Issues of accessibility in victim services for survivors with disabilities: an agency assessment

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Issues of accessibility in victim services for survivors with disabilities: an agency assessment

Abstract

In fulfillment of the requirements for the University of Northern Iowa's Women's and Gender Studies Applied Track Master's Degree, this paper includes research conducted during a 200-hour internship experience with Cedar Valley Friends of the Family, consisting of three sections: a background paper, the agency report, and reflection. The research conducted for this project was done so utilizing a manual and scoring tool provided by the Vera Institute of Justice in order to measure Friends of the Family's capacity to effectively serve survivors and clients with disabilities, as well as suggestions for short and long-term improvement.
ISSUES OF ACCESSIBILITY IN VICTIM SERVICES FOR SURVIVORS WITH DISABILITIES: AN AGENCY ASSESSMENT

An Abstract of a Thesis

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Master of Arts in Women’s and Gender Studies

Sara J. Naughton

University of Northern Iowa

May 2020
ABSTRACT

In fulfillment of the requirements for the University of Northern Iowa’s Women’s and Gender Studies Applied Track Master’s Degree, this paper includes research conducted during a 200-hour internship experience with Cedar Valley Friends of the Family, consisting of three sections: a background paper, the agency report, and reflection. The research conducted for this project was done so utilizing a manual and scoring tool provided by the Vera Institute of Justice in order to measure Friends of the Family’s capacity to effectively serve survivors and clients with disabilities, as well as suggestions for short and long-term improvement.

*Keywords*: disability, accessibility, victim services, domestic violence, sexual assault, shelter services
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Entitled: Issues of Accessibility in Victim Services for Survivors with Disabilities: An Agency Assessment

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Dr. Michael Fleming, Committee Chair

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Dr. Deborah Gallagher, Committee Member
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CHAPTER ONE

BACKGROUND PAPER

Summary of the Issue

Note: My research in disability studies has indicated that many within the disability community prefer a push away from “person-first language” (“person with disability,” versus “disabled person”). My language within this research paper contains both person-first language and identity-first language so to honor parties within the disability community who prefer either.

In a series of surveys conducted in order to establish victimization rates for people with disabilities, the Bureau of Justice Statistics (Harrell, 2017) found that “the rate of violent victimization against persons with disabilities was at least twice the age-adjusted rate for persons without disabilities” (Summary introduction section, para. 1). These rates are inclusive of multiple modes of violence, including rape and sexual assault. Another study found that among college students, those with disabilities “were victims of sexual violence at higher rates than students without disabilities – 31.6 percent of undergraduate females with disabilities reported nonconsensual sexual contact involving physical force or incapacitation, compared to 18.4 percent of undergraduate females without a disability” (National Council on Disability, 2018, p. 11). A study published in 2009 found that women with disabilities report experiencing IPV, or intimate partner violence, at “significantly higher” rates than women without disabilities (Barrett, O’Day, Roche, &
Carlson, 2009, p. 97). Do you notice a pattern? As sexual violence and rape statistics and narratives continue to permeate mainstream media and discussions since the #MeToo movement of 2017, what is frequently left out of the conversation is this: sexual violence and assault happens at higher rates to people with disabilities.

As the oldest sister of two siblings with disabilities – and as a feminist scholar who cares deeply about issues of social justice and equality – these rates, percentages, and patterns of victimization amongst people with disabilities are distressing, to say the least. My personal connection with disability communities and my passion for violence prevention led to me searching for a research topic that would allow for me to contribute solutions to two correlated issues: first, that sexual assaults and other types violence against people with disabilities is frequent; and second that widespread, well-researched primary and secondary prevention efforts are lacking (see literature review, “Further Research”). In conjunction with a research project, I needed to find an internship site that would benefit from this work. Since (as the above studies have shown) disability victimization is more frequent than victimization against non-disabled persons, victim service organizations and agencies need to be well-prepared and equipped to serve clients with disabilities. As a result of my research, I sought to provide a local victim services agency with a tool to better their capacity to serve clients with disabilities in both secondary and primary prevention, and luckily Cedar Valley Friends of the Family (FOF) was more than willing to provide me with the time and resources to do so.
FOF is a victim service agency located in Waterloo, Iowa that has provided assistance to 20 counties in the state since the agency’s inception in 1992. The agency is housing-focused, and works to provide confidential shelter services and housing solutions to those in crisis due to domestic violence, sexual assault, and homelessness (and many times, those issues intersect with one another). Through their five main programs (Outreach Services, Housing Services, Human Trafficking Services, Prevention Education Services, and Shelter Services), FOF assists a large population of Iowans in need – from those actively fleeing domestic violence or trafficking situations; to Category 1 homeless folks looking for housing or rental assistance; to schools in need of violence prevention work.

As a vital human services resource to several Iowa counties, FOF has made it clear that they are dedicated to providing meaningful, quality assistance to persons in crisis regardless of race, color, ethnicity, national origin, age, sex, gender identity and expression, sexual orientation, ability, marital status, socio-economic status, and religion. According to their organization materials, FOF “celebrates diversity and strives to meet each individual’s culturally specific needs” (Friends of the Family, 2020). Because of these qualities, I was eager to work with FOF and felt that my internship there would be mutually beneficial. FOF recognized that advocacy work is needed – badly – in the realm of violence prevention and responses to violence against people with disabilities, and that organizations like theirs need to be aware of the limitations of their facilities and policies.
to serve those with disabilities seeking help. I am lucky to have found an agency that was willing to listen, learn, and work in partnership with me in order to measure their capacity to serve clients with disabilities and create proposals for improvement. The “Methods” section of this culminating paper lays out how the research was conducted for the agency’s benefit.

As a student of women’s and gender studies, I have been asked many times, “what does disability have to do with gender?” Disability studies scholar and pioneer Rosemarie Garland-Thomson has written extensively on how the two identity makers intersect and interact in daily life and society. Garland-Thomson, along with other disability studies scholars, posit that the inclusion of disability within feminist studies is vital to the definition of feminist studies itself:

Feminism benefits from considering how disability operates as an intersecting vector of identity along with gender, race, sexuality, and class. Feminist disability studies helps us understand in more complex ways that the particularities of human variation are imbued with social meanings and those meanings comprise narratives that justify discriminatory practices that shape the lives of both disabled and nondisabled women. (Garland-Thomson, 2005, p. 1582)

Those with disabilities understand the politics of society differently than those who are able-bodied, as societal norms related to appearance, success, productivity, and care
permeate our hegemonic ideas related to disability status. An example of the ways disability intersects with the experiences of women is offered by Garland-Thomson:

Women with disabilities, even more intensely than women in general, have been cast in the collective cultural imagination as inferior, lacking, excessive, incapable, unfit, and useless. In contrast to normatively feminine women, women with disabilities are often stereotypically considered undesirable, asexual, and unsuitable as parents. (Garland-Thomson, 2005, p. 1567)

A similar comparison can be made for men with disabilities, who are frequently seen as feminine, feeble, impotent and frail. These stereotypes all relate to the way that we as a society view gender identity and expression, and exist in similar ways to stereotypes imposed on different races, classes, and sexualities.

As evidenced by my choice to pursue a graduate degree in women’s and gender studies, equity and inclusivity are important to me in the work I tackle in any realm, academically or professionally. That disability is not more recognized within mainstream feminist ideologies is a fact that disappoints me, but it is an issue that I believe can be rectified with research and conviction. According to Launius and Hassel (2018), a feminist stance does the following:

Stresses the importance of locating oneself within structures of privilege and oppression; analyzes how systems of privilege and oppression operate in a number of contexts (for example, in one’s personal life and relationships, in
experiences of one’s body, in societal institutions, etc.); prioritizes generating visions for social change and identifying strategies for bringing about that change. (p. 193)

My focus on disability intersections in gendered violence (crimes like sexual assault and domestic violence) is how I choose to utilize a feminist stance in my graduate studies: by contributing to a field of research that is needed, and by using my privilege as an able-bodied person to advocate and educate those who will listen. Furthermore, by studying and listening to disabled voices in the field, I am confident that I will be able to provide an agency with a tool to better serve clients with disabilities – and though one agency might not seem like a lot, equitable services for a survivor of violence with a disability can be life-changing.

Entering this internship and research project, I knew that each survivor who walks through an agency door looking for help will carry more than one identity marker. While sexual assault or gendered violence survivors might seek community resources or services for similar reasons, their specific needs should never be pre-determined simply by walking through the door. My career goals involve bringing my understanding of intersectionality into community and advocacy services that empower others and assist those who have been victimized so that needs are assessed on a person-by-person basis, not as a group. My research into the many topics discussed in this summary introduction (see “Literature Review”) indicates a need for a focus on survivors of violence with
disabilities – one of the many marginalized identities in our society often ignored or overlooked. No matter where I end up, no matter what job I take upon graduation or completion of this project, I will no doubt interact with disability. We all will. In this research project, I illustrate the importance of remembering intersectional components when treating survivors of gendered violence and sexual assault, especially for those who identity as feminists dedicated to inclusivity and equity.

Methods

The research project conducted for Cedar Valley Friends of the Family (FOF) included collecting data which aims to answer two main research questions:

RQ1) How capable is Friends of the Family to serve help-seeking clients with disabilities?

RQ2) What are short-term and long-term changes that Friends of the Family can implement in order to improve their capacity to serve survivors with disabilities?

In order to answer these questions, I collected data using a well-researched implementation guide (Appendix B) and scoring tool (Appendix C) for domestic violence programs with residential services from the VERA Institute of Justice’s Center on Victimization and Safety. Using several data sources, this scoring instrument quantitatively measured FOF’s capacity to serve survivors with disabilities using performance indicators related to two components: commitment and capacity. These performance indicators allow for abstract concepts of accessibility to be measured and
visualized through descriptive statistics, specifically providing a percentage for each component. (See pg. 5 of Appendix B for information on the creation of performance indicators; they have been tested in 20 pilot sites to ensure relevance.)

According to the implementation guide, the commitment component measures the agency’s “willingness and determination to address domestic violence against people with disabilities” (Smith, Harrell, Smith & Demyan, 2015, p. 11). Attached to this component is three themes: responsibility, partnerships, and policies. On the other hand, the capacity component measures the agency’s “knowledge, skills, resources, and programmatic ability necessary to provide domestic violence services to survivors with disabilities” (Smith, Harrell, Smith & Demyan, 2015, p. 11). Also attached to this component are the following themes: material resources, human resources, and programmatic resources and activities. Each theme (under the parent heading of components commitment or capacity) is measured by several indicators, which I collected through the following data sources: agency documents, agency observations, and staff interview questions. (See Appendix B for a detailed list of performance indicators, and Appendix C for the scoring tool).

Agency documents such as intake forms, policy and procedure handbooks, training materials, and resource sheets were evaluated for content and statements of commitment to disability populations, mentions of disability and accessibility, and allocations towards disability resources in budgets or grants. Physical observations of the
agency premises consisted of checking for ADA compliance and accommodations. (Appendix B and C include full document checklist and observation guide.)

Finally, staff interviews were conducted in order to measure the specific knowledge of agency operations. These staff members were chosen for requested interviews based on the information they have acquired while working at the agency, specifically those who were most knowledgeable about the following areas: information pertaining to agency accessibility; agency data/statistical reports; agency partnerships; recruitment and retention policies and procedures; community outreach, education, and engagement, and children’s programming. (Please refer to Appendix B or C in order to view the full list of questions that were asked of staff in this portion of data collection.) These questions were answered with yes/no, and were not analyzed for their qualitative content. Although these questions were non-invasive and were not used as qualitative data, staff members were asked to sign a consent form.

Through the collection of this data, I was able to provide a statistic representative of FOF’s ability to serve survivors with disabilities, which provides both a visual and measurable indication of their capacity, and can be useful should they choose to continue measuring their progress in this area over time.

Following data collection, I analyzed the quantitative findings through a framework of the content within the Vera Institute’s Implementation Guide (Smith, Harrell, Smith & Demyan, 2015) and through my wider literature review on disability
victimization and violence prevention. In doing so, I comprised a concluding report for FOF that discussed my findings, and answered questions like the following: As a snapshot of current capacity to serve, what do these percentages mean to the agency? Why should these findings matter to the agency and the community in which they serve? In which performance indicators is the agency succeeding or lacking, and what are realistic but measurable steps FOF can take to improve? This final report was delivered to FOF’s Disability and Mental Health Internal Committee with a space to ask questions and clarifications. (The full report can be found in Chapter Two of this research paper.)

Limitations to this research include the fact that the performance indicators I measured provided only a small snapshot of time. The measurement did not take into account improvements or progress that FOF has already taken in the past to increase their accessibility and capacity to serve survivors with disabilities. Should the agency like to continue to measure their progress with this tool, they can. Furthermore, a limitation to this study is that in studying the agency itself, I leave out the voices of the clients who are being served. Further research on this topic could include disabled voices in the conversation regarding accessibility in community services, specifically related to services for survivors of violence.

**Literature Review**

As noted in the summary introduction, victimization among people with disabilities is not only prevalent, but more frequent than victimization among those
without disabilities. Of course, rates of victimization vary due to many factors of identity in addition to (dis)ability, factors like race, ethnicity, immigration status, class, gender, sexual orientation, and location. This review provides a laser focus on incidents of violent victimization when disability is present, and some intersecting identity markers cause rates to vary.

What do I mean by disability in these contexts? There are several different conclusions within the disability research community regarding categorizations of disability. For the purposes of this research project, disability refers to physical disabilities, chronic illnesses, mental illness diagnoses, and intellectual disabilities. Based on definitions provided by the Center for Disease Control and Prevention, there are several types of disabilities within the former categories, of which can affect someone’s “vision, movement, thinking, remembering, learning, communication, hearing, mental health, and social relationships” (CDC, 2019). This definition is inclusive of the many names and diagnosis of disabilities.

This literature review seeks to provide solid background to the issues discussed in the summary introduction of this paper – issues which are further addressed in my research project and culminating report for Cedar Valley Friends of the Family (FOF). This review is inclusive of research and studies related to differing types of victimization amongst people with disabilities, the community services available for such victims, and barriers that such help-seeking victims face. Furthermore, the review directs attention to
the current research on prevention strategies related to disability victimization, and provides suggestions for additional research in order to fill gaps in the current professional and academic literature.

**Disability and Violent Victimization.**

As shockingly high as general domestic violence, sexual assault and sexual violence rates are in the United States, statistics show that violence happens to people with disabilities at even higher levels (Harrell, 2017; CDC, 2019; National Center for Victims of Crime, 2017). The U.S. Department of Justice (2017) reports that people with disabilities experience violent victimization at a rate of 2.5 times higher than able-bodied people (Harrell). Violent victimization rates are higher for people with disabilities for both males and females in comparison to non-disabled people (Harrell, 2017). Reasons for increased victimization can be partially explained by the stigma that people with disabilities face in day-to-day life. Such stigma contributes to higher rates of isolation, dependency, cultural barriers, and communication difficulties, all of which can contribute to higher rates of violence against people with disabilities (Findley, Plummer & McMahon, 2016; Plummer & Findley, 2012).

**Rape, Sexual Assault, and Abuse.** Violent victimization in cases of “serious” crime (categorized by the U.S. Department of Justice as rape, sexual assault, robbery, or aggravated assault) is more than three times the rate for people with disabilities compared to those without (Harrell, 2017). Many studies have found related results across age and
gender lines (Alriksson-Schmidt, Armour & Thibadeau, 2010; Brown, Peña & Rankin, 2017; Jones et al., 2012; National Council on Disability, 2018). Like adults, adolescents with disabilities also experience higher rates of rape and sexual assault (Alriksson-Schmidt, Armour & Thibadeau, 2010). Though women experience rape and sexual assault more frequently, men with disabilities are more likely to report sexual assault and victimization than men without disabilities (Mitra, Mouradian, Fox & Pratt, 2016). The literature shows that these increased rates exist for most if not all types of disability, for example: Brown, Peña, & Rankin (2017) found that college-age student with Autism Spectrum Disorder (ASD) were more likely to report sexual assault than those without ASD diagnoses. Helton, Gochez-Kerr, & Gruber (2018) also found a higher rate of sexual abuse in children with learning disabilities. Higher rates of rape, sexual assault and abuse amongst people with disabilities could again be explained by numerous factors, some of which involve disbelief of people with intellectual or developmental disabilities (I/DD). Other explanations might involve what rapists and abusers might perceive as “easier” targets.

**Domestic and Interpersonal Violence.** Like rape and sexual violence, interpersonal and domestic violence (DV) rates are higher amongst people with disabilities. A study conducted by Barrett, O’Day, Roche & Carlson (2009) utilized respondent data from the Behavioral Risk Factor Surveillance System to find that women with disabilities are substantially more likely to experience domestic violence or
interpersonal violence (IPV) than women without disabilities. Several studies reported parallel findings (Hahn et al., 2014; Breiding & Armour, 2015). That IPV happens at higher rates to people (and more specifically, women) with disabilities should not be surprising, as this finding is in line with a higher overall violent victimization rate. Increase DV and IPV rates amongst people with disabilities could be explained by numerous factors, one of which relates to the ability for domestic abusers to physically and emotionally isolate their partners with disabilities. That some people with disabilities are dependent on their intimate partners for care, financial support, medication or health maintenance, and other daily needs can also be a factor in increased rates.

**Disability Victimization and Advocacy.**

With an increased rate of violence comes an increased need for advocacy. DV/IPV and sexual assault community services is a unique sector of public policy and aid that requires specialized knowledge and commitment to intersectional issues. Unfortunately, the literature shows that though people with disabilities are more frequently victimized, help-seeking behaviors amongst this population is lacking (Findley, Plummer, & McMahon, 2016). Victim service agencies need to be accessible and knowledgeable on issues of disability victimization in order to better assist those that do seek help, and to increase the rates at which help is sought.

**Accessibility of Victim Services.** Overwhelmingly, research shows that accessible services for disabled victims of violence is lacking in most communities,
which could explain disabled survivor’s hesitation in seeking out such services.

Nevertheless, the need remains. One study found that disabled women who have experienced IPV are more likely than women without disabilities to report having health care needs unmet (Barrett, O’Day, Roche, & Carlson, 2009). Hickson, Khemka, Golden & Chatzistyli (2013) found in their study that while victim service professionals seem to understand the increased risk of violence for I/DD populations, I/DD professionals had a better comprehension disability characteristics and identity markers might contribute to victimization or prevention; in other words, there is a significant gap in the knowledge that victim service professionals hold in relation to disability victimization and how to make their organizations or agencies accessible. Several studies suggest that this gap should be rectified through collaboration and communication amongst local disability organizations and victim service agencies (Hickson et al., 2013; Mengo et al., 2019; Lund, 2011).

For many survivors with disabilities, the barriers that they will (likely) face while seeking help make the journey not worth it. McGilloway, Smith & Galvin’s (2018) systematic review and meta-synthesis report offers likely the most comprehensive assessment of barriers that people with disabilities can face when seeking help, listing the following theoretical and physical hurdles: fear, communication barriers, sexual knowledge or understanding, disability identification amongst service professionals, presumption of capacity or credibility, lack of resources, and general myths or
misconceptions about disability. Child et al. (2011) found nearly identical barriers, with an emphasis on the struggle for those who have “invisible” disabilities – especially when reporting to law enforcement. Help-seeking deaf victims face unique barriers of their own in terms of communication, as usually an ASL interpreter needs to be available (Ballan, Freyer, Powledge & Marti, 2017).

Though community agencies likely can’t eliminate every barrier for every survivor, solutions exist amongst the literature. Macy, Martin, Ogbonnaya & Rizo (2018) specifically suggest that a comprehensive, in-depth intake assessment or interview for help-seeking clients can increase an agency’s capacity to serve those with disabilities, as such procedures would reveal to providers a client’s trauma related to both their disability status and the violent incident(s). Keesler (2014) suggests that trauma-informed approaches within the field can be of great use, given that those with disabilities, like other minoritized and marginalized populations, are often susceptible to previous trauma in a myriad of ways, and providers of care and their respective agencies should be equipped to ethically handle such trauma. Just as victim and human service agencies work to become more culturally competent for different populations related to ethnicity, language, race, national origin, gender and sexuality – disability should be included in such efforts, as this identity status has needs that are different from the able-bodied population.
Violence Prevention Strategies. Unfortunately, comprehensive and longitudinal studies on violence prevention strategies related to disability victimization are few. Of the studies that do exist, for people with I/DD or learning disabilities, the literature shows strong support for primary prevention efforts that involve healthy relationship training and sex education (Bowen & Swift, 2019; Brown, Peña & Rankin, 2017; Helton, Gochez-Kerr & Gruber, 2018; Hickson, Khemka, Golden & Chatzistyli, 2013; McEachern, 2012). Such efforts should also include engaging individuals with I/DD with the signs of problematic behavior and how to seek help (Bowen & Swift, 2019). These violence prevention strategies would also assist the general public in breaking the stigma that people with disabilities, I/DD or otherwise, can and often are involved in consensual intimate relationships. Another strategy offered by violence prevention researchers is teaching people (specifically women with I/DD) assertiveness, as they are typically socialized to be obedient (McEachern, 2012). As previously stated, research is severely lacking on the effectiveness of these recommended prevention strategies, which is unhelpful to policy makers, teachers, and service providers (Mikton, Maguire & Shakespeare, 2014; McEachern, 2012).

Further Research.

Though solid literature exists on the topic of disability victimization, further research is required in order to better protect this vulnerable population and achieve success in prevention efforts. Several researchers state that more evidence-based reports
on the effectiveness of violence prevention efforts are needed (Barger, Wacker, May & Parish, 2009; Mikton, Maguire & Shakespeare, 2014). Well-researched prevention strategies for people with physical disabilities are also lacking, as most focus on I/DD. Studies on the intersections between class, disability, and violence would also be helpful for disability communities in vulnerable areas to develop prevention and response strategies. Finally, I found a severe shortage of literature (peer-reviewed and otherwise) on training modules for first-responders and victim service agents (social workers, police officers, teachers, etc.) regarding spotting, reporting, and treating victimization against people with disabilities.
CHAPTER TWO

AGENCY REPORT

TITLE OF REPORT

Cedar Valley Friends of the Family:
Capacity to Serve Survivors with Disabilities 2019-2020
Capacity Report and Suggestions for Improvement
By Sara Naughton, Outreach Services Intern Fall 2019

ABSTRACT

Utilizing a manual and scoring tool provided by the Vera Institute of Justice, this document consists of a research report on Friends of the Family’s capacity to effectively serve survivors and clients with disabilities, as well as suggestions for short and long-term improvement.
Delivered to Cedar Valley Friends of the Family Mental Health and Disability Internal Committee on April 16th, 2020.

An Important Note

My research in disability studies has indicated that many within the disability community prefer a push away from “person-first language” (“person with disability,” versus “disabled person”). My language within this article contains both person-first language and identity-first language so to honor parties within the disability community who prefer either.

Introduction

Upon entering the University of Northern Iowa’s Women’s and Gender Studies Program as a master’s student in the fall of 2018, I knew that I wanted to pursue a research topic involving survivors of gendered violence, preferably by partnering with an internship site that provides said survivors with vital services that contribute to healing. Upon interviewing with a staff member from Cedar Valley Friends of the Family (FOF) about a potential internship placement, I remember crossing my fingers that I would get to work with the agency, because I could see that social justice and intersectional was a pillar of their work, which was important to me.

As the oldest sister of two siblings with disabilities, and as a feminist who cares deeply about issues of social justice and equality, the issue of violence and abuse against people with disabilities is one that deeply affects me emotionally and professionally. I am
grateful that I was able to merge my interest in gendered violence with my passion for
disability justice: Friends of the Family gave me both the platform and the support to do
so academically and professionally. This report acts as a larger portion of my culminating
master’s research project, which also includes a literature review, background paper, and
reflection on my internship experience.

Disability is an identity marker that can be easily overlooked in victim services,
but with studies showing that those with disabilities are at an increased risk for
victimization, agencies need to be aware of the limitations of their facilities and policies
to serve those with disabilities seeking help. Studies have shown that there is a gap of
knowledge between domestic violence/sexual assault advocates and issues of disability
(Hickson, Khemka, Golden & Chatzistyli, 2013). This report seeks to close that gap that
might exist within Friends of the Family’s offered services between disability advocacy
and client support.

Because I know that Friends of the Family is an agency dedicated to growth and
improvement in the services they offer to the community, I decided to conduct a research
report on the capacity for the agency to serve survivors of violence. In conjunction with
my observations as an intern for the Outreach Services team, a report made up of
qualitative data collection would allow for FOF to see their current ability to serve and in
which areas they can improve. A testament to Friends of the Family commitment towards
disability justice, I received nothing but unwavering support from the agency staff in my writing and researching of this report.

A special thanks to Carrie Diesburg, Outreach Services Manager and my internship supervisor, along with the entire Outreach team who made my internship experience fulfilling and calming; Kelley Schmitt, Director of Development and Daily Operations who assisted me in recording some of the data points; Jodie Schmitt, Shelter Services Manager, and the Disability and Mental Health Committee who allowed for me to sit in on meetings, provide feedback, and present this report along with my findings and suggestions.

**Summary of the Problem**

In a series of surveys conducted in order to establish victimization rates for people with disabilities, the Bureau of Justice Statistics (2017) found that “the rate of violent victimization against persons with disabilities was at least twice the age-adjusted rate for persons without disabilities” (Summary introduction section, para. 1). These rates are inclusive of multiple modes of violence, including rape and sexual assault. Another study found that among college students, those with disabilities “were victims of sexual violence at higher rates than students without disabilities – 31.6 percent of undergraduate females with disabilities reported nonconsensual sexual contact involving physical force or incapacitation, compared to 18.4 percent of undergraduate females without a disability” (National Council on Disability, 2018, p. 11). A study published in 2009
found that women with disabilities report experiencing IPV, or intimate partner violence, at “significantly higher” rates than women without disabilities (Barrett, O’Day, Roche, & Carlson, 2009, p. 97). As shockingly high as general domestic violence, sexual assault and sexual violence rates are, statistics show that this violence happens to people with disabilities at even higher levels.

Even within agencies who value intersectional approaches to serving clients of gendered violence, disability can be a fleeting thought (until perhaps, a client who voices a needed accommodation approaches the premises). As ableism is pervasive and widespread within even the smallest folds of our society, victim service agencies like FOF are not necessarily to blame for policies and procedures that lack accommodations towards their disabled clientele. But with studies like those referenced above showing that those with disabilities are an increased risk for victimization, agencies like FOF need to be aware of the limitations of their facilities and policies to serve those with disabilities seeking help. Those with disabilities are oppressed on a daily basis through the functions of hegemonic ableism, so for those who suffer violence or abuse, seeking assistance or help might feel like a barrier not worth the hurdle. In other words, disabled people are more likely to be victimized, but less likely to seek or find help within the victim services realm. FOF and community agencies with similar services can take steps to assist disabled survivors feel more confident in their help-seeking behaviors and subsequent healing.
In Iowa alone, people with disabilities “represent 11.3% of the civilian, noninstitutionalized population” (State Data Center of Iowa and the Office of Persons with Disabilities, 2018, p.1). We might also consider that disability is one of the only identities that any person could come to inhabit at any time; in other words, you could be able-bodied today, but find yourself disabled tomorrow due to an accident or stroke. (Not to mention, disability can be caused by incidents of interpersonal or domestic violence.)

Within the client pool of Friends of the Family, disability is present at similar rates compared to national trends. Out of the client pool whose intake was recorded within the EmpowerDB database from its inception within the agency (1,347 at the time of report being run), approximately 24% reported that they had a cognitive, physical, or mental disability at the time of intake. Approximately 7 of those clients reported that they were Deaf or Hard of Hearing. 84% of clients reported a mental health problem at the time of intake – and although such diagnosis may not be considered by the client to be a “disability,” accommodations for such challenges are typically needed. (Please see Appendix A for the full Variable Query Report run from EmpowerDB.)

As I came to learn as an intern at FOF, each survivor who walks through an agency door looking for help will carry more than one identity marker. While sexual assault or gendered violence survivors might seek community resources or services for similar reasons, their specific needs should never be pre-determined simply by walking through the door. Services that are radically accessible – a commitment deeper than ADA
compliance – benefit the entire community that is being served. This report, researched in conjunction with my internship placement with Outreach Services at FOF seeks to reflect the work already being done within the agency to accommodate survivors with disabilities, as well as work that could be done in order to better improvement their capacity to serve.

Methods

The findings included in this report stem from two main research questions:

RQ1) How capable is Friends of the Family to serve help-seeking clients with disabilities?

RQ2) What are short-term and long-term changes that Friends of the Family can implement in order to improve their capacity to serve survivors with disabilities?

In order to answer these questions, I collected data using a well-researched implementation guide (Appendix B) and scoring tool (Appendix C) for domestic violence programs with residential services from the VERA Institute of Justice’s Center on Victimization and Safety. Using several data sources, this scoring instrument assists in quantitatively measuring FOF’s capacity to serve survivors with disabilities using performance indicators related to two components: commitment and capacity. These performance indicators allow for abstract concepts of accessibility to be measured and visualized through descriptive statistics, specifically providing a percentage for each
component. (See pg. 5 of Appendix B for information on the creation of performance indicators; they have been tested in 20 pilot sites to ensure relevance.)

According to the implementation guide, the commitment component measures the agency’s “willingness and determination to address domestic violence against people with disabilities” (Smith, Harrell, Smith & Demyan, 2015, p. 11). Attached to this component is three themes: responsibility, partnerships, and policies. On the other hand, the capacity component measures the agency’s “knowledge, skills, resources, and programmatic ability necessary to provide domestic violence services to survivors with disabilities” (Smith, Harrell, Smith & Demyan, 2015, p. 11). Attached to the capacity component are the following themes: material resources, human resources, and programmatic resources and activities. Each theme (under the parent heading of component A or B) is measured by several indicators, which I collected through the following data sources: agency documents, agency observations, and staff interview questions. (See Appendix B for a detailed list of performance indicators, and Appendix C for the scoring tool).

With explicit FOF permission, agency documents such as intake forms, policy and procedure handbooks, training materials, and resource sheets were evaluated for content and statements of commitment to disability populations, mentions of disability and accessibility, and allocations towards disability resources in budgets or grants. Physical observations of the agency premises consisted of checking for ADA compliance
and accommodations. (Appendix B and C include full document checklist and observation guide.)

Finally, a staff interview was conducted in order to measure the specific knowledge of agency operations. The staff member I interviewed was part of upper administration within the agency and helped provide answers to questions pertaining to agency accessibility; agency data/statistical reports; agency partnerships; recruitment and retention policies and procedures; community outreach, education, and engagement, and children’s programming. These questions were answered with yes/no responses.

Through the collection of this data, I am able to provide a statistic representative of Friends of the Family’s capacity to serve survivors with disabilities, which provides both a visual and measurable indication of their capability and commitment, and can be useful should they choose to continue measuring their progress in this area over time.

These scores are useful only as a companion to the Vera Institute of Justice tool. The scores may not reflect all of the agency policy, procedures, or philosophies. The findings, featured in narrative form below, reflect measurements marked as either achieved or not achieved within the scoring tool; for each component, there are three themes, which then feature indicators that are evaluated by four specific measurements. (In other words, to attain 100% on an indicator, the agency must have all four measurements achieved with “yes”.) These indicator scores are then combined to reflect percentages within each theme, then each component.
My recommendations for improvement are based off of both the findings from the scoring tool, and from my observations as an intern of the agency for a period of five months.

Findings

Component A: Commitment | Total Percent Achieved: 54%

“Agency demonstrates willingness and determination to address domestic violence against people with disabilities and Deaf people.” (Appendix B, p. 13)

Theme 1: Responsibility | Total Percent Achieved: 46%

“Agency recognizes duty to serve survivors of domestic violence with disabilities and Deaf survivors” (Appendix B, p. 59).

1.1 Recognizes Violence Against People with Disabilities as a Priority

FOF has achieved progress on all of these measurements by doing the following: including efforts to increase agency’s accessibility in the agency strategic plan, having an internal committee focused on enhancing accessibility and agency response, including violence against people with disabilities on social media accounts, and having a client non-discrimination policy that explicitly includes disability status.

1.2 Promotes Accessibility

FOF has not achieved any of the measures in this indicator.
To achieve all measurements of this indicator, FOF needs to implement an infrastructure to routinely assess its accessibility to people with disabilities, including: a trained review team of internal staff and external experts, a standardized review process and tool, a scheduled week each year dedicated to conducting the review, a process to review findings with staff and external experts to develop possible solutions to identified issues.

1.3 Raises Funds

FOF has not achieved any of the measures in this indicator.

To achieve all measurements of this indicator, FOF needs to create specific policies and procedures for fundraising efforts related to serving clients with disabilities. These policies should include the following: a written plan to raise funds, a grant or fundraising proposal in partnership with a disability or Deaf organization, raising the issue of serving survivors with disabilities to state administrators, and creating a fundraising appeal letter seeking to address the issue from individual or private donors.

1.4 Includes in Budget

FOF has achieved progress on half of the measurements in this indicator, including having funds set aside for making physical modifications to the agency and shelter, and hiring interpreters for people who are Deaf.
In order to achieve all measurements for this indicator, FOF needs to provide budget lines for auxiliary aids and accommodations, and for hiring consultants to create agency materials in plain language.

1.5 Collects Data

FOF has completed most of the measurements in this indicator by collecting important data points related to client with disabilities served.

In order to reach full progress on this indicator, FOF needs to collect data on the types of auxiliary aids provided to survivors with disabilities within the agency.

1.6 Uses Data

FOF has only achieved two of the measurements in this indicator by utilizing national trends on victimization of people with disabilities and by utilizing agency trends related to services for clients with disabilities.

In order to achieve full progress on this indicator, FOF needs to begin analyzing and using data related to the following: jurisdictional needs (including the number of people with disabilities that live in the community), and gaps between victimization and service utilization rates.

Theme 2: Partnerships | Total Percent Achieved: 60%
“Agency works closely with relevant organizations to enhance its ability to meet the needs of survivors of domestic violence who have disabilities and Deaf survivors” (Appendix B, p. 63).

2.1 Collaborates with Disability Organization

FOF has achieved most of the measurements in this indicator by having a Memorandum of Understanding (MOU) with a local disability organization that is currently signed by agency leaders, commits the agency to provide consultation to one another, and dedicates staff time to participate in cross-agency meetings. **To achieve full progress on this indicator, FOF needs to alter the MOU so that it includes a commitment to provide training at one another’s employee or volunteer orientations.**

2.2 Builds Relationships with Deaf Community

FOF has showed achievement in most of this indicator’s measurements by having an established relationship with an expert in the Deaf community, through having a written agreement with a local Deaf domestic violence organization or advocate, and by having money set aside in the budget for ASL interpretation services at meetings and programs. **To achieve full progress on this indicator, FOF needs to have a written engagement plan in place to develop ongoing relationships with local Deaf organizations and groups.**
2.3 Collaborates with Interpreter Agency

FOF has one of the measurements in this indicator by having an agreement in place with their chosen ASL interpretation agency that includes a commitment to provide services outside of business hours.

To achieve the rest of the measurements in this indicator, FOF needs to develop policy that requires interpreters have received training on safety and self-care, that they disclose potential conflicts of interest, and that they sign confidentiality agreements when performing services.

2.4 Includes People with Disabilities

FOF has achieved one of the measurements for this indicator by supporting people with disabilities in the community to create and operate educational/empowerment groups.

To achieve full progress in this indicator, FOF needs to begin inviting people with disabilities to train agency staff as lead or co-trainers; supporting the participation of people with disabilities in at least one community effort to address domestic violence per year, and by inviting people with disabilities to inform the agency on policies and practices.

2.5 Participates in Multi-Disciplinary Collaboration

FOF has achieved this indicator by participating in community-based multidisciplinary collaboration to end violence against people with disabilities.
Theme 3: Policies | Total Percent Achieved: 58%

“Agency’s written policies ensure accessible and inclusive services are provided to survivors with disabilities and Deaf survivors” (Appendix B, p. 64).

3.1 Eligibility

FOF has achieved half of the measurements in this indicator by stating in their eligibility policies that services are available regardless of a person’s disability status or guardianship status.

In order to achieve full progress in this indicator, FOF needs to add medication usage and auxiliary aid need to the eligibility policy/statement.

3.2 Accommodations

FOF has achieved full participation on this indicator by having a policy/intake agreement that outlines the agency’s obligations to ask individuals about their needed accommodations both initially and on an ongoing basis, to secure reasonable accommodations, and to assume the cost of providing accommodations.

3.3 Full Participation

FOF has achieved all of the measurements in this indicator by allowing flexibility in where staff meet with clients and where internal programming takes place, by allowing staff to tailor the length of client meetings based on the client’s needs,
and by allowing non-offending personal care attendants to accompany survivors to shelter as needed.

3.4 Service Animals

FOF has achieved half of the measurements in this indicator by following a service animal policy that establishes the legal definition of a service animal and by allowing service animals within agency facilities.

To achieve full participation in this indicator, FOF needs to update their service animal policy to include potential concerns emerging from the presence of service animals, and designate a safe service animal relief area for shelter residents and clients.

3.5 Resident Handbook

FOF has not achieved any of the measurements for this indicator.

In order to reach full participation in this indicator, FOF needs to explicitly name people with disabilities in its statement about the importance of respecting diversity in a communal living environment for shelter residents. FOF also needs to update the shelter handbook or intake paperwork to include procedures related to the use of scents or fragrances in the shelter, personal cares services that staff can or cannot provide, and potential flexibility that clients might need to maintain private space.

3.6 Medication
FOF has achieved half of the measurements in this indicator by ensuring that individual lockboxes are available for all residents in order to store medication, and by prohibiting staff or volunteers from dispensing medication.

**To achieve full participation in this indicator, FOF should ensure that there is a locked refrigerator space for medication, and require residents to sign a waiver in order for staff to hold a key to personal lockboxes or medication.**

**Component B: Capacity | Total Percent Achieved: 32%**

“Agency has knowledge, skills, resources, and programmatic ability necessary to provide domestic violence services to survivors with disabilities and Deaf survivors” (Appendix B, p. 69).

**Theme 4: Material Resources | Total Percent Achieved: 40%**

“Agency’s physical infrastructure is accessible to survivors with disabilities and Deaf survivors” (Appendix B, p. 69).

**4.1 Accessible Modes of Communication**

FOF has achieved half of the measurements in this indicator by having a website that meets WCAG 2.0 AA/AAA standards, and by having an in-house videophone that can be used by residents and staff.
To achieve full progress in this indicator, FOF should invest in a telephone accessible for people with low vision, and develop strategy or procedure for a dedicated crisis line for receiving text messages.

4.2 Accessible Location

FOF has achieved most of the measurements in this indicator by meeting the minimum standards of ADA accessibility in shelter bathrooms, approach/entrance, and within the fire alarm system.

FOF needs to update resident sleeping room(s) for accessibility in order to achieve full progress in this indicator.

4.3 Alternative Formats

FOF has achieved half of the measurements in this indicator by having client intake packets available in large font and in plain language.

To achieve full progress in this indicator, FOF needs to also have the intake packets available in braille upon request, and in video format with captioning or ASL interpretation.

4.4 Inclusive Materials

FOF has not achieved any of the measurements in this indicator.

In order to do so, FOF should update the general public outreach brochure to include disability access symbols, use of person-first language, recognition
of the cultural identity of Deaf people, and by including examples of abuse tactics that perpetrators use against people with disabilities.

4.5 Accessible Transportation

FOF has achieved one of the measurements in this indicator by utilizing a local taxi company with accessible vehicles.

To achieve the remaining measurements in the indicator, FOF needs to have an annually updated resource sheet that includes paratransit providers, as well as an updated map of paratransit routes and a contact list of accessible private car services or vans.

Theme 5: Human Resources | Total Percent Achieved: 6%

“Agency’s employment and staff development practices build staff capacity to address domestic violence against people with disabilities and Deaf people” (Appendix B, p. 72).

5.1 Inclusive Hiring Practices

FOF has achieved one of the measurements in this indicator by providing staff with reasonable accommodations.

To achieve full participation, FOF needs to begin delineating essential and non-essential responsibilities on job announcements, posting job announcements on disability-centered job boards, and by explicitly encouraging people with disabilities to apply.

5.2 Direct Services Staff Training
FOF has not achieved any of the measurements in this indicator, as the ICADV victim counselor required training does not have a disability module.

To achieve participation in this indicator, FOF would need to make the optional continuing education disability advocacy course offered by ICADV a requirement for staff and volunteers.

5.3 Practical Learning Opportunities

FOF has not achieved any of the measurements within this indicator.

In order to achieve full participation, FOF needs to provide staff and volunteers with opportunities to tour local disability or Deaf organizations, to participate in role-playing or other interactive exercises related to survivors with disabilities, to hear from domestic violence survivors with disabilities or Deaf survivors, and offer assistive technology demonstrations.

5.4 Volunteer Training

FOF has not achieved any of the measurements within this indicator.

To achieve full participation, FOF needs to specifically recruit people with disabilities and Deaf people to serve as volunteers, to include a module on working with survivors with disabilities and Deaf survivors in its volunteer training.

Theme 6: Programmatic Resources and Activities | Total Percent Achieved: 45%
“Agency’s programmatic resources and activities account for the unique needs of people with disabilities and Deaf people” (Appendix B, p. 74).

6.1 Community Outreach & Education

FOF has achieved most of the measurements in this indicator by conducting annual outreach activities to local disability organizations, by spotlighting abuse against people with disabilities on social media, and by offering violence prevention courses to special education classes.

To achieve full participation in this indicator, FOF needs to include people with disabilities in their power and control wheel and in their safety planning curriculum.

6.2 Case Management

FOF has not achieved any of the measurements in this indicator.

To achieve full participation, FOF needs to provide up-to-date resources to staff regarding SSI/SSDI benefits, affordable accessible housing, employment training opportunities for people with disabilities, and childcare options that specialize in caring for children with disabilities.

6.3 Legal Advocacy

As FOF does not offer legal advocacy or services, they have achieved all of the measurements in this indicator by referring clients to Iowa Legal Aid, which has disability-specific assistance for clients and survivors.
6.4 Child Advocacy

FOF has achieved half of the measurements in this indicator by having a shelter play area that is accessible to children with disabilities, and by having activities that are accessible and inclusive.

To achieve full participation in this indicator, FOF needs to provide their youth & family advocate with resources regarding topics and needs related to parents and children with disabilities, and by specifically stocking the shelter children’s library with books depicting characters with disabilities.

6.5 Crisis Intervention

FOF has not achieved any of the measurements in this indicator.

To achieve full participation in this indicator, FOF needs to update their power and control wheel to include tactics used against people with disabilities; have a handout or resources for survivors with disabilities who have acquired a disability as a result of their abuse; include disabilities in their safety-planning guide for advocates and staff, and to establish a protocol for confirming the identity of survivors using text, TTY, or relay-based hotline communication.
Recommendations

**Short-Term**

The following recommendations involve outreach efforts, educational and advocacy resources for staff and clients, alternative formats of vital agency documents, training curriculums, and data collection and utilization. These recommendations can be completed promptly in order to immediately improve FOF’s capacity to serve clients with disabilities without undue financial burden.

**Outreach**

Like many nonprofit and victim service agencies, FOF operates with limited funding. Despite this, FOF has a dedicated, passionate staff that delivers quality care and service to as many clients as they can. Commitment to ending gendered violence and client support is *not* lacking at FOF – but outreach to the disability community is. As stated in the “Summary” section, people with disabilities are far more likely to be victimized, so it is important for FOF to increase their outreach so that community members with disabilities know that accessible, equitable services are available to them. With increased outreach to disability organizations and community members, FOF will contribute to closing the gap between rates of disabled victimization and services received. Such outreach will also increase FOF’s ability to serve the entire client pool within their 20 Iowa counties. My suggestions for improving outreach efforts are as follows:
1. Update Public Outreach Materials or Create Disability Specific Brochure
   a. Include the following in a brochure (or similar material) that advertises accessible services for people with disabilities and Deaf people OR update current brochure to include:
      i. Disability access symbols
      ii. Recognition of Deaf people by referring to them separately (i.e., “people with disabilities and Deaf people”)
      iii. Include examples of abuse tactics that perpetrators use against people with disabilities and Deaf people
   b. Consider creating a campaign for community outreach that focuses on FOF accessible services for survivors with disabilities

2. Include Violence Against People with Disabilities in Violence Prevention Programming
   a. Incorporate a module or integrate information regarding disability victimization in violence prevention or healthy relationships program

Resources

FOF’s staff are clearly dedicated to keeping themselves educated and up-to-date on issues of social justice, victimization, and intersectionality. Though FOF staff should not be expected to become experts on disability studies or accessibility issues, updated and thorough resources should be available agency-wide for staff and advocates who
might be assisting a client with disabilities. I would suggest creating a folder (physical or electronic) with these resources that are available to all staff members, and have copies available for clients who may need them. My suggestions for increasing available disability/accessibility resources for staff and clients are as follows:

1. **Create or Update Case Management Resources**
   
a. Develop and distribute resource sheets in the following topics for staff, advocates, and clients that are updated annually:
   
i. Accessible transportation
   
   1. Local paratransit providers and contact information
   
   2. Map of paratransit route
   
   3. Contact list of accessible private car services or vans
  
   ii. SSI/SSDI benefits and application process
  
   iii. Local affordable housing list that notes accessibility of housing for people with disabilities
  
   iv. Employment training opportunities welcoming to people with disabilities
  
   v. Childcare options that specialize in caring for children with disabilities
  
   vi. Survivors who have acquired a disability as a result of abuse or violence
b. Update Power and Control Wheel (used agency-wide) to include examples of abuse tactics used against people with disabilities

c. Update safety planning guide for advocates to include people and cases that involve disabilities

d. Ensure the shelter Youth and Family Advocate has the following available for clients:
   i. Resource sheets and/or curriculum related to specific needs for parents and children with disabilities
   ii. Children’s books within the shelter library that specifically depict characters with disabilities

Alternative Formats

Ensuring that FOF has alternative formats of vital agency documents and paperwork available to clients who need them is imperative to becoming a more accessible agency for survivors with disabilities. If a client is seeking services from FOF and requests an alternative format, that accommodation should be readily available, rather than an afterthought. Purchasing alternative formats of vital agency documents should be included in the budget. Large amounts of braille or plain language documents are not necessary, but the amount that the agency has on hand should be kept track of so that more can be ordered when needed. My suggestions for FOF to increase their availability of alternative formats in vital agency documents include investing in the following:
1. Braille
   a. Ensure that vital agency documents (i.e., client intake packets) are available in braille upon request

2. Plain Language
   a. Ensure that vital agency documents (i.e., client intake packets, VI-SPDAT or shelter assessment questionnaires) are available in plain language for those that need it

3. ASL or Captioned Video
   a. Ensure that vital agency documents or important information for clients are available in video with captioning or ASL interpretation

Training

Training staff and volunteers on the barriers and realities that survivors with disabilities or Deaf survivors face when seeking help is crucial to ensuring an accessible and equitable environment for such clients. Clients with disabilities will have different needs than those who are able bodied; FOF should be prepared to handle those needs in a timely and effective manner. Staff and volunteers will be better equipped to serve survivors with disabilities by receiving education on disability victimization issues, advocacy, and accessible solutions. My suggestions for improving and expanding FOF’s staff and volunteer training to include disability victimization and advocacy are as follows:
1. **Require Disability Modules**
   
a. Include the ICADV continued education module on disability advocacy as a required section of the mandatory Victim Counselor Training

b. Ensure that internal continued education within the agency includes:
   
i. Power and control tactics perpetrators use against people with disabilities and Deaf people

ii. Content on how to support survivors who have psychiatric disabilities or mental health diagnosis

iii. Safety planning for survivors with disabilities

iv. Content on the potential negative consequences survivors with disabilities experience when reaching out for help

v. Role-plays or other interactive exercises to practice serving survivors with disabilities and Deaf survivors

2. **Expand Staff Learning Opportunities**
   
a. Arrange for staff to tour a local disability or Deaf organization, or to meet with its leaders/members

b. Organize presentations or speaker events for staff from domestic violence survivors with disabilities or Deaf survivors

c. Arrange for assistive technology demonstrations (especially with aids that the agency currently houses, like the video phone)
Data

FOF already collects and utilizes important data related to serving clients with disabilities, but there is room for improvement in order to expand the agency’s capacity to serve. My suggestions for advancing FOF’s utilization and collection of important data are as follows:

1. **Record:**
   a. the specific types of auxiliary aids or accommodations provided to survivors/clients with disabilities (in addition to the data points already being recorded, including number of people receiving services with disabilities and disability types)

2. **Research and Adjust Agency Priorities based on:**
   a. jurisdictional needs, including the number of people with disabilities that live in service areas/counties, their disability type(s), and expressed service needs
   b. gaps between victimization and service utilization rates among people with disabilities

**Long Term**

The following recommendations involve steps that should be taken within the agency that can be considered structural or expansive changes; these adjustments will greatly expand FOF’s capacity to serve survivors and clients with disabilities, but may
take several months or even years to fully implement. Many of these changes would need to be discussed at length among staff members and administrators in order to produce the best results and in a way that benefits the agency, the community, and the clients.

Policy

Many of the indicators from the Vera tool were difficult to score because of their denotation of a “policy” regarding certain qualifications. FOF is severely lacking in policy related to accommodations, aids, and other conditions related to disability and disabled clients. When it was indicated by a staff member that FOF follows an indicator but it might not be written down, I did mark it as agency “policy,” but my recommendation for FOF is to develop written policy related to these issues. Policy acts as an important protection for people with disabilities, and will greatly improve FOF’s capacity to serve.

1. Develop Interpreter Policy

   a. In addition to ensuring the existence of a written agreement or contract with an ASL interpreter agency or two freelance interpreters, ensure that said policy/agreement includes:

   i. Requirement that interpreters sent to FOF have received training on safety and self-care

   ii. Requirement that interpreters must disclose conflicts of interest with potential perpetrators or survivors/clients
iii. Requirement that interpreters sign confidentiality agreements when performing services

iv. Commitment to provide interpretation services outside of business hours

2. Develop or Update Eligibility Policy

   a. Explicit agency-wide statement that services are available regardless of a person’s:

      i. Disability status

      ii. Medication usage and needs

      iii. Guardianship status (for adults)

      iv. Need for auxiliary aids

3. Develop or Update Service Animal Policy

   a. Explicit statement that:

      i. Establishes the definition of service animal

         1. Delineate between emotional support animals and agency policy on that definition, as well

      ii. Asserts the right for service animals to be in shelter and agency facilities

      iii. Addresses concerns emerging from the presence of service animals, like allergies and phobias
iv. Designates a safe service animal relief area (typically outdoors)

4. Develop or Update Shelter Resident Handbook/Agreement

   a. Agency handbook for residents of the shelter that:

      i. Addresses the use of scents and fragrances

      ii. Clearly explains what, if any, personal care services staff may provide

      iii. Offers flexibility to people with disabilities in maintain private living space

      iv. Explicitly names people with disabilities in its statement (rights and responsibilities) about the importance of respecting the diversity of other residents in shared living spaces

5. Update Medication Policy

   a. Medication policy for shelter should include:

      i. The provision of locked refrigerator space for medication

      ii. Requirement that resident sign a waiver in order for staff to hold a key to resident’s personal lockbox with medication inside (this policy would protect both staff and clients)

Advocacy

FOF is active within the communities that they serve, as illustrated by their frequent educational programming and service work. Victim service agencies have the unique job
of knowing their community dynamics in order to best serve their client pool; FOF can greatly improve their current advocacy efforts related to disability victimization by partnering with and learning from local disability and Deaf organizations. Building relationships and enhancing advocacy efforts within these communities will show local disability survivors that accessible services are even available at FOF, and further, that FOF cares deeply about providing them with assistance. My suggestions for increasing FOF’s degree of advocacy for survivors with disabilities and the local disability community are as follows:

1. Raise Funds Specifically for Serving Survivors with Disabilities
   a. Develop a written fundraising plan to raise funds to better support survivors and FOF clients with disabilities (thinking realistically about costs of physical modifications, auxiliary aids, interpreters, and other materials)
   b. Partner with a disability or Deaf organization to submit a grant proposal dedicated to increasing accessibility or disability service
   c. Raise the issue of serving survivors with disabilities to VOCA and VAWA state administrators or government legislators (or purposefully make this issue a talking point when visiting the capitol to advocate for funding and resources)
d. Create a fundraising appeal letter or campaign that seeks funding to specifically address the issue of serving survivors with disabilities

2. Collaborate and Build Relationships with Disability and Deaf Organizations

a. Develop, review or update Memorandum of Understanding’s with local disability and Deaf organizations that include:
   i. Signatures of agreement by agency leaders
   ii. Commitment to providing consultation and assistance to one another’s organizations
   iii. Commitment to dedicate staff time to participate in cross-agency meetings
   iv. Commitment to provide trainings at one another’s staff or volunteer trainings/orientations

b. Create a written agency engagement plan to develop ongoing partnerships with local Deaf and disability organizations

c. Participate in at least one community effort to address domestic violence and disability intersections per year (either by partnering with a local disability organization or by attending an existing program)

Inclusive Structure

FOF offers a supportive, inclusive environment for its staff, volunteers, and interns. (I witnessed this first-hand.) There is no doubt that staff with disabilities would be provided
accommodations and their insight would be valued within the agency; however, efforts to make the agency even more inclusive can be made. By explicitly inviting people with disabilities to inform the agency structure and daily routines, FOF will enhance its capacity to serve survivors with disabilities. Having disabled and Deaf voices at the table is vital to understanding disability issues and creating meaningful solutions. My suggestions for altering FOF’s infrastructure over time in order to become more inclusive and accessible are as follows:

1. **Routinely Assess Agency Accessibility**
   a. Develop a trained review team (Disability and Mental Health Committee would be ideal) that features at least one local external disability/accessibility expert
   b. Dedicate one week per year to conducting a review with trained team
   c. Utilize a standardized review process and tool to assess progress and capacity (the scoring tool used in this report provided by the Vera Institute of Justice would work well)
   d. Create a process to review annual findings with staff and external expert(s) to develop solutions to identified issues

2. **Directly Address Accessibility in the Budget**
   a. Include line items in the direct services budget specifically for:
i. Providing auxiliary aids and accommodations to clients with disabilities when requested

ii. Hiring consultants to create agency materials in plain language

3. Include People with Disabilities in Agency Planning and Policy

   a. Invite people with disabilities and Deaf people to train agency staff as lead or co-trainers

   b. Invite people with disabilities and Deaf people from the community to inform agency policies, procedures, and practices

   i. Explicitly invite community members with disabilities to sit on the Board of Directors

4. Develop Inclusive Hiring Practices

   a. Begin including essential and non-essential responsibilities in job and volunteer announcements and application sheets

   b. Explicitly encourage people with disabilities and Deaf people to apply to staff positions

   c. Post job announcements on disability-centered job boards and promote within local disability agencies/organizations

   d. Specifically recruit people with disabilities and Deaf people to serve as volunteers
i. Include a module on working with survivors with disabilities and Deaf survivors in volunteer training

Physical Space and Auxiliary Aids

Physical accessibility is a struggle for many victim service agencies, especially in the nonprofit world where funds are limited. Modifications or rebuilds can be expensive. FOF’s current shelter location offers accessibility in many spaces and areas, but improvements can be made and a plan to allocate funds for such changes should be considered. Should FOF ever remodel or build a new shelter location, it is strongly suggested that the agency encourages designers and architects to utilize Universal Design (UD) principles. A Universally Designed building would help the agency avoid future costs of renovation or alterations related to accessibility. My suggestions for improving FOF’s physical accessibility and expanding the agency’s collection of auxiliary aids are as follows:

1. **Invest in Auxiliary Aids for Staff and Clients**
   a. Purchase a telephone for people who have low vision (large print/large buttons)
   b. Develop a dedicated crisis line for receiving text messages from survivors or help-seeking clients
      i. Develop a protocol for confirming identity of survivors using text, TTY, or relay-based hotline communication
2. Update Shelter Sleeping/Resident Rooms

a. As they currently stand, none of the shelter resident rooms are technically accessible for people with physical disabilities. I suggest FOF alter as many resident rooms as they realistically can, but ensure that at least one room is accessible by having the following:

i. at least 36 inches of clear maneuvering space on both sides of the bed

ii. at least one free-standing bed (not bunked) so that wheelchair users can comfortably transfer from chair to bed

1. the bed measures 20 to 23 inches from the floor to the top of the mattress

iii. fixed or built-in storage (dressers, shelves, cabinets) are 15 to 48 inches in height and not on an obstructed path

iv. adequate moving space between furniture pieces

v. at least 60 inches of free space so that a client using a wheelchair can make a 360° turn

Next Steps

Who

As shown in the previous section, I have outlined my recommendations for improving FOF’s capacity to serve clients with disabilities into short-term and long-term
suggestions. Efforts in both camps can (and should) be spearheaded by the internal FOF Disability and Mental Health Committee. However, many of the recommendations made cannot be implemented solely by the committee, and should be agency-wide changes made from the ground-up. Administrative staff should be in the loop on these issues and encouraged to make changes as well.

I also suggest having an intern or intern team work on this ongoing measurement of capacity by updating the Vera Institute of Justice scoring tool for progress made by FOF, and keeping resources, data, training materials, and other items related to the recommendations up to date and well-researched.

When

I suggest implementing some of the short-term recommendations as soon as possible in order to immediately improve FOF’s capacity to serve survivors with disabilities. Long-term progress and alterations should be assessed annually.

How

How FOF chooses to assess progress is up to them, though I recommend continuing to utilize the Vera scoring tool in order to illustrate comprehensive and measurable improvement. The Disability and Mental Health Committee should work with administration or the Board of Directors on a strategic plan for improving capacity based on the above recommendations, and should develop a strategy to re-assess FOF’s capacity to serve within one year. This assessment should be an annual
event, as accessibility can always be improved and new problems or solutions might arise.

**Further Recommendations and Resources**

FOF has a clear commitment to serving survivors with disabilities and understands the importance of accessible services. The recommendations in this report hopefully reflect the great work that FOF is already doing for clients with disabilities: making changes, modifications, and additions can only enhance the agency’s excellence within the victim service’s realm. The greatest overarching recommendation I can offer is to listen to disabled and Deaf voices; their potential to contribute to FOF’s growth cannot be overstated. If FOF as a whole can reach an advanced understanding of disability victimization and issues, then all of the services offered to its community will be enhanced.

During the process of working to improve FOF’s capacity to serve survivors and clients with disabilities, I suggest looking into the following national and local organizations for research, data trends, suggestions, contacts, resources, and other important materials:

**National**

- Vera Institute of Justice’s Center on Victimization and Safety

  [https://www.vera.org/projects/equal-access-for-people-with-disabilities](https://www.vera.org/projects/equal-access-for-people-with-disabilities)
- ADA National Network
  https://adata.org/

- American Association of People with Disabilities
  https://www.aapd.com/

- National Center on Disability and Journalism
  https://ncdj.org/resources/organizations/

- National Association of the Deaf
  https://www.nad.org/

- Disability Rights Advocates
  https://dralegal.org/

Local

- Iowa Compass (Center for Disabilities and Development)
  https://iowacompass.org/

- Disability Rights Iowa
  https://disabilityrightsiowa.org/

- Exceptional Persons, Inc.
  https://www.episervice.org/

- The ARC of Iowa
  https://www.thearcofiowa.org/
- Deaf Iowans Against Abuse
  https://www.diaaiowa.org/
- Iowa Association of the Deaf
  http://www.iowadeaf.com/
- Iowa Department of Human Services
  https://dhs.iowa.gov/
- Great Plains ADA Center
  https://www.gpadacenter.org/
- National Alliance on Mental Illness (NAMI) Iowa
  https://namiiowa.org/
- North Star Community Services

References


Appendices

Appendix A

Variable Query Report (Ran on 12/10/19) from EmpowerDB

[Image of Excel file]

Appendix B

Vera Institute of Justice Implementation Guide “Measuring Capacity to Serve Domestic Violence Survivors with Disabilities”

[Image of PDF]

Appendix C

(Completed and Scored) Vera Institute of Justice Scoring Tool for Domestic Violence Agencies with Residential Services

[Image of Excel file]
CHAPTER THREE

REFLECTION

Field Interview

On my last day as an intern at Friends of the Family, I sat down with the Outreach Services Manager Carrie Eischeid, who had also acted as my supervisor during my 200+ hours of work throughout the semester. I have a great respect for Carrie and thoroughly enjoyed being mentored by her on professional and personal levels while I was working with the Outreach Team. I always felt comfortable coming to her with questions or concerns, and she was adamant about the fact that she can learn just as much from me, an intern, as I can learn from her. This attitude made me feel respected and needed. For these reasons, I chose to sit down with Carrie for a field interview, as I knew she would answer my questions about this line of work with honesty and passion, and offer useful advice.

Carrie and I started the interview by discussing her personal, professional and academic background. I asked to discuss this because I have always been interested in how people arrive within the field of victim services -- is it happenstance or purposeful? Either way, is it what you had prepared for in your studies? Carrie graduated from University of Northern Iowa with a bachelor's degree in psychology and sociology, as well as with some certificates in related fields. She said that in terms of her philosophical education, she has found this background to be helpful in applying concepts to practice,
as well as “understanding persons and trauma” in ways that allow her to connect dots between theory and reality (C. Eischeid, personal communication, December 10, 2019). Professionally, Carrie’s first job out of school was at Friends of the Family, where she has resided for seven years. She held a few positions prior to her current management title. She expressed how helpful it was to be able to grow within an organization both in knowledge and capability, but also within positions. Carrie also mentioned how growing up in a home that had an addiction present helped her to grow in understanding how abuse and unhealthy coping skills can manifest within a household or family; this experience also helped her to avoid blaming or shaming clients in similar situations, or clients who stay. I am lucky to have not had these types of issues present in my home growing up, but I admire that Carrie is open in talking about how it greatly helped, not hindered, her professional career and personal growth.

Carrie and I discussed at length the ways in which working at Friends of the Family has armed me with certain expectations of a human services workplace -- which can be seen as both a positive and a negative. On a positive note, Carrie and I agreed that Friends of the Family is ahead of the game because of their following of the Housing First Philosophy: there are no drug tests or limitations for clients or shelter inhabitants. FOF believes that housing is a human right and one of the largest hindrances to healing, and should therefore be prioritized. FOF also focuses heavily on social justice and feminist education, ensuring their staff is well-read and knowledgeable on intersectional
issues that might affect their client pool. This takes us into the negative aspect: many human service agencies do not follow the Housing First Philosophy, and have strict limitations placed on their clients. Many of these agencies are also not as well versed in social justice, feminist theory, or intersectionality. The negative that Carrie and I discussed is the possibility of finding employment in an agency that has policies or procedures that I do not necessarily agree with -- can I truly afford to turn down job offers because an agency does not follow my exact moral code? Probably not. Carrie suggested being open to these agencies because there is always the possibility that they would be willing to change from within. She said, “When you see someone that is doing something that is maybe not a trauma-informed, client-centered way, do you embrace it and acknowledge it? But then get that understanding and bearings and then try to provide guidance….I’ve seen a lot of benefits in programs that do this” (C. Eischeid, personal communication, December 10, 2019). We both agreed that we are grateful to have started out at Friends of the Family, but transitioning to a less progressive agency would be quite tough. This portion of the conversation had great implications for my potential future in the field.

The most fascinating portion of my interview with Carrie revolved around issues of social justice and passion for our work. I asked Carrie the simple question, “Why are you passionate about your job?” and she answered swiftly with words filled with conviction and enthusiasm. She said the following in response to my question:
I am passionate because I like to be able to apply my skills to others who maybe are lost in their journey of healing or just with what they’ve experienced with trauma. Just needing someone who can come alongside them and be mindful of the power dynamic of an agency providing a service. So I am passionate about making sure we remember why we’re here and that we are no less likely to experience what they are going through. (C. Eischeid, personal communication, December 10, 2019)

That power dynamic that Carrie mentioned had been on my radar since my first day at Friends of the Family, when she sat me down and made it clear that I needed to be thinking about that power structure constantly. In the interview, I expressed how greatly that demand affected me during my work: I did think about it constantly. Each time I sat down with a client, I was thinking about the fact that I was offering them a service that they desperately needed. I had that power over them (even if I didn’t exert the power in an abusive way), and no matter what I did, I could not change that unequal structure. So I needed to be cognizant of how I approach client interactions. Carrie said something during this portion of our conversation that struck me, and it has been in the back of my mind ever since: “They don’t have to be grateful!” (C. Eischeid, personal communication, December 10, 2019). No matter how frustrating the actions, attitude, or words of a client can be, we have to consider the bottom line, and that is that we are providing a service of a basic human need: they don’t have to act grateful to us for
helping them survive. I am so glad Carrie voiced this, because it put me into a mindset that I think will be helpful as I continue with my career in this profession. If I ever start to expect clients to act a certain way in response to my services, I should find a new career path. I am in it because I am passionate about helping people on their path of healing and wholeness, not because I want recognition or thankfulness.

In the final minutes of our interview, I asked Carrie if she had any advice that she would give to someone who is entering the field, like myself. Carrie offered several tough but honest pieces of guidance: “That’s a good one,” she started. “I think advice would be to be prepared and willing to be challenged in a way that questions your desire to be in that field….be prepared to think what the fuck was I thinking!?" (C. Eischeid, personal communication, December 10, 2019). I responded with a laugh and said that there were a few times where I had already experienced that while taking crisis line shifts. She chuckled and agreed, but went even further:

Being challenged in a way that’s like, can I do this, actually? Am I capable? Can I withstand the pressures that this field puts on us when you’re fighting for people’s rights when you’re seeing the shit that people go through? And you just feel like, what is happening, and how can I stay in this? So I think that being open to feeling raw and vulnerable, and if you’re not able to process that yourself, finding peers or professional help to help work through that….And being intentional about taking care of yourself: that is the only way that this movement
can keep people that are invested in it, is if we take care of ourselves in whatever capacity that is, it’s different for everyone...Being prepared for those things, but always coming back to the why, stay[ing] rooted in that and as that changes and as you’re exposed to more things, that’s okay too. Don’t be so concrete as to why this is the only reason I’m devoted to this -- that should change as our exposure happens. Be open to that...Find a way to stay true to your own...Don’t compromise. (C. Eischeid, personal communication, December 10, 2019)

Carrie’s speech here floored me for several reasons, but mostly because it flowed from her so easily. This advice was straight from the heart and I could feel her experiences and knowledge from her history in the field informing each word. Her advice was scary, which I told her, but it made me feel prepared for the realities of this line of work: it is hard work. It is exhausting. There are going to be days when I dislike the job. And I know this not only from hearing it from Carrie, but also from working in the nitty gritty as an intern, hearing from others that work in the nonprofit world, and in learning through my course work about the realities of working with abuse survivors. I like that Carrie made it apparent, if there are not days where you feel run down, then maybe you are in the wrong line of work. But if you stay the course because you believe in the “why,” then you will be able to revel in the positives for longer periods of time, and get through the negatives without a hitch. This final portion of my interview with Carrie left me feeling both scared and inspired, and more than ready to start applying to positions in the field.
Journal Entries

Journal 1

Write about how your feminist knowledge gives you insight into your own experience at the internship site.

Entering an internship based in victim and survivor services, I knew that my feminist theoretical background and knowledge would be vital to my daily work and my overall experience. Feminist theory can undoubtedly be applied to any position in any field of work, but the nonprofit world of human services especially benefits from the application of feminist theory and ethics due to its close proximity with relationships, public policy, and issues of accessible resources to those in marginalized populations. From my first day at Friends of the Family, my feminist knowledge has informed my direct work with clients and my more indirect work throughout the agency. I see intersections of issues related to misogyny, sexism, hegemonic masculinity, and marginalization of minority populations in every case of domestic violence that I have worked on thus far during my time here.

In addition to my feminist knowledge providing me insight, I have seen the importance of applying intersectional theory to client situations. It would be rare to see a client whose gender is the only identity marker which affects their current situation related to violence or abuse. Race, class, disability/ability, ethnicity, first language, education level, and several other identity intersections all affect one’s life situations that
might have led them to their abusive situation, and whether or not they are willing or able to reach out for help.

Coming from a feminist perspective in the nonprofit human services sector has also made me acutely aware of my own privilege and the position of power I hold as an employee of an agency that provides assistance. No matter how hard I strive for a relationship of equality with clients, I will always be in a position where I have power over their resources, care, and status within the agency and the services we offer. My feminist background has assisted me in establishing an ethics of care with clients that encourages me, to the very best of my ability, to balance the scale of power and privilege when I am providing a client with assistance or service.

Journal 2

About a quarter of the way through your internship (approximately 30 hours), discuss what you have learned and the ways the internship has met or exceeded your expectations, as well as the problems you have encountered thus far.

Today is October 1st and that means I am about a quarter of the way through my internship placement at Friends of the Family. (Though much more than 30 hours in, due to working 16 hours per week.) Much of what I have learned thus far was to be expected, but there are a few aspects of my placement within the Outreach Services Program that have surprised me. I suppose the topic that I tend to gravitate to first, in terms of surprises, is my time on the agency crisis hotline. Each Thursday, I am on crisis line duty
from 8:00AM-4:30PM, where calls come in from all over the area (in and out of state) regarding our services. My first expectation regarding crisis line – one which turned out to be completely wrong – was that I had assumed I would get a handbook or guided flow-chart: the sort of manual that shows “if a client says this, you say that.” To my surprise, there was no such thing, which was quite an anxiety inducer. There was a small book of resources, only about 15 pages thick, that listed some references per county that we can offer to clients, but that was really it! I had thought I would feel confident enough to start crisis line very soon after my internship started, but after I learned that there was no written guide, I told my supervisor that I felt I needed to shadow other workers on the line first, which she was understanding of and allowed me to do! So I only started taking independent shifts on crisis line a few weeks ago.

During Monday thru Friday office hours, one person from each agency team is on crisis line, so that is one person from shelter/crisis, housing, outreach, and human trafficking. These four people are responsible for answering calls promptly. If someone else on the line is busy, it is your responsibility to answer – no call should ring more than twice. This information is the easy part of crisis line! My time on the hotline consists of transferring a lot of calls – we get up to 15 calls a day that are not related to crises – many are people looking for information on donations, programming, or other general inquiries. Obviously, those are the easy calls. It becomes more difficult when people call for help. A huge surprise was the number of calls we receive – I would say we average
10-15 calls from help-seeking clients per day. Sometimes when these clients call they are incredibly panicked and hard to understand; other times they are calm and collected. I was yelled at, cried to, and occasionally had my ear talked off by someone who just needed to vent! I came to realize that the reason we don’t have a set policy, handbook, or flow-chart related to crisis line is because it is never that simple – being on crisis line requires one to be on their feet. I also was surprised to find that crisis hotline is a team effort. If I get a caller who can be better helped by a housing team member, I transfer that call to them. Shelter team usually takes callers who are looking for immediate shelter. Within my position on the Outreach Services team, I take calls that involve survivors of domestic or relationship violence who are looking for housing help – that help could be inclusive of rent or utility assistance (homeless prevention) or transitional or permanent housing. These calls almost always involve providing additional community resources and referrals to other agencies similar to ours, along with governmental assistance programs. Often, if a caller does qualify for our services and is willing and able, we fill out a pre-screen with them over the phone, which is called a VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) form. This prescreen usually takes up to 20 minutes but it has taken up to 40 minutes at times. The questions on this prescreen are in-depth and often feel arbitrary to the survivors. It asks very personal questions and frankly, a downside of the forms is that they can easily retraumatize survivors. But it is the only existing tool of its kind and it is very helpful for Friends of
the Family and agencies like it. I did not mind doing the VI-SPDATS, but I did not have to do them as often as our full-time staff does. I imagine it can get tiring.

The toughest part of crisis line is the goodbye with a help-seeking client. Will they be okay? Did we provide them with enough safety planning and tips? What if they do not get pulled into one of our programs? It has been a challenge to leave my thinking of such questions at the office and practice self-care related to these anxieties. A nice piece of advice that I received from one of the advocates is that “the caller always leaves the phone call with more than they had before.”

An additional aspect of the internship (and the agency) that I was not expecting is the fact that Friends of the Family is 100% housing focused. This surprise obviously comes as a consequence of my own lack of research and inquiry, though it is not a bad thing. I was admittedly expecting a more comprehensive agency, but each program (besides Prevention Education) focuses on housing. In fact, Friends of the Family operates from a Housing First philosophy. Although I was at first a bit shocked when I realized I would be working with governmental definitions and funding streams related to homeless prevention and housing, I realize now that this is a great opportunity for me to learn both about working with survivors of violence and homeless populations (especially since those two demographics so often intersect). This provides me with the opportunity to gain experience in a sector (housing services) that could very well assist me in finding work sometime in the future. I have also come to greatly appreciate the
Housing First philosophy, which states that no one deserves to be homeless or without shelter, and that barriers to housing should not be caused by the agency. No one in our program has to “earn” housing through sobriety, income, or proving to us in a different way that they are “worthy” of funding or help. I think that philosophy is greatly aligned with my feminist ethic and am grateful to be in a place that works from such a stance.

Journal 3

Critique the agency you work for. What are its strengths and weaknesses?

Like most nonprofits in the human services sector, I have found Friends of the Family to be yet another agency that is underfunded and overworked. It is unfortunate that due to our limited funding, we are not able to help all of the clients who seek out our help. One of the hardest duties that I have been tasked with is going through large stacks of client files who we cannot provide services for at the moment, and calling and telling them that bad news. Those days were devastating for me, and I am sure much worse for the people on the other side of the phone. During my time as an intern, I was unfortunately here to witness the consequences of our human trafficking prevention and response funding being significantly cut, which resulted in one of our staff managers being let go. All that said, these are not critiques of Friends of the Family; in fact, they really turn into accomplishments. With what they have to work with, Friends of the Family is impeccably run. They provide client services to the very best of their ability while still respecting their staff, which is one aspect that I greatly appreciated witnessing
and was also surprised by it. Despite the fact that staff are working with limited resources, upper level administrators do not skimp on overhead cost and allow flexibility that makes staff feel appreciated and valued. I have witnessed how a positive work environment can positively affect client relations. Friends of the Family also excels in their communication across the 20 counties in Iowa that they serve. Staff travel often and communicate with satellite offices on a daily, sometimes hourly, basis so that all team members know what is going on where and at what times. I can tell that Friends of the Family is committed to a cohesive staff environment in order to best serve clients.

My biggest constructive critique for Friends of the Family has to do with policy. In my research for my disability project, as well as research done for the Language Access Plan and in daily work, I have found that there is quite a bit of “gray area” in how Friends of the Family responds to some situations, whether that be with clients or staff. Granted, I do understand that in human services, especially those related to violence and abuse, situations can get tricky. Policies and procedures cannot account for every problem that might arise. However, I have found in my research and throughout my time within nonprofits that policy is important because it can protect people. It also signifies commitment to certain issues. For example, I expect that a large portion of my suggestions for improvement related to accessibility for Friends of the Family will involve written policy – right now, quite a bit of their responses to clients with disabilities come from “if we have a client with disability come in…” but I find that to be
exclusionary, and much more benefit will come from intentional planning. I think updating policy and procedures within the agency, as well as making sure more agreement and guidelines are written on paper, will assist the agency going forward as they continue to expand their services and service area.

Journal 4

Discuss the ethical issues and dilemmas associated with your position at the internship site. This should include general ethical concerns you may encounter on the job.

There are quite a few ethical dilemmas that can arise when working for an agency like Friends of the Family. As an intern, I truly thought that my client contact would be severely limited, but the agency trusts interns with the responsibility of client interaction and files. I am certainly grateful for that, but I found that (thankfully) staff were careful about inviting me to some meetings. For example, there have been a few times where I was going to sit in on an intake meeting or case management meeting, but the client did not want an intern present – which I understood. Ethically, I realize that having an intern sit in on a meeting can make a client feel like they are being watched like an animal in a zoo. They are just trying to get through a rough time in their life. I feel very prepared to work with clients, but it's also possible that a lot of clients may not feel the same.

As mentioned in my first journal, I greatly appreciated the importance my supervisor placed on the importance of realizing our position of power and privilege over clients, simply because of our roles within the agency. Ethically, we need to be aware of
that intense power dynamic: we are providing baseline, sometimes life-saving services related to basic human needs. We are helping someone fulfil a role of shelter, which everyone needs to survive. By potentially ignoring that dynamic, we could be severely harming clients by making them feel that they need to earn a reward of a basic need – this is not the goal of Friends of the Family, and it is certainly not my goal as a feminist advocate. So I was grateful that I was surrounded by staff who were always working from the stance of recognizing their privilege and using it to strive towards more equitable client relationships.

On a less theoretical level, there are quite a few ethical standards within the agency and legally that I needed to quickly learn and adapt to. Often, calls to the crisis line involve someone asking about certain people in shelter: “Is so-and-so receiving services from your agency?” If you aren’t educated on the consequences of answering such questions, it can be very easy to blurt out “oh yes, they are” or “no, I don’t see their name on our list.” My crisis line training provided by FOF made it very clear that this cannot be done in the environment of protective services that the agency expects staff to deliver clients. The caller asking for client verification could very well be an abuser, and even if they aren’t, word can travel and the client’s whereabouts could get back to their abuser. For this reason, we can never confirm or deny if someone is a client, no matter who is asking. This aspect of confidentiality can be difficult when working with other professional agencies; I have talked with shelter staff who say it can be challenging to
work with law enforcement who want to push the issue and insist they know who is in our shelter – FOF staff are expected to always stand their ground. We are providing a service of protection for people who are trying to flee violent and dangerous situations, so as a staff member of Friends of the Family I have come to understand the great importance of the ethics of confidentiality.

Finally, I think that I have had to learn to think ethically about how I react to situations and how I decompress from what can be a tough position. I have found it can be very easy to want to vent to others about how a client treated me, or spoke to me, or how frustrating their case has been. Whether or not the person that I speak to about the case is within the agency or outside of it, confidentially must be kept (although within the agency, I can be less discreet, since co-workers likely worked with the client as well). But further than confidentiality, I find it important to not react to negative feelings I have towards clients behavior or actions, and instead recognize that they are in a position where they not only have to ask for help, but have to receive it on someone else’s terms. This can be in addition to going through severely traumatic situations and relationships and maybe even still being in one. It took me quite some time to come to this conclusion, but I think it can be irresponsible and even unethical to speak negatively about clients or client situations at times. I recognize that is not always the case, but those ethics have been on my mind quite a bit lately; when I want to vent about how I was spoken to by a client today, I ask myself: Did it really change your day that much? Did it alter your way
of thinking so much that it is worth telling someone about? And most importantly: Is your annoyance or anger stemming from a place that feels a client should be grateful, and if so, are you able to recognize that your privilege and power are causing you to feel this way? As my supervisor has told me many times, a client doesn’t have to be grateful for us. That is not one of our criteria and it should not prevent us from delivering the best services available.

Journal 5

Discuss what assumptions about gender emerge from your interactions at work. How do the feminist theories help explain these dynamics? How might theories be useful in improving the work of the agency?

The most striking assumption about gender that emerged during my time at Friends of the Family comes not from staff, but from the general public or people who I talk to about our work. A question I feel I am constantly answering is Why do women stay? (Of course, the better question is Why do men abuse? But that is for another day.) That the answer to the question of why women stay is often complicated and multi-tiered seems to frustrate many. I have heard arguments asserted that are as simplistic as “If you don’t like getting beaten up, then just walk out the door.” As I have learned during my studies and as an intern, reality is never that simple. The concept of intersectionality can be directly applied to issues of abuse and victimization, as reasons to stay or to go are often tied to the many classifications of identity that interact within a society or
community. The theory of intersectionality posits that gender -- as an identity marker -- interacts with several other of our identities, and those intersections and interactions can place us in positions of privilege or oppression, depending on the situation. In a country where communities and politicians continue to fight against equal rights between genders, and against equity in women’s pay, bodily autonomy, and overall worth, it is fair to say that women find themselves at a disadvantage in many situations involving power and control when there are men in the room as well. Now add in financial factors: many of the women who find themselves in controlling relationships are being subjected to financial abuse by their spouse -- if they leave, they have absolutely no money or funds to assist them. Disability can affect one’s capacity to escape an abusive situation as well, as many abusers are caregivers for people with physical or intellectual disabilities. Children, pets, location, extended family relationships, isolation, medication, mental illnesses, various emotional or psychological tactics, and many other factors of identity can also affect one’s ability to exert power or control within a relationship or upon their spouse. Intersectionality is a theoretical framework used by staff at FOF in every single case, as becoming familiar with each clients’ intersecting identities helps us understand their past and present situation -- but also helps us figure out how to best help them in the future.

Intersectionality and an understanding of feminist praxis and application helps us to unlearn assumptions about gender and instead, uncover the reality of living in a society that privileges some identities while oppressing others. Another assumption of gender
often found during my time as an intern is that abuse is a strictly heterosexual, male-abuser/female-victim dynamic. While it is true that the majority of domestic violence cases do follow that pattern, it is absolutely possible for men to be the victim and women to be the abuser. Women are equally capable of physical, emotional, financial, and mental abuse. We also see abuse within homosexual or LGBTQ+ relationships. Anyone can be a victim or perpetrator of abuse, and releasing ourselves from gendered stereotypes related to these situations is vital in order to provide each client with quality services and healing. That is why our shelter is open to anyone who is fleeing violence -- it is not solely a women’s shelter.

**Final Reflection**

When I started my internship at Friends of the Family, I was expecting an emotionally taxing experience; after all, this was my first time working within the field of victim services. I have spent nearly four years now studying gender violence and violence prevention strategies, but I knew that seeing these situations applied to actual people who I would be interacting with face to face would be an adjustment. I was certainly right about this -- my internship experience was emotionally and mentally demanding. Still, I expected this and wanted this, because I needed for my internship to provide me with the reality of the field of work that I have chosen for my future career. I needed for this experience to either confirm for me that this is the work I want to continue doing, or demonstrate to me that I should search for different career paths. Despite the emotional
and mental toll, my experience with Friends of the Family fortunately confirmed to me that my passions are in the right place and that I love this work. I was able to work through the difficulties of the job and develop strategies for self-care that I am sure my future employed-self will thank me for.

The experience at Friends of the Family provided me with an ethics of care and work that will shape the decisions I make regarding future employment, and that was something I did not expect. Despite my belief that my feminist knowledge and praxis was sound, FOF’s staff members and agency philosophies changed and expanded many of my beliefs; for example, it will be very difficult for me to happily work at a shelter or housing agency in the future that does not adhere to the Housing First philosophy. In other words, now that FOF has shown me how vital it is for victims of violence and homelessness to have stable shelter and housing in order to heal, can I morally work for an agency that has stipulations for those in the program? This is an attitude that I will have to work through on a personal and professional level, as I am aware that despite my reservations, working for such an agency could also provide me with a unique opportunity to educate others and create meaningful change. FOF showed me that it is absolutely possible and arguably vital for staff of agencies such as these to be actively educated in feminist and intersectional issues and theories, but I need to be realistic about how long it likely took the organization to advance to such a point. I was so impressed with the staff at FOF who daily worked from feminist core beliefs and therefore came up
with solutions based in such ethics. It would be hard to work for an agency that does not hold their staff to such standards. After all, victimization, abuse, housing, and survivor care are all feminist issues. Still, I have to accept that creating change (which is my ultimate goal) means you have to start from somewhere hard. Working for an agency that is not quite up to date with what I believe to be feminist ethics or standards could provide me with opportunities that I cannot yet imagine.

Strengths of my experience include all that I mentioned above, and that I was made to feel welcome and as part of a team. I also felt respected and needed -- something that many unpaid interns might not be made to feel. My work was appreciated and helpful, and I was made to feel that way on a daily basis. Some weaknesses of the experience involved things that FOF cannot really control, but being in an intern position can simply be hard at times. Many clients did not feel comfortable with interns sitting in, and therefore my client contact was sometimes limited. Interns, even if they are treated well by staff (which I was) are ultimately temporary members of the team, and I certainly felt that reality at times. Another weakness of my experience, but one that I am grateful for, is learning about how difficult it is to be within the nonprofit sector. Again, this is not a fault of FOF and it really did not “damper” my experience, but I was reminded daily that should I continue working in the nonprofit world, there will always be some part of me that is frustrated, whether that be with funding, turnover, workload, or simply our ability to help. Telling clients that they will not be pulled into one of our programs was a
devastating part of the experience.

Overall, I do not think I could rightfully ask for more than the experience I received as an intern for Friends of the Family. I am incredibly happy that I decided to pursue this agency, as their work and their philosophies are so well aligned with what I believe and what I have been dedicating my studies to. I was both challenged and comfortable at the same time, and I was taught how to push through uncomfortable situations in order to help clients envision brighter futures for themselves and their families. After reflecting upon my time as an intern, it makes me excited to know that I have experience to take with me as my career in victim and human services continues. When I start job seeking in the coming months, I feel that I am adequately prepared to enter into the field in a more professional capacity.
REFERENCES


## Cognitive/Physical/Mental Disability at Intake

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## Disability at Time of Intake

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APPENDIX C

VERA INSTITUTE OF JUSTICE SCORING TOOL

Appendix C FOF
2019-2020 Disability