

Access for All

NC Office on Disability and Health

Executive Summary



A project to improve accessibility of domestic violence and sexual assault services in six NC counties for women with disabilities who have experienced violence

Funded by the NC Governor's Crime Commission

I. INTRODUCTION

Sexual assault and domestic violence is a serious public health issue for women in America, including women with disabilities. According to the 2000 U.S. Census, 21.1 % of adult women in North Carolina have a disability. Women with disabilities are at a higher risk for domestic violence and sexual assault than women without disabilities. These women are 5 times more likely to be sexually assaulted than women without disabilities (NC BRFSS 2001). Nationally, about 85% of women with disabilities have experienced domestic violence (Feuerstein, 1997). At least 76% of adults with cognitive disabilities have been sexually assaulted (National Center for Injury Prevention and Control, 1996). Research also suggests women with disabilities may experience longer durations of abuse (Young et al., 1997). Yet this problem is mostly invisible and unaddressed. In addition, sexual and domestic violence services may not be accessible for persons with disabilities.

The NC Office on Disability and Health (NCODH) received a two-year grant in June 2003 from the NC Governor's Crime Commission. This project called "Access for All" was designed to increase the capacity of domestic violence (DV) and sexual assault (SA) programs to serve women with disabilities who have experienced domestic or sexual violence.

II. ACTIVITIES AND OUTCOMES AT GLANCE

Accessibility Reviews

An Access Team of women with diverse disabilities conducted accessibility reviews at 13 DV and SA offices and shelters in six North Carolina counties: Orange, Durham, Chatham, Lee, Caswell, and Wake. The team surveyed the built environment, waiting areas, paths of travel, signage, parking, transportation, information and communication channels (printed materials, web sites and hotlines / intake), customer service, policies, and emergency procedures. A summary report and recommendations for improving access was developed for each agency and served as the basis for their development of a plan of action to remove barriers to access. Limited grant funds were available to purchase assistive technology and adapted equipment and other needed accommodations.

Staff Trainings

A training curriculum, "Improving Access: Providing Disability-Friendly Sexual Assault and Domestic Violence Services", was developed by NCODH. Using the curriculum, the Access for All team provided six hours of training to DV and SA service providers and volunteers at each site.

Community Meetings

To strengthen collaborative relationships, NCODH arranged meetings of local DV and SA service providers and community disability organizations in each of the six counties. Topics discussed were risk factors for violence, screener / intake questions, referral process and training needs.

Best Practices Kit of Materials

The NC Coalition Against Domestic Violence and the NC Coalition Against Sexual Assault and participating DV / SA agencies received a kit of materials on disability and violence including videos, books, pamphlets, articles about accessibility, communication and accommodations, and the Access for All training curriculum.

IV. EVALUATION

The University of North Carolina's Injury Prevention Research Center (IPRC) collected information from Access for All staff and agencies participating in the project, in order to improve the project's activities and to assess agencies' progress in implementing action plan items. IPRC staff and NCODH project staff discussed how to use evaluation findings from Year One to plan for Year Two project activities.

Less than 30% of Year One training participations had any previous training on providing services to persons with disabilities. Agency and shelter directors consistently reported that the access survey was thorough and raised their staff members' awareness of accessibility issues. Among action plan items, agencies were most easily able to move furniture and purchase equipment and signage with grant funds. Agencies had most difficulty implementing long-term action plan items related to changing their building's structure, for example, leveling an outside ramp and changing the bathroom door width. Year One agency and shelter executive directors and staff members who attended community meetings generally agreed the meetings were a good way to learn more about community resources for persons with disabilities. "Seeing faces and matching names" at community meetings helped participants make new connections, and participants believed that future meetings would be a useful way to link with other community groups. Year Two more than Year One agencies used materials in the best practices kit, which may be in part due to the project coordinator including one or more staff members in her review of kit materials with the agency executive director during Year Two.

V. CONCLUSIONS AND RECOMMENDATIONS

Instituting coordinated services and supports that provide opportunities for women with disabilities to receive accessible domestic violence and sexual assault services

is critical. The following recommendations are made as a result of the work and outcomes of the Access for All project and in response to Healthy People 2010, the national disease prevention and health promotion objectives for America designed to identify and respond to the most significant preventable threats to individual health. Chapter Six of HP 2010, Disability and Secondary Conditions, addresses accessibility of health and wellness programs (obj. 6-10) and the environmental barriers affecting participation in activities (obj. 6-12).

Accessibility of Services in DV and SA Agencies

- Promote and provide accessible environments for DV and SA programs and services.
- Ask all clients during intake for DV / SA services if they will need any type of assistance or accommodation while receiving services.
- Provide accessible communication and information at DV / SA service agencies.
- Outreach to victims with disabilities by DV / SA service providers.
- Provide ongoing disability training for DV / SA agency staff and volunteers.
- Offer educational programs about violence prevention, self-protection, and sexuality to women with disabilities, and adapt when necessary.

The Community

- Promote awareness about accessibility of all environments in communities, including domestic and sexual violence service agencies.
- Promote collaboration between agencies that provide DV, SA, and disability services in order to better serve women with disabilities by all community resources.
- Offer funding to support accessible services and equipment for DV and SA agencies in order to provide quality services for women with disabilities.
- Include accessibility issues as integral criteria for DV and SA funding sources.

NEXT STEPS

The goal of the 2003-2005 Access for All project was to improve access to DV and SA services for women with disabilities who are survivors of violence, an underserved population in North Carolina. The project successfully assisted DV and SA agencies and shelters in six NC counties to improve accessibility of their services.

However, improving access to all domestic violence and sexual assault services in North Carolina has its challenges: 1) limited DV / SA staff; 2) high DV / SA staff and volunteer turnover; and 3) lack of financial resources.

To facilitate this work, NCODH has been awarded a 2005-2007 NC Governor's Crime Commission grant to focus on developing fundamental elements of

accessibility for DV / SA agencies in North Carolina through a systems change approach. Key activities will include:

- Development of fundamental elements of accessibility for DV and SA agency core functions regarding their hotline, shelter, counseling and advocacy.
- Provision of educational materials and training about the fundamental elements of accessibility to DV and SA agencies.
- Creation of a statewide directory of NC disability agencies to facilitate referrals and collaboration with disability and DV/SA service providers.
- Improvement of accessibility of the state's coalitions' (NCADV and NCCCA) buildings, materials, and communication channels so they can serve as role models to DV and SA agencies throughout NC.
- Assistance the state coalitions to incorporate disability information into their core training curriculum materials.

These efforts are designed to ensure that providing accessible services for women with disabilities is a feasible and attainable priority for those whose common interest is supporting women with experiences of sexual assault and/or domestic violence. They should also begin to address the disparities in care and services provided to women with and without disabilities regarding this issue and the impact that violence has on their health.

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