

Making PREA and victim services accessible for incarcerated people with disabilities:

An implementation guide for practitioners on the adult and juvenile standards

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Purpose of the guide

The Prison Rape Elimination Act (PREA) sets standards to ensure that information about PREA and victim services are accessible to people with disabilities. The purpose of this guide is to provide strategies to correctional agencies that will aid their compliance with these PREA requirements. The strategies discussed in this guide draw on established practices used by victim service organizations—both community-based and those based in government agencies—to make their services more accessible for this population. By offering concrete recommendations on how to adapt these community practices to correctional settings, this guide aims to help adult and juvenile correctional facilities increase accessibility for people with disabilities. While it is not a focus of this guide, an important component to making PREA and victim services

accessible for people with disabilities is to institutionalize any new practices or partnerships in facility policy.

This guide begins with an overview of the PREA standards specific to people with disabilities and a discussion of which types of disabilities are covered in the guide. The guide then provides background on the legal considerations for facilities and strategies for making PREA information and services accessible. Next, it provides strategies on how to increase the overall accessibility of PREA information and services, followed by key considerations for enhancing access for people with sensory, cognitive, and psychiatric disabilities. Finally, it describes resources on developing partnerships and training to help facilities learn more about these topics.



Defining disability

The Americans with Disabilities Act (ADA) defines disability as any “physical or mental impairment that substantially limits one or more major life activity.” Major life activities include seeing, hearing, reading, walking, eating, and elimination of bodily waste. The ADA’s definition also includes people who have a history of impairment, even if they do not currently have a disability. For instance, if a person has been diagnosed with a mental illness that is managed with treatment, he or she would still be protected by the ADA even though the mental illness is no longer substantially limiting a major life activity. In addition, some people are protected under the ADA even though they do not have a disability that limits major life activities. For example, the ADA protects a person who has significant scarring from a burn, even if the scars do not affect a major life activity.

Disabilities have various causes but, in general, can be understood as either congenital—present at birth—or acquired through a genetic condition, illness, trauma, or injury. It is critical to remember, however, that a diagnosis does not predict an individual’s experience with disability. Two individuals with the same disability may have very different needs and varying levels of functionality. This is especially important to remember when

responding to requests for modifications or auxiliary aids and services. It is also important to recognize that, as incarcerated people age, they can acquire disabilities through the normal process of aging as well as age-related conditions such as arthritis, diabetes, injury, and stroke.

The following are the most prevalent types of disability:

- **Physical disabilities** restrict motion or agility and result from congenital conditions, accidents, or progressive neuromuscular diseases. These disabilities may include conditions such as spinal cord injury (paraplegia or quadriplegia), cerebral palsy, spina bifida, amputation, muscular dystrophy, cardiac conditions, cystic fibrosis, paralysis, polio/post-polio, and stroke.¹
- **Cognitive or intellectual disabilities** result in below-average cognitive or intellectual capacity. The most common syndromes associated with intellectual disabilities are autism, Down Syndrome, Fragile X Syndrome and Fetal Alcohol Spectrum Disorder (FASD). These types of disability are often a result of genetic conditions (Down Syndrome and Fragile X Syndrome are examples), problems during pregnancy (FASD) or delivery, health problems such as

whooping cough, measles, or meningitis, and exposure to environmental toxins like lead or mercury.² Learning disabilities are generally less severe than intellectual disabilities but can cause difficulty in traditional learning environments.

- **Psychiatric disabilities** refer to psychological conditions that result in emotional or mental illness. They can be the result of imbalances in brain chemistry or can be brought on by traumatic experiences. Examples include major depression, bipolar disorder, anxiety disorders (which include panic disorders), schizophrenia, and post-traumatic stress disorder.³
- **Sensory disabilities** refer to disabilities that affect any of the five senses, but generally refer to a disability related to hearing, vision, or both. Loss of sight, hearing, and/or speech can be the result of trauma or genetic factors. Examples of sensory disabilities, which can occur in combination, include blindness, low-vision, Deafness, and aphasia, which affects one's ability to communicate, often due to difficulty using and understanding words.



Deaf, deaf, and hard of hearing

Instead of viewing themselves as lacking hearing (or as having a disability), many Deaf and hard of hearing people identify as members of a distinct cultural group in the United States. Like any culture, Deaf culture is defined by its unique language—American Sign Language (ASL)—values, behavioral norms, and traditions. An uppercase “D” in “Deaf” is used to reflect identification with Deaf culture, whereas a lowercase “d” in “deaf” reflects an audiological perspective defined by a loss of hearing. In this guide, the terms “Deaf” and “hard of hearing” are used.

Sexual abuse and incarcerated people with disabilities

Although there is no consistent national data collected on people in custody with disabilities, existing research suggests that a significant portion of incarcerated adults and juveniles in the United States have a physical, mental or intellectual, psychiatric, or sensory disability. For example, a 2008 Bureau of Justice Statistics (BJS) report found that 36 percent of state and 24 percent of federal adult inmates reported having a learning, speech, hearing, vision, mobility or mental disability.⁴ Moreover, 16 percent of the state inmates surveyed reported having multiple disabilities.⁵ Looking at the prevalence of mental health conditions among incarcerated people specifically, the proportion rises significantly: according to a 2006 BJS report, 64 percent of jail inmates, 56 percent of state inmates, and 45 percent of federal inmates had a mental health problem.⁶

The proportion of incarcerated juveniles with disabilities is similarly high, with approximately one-third estimated to have a disability of some kind. A national survey of state juvenile correctional administrators identified 48 percent of incarcerated juveniles as having an emotional disturbance and 39 percent as having a learning disability.⁷ Administrators reported lower rates of juveniles

having intellectual or other disabilities. Significantly, this study acknowledges that the number of incarcerated juveniles with disabilities is likely underestimated, due in part to variability in how states identify juveniles with disabilities and provide them with services.⁸

Yet despite the prevalence of disabilities among adult and juvenile corrections populations, there is almost no research that measures rates of sexual abuse against incarcerated adults and juveniles with disabilities. The research that does exist focuses solely on sexual victimization of adult inmates with serious psychological distress (SPD).⁹ In a 2011-2012 national survey of incarcerated people in prisons and jails, BJS found that inmates with SPD reported being sexually victimized by another inmate at a rate nine times higher than inmates with no indication of mental illness.¹⁰

Research into the violent victimization—including sexual victimization—of people with disabilities in the community echoes the correctional statistics. In the community, where research is also limited, people with disabilities are violently victimized at higher rates than their counterparts without disabilities. A 2012 survey found that people with disabilities were three times more likely to be the victims

of violent crimes than their counterparts without disabilities, and those with multiple disabilities experienced higher rates of violent victimization than those with one disability.¹¹ Rates varied by gender, age, and disability type, but people with cognitive disabilities were at the highest risk of violent victimization.¹²

Given the information that exists about sexual victimization of people with disabilities both inside correctional facilities and in the community, the PREA standards require agencies to make materials and services related to sexual abuse accessible to incarcerated people with disabilities. People with disabilities who experience sexual abuse in the community face multiple barriers to services and information. For instance, Deaf or hard of hearing survivors may have difficulty connecting with services if intake is done over the telephone. People with physical disabilities may face barriers to entering service organizations due to stairways, narrow entrances, or security measures that prevent access. Generally, all people with disabilities may face barriers to using services due to a lack of trained staff and resources designed for survivors with disabilities. Challenges that are unique to correctional settings often magnify and compound those barriers for incarcerated people.

Taking steps to make PREA materials and victim resources accessible to incarcerated people with disabilities should increase the likelihood that they will report and seek help if they experience sexual victimization.

Applicable PREA standards

PREA establishes standards to prevent, detect, respond to, and monitor sexual abuse in confinement settings, including prisons, jails, juvenile facilities, lockups, and community confinement facilities. Standard §115.16 (prisons and jails)/115.116 (lockups)/115.216 (community confinement)/115.316 (juvenile facilities) specifically focuses on incarcerated people with disabilities and requires that correctional agencies take steps to ensure that people with disabilities have an equal opportunity to participate in, or benefit from, all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.¹³

Although this standard also sets agency requirements for incarcerated people who are limited English proficient, this guide does not address that population. Except for the term used to describe the specific incarcerated population (inmate, detainee, and resident), the language of this standard is the same across facility types.¹⁴

PREA Standard §115.16: Inmates with disabilities and inmates who are limited English proficient.

(a) The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have

low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.

(b) The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

(c) The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

Several other PREA standards require agencies to take disabilities into consideration when making decisions about incarcerated people. These include standards that govern:

- **Screening.** Standard §115.41/115.241/115.341 requires agencies to take disabilities into account when making decisions about risk for sexual victimization or abusiveness;
- **Discipline.** Standard §115.78/115.278/115.378 requires agencies to take disabilities into account when making decisions about disciplinary sanctions following an incident of inmate-on-inmate/resident-on-resident sexual abuse; and
- **Education.** Standard §115.33/115.233/115.333 requires agencies to provide education in formats accessible to all incarcerated people, including those who are Deaf, visually impaired, or otherwise disabled, as well as to incarcerated people who have limited reading skills.

In addition, to the extent the information is available, Standard §115.141 requires lockups to consider whether a detained person has a mental, physical, or developmental disability



during screening, but lockups are not required to meet the disciplinary and education requirements discussed here. People detained in lockups are simply not held long enough to make those requirements relevant.

Legal compliance

Two federal statutes exist to regulate the treatment of incarcerated people with disabilities: Section 504 of the Rehabilitation Act of 1973 and Title II of the ADA.

Section 504 prohibits any facility or agency that receives federal funding—which includes all aspects of law enforcement and correctional agencies—from discriminating against incarcerated people with disabilities.

This includes detained or incarcerated people who use wheelchairs, scooters, walkers, or other mobility devices, or who have mental health or cognitive disabilities.

The ADA gives civil rights protections to people with disabilities similar to those protections provided to people on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for people with disabilities in accessing state and local government services, public accommodations, employment, transportation, and telecommunications. Title II of the ADA requires correctional facilities to make reasonable modifications in their policies, practices, and procedures that are necessary to ensure accessibility for people with disabilities.

Auxiliary Aids and Services

Section 504 and Title II of the ADA require that facilities provide auxiliary aids and services to incarcerated people with disabilities to ensure access to information and services.

Examples of auxiliary aids and services include:

- qualified interpreters for incarcerated people who are Deaf or hard of hearing;

- brailled materials, large print materials, or other effective methods of making visually delivered materials available to incarcerated people who are blind or low-vision;
- acquisition or modification of equipment or devices, such as hearing aids, wheelchairs, magnification devices, and electronic devices to assist with communication;
- readers or note takers for incarcerated people with cognitive or intellectual disabilities; and
- quiet, distraction-free learning areas for incarcerated people with psychiatric disabilities.



Learning from the field

To understand how correctional facilities provide information on PREA to incarcerated people and the barriers they face when providing this information to incarcerated people with disabilities, Vera interviewed corrections staff from prisons, jails, and juvenile facilities across the country, as well as experts from disability rights and disability service organizations who have had interactions with correctional facilities. The 17 interviews were focused generally on the experiences of people with disabilities in correctional facilities, the challenges correctional agencies face in meeting the needs of

people with disabilities, which auxiliary aids and services (e.g., hearing aids, wheelchairs, and interpreters) are most often requested by incarcerated people with disabilities, and how correctional facilities are, or are not, meeting those requests. The interviews provided a snapshot of the current challenges facing correctional facilities. Based on this snapshot, Vera relied on its expertise to shape the recommendations provided in this guide to assist corrections staff in ensuring the PREA standards are implemented in ways that are accessible to the widest variety of incarcerated people with disabilities.



Strategies for making PREA information and victim services accessible

Incarcerated people with disabilities need access to the information and services required by the PREA standards. When implementing the PREA standards, correctional agencies must ensure that any new or enhanced policies, staff training, education materials, and facility protocols are accessible to all people working or housed in confinement settings, including people with disabilities. In addition, as the interviews Vera conducted revealed, facilities need support to be prepared to meet requests for auxiliary aids and services unique to certain types of disabilities.

Increase access for the broadest range of users

While facilities may differ in how they identify people with disabilities, there are two common practices: staff either identify people upon intake and begin to meet their needs immediately, or they respond to incarcerated people who request an auxiliary aid or modification to existing materials, policies, or services at a later time. Both approaches can result in a lack of access for people with disabilities because some people may not disclose their disability and others may not know to ask for an accommodation. Given the different disabilities within a corrections population, responding to such requests can

become time and resource intensive, particularly in places with highly transient populations, like jails or lockups.

Correctional agencies can minimize the number of requests for modifications to materials, policies, and services by developing them to be accessible to the broadest range of users. As noted below, many of these modifications require little to no additional financial resources.

Spaces Used for Orientation Sessions

Many facilities provide the required PREA information to incarcerated people in classrooms, dayrooms, or other large spaces that can accommodate a group.¹⁵ The traditional approach to setting up a classroom or other similar space is to set the room with as many seats as possible and establish one or two seats accessible to wheelchairs. However, given the number and variety of mobility disabilities that may be present in correctional settings, wheelchair access alone should not be the only standard. Incarcerated people with disabilities may also use walkers, canes, or may simply need broader aisles to move through a space. Meeting rooms packed to maximum capacity also unnecessarily restrict the types of seating available, limiting access for incarcerated people with conditions that may require a hard surface for

writing or variety in types of chairs. In addition, cramped meeting rooms are difficult for trainers or planners to rearrange quickly should sign language interpreters be needed. Finally, cramped meeting spaces can create barriers to learning for incarcerated people with cognitive/intellectual disabilities or psychiatric disabilities.



To create a meeting space that meets the needs of the widest range of users, facilities are encouraged to set the room as follows:

- Ensure that all aisles are a minimum of 36 inches wide so that people using mobility devices of any kind can traverse the meeting space with ease.
- Provide chairs with and without armrests. Chairs with armrests increase access for people who need them to lower or lift themselves in and out

of a seat. Chairs without armrests increase access for those who need to transfer out of a wheelchair.

- If space allows, set the room “classroom” style, meaning that each row is set with a table and chairs. However, if this reduces the space in the aisles, you should only create one or two rows of classroom seating and designate it for use by people with disabilities who need a hard surface on which to write.

Printed Materials

Facilities disseminate important information about PREA and the prevention of sexual abuse in correctional settings through handouts, signage, and brochures. Printed training materials also often supplement in-person trainings. Because print materials require resources to produce, proactively designing them for access—instead of creating one set that is inaccessible and then having to create multiple other sets to meet access requests—is more efficient and economical.

This guide was written and designed to maximize accessibility. To create more accessible print materials:

- Use a fifth-grade reading level as a benchmark for information conveyed in written format. Microsoft

Word allows users to check the reading level by selecting “show readability statistics” in the spelling and grammar tool.

- Choose a font that comes from the sans serif family—fonts that do not have decorative strokes at the ends of characters. This will include Arial, Tahoma, and Helvetica. Avoid ornate fonts and fonts with serifs as these can blend together on the page and can be impossible to read for people with low vision.
- Use a font size that is no smaller than 14 point. While it is common to use a smaller font size to put as much information onto a page as possible, anything smaller than 14-point font creates eye strain for most readers. However, facilities should be prepared to increase the font size to 16 point or larger for those with low vision.
- Choose a font color that has the highest contrast against the paper on which it is printed.
- Align the text to the left of the document. The ragged right edge of left-aligned text creates breaks between lines that help people with low vision and learning or intellectual disabilities track when one line ends and the next begins. For this reason,

right and full justification of text are discouraged.

- Limit the amount of information on a page. Generally, this means ensuring that lines consist of eight to 15 words maximum. Too much information can be daunting to people with learning or intellectual disabilities, causing them to skim the information and miss important points.
- Choose an appropriate hierarchy for the order of the information being presented. For instance, the most important information should come first, or when describing a process, order the information in the order that it occurs.
- Use upper and lowercase letters in your text as opposed to all upper or lowercase letters.

In addition to the overall design of the materials, making printed material accessible requires other important considerations:

- When posting or placing informational materials about PREA and available victim services, be sure they are readable and reachable from a sitting position for people who use wheelchairs.
- When providing materials in folders or binders, avoid using any that

are difficult for people with limited manual dexterity to open and close, such as three-ring binders.

Electronic Materials and Devices

Some facilities provide information about PREA and the services available for incarcerated people who experience sexual abuse through videos or other electronic media or devices. Like printed materials, the creation of electronic resources or videos can require a significant financial investment and should be designed for the highest degree of accessibility. Facilities are encouraged to ensure that these types of resources meet the following accessibility standards:

- Videos should have a closed captioning option, which can be activated as needed. A less expensive option, known as open captioning, is to have captioning on all videos.
- When audio formats are used, provide accompanying transcripts.
- When accessing online content—via tablets, desktop computers, or video conferencing equipment—ensure that landing pages meet web content accessibility guidelines:¹⁶
 - The tab order should be designed so that if somebody does not have the sufficient

dexterity to use a mouse, they can quickly navigate the site using only the tab and enter keys.

- Alternative text descriptions should be included for all photos so that individuals with visual disabilities using a screen reader or translator can understand the meaning behind them.

Example of alternative text descriptions for electronic materials and devices:



- Links and anchor text (the visible, clickable text in a hyperlink) should plainly describe what a person can expect once they click on that link. For example, if the link leads to information about sexual abuse, the anchor text should read "information about sexual abuse."

- Any colors used should provide sufficient contrast to the screen's background. Avoid using color as a visual indicator, as this presents a barrier to people who are color blind.

Increase capacity for individualized accessibility solutions

The accessibility needs of people with disabilities vary, even for people with the same disability. Depending on the person and the circumstances, individualized solutions for accessibility may involve taking additional steps. In some cases, creating accessible materials, educational sessions, and resources will require planning, time, partnerships, and/or financial resources. As such, facilities will benefit from preparing in advance to meet these requests.

There are a number of key strategies for creating individualized accessibility solutions for incarcerated people with sensory disabilities, intellectual/cognitive disabilities, and psychiatric disabilities. While this guide focuses on accessibility solutions for these specific disabilities, facilities may encounter a variety of disabilities not covered here. In these cases, the best practice is to work directly with the people

with disabilities to better understand their needs and create solutions.

Sensory Disabilities

People with sensory disabilities experience unique barriers to information and educational opportunities within correctional settings. Incarcerated people who are Deaf, for example, lack access to verbal information and incarcerated people who are blind lack access to visual information. To enhance the accessibility of PREA resources and materials for people with sensory disabilities, facilities are encouraged to take the following steps:

- Set up meeting rooms to ensure maximum line-of-sight between Deaf people and interpreters, presenters, and any videos being shown. Remove obstacles from tables and obstructions from aisles. Stagger participant seating to minimize bodily obstructions to the presenters and content.
- Make ASL interpreters available for in-person educational settings. Be sure to prepare interpreters by providing them with materials for the session in advance. Keep in mind that the PREA standards prohibit the use of other incarcerated people as interpreters, except in very limited circumstances.¹⁷

- Provide time to Deaf people and their interpreters in advance of the meeting to get comfortable with their language style and to determine the best signs to use.
- Try to make the lighting in the meeting room as close to natural light as possible. It is important to ensure that sign language interpreters are positioned in the room to reduce glare and eye strain for the Deaf person.
- While an increasing number of people are relying on digital technologies instead of braille, facilities may want to have plans in place when people request materials in braille. The need for brailled materials should be identified at least two weeks in advance, as this is the minimum amount of time needed to convert text to braille. Where possible, facilities can identify a braille transcription company in advance and determine with the company if it requires more than two weeks to braille materials.
- Be prepared for requests for large print materials. Large print is defined as a minimum of 16-point font size, which is larger than the recommended 14-point font needed for broader access.
- If presentations are augmented by images, have the presenter/trainer describe the visual.

Key considerations for using ASL interpreters in correctional settings

For people who were born Deaf or acquired deafness early in life, ASL, not English, is often their first language. ASL is a unique language that has its own grammar and syntax and relies on signs, facial gestures, and body positioning to convey meaning. As such, ASL does not translate well into written English. Therefore, when communicating important information to

Deaf incarcerated people or when communicating with Deaf incarcerated people in stressful situations, qualified ASL interpreters should be used.

Simply knowing ASL does not qualify a person to interpret. A qualified interpreter is one who can interpret accurately, effectively, and impartially, and use specialized vocabulary, as needed. Qualified interpreters subscribe to a strict code of ethics, should be familiar with the vocabulary

used in correctional settings, and have the ability to convey these concepts through ASL.¹⁸ Facilities should not use other incarcerated people to convey information through ASL. Standard §115.16(c)/116(c)/216(c)/316(c) also forbids the use of inmate/detainee/resident interpreters, except in very limited circumstances.

It is important that the ASL interpreter has as much information as possible about what to expect in the correctional setting. This can include plans for emergency evacuation, any recent safety concerns, and any interactions they can expect with other incarcerated people (e.g., if other incarcerated people will be present during the exchange between the interpreter and the Deaf person). Additionally, because interpreters adhere to strict standards of confidentiality, facility staff should be clear with the ASL interpreter about any limitations around confidential communication, including what the incarcerated people and interpreter exchange during informal communications. Prior to any session requiring an interpreter, inform the Deaf person of any limits to confidentiality. Also, due to the small pool of qualified interpreters available, there is the

possibility that the Deaf person and interpreter may have a prior connection. Explore any potential conflicts of interest in advance of the engagement. Finally, prepare the interpreter for the nature of the subject matter he or she will be interpreting.

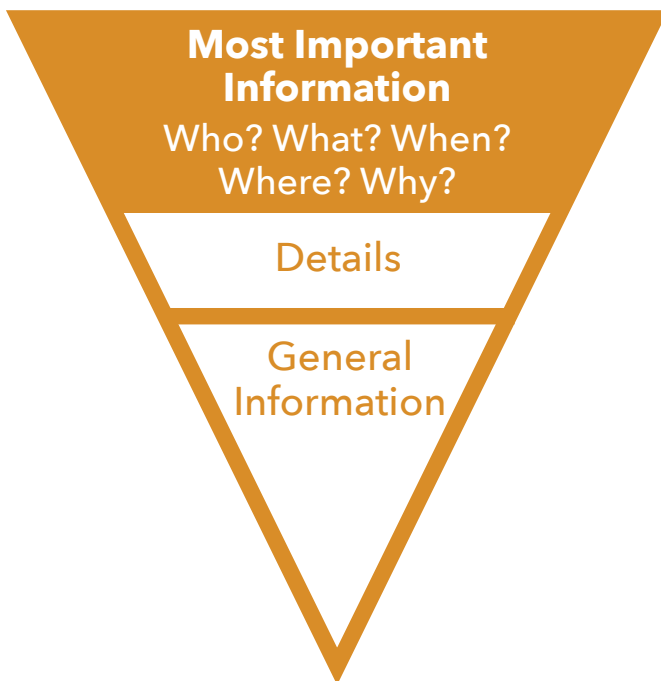
Because Deaf people have unique communication needs, 10 minutes prior to the engagement should be set aside to allow the interpreter to understand the incarcerated person's communication style and preferences. During this time, solicit the interpreter's input as to the best location for the interpreter to be in relation to the other parties involved in the communication. Interpreters have the responsibility to do their best to interpret all communication. If there is anything the facility does not wish the Deaf or hard of hearing person to know, it is best to take that communication outside of the room or setting. Finally, there is typically lag time between a speaker and the interpretation. As a result, responses and questions from Deaf people may be slightly delayed. Interpreters may need to ask for clarification on key points. Allowing for this enables the interpreters to do their job well.

Cognitive/Intellectual Disabilities

People with cognitive/intellectual disabilities may experience barriers to communication, processing information, and retaining information. Facilities can take steps to promote access for incarcerated people with disabilities by making specific modifications to the delivery of PREA information and services:

- When creating informational documents, order the information visually. Use design to highlight the most important information.¹⁹

Order information visually so that the most important facts can be read first:



- Avoid long, unbroken narratives without clues to a hierarchy of information. This is most easily achieved by using descriptive headers and sub-headers.
- Use pictures to augment text and ensure the images are clear and direct.
- Use clear and simple language rather than abstract, bureaucratic, or insider information.
- Spell out acronyms at least once.
- Offer information in multiple formats. This can range from verbal and written to video and audio.
- Use one-on-one engagement as much as possible, and ensure comprehension by asking questions to garner the person's understanding of materials.
- Provide a verbal review of written materials.
- When using a video to convey information, allot time following the video for people to ask questions and seek clarification.

Psychiatric Disabilities

People with psychiatric disabilities experience barriers similar to those experienced by people with cognitive/intellectual disabilities. However, they may also experience side effects from the medication prescribed to treat their mental illness that may cause or exacerbate barriers to learning, communication, and information retention. These side effects include confused speech, memory gaps, drowsiness, and restlessness. Some practices that increase access for incarcerated people with psychiatric disabilities include:

- setting aside time before, during, and after in-person education sessions to verbally discuss and process the information being shared;
- minimizing distractions in the learning environment, including unnecessary noise and wall decorations;
- keeping presentations structured and on topic; and
- ensuring, whenever necessary, that a note taker for in-person education sessions is available. This may be important in situations where an incarcerated person's medication affects his or her concentration and memory retention. Having written notes will allow the person to review

the information after the education session and follow up with any questions. The note taker should not be another incarcerated person but can be a staff person.

Ensuring access to reporting

While prevention of sexual abuse and sexual harassment is the ultimate goal in correctional facilities, PREA also requires agencies to provide multiple internal reporting avenues and at least one way to report sexual abuse and sexual harassment to a public or private entity or office that is not part of the agency. This allows incarcerated people to remain anonymous if they wish (Standard §115.51/115.151/115.251/115.351). To ensure that incarcerated people with disabilities have the ability to report sexual abuse and sexual harassment, facilities should provide the following:

- Videophones, text telephones (TTYs), and phone amplification where inmate phones are available.
- Phones that are wheelchair accessible.
- Written materials detailing how and to whom to report in large font (16 to 18 point).
- Written materials in braille.

- Written materials enhanced with pictures.
- Written materials in plain language—clear succinct writing that avoids verbose language and jargon.²⁰

Show all incarcerated people who are blind or have low vision where they can find the phones or the lock box for anonymous reports. People with disabilities should never have to report sexual abuse or sexual harassment through another incarcerated person.

Ensuring access to victim services

When sexual abuse occurs in correctional settings, access to victim services is a critical resource. PREA standards require facilities to provide incarcerated people who have been sexually abused with access to outside victim advocates for emotional support services (Standard §115.53/115.253/115.353). If facilities do not have pre-existing relationships with outside victim advocates, they will need to take steps to identify rape crisis programs that are prepared to work with people with disabilities. Programs that effectively serve people with disabilities will demonstrate their commitment and capacity in a variety of ways. When initiating contact with and getting to know local

programs, consider the following questions:

- Do the rape crisis center’s outreach materials include images of people with disabilities? By including images of people with disabilities in its outreach materials, a rape crisis center signals that the center recognizes that they, too, are at risk of sexual abuse and invites them to use its services.
- Does the rape crisis center provide accessible modes of contact? Having accessible modes of contact ensures that people with disabilities can privately communicate with advocates. Examples include a TTY line that is monitored and answered and advocates trained to communicate through video relay services. (See “What is Video Relay Service?” on page 21 for more details).
- Are rape crisis staff trained to work with people with disabilities? To effectively support a victim with a disability, staff of the rape crisis program should be trained in tailoring crisis intervention and advocacy services to meet the unique needs of people with disabilities. This includes the ability to increase or decrease the length of a session depending on the victim’s needs, understand if trauma will exacerbate the person’s

disability, and respond to questions about whether the person's disability was a contributing factor to the sexual abuse or sexual harassment.

- Does the rape crisis center have policies and protocols that specifically address people with disabilities? A rape crisis center with the capacity to effectively serve people with disabilities will provide auxiliary aids and services and modify services to meet the needs of people with disabilities.

Facilities are encouraged to enter into formal partnerships with rape crisis programs and detail their expectations

in a written contract or memorandum of understanding (MOU). However, facilities do not need to enter into separate contracts or MOUs to provide services to incarcerated people with disabilities; rather, a single agreement that details the full range of services the rape crisis program will provide to all incarcerated people, including those with disabilities, will suffice. In the absence of a formal relationship, facilities can use the above criteria to select which rape crisis programs to list as resources for incarcerated people who experience sexual abuse.

What is Video Relay Service?

Video relay service (VRS) is a telecommunication service that allows Deaf, hard of hearing, and speech-impaired (D-HOH-SI) individuals to communicate with hearing people through the telephone system. The VRS caller, using a monitor with a video camera and high speed Internet connection, contacts a qualified ASL interpreter. They communicate with each other

in ASL through a video link. The VRS interpreter then places a telephone call to the hearing person. The interpreter relays the conversation back and forth between the parties—in sign language with the VRS user, and by voice with the called party. People who use sign language prefer this service over the traditional TTY as the conversation flows more quickly and is easier to understand.

Staff training and resources

To fully prepare staff to meet the PREA standards and ensure meaningful access to PREA information and victim services, agencies should incorporate training on disabilities into their mandatory staff trainings. While they may not have training curricula specific to addressing sexual abuse and sexual harassment against incarcerated people with disabilities, facilities can adapt existing trainings to meet this need. Initial training modules should focus on understanding the concept of disability generally, the barriers experienced by people with disabilities and strategies to remove them, and the dynamics associated with sexual abuse of people with disabilities. These include increased risks of victimization, perpetrators uniquely positioned to target people with disabilities—for example, personal care providers and accessible transportation providers—and abuse specific to the victim’s disability.²²

Agencies might find it helpful to consult with a local disability provider on the general disability content. For training on the dynamics of sexual abuse of people with disabilities, agencies may consult with local rape crisis programs with experience in this area or may choose to draw upon national resources. Vera’s Center on Victimization and Safety offers a monthly webinar series and annual in-person training opportunities

featured on its website:
www.endabusepwd.org.

While these training opportunities are not specific to corrections, the information and materials can be adapted for correctional facilities.



In addition to engaging disability providers for training, agencies might find it helpful to create resource-sharing agreements with local disability providers for assistance with providing auxiliary aids and services to incarcerated people with disabilities. Many disability providers have programs available to loan assistive technology, wheelchairs, and other adaptive equipment. Agencies could also create a written agreement with interpreting agencies to provide ASL interpreters. Having a standing agreement with an interpreting agency helps to ensure the quality of interpreters and their comfort and capacity to interpret in correctional settings. Finally, agencies may want to form partnerships with providers in their community to stay abreast of emerging issues in the field of disability and in the community.

Local and National Resources

Disability providers that offer training and education include:

- Centers for independent living: www.ilru.org
- Deaf and hard of hearing centers
- Mental health centers: www.mentalhealthamerica.net/our-affiliates
- National Network of University Centers for Excellence in Developmental Disabilities Education, Research & Service: www.acl.gov/programs/aidd/Programs/UCEDD/Contacts.aspx
- Local chapters of The Arc, a national organization for parents and children when a child has an intellectual disability: www.thearc.org/find-a-chapter
- Goodwill Industries: www.goodwill.org/locator/?location
- Protection and advocacy organizations, commonly referred to as Disability Rights Networks: www.ndrn.org/ndrn-member-agencies.html

- A state's department of services for people who are blind or low vision: www.nationaldb.org

Other national resources include:

- End Abuse of People with Disabilities: www.endabusepwd.org
- The National Council on Independent Living: www.ncil.org
- National Disability Rights Network: www.ndrn.org
- The National Organization on Disability: www.nod.org
- The Arc - National Office: www.thearc.org
- American Council of the Blind: www.acb.org/node/65
- U.S. Department of Justice Disability Rights Information Line: (800) 514-0301
- The ADA National Network: www.adata.org

Conclusion

People with disabilities in correctional facilities may experience sexual abuse and/or harassment at higher rates than incarcerated people without disabilities. Recent research indicates that incarcerated people with mental illness are sexually victimized at higher rates than those without mental illness.²³ Corrections staff can ensure equal access to PREA education and services by adopting strategies that are accessible to people with disabilities and preparing to meet unique needs that may arise among this population. By implementing the strategies outlined in this guide, correctional facilities can enhance their

supervision and service provision to incarcerated people with disabilities, many of whom may never self-disclose their disability or may not know to request an accommodation. As facilities implement these approaches and forge new partnerships with agencies that can help with accommodations, correctional agencies should be sure to memorialize these efforts in policy and reinforce them in training. In doing so, they will be contributing to an important body of resources and practices that can help reinforce a correctional culture that prioritizes dignity, respect, and safety for all.



Endnotes

1. Johns Hopkins University Office of Student Disability Services, "Physical Disabilities," http://web.jhu.edu/disabilities/faculty/types_of_disabilities/physical.html (accessed January 4, 2015).
2. The Arc, "Intellectual Disability," <http://www.thearc.org/page.aspx?pid=2543> (accessed December 30, 2014).
3. The U.S. Equal Employment Opportunity Commission, "EEOC Enforcement Guidance on the Americans with Disabilities Act and Psychiatric Disabilities," <http://www.eeoc.gov/policy/docs/psych.html> (accessed December 30, 2014).
4. The term "impairment" is used to describe the findings of the Bureau of Justice Statistics because it is the term used in its report. However, Vera uses the term the "disability" in its work, which is the term more commonly used today in the field.
5. Laura M. Maruschak, *Medical Problems of Prisoners* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2008).
6. In the report, mental health problems are defined by two measures: a recent history or symptoms of a mental health problem. Symptoms must have occurred in the 12 months prior to the interview, and a recent history of mental health problems included a clinical diagnosis or treatment by a mental health professional. Symptoms of a mental disorder were based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV). See Lauren E. Glaze and Doris J. James, *Mental Health Problems of Prison and Jail Inmates* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2006).
7. "Emotional disturbance"—as defined in 34 Code of Federal Regulations Section 300.8 - Child with a disability—is a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (a) an inability to learn that cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate types of behavior or feelings under normal circumstances; (d) a general pervasive mood of unhappiness or depression; and/or (e) a tendency to develop physical symptoms or fears associated with personal or school problems.

8. Mary Magee Quinn, Robert B. Rutherford, Peter E. Leone, David M. Osher, Jeffrey M. Poirier, "Youth with Disabilities in Juvenile Corrections: A National Survey," *Exceptional Children* 71, no. 3 (2005), 339-345.
9. Researchers administered a six-question survey referred to as the "K6 screening scale" to measure frequency of mental health symptoms during the preceding 30 days. Based on inmate responses, they were able to determine how many experienced serious psychological distress. The researchers note that since 2008, the K6 scale has been used to predict serious psychological distress, rather than serious mental illness. To predict serious mental illness more accurately, the K6 needs to be supplemented with questions on functional impairment. See Allen J. Beck, Marcus Berzofsky, Rachel Caspar, and Christopher Krebs, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2013).
10. Among state and federal inmates, 6.3 percent of those identified with serious psychological distress reported being sexually victimized by another inmate, compared with 0.7 percent of inmates with no indication of mental illness. See Allen Beck, Marcus Berzofsky, Rachel Caspar, and Christopher Krebs, 2013.
11. In 2012, people with disabilities in the community experienced an estimated 233,000 robberies, 195,200 aggravated assaults, 838,600 simple assaults and 80,100 rapes or other sexual assaults. People with multiple disabilities experienced higher rates of violent victimization than their counterparts with one disability. People with cognitive disabilities had the highest rate of violent victimization with 63 victimizations out of every 1,000 people versus 30.5 victimizations out of every 1,000 in persons with physical disabilities, before adjusting for age. See Erika Harrell, *Crime Against Persons with Disabilities, 2009-2012 - Statistical Tables* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2014).
12. Erika Harrell, 2014.
13. 28 C.F.R. Part 115, *National Standards to Prevent, Detect, and Respond to Prison Rape; Final Rule*, Standard §115.16: Inmates

with disabilities and inmates who are limited English proficient, (Washington, DC: U.S. Department of Justice, 2012).

14. For more information on the terms used in the standards, see 28 C.F.R. Part 115, *National Standards to Prevent, Detect, and Respond to Prison Rape; Final Rule*, §115.5: General Definitions, (Washington, DC: U.S. Department of Justice, 2012).

15. PREA Standard §115.33: Inmate education states that during the intake process, agencies are required to provide inmates with an explanation of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and tell them how they can report incidents or suspicions of sexual abuse or sexual harassment. Agencies are required to provide comprehensive education regarding sexual abuse and sexual harassment to inmates within 30 days of intake. See 28 C.F.R. Part 115, *National Standards to Prevent, Detect, and Respond to Prison Rape; Final Rule*, Standard §115.33: Inmate education, (Washington, DC: U.S. Department of Justice, 2012).

16. World Wide Web (W3) Consortium, "Web Content Accessibility Guidelines (WCAG) 2.0," December 2011, <http://www.w3.org/TR/WCAG20/>.

17. Using inmate interpreters or other helpers to provide services or support to an inmate with a disability may create an unintended power imbalance among inmates. It may create situations where an inmate with a disability is reliant on the helper for some activities of daily living, rather than giving the inmate an accommodation that makes the person more independent. Additionally, situations could arise where the inmate helper exerts control over the inmate with the disability and demands money or sexual favors in exchange for helping the person access what he or she needs (e.g., making a phone call or having mail read aloud). E-mail exchange with Vera, New York City, July 29, 2014; e-mail exchange with Vera, New York City, July 31, 2014.

18. Registry of Interpreters for the Deaf, "Code of Professional Conduct," <http://www.rid.org/ethics/code-of-professional-conduct/> (accessed March 25, 2015).
19. For more information and examples, see <http://www.vanseodesign.com/web-design/visual-hierarchy/>.
20. For more information on writing in plain language, see <http://www.dailywritingtips.com/20-strategies-for-writing-in-plain-language/>.
21. Federal Communications Commission, "Video Relay Services," <http://www.fcc.gov/guides/video-relay-services> (accessed March 25, 2015).
22. Peace Over Violence, "The Dynamics of Persons Who are Deaf/Hard of Hearing or Who Have a Disability," <http://www.calcasa.org/wp-content/uploads/files/dynamics-of-abuse-deaf-disabled-.pdf> (accessed June 18, 2015).
23. Allen Beck, Marcus Berzofsky, Rachel Caspar, and Christopher Krebs, 2013.

About the Vera Institute of Justice

The Vera Institute of Justice (Vera) has been committed to helping agencies prevent and address sexual abuse in confinement settings since 2006, when Vera provided technical assistance to the National Prison Rape Elimination Commission. Since that time, Vera's Center on Sentencing and Corrections (CVS) has produced numerous Prison Rape Elimination Act (PREA) resources for the corrections field, including a guide for correctional agencies on how to deliver coordinated, victim-centered care to victims of sexual abuse in confinement settings. Vera has also provided technical assistance to adult and juvenile correctional agencies working to implement the PREA standards.

With more than 10 years of experience in the area of disability and victimization, Vera has a long-standing commitment to, and track record of, improving services for victims with disabilities and is a recognized expert

in the field of abuse of people with disabilities. Since December 2004, CVS has served as the comprehensive technical assistance provider for the Office on Violence Against Women's Disability Grant Program. In this role, Vera has fostered the development of more than 50 collaborations between disability organizations and victim service organizations. Central to Vera's work with these collaborations is the identification and removal of barriers within their organizations' physical, attitudinal, policy, and communication environments. Through this work, Vera has identified strategies to address the unique challenges victim service organizations experience when attempting to serve victims with disabilities.

For more information, visit www.vera.org.

