



# Serving Survivors with Disabilities

AN ADVOCATE'S GUIDE • 2018

# Contents

<b>Preface &amp; Purpose .....</b>	<b>5</b>
Acknowledgments .....	5
Partnering Organizations .....	5
Individual Partners .....	6
Accessibility Statement .....	6
Disclaimer .....	6
<b>Scope of the Problem .....</b>	<b>7</b>
Children with Disabilities .....	9
Tactics of Abuse.....	10
<b>Barriers to Reporting .....</b>	<b>11</b>
Physical, Attitudinal and Service Accessibility .....	11
<b>Identity-First Language vs. Person-First Language.....</b>	<b>13</b>
<b>Accommodations and the ADA .....</b>	<b>14</b>
A Brief History of the ADA .....	14
What is the Definition of Disability? .....	14
Title II and Title III .....	15
<b>Service Animals and Assistive Technology .....</b>	<b>17</b>
Service Animals.....	17
Assistive Technology .....	18
<b>Effective Communication .....</b>	<b>19</b>
<b>Physical Accessibility Under the ADA .....</b>	<b>21</b>
General Guidelines .....	22
<b>Marsy's Law .....</b>	<b>23</b>
<b>Unauthorized Practice of Law .....</b>	<b>26</b>

<b>What Is Guardianship?</b>	<b>27</b>
<b>Considerations for Accessible Services</b>	<b>28</b>
General Considerations	28
Blind/Visually Impaired	29
Deaf/Hard of Hearing	30
Mobility Impaired	31
Mental Illness	31
Intellectual and Cognitive Disabilities	31
Acquired Brain Injury (ABI) and Traumatic Brain Injury (TBI)	32
Hidden Disabilities	32
<b>Reporting</b>	<b>33</b>
Reporting Through Licensure Boards	33
Reporting Through the Ohio Department of Developmental Disabilities	33
Reporting Through the Ohio Department of Mental Health and Addiction Services	34
Community Mental Health Agencies Licensed by OhioMHAS	35
Private and Regional Psychiatric Hospitals Licensed by OhioMHAS	35
OhioMHAS Licensed Residential Facilities	35
<b>Safety Planning</b>	<b>36</b>
<b>Multi-Disciplinary Teams</b>	<b>38</b>
Components of a Multi-Disciplinary Team	38
<b>Organizational Attitudinal Accessibility</b>	<b>39</b>
Trauma Informed Care	39
Inclusion	40
Policies and Procedures	41
Staff Training	41
Social Stories	41
Sensory Toolkits	42
Community Outreach	42
<b>Foreign National Victims of Crime</b>	<b>44</b>
Resources	44
APPENDIX A—Reporting Responsibilities Through DODD	46
APPENDIX B—Example Inclusion Policy	47
APPENDIX C—State and National Disability Resources	50

# Preface & Purpose

***Serving Survivors with Disabilities*** is a collaborative effort between Ohio Victim Witness Association and the Special Victims Unit, a program of Crime Victim Services of Allen and Putnam Counties. The idea was born from the recognition that Ohio counties and their service providers were in need of further training and technical support when serving survivors of crime living with disabilities. This publication is specifically for providers and their staff in order to provide information, technical assistance, and resources for improved victim services. Please understand that throughout this publication, the terms “victim” and “survivor” will be used interchangeably. We want to stress the importance of using the terms an individual is comfortable with however, the agencies involved with this publication believe it important to utilize trauma-informed care practices and assisting an individual to see beyond their victimization and disability.

## ACKNOWLEDGMENTS

### Partnering Organizations

#### **Ohio Victim Witness Association (OVWA)**

OVWA is a statewide advocacy organization whose mission it is to promote access to safety, healing, justice, and financial recovery for Ohio crime victims through meaningful rights and quality services. OVWA provides training, technical assistance, and best practices to Ohio’s crime victim advocates so they may best serve ALL victims of crime. [www.ovwa.org](http://www.ovwa.org)

#### **Crime Victim Services (CVS)**

CVS is a non-profit organization whose mission it is to help victims prevail over the trauma of their victimization by assisting and advocating for safety, healing, justice and restitution. [www.crimevictimservices.org](http://www.crimevictimservices.org)

#### **Child Advocacy Center of West Central Ohio (CAC of West Central Ohio)**

The mission of the CAC of West Central Ohio is to provide a comprehensive community response to individuals and families affected by abuse and neglect. This CAC became a reality in 2013 when they opened their doors to serve child victims of sexual assault and adults with developmental disabilities. [www.crimevictimservices.org/child-advocacy-center.html](http://www.crimevictimservices.org/child-advocacy-center.html)

#### **California Coalition Against Sexual Assault (CALCASA)**

CALCASA is a statewide association, based in Sacramento, California, that provides leadership, vision, and resources to rape crisis centers, individuals, and other entities committed to ending sexual violence. CALCASA is the only statewide organization in California whose sole purpose is to promote advocacy, training, public policy, and technical assistance on the issue of sexual assault and rape. [www.calcasa.org](http://www.calcasa.org)

#### **Disability Rights Ohio (DRO)**

DRO is Ohio’s federally mandated Protection and Advocacy system. The mission of DRO is to advocate for the human, civil, and legal rights of people with disabilities in Ohio. DRO provides legal advocacy services to Ohioans with disabilities when their rights have been violated. [www.disabilityrightsohio.org](http://www.disabilityrightsohio.org)

### **Advocacy and Protective Services, Inc. (APSI)**

APSI is a not-for-profit organization, which advocates for outcomes that promote dignity, respect, and enhanced quality of life for individual persons with developmental disabilities. Serving critical needs, one person at a time. [www.apsiohio.org](http://www.apsiohio.org)

### **Ohio Crime Victim Justice Center (OCVJC)**

The mission of OCVJC is to protect the rights of Ohio's state and federal crime victims. OCVJC provides free legal representation to state and federal victims of crime throughout Ohio and free victims' rights training to hospitals, victim advocates, law enforcement, prosecutors, courts and the community. [www.ocvjc.org](http://www.ocvjc.org)

### **Ohio Network of Child Advocacy Centers (ONCAC)**

ONCAC's mission is to promote the establishment and success of Multidisciplinary Teams and Children's Advocacy Centers by providing support, education, and networking opportunities to enhance Ohio's response to child abuse. [www.oncac.org](http://www.oncac.org)

### **Deaf World Against Violence Everywhere (DWAVE)**

DWAVE promotes the empowerment of and equality for Ohio's diverse Deaf, Deaf-Blind, and Hard of Hearing communities by offering culturally affirmative advocacy and education, while inspiring community accountability in response to oppression and relationship and sexual violence. DWAVE provides statewide advocacy services. [www.dwaveohio.org](http://www.dwaveohio.org)

### **Ohio Department of Developmental Disabilities (DODD)**

The Ohio Department of Developmental Disabilities oversees a statewide system of supports and services for people with developmental disabilities and their families. DODD does this by developing services that ensure an individual's health and safety, encourage participation in the community, increase opportunities for meaningful employment, and provide residential services and support from early childhood through adulthood. [www.dodd.ohio.gov](http://www.dodd.ohio.gov)

## **Individual Partners**

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## **Accessibility Statement**

The authors and partners of this publication believe in accessibility for all individuals. This document is available in alternative formats upon request to either OVWA or CVS. Contact information for these agencies can be found on the last page of this publication. Please allow sufficient time to arrange such accommodations.

## **Disclaimer**

The views and opinions expressed in this publication are those of the authors and do not necessarily reflect the policies or position of any agency. Examples provided in this publication are simply examples. Assumptions made are not reflective of any agency or victim rights organization. The following information has been collected from persons with disabilities with lived experience, local, state, and national resources so that Ohio's providers have comprehensive guidance for serving persons with disabilities.

# Scope of the Problem

All of us, whether advocates, survivors or both, possess multiple, intersecting identities; none of us is fully identified or definable as a member of one group only, whether targeted or privileged. Persons living with disabilities often face being defined and labeled by their perceived disability, rather than being seen as a whole person. In order to provide equitable and helpful services to survivors living with disabilities, we must explore the ways that ableism impacts our communities, the services, and the responses to survivors living with disabilities.<sup>1</sup>

Whether you are beginning to integrate accessible services into your agency or if you simply need a refresher, it is important to understand three concepts: Positionality, Experience, and Perception. Positionality is recognizing the socioeconomic position of person in our culture and the conditions that placed them in that position. Experience is the recognition that individual experiences are based on that position within our culture. And Perception is the viewpoint from the survivor, the advocate, and the system. Perception also includes bias and interpretation of the experience that derives from your position and experiences and the survivor's position and experiences within our culture. Understanding these three principles when advocating for a survivor is critical to a successful outcome. Knowing how their position within our culture, experiences based on that position, and perception of the system because of those experiences is a foundation for successful advocacy.

**When assisting a person through their recovery, it is important to remember that an individual is complex and no one part of their lives effects them more than another. Everyone's whole self is a part of them and more than one aspect of their lives can be a factor when dealing with trauma and healing.**

With the oppression of persons living with disabilities a real factor in American life, how does this fact affect or impact a crime victim seeking help in our agencies? And how much your own multiple identities affect your interactions with a survivor? This publication can be used in exploring these questions and in giving some basic information on many of the types of disabilities people live with in your community.<sup>2</sup>

The population of Americans with disabilities ranges from 39.1 million to 54 million.<sup>3</sup> Persons with disabilities are the largest minority groups in the United States. Studies show that persons with disabilities are at a greater risk of sexual abuse and/or assault than persons without disabilities. For example, rape and abuse occur at a rate at least twice to ten times the rate of the general population (Harrell and Rand, 2010). The National Center on Criminal Justice and Disability (NCCJD) estimates that the age-adjusted rate of violent victimization for persons with disabilities was nearly three times the rate among persons without disabilities. Children with disabilities are two to three times more likely to be bullied than

<sup>1</sup> California Coalition Against Sexual Assault, "Creating Access: Supporting Survivors of Sexual Assault with Disabilities". 2010

<sup>2</sup> Ibid.

<sup>3</sup> Sobsey, D., *Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?* Baltimore, MD: Paul H. Brooks Publishing Co., Inc. 1994

their peers without disabilities. Among different disability types, people with cognitive disabilities experience the highest rate of victimization.

According to the U.S. Department of Justice, Bureau of Justice Statistics, Crime Against Persons with Disabilities November 2016, the rate of violent crime against persons with disabilities was 2.5 times higher than the rate against those without disabilities. Those with cognitive disabilities were found to have the highest rates of victimization. In fact, one in five violent crime victims believed that they were targeted because of their disability.

The Autism Society publication titled, “Autism: Information for Domestic Violence and Sexual Assault Counselors” states that 35% of individuals diagnosed on the Autism Spectrum had been a victim of a crime. The NCCJD estimates that between 85% and 89% of people with intellectual disabilities have mild impairments, which often makes identification of the disability challenging.

Considering some of the civil rights strides persons with disabilities have made in the past two decades, it is all the more troubling that crime rates remain high and discrepancies in service persist. They persist in part because of the following perceived vulnerabilities:

- Have previous negative experiences with law enforcement, domestic violence/sexual assault services, or other victim agencies
- Fear they will not be believed
- Lack the support they need to get help
- Do not realize that what they are experiencing is abuse
- Fear they might lose their children or their ability to live in the community
- Rely on the perpetrator for physical or financial assistance
- Lack communication options (e.g. Qualified American Sign Language Interpreters)
- Lack of education on sexuality and healthy relationships
- Do not know whom or where to call for help<sup>4</sup>



With approximately 20% of the U.S. population living with some form of disability, we must ask ourselves why our centers serve so few survivors living with various disabilities. How many staff, administrators, volunteers or board members identify as people with disabilities? What disability providers, advocates, and activists do you regularly collaborate with for outreach and community events? In order to dismantle ableism in our communities, we must ask these difficult questions.

In the majority of cases, the perpetrators tend to be caregivers and other acquaintances critical to that person’s daily living needs. Studies have shown that 97% to 99% of abusers are known to the victim.<sup>5</sup> According to another study regarding the sexual abuse of people with disabilities, the victims knew the perpetrator in 92% of the cases.<sup>6</sup> Most included family members, other people with disabilities, and health care providers. These caregivers could be family members, peers, service providers, and transportation service staff.

This information may be shocking to some readers. It is difficult to imagine the caregiver or a family member being the perpetrator. You may be thinking, “But how could someone do that to a person with a disability?” It is easy for a perpetrator to target a person with a disability when they know their daily routine and know that the victim relies on that caregiver for their basic functionality. Unfortunately, the victim must choose between reporting and continued care. The next section will begin discussing tactics of abuse. Some of these tactics are transferable to persons without disabilities however, make sure to note the ones that are specific to persons with disabilities and how they can impact reporting of a crime.

<sup>4</sup> Kaye HS. (1997) Disability Watch: The Status of People with Disabilities in the United States. A Report by Disability Rights Advocates, Inc. Volcano Press, Inc., Volcano, CA. p.11.

<sup>5</sup> Baladarian, N. (1991). “Sexual Abuse of People with Developmental Disabilities.” *Sexuality and Disability*, 9 (4), 323-335.

<sup>6</sup> Sobsey, D. & Doe, T. (1991) “Patterns of Sexual Abuse and Assault.” *Sexuality and Disability*, 9 (3), 243-259.





## CHILDREN WITH DISABILITIES

One in three children with an identified disability are victims of maltreatment compared to one in 10 children not identified with a disability (Sullivan & Knutson, 2000). This very basic statistic indicates that children with disabilities are at a far greater risk of being abused than children without disabilities, but only about 10% of cases of abuse of children with disabilities are reported and even fewer may receive the attention and services they need.

When looking at intellectual disabilities alone, those children are 4 to 10 times more likely to be victims of crime than children without disabilities. One study found that children with intellectual disability were at twice the risk of physical and sexual abuse compared to children without disabilities (Crosse et. al., 1993).

Children with behavior disorders are more at risk for physical abuse, while those with speech/language disorders are more at risk for neglect (Sullivan & Knutson (1998). Children with behavior disorders and children with intellectual disability were both at greater risk for neglect, physical abuse and sexual abuse compared to children with other types of disabilities (speech/language disorders, hearing impairments, learning disabilities, health impairments and Attention Deficit Disorder).

Like children without identified disabilities, neglect is the most prevalent form of child maltreatment for children with disabilities, followed by physical abuse, sexual abuse and emotional abuse (Sullivan & Knutson, 2000).

A few reasons for why under-reporting of abuse of children with developmental disabilities occurs are:

- Parental concern that reports may require intervention that will remove children from their home
- Communication problems may make it difficult for children to understand and or verbalize episodes of abuse
- Professionals do not have the proper training to investigate, communicate, or treat a child abuse case when the victim is living with a disability.
- Myths and misconceptions associated with child victims of disabilities create unnecessary barriers to reporting and increase their vulnerabilities.



When children with disabilities are abused, they experience consequences that mirror those of abused without identified disabilities, especially negative mental health outcomes. However, unlike children without disabilities, negative short term impacts like withdrawal from school, difficulties in communication, and academic delay may be interpreted as a result of the identified disability and not abuse, leading to non-reporting of child abuse.

Child victims require coordinated, trauma-informed, multi-disciplinary services specific to the needs of victims with disabilities. These services must be rooted in best practice for this specific population, not a watered down version of services provided to children with disabilities.

Accessibility of services is key to beginning intervention and treatment services, especially for children with mobility or sensory impairments, as well as communication strategies for child victims using different modes of communication. Considerations for children include wheelchair ramps, facility imagery and décor that includes representation for children with disabilities, social stories, and sensory or comfort bags.

## **TACTICS OF ABUSE**

While specific crimes may look the same when committed against a person with and without a disability, there are some crimes that may have different qualities because the victim has a disability. The following are examples of types of crimes that persons with disabilities might experience given their specific needs:

### **Physical Abuse**

Hitting, pinching, grabbing, tripping, dragging, pushing, burning, harming a person's service animal or companion animal, breaking assistive technology.

### **Verbal Abuse**

Mocking, threatening with words and objects, name-calling, exploiting lack of access to advocacy, making the survivor believe it is their fault because of their disability, telling survivor they won't be seen as credible.

### **Neglect**

Withholding medical care, giving too much or too little medication, not tending to daily needs, not providing services in treatment plans, leaving someone without assistance for too long, not tending to a person's daily hygiene.

### **Theft**

Stealing money, caregivers using victims' money for personal purchases, selling someone's belongings, stealing personal belongings, identity theft.

### **Sexual Abuse/Assault**

Touching, penetration, forced sexual activity, public indecency, voyeurism, coercion.

# Barriers to Reporting

Survivors with disabilities face many of the same barriers to seeking help that survivors without disabilities do, but there is a range of issues that are unique to survivors with disabilities. It is important to remember that each individual and their experiences are unique. A survivor with a disability may not face all of these barriers and may even face barriers not listed here.

## PHYSICAL, ATTITUDINAL, AND SERVICE ACCESSIBILITY

Although many movements have been changing this, often persons with disabilities have been kept isolated from the community in which they live. In some cases, many persons living with intellectual disabilities and/or psychiatric disabilities have been and continue to be institutionalized. Lack of physical accessibility has been a major obstacle for persons living with disabilities and utilizing public services and spaces.

Physical access to your services such as, building access and program access, may also deter a survivor with a disability to seek out your services. Later in this publication, we will address how your agency can begin to improve on these barriers to ensure that survivors with disabilities feel more comfortable seeking services from your agency.

Prejudices and stereotypes about people living with disabilities have discouraged full integration into communities. If we wish to commit to providing inclusive and equitable services to ALL survivors, then we must learn to be attitudinally accessible. Attitudinal accessibility is defined as, “refusing to accept prejudice, myths and stereotypes about people with disabilities and identifying and removing any negative attitudes about the capability of people with disabilities.”<sup>7</sup> These attitudes and behaviors rob survivors of dignity, autonomy, and independence.<sup>8</sup> In order for providers to understand how to become more accessible to persons with disabilities, it is very important to understand why many survivors with disabilities may not report.

<sup>7</sup> Definition adapted from the ARCH: A Legal Resource Centre for Persons with Disabilities, Toronto, Ontario, Canada

<sup>8</sup> California Coalition Against Sexual Assault, “Creating Access: Supporting Survivors of Sexual Assault with Disabilities”. 2010

Survivors with disabilities may not report due to the following:<sup>9</sup>

- Provider agency is not physically accessible to person with the disability
- Provider does not provide accessible services
- Providers treating the survivor as if they are immature or incapable of making decisions for themselves
- Providers addressing a caregiver or interpreter rather than the survivor
- Providers speaking in a condescending tone to the survivor
- Fear of not being believed
- People thinking the individual is NOT a “good witness” based on their judgments about a person’s disability
- Provider biases and prejudices
- Experiencing a “disability-negative” society, a negative attitude towards individuals with disabilities
- Personal feelings about the incident
- Lack of awareness from responders
- Limited resources to accommodate the survivor’s needs
- Fear of punishment from caregiver and/or abuser
- Living in a controlled environment where they are unable to report to professionals
- Over or under medicated
- Fear of losing privileges at group home, residential facility, family home, or hospital if they report the abuse
- Taught to be compliant
- Not taught to have their own independent boundaries
- Learned helplessness
- Coercion to not tell
- Victim blaming
- Not being respected for their culture or not having access to culturally competent services

All of the above factors can contribute to a profound sense of isolation which silences the voices of persons living with disabilities. This silence can create an assumption that the general public does not care about addressing the needs of persons living with disabilities, particularly victims of crime with disabilities. This dynamic is an important one to consider when working with survivors of crime with disabilities as it may impact their ability to report and their response to the trauma. A goal of this publication is for the reader to apply the service considerations to provide a safe space for reporting and culturally humble services.

<sup>9</sup> Preston, Tiombe (2009) “Serving Survivors with Disabilities. SART Conference Presentation Handout. Originally Published in Sexual Assault Crisis Agency, Volunteer Manual.

# Identity-First Language vs. Person-First Language

Words and language are powerful! Language and meanings we attach to words impact, influence, develop and change attitudes. In the disability community, there is a movement from person first language to identity first language. In a world where people were only identified by their disabilities, person-first language was developed. The intention of person-first language was to promote respect and segregate the disability from the person in an effort to “see” the person in their entirety and not place judgment or bias based solely on their disability. An example of person-first language would be, “Tom has Autism”.



In an effort to focus more on a person’s identity and not their disability, identity-first language was founded on the idea that even though impairments limit a person in some ways it is actually the inaccessibility of society that “disables” the person and places unnecessary boundaries in the way of a person fully functioning in the world around them. An example of this is a person who uses a wheelchair and wants to eat at a restaurant. If that person can’t eat at that restaurant, it’s not because that person uses a wheelchair, it’s because that restaurant doesn’t have a ramp and isn’t accessible. It places the responsibility on the community to be accessible instead of placing the problem back on the hopeful consumer.

An example of identity-first language is, “Tom is Autistic”. Identity-first language is usually not the norm in many professional fields despite many people wanting to be referred to in this way. It is not uncommon to find that the Autism community wants professionals to use identity-first language and others may prefer person-first language. Identity-first language sees the person as a whole person and not as someone who is afflicted with a problem.

So, which model should you use? When working with a survivor, it is respectful to find out how that individual person wishes to be addressed. Many individuals find strength and empowerment in their identity while others do not want to be seen for their disability. It is best to use person-first language by default. However, please keep in mind that some prefer identity-first language. You can always change your communication by just asking what that person is comfortable with. Trainings on person-first language and identity-first language may be available to your agency through your county boards and local disability resource agencies. It is also recommended that agencies develop policies and procedures on appropriate language to ensure consistent and culturally humble services.

# Accommodations and the ADA

In this section, we will be discussing the Americans with Disabilities Act (ADA), definitions under the ADA, and ADA requirements under Title II and Title III of the ADA. Most crime victim service agencies will fall under Title II or Title III so these statutes are of particular interest to the readers of this publication.

## A BRIEF HISTORY OF THE ADA

The ADA is the most comprehensive federal civil rights law ever passed by Congress concerning discrimination against persons with disabilities. Unlike prior federal civil rights laws concerning people with disabilities, such as the Rehabilitation Act of 1973, the ADA does not require the receipt of federal funds to apply. The ADA was passed in 1990 and took effect in 1992. It prohibits discrimination on the basis of disability in almost all aspects of an individual's life, and covers nonprofits as well as for-profit businesses.<sup>10</sup>

## WHAT IS THE DEFINITION OF DISABILITY?

The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. A physical impairment means a disorder, condition, cosmetic disfigurement, or an anatomical loss that affects one or more bodily systems such as neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine. Physical impairment may also include orthopedic, visual, speech, hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, AIDS, drug addiction, tuberculosis, and alcoholism.

Any mental or psychological disorder means a disorder such as an intellectual disability, organic brain syndrome, emotional or mental illness, dyslexia, Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, and specific learning disabilities. An impairment is different from a condition or a trait. Only impairments can be disabilities; conditions and traits cannot. For example, height and weight are traits, not impairments. Personality traits such as poor judgment or a quick temper are also not impairments unless they are symptoms of a psychological disorder.

<sup>10</sup> Dubin, Esq., Marc, "Domestic Violence Shelters and the ADA".

An impairment is a disability only if it substantially limits a major life activity. Major life activities include, but may not be limited to:

- Caring for oneself
- Performing manual tasks
- Walking
- Seeing
- Hearing
- Speaking
- Breathing
- Learning
- Functioning of a major bodily function

An impairment that substantially limits one major life activity does not need to limit other major life activities in order to be considered a substantially limiting impairment. Also, an impairment that is episodic or in remission and would substantially limit a major life activity when active is also considered a disability. Major bodily functions also qualify as major life activities. This means that serious conditions that have not yet appeared outwardly debilitating are also defined as a disability. For example, many types of cancer wreak havoc on a person's bodily internal functioning and may substantially limit a person's ability to breathe and/or walk. Other major bodily functions include proper working of the immune system, normal cell growth, digestive and/or bowel systems, neurological, brain, respiratory, circulatory, endocrine, and reproductive systems.

## **TITLE II AND TITLE III**

Title II and Title III of the ADA go into great detail as to what is required of the covered agencies when providing services and physical accessibility to persons with disabilities. Programs and services being provided under state and local governments are covered by Title II of the ADA. Businesses and programs that are open to the public such as commercial facilities that are privately owned, office buildings, or nonresidential facilities as well as schools, doctors' offices, day care facilities to name a few, are covered under Title III. The majority of crime victim advocacy agencies will be covered under Title III since they serve the public and are not considered a part of state and/or local government as those in Title II.

When viewed in their entirety, these places must be usable by and accessible to people with disabilities. While there are some slight differences between Title II and Title III, the following are major tenants of both and should be followed by private and public entities. While the below are general prohibitions, there are also ADA requirements to make your agency more physically accessible. We will cover those requirements starting on page 21. Here we will be paraphrasing language used in the ADA.





General prohibitions include:

- Denying a qualified individual with a disability the opportunity to participate or benefit from the aid, benefit, or service.
- Provide services to a qualified individual that is not equal to services provided to others.
- Provide a service to a qualified individual that is not as effective as services provided to others therefore not obtaining the same results, gain the same benefit, or reach the same level of achievement.
- Provide different or separate services to individuals with disabilities unless in doing so would be necessary to provide effective services as those provided to others.
- Aid or perpetuate discrimination against individuals with disabilities by providing significant assistance to other agencies/organizations/or persons that discriminate against persons with disabilities.
- Deny an individual with disabilities the opportunity to participate as a member of planning or advisory boards.
- Limit and individual with a disability the enjoyment of any right, privilege, advantage or opportunity enjoyed by others receiving services.
- An entity may not administer a licensing or certification program in a manner that subjects individuals with disabilities to discrimination.
- An entity shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability unless the entity can show that making such modifications would fundamentally alter the purpose of the service.
- An entity shall not impose eligibility criteria that would screen out individuals with disabilities.
- An entity shall provide services in the most integrated setting appropriate to the needs of the individuals with disabilities.
- An entity may not make an individual with a disability pay for accommodations for program accessibility.
- An entity may impose safety requirements for safe operation of services only if those safety requirements are based on actual risks and not risks that are based on mere speculation, stereotypes, or generalizations of persons with disabilities.

For broader definitions and ADA information, please visit [www.ada.gov](http://www.ada.gov).

# Service Animals and Assistive Technology

Understanding how assistive technology and service animals are extensions of the person with the disability will assist you in developing policies, procedures, and ensuring that your services are accessible. In this section, we will be briefly discussing the person's right to have access to both of these items.

## SERVICE ANIMALS

Beginning on March 15th, 2011, only dogs (and, in some circumstances, miniature horses) are recognized as service animals under Titles II and III of the ADA. A service animal is a dog that is individually trained to do work or perform tasks for a person with a disability. Under the ADA, state and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where members of the public are normally allowed to go.



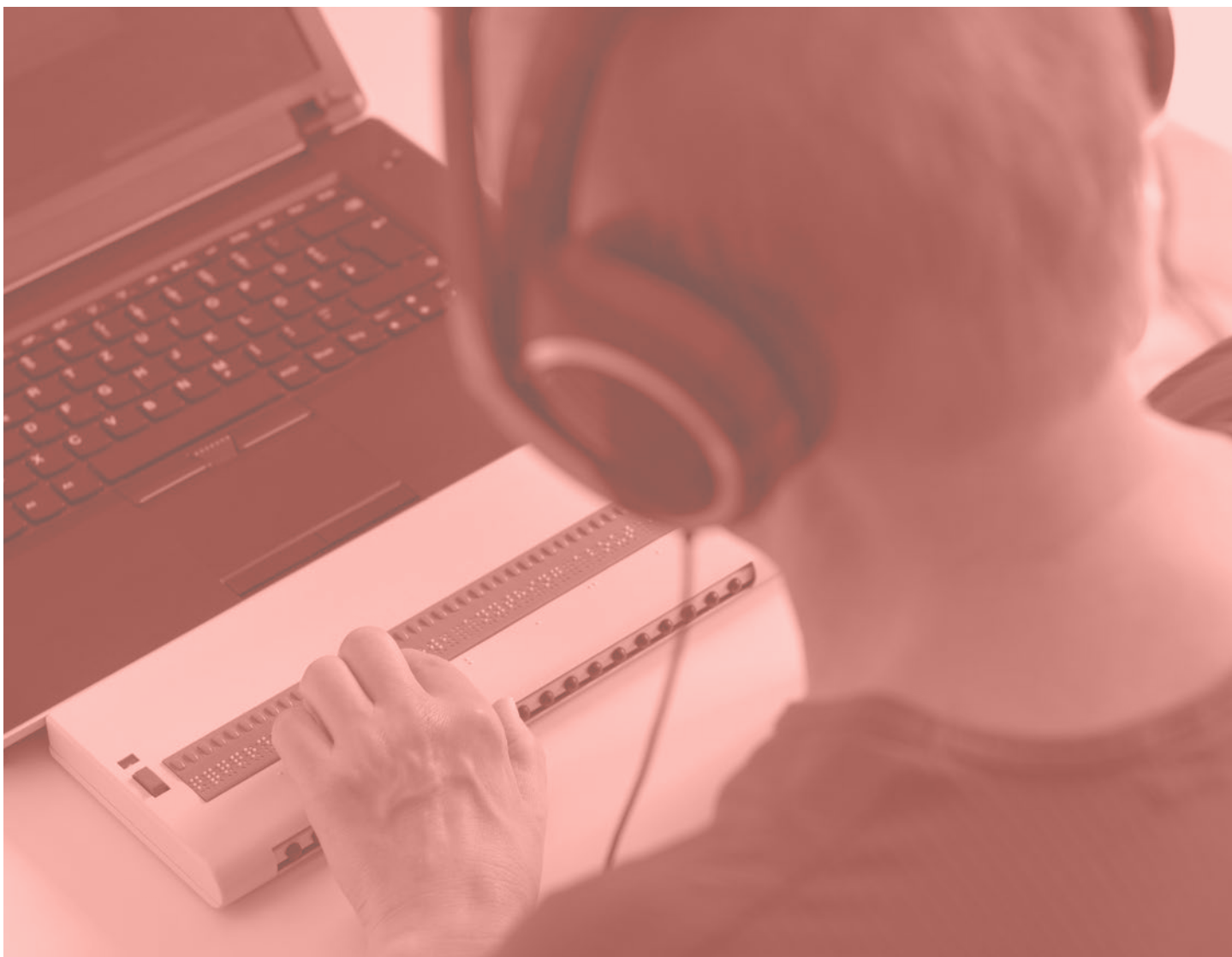
They cannot require documentation or certification or any special licensing. In fact, in situations where it is not obvious that the dog is a service animal, employees or staff of a state or local government or place of public accommodation may ask only two specific questions to a person with a service animal:

1. Is the dog required because of a disability?
2. What work or task has the dog been trained to perform?

Often businesses such as stores, restaurants, hotels, or theaters have policies that illegally exclude people with disabilities. For example, a “no pets” policy may result in staff excluding people with disabilities who use dogs as service animals. A clear policy permitting service animals can help ensure that staff are aware of their obligation to allow access to customers using service animals.

The task(s) performed by the dog must be directly related to the person's disability. For example, many people who are blind or have low vision use dogs to guide and assist them with orientation. Many individuals who are deaf use dogs to alert them to sounds. People with mobility disabilities often use dogs to pull their wheelchairs or retrieve items. People with epilepsy may use a dog to warn them of an imminent seizure, and individuals with psychiatric disabilities may use a dog to remind them to take medication. Service members returning from war with new disabilities are increasingly using service animals to assist them with activities of daily living as they reenter civilian life. Under the ADA, “comfort,” “therapy,” or “emotional support” animals do not meet the definition of a service animal.

Under the ADA, service animals must be harnessed, leashed, or tethered unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls. Please do not pet, feed, call, or play with the service animal. The service animal assists their handler with independence and autonomy in the community. By playing, petting, feeding, or calling the animal you are interrupting their work and that survivor's ability to function in the community. You and your agency can learn more about service animals at [www.ada.gov/service\\_animals\\_2010.pdf](http://www.ada.gov/service_animals_2010.pdf).



## **ASSISTIVE TECHNOLOGY**

Assistive technology applies to all entities under Title II and Title III. Assistive technology or “AT” is broadly defined as any item, piece of equipment, or system commonly used to increase, maintain, or improve functional capabilities of people with disabilities. Examples of AT include adapted eating utensils, picture communication boards, radios with a special switch device, screen readers, wheelchairs, electric van lifts, software programs, and communication devices.

It is very important to remember that an AT device is an extension of that person with the disability. AT devices are not service animals or interpreters. When working with a survivor who uses AT, do not use the AT unless you are invited to do so. Taking away AT or using it without permission minimizes the survivor’s independence and autonomy. In order for the person with the disability to fully participate in programming and ensure effective communication, they have a right to have access to their AT device at any time.

# Effective Communication

The ADA requires all Title II and Title III entities provide or allow assistive technology to make sure that people with disabilities can communicate effectively. This is called “Effective Communication”. The goal is to ensure that communication with people with disabilities is as effective as the communication with people without disabilities. For example, to communicate effectively with blind or visually impaired individuals, the agency can use audio format to ensure that the participant has access to the same information as a person without a disability.

In more complex transactions where a significant amount of printed information is involved, providing alternate formats will be necessary, unless it places an undue burden on the business. It may also be effective for the agency to email an electronic version of the information so that the individual can use a screen reader if able. Reading documents to an individual is no substitute for having alternate forms of communication.

A public entity shall not rely on an adult accompanying an individual with a disability to interpret or facilitate communication except in an emergency involving imminent threat to the safety or welfare of an individual or the public. When there is no interpreter available or when the individual with the disability specifically requests that the accompanying adult interpret or facilitate communication, then the public entity may document and allow this caveat. The accompanying adult must agree to provide such assistance and the reliance on that adult must be appropriate under the circumstances.

A child cannot be made to interpret or facilitate communication except in an emergency involving imminent threat to the safety and/or welfare of an individual or the public where there is no interpreter available.

A public entity that chooses to provide Video Remote Interpreting (VRI) services shall ensure that it is in real time, full motion video over a dedicated high speed, wide bandwidth video connection or through a wireless connection that delivers high quality video images. The goal is to avoid lags, choppy, blurry, or grainy images or irregular pauses in communication. Entities that provide VRI shall have staff available who are trained in how to set up and operate the VRI.

It is a business’s responsibility to provide a sign language, oral interpreter, or VRI service unless doing so in a particular situation would result in an undue burden, which means significant difficulty or expense. Agencies that receive VOCA funding may be able to write this expense into their grants to receive funding to make their services more accessible. It is recommended that agencies speak with their grant specialists for this addition. A business’s overall resources determine (rather than a comparison to the fees paid by the customer needing the interpreter) what constitutes an undue burden. If a specific communications method would be an undue burden, a business must provide an effective alternative if there is one.

More examples of assistive technology for more effective communication are:

- Video Remote Interpreting Services
- Real-time computer aided transcription services
- Telephone handset amplifiers
- Telephones compatible with hearing aids
- Open and Closed captioning
- Videotext displays
- Audio recordings
- Brailled materials and displays
- Large print materials
- Accessible electronic technology
- Low-tech communication books/devices
- Picture Exchange Communication Systems
- Communication apps on devices

It is recommended that a public entity that communicates by telephone with program participants use text telephones (TTYs) or equally effective telecommunications systems to communicate with individuals who are deaf or hard of hearing or who have speech impairments. The public entity shall respond to phone calls from a telecommunication relay service in the same manner that it responds to telephone calls. Agencies that use Video Remote Interpreting (VRI) shall ensure that there is clear, audible transmission of voices and that there is a staff person available to set up and operate the VRI.



# Physical Accessibility Under the ADA

Under Title III of the ADA, places of public accommodation have obligations to ensure physical accessibility for people with disabilities. For newly constructed facilities, and older facilities that have been undergone alterations, strict compliance with the Americans with Disabilities Act Accessibility Guidelines (ADAAG) is required. The ADAAG standards are highly specific design specifications to enable facilities to be readily accessible and usable by people with disabilities.

Older buildings (those first occupied before January 26, 1993) covered by Title III of the ADA are subject to lower standards, though they are still very important. These places of public accommodations, when it is readily achievable to do so and does not involve much difficulty or expense, must remove architectural barriers that are structural in nature. Architectural barriers are physical elements of a facility that impede access by people with disabilities. Depending on the financial resources of the private business and other factors, there are a number of modifications that may be readily achievable, including installing ramps, making curbs cuts in sidewalks or entrances, repositioning shelves, widening doorways, installing grab bars in toilet stalls, and other similar measures.

New constructions and alterations (those begun after January 26, 1992) of facilities of state and local governments, subject to Title II of the ADA, similarly must meet the strict design requirements under the ADAAG standards. Regarding older buildings, Title II entities have slightly different obligations than Title III entities. State and local governments must ensure “program accessibility,” which may include modifications to the physical structure of the facility, but could also include other measures to ensure the program or services are accessible to people with disabilities. An example would be a office building where one can only enter by climbing a flight of stairs. This would be a barrier to someone who uses a wheelchair and is seeking information from the government entity, which could provide the information in an accessible ground floor location or in another accessible building. If these measures are not effective, physical changes to the facility may be required. Many physical and programmatic improvements for more accessible services can be funded through the Victim of Crime Act (VOCA). Please make sure to discuss this with your grant funder for more information. Below are general guidelines to ensure that your location is accessible. We advise that you consult with an attorney that specializes in the ADA if in doubt of your program’s physical accessibility.





## GENERAL GUIDELINES

- A public entity shall maintain in operable working condition those features of facilities and equipment that are required to be readily accessible and usable by persons with disabilities.
- This does not prohibit isolated or temporary interruptions in services or access due to maintenance repairs.
- Public entities shall provide signage at all inaccessible entrances to each of its facilities directing users to the accessible entrance or another location where they can obtain information about their accessible facilities via usage of the international symbol for accessibility.
- A public entity shall provide auxiliary aids and services when necessary to provide individuals with disabilities an equal opportunity to participate in and enjoy the benefits of services provided.
- A public entity shall permit individuals with mobility disabilities to use wheelchairs and manually powered mobility aids such as walkers, crutches, canes, braces, or other similar devices designed for use by individuals with mobility disabilities in any areas open to pedestrian use.
- A public entity shall make modifications to its policies, practices, and procedures to permit the use of other power-driven mobility devices by individuals with mobility impairments.
- Public entities can refer to ADA 35.137 “Mobility Devices” for detailed assessment factors to determine whether a particular power-driven mobility device can be allowed in a specific facility.
- A public entity cannot ask an individual using a wheelchair or other power-driven mobility device questions about the nature of and the extent of a person’s disability.
- A public entity can ask a person using a power-driven mobility device to provide a credible assurance that the mobility device is required because of that person’s disability. The public entity may accept the following as assurance:
  - ◇ Valid, state-issued disability parking placard or card
  - ◇ Other state-issued proof of disability
  - ◇ In lieu of the above items, verbal representation, not contradicted by observable fact, that the mobility device is being used for a disability.

# Marsy's Law

In November 2017, the state of Ohio voted on the constitutional amendment, Marsy's Law. This law passed with an overwhelming 83% show of support. With the passage of Marsy's Law, Ohio voters made clear that victims' rights must be protected and enforced. In this section, we will be reviewing those rights and noting considerations that you and your organization can take into account to ensure that Marsy's Law is made available to all victims of crime, specifically victims with disabilities.

As advocates, it's advantageous to know a victim's rights so that you can most effectively help them navigate the justice system. Please know that this list is not exhaustive, nor does it contain an exclusive definition of what each provision means, but it is a tool to use when ensuring that all Ohio victims can exercise their rights. The majority of the following information has come from Ohio Crime Victim Justice Center's summary on Marsy's Law which you can find at [www.ocvjc.org](http://www.ocvjc.org).

It is crucial that victims are not only informed of their rights and how to exercise them, but also that victims meaningfully understand all information provided. When planning for interpreters, the ADA states that a person who requests an interpreter may do so at any time and at no cost to them. It is recommended that the organization allot funds for interpreting services in their budget to cover this cost or have an agreement with a local interpreting service.

The following are the rights guaranteed by Marsy's Law and suggested methods to ensure that all victims have the knowledge and ability to exercise them.

## **The right to be informed, in writing, of Marsy's Law**

When notifying victims of their Marsy's Law rights, it is important to be aware of the method of communication they prefer. For example, if a person is blind, it would not be helpful to give them a letter in small print. Instead, ask them what their preferred method of receiving this information would be. In this example, their preferred method may be audio or braille. It is recommended that your organization have these rights available in large print, available via email or on a flash drive, so the individual can view it on a computer with a reader, or available via audio. The format of how this information is provided should not be a barrier to a person receiving information on their rights as a victim in Ohio. The victim should be able to receive this information in a manner that they understand. For a plain-language version of these rights, please contact Disability Rights Ohio and ask for their publication titled, "Know Your Rights: Understanding Your Rights as a Victim of Crime with a Disability."

## **The right to assert victims' rights**

The victim, the victim's attorney, or the victim's other lawful representative may assist the victim in asserting their Marsy's Law rights. This means that victims' attorneys will now have standing to file motions and prosecutors may be asked to file motions to address victims' rights issues. It is important, again, to ensure that the victim has an approved method of communication that accommodates their needs, if any, during court proceedings. This includes a qualified interpreter or other ADA approved means of communication.

## **The right to be treated with fairness and respect for the victim's safety, dignity and privacy**

This provision elevated consideration of the victim's dignity, privacy, and safety throughout the criminal justice process. Crime victims with disabilities have the same right to privacy as a person without a disability.

A frequently misunderstood topic is whether victims with guardians have the right to privacy. Victims with disabilities who have a guardian have the right to speak and meet with an advocate in private. If a guardian is concerned about the victim meeting in private, it is best practice to remind them of the victim's right to privacy and your intention of upholding that right. If the guardian has information they wish to share, they may share with you in private, if they wish, but it is always best practice to ensure the right to privacy with any victim.

When working with a person with a disability, it is important to determine whether or not they have a guardian and which county that guardianship is through. This can be a question that is asked during your intake with the victim. Don't assume that everyone with a disability has a guardian. That is certainly not the case. For more information on guardianship, please refer to the section of this publication titled, "What Is Guardianship?"

## **The right, upon request, to reasonable and timely notice of all public proceedings and the right to be present at those proceedings**

For this provision, the victim must request that they receive notification of all proceedings. Once they are notified, victims have the right to attend all public proceedings for their case. The current best practice of many prosecutor's offices is to notify victims automatically, regardless of request. This practice is encouraged and should be continued.

When providing notice of proceedings, please consider the person's preferred method of communication. Again, this could come in various forms, but it is very important to individualize each victim's method of notification to meet their needs. When the victim is present for the proceedings, please ensure that there is an interpreter present, if needed, as well as other accommodations when needed.

## **The right to be heard in public proceedings**

There are several Ohio laws that provide victims with the right to give victim impact statements at sentencing and parole hearings. Marsy's Law expands that right to be heard to include other hearings such as release, arraignment, and plea. This gives the victim a unique ability to address the court directly and explain the risks of offender release and the overall impact of the crime before a plea is accepted. For this provision, victims are able to give their impact statements verbally or in writing, at the victim's option. This may also mean that for persons with specific disabilities, they may have a victim representative write the statement for them or have an interpreter present in the courtroom who can provide the information to the court. As mentioned above, the format in which this information is delivered should not restrict the victim from asserting this right.

## **The right to confer with the prosecutor, upon request**

Ohio law already allowed the victim to confer with the prosecutor. However, this provision is no longer limited "to the extent practicable." Upon request, prosecutors must inform victims of, and confer with victims regarding, the status of the case and matters that involve the victim's rights. Again, it is important to have ADA approved methods available for effective communication. Please refer to the section of this publication titled, "Effective Communication" for further guidance.

## **The right to proceedings free from unreasonable delay and a prompt conclusion of the case**

Ohio law has provided victims the right to object to substantial delays in prosecution and to have those objections considered by the court. This Marsy's Law provision makes that guarantee enforceable. For advocates, it's important to know that (1) prosecutors may need to advise the courts of the victim's presence and their desire to address the courts, (2) that prosecutors may be asked to file motions on behalf of the victim to protect this right, and (3) that prosecutors may be asked to inform the courts of the victim's position regarding the delay. The topic of effective communication is important here, as well, to ensure that the victim's voice is heard.

## **The right to refuse an interview, deposition, or other discovery request by the accused**

This provision prevents the defense from circumventing specific rules and attempting to obtain private information from victims through improper discovery requests. It is best practice to let your victims know, in their preferred method of communication, how to contact you, their prosecutor, or victim counsel if these attempts are made.

## **The right to full and timely restitution from the offender**

Prior to Marsy's Law, restitution was discretionary. Under Marsy's Law, restitution is mandatory. Victims should be notified, in their preferred method of communication, of the possibility of restitution and their right to restitution. For persons with disabilities, restitution can pay for the destruction of a person's assistive technology, the destruction of a modified vehicle, or provide the victim with a service animal if the perpetrator harmed or killed the victim's previous service animal.

## **The right to reasonable protection from the accused or any person acting on behalf of the accused**

There are many Ohio Revised Code sections that provide victims with protections from the accused, such as protection orders, prohibitions on witness intimidation, and protection of identification information. In many ways, this provision is a summary of those pre-existing rights. However, law enforcement and prosecutors should consider victim safety and protection in all decisions. This provision states that the victim has a right to reasonable protection so that it does not pose an undue burden.

In the case of a person with a disability, it is important to remember that the majority of crimes against a person with a disability are perpetrated by someone they know, someone who is close to them. This could be a peer, family member, or a caregiver. In some cases, victims and their perpetrators are receiving services from the same agency serving persons with their specific disability. For example, a Deaf woman is being harassed by an ASL interpreter. This ASL interpreter happens to know the Deaf woman's perpetrator, who is also Deaf. The ASL interpreter is acting on behalf of the perpetrator to harass the Deaf woman. When working with a victim who has a disability, it is always best practice to consider confidentiality and privacy in all aspects of their life. Doing so may be able to prevent cases such as this.

## **The right, upon request, to reasonable notice of the escape or release of the accused**

Ohio victims of felony crimes have had this right available to them and the Ohio Department of Rehabilitation and Corrections has a robust system and policies for compliance. However, Marsy's Law includes victims of misdemeanors. This means that jails who do not participate in Ohio Victim Information Notification Everyday (VINE) services will be required to provide these notifications. It is best practice to find out if your local jails already participate. All jails and prisons will now be required to provide notice, upon request of the victim. When agencies are providing notice to victims of the escape or release of the accused, this requires agencies to do so in an effective manner. Agencies will need to follow the ADA rules mentioned in the section titled "Effective Communication" when providing notice to the victim. This publication provides the reader with several options and when agencies provide this information so that the victim can understand and take the appropriate measures to stay safe.

# Unauthorized Practice of Law

What is the Unauthorized Practice of Law (UPL)? UPL can take many forms, some obvious and some less obvious. For instance, non-lawyers are not allowed to appear in courtrooms on behalf of clients or to sign and file complaints, pleadings, or other legal documents. Non-lawyers are also prohibited from “holding themselves out” to be lawyers, in other words, pretending to be lawyers.

However, UPL is not always this black and white. Law practice is, essentially, taking the facts of a case and applying the law to those facts. Any time a non-lawyer reviews the facts of a case, applies the law to the facts, and gives a victim advice based on that application, it is UPL.

**For example, let’s say a victim calls an advocate to inquire about getting a protection order against an offender. The advocate listens to the victim’s story, then says: “I think you would qualify for a civil protection order, since you used to be married to the offender and you share a child. That’s the protection order you should apply for.” This advocate has committed UPL in this very simple and seemingly harmless example. The advocate has taken the facts, applied the law, and given the client legal advice. While the advocate is not saying “I’m a lawyer” or going to court on behalf of a victim, the advocate is still, basically, practicing law.**

For this reason, non-lawyers must be very careful when victims or clients are seeking legal guidance. One easy way to avoid UPL is to speak with an attorney and relay that information to the victim. It is recommended that non-lawyers can also obtain legal opinions from attorneys that provide broad guidance to provide to victims. If you or your organization have questions about UPL, please refer to one of the legal agencies found in Appendix C for further assistance.

What are the penalties for UPL? UPL can carry very significant penalties. UPL is a crime, specifically, a misdemeanor of the first degree. O.R.C. § 4705.07. UPL can also carry a fine of up to \$10,000.00 per incident. Non-lawyers may also face civil lawsuits for committing UPL.

# What Is Guardianship?

When providing services to a person with a disability, it is important to know if they have a guardian. Individuals with disabilities sometimes have guardians when they are unable to make decisions or provide consent for services. A guardian is appointed by a county probate court, and is often a family member. Ohio also has many professional guardianship programs for people who do not have a suitable family member, friend, or other person in their lives to serve as guardian. A person who has a guardian is called a "ward" in Ohio law. The county probate court serves as the "superior guardian" by overseeing the guardianship. Ohio's guardianship laws can be found in chapter 2111 of the Revised Code.

A person may have a guardian of the person, guardian of the estate, or both. Guardians of the person make daily living decisions, such as where their wards live, who will provide services to them, and what medical care they will receive. Guardians of the estate manage their wards' finances and property. A person may have either the same guardian of the estate and person, or two different guardians. Wards whose only income is a government benefit like SSI, SSDI, or veterans benefits often have a representative payee instead of a guardian of the estate.

**Crime victims with guardians have the same rights as those who do not have guardians.**

Many times, the guardian will be an important partner in assisting the crime victim, such as by providing consent for treatment, authorizing payment for services, ensuring that the ward receives appropriate services, or otherwise

exercising the ward's rights. A guardian of the person also has authority to request records or consent to the release of records. For this reason, records should not be assumed to be "confidential" from the guardian. However, crime victims with guardians do have the right to private communication, including personal meetings with an advocate. The Ohio Attorney General's Ohio Guardianship Guide is a helpful resource for understanding guardianship and rights.

When working with a crime victim who has a guardian, it is best to involve the guardian as early as possible in the process in case the guardian's consent is needed and to ensure that any other appropriate action is taken. If the guardian is not involved and the ward signs documents for consent or financial liability, the ward's consent may be void and the entity may be liable for not obtaining consent. In some circumstances, the ward may be able to sign certain documents based on their own personal experiences (such as an affidavit or statement about the criminal act) if the ward has capacity to understand the document.

Depending on the ward's level of independence, the guardian may not need to be directly involved in all aspects of the proceedings, but it is important to keep the guardian apprised of what is happening. The guardian may have a duty to report the matter to the county probate court pursuant to court rules. The guardian may also be able to protect the ward's privacy by requesting that the probate court allow guardianship-related documents to be filed under seal; for example, sealing the documents could prevent a perpetrator from learning the address or other personal information about the ward.

In the rare situations where the guardian is the perpetrator of the crime or is otherwise interfering with the ward's rights as a crime victim, the ward or any other person has the right to file a complaint with the probate court. As the superior guardian, the probate court can order the guardian to take certain action or to refrain from acting, and can remove the guardian when warranted.



# Considerations for Accessible Services

Now that we have an overview of the scope of the issue, information on the ADA, service animals and assistive technology, let's look at how to provide culturally humble services to persons with disabilities. The following<sup>11</sup> are suggestions from people with disabilities, disability advocates, and service providers as a guide to respectful approaches for accessible services.

The considerations are listed in chronological order, from the first time you meet the victim to the end of your services with the victim, to make it easier to know when to use the considerations. Please know that because of the diversity of individuals and their experiences, these suggestions may not address every person. It is always recommended to ask someone how they would like to be treated and what accommodations they might need.

## General Considerations

- Leave your personal biases at the door. A bias showing prejudice in favor of or against a person. Personal biases only serve to separate the victim from potentially helpful services. It's okay to be aware of your biases with the intent of changing those biases based on your new information.
- Allow the survivor to have comfort items with them whenever they need. This might include blankets, stuffed animals, fidget toys, or other sensory items. Please refer to the section titled, "Sensory Toolkits" for more examples.
- Be aware of any accommodations that might help aid communication such as an ASL interpreter, using understandable vocabulary, and mobility accommodations such as giving a victim with visual impairments information about the layout of the room. Allow the survivor to tell you how they want to communicate.
- If the survivor has a support person accompanying them, do not address questions to the support person rather than the victim. Do not speak about the survivor as if they are not there.
- Clearly state that the survivor is not in trouble. This is particularly true for individuals who may live in a hospital or residential setting. Many times, persons with disabilities are taught to obey and not question authority. In some cases, they have witnessed the consequences of retribution from others who have reported and may fear this retribution. As we discussed earlier, this is a reason many do not report. Thank them for sharing such confidential and personal information with you and remind them they are not in trouble.
- Reassure the person with the disability that they have a right to privacy and if you have to disclose, tell them to whom and why. People with disabilities have the same right to confidentiality with the crime victim advocates as other survivors. The information they disclose cannot be shared with a caregiver, guardian, parents, social worker, or law enforcement without their express permission.

<sup>11</sup> Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice, "Multidisciplinary Response to Crime Victims with Disabilities Community Guide." 2007.

- The survivor has a right to decide who is in the room during the SANE exam.
- Use caution when allowing a caregiver to be in the room during an interview. A caregiver could be support staff, a personal interpreter, family member, or guardian. They may be a potential perpetrator, friend of the perpetrator or a general threat to the survivor when telling the truth or naming the perpetrator.
- If you don't understand someone with a communication disability, ask them for clarification. Don't assume that you understand. Making assumptions as to what a person with a disability needs or wants is not victim-centered and may actually be counterproductive to what they actually may need for accessible services.
- When at all possible, explain why you need certain information or are asking detailed questions about the survivor's history. This will aid in decreasing discomfort for the same reasons mentioned above.
- Be aware that occasional inattentiveness, distraction or lack of eye contact by the survivor is not unusual and does not indicate a lack of ability to report accurately. This may be particularly important during law enforcement interviews.
- Allow extra time for the victim to tell you their story. This is true for anyone who has experienced trauma. For example, learning disabilities may cause the victim to have difficulty with processing the information they are receiving therefore delaying the answer to your questions. This may mean making adjustments and accommodations during staff and volunteer trainings.
- If you see that a possible accommodation could be made, ask the victim's permission before "helping".
- Avoid talking condescendingly or patronizingly to the survivor. Do not stand over them and talk to them. Make sure you are face to face with them when speaking.
- Avoid using euphemisms like, "physically challenged" or "differently-abled". Many disability groups and individuals with disabilities object to these phrases because they are considered condescending and reinforce the idea that disabilities cannot be spoken of in an upfront and direct manner.
- Do not sensationalize a disability by using terms such as "afflicted with" or "suffers from". These expressions are considered offensive and inaccurate to people with disabilities.
- Remember that there is a wide range of disabilities and no two service interactions will ever be the same.
- Review any follow-up steps if necessary and be clear about survivor responsibilities and advocate responsibilities. Never promise what you can't deliver!

## **Blind/Visually Impaired**

- Many people think that people who are blind are completely blind but actually, it is a range of loss.
- Talk about everything being done around the person and provide verbal orientation to the surroundings.
- Before you touch the victim, gain their permission to touch them. Include where you will be touching them, why you will be touching them, how you will be touching them. Giving the victim this information empowers the victim to give consent. Please know that sometimes persons with disabilities will say yes with the tentative purpose to please you with fear that if they do not allow that touch, there will be retribution.
- If the survivor has a service animal, do not be distracted by it or ask about the dog's reaction to the assault. Do not pet the service animal as it is a working animal unless directed otherwise by the survivor.

- Make sure you speak to the person as you approach them. State clearly who you are and introduce anyone who is with you in a normal tone of voice.
- Remember that an individual who is Blind or Visually Impaired can provide a wealth of information about their perpetrator. This is because blindness is a range of loss. They may be able to identify voice, a particular walk, type of clothing, and smell. Advocates and other allied professionals should accept these types of identifications as they do visual ones.
- Do not attempt to lead the person without asking first. Offer the opportunity for the individual to hold your arm and control their own movements. Verbally state that you are offering your arm and that it is okay if they don't take it. For example, "My arm is available if you need it as we move out of this room."
- If you are assisting an individual with seating, guide the person's hand on the back of the chair or arm of the chair and offer them the opportunity to sit themselves unless asked otherwise. When moving from one room to another, offer your arm for guidance. Verbally point out obstructions and always tell them when you are leaving or entering the room.
- Be descriptive when giving directions. Give verbal information that is visually obvious to someone who can see. For example, "We are approaching the steps to go downstairs. There are going to be 10 steps."

## Deaf/Hard of Hearing

- Respect Deaf Culture.
- People in the Deaf community do not see deafness as a disability and therefore do not necessarily use people first language. Use the language that the survivor is comfortable with.
- If the survivor signs, always call for a qualified ASL interpreter. Do not use a partner, parent, friend, child, or law enforcement as the ASL interpreter.
- Speak directly to the person who is Deaf, not the sign language interpreter or their support person unless directed to do so.
- You can try using notes or lip reading until an interpreter is available for casual situations with the individual's permission. Be aware though that passing notes and lip reading are not sufficient substitutes for a qualified interpreter in more serious situations according to the ADA.
- If you are using lip reading, look at the person and don't turn away mid-sentence. Don't eat or cover your mouth. There is no need to speak loudly or exaggerate your enunciation for lip reading. Be aware that not all Deaf people lip read.
- Ask the person to repeat themselves if you do not understand.
- Explain any interruptions, such as a cell phone ringing, before attending to it.
- The Deaf community can be a tightknit community where many people know one another. This may mean that the survivor might be concerned about confidentiality and privacy. However, when giving resources, be aware that many Deaf survivors want to maintain social circles in the Deaf community and would rather receive services within the Deaf community.
- Be respectful that Deaf survivors have the right to refuse so-called "treatments" for deafness such as cochlear implants.
- Be aware that isolation of Deaf people within the hearing community may make reporting difficult. Deaf victims have overcome many obstacles to be in front of you.
- Include people from the Deaf community for specifics when serving Deaf people.

## Mobility Impaired

- Wheelchairs are a part of a person's space, do not lean on, touch or otherwise maneuver someone's wheelchair without permission. Always ask for permission to touch or move someone's cane, prosthesis, wheelchair, braces, walker, etc.
- Allow the survivor to tell you their needs.
- Seek to communicate with people at an even physical level, i.e. if someone is using a wheelchair, sit down or kneel when conversing for an extended period of time.
- If you see that an accommodation may be appropriate, ask the survivor before you proceed, "Would you like some help getting through that doorway?"

## Mental Illness

- Starting with institutional inpatient hospitals, deinstitutionalization, trans-institutionalization, to incarceration, persons with mental illness have a long history of stigma dating back to the 18th century. Because of deeply embedded societal stigma it is so very important to focus on the victim as a complete person. Seeing the victim with mental illness as a complete person provides them with respect and dignity in a moment when they need it the most and may not have received it elsewhere.
- Depending on your role, you may have to learn more about the nature of the person's diagnosed mental illness. If a person is prescribed medication for his or her illness, discussing information on the side effects and impact of the symptoms and medications may help you better understand what that person is experiencing after trauma.
- If the content of the survivor's speech seems to be delusional, continue to respond without validating the delusions. Do not laugh or make fun of the delusional content, appear shocked, or try to dismiss or minimize the experience. Debating the reality of the delusions can increase agitation, defensiveness, symptoms of trauma, and damage the rapport being formed.
- If the survivor appears to be responding to internal stimuli or hallucinations, do not try to talk them out of it or say, "that isn't real." These are very real to the person experiencing them! These symptoms may be particularly pronounced after a recent trauma as a new trauma can exacerbate existing mental health conditions.
- Remember that just because some thoughts or experiences may not be based in reality does not mean that an assault did not occur. People with mental illness are targeted by perpetrators because they are often not believed when they report.
- Having symptoms of a mental illness is not the same as "making up stories" or "having a wild imagination". The delusions and hallucinations are symptoms of an illness. These symptoms do not make people with mental illness more prone to false reporting than the rest of the general population. This misconception places another barrier for persons with mental illness to seek justice after experiencing a crime.

## Intellectual and Cognitive Disabilities

- Adults with cognitive and intellectual disabilities are not children. They are adults and deserve to be treated as such. The role of crisis counselors and advocates as non-judgmental sources of support and information is especially important in order to empower the survivor to make decisions that affect their lives.

- Intellectual and cognitive disabilities are not always visible. Go over any handouts and pamphlets verbally to check for understanding. Make it more comfortable to say “no” by prefacing, “The information that we are about to go over can be confusing. If at any time you have a question, just ask.”
- There is a wide range of intellectual and cognitive disabilities. Persons with these disabilities are just as capable as anyone else of remembering facts. Don’t assume that all experiences with persons with these disabilities will be the same. Accommodate and personalize each experience as needed.

## **Acquired Brain Injury (ABI) and Traumatic Brain Injury (TBI)**

- Try and keep the environment free of distraction. Try to meet in quiet spaces where there will not be interruptions or suggest having phone conversations during quieter times at the survivor’s home.
- People with ABI and TBI may exhibit impulsiveness, irritability, or egocentric behavior. These are behavioral symptoms that can be consequences of the disability. With survivor permission, these symptoms may need to be discussed with detectives or attorneys before court dates.
- Help keep conversation on track. People with acquired brain injuries may digress or change course during a conversation. Kindly redirect those using appropriate cues and reminders of the topic when necessary. Pay close attention to their conversation as they may disperse critical information throughout your discussion.
- Repeat important information about the purpose, duration, and guidelines. Summarize previous progress and review where previous sessions left off while anticipating next steps. Provide summaries of previous interactions such as phone conversations, meetings, or court appointments to survivors with ABIs and TBIs.

## **Hidden Disabilities**

- Hidden disabilities refers to disabilities that may not be obvious to an outside observer but they still significantly affect the life of the survivor. Some examples are people living with HIV or AIDS, cancer, addiction or other medical disabilities.
- It is important to recognize that people with certain hidden disabilities like HIV or AIDS are not necessarily dying from these diseases. Treatments are available for both HIV and AIDS-related illnesses that can prolong a person’s life. Sensitive terminology focuses on the act of living with these diseases, not dying from them, as in the term “living with AIDS”.
- Provide an environment conducive to disclosure. This includes hiring people with disabilities; establishing a reputation for confidentiality; and providing descriptive literature and speakers relating your interest in working with people of all abilities. People with hidden disabilities will be more likely to seek services at such agencies and disclose their disabilities.
- Collaborate with hospitals, long-term care facilities, AIDS/HIV treatment centers, and drug and alcohol rehabilitation facilities to serve survivors receiving their services.
- Conduct surveys with clients so you can find out if your services were accessible. For example, “Is there anything about you that we have not discussed that would help us assist you more? Are there other ways we can provide assistance and support at our center?” The more open ended questions asked, the better the information you will gather.

# Reporting

It is very important for advocates and allied professionals to know how to help people with disabilities report to the appropriate entities. Crimes against persons with disabilities are already underreported with a primary reason being that they may not know how to report or have the right support to report. Persons with disabilities who are receiving care from licensed professionals may always file a complaint and/or grievance with the caring professional's licensing board.

Listed below are some of Ohio's licensing boards for licensed professionals:

- State of Ohio Nursing Board: [www.nursing.ohio.gov](http://www.nursing.ohio.gov)
- State Medical Board of Ohio: [www.med.ohio.gov](http://www.med.ohio.gov)
- Ohio Board of Psychology: [www.psychology.ohio.gov](http://www.psychology.ohio.gov)
- Counselor, Social Worker, and Marriage & Family Therapist Board: [www.cswmft.gov](http://www.cswmft.gov)
- State of Ohio Board of Pharmacy: [www.pharmacy.ohio.gov](http://www.pharmacy.ohio.gov)
- Ohio Chemical Dependency Professionals Board: [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov)
- Ohio State Dental Board: [www.dental.ohio.gov](http://www.dental.ohio.gov)
- Ohio State Chiropractic Board: [www.chirobd.ohio.gov](http://www.chirobd.ohio.gov)
- Ohio Speech and Hearing Professionals Board: [www.shp.ohio.gov](http://www.shp.ohio.gov)
- Vision Professionals Board: [www.vision.ohio.gov](http://www.vision.ohio.gov)

Individuals receiving services from the Ohio Department of Developmental Disabilities (DODD), a county board of developmental disabilities, or through an organization licensed by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) have a reporting system in place that they may follow. Advocates are encouraged to be familiar with these reporting processes so that they may best report and assist the survivor with these systems. In this section we will briefly discuss the system for those receiving services through a county board of developmental disabilities or through an OhioMHAS licensed facility. Other state agencies such as the Ohio Department of Job and Family Services, Ohio Department of Health, and the Ohio Department of Youth Services also have reporting systems in place. For the purposes of this publication, we will be focusing on DODD agencies and OhioMHAS agencies only given their robust systems. For more information on these processes, you are encouraged to visit [www.dodd.gov](http://www.dodd.gov) or [www.mha.ohio.gov](http://www.mha.ohio.gov).

## Reporting through the Ohio Department of Developmental Disabilities

When reporting a crime against a person with a developmental disability, the crime does not have had to been committed by county board staff. If an individual with a developmental disability is receiving services from their county board, it is important to help them report the crime against them to their county board whether it was committed by a board employee or another individual.





For those receiving services through a county board of developmental disabilities, the online complaint form through DODD is one way to report abuse, neglect, and theft occurring to an individual with a developmental disability. To access this online portal, you can visit [www.dodd.ohio.gov/reportabuse](http://www.dodd.ohio.gov/reportabuse). The county board and/or the service provider may contact the police. However, if you are dissatisfied with the outcome of law enforcement's services, you may contact one of the legal resources located in the appendix for further assistance and investigation.

You may also contact the county board of developmental disabilities through which an individual is receiving services. In most cases, contacting the county board is the quickest and easiest way of logging a complaint. At [www.dodd.ohio.gov](http://www.dodd.ohio.gov) you can find a list of the county boards and their contact information. It is important to understand that DODD provides oversight to the 88 county boards in Ohio.

If you do not feel comfortable contacting the county boards directly, you or the survivor may also contact the Department of Developmental Disabilities Abuse/Neglect Hotline at (866) 313-6733. The hotline is operated from 8:00 am to 4:30 pm, Monday through Friday. By reporting a crime against a person receiving services from the Department of Developmental Disabilities, this opens an investigation into that individual's claims. For a reporting flow chart, please refer to Appendix A on page 46. If the crime has not been reported to law enforcement at this time, please contact the police to file a report.

DODD also has an abuser registry. This was established in Ohio law to track those who are prohibited from working with people with developmental disabilities. This registry lists former employees who have committed a registry offense. Registry offenses are physical abuse, sexual abuse, verbal abuse, prohibited sexual relations, neglect, theft, failure to report abuse/neglect/theft, and/or conviction or plea of guilty to an offense of violence. These employees are barred from employment as a Developmental Disabilities employee in the state of Ohio.

## Reporting through the Ohio Department of Mental Health and Addiction Services

Under entities licensed by OhioMHAS, there is a three tiered approach that individuals and their advocates can take to report crimes committed against them if the person committing the crime is employed by the agency licensed by the "Department". Depending on the facility, law enforcement may be notified by the organization. Below are the Ohio Administrative Code rule sections that pertain to each type of facility licensed by OhioMHAS.

- **Community Mental Health Boards** — Rule 5122-26-18
- **Private Psychiatric Hospitals** — Rule 5122-14-11
- **OhioMHAS Licensed Residential Facilities** — Rule 5122-30-22
- **OhioMHAS State Psychiatric Facilities** — Rule 5122-2-04

## **Community Mental Health Agencies Licensed by OhioMHAS**

The first step is that the individual can file a complaint with the agency that employs the alleged perpetrator. Agencies are required to have a Client Rights Officer. The individual or their advocate can file a complaint against the staff person to the Client Rights Officer. If the individual is not satisfied with the outcome of this complaint, they may then file a complaint with the county alcohol, drug, and mental health board (ADAMH) of the county the agency is in. Each community mental health agency and their county ADAMH board have their own required grievance policies and procedures. It is recommended that the individual and their advocate review these policies and procedures. It is recommended that the victim file a report with their local law enforcement of any crimes they have experienced from their mental health provider. If the victim is dissatisfied with the outcome of that investigation, the victim may contact one of the legal resources located in the appendix for further assistance.

All of Ohio's alcohol, drug and mental health boards have a Client Rights Officer. The individual or their advocate can then file a complaint with the Client Rights Officer. If the individual is not satisfied with the outcome of this complaint, they may appeal their complaint to OhioMHAS.

OhioMHAS provides licensure to many of Ohio's mental health agencies and facilities. Individuals and/or their advocates may file complaints through the Consumer Advocacy Specialist at OhioMHAS.

## **Private and Regional Psychiatric Hospitals Licensed by OhioMHAS**

If a survivor is currently residing in a private or state psychiatric hospital, they have the right to file a grievance or complaint against their perpetrator with the Client Rights Officer, also known as the Patient Advocate. Notify law enforcement when appropriate. If the individual is not satisfied with the outcome of this grievance, they may also file with OhioMHAS through the Consumer Advocacy Specialist. Each hospital has required grievance procedures and it is recommended that the individual and their advocate review those procedures.

OhioMHAS has specific policies and procedures that state when law enforcement is contacted for crimes committed against persons in their licensed facilities. For more information on these policies and procedures, please contact the Consumer Advocacy Specialist at OhioMHAS. In these instances, law enforcement will conduct an investigation. If the victim is dissatisfied with the outcome of this investigation, they may contact one of the legal resources listed in the appendix of this publication.

## **OhioMHAS Licensed Residential Facilities**

If a survivor is currently residing in a residential facility or group home licensed by OhioMHAS, they have the right to file a grievance or complaint against their perpetrator with the residential facility. OhioMHAS has specific policies and procedures that state when law enforcement is contacted for crimes committed against persons in their licensed facilities. For more information on these policies and procedures, please contact the Consumer Advocacy Specialist at OhioMHAS. In these instances, law enforcement will conduct an investigation. If the victim is dissatisfied with the outcome of this investigation, they may contact one of the legal resources listed in the appendix of this publication.

If the individual is not satisfied with the outcome of the grievance, they may also file a grievance with the county ADAMH board. If they are not satisfied with the outcome of this grievance, they may file with OhioMHAS through the Consumer Advocacy Specialist. Each residential facility has required grievance procedures and it is recommended that the individual and their advocate review those procedures.

# Safety Planning

The majority of this section came from the publication, “Safety Planning for Persons with Disabilities” prepared by the Safety First Initiative in Kansas. The following information is vital to the safety of a person with a disability.

Safety plans can be used for a variety of situations, including but certainly not limited to:

- When a survivor feels afraid for their safety
- When someone is being hurt, threatened, harassed, stalked, neglected, or abused
- To keep oneself safe

A safety plan does not need to be written down although some survivors may choose to have a written plan. Abusers change their tactics frequently so a safety plan should be reviewed on a regular basis. Most safety plans include other agencies or a multi-disciplinary team. It is important to talk through the benefits and drawbacks of sharing the plan with others who are not a part of that team.

It may not be apparent that the survivor has a disability. Rather than asking them directly, it is best to frame questions in terms of accommodations. Some examples are:

- Do you have any physical health, mental, or medical needs that we need to take into consideration when developing your safety plan?
- Do you need help with reading, writing, or communication?
- Are there any community agencies you are involved with that you would want to know about your safety plan?

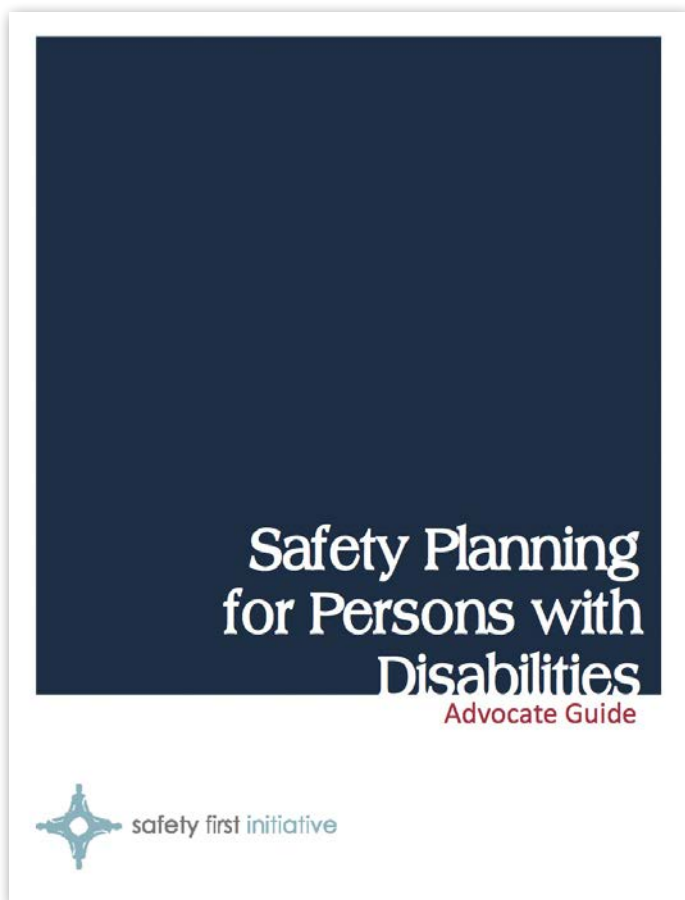
An important element in developing a successful safety plan is ensuring survivor access to community resources. It is very important that you, the advocate, become familiar with resources that serve persons with disabilities in a competent way. Consider resource accessibility related to:

- Documents
- Communication
- Transportation
- Service animals
- Personal care attendants
- Medical Care
- Flexibility with accommodating the survivor

When planning for safety, it is important to ask questions about the survivor’s use of assistive technology and how to safeguard these devices. Knowing that these devices provide the survivor with independence, abusers may limit their access to, tamper with, disable or destroy AT devices.

As we have previously covered, there are certain types of abuse that are specific to persons with disabilities. Developing a safety plan with these specificities in mind will make for an inclusive and trauma-informed safety plan. For more information on a disability-specific safety plan, please visit [www.endabusepwd.org/publications/safety-first-initiative-safety-planning-for-persons-with-disabilities-advocates-guide](http://www.endabusepwd.org/publications/safety-first-initiative-safety-planning-for-persons-with-disabilities-advocates-guide). You may also purchase the Go Stay Kit to have on hand for emergency preparedness at [www.gostaykit.org](http://www.gostaykit.org).

As mentioned above, safety planning typically occurs by specific members of the multi-disciplinary team, but can also be assessed by the larger group. Agencies such as Adult and Child Protective Services, County Boards of Developmental Disabilities, and victim advocates can play a large roll in working together to create an appropriate safety plan for survivors. The key to serving a survivor is collaboration.



**GO STAY KIT™**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

For information on how to order, go to [www.gostaykit.com](http://www.gostaykit.com).  
Please see important disclaimer info. on back of TAB 6.

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**INSTRUCTIONS & YOUR PHOTO** **TAB 1**

**EMERGENCY PHONE NUMBERS** **TAB 2**

**YOUR MEDICINE** **TAB 3**

**YOUR IMPORTANT PAPERS** **TAB 4**

**EMERGENCY SUPPLY "GO-KIT"** **TAB 5**

**EMERGENCY SUPPLY "STAY-KIT"** **TAB 6**

**YOUR I.D. BANDS** **TAB 7**

**SHELTER OR MEDICAL CARE POINT USE ONLY** **TAB 8**

# Multi-Disciplinary Teams

Multi-disciplinary teams are an important part of the investigation, implementing trauma-informed services, and the prosecution process. These specialized teams of agencies work together to review cases, ensure continuity of care for the survivor, and work with the law enforcement and prosecutors to provide information.

Multi-disciplinary teams are made up of different individuals from different agencies. These agencies are usually local agencies that are linked directly to the care survivors obtain in their hometowns. Most teams include: law enforcement, prosecutor(s), child or adult protective services, victim advocates, mental health experts, medical professionals, county boards of developmental disabilities, child advocacy centers, and more.

For tips on how to develop a multi-disciplinary team, please refer to the section titled, “Community Outreach” on page 42.



# Organizational Attitudinal Accessibility

Attitudinal accessibility is defined as “refusing to accept prejudice, myths, and stereotypes about people with disabilities, and identifying and removing any negative attitudes about the capability of people with disabilities.”<sup>12</sup> Some attitudinal barriers include being condescending or patronizing to persons with disabilities as if they are childlike or incapable of making decisions for themselves. Other examples are speaking louder or more slowly to a person regardless of the type of disability or addressing a caregiver rather than the survivor.

Attitudinal accessibility relies on cultural accessibility. Cultural accessibility implies using knowledge of oppression to create a safe place where persons with disabilities feel comfortable, welcome and confident in coming to receive services. One way to become culturally accessible is to learn about the disability rights movement. Those without disabilities often take things for granted and are quick to demand respect of their privacy or personal space. Yet for persons with disabilities, these rights are often violated or go unrecognized.

Many concepts of advocacy for survivors with disabilities parallels with that of self-advocacy and independence for people living with disabilities. Both seek to allow individuals to make decisions affecting their lives with the best possible knowledge of options and resources. In this section, we will begin to discuss how your organization can become more attitudinally accessible.

## Trauma Informed Care



What is Trauma Informed Care? Trauma Informed Care (TIC) is an approach that explicitly acknowledges the role trauma plays in people’s lives. When your agency is TIC competent, it means that every part of the organization or program understands the impact of trauma on the individuals they serve and adopts a culture that considers and addresses that impact. It asks the question, “What happened to you?” instead of “What’s wrong with you?”

According to the Substance Abuse and Mental Health Services Administration, “A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients and others involved with the system, and responds by fully integrating knowledge about trauma into policies, procedures and practices for clients served and staff.” By realizing, recognizing, and responding in a trauma-informed way, not only will your clients benefit, but your staff will, too.

<sup>12</sup> Definition adapted from ARCH: A Legal Resource Centre for Persons with Disabilities, Toronto, Ontario, Canada



A trauma-informed approach reflects six key principles that can be generalized across multiple settings. They are:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, Historical, and Gender Issues

Trauma-informed programs recognize the following:

- The survivor's need to be respected, informed, connected, and hopeful regarding their recovery
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human service agencies in a manner that empowers survivors

Trauma-informed practices are just the first step in becoming trauma-responsive. Being trauma-responsive means looking at every aspect of an organization's programming, environment, language, and values and involving all staff in better serving people who have experienced trauma. Bring trauma-responsive in your agency and in programming means having a shared language within your agency that addresses trauma, and improving your organization's physical space and sense of safety. For survivors, being trauma-responsive means going beyond trauma-informed to providing interventions that seek to alleviate trauma symptoms, which will lead to a higher level of functioning.

To find out how your agency can become trauma-responsive, we encourage you to learn more about the Tristate Trauma Network. The Tristate Trauma Network unifies state, regional, and local efforts in Ohio, Kentucky, and Indiana related to trauma and toxic stress. Their mission is to create a community-wide commitment to the prevention and recovery from trauma and toxic stress by building awareness, offering high-quality training to professionals, serving as a clearinghouse for information and resources, fostering collaboration, and developing trauma-informed, trauma-responsive systems of care. Learn more at [www.tristatetraumanetwork.org](http://www.tristatetraumanetwork.org).

## Inclusion

An important part of serving survivors with disabilities is changing the dynamic of isolation that increases their vulnerability to crimes. When agencies are not inclusive with their services and views of persons with disabilities, they only serve to further isolate these individuals in their communities. This can be dangerous for several reasons with the main reason being that it does not allow for reporting of crimes against them to occur. Without reporting, communities remain ignorant to the problems facing survivors with disabilities and services remain inaccessible.

The disability rights movement slogan, "Nothing About Us, Without Us" rings true here. In order to have fully integrated and inclusive communities, we must invite persons with disabilities to the table. Their experiences, views, and opinions must be heard and shared. Being an inclusive organization provides opportunities for persons with disabilities that they have historically been denied. This can be done in a variety of ways. Here are a few examples of how your agency can become more inclusive in the workplace:

- Having leadership that ensures a commitment to inclusion at all levels of the organization
- Adopting written policies and procedures to enhance employment opportunities for qualified individuals with disabilities
- Establishing processes that facilitate the advancement of persons with disabilities either as employees or board members
- Promoting a culture of openness and safety so that persons with disabilities can request accommodations



- Expressing your organization’s commitment to disability inclusion both internally and externally
- Ensuring that you are taking all steps to include persons with disabilities in the work of your agency
- Ensuring that your workplace is physically and attitudinally accessible
- Refer to this publication’s list of local, state, and national disability resources and reach out for their assistance in making your agency inclusive.

## Policies and Procedures

Your business, like all others, has formal and informal policies, practices, and procedures that keep it running smoothly. However, sometimes your policies or procedures can inadvertently make it difficult or impossible for a customer with a disability to access your goods and services. That is why the ADA requires businesses to make “reasonable modifications” to their usual ways of doing things when serving people with disabilities.

Most modifications involve only minor adjustments in policies. For example, a day care center that has two scheduled snack times must modify this policy to allow a child with diabetes to bring food for an extra snack if necessary. A clothing store must modify a policy of permitting only one person at a time in a dressing room for a person with a disability who is shopping with a companion and needs the companion’s assistance to try on clothes. Anything that would result in a “fundamental alteration”—a change in the essential nature of your business—is not required. For example, a clothing store is not required to provide dressing assistance for a customer with a disability if this is not a service provided to other customers.<sup>13</sup> Please refer to an example policy in Appendix B on page 47.

## Staff Training

Bringing in experts to talk with your staff about persons with disabilities is important and helps address any discomfort they might have with serving persons with disabilities. Having an open and safe environment allows staff to ask questions that may challenge their biases and beliefs. Examples of staff instruction may include:

- Having persons with lived experience come and talk with staff to dispel any myths or stereotypes about the disability community. Ensure that the presenters have different types of disabilities.
- Ask agencies that work with victims with disabilities to educate staff on the needs of survivors in all steps of the criminal justice process.
- Have an attorney who specializes in the ADA come and train staff on how to make their programs more accessible.
- Schedule trainers who work primarily with persons with disabilities to educate staff on how to provide culturally appropriate services.
- Ensure that your volunteers who provide direct services receive the same training as your staff.
- Your direct service staff shouldn’t be the only ones receiving the training. It is very important that administrative staff are educated as well so your services are completely accessible and competent from the moment a survivor with a disability walks through your doors.

## Social Stories

Social stories can be created and customized for survivors and their needs. These stories, created by Carol Gray in 1990, can help ease anxiety about an upcoming visit to a hospital, advocate, or court room, assist the individual in telling their story and can be written for all comprehension and reading levels. They typically have real life pictures of the new agency/area and can be reviewed with the survivor multiple times. You can find more information and social story examples at [www.abaresources.com/social-stories](http://www.abaresources.com/social-stories).

<sup>13</sup> U.S. Department of Justice, Civil Rights Division, Disability Rights Section, “ADA Update: A Primer for Small Business”



## Sensory Toolkits

Sensory integration involves processing and organizing sensory information from your many senses; sight, sound, touch, taste, smell, movement, and body awareness. These toolkits can allow for survivors to self-soothe and therefore better absorb information. When considering developing a sensory toolkit for your agency, it is important to take into consideration safe items that can be used by survivors of all ages. “Sensory bags” are utilized to assist survivors throughout their recovery process. These bags include items that can be used in court, counseling, forensic interviews, medical exams, and meetings to help the survivor self-soothe. Sensory bags can include, but are certainly not limited to:

- Fidget spinners and cubes
- Weighted lap blankets
- Chew tubes
- Visual timers
- Stress balls
- Stuffed animals
- Putty
- Play-Doh®
- Brushes
- Sensory bottles
- Noise cancelling headphones
- Colored layover sheets

Your agency can obtain many of these items from your local stores or for more specialized items, from [www.funandfunction.com](http://www.funandfunction.com).

## Community Outreach

Inclusive agencies rely on community collaboration and outreach. Both will improve services and the efficacy of these services to survivors with disabilities. The following outreach strategies are suggestions as initial steps when designing your agency’s customized plan for your community.

This list is by no means exhaustive and may include concepts that you and your community have already taken:

- Contact local agencies that provide disability advocacy. Request information on their services. Plan to meet with them to discuss your services and share information.
- Propose staff cross-training on issues of crime and disabilities with agencies in your community.
- Share handouts, brochures, and pamphlets of your services for survivors with agencies that serve persons with disabilities. Collaborate with these agencies to learn how you can make your services accessible and ask for your publications to be placed in their lobby.
- Conduct outreach to agencies such as the local Social Security Office, Job and Family Services, physicians, mental health agencies, agencies that serve persons with developmental disabilities, the county board of developmental disabilities, deaf/hard of hearing agencies, blind/visually impaired agencies, courts and law enforcement about your accessible services.
- Be sure to include pictures of persons with disabilities in your publications. Inclusivity is a sure way of letting persons with disabilities know that you can serve them.
- Ensure that you include statements like, “Please contact us about any accommodation needs” in your publications. This shows a commitment to serving survivors with disabilities.
- Your local center for the blind may be able to assist in tape recording a center brochure or handouts. Consider making it a requirement of training to audiotape handouts or brochures.
- Having large print brochures, handouts, and any program paperwork readily available for persons who are blind or visually impaired.
- Develop a memorandum of understanding with state and local agencies that serve persons with disabilities. For example, partner with an interpreting agency to provide you with ASL interpreters when needed.
- Contact the local school for the deaf in your community to provide classes with an ASL interpreter.
- Contact local colleges and ask to speak with the disability program. Offer to provide presentations and trainings to students about your services.
- When working with your multi-disciplinary team, ask for the county department of developmental disabilities or peer support organizations to collaborate on a pictorial explanation of your services.
- Share job openings and volunteer opportunities with agencies that serve persons living with disabilities.
- Conduct research and talk to other professionals about local and statewide agencies that are providing services to persons living with disabilities.
- Call your local sign language interpreter service or independent sign language interpreter contractors and meet to arrange possible emergency availability for either hospital or office interpretation.
- Identify potential community partners that are already involved or have a stake in improving your community response to crime victims with disabilities. Identify persons living with disabilities, family members of persons with disabilities, service agency staff, law enforcement, victim services, court systems and hospitals. Having an advisory committee and/or multi-disciplinary team like this can really make a huge difference in how your community is serving survivors with disabilities.
- Through this advisory committee, you can begin assessing the community’s needs. Conduct a needs assessment. It can be basic or complex.
- Educate your community! The more educated our communities are the more we are able to provide safety to one another. Discuss the problems found in your community and develop ways to fix them. Provide education on crime against persons with disabilities and give them ways to help.

The more you market your services to persons with disabilities, the more you will see how much your services are needed. As we mentioned in the beginning of this publication, many survivors with disabilities don’t seek out services because they are not accessible. By adopting some of these strategies, your agency can become more accessible and ensure competent services to survivors with disabilities.

# Foreign National Victims of Crime

As we come to an end with this publication, the authors feel it imperative that we touch on the subject of foreign national victims of crime. In your advocacy work, you may also come across foreign nationals with disabilities. If that is the case, please continue to use the above best practices in conjunction with these resources.

Specialized resources and agencies are crucial when working with foreign-born adults and youth victims of crime. There are various agencies that can help you provide additional resources and services to these individuals. If you are working with an unaccompanied minor, it is recommended that you also contact the local child welfare agency to assist in determining a safe placement. All foreign national victims of human trafficking are entitled to victim services, health insurance, legal residency, and other benefits. The following information can be found in "The Protocol for Serving Child Victims of Human Trafficking in Ohio—August 2017"

It is recommended that an attorney is contacted that is familiar with immigration laws and the available Visas (T-Visas, U-Visas, and Special Juvenile Status Visa). These attorneys can help advocate for the victim and begin the process of determining the most appropriate immigration remedy for the identified victim.

For more information about the resources available to foreign national victims, visit [www.acf.hhs.gov/otip/victim-assistance/services-available-to-victims-of-trafficking](http://www.acf.hhs.gov/otip/victim-assistance/services-available-to-victims-of-trafficking).

## Resources

### **Community Refugee Immigration Services (CRIS) and Translation Services**

1925 E. Dublin-Granville Rd.  
Suite 102  
Columbus, OH 45402  
[www.crisohio.org](http://www.crisohio.org)

### **Advocates for Basic Legal Equality (ABLE)**

ABLE Dayton  
130 W. Second St., Suite 700  
East Dayton, OH 45402

### **ABLE Toledo**

525 Jefferson Ave., Suite 300  
Toledo, OH 43604  
[www.ablelaw.org](http://www.ablelaw.org)

**Legal Aid Society of Western Ohio (LAWO)**

To reach any office (Dayton, Defiance, Lima, Springfield, or Toledo) dial (937) 228-8088

[www.ablelaw.org/lawo-services/agricultural-worker-immigrant-lawo](http://www.ablelaw.org/lawo-services/agricultural-worker-immigrant-lawo)

**Legal Aid Society of Cleveland**

1223 W. Sixth St.

Cleveland, OH 44113

[www.lasclev.org/get-help/immigration](http://www.lasclev.org/get-help/immigration)

**Legal Aid Society of Southwest Ohio & Legal Aid Society of Greater Cincinnati**

215 E. 9th St., Suite 500

Cincinnati, OH 45202

[www.lasswo.org](http://www.lasswo.org)

**Legal Aid Society of Southwest Ohio**

They are affiliated with the Legal Aid Society of Greater Cincinnati and also coordinate services with the Volunteer Lawyers Project.

Immigration legal assistance is available.

The best way to determine which office should help you is to call (513) 241-9400 or toll-free at 1(800) 582-2682.

Their offices serve the following counties; Butler, Warren, Clinton, Hamilton, Clermont, Highland, and Brown.

**Migration and Refugee Services**

St. Augustine Towers

7800 Detroit Ave.

Cleveland, OH 44102

**OAESV and ODVN Legal Access Works**

OAESV: 1-888-886-8388

ODVN: 1-800-934-9840

# APPENDIX A

## DODD Reporting Responsibilities

### Provider's Role

1. Complete immediate action to protect health and safety of the individual
2. Notify the legal guardian, if applicable, in the same day (Parents who are NOT legal guardians may only be notified with approval by the individual being served or their legal guardian)
3. Notify the county board of developmental disabilities immediately and no later than 4 hours after the allegation of Abuse, Neglect, Misappropriation, Exploitation, Suspicious or Accidental Death
4. Notify the police or children's services where there is an alleged crime
5. Write up an incident report for the county board by 3:00 pm of the next working day

### County Board's Role

1. Notifies or ensures the police of possible crime and/or children's services if suspected abuse or neglect and the person is under 21 years of age
2. Notifies county board SSA on the same day
3. Notifies the licensed or certified residential provider of the incident on the same day
4. Ensures that legal guardian has been notified on the same day
5. Submits a report to DODD incident tracking system by 3:00 pm the next working day following notification
6. Conducts investigations when not in conflict
7. Sends summary letter to legal guardian and residential provider 5 calendar days after the case has been recommended for closure

### DODD's Role

1. Intake reviews all initial reports to ensure immediate actions were taken, notifications made, and Major Unusual Incident reports have been classified appropriately
2. Conducts investigations where it is a conflict for county boards to do so
3. Review cases prior to closure to assure appropriate cause/contributing factor identification and prevention plan development
4. Notifies the Ohio Department of Job and Family Services via on-line incident reporting system

# APPENDIX B

## Example Inclusion Policy

### POLICY

**Name of Organization** values and embraces diversity and equal opportunity. **Name of Organization** is dedicated to offering welcoming programmatic, attitudinal, and physical environments that enable diverse populations to freely access our facility and its services. **Name of Organization** is committed to compliance with the Americans with Disabilities Act (ADA) and to the fair and equal treatment of all individuals with disabilities as prescribed by this law, whether they are clients, employees, or volunteers. Therefore, **Name of Organization**, upholds and abides by its legal mandate to protect the rights of individuals with disabilities to have equal access to services and to provide reasonable accommodations to all qualified individuals.

Understanding disabilities and providing reasonable accommodations is not only a legal mandate but a priority for **Name of Organization**. The organization is committed to offering a full array of services to a wide range of users. Therefore, reasonable accommodations are made available upon request in order to offer equal access to individuals with disabilities who wish to avail themselves of any one or more of the services **Name of Organization** offers.

### PURPOSE

To ensure that no one will be denied access to the **Name of Organization** facility based on a disability, no client will be denied access to **Name of Organization** services based on disability, and no employee and/or volunteer will be denied employment based on a disability; to guide staff in best practices in providing accommodations when requested.

### Client Accommodation Request Procedures

**Name of Organization** is committed to providing reasonable accommodations when requested by survivors with disabilities. Toward that end, **Name of Organization** staff is expected to follow the procedures as outlined below.

1. When a potential client or ongoing client requests an accommodation, staff will discuss the request with the client.
  - a. Discuss with the client the specific accommodations needed in order to facilitate service delivery
  - b. Discuss all accommodation requests with supervisory/administrative staff



- c. If the accommodation request does not fall within the ADA accommodations guidelines, and **Name of Organization** deems it as an undue hardship to fulfill, alternative options will be explored that are in line with the original accommodation request.
  - d. If the request for accommodations is considered to be reasonable, then this request will be fulfilled as soon as possible.
    - i. A reasonable accommodation is any change or modification which can be made within a reasonable amount of time and money and would enable an individual with disabilities equal access to services.
2. Prospective clients will be informed that in addition to physical accessibility and reasonable office modifications, various forms of assistive technology are also made available by **Name of Organization**.
- a. iPad tablets equipped with the following applications are available to help facilitate communication with others:
    - i. Proloquo2go – Provides a full-featured augmentative and alternative communication solution for people who have communication barriers. This application features pictures, words, and text-to-speech capabilities.
    - ii. SoundAMP R – Customizable sound amplifier to use with headphones.
    - iii. VerbalVictor – Customize speech-to-text symbols with your own pictures, sounds, and text.
    - iv. AmpliVision – Offers 2X, 3X, 4X, 6X, or 8X magnification levels using the autofocusing camera. Ideal for anyone who has trouble reading the fine print or needs to see in greater detail.
  - b. A Chattervox device is also available for use which is a portable voice amplifier. It allows you to amplify your voice in any setting, from general conversation to speaking to a group.
  - c. A UbiDuo device is available for use which is a portable, wireless, battery-powered, stand-alone communication device that facilitates simultaneous face-to-face communication by means of two displays and two keyboards.
3. All **Name of Organization** staff will be trained on the above assistive technology devices and each will be available for use by any individual who may need them.
4. All assistive technology devices are stored in a locked cabinet **state location**.
- a. A sign-in/sign-out form will be utilized when any of these devices are being used by a client, staff member, or volunteer.
5. **Name of Organization** staff will continue to assess for the need for accommodations and respond to all requests for reasonable accommodations by all clients throughout their time receiving services or throughout their employment/volunteer experience.

### **Employee/Volunteer Accommodation Request Procedure**

**Name of Organization** is committed to providing reasonable accommodations when requested by qualified individuals who are seeking employment. Toward that end, staff is expected to follow the procedures as outlined below:

1. When an applicant/employee/or volunteer requests an adjustment or change in their working/employment environment for a reason related to a medical condition, administration will discuss the request with the applicant/employee/volunteer.
  - a. Administration and/or Human Resources will speak with the applicant/employee/volunteer to inquire what the individual needs are and to explore the appropriate reasonable accommodation.
  - b. If the accommodation request does not fall within the ADA reasonable accommodations guidelines, and **Name of Organization** deems it as an undue hardship to fulfill, alternative options will be explored that are in line with the original accommodation request.
  - c. If the request for accommodations is considered to be reasonable, then this request will be responded to as soon as possible.
    - i. Reasonable Accommodation<sup>21</sup> is a modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also includes adjustments to assure that a qualified individual<sup>22</sup> with a disability has rights and privileges in employment equal to those of non-disabled employees.
2. **Name of Organization** staff will continue to assess for the need for accommodations and respond to all requests for reasonable accommodations by all qualified individuals with disabilities throughout their employment/volunteering experience.<sup>23</sup>

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<sup>21</sup> The definition of reasonable accommodation was taken from the following link: [www.eeoc.gov/facts/](http://www.eeoc.gov/facts/)

<sup>22</sup> Qualified Individual is a person with a disability who meets legitimate skill, experience, education, or other requirements of an employment position that they hold or seek, and who can perform the “essential functions” of the position with or without reasonable accommodations. Requiring the ability to perform “essential” functions assures that an individual will not be considered unqualified simply because of an inability to perform marginal or incidental job functions. If the individual is qualified to perform essential job functions except for limitations caused by a disability, the employer must consider whether the individual could perform these functions with a reasonable accommodation. [www.eeoc.gov/facts/](http://www.eeoc.gov/facts/)

# APPENDIX C

## State and National Disability Resources

### OHIO DISABILITY RESOURCES, ADVOCACY ORGANIZATIONS AND GROUPS

#### Statewide

- Ohio Area Agencies on Aging [www.ohioaging.org](http://www.ohioaging.org)
- Ohio Developmental Disabilities Council [www.ddc.ohio.gov](http://www.ddc.ohio.gov)
- Opportunities for Ohioans with Disabilities (OOD) [www.ood.ohio.gov](http://www.ood.ohio.gov)
- Ohio Suicide Hotlines [www.ohiospf.org](http://www.ohiospf.org)
- The Arc of Ohio [www.thearcofohio.org](http://www.thearcofohio.org)
- Mental Health and Addiction Advocacy Coalition (MHAAC) [www.mhaadvocacy.org](http://www.mhaadvocacy.org)
- Ohio Federation for Children's Mental Health <http://eyedealgraphics.com/clients/offcmh2/web>
- Ohio Statewide Independent Living Council (OSILC) [www.ohiosilc.org](http://www.ohiosilc.org)
- Ohio Family and Children First [www.fcf.ohio.gov](http://www.fcf.ohio.gov)
- Ohio Alliance to End Sexual Violence (OAESV) [www.oaesv.org](http://www.oaesv.org)
- Ohio Domestic Violence Network (ODVN) [www.odvn.org](http://www.odvn.org)
- Disability Rights Ohio [www.disabilityrightsohio.org](http://www.disabilityrightsohio.org)
- Long Term Care Ombudsman Program [www.aging.ohio.gov/ombudsman](http://www.aging.ohio.gov/ombudsman)
- Ohio Department of Developmental Disabilities (DODD) [www.dodd.ohio.gov](http://www.dodd.ohio.gov)
- Ohio Center for Autism and Low Incidence (OCALI) [www.ocali.org](http://www.ocali.org)
- Ohio Association of County Boards of DD (OACBDD) [www.oacbddd.org](http://www.oacbddd.org)
- Ohio Department of Mental Health and Addiction Services (OhioMHAS) [www.mha.ohio.gov](http://www.mha.ohio.gov)
- National Alliance on Mental Health (NAMI) [www.namiohio.org](http://www.namiohio.org)
- Ohio Association of County Behavioral Health Authorities (OACBHA) [www.oacbha.org](http://www.oacbha.org)
- Ohio Home Care Waiver Program [www.medicaid.ohio.gov](http://www.medicaid.ohio.gov)
- Assistive Technology of Ohio at The Ohio State University [www.atohio.engineering.osu.edu](http://www.atohio.engineering.osu.edu)
- Ohio Bureau of Services for the Visually Impaired (BSVI) [www.ood.ohio.gov/BVR-BSVI/BSVI](http://www.ood.ohio.gov/BVR-BSVI/BSVI)
- Brain Injury Association of Ohio [www.biaoh.org](http://www.biaoh.org)
- The Center for Disability Empowerment [www.disabilityempowerment.net](http://www.disabilityempowerment.net)
- People First [www.peoplefirstohio.org](http://www.peoplefirstohio.org)
- Ohio Self-Determination Association (OSDA) [www.osdaohio.org](http://www.osdaohio.org)

- American Council of the Blind Ohio [www.acbohio.org](http://www.acbohio.org)
- Outreach Center for Deafness and Blindness [www.deafandblindoutreach.org](http://www.deafandblindoutreach.org)
- State Library of Ohio Talking Book Program [www.library.ohio.gov](http://www.library.ohio.gov)
- Sighted Guide Ohio [www.sightedguideohio.org](http://www.sightedguideohio.org)
- Assistive Technology and Accessible Educational Materials Center (ATAEM) [www.ataem.org](http://www.ataem.org)
- Pilot Dogs [www.pilotdogs.org](http://www.pilotdogs.org)
- Canine Companions for Independence [www.cci.org](http://www.cci.org)
- Relay Ohio [www.ohiorelay.com](http://www.ohiorelay.com)
- Deaf World Against Violence Everywhere (DWAVE) [www.dwaveohio.org](http://www.dwaveohio.org)
- Ohio Alliance of Community Centers for the Deaf [www.gcdjfs.com/CCD.pdf](http://www.gcdjfs.com/CCD.pdf)
- DeafPhoenix [www.deafphoenix.org](http://www.deafphoenix.org)
- Autism Society of Ohio [www.autismohio.org](http://www.autismohio.org)
- Ohio VINELink [www.vinelink.com](http://www.vinelink.com)
- Victim Compensation [www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov) or [www.ohiocourtclaims.gov](http://www.ohiocourtclaims.gov)
- Great Lakes ADA Center [www.adagreatlakes.org](http://www.adagreatlakes.org)
- The University of Cincinnati Center for Excellence in Developmental Disabilities (UCEDD) [www.ucucedd.org](http://www.ucucedd.org)

## Central Ohio

- Ohio School for the Deaf [www.ohioschoolfortheblind.org](http://www.ohioschoolfortheblind.org)
- Ohio State School for the Blind [www.ossb.ohio.gov](http://www.ossb.ohio.gov)
- Mental Health America Franklin County [www.mhafc.org](http://www.mhafc.org)
- VOICEcorps Reading Service [www.voicecorps.org](http://www.voicecorps.org)
- Columbus Hearing Impaired Program (CHIP) [www.cchih.org](http://www.cchih.org)
- Hallenross Interpreting Services [www.hallenross.com](http://www.hallenross.com)
- Nisonger Center at The Ohio State University [www.nisonger.osu.edu](http://www.nisonger.osu.edu)

## Southwest Ohio

- Mobility Works [www.mobilityworks.com](http://www.mobilityworks.com)
- Family Services Association [www.fsadayton.org](http://www.fsadayton.org)
- VOICEcorps Reading Service [www.voicecorps.org](http://www.voicecorps.org)
- Cincinnati Association for the Blind and Visually Impaired [www.cincyblind.org](http://www.cincyblind.org)
- Clovernook Center for the Blind and Visually Impaired [www.clovernook.org](http://www.clovernook.org)
- Radio Reading Services of Greater Cincinnati [www.ohioradioreadingservices.org](http://www.ohioradioreadingservices.org)
- Deaf Community Resource Center [www.dcrcoho.org](http://www.dcrcoho.org)
- Hearing Speech and Deaf Center of Greater Cincinnati [www.hearingspeechdeaf.org](http://www.hearingspeechdeaf.org)
- Deaf Choice, Inc. [www.deafchoice.com](http://www.deafchoice.com)
- Mental Health America of Southwest Ohio [www.mhankyswoh.org](http://www.mhankyswoh.org)

## **Southeast Ohio**

- VOICEcorps Reading Service [www.voicecorps.org](http://www.voicecorps.org)
- Southeast Ohio Sight Center [www.orgsites.com/oh/seohiosightcenter](http://www.orgsites.com/oh/seohiosightcenter)
- Deaf Services Center [www.dsc.org](http://www.dsc.org)
- Portsmouth Deaf Services [www.dsc.org/portsmouth.php](http://www.dsc.org/portsmouth.php)

## **Northeast Ohio**

- Mobility Works [www.mobilityworks.com](http://www.mobilityworks.com)
- Ohio Library for the Blind and Physically Disabled <https://cpl.org/aboutthelibrary/ohio-library-for-the-blind-physically-disabled>
- Greenleaf Family Center [www.greenleafctr.org](http://www.greenleafctr.org)
- The Center for Family and Independence Services [www.thecentersohio.org](http://www.thecentersohio.org)
- Cleveland Hearing and Speech [www.cshc.org](http://www.cshc.org)
- Judith A. Read Low Vision Services at the United Disability Services of Akron [www.udsakron.org/what-we-do/judith-a-read-low-vision-services.aspx](http://www.udsakron.org/what-we-do/judith-a-read-low-vision-services.aspx)
- Community Center for the Deaf and Hard of Hearing [www.chsc.org/community-center-for-the-deaf-hard-of-hearing](http://www.chsc.org/community-center-for-the-deaf-hard-of-hearing)
- TRIAD Deaf Services [www.triadds.org/index.html](http://www.triadds.org/index.html)
- Autism Society of Greater Cleveland [www.asgc.org](http://www.asgc.org)
- Youngstown Hearing and Speech Center [www.easterseals.com/mtc/our-programs/youngstown-hearing-and-speech.html](http://www.easterseals.com/mtc/our-programs/youngstown-hearing-and-speech.html)

## **Northwest Ohio**

- Mental Health America of Erie and Ottawa Counties [www.mhrbeo.org](http://www.mhrbeo.org)
- Mobility Works [www.mobilityworks.com](http://www.mobilityworks.com)
- The Center for Family and Independence Services [www.thecentersohio.org](http://www.thecentersohio.org)
- Family Services Association [www.fsadayton.org/Home/we-re-moving](http://www.fsadayton.org/Home/we-re-moving)
- Sight Center of Northwest Ohio <http://sightcentertoledo.org>
- Deaf Services Center of Northwest Ohio and Interlink [www.dsc.org/nwo.php](http://www.dsc.org/nwo.php)
- Great Lakes Collaborative for Autism <https://greatlakesautism.org>

# OHIO LEGAL ORGANIZATIONS & RESOURCES

## Statewide

- Self-Help Legal Manual for Survivors of Domestic Violence, Sexual Violence and Stalking [www.odvn.org/resource/law.html](http://www.odvn.org/resource/law.html)
- Ohio Crime Victim Justice Center (OCVJC) [www.ocvjc.org](http://www.ocvjc.org)
- Disability Rights Ohio (DRO) [www.disabilityrightsohio.org](http://www.disabilityrightsohio.org)
- Ohio Legal Aid [www.ohiolegalaids.org](http://www.ohiolegalaids.org)
- Ohio State Legal Services Association [www.ohiolegalservices.org/oslsa](http://www.ohiolegalservices.org/oslsa)
- ProSeniors [www.proseniors.org](http://www.proseniors.org)
- Ohio Military/Veterans Legal Assistance Project [www.mvlap.org](http://www.mvlap.org)
- OAESV 1-888-886-8388 and ODVN Legal Access Works 1-800-934-9840

## Central Ohio

- Legal Aid Society of Columbus [www.columbuslegalaids.org](http://www.columbuslegalaids.org)
- Advocating Opportunity [www.advocatingopportunity.com](http://www.advocatingopportunity.com)
- Community Refugee and Immigration Services (CRIS) [www.crisohio.org](http://www.crisohio.org)
- Capital Law School
  - ◊ Foster Youth Advocacy Center [www.law.capital.edu/FYAC](http://www.law.capital.edu/FYAC)
  - ◊ Legal Clinic [www.law.capital.edu/Legal\\_Clinic](http://www.law.capital.edu/Legal_Clinic)
  - ◊ Family Advocacy Clinic [www.law.capital.edu/Family\\_Advocacy\\_Clinic](http://www.law.capital.edu/Family_Advocacy_Clinic)
- Moritz College of Law [www.moritzlaw.osu.edu](http://www.moritzlaw.osu.edu)

## Southwest Ohio

- Legal Aid Society of Greater Cincinnati [www.lascinti.org](http://www.lascinti.org)

## Southeast Ohio

- Southeastern Ohio Legal Services [www.seols.org](http://www.seols.org)

## Northeast Ohio

- Legal Aid Society of Cleveland [www.lasclev.org](http://www.lasclev.org)

## Northwest Ohio

- Legal Aid of Western Ohio [www.lawolaw.org](http://www.lawolaw.org)
- Crime Victim Services [www.crimevictimservices.org](http://www.crimevictimservices.org)
- Advocating Opportunity [www.advocatingopportunity.com](http://www.advocatingopportunity.com)
- Advocates for Basic Legal Equality (ABLE) [www.ablelaw.org/able-services](http://www.ablelaw.org/able-services)
- Case Western Reserve University Legal Clinic <https://law.case.edu/Academics/Experiential-Education> or <https://case.edu/generalcounsel/general-counsel-services/obtain-legal-services>

## NATIONAL DISABILITY RESOURCES AND ADVOCACY GROUPS

- National Disability Rights Network (NDRN) [www.ndrn.org](http://www.ndrn.org)
- Americans with Disabilities Act [www.ada.gov](http://www.ada.gov)
- National Council on Disability [www.ncd.gov](http://www.ncd.gov)
- Office of Special Education and Rehabilitative Services [www2.ed.gov/about/offices/list/osers/index.html](http://www2.ed.gov/about/offices/list/osers/index.html)
- Equal Employment Opportunities Commission (EEOC) [www.eeoc.gov](http://www.eeoc.gov)
- Office of Disability Employment Policy (ODEP) [www.dol.gov/odep](http://www.dol.gov/odep)
- Ticket to Work <https://choosework.ssa.gov>
- Health and Human Services Office on Disability [www.hhs.gov](http://www.hhs.gov)
- CDC Office of Minority Health and Health Equity [www.cdc.gov/minorityhealth/index.html](http://www.cdc.gov/minorityhealth/index.html)
- Fair Housing Act [www.justice.gov/crt/fair-housing-act-1](http://www.justice.gov/crt/fair-housing-act-1)
- Architectural Barriers Act [www.access-board.gov/the-board/laws/architectural-barriers-act-aba](http://www.access-board.gov/the-board/laws/architectural-barriers-act-aba)
- Client Assistance Program [www.benefits.gov/benefits/benefit-details/914](http://www.benefits.gov/benefits/benefit-details/914)
- U.S. Department of Justice Office for Civil Rights [www.justice.gov/crt](http://www.justice.gov/crt)
- U.S. Department of Justice Office for Victims of Crime [www.ovc.gov](http://www.ovc.gov)
- The Vera Institute [www.vera.org](http://www.vera.org)
- Center for Research on Women with Disabilities (CROWD) [www.bcm.edu/research/centers/research-on-women-with-disabilities](http://www.bcm.edu/research/centers/research-on-women-with-disabilities)
- WAVE for internet accessibility <https://wave.webaim.org>
- National Center for Learning Disabilities [www.ncld.org](http://www.ncld.org)
- National Institute on Disability and Rehabilitation Research [www.ed.gov/about/offices/list/osers/nidrr/index.html](http://www.ed.gov/about/offices/list/osers/nidrr/index.html)
- National Institute on Deafness and Other Communication Disorders (NIDCD) [www.nidcd.nih.gov](http://www.nidcd.nih.gov)
- National Organization on Disability [www.nod.org](http://www.nod.org)
- United States Access Board [www.access-board.gov](http://www.access-board.gov)
- Center for an Accessible Society [www.accessiblesociety.org](http://www.accessiblesociety.org)
- ABLE National Resource Center [www.ablenrc.org](http://www.ablenrc.org)
- The Arc [www.thearc.org](http://www.thearc.org)
- National Center on Criminal Justice and Disability [www.thearc.org/NCCJD](http://www.thearc.org/NCCJD)
- Disability and Abuse Project [www.disability-abuse.com](http://www.disability-abuse.com)
- National Center for Victims of Crime <https://victimsofcrime.org>
- Autism Speaks [www.autismspeaks.org](http://www.autismspeaks.org)





OVWA is a private, non-profit organization.  
Tax-deductible contributions are appreciated.

Contact us or visit our website for information  
about membership, meetings, the Ohio Advocate  
Network (OAN), the Ohio Crisis Response Team  
(OCRT) and other OVWA initiatives.

90 Northwoods Blvd., B-6  
Columbus, OH 43235

phone 614-787-9000  
fax 614-396-8863  
info@ovwa.org

[www.ovwa.org](http://www.ovwa.org)



CVS is a private, non-profit organization.  
Tax-deductible contributions are appreciated.

Contact us or visit our website for  
information.

**Allen County**  
330 N. Elizabeth St.  
Lima, OH 45801

**Putnam County**  
338 E. Third St.  
Ottawa, OH 45875

phone 419-222-8666  
fax 419-227-7478

phone 419-523-1111  
fax 419-523-3900

toll-free 1-877-867-7273

[www.crimevictimservices.org](http://www.crimevictimservices.org)



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