

## Hello from the [Rutgers Health Office of Disability Services!](#)



[We invite your feedback](#)

The Rutgers Health Office of Disability Services provides the necessary tools, resources and support for disabled students to become responsible decision-makers and self-advocates in charge of their own future.

**[Let us know](#) if you would like additional information or a presentation in your course**

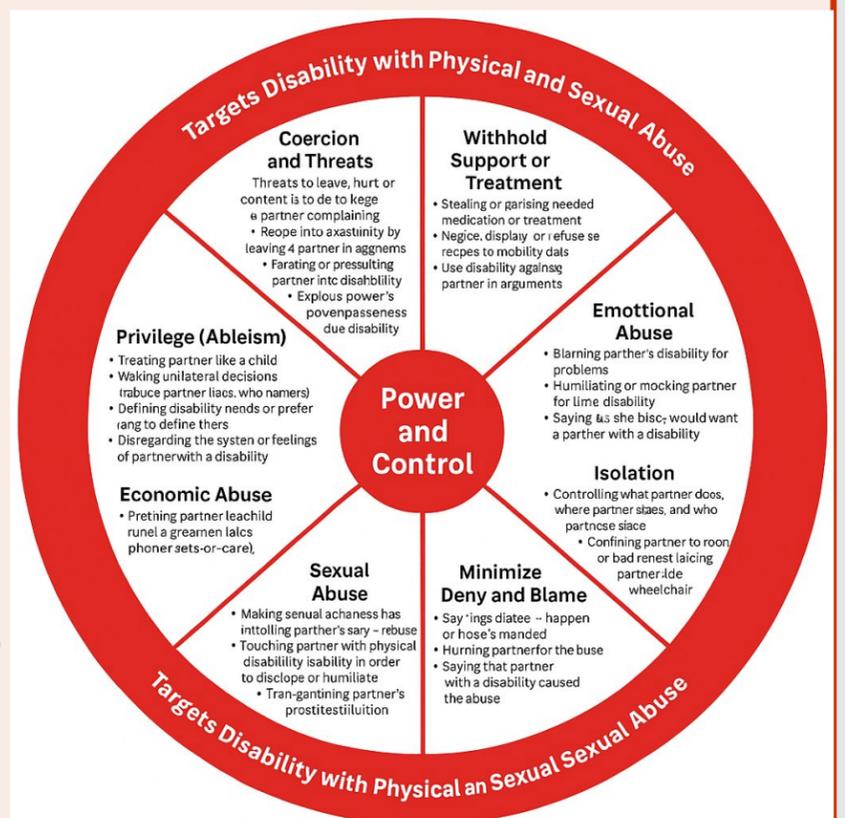
### October is Domestic Violence Awareness Month (DVAM) and Disability Awareness Month (DAM)

#### Domestic Violence and the Disabled Community by Jenna Rose

It can be silent and all consuming, hidden in plain sight, everywhere and nowhere all at once. Intimate partner violence affects many and yet often goes by unspoken; although some survivors choose not to tell their stories, for others, disability-related barriers may prevent them from speaking out. The National Coalition Against Domestic Violence (NCADV) reports that one in three women and one in four men have experienced some form of violence by an intimate partner in their lifetime, and according to the National Resource Center on Domestic Violence, fifty-four percent of transgender people have experienced some form of intimate partner violence. Although prevalent in all populations, disabled individuals are [three times as likely](#) to be sexually assaulted as their non-disabled peers, and in a survey conducted by the [Spectrum Institute Disability and Abuse Project](#), [70% of respondents](#) with disabilities indicated they experienced some form of abuse by an intimate partner, family member, caregiver, acquaintance, or stranger. The root cause of domestic violence is one partner's drive to assert power and control over another. Domestic violence doesn't discriminate; it affects people of all races, ethnicities, genders, sexual orientations, socio-economic statuses, and disability status. For many survivors, violence is not only physical. Domestic Violence shows up in a variety of different forms including, but not limited to emotional/psychological abuse, threats and intimidation, economic abuse, isolation, digital abuse, stalking, and more.

According to the [SAFE Wheel of Power and Control](#), forms of abuse that may be more prevalent among people with disabilities include withholding support or treatment, like not providing medication, not allowing necessary medical treatment, or not allowing the partner to use necessary assistive devices. An abusive partner might also use their privilege in the situation to make decisions without the disabled person's consent, blaming the disability as the reason of abuse, forcing someone to be economically dependent on them, taking their money without permission, isolating them from others under the guise of safety, and using threats (to institutionalize them, destroy assistive devices, or harm service animals) to maintain control over their behaviors. Disabled people may also find it more difficult to leave their abusive partner due to economic dependence, loss of insurance and housing, inaccessible shelters or agencies, fear of institutionalization, loss of support from family or friends, and fear of not being believed when reporting abuse.

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### Domestic Violence and the Disabled Community (cont'd from page 1)

If someone discloses to you that they are experiencing or experienced domestic violence, you can support survivors by offering them a space to share their stories and giving them a place to be heard. If you suspect someone might be in an unhealthy or abusive situation, you can share with them that you have concerns and let them know that if they ever want to talk, you will be there for them. If they do share their experience, you can:

- Validate their experience. Acknowledge that it might have been hard to share, that you believe them, and that what happened is not their fault.
- Respect their decisions. Allow them to lead the conversation. You can help them discover options that are available to help them to handle this situation, but ultimately it is not your role to tell them what to do. Support the decision they make in the moment and let them know you are there to help them through it.
- Refer and reach out. If this situation seems reportable, let know their options them and offer to be beside them when they report. If they would like confidential support, explore resources that can help with safety planning, counseling, legal resources, and more.
- Keep checking in. Remind them that they are not alone by continuing to extend your support to them.

At Rutgers Health, the [Office of Violence Prevention and Victim Assistance \(VPVA\)](#) is a great resource for survivors of intimate partner violence. VPVA is a free, confidential office serving primary survivors of violence and harassment and their loved ones. The Office provides support services to survivors who have experienced interpersonal trauma at **any** point in life. Beyond counseling, VPVA provides advocacy services such as accommodations, referrals, and assistance for students navigating reporting systems, if they choose to report. The RBHS community can reach out by calling or texting (973) 972-4636; students can also reach out to schedule an appointment via email at [vpva@rbhs.rutgers.edu](mailto:vpva@rbhs.rutgers.edu).

**A note:** Although VPVA is a confidential resource for survivors of domestic violence, federal law states that **the majority of faculty and staff members are mandated reporters**. Meaning, if a student or colleague shares that they have experienced abuse with you (or if you are a student and share your experience with a faculty or staff member), it must be reported to the [University's Title IX office](#). It is still the survivor's decision to report the incident to authorities, and their choice either way should be respected.

### History of the Rutgers Office for Violence Prevention and Victim Assistance

The Office for Violence Prevention and Victim Assistance was created in 1991 by recommendation of the University Acquaintance Rape Task Force. Under the leadership of Ruth Anne Koenick, the office became a University Department in 1995 (called the Department of Sexual Assault Services), and has grown to serve Rutgers community members who are victims of all types of crime. Today, VPVA is committed to offering innovative services, programs, and events designed to meet the needs of the members of the Rutgers Community and beyond.

## **ADA Title II Update: Making Digital Content Accessible by April 2026**

The U.S. Department of Justice has made an important update to Title II of the Americans with Disabilities Act (ADA). This change means that by April 2026, all public universities — including Rutgers — must make their digital and electronic content fully accessible to everyone.

### **What This Means for Rutgers**

This new requirement covers everything we share online or digitally — from websites and course materials to documents, videos, mobile apps, and even social media posts. The goal is that by April 2026, all digital content will meet the [Web Content Accessibility Guidelines \(WCAG\) 2.1 AA standards](#).

#### **Some Steps to Being:**

- Review and audit your digital content — websites, courses, documents, and media.
- Fix any accessibility issues and make sure new content meets the latest standards.
- Include accessibility checks whenever purchasing or adopting new digital tools or software.

### **Rutgers Resources to Help You Get There**

You're not alone in this process — Rutgers offers plenty of tools and support to help you make your content accessible.

**Fundamental Course Accessibility Checklist and Training Modules**: A great starting point! These modules walk you through key steps to make your new or existing courses more inclusive for everyone.

**Digital Accessibility – Academic Affairs**: Find university-wide policies, planning tools, and standards.

**Office of Information Technology Accessibility (OITA)**: Offers training, assistive/adaptive technology support, and software purchasing guidance.

**Accessibility Best Practices**: Learn how to improve headings, alt text, color contrast, and captions.

**Website Guidelines for Rutgers University**: Get help creating or updating your site to meet accessibility and governance standards.

**Contact & Barrier Reporting**: If you need help or want to report an accessibility issue, reach out anytime.

### **Accessibility Checklist**

Use this checklist to track your progress toward making all digital materials fully accessible.

- Take inventory of all your web pages, courses, documents, and media.
- Review your content for proper headings, alt text, link text, and color contrast.
- Fix or replace inaccessible PDFs, images, and videos.
- Add captions and transcripts to videos and audio.
- Use accessible templates for documents, slides, and web pages.
- Make accessibility part of your process going forward — not an afterthought.

### **Looking Ahead**

Making progress towards meeting the April 2026 accessibility deadline isn't just about compliance — it's about creating a more inclusive Rutgers for everyone. Start planning now so your materials are accessible ahead of schedule. Together, we can make sure that every student, faculty or staff member, and visitor can fully engage with all that Rutgers has to offer.

### Supporting Student Access: Growth in Disability Disclosures

The Rutgers Health has seen a steady and encouraging increase in the number of students who have **disclosed disabilities to the Office of Disability Services** between the 2023–2024 and 2024–2025 academic years. Overall, the number of students disclosing disabilities increased from **431 to 479**, an **11% rise** across all programs.

This growth reflects the university’s ongoing efforts to create a campus environment where all students feel supported and empowered to seek the resources they need. The increase may be linked to several positive factors — including **expanded outreach and referral efforts** across the University, greater collaboration with faculty and staff, and the continued promotion of accessibility and awareness across the university community.

Equally important, this trend may suggest that **stigma around disability disclosure is decreasing**, allowing more students to feel comfortable identifying their needs and accessing available accommodations. These shifts mark meaningful progress toward fostering a culture of inclusion and belonging.

While numbers naturally vary across academic areas from year to year, the overall picture is one of growth, connection, and shared commitment. Together, these efforts strengthen the university’s dedication to ensuring that disabled students are able to access all facets of the University

We also continue to see the greatest increase of disability disclosures in the categories of ADHD and psychological disabilities. This is a nationwide trend.

And finally, we are seeing growth in the number and types of referrals to ODS.

**THANK YOU for those referrals and keep them coming!**

Referred By:	2023-24	2024-25	Percent change
Our Website	32	55	41.82%
Friend	15	17	11.76%
Medical Doctor	3	11	72.73%
Syllabus	15	16	6.25%
Dean of Students	13	15	13.33%
U Health Services	4	14	71.43%
Career Services	3	4	25.00%
Faculty/Instructor	33	40	17.50%
<b>Total</b>	<b>208</b>	<b>254</b>	<b>18.11%</b>

#### A final note to \*STUDENTS\*

If you’re navigating your studies with a disability or think you might have a disability, please know you’re not alone — far from it. Students in all programs across Rutgers have disclosed disabilities and are receiving accommodations. [The Rutgers Health Office of Disability Services \(ODS\)](#) is here to support you, connect you with resources, and ensure you have the tools you need to have equal access. [Reaching out](#) is the first step — and we’re here to walk you through the process

**Starbucks Has a New Accessible Store Design** by Amelia Lucas Restaurant Reporter for CNBC

**Starbucks** has unveiled a new store design focused on accessibility and inclusion, with fresh light fixtures and open floor plans. The coffee giant opened the first location with the new design on Friday in Washington, D.C.'s Union Market. "Designing for disabilities is just good design for everybody," said Sara Trilling, president of Starbucks North America. She added that designing a more accessible cafe took about two years and that the company solicited input from Starbucks baristas.

**Starbucks designed the store to have an unobstructed path for customers.**

The Union Market cafe has power-operated doors so customers can use less effort to enter the cafe. Once inside, they can place their orders with baristas using a new point-of-sale system that has an adjustable angle stand, voice assist, screen magnification and photos of menu items.

"Imagine somebody who doesn't speak English as a first language, and you're trying to make sure that you're getting [the order] right and providing great



Starbucks designed the store to have an unobstructed path for customers.

service. You'll have an opportunity through some visual cues to make those confirmations," Trilling said.

**Starbucks' new Clover Vertica brewing system features large dials and protruding buttons for easier use.** Behind the counter, Starbucks' new Clover Vertica system for brewing drip coffee has a more accessible design, with a large dial and protruding buttons. "You can actually feel the settings by touch or using light to indicate when brewing cycles and other things have been completed," Trilling said.



The store's counters are also lower, giving wheelchair users a better experience for example.

Digital status boards show customers when their drinks are ready to pick up, in addition to baristas calling out their names. Starbucks also changed the store lighting to minimize glare, shadows and backlighting that can make it more difficult to see. Insulation has been improved, too, so stores aren't as noisy.

And Starbucks designed the overall floor plan of the store to be free of obstacles and to have open sight-lines. All future company-owned locations will follow a similar framework. Starbucks plans to open more than 600 new stores this year, [increasing its U.S. footprint](#) by 4%, including licensed locations.

**The store's lighting is softer, and insulation keeps noise levels lower.**

Building more accessible stores won't be materially more expensive than using current designs, according to Trilling. "I think about it as something that's going to help us in terms of customer connection. It's going to help us in terms of employee engagement," she said.

[Navigating “Passing” As Hearing: My Experience As a Deaf Individual](#) by Sarah B. Katz

I’m a deaf individual. I have profound deafness in my left ear and severe hearing loss in my right. I use a cochlear implant and hearing aid. They help, but what I hear is fundamentally electronic and not equivalent to hearing organically.

Because I use hearing devices, speak clearly, and have strong speechreading skills, people often assume I’m hearing or mildly hard of hearing. I’ve been told, “But you don’t seem deaf.” This reflects a common misconception that deafness looks or presents a certain way—that all deaf people are unable to hear or speak and communicate only in American Sign Language (ASL).

But most deaf people can hear *something*. Many use devices that may (or may not) help them hear speech. Whether a deaf person speaks or not depends on a variety of factors. They may speak clearly but choose not to because using ASL makes communication easier. And many deaf people don’t use ASL at all.

People have remarked that my speech is as clear as that of a hearing person. But I am in my mid-thirties now. Like many deaf and hard of hearing (HOH) individuals, I was not born with perfect speech. That’s the result of over a decade of working with a speech and language pathologist, with the aid of hearing devices that amplified the residual hearing I had as a child.

People have also praised my lipreading skills. This too isn’t an innate or easily cultivated skill. It developed because I was exposed to spoken English through Cued Speech—a visual communication modality that combines handshapes and placements with speechreading to make the sounds of spoken languages fully visible. When I was an infant, my parents chose cueing to communicate with me in English.

Having cued language transliterators (CLTs) helped me thrive in mainstream school settings. I acquired language and literacy skills at or above grade level—and above my hearing peers. Still, even those of us with strong speech and speechreading skills are at a major disadvantage in speaking-only environments. [Only 30-40 percent of American English is visible on the mouth.](#)

Sometimes I am denied accommodations I need—such as CLTs, ASL interpreters, or Communication Access Realtime Translation (CART or real-time captioning). This is especially true in healthcare settings, where accommodations, when I do receive them, are frequently substandard—like grainy video remote interpreters that freeze or drop off entirely.

### How to Make Hearing Spaces More Inclusive

Here are some tips for those who want to make hearing-centric spaces more inclusive for all deaf and HOH people.

**Know We’re a Diverse Group.** No two deaf people share the same experiences, communication styles, or ways of navigating hearing environments—just as no two individuals from any group are exactly alike. Some deaf people have residual hearing and speak clearly while others don’t. Some use devices such as cochlear implants and hearing aids, while others don’t. Some were born deaf; others acquired deafness later in life. Some may need you to face them when you speak. Others do not lipread well or at all and require other forms of communication such as written, typed, or cued English or ASL interpretation. or not, requires accommodations. Lights are accommodations for sighted people. Chairs are for those who can’t, shouldn’t, or prefer not to stand. We are all beneficiaries of access.

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**Let Us Be the Experts on Our Own Needs.** Never assume what a deaf or HOH person needs. Always ask them. Deaf and HOH people—and disabled people in general—have the lived experience and, thus, are experts on what they need to thrive in otherwise inaccessible environments. If someone requests an ASL interpreter over CART and/or a CLT, it's because that's what works best for them. Some people who use ASL may not have a strong command of English because they experienced [language deprivation](#) (limited or incomplete access to language) from an early age, which is common among deaf and HOH people.

Some people, including me, can be flexible about the communication modalities they use—although some may be better suited to certain situations than others. For example, it makes sense to use CLTs or CART in settings where English is the language being used. In other settings, ASL can be more helpful when I need to visualize something.

Some deaf individuals find hybrid events particularly difficult to navigate—even with CART, ASL interpreters, or AI-generated transcription—due to a range of communication barriers. These may include poor audio quality or acoustics, people not speaking directly into their microphones, speaking too softly, or multiple individuals talking at the same time. These factors can make it hard to follow the conversation, even for those who use assistive technologies or have strong speechreading skills.

In addition to the barriers mentioned above, AI-generated transcription in practice often falls short for deaf and HOH individuals. AI struggles with names, jargon, acronyms, and industry-specific terms; often misinterprets fast, mumbled, or accented speech; and loses or distorts information. Most AI transcription tools don't reliably label speakers, which makes it hard to follow conversations in group settings. And unlike live captioners or interpreters, AI can't ask for clarification or adapt to the user's needs in real time.

Furthermore, keep in mind that some deaf people have other, sometimes invisible, disabilities that require additional or different types of support. For example, a deafblind individual may need Pro-Tactile ASL interpretation services—sign language services that involve tactile channels for communication—or documents in white text on a black background. Some deaf signers may have disabilities that affect their hand dexterity, such as cerebral palsy, which affects the way they sign; the interpreter hired needs to be able to understand them and be qualified to work with them.

**Be Proactive and Ask What's Needed.** Access shouldn't be reactive. Ask: "What do you need for this to be accessible?" Don't make assumptions. As disability rights advocate Haben Girma pointed out in a [speech at the 2024 White House Disability Pride Month Convening](#), *everyone*, disabled

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Sarah Katz is Program Associate for the Commission. She is a writer and editor who has contributed pieces on disability rights issues for publications such as *The Atlantic*, *The New York Times*, and *Slate*. Sarah has copyedited for several digital and print publications, including *The Appeal*, a nonprofit news organization focused on the criminal legal system, and *The Writer's Chronicle*, a magazine for writers published by the Association of Writers & Writing Programs. She is also the author of *Country of Glass*, a poetry collection published by Gallaudet University Press in May 2022.

If you have any questions for me, please feel free to email me at [sarah.katz@americanbar.org](mailto:sarah.katz@americanbar.org).

## RH Office of Disability Services

### Mission

The Office of Disability Services is dedicated to the philosophy that all Rutgers University students are assured equal opportunity, access and participation in the University's courses, programs, activities, services and facilities. We recognize that diverse abilities are a source of strength, empowerment, and enrichment for the entire university community and we are committed to the elimination of physical, instructional, and attitudinal barriers by promoting awareness and understanding throughout the university community.

### Our Vision

The Office of Disability Services at Rutgers Health strives to become a model program for students with disabilities in higher education. We are committed to developing a comprehensively accessible and universally designed University that nurtures the full participation and contribution of every individual. Our team strives to provide the necessary tools, resources and supports for individuals with disabilities to become responsible decision-makers and self-advocates in charge of their own future. We envision a campus community where all individuals are welcomed, valued, and encouraged to be contributing members.

### Steps to Request Accommodations:

#### 1. Complete and submit the Registration Form

Upon completion of this form, you will receive a confirmation email of your submission

#### 2. Schedule an initial meeting:

Upon receipt of the registration form, a representative from ODS will contact you to schedule an intake meeting. This meeting can be conducted in person, by video call, or by phone.

#### 3. Submit appropriate documentation:

On or before your intake meeting, please submit the [appropriate documentation](#) that meets ODS guidelines for your disability

#### 4. Upon completion of your intake, ODS will review your documentation.

Students will receive a response in a timely manner with one of the following application statuses:

- A. Reasonable accommodation request approved
- B. More information needed
- C. Accommodation not approved and why

#### 5. Once approved, you must request your Letters of Accommodations to alert your faculty or program of your accommodations.

Complete the [Letter of Accommodation Request Form](#)



Scan the QR code to learn more about registering for services with ODS, as well as information about documentation and, if approved, how to request.



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