meet with somebody?

KAITLIN SHETLER: Great. That would be very helpful. We have a question about resources for making support groups in addition to the ideas already addressing that.

SHARI ROESELER: How to put together adjustment to blindness support groups?

KAITLIN SHETLER: I am sorry. How to make the support group and volunteer training accessible? So when the people offers support groups and volunteer training, those sessions, how do you make those accessible? Do you have any more resources for that, in addition to the ideas you already listed?

SHARI ROESELER: So basically, if something is written in a Word document, and if you saved the Word document as a PDF, that will be accessible to screen readers if somebody needs to use a screen reader.

BRANDIE KUBEL: Say the Word document as a PDF.

SHARI ROESELER: If you scan a document through a copier printer as a PDF, will not be readable because it would look like a picture. So any word documents are accessible. And then the other would be to make it available in large print. Again, if you have an agency near you like a Society for the Blind, they are able to do some braille printing for brochures and flyers and things like that for folks who might prefer it in braille.

KAITLIN SHETLER: Thank you. I think we may have a couple of more questions. Leslie, are you able to read them?

LESLIE: Yes. Norma is wondering if there are social workers who regularly check on people who are blind or have low vision. -- Norma is wondering if there are social workers who regulate check on people who are blind or have low vision.

SHARI ROESELER: Not usually. I can tell you that probably 98% of the individuals who come to Society for the Blind are what you would call independent so they are not under any sort of ombudsman or anything like that. So there would not be a social worker for checking in on them.

LESLIE: Thank you. Norma, if you had other things you were wondering about,

if you want to type those in, may you can help clarify what your question was relating to. That might help them better answer that.

Kinsey wonders, has any concerning issues toward deaf and hard of hearing survivors who are blind/low vision, anyone came to your organization about -- that is part of the specific population? So people who are deaf blind.

SHARI ROESELER: Yes. We definitely have had clients who are deaf blind and we also have a pretty active organization out here for Deaf-Blind. They have their annual conference here at our building. So if we need additional interpreters, we are able to partner with them to have those interpreters come in.

LESLIE: Great. Thank you. Molly is saying what would you recommend as like they first two or three steps that an agency should do to be more inclusive of survivors with low vision?

SHARI ROESELER: I would say one of the first things would be to look for an agency in your area that is serving people who are blind and low vision. There are also -- if you don't have an agency like a Society for the Blind in your area, there are usually area or regional organizations like the American Council of the blind and the National Federation of the. These are both national advocacy organizations run by and for people who are blind and the end they would also be able to be a good resource to help you make documents accessible, help get the word out, that sort of thing.

LESLIE: Great. Thank you. And we have a question. Is dimmable lighting a good option to have an a sexual assault exam room?

SHARI ROESELER: Absolutely. In fact, we are doing a renovation on our building and it is required by law.

LESLIE: Okay. Great.

SHARI ROESELER: Avoid florescent lights at all costs.

LESLIE: Kinsey has another question. Are all staff aware of the possibility of people with disabilities with double barriers for blind/low vision, do you know about any trained providers for services for them? I take it you are talking about the different barriers -- I am not sure -- Kinsey maybe you can help. Are you talking about people with multiple disabilities, more than one disability? May she can clarify that for us. Jacqueline wants to know how would hospitals or states provide information in braille

especially regarding discharge instructions after a sexual assault?

BRANDIE KUBEL: They don't.

SHARI ROESELER: That is probably one of the biggest barriers and challenges we have. I have met with a couple of discharge folks with some of our area hospitals and it is something that they don't have, they have incorporated, and so I think that is a big piece of work that is out of. We certainly would be as an organization willing to help them make their forms of billable accessible and do things in braille and whatnot. So is a challenge.

LESLIE: Okay. Kinsey, Kinsey is providing additional information. She is wondering -- at is a possibility of survivors who are blind and low vision, who themselves are Deaf, are they are experiencing double barriers because of language?

SHARI ROESELER: I can tell you --

LESLIE: Go ahead.

SHARI ROESELER: I can tell you that we have had clients who are deaf/blind and again we have here in Sacramento a very good regional agency serving deaf/blind and so we would probably reach out to them if we needed additional interpreting assistance. We have clients with numerous other disabilities from mobility issues, folks who come through, who are on the spectrum from autism. And we have had folks who have other medical conditions, be it stroke, you name it.

So we have provided services for folks with different disabilities and different medical conditions.

LESLIE: Okay, great. Especially the one for someone available to do ASL and other things.

SHARI ROESELER: Yes. We would make sure -- we don't have the ASL person on our staff, but we would of make available the other agency in town who does that.

LESLIE: Thank you. All right. I am looking to see if I missed anybody here. We will leave it open for a second if anybody has any additional -- I cannot tell if people are typing in this one. It looks like you are able to answer everything.

SHARI ROESELER: Thank you, everyone.

BRANDIE KUBEL: Thank you.

LESLIE: Okay. Do you want to take over?

KAITLIN SHETLER: Yes, definitely. Thank you, Leslie for reading those. And thank you again Shari and Brandie. And I would like to thank all of you for participating in today's

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Thank you, so much. And have a good afternoon.

3:11 PM (EST)