Providing Accessible and Effective Services to Survivors of Sexual Assault with Disabilities

The information collected below came from conversations in 2022 with advocates and preventionists across the U.S.

Success in Sexual Assault Services for Survivors with Disabilities*

Success in Structures	*Success in Organizations*	*Interpersonal Success*
- Universal design in all things - Programs and buildings designed to be accessible to the most people - Modifying exam rooms to relax the patient, making room bigger, moving the bed, etc. - Covid-19 pushed the field to innovate new ways to provide shelter and services, from virtual programming at the local and state level, to providing accommodations at hotels and places that are not shelters. - Center those who have been most impacted by the problem, so they can shape the programs to serve them best.	- Warmth (attitude, hands, and instruments) - Patient centered approaches (Forensic Nurses) - Individualized exams - Treat the whole person - Walk throughs with community partners with disabilities in every location prior to serving patients (is the location accessible? Are the lights, sounds, or smells overwhelming?) - When people walk in they see other people like them - Cultural proficiency - Benefits for staff (if programs aren't accessible for staff, they aren't for survivors) - Health care benefits (not all programs have them) - If time off is a block of time, say two weeks, which is used for sick time and vacation time, people with chronic illness or disabilities may never vacation, because all the time is used. - Orgs can create a program that allows staff to donate unused time off to their colleagues.	- Model getting it wrong and growth. - Practice vulnerability rather than perfection. (I am not always going to understand everyone's access needs and not knowing is okay, because I can learn.) - Bodily autonomy - Connectedness and social inclusion - Sex education across the lifespan-individual risk reduction. People have changing needs across the lifespan, and programs need to reflect that. - Uplifting pleasure and joy. - Cultural proficiency

Success in Structures	Success in Organizations	Interpersonal Success
- paid leadership - Inclusion through employment and Board leadership - Leading and participating in data collection, strategy development, and publications - Accessible travel - Meaningful employment - Living Wages (abolish subminimum wage)	- Provide job interview structure and questions ahead of time to enable preparation. - Budgeting for accessibility and inclusion in ALL incoming and outgoing funding: - Language access (CART, ASL, multilanguage) - Personal care providers - Transportation - Financial compensation - Macro level advocacy educating funders on budgeting for inclusion - Fundraise to create discretionary funds that are not limited by grantors	

Barriers to Sexual Assault Services for Survivors with Disabilities

Societal barriers	Infrastructure barriers	Organizational barriers	Individual/Interpersonal barriers
Though prevention practice seeks to eliminate harm by focusing on reducing risks for perpetration, the focus of research on individual risk factors for sexual violence victimization rather than perpetration!	- Buildings, ramps, stairs - Location of buildings near bus line - Difficult to find in crisis - Chairs with and without arms – one person I interviewed	- Programs and services designed around white cis abled thin ADULT people. - The invocation of liability and confidentiality to refuse services and shelter to a person who has a caregiver or care giving services rather than innovating ways to support a person in need.	- Isolation (risk factor for SV) - Inability to consent to medical care (service provider may not communicate well with survivor or the person may be under guardianship.) - Fear of being institutionalized if they report

Societal barriers	Infrastructure barriers	Organizational barriers	Individual/Interpersonal barriers

• Identity as a risk factor for victimization - researchers reflecting the deficit model of disability and focusing on individual level risk for victimization instead of perpetration. It may be more effective to frame the narrative around disabling conditions, since these conditions impact motivation.
• Lack of SV related data for Disabled individuals
• Lack of published analysis of SV related data used to demonstrate a piece of the problem and develop solutions.
• Lack of funding
• Accessibility not prioritized in budgets
• Disabled people are not determining which programs about people
	• Restrooms (ADA compliant accessible stall does not have to be large enough to accommodate a power chair or a horizontal table).
	• Not accommodating support animals or labelling them as pets
	• Broken elevators to shelters located on second floor
	• Exam kit clothing need to have very large size
	• Exam kit items are often cold (warm the instruments, warm the hands)
	• Some bodies can't fit in twin sized beds
		• Confidentiality it is used to refuse services to people with care givers. The reasoning is that the presence of the caregiver jeopardizes the confidentiality of the residents.
		• Limitations on service due to liability. The reasoning goes, "if we hurt you on accident, you might sue us. You are not appropriate for services." This is a devastating lack of innovation by our programs and services. This is the reason people need to have access to their care giving services.
		• Our movement's stock responses to harm are reporting and law enforcement.
		• There is this fear that if law enforcement is involved, the Disabled person may be removed from their home if the
			• Lack of accessibility and support (belief) when disclosing or reporting
			  ○ The laws framing who can be a good witness were designed in the 1800s to eliminate the participation of Indigenous landowners and women in court processes by claiming they are children.
			  ○ These laws are the basis of guardianship in this country
			  ○ AND the beginnings of the creation of the "perfect witness"
			• Dependence on the abuser for care or access to adaptive equipment/service animal
			• Not being believed by loved ones, acquaintances, service providers, and/or police
			• Lack of education about sexuality/victimization (ind

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with disabilities are funded. • Mandatory reporting to state agencies and survivors with disabilities may not be able to determine what happens to them after reporting. I recognize the need for safety measures, however, the current practices do not allow for power sharing or empowerment.		home is deemed unsafe. Often the alternative is a nursing home, which increases the person's risk for harm by both increasing isolation, and by exposing a person to organizational level risks like high staff turnover and lack of institutional responses to harm. • Trauma and trauma informed care based on neurotypical people, not inclusive of LGBTQ plus, BIPOC. • Oppressive practices, such as racism and ableism, leads to high turnover eliminating historic institutional knowledge • Some programs may be "pitted against each other" for funding and access, which creates competitiveness rather than connectedness and cooperation.	iv./interpersonal risk factor for SV) o Consent education is risk reduction, not a strategy to prevent SV • Inability to report or participate in the criminal justice process

Societal barriers	Infrastructure barriers	Organizational barriers	Individual/Interpersonal barriers
		- Inaccessible website (i.e., alt-text, in-field language) - Businesses and organizations not masking, COVID19 additional risks for some people with disabilities: "It can kill us." - Disbelief of survivor with disabilities - often called attention seeking behavior in dis. Serving agencies. - Survivor not understood or not trusted (see above) - Threatening "false reporting" as a crime - mischaracterization of the service animal as pet	

*Note on language use: I use the phrases "people with disabilities" and "disabled people" to honor the multiple ways people identify themselves. Some people prefer to use identity-first language, "I am a disabled person," to centralize and destigmatize their experience and identity as disabled. However, there are also people who prefer to use person-first language, "I am a person with a disability," to emphasize their humanity above other identities. Both phrases are used in this document to support the diverse ways that Disabled people/people with disabilities choose to identify.

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