

PREA AND BEYOND

Making Detention Facilities Safe and
Accessible for People with Disabilities

1. Introduction

Corrections staff have a responsibility to protect the people in their custody from sexual abuse. To fulfill this duty, staff must recognize who is most at risk for this abuse — and understand the steps they must take to ensure their safety. One group that is often targeted behind bars are people with disabilities. This guide aims to give corrections officials information to help them create an environment where people with disabilities are treated with the respect they deserve.

This guide is separated into three parts. The first section explains what it means to have a disability and how people with disabilities face discrimination and heightened risk of sexual abuse — in detention facilities and in the outside community. The second section provides details on the steps to protect incarcerated people with disabilities that are outlined in the Prison Rape Elimination Act (PREA) standards. The third section spells out how corrections staff can go *beyond* the PREA standards to foster a culture that is accessible, inclusive, and safe.

Using this guide, staff will be equipped to review their facility's policies, practices, and layout with the needs of people with disabilities in mind. The guide can be used to ask helpful questions about accessibility and safety, including:

- What will make people with disabilities in this facility feel like they have some control over their day-to-day life, especially with regards to their dignity and safety?
- Can a person using a wheelchair reach the phones and the medical request box?
- Can a person who is Deaf receive the required announcement when staff of a different gender enter their housing unit?
- Can a person who is blind or has low sight file a grievance or make a sexual assault report without depending on another incarcerated person to help them?

- Does this facility have an ADA coordinator who checks in regularly with people to make sure they have the adaptive equipment they need, that they are receiving any ongoing medical care needed for their disability(ies)?

These are just some of the safety and accessibility considerations that are covered in this guide. Taken together, the recommendations offer a framework for corrections officials to run facilities where people with disabilities can serve time with dignity. For more information or any questions about the information in this guide, please contact Vanessa Sapien, Mental Health Program Director, at vsapien@justdetention.org.

2. What It Means to Have a Disability

Definitions

The Americans with Disabilities Act (ADA), a federal law that was passed in 1990, recognizes disability rights as fundamental civil rights and prohibits discrimination on the basis of having a disability or being perceived as having one. The ADA defines *disability* as “a physical or mental impairment that substantially limits one or more major life activity.” *Major life activities* include, for example, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, speaking, reading, communicating, and working.

The ADA requires that corrections facilities meet certain physical accessibility requirements to accommodate persons who are incarcerated who have mobility or other physical impairments. Additionally, corrections facilities cannot bar qualified individuals from specific programs on the basis of their disability.

In order to enable persons with disabilities to participate in the programs, services, and activities of the facility, corrections officials must provide reasonable modifications to rules, policies, or practices. They will have to

ensure that individuals have access to auxiliary aids and services they need. Officials will also have to proactively identify and remove barriers, ensuring for instance, that people who use wheelchairs have sufficient space to move freely into living areas and common spaces.

Disabilities can be developmental or acquired. A *developmental disability* originates at birth or becomes apparent during childhood and often is present throughout the person's life. An *acquired disability* is a disability that arises at some point in the person's life, as a result of an accident or illness, drug or alcohol addiction, or something that happens with aging. Developmental and acquired disabilities can be either physical or intellectual.

Below is a list of some of the types of disabilities that people may have:

- Cognitive or intellectual disabilities: Cognitive disabilities affect a person's thought processes. Some cognitive disabilities are: Down syndrome, Fetal Alcohol Syndrome, Autism Spectrum Disorder, severe learning disabilities.
- Physical disabilities: Physical disabilities affect a person's mobility, movement, strength, or coordination. Some examples of physical disabilities are: Cerebral Palsy, Spina Bifida, paralysis, congenital heart disease, polio, arthritis, respiratory disorders.
- Sensory disabilities: Sensory disabilities affect any of the senses — sight, hearing, touch, smell, taste, or sometimes speech. Sensory disabilities can affect communication. Some examples are blindness or low-vision, Deafness¹ or being hard of hearing, and aphasia (difficulty understanding or expressing speech).

¹ Deaf people in the United States often do not identify as having a disability, but as members of a cultural group with language, customs, and shared norms.

Mental illness: Mental illnesses are conditions that affect thinking, feeling, mood, or a combination of the three. Mental illness may affect several aspects of daily life, including work, education, relationships, and completion of basic tasks. There are many different types of mental illness and each person will have different experiences, even people with the same diagnosis. A person with a mental illness may or may not have other disabilities. Medications used to treat psychiatric illness often have strong side effects, some that can hamper speech, memory, and thought processes, and mimic other disabilities.

Disabilities and Discrimination, Over-incarceration, and Abuse

People with disabilities face significant discrimination and barriers to opportunities in education, employment, housing, and other basic needs. Violence against people with disabilities is common — including sexual assault. One study found that approximately 80 percent of women and 30 percent of men with a form of intellectual disability have been sexually assaulted.²

Misperceptions about people with disabilities, and what it means to have a disability, contribute to a culture that puts this population at risk. For example, some people wrongly think that people with disabilities lack the ability to experience feelings like desire or even pain. They may even believe that, by extension, people with disabilities are somehow shielded from the physical and emotional harm caused by sexual violence. The truth is that sexual abuse and harassment are just as confusing, painful, frightening, infuriating, and shame-inducing for people with disabilities — as they are for people without disabilities.

² Thomas C. Weiss, “People with Disabilities and Sexual Assault,” (November 20, 2012) *Disabled World*, www.disabled-world.com/disability/sexuality/assaults.php#ixzz2SXMEQWra

"I was born without fingers or toes. I have to rely on staff for my daily needs more so than does the average prisoner. I served as the prison facility clerk and worked directly for the chief administrative staff. I was regularly sexually abused by the facility's assistant superintendent. This went on for a while and I was afraid to say anything for I was afraid of being transferred to a prison where I would be further abused and my disability needs would be ignored."

— Jerry, an incarcerated sexual abuse survivor and person with physical disabilities

Few people with disabilities report abuse, believing — with good reason — that law enforcement and the courts won't protect them or take seriously the harm they've suffered. In fact, people with disabilities are often targeted for arrest and incarceration. In the U.S., about one fifth of the country's overall population has a disability — about 61 million people. But people with disabilities account for nearly 32 percent of the population in prison and about 40 percent in jail.

Life inside prisons and jails can be difficult for anyone, but especially for people with disabilities. Limited access and ableism — meaning discrimination against people with disabilities — plague our prisons and jails, just as they do in the community. The risk of sexual abuse is high. Perpetrators of sexual violence — whether staff or other incarcerated people — prey on people with disabilities, whom they perceive as weak. Making matters worse, people with disabilities — especially those with cognitive disabilities — are unlikely to be believed when they come forward. The numerous obstacles to communication and mobility challenges — which are harmful in their own right — are leveraged by perpetrators to ensure their targets do not get help or make a report.

3. The Prison Rape Elimination Act Standards and Disability

The national PREA standards require that detention facilities take common-sense measures to address sexual abuse. Among its many key provisions, the standards call for education for incarcerated people about their rights; safe options for reporting sexual abuse; and medical and mental health care for survivors. The standards recognize that facilities must take steps to ensure that people with disabilities can understand and benefit from the protections afforded to them. The accessibility requirements are spelled out in PREA standard § 115.16:

Inmates, detainees, and residents with disabilities and inmates, detainees, and residents who are limited English proficient

Purpose of the Standard:

To prevent, detect, and respond to sexual abuse of all inmates by ensuring that all inmates, including those who have disabilities, are Deaf, or who are limited English proficient, have equal access to PREA-related educational materials and departmental policies, reporting mechanisms, and available victim services. Reporting mechanisms and victim services are meaningless if inmates do not know about them or cannot access them.

Equal access is achieved by:

- Providing access to qualified interpreters for Deaf inmates and inmates with limited English proficiency who are able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary;
- Ensuring that any written materials are provided in formats or by methods of communication that are accessible to inmates with disabilities, including those with intellectual disabilities, limited

- reading skills, or who are blind or low vision;
- Taking accessibility into consideration when devising and reviewing all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including the accessibility of reporting mechanisms (115.51), outside confidential Support (115.53), and advocacy, medical, and mental health services (115.21; 115.81-115.83);
- To ensure that inmates who are LEP, Deaf, or have difficulty reading have equal access to critical information about sexual abuse prevention, access to reporting mechanisms, and access to victim services, the standard requires that staff only use inmate interpreters, inmate readers, or other types of inmate assistants in extremely limited circumstances: when a delay in obtaining a qualified interpreter would compromise the inmate's safety, the performance of first responder duties under § 115.64 (which include separating the alleged victim from the alleged perpetrator, securing the scene, and preserving physical evidence), or the investigation of the inmate's allegation.

As the above standard makes clear, PREA places an emphasis on accessibility and the needs of people with disabilities. This guide will focus on those standards that are especially important for protecting people with disabilities, namely: risk assessment screening; cross-gender viewing and searches; PREA education; reporting sexual abuse; services for survivors; and the investigations process.

Risk assessment screening

Under PREA, facilities must make housing determinations that take into account a person's risk of being sexually abused. One variable in assessing a person's risk is "whether the inmate has a mental, physical, or developmental disability" (PREA standard § 115.41). Determining whether a person has a disability can seem like a difficult task; after all, many

disabilities are not evident from looking at a person. The simplest and most effective way to find out if a person has a disability is to check their file; if there's nothing in the person's file, you can ask them.

People with disabilities may not feel comfortable disclosing that they have a disability — especially upon arriving at a facility, when initial housing decisions are made. Staff tasked with making housing placements should be sure to ask questions about disability in a place that is private. It's also worth remembering that incarcerated people have the right to share as much or as little as they want about their disability — or about any other part of their identity.

When conducting an assessment, staff may find it more helpful to ask people about the services they receive rather than to ask directly about their disability. For example, instead of asking a new arrival to the facility whether they have a cognitive disability, the person doing intake might ask whether the person has ever received special education services in school. Staff should explain why they are asking what may seem like invasive questions — specifically, that the assessment is an essential process to ensure that a person is kept safe. Framing these questions in this way also sends a signal that staff are committed to treating people with disabilities respectfully.

Cross-gender viewing and searches

To help incarcerated people maintain basic privacy, the PREA standards place limits on cross-gender searches. Under PREA standard §115.15, facilities must “enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.”

When setting policies around privacy, corrections officials must take into account the needs of people with disabilities. For example, cell modifications such as privacy screens or additional walls should be carried out in such a way to accommodate a person using a wheelchair or walker. In addition, when staff announce themselves prior to a cell check, they cannot assume that every person will be able to hear them. Corrections officials should come up with ways to alert people who are deaf or hard of hearing — such as having a person of the same gender give a heads up prior to a cross-gender search. Some facilities may come up with alternative signals, such as flashing a light.

PREA Education

When incarcerated people know about their rights — including how and where to make a report and get help — they are more likely to be safe. Accordingly, the standards call for facilities to provide incarcerated people with information about their agency's zero-tolerance policy, and how a person in their custody can make a report during intake. No more than 30 days later, facilities must provide additional information on their policies and what facilities have to do to prevent and respond to sexual abuse.

Education is proven to be effective at reducing sexual abuse — yet it is only effective to the extent that the incarcerated person understands and can remember the information – and can access it when the need arises. Accordingly, the standards direct agencies to “provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills” (PREA standard §115.33).

There are several basic steps that agencies can take to make sure PREA education reaches everyone.

- Use large print in informational materials. The materials should be

written in simple, easy-to-understand language, in a large font. Items should be posted in spaces that see a lot of foot traffic, such as intake areas, medical areas, and holding cells, and at height that is appropriate for people who are seated or are small in stature.

- Incorporate visual cues in materials, with images of the actual items — e.g., photos of the medical wing, of the box where people can submit reports, of the form itself — that people may need to use.
- Make materials in braille available for people with blindness or low vision. Agencies may also consider supplementing print materials with digital readers, which often have a text-to-speech function.
- Ensure that all education videos are accessible. The information in videos should be delivered in a manner that is clear, with the most vital messages presented first and repeated throughout; use closed captioning.
- Provide transcripts of oral presentations. A staff member or a peer educator — i.e., an incarcerated person who has the formal role of presenting PREA information — should offer transcripts of the session.
- Deliver information in a space that can accommodate people with disabilities. There should be sufficient room for people who use wheelchairs and walkers, with aisles that are at least 36 inches wide and with chairs with and without armrests.
- Use common sense. If someone does not seem to understand the information, enlist the help of medical and mental health staff, teachers, or peer educators.
- Make sure people can access the information whenever they need it, by having it be continuously and readily available to the incarcerated population through posters, inmate handbooks, or other written and audio formats.

Safe Options for Reporting Abuse

Every incarcerated person must know how to file a report of sexual abuse

and must be able to do so safely. The PREA standards have a robust reporting requirement, stating that detention facilities must provide multiple ways to report, including at least one to an entity that is independent from the agency where the abuse occurred (PREA standard § 115.51.) People who have a disability must be able to avail themselves of these options; as the National PREA Resource Center observes, “reporting mechanisms... are meaningless if inmates do not know about them or cannot access them.”

Many of the strategies for making PREA education accessible (see page XX) can be applied to information about reporting — such as using large typeface and easy-to-understand language. Every method that can be used to make a report — phones, kiosks, videos systems, grievance boxes, etc. — should be wheelchair accessible. If a person seems unsure how to use any of these systems, staff have a responsibility to help them. Making reporting easier and safer for incarcerated people with disabilities — and indeed, for all incarcerated people — involves more than just one step. It’s an ongoing process, and the staff — especially the PREA Compliance Manager and medical and mental health staff — should check-in regularly with people with disabilities to ensure they understand, and are comfortable with, all of the options.

“I was shaken down and asked inappropriate questions about my sexuality, my disability. I wrote an informal grievance. I’m a visually impaired inmate, and staff took away my assistant as retaliation.”

— Edward, a gay survivor of sexual abuse in detention who has a visual disability

Crucially, the PREA standards require that facilities protect people from retaliation for making a report (PREA standard §115.67). Doing so involves designating a staff person to monitor the safety of people who report sexual abuse, including by reviewing disciplinary complaints, requests for

housing moves, program changes, and shifts in behavior. One particular vulnerability of people with disabilities is their adaptive equipment, and any effort to protect them from retaliation should entail checking that their equipment has not been withheld or damaged. The person whose role it is to monitor the safety of people who report abuse should be trained on working with people with disabilities.

Services for Survivors

Under the PREA standards, detention facilities must provide a range of medical and mental health services to survivors of sexual abuse in custody. Some of the services are provided by agency staff, like a prison mental health counselor. Others, such as a medical forensic sexual assault exam and emergency medical care, may be provided off-site, including by community service providers who, under the PREA standards, must be made available to incarcerated survivors.

“We need help. No one cares about us here, and we have no support for our community and what we need. I use a cane and I am afraid of falling all the time because it’s not accessible here. If I can’t get around, then I am limited in what I can do. So sometimes, I do nothing. Then I get real depressed.”

— Loretta, an incarcerated person with a physical disability

Arranging care for any person following a traumatic event can be challenging, and even more so when the person has a disability. You should not wait for the person with a disability to request medical or mental health support — though you should be sure to inform the person that they can opt out of services if they wish. For example, when a person in crisis is asked, “Do you want an advocate?” they may answer no, simply because they do not know what the services consist of. People with disabilities may be especially likely to decline support because they may have little faith in

the system, based on their experience of being failed by other institutions and people who are supposed to help them. Best practice is to ask an advocate from the local community program your facility works with to meet the person at the hospital. Once there, the advocate can introduce themselves to the person and detail the services they provide, asking the person to decide whether they would like the advocate to remain with them at the hospital to provide support and information.

When helping to arrange external services like a forensic exam at a hospital, staff should never assume that the provider has experience or is skilled at working with people with disabilities. It is advisable to check with local partners about how they offer such support to people with disabilities. Prior to transporting a survivor with disabilities off site, staff should call ahead to inform the person receiving the survivor — e.g., a forensic nurse — about the particular needs the person has. The staff person should make sure that the survivor knows, and is comfortable with, the information being shared.

Ideally, any agreement (MOU) with local providers should include language about helping people with disabilities. While community advocacy organizations should be prepared to work with this population, the reality is that many are not. The most effective way to provide quality care to people with disabilities is for the agency and the local providers to work together, building on each other's strengths to ensure this population gets the support they deserve.

Investigations

For incarcerated survivors, participating in a sexual abuse investigation can be empowering or traumatizing — or both. People with disabilities are often targeted because of their disability; they may feel especially vulnerable in the wake of an assault. During the investigatory interview(s), survivors with disabilities should have an outside victim advocate or other support person who is experienced in working with this population. The survivor should get

the accommodations they need to participate fully and safely in the interview(s), which should be conducted at a pace that allows the advocate to make clarifications and ask questions as necessary. After the investigation is complete, the survivor is entitled to be informed of its outcome (PREA Standard §115.73) in a manner that is accessible.

“I have documentation of an injury [that occurred] from a sheriff deputy fondling my breast while I was handcuffed and in my wheelchair. I could not move or get away. Then my assigned [female] nurse was changing my diaper and poked her finger in my vagina.”

— Jane, an incarcerated woman who is paralyzed and suffers from incontinence

4. Beyond PREA: Building an Accessible, Inclusive Facility

The PREA standards are a valuable tool for protecting the rights of incarcerated people with disabilities. A detention facility that commits to implementing these rules meaningfully, with the needs of people with disabilities firmly in mind, can keep this population safe.

But true inclusivity is about more than ticking off boxes on a PREA checklist. To make their facilities a place that is safe for incarcerated people with disabilities, staff must treat PREA as a floor. That means going beyond the basic requirements of PREA to create a culture where people with disabilities are respected and have equal access to opportunities.

Respectful Communication

The cornerstone of an inclusive and accessible institutional culture is communication. The way that staff talk to — and about — people who have disabilities goes a long way toward making them feel safe and respected. Staff should adopt the practice of using *person-first language*. Person-first

language simply means defining someone by their personhood, and not by their condition. People *have* a disability — but they are not *disabled*. Using person-first language helps erase the stigma associated with having a disability, and it signals an understanding of and respect for the person being referred to. Here are some other examples of person-first language.

- A person with a disability; John has a disability
- A person who uses a wheelchair; Sally uses a wheelchair
- A person with an intellectual disability; Raymond has an intellectual disability
- A person with a mental illness; Carla has a mental illness
- A person with autism; Tina has autism

It's also important not to make assumptions about a person's disability, and to remember that there are invisible disabilities, such as fibromyalgia, chronic fatigue syndrome, or being Deaf. Building trust takes time, and sharing something so personal can feel unsafe. When asking a person about their disability — during screening, for example — don't say, "what is your diagnosis"? Instead, ask the person, "what are your needs?" and "How can we work together to get you what you need?"

Similarly, avoid referring to people with cognitive or intellectual disabilities in a demeaning manner, such as by referring to their so-called 'mental age', e.g., "She is twenty, but her mental age is six." Neuro-typical people (people without cognitive or intellectual disabilities) often make the assumption that a person with a cognitive disability is child-like. This is a misconception, and it can be insulting. An adult with a disability is an adult. Similarly, when a person works with a sign-language interpreter (or any other support person), it can be demeaning to address their interpreter and not them. Remember that it is imperative for staff to speak out against harassment and degrading language and practices. In facilities where ableism goes unchecked, people with disabilities are at risk.

Personal Space and Bodily Autonomy

Many people, including caretakers, assume that people with disabilities do not have the same boundaries or need for personal space as people without disabilities. This is false. To take one example, staring or leering at a person who is blind or has low vision is a violation of their rights — even if the person does not know that they are being stared at. It is also widely felt that it is okay to touch or move a person’s wheelchair without their consent. Yet doing so is no more acceptable than pushing a person who doesn’t use a wheelchair.

People with Autism Spectrum Disorders (ASD) may be especially sensitive to having their boundaries violated and to strong stimuli like lights, sounds, or smells. For some people with ASDs, the detention environment itself can be traumatizing; they may respond to stress with aggression, withdrawal, or repetitive behaviors. As with any person in your custody, you should not touch a person with ASD in an effort to calm them, unless it is absolutely necessary.

“Most people do not know I am on the spectrum. The staff and people here just think I’m weird and call me names. It makes me angry and sometimes I act out. I got sent to segregation and asked if I could be placed in a non-single cell, but not have a roommate, because I don’t do well in tight spaces that are new. I was denied and couldn’t cope. I would rock and hum to soothe myself but people would get irritated and this would cause fights. Now that means I have to stay here longer, and I don’t know when I’ll get out. I need physical therapy to maintain my range of motion in my limbs so I can continue to be as mobile as possible. But every time I complain of pain, the therapist tells me it’s all in my head. It feels very real to me.”

— Anonymous

When interacting with people with disabilities, take steps to respect their autonomy by asking them what works and what does not. People with

disabilities have a lifetime of experience navigating a world that was not made for them. They are the experts. If someone's needs go beyond what the facility can currently provide, staff should reach out for assistance from disability organizations in the area. If the person has family or community members who are involved, they may be helpful as well.

Adaptive Equipment

Many people with disabilities require adaptive equipment for mobility and their day-to-day needs. Such equipment includes wheelchairs, walkers, canes, braces, prosthetic limbs, feeding tubes, catheters, colostomy bags, hearing aids, communication tablets, and glasses or magnifiers. Staff should *never* take a person's adaptive equipment away from them or move it without permission. Loss of an adaptive device compromises a person's safety. If the device cannot be used in the facility, an alternative must be provided. If there is a security concern about adaptive equipment, consult with a supervisor, who can check with the person charged with compliance with the ADA.

Other Considerations for Accessibility

- Make sure there are qualified interpreters for people who are Deaf or hard of hearing. Remember that some people may need interpreters who are skilled at working with people who did not have formal education. In some cases, this may need to be a family member or person from a community organization.
- Set up video and other relay services. Hold practice sessions to make sure all staff know how to use them.
- Develop a system of readers or note-takers. Enlist the services of a local disability rights organization to train peer assistants in how to support a person with a disability.
- Make sure all videos are captioned.

- When using audio for things like regular announcements, changes in schedules, or even inmate education, provide a transcript.
- Make sure the medical department has extra wheelchairs, walkers, canes, and glasses in their supplies.

Being Trauma-Informed

People with disabilities are extremely likely to have experienced abuse before they come into custody. In fact, people with disabilities are often abused in a variety of ways by care providers, teachers, or aides, leading to a lack of trust in helpers and authority figures. It's important to recognize the trauma people with disabilities experience, and then make the appropriate changes to your response and care of people with disabilities who are incarcerated. People's trauma responses — whether or not they have a disability — can vary greatly. Some people with a history of trauma may have a heightened startle reflex or lash out in response to nonthreatening behavior or actions; others may barely react at all and appear to be numb.

While nonverbal cues are an important aspect of communication, keep in mind that people who do not have full range of motion or use of their body, are chronic pain survivors, or have specific learning disabilities or mental illness may use different nonverbal cues than people who do not have disabilities. If you aren't sure of what the person is trying to convey through body language or facial expressions, you should ask.

It's vital to respect people's choices around accepting assistance and support. Not every person with a given disability will have the same needs. Sometimes, a person with a disability may experience an attempt to be helpful as being disrespectful or threatening — such as pushing their wheelchair without asking. The best approach to helping someone is to ask first and listen to what they need. You might inquire, for example, about

what has worked for them before.

People with disabilities typically do not have many opportunities to exercise personal choice — particularly in a detention setting. Showing your concern for their viewpoint and sense of autonomy can go a long way toward making them feel safe. At the same time, it's important to recognize that for people with disabilities — a group that has long been denied agency — having choices sometimes can be overwhelming. When offering support, you should emphasize that the available options will be explained until the person understands them, and that they do not have to make decisions alone. Part of being trauma-informed means being prepared to explain something multiple ways.

5. Additional Resources

- Just Detention International, Disability and Accessibility Guide for Detention Settings: *Going Beyond* PREA to Create an Inclusive Facility, available at www.justdetention.org (TBA) (webinar).
- JDI, Victim Advocacy for Incarcerated Survivors with Disabilities, available at: <https://justdetention.org/webinar/vulnerable-and-underserved-victim-advocacy-for-incarcerated-survivors-with-disabilities/>.
- PREA Standards in Focus, Prevention Planning § 115.16, 115.116, 115.216, 115.316 Inmates with disabilities and inmates who are limited English proficient, available at: <https://www.prearesourcecenter.org/sites/default/files/library/115.16%20SIF%20%282%29.pdf>.
- PRC, Power Hour: Chat with a PREA Expert on Standard 115.16, available at: <https://www.prearesourcecenter.org/implementation/training/webinars>.
- Vera Institute of Justice and PRC, Making PREA and victim services accessible for incarcerated people with disabilities: An

implementation guide for practitioners on the adult and juvenile standards, available at: <https://www.vera.org/publications/making-prea-and-victim-services-accessible-for-incarcerated-people-with-disabilities-an-implementation-guide-for-practitioners-on-the-adult-and-juvenile-standards>.

This project is supported by Grant No. 2019-TA-AX- K017 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this Publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Justice.