

Readiness to Serve Victims with Disabilities: A Review of Intake Practices

Through the use of this review tool, service providers can (1) raise their understanding of the intake practices of both their own agency and partnering agencies that serve victims of sexual violence with disabilities; (2) consider the effectiveness of these practices in helping victims with disabilities to access the services that meet their needs; and (3) identify if/where barriers to responsive and accessible services exist and ways to eliminate any barriers.¹

Key Points

- It is critical to assess whether your agency’s intake policies make services available and welcoming to sexual violence victims with disabilities. Consider:
 - Does your agency have policies and standardized practices related to intake?
 - Are your agency’s intake policies and practices “user friendly” for individuals with disabilities who have been sexually victimized?
 - Are your agency’s intake policies and practices designed to identify and address the varied accessibility needs of sexual violence victims with disabilities?
- Intake practices can potentially create barriers in the accessibility of services. For example, barriers may emerge from agency intake policies and forms, eligibility requirements for services, or intake practices related to confidentiality. They may also be created by the physical inaccessibility of your facility to persons with disabilities.
- Agencies may be able to partner during their intake processes—particularly through utilizing one another’s services—to better meet the needs of sexual violence victims with disabilities who are seeking their services.

D3. Readiness to Serve Victims with Disabilities: A Review of Intake Practices

Purpose

Agencies typically conduct intake interviews as part of their initial communications with individuals seeking their services. The intake process is an opportunity for these individuals to learn more about an agency’s services, as well as to provide information to the agency about their circumstances and needs. Through this information, the individuals seeking services can guide the agency in determining how it can best assist them. Agencies striving to enhance services to sexual violence victims with disabilities must consider whether their intake practices make their services available and welcoming to this population.²

This review tool seeks to help service providers: (1) raise their understanding of the intake practices of both their own agency and partnering agencies that serve sexual violence victims with disabilities; (2) consider the effectiveness of these practices in helping victims with disabilities access the services that meet their needs; and (3) identify if/where barriers to

responsive and accessible services exist and ways to eliminate any barriers. *Part 1: Core Knowledge* uses a worksheet format to allow participants to individually examine their agency's intake practices, identify potential barriers posed to victims with disabilities, and consider ways to overcome those barriers. *Part 2: Discussion* can be used to facilitate a discussion on this topic among providers within an agency and/or across agencies.

Objectives

Those completing this module will be able to:

- Discuss their agency's intake practices in the context of the level of inclusiveness for sexual violence victims with disabilities;
- Discuss how their agency's intake practices may potentially create service barriers for victims with disabilities;
- Discuss major similarities and differences among partnering agencies' intake practices and identify barriers that are common across agencies (*Part 2: Discussion* only); and
- Discuss what agencies can do, both separately and in partnership with one another, to enhance their intake practices to better meet the needs of sexual violence victims with disabilities seeking services.

Preparation

- Each participant should review their agency's (1) written policies related to intake practices; and (2) eligibility and program requirements to determine what barriers and/or limitations exist that could make a victim ineligible for services based on a disability.

Part 1: CORE KNOWLEDGE

What is the key issue related to agency intake practices with sexual violence victims with disabilities?³

The key issue is whether an agency's intake policies and practices make its services available and welcoming to victims of sexual violence with disabilities. The questions below can be used to assess whether the intake policies and practices of your agency are inclusive of this population. Answer "Yes" or "No" to each question and provide written comments. (Note that issues of accessibility and accommodations are covered in greater depth in the *Disabilities 101* modules, as well as the other *Tools to Increase Access* modules.)

FYI—While an effort was made to reduce repetition in the *Agency Intake Practices Worksheet* below, some questions are adapted to ensure the inclusion of the different types of service providers and related issues.

AGENCY INTAKE PRACTICES WORKSHEET

1. Does your agency have policies/standardized practices for client intake?

- Y N 1a. Does your agency have a written policy addressing intake practices that guide staff and volunteers in their initial communications with individuals seeking services?

- Y N 1b. Does your agency have related written procedures or informal practices (that differ from or expand upon the above policies)?

It is useful for agencies to have standardized policies and practices related to the initial communications with individuals seeking their services. Agencies develop written procedures to help ensure the policies are implemented. Such standardization helps clarify for staff and volunteers what is expected of them in these interactions, guides their efforts to gather information from individuals, and allows them to determine what services are appropriate given an individual's self-defined needs.

2. Are your agency's intake policies and procedures "user friendly" for individuals with disabilities who have been sexually victimized? (See *Disabilities 101. Accommodating Persons with Disabilities.*) Consider, for example:⁴

- Y N 2a. Are the facilities where intake interviews are conducted and services are provided accessible to people with disabilities?
- Y N 2b. Are the furniture, lighting and noise levels in the facilities able to be adapted to accommodate people with sensory and/or physical disabilities?
- Y N 2c. Are off-site intake interviews feasible (e.g., when an individual has difficulty with mobility or is living in a residential facility)?
- Y N 2d. Are service animals permitted in the facilities to enable an individual with a disability to participate more fully in the services?
- Y N 2e. Is there flexibility in the interviewing format (e.g., interviews could be conducted by telephone if it is difficult for an individual to physically come into the facility; appointment times could be scheduled to accommodate a victim's needs—some may function better at certain times of the day or with shorter or longer meeting times)?
- Y N 2f. Are adaptive devices (e.g., TTYs for persons who are deaf) and materials in alternate formats (e.g., materials written in large print or Braille) available?
- Y N 2g. Are intake forms kept simple, making it easier for those with cognitive disabilities to understand and those with physical disabilities to complete?
- Y N 2h. Are all individuals seeking services offered a standardized list of accessible services and resources?
- Y N 2i. In addition to the above list, do individuals seeking services receive additional referrals as needs are identified?
NOTE: Don't assume, however, that individuals need a referral for a particular service based solely on their disability (e.g., a person with a mental illness does not automatically need a referral to a mental health counselor).
- Y N 2j. Are interpreter services readily accessible (e.g., a victim who is deaf may require an American Sign Language (ASL) interpreter)?
- Y N 2k. Do you tell individuals seeking services that you are a mandated reporter of suspected abuse or neglect against adults considered by the state to be

incapacitated,⁵ or of emergency situations where adults who are incapacitated are at imminent risk of serious harm (if you are)? This information should be provided early in your initial contact, so that individuals seeking services can make an informed decision about if and what they disclose. They should understand what/when you are required to report and that their disclosure could lead to an investigation by law enforcement and/or protective services. (See *Sexual Violence 101. Mandatory Reporting.*)

- Y N 2l. Do intake procedures include safety planning that is inclusive of the individual seeking services, regardless of ability/disability? (See *Sexual Violence 101. Safety Planning.*)

3. Are your agency's intake practices designed to identify and address the varied accessibility needs of sexual violence victims with disabilities?

- Y N 3a. *For non-disability service providers:*⁶ **Do your agency's intake policies and procedures include screening victims to see if they require an accommodation?** Consider:

- Y N 3a.1. During intake, do you ask victims seeking services if they have a disability? If yes, when and how?

- 3a.2. If victims disclose that they have a disability, when/how do you ask about their need for accommodations? (In this context, an accommodation is a change, adaptation or modification to a policy, program or service that allows a person with a disability to participate fully in a program or take advantage of a service.⁷) (See *Disabilities 101. Accommodating Persons with Disabilities.*)

- 3a.3. Provide examples of procedures your agency has in place for meeting potential accommodation needs. (Examples should be in addition to those noted in Question #2 in this worksheet.)

- 3a.4. How are accommodations documented so that if other staff later work with the same victim, they know what accommodations are needed?

3a.5. Describe how agency staff and volunteers are trained in providing and accessing accommodations for persons with disabilities. Is the training adequate? What additional training, if any, would be useful?

Y N 3b. *For disability service providers:*⁸ **Do your agency’s intake practices include screening individuals for sexual victimization?** (See *Sexual Violence 101. Indicators of Sexual Violence.*)

Y N 3b.1. Do you ask individuals if they have experienced sexual violence? If yes, when and how?

Y N 3b.2. Does your agency have a written procedure on what to do if someone discloses that they are or have been a victim of sexual violence? If yes, describe.

3b.3. Describe how your agency’s staff is trained in conducting trauma-informed interviews and crisis intervention with sexual violence victims. What additional training, if any, would be useful? (See *Sexual Violence 101. Understanding and Addressing Emotional Trauma* and *Sexual Violence 101. Crisis Intervention.*)

Y N 3c. **During the intake process, do you refer victims with disabilities to resources in the community if and when your agency’s services are not accessible or when the needs of a victim go beyond what your agency provides?** (See *Collaboration 101. Creating a Community Resource List.*)

Y N 3c.1. Are you aware of the services available in your community for sexual violence victims with disabilities? If yes, identify.

Y N 3c.2. Are there situations when you have to coordinate with an outside agency (rather than just make a referral) to ensure accessible/appropriate services for sexual violence victims with disabilities? If yes, describe.

Y N 3c.3. Are there resources for sexual violence victims with disabilities that are needed but not available in the community (e.g., shelter accessible to persons with disabilities)? If yes, describe.

Identifying Barriers: In the process of answering the above questions, did you identify any intake practices that create potential barriers to effectively serving victims with disabilities?

4. Does your agency have barriers to services created by any policies, practices and forms?

4a. Policies, practices and forms:

4a.1. *For non-disability service providers:* What, if any, agency intake or accommodation practices might make a victim with a disability reluctant to seek your services?

4a.2. *For disability service providers:* What practices, if any, might make a sexual violence victim reluctant to seek your services or to disclose sexual victimization?

Y N 4b. **Eligibility for services:** Does your agency have any policies or procedures that define who is eligible for services that may inadvertently make someone ineligible for services based on a disability? Think about what program participant “requirements” (written or unwritten) are in place that may disqualify a person with a disability because they cannot fulfill a requirement due to their disability. (For example, requiring that all residents in a group-living facility rotate all chores may exclude someone with a physical disability from staying there. Or requiring a driver’s license, rather than a government-issued identification, to verify identity would make a person who is blind ineligible for services.) If yes, describe.

4c. **If your facilities are not physically accessible to persons with disabilities,** what does your agency already do or what can it do to ensure equal access to services? For example, can staff go to another location to conduct the intake if the person cannot come to you? Do your intake forms require signatures? If so, what do you do if the person does not have the ability to write? Are there parts of your intake procedures that require the person seeking your assistance to read? If so, what do you do if the person is not able to read the required forms or resource materials due to a cognitive or visual disability?

Y N 4d. **Confidentiality:** Do your intake practices maintain a victim’s privacy, keeping confidentiality a priority? If no, explain.

4e. **Unintended consequences:**

4e.1. *For non-disability service providers:* What are potential unintended consequences for a sexual violence victim who seeks your services, but services are not accessible?

4e.2. *For disability service providers:* What are potential unintended consequences if someone discloses during intake that they are a victim of sexual violence, but your staff is not trained to respond?

5. **In what ways can your agency address the barriers identified above, both on its own as well as in collaboration with partnering agencies?**

Part 2: DISCUSSION

Projected Time for Discussion

1.75 hours

Purpose and Outcomes

This discussion is designed to help participants apply the information presented in *Part 1: Core Knowledge* of this module to their collaborative work. The discussion could be incorporated into forums such as agency staff meetings, orientations and continuing education programs, as well as multi-agency meetings or trainings. Anticipated discussion outcomes include an increased understanding of barriers and challenges experienced at intake by victims with disabilities; the identification of ways to enhance accessible and victim-centered services through responsive agency policies, procedures and resources; and an increased knowledge of partnering agencies' intake guidelines and practices.

Refer to the learning objectives at the beginning of this module for specific outcomes.

Preparation

- Ensure that the meeting is held at an accessible location. Ask participants prior to the meeting if they need any accommodations—if so, work with them to secure accommodations.
- Select a facilitator.
- Decide who will be involved in the discussion—participants from one agency, with the focus on agency intake practices, or from multiple agencies, with the focus on building awareness of other agencies' intake practices and assisting one another in overcoming barriers to service accessibility for sexual violence victims with disabilities.
- Assign a note taker for the meeting. If participants break into small groups, a note taker for each of those conversations should also be identified.
- Participants should individually review and complete *Part 1: Core Knowledge* in this module before the discussion. They should bring enough copies of their agencies' written policies on intake practices to share with their partners.
- Bring the following supplies and materials to the meeting: flipcharts and colored markers, blank attendance sheet, sufficient copies of participant materials, office supplies (tape, pens, paper, etc.) and a clock/watch to monitor time. Optional items include name badges or table tents.

Suggested Activities and Questions

1. **Invite participants to identify/review the discussion ground rules to promote open communication.** Utilize the following principles: *(10 minutes)*
 - An environment of mutual respect and trust is optimal. Everyone should feel comfortable expressing their opinions and feelings about the various topics. There are no right or wrong answers, only different perspectives.
 - Avoid personalized comments that are negative as they can lead to defensiveness and confrontation among participants and ultimately may shut down dialogue.
 - Be clear about what information discussed during this meeting is confidential and what the expectations are for confidentiality in the context of this partnership.
2. **Ask a representative from each agency to briefly share their agency's intake materials.** They may also briefly describe their agency's activities that relate to responding to sexual violence victims with disabilities. *(10 minutes)*
3. **Ask the participants to collectively review their answers and comments about intake practices from the *Agency Intake Practices Worksheet* (Questions #1 through #3) from *Part 1: Core Knowledge* of this module, either as a large group or in small groups. The broad issue is whether each agency's intake policies and practices are inclusive of the needs of sexual violence victims with disabilities. To help organize the conversation, for each question area below, **first discuss the strengths of each agency's intake policies and practices and then identify any areas of concern or potential barriers.** *(30 minutes)*
 - a. Does your agency have policies/standardized practices related to intake?
 - b. Are your agency's intake policies and practices "user friendly" for individuals with disabilities who have been sexually victimized?
 - c. Are your agency's intake policies and practices designed to identify and address the varied accessibility needs of victims with disabilities?**
4. In addition to any concerns/barriers identified above that need to be addressed in order to effectively serve victims with disabilities, **ask participants to consider any potential barriers to accessibility in the following areas** (See Question #4 on the *Agency Intake Practices Worksheet*): *(20 minutes)*
 - Agency intake policies, practices and forms;
 - Eligibility for agency services/programs or funding requirements;
 - Physical accessibility of your facility for persons with disabilities; and
 - Intake practices related to confidentiality.

Discuss possible unintended consequences for victims faced with barriers to accessibility.

5. **Facilitate a large group discussion on how partnering agencies can help each other address accessibility issues during their intake processes.** (See Question #5 on the *Agency Intake Practices Worksheet*.) *(25 minutes)*

- a. What are major similarities and differences in agencies' intake practices? Why are they different?
 - b. What inclusive practices and/or barriers to accessible services stand out or are consistent across agencies? Are there sections of each others' policies, practices and forms that should be incorporated into other agencies' policies, practices and forms to ensure equal access?
 - c. In what ways can agencies partner to overcome barriers during intake to better meet the needs of victims with disabilities seeking services? In particular, consider how to utilize one another's resources. For example, a disability organization may be able to assist a sexual assault provider in determining how to help victims in finding resources to obtain accessible transportation to an appointment. A sexual assault provider may be able to assist a disability provider in identifying support groups for victims of sexual assault. Each partnering agency has resources they can contribute.
 - d. Discuss those resources and eligibility requirements, where applicable, including any limitations of each.
6. **Closing:** Ask each participant to write down how the information gained from this module discussion will:
- Change the way they interact with individual clients;
 - Change the way they partner with other agencies to assist clients; and
 - Promote change in the policies, practices or training programs of their agency.

Then facilitate a large group discussion on this topic. (10 minutes)

Project partners welcome the non-commercial use of this module to increase knowledge about serving sexual violence victims with disabilities in any community, and adaptation for use in other states and communities as needed, without the need for permission. We do request that any material used from this module be credited to the West Virginia Sexual Assault Free Environment (WV S.A.F.E.) project, a partnership of the West Virginia Foundation for Rape Information and Services, the Northern West Virginia Center for Independent Living and the West Virginia Department of Health and Human Resources (2010). Questions about the project should be directed to the West Virginia Foundation for Rape Information and Services at www.fris.org.

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¹Partnering agencies refer to the persons they serve as “clients,” “consumers” and “victims.” For convenience, “victims” and “clients” are primarily used in this module. Also note that the terms “sexual violence” and “sexual assault” are generally used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

²Day One: The Sexual Assault and Trauma Resource Center, Rhode Island Coalition Against Domestic Violence and PAL: An Advocacy Organization for Families and People with Disabilities, *Is your agency prepared to ACT? Conversation modules to explore the intersection of violence and disability* (Advocacy Collaboration Training

Initiative, 2004), 19.

³Information in Part 1. Core Knowledge was drawn in part from Wisconsin Coalition Against Sexual Assault, *Widening the circle: Sexual assault/abuse and people with disabilities and the elderly* (Madison, WI: 1998), 98-111.

⁴Drawn partially from Day One et al., 19. Originally adapted from D. Akers, *Balancing Power: Creating a Crisis Center Accessible to People with Disabilities* (Austin, TX: Morgan Printing, 2005).

⁵An adult who is considered “incapacitated,” according to West Virginia law (WVC§9-6-9), is someone who cannot independently conduct daily life sustaining activities due to a physical, mental or other infirmity.

⁶Those service providers who do not serve persons with disabilities as their primary mission. For example, most advocates at rape crisis centers serve victims and their significant others, whether or not they have a disability.

⁷Adapted from Day One et al., 13. Originally drawn from www.hud.gov/offices/fheo/disabilities. For more information on public accommodations, also see *The ADA: Questions and answers, public accommodations* (U.S. Equal Employment Opportunity Commission), <http://www.eeoc.gov/facts/adaqa2.html>. The online documents referenced in this module were available at the links provided at the time the module was written. It is suggested that you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

⁸Those service providers whose agency’s primary mission is serving persons with disabilities.