

# Middlesex L.E.A.D.S.

**LISTEN, EDUCATE, ADVOCATE, & DEMAND SAFETY**

Collaboration Charter



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## Introduction

Founded in September 2014, Middlesex L.E.A.D.S. (the Collaborative) is a Middlesex County initiative to LISTEN, EDUCATE, ADVOCATE, AND DEMAND SAFETY for *survivors\* of sexual violence* with disabilities. The Collaborative is comprised of the Middlesex County Center for Empowerment (the Center), a *sexual violence program*; and Alliance Center for Independence (ACI), a *Center for Independent Living*, both located in the town of Edison in Middlesex County, New Jersey.

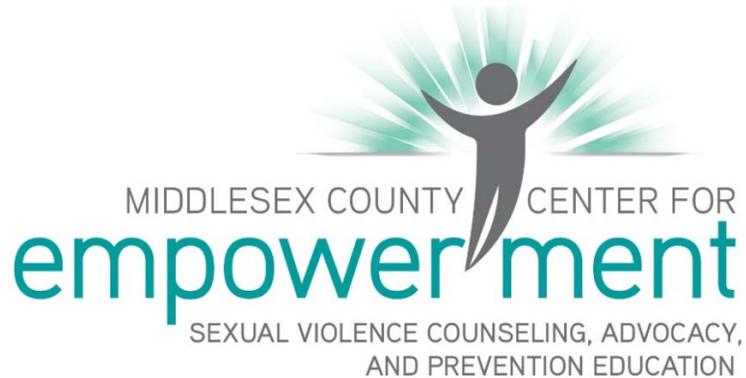
The Collaborative aims to address the intersection of sexual violence and disability and with the guidance of the *Office on Violence Against Women (OVW)* and the *Vera Institute of Justice (VERA)*, hopes to increase each agency's capacity to serve survivors and prevent victimization against persons with disabilities.

The following Collaboration Charter outlines the Collaborative's core beliefs and values; policies and protocols; and essential plans and will serve as a foundation for the partnership as it moves forward. All collaboration members contributed to this document to make it as comprehensive as possible and their thoughts and discussions are represented throughout.

\*Words in italics can be found in the Glossary of Key Terms (page 42).

## Partner Agencies

Middlesex L.E.A.D.S. (the Collaborative) is comprised of the Middlesex County Center for Empowerment (the Center) and Alliance Center for Independence (ACI).



Founded in 1977, the Center serves survivors of sexual violence and their loved ones in Middlesex County, New Jersey. The Center's free services include counseling, support groups, 24-hour hotline, and 24-hour in-person legal support. It also provides free prevention education and free sexual violence professional trainings, educational seminars, and community presentations. The Center facilitates the Sexual Violence Prevention Coalition of Middlesex County, in which ACI is an active member. As the lead agency of the Collaborative, the Center commits Jeanne Manchin, Program Coordinator and *Decision Maker*, and Gabrielle Gault, Counselor Rape Victimization and Prevention Program.



Founded in 1986, ACI is a Center for Independent Living serving Middlesex, Somerset, and Union counties of New Jersey. It is a 501(c)(3) community-based, grassroots organization that supports and promotes independent living for *people*

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*with disabilities*. Its services include information and referral services as well as educational and recreational programs which promote activism, peer support, independent living, health and wellness, employment, housing, and emergency preparedness for people with disabilities and their allies. ACI commits Carole Tonks, Executive Director and Decision Maker; and Luke Koppisch, Deputy Director, to the Collaborative.

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The Center's and ACI's history of collaborating dates back to 2010, when the partnership first applied for the OVW Disabilities Grant. Although they were not awarded at that time, they maintained a relationship, working together on projects and training one another's agencies. Today, the partnership is known as "Middlesex L.E.A.D.S." and with the support of the Office on Violence Against Women (OVW) and the Vera Institute of Justice (VERA), seeks to fight for the rights of survivors with disabilities and demonstrate the ways in which sexual violence and disability programs should work together against violence and *ableism* to properly support ALL survivors of violence. The Collaborative's *Project Director (PD)* is Monica Avisado.

## Vision

The vision of Middlesex L.E.A.D.S. (the Collaborative) is to ensure all sexual violence survivors in the community have *access to equitable, competent, survivor-focused* services regardless of ability.

## Mission

Our mission is to identify and close gaps in service by:

- Commitment to the strategic planning process to create powerful and sustainable change.
- Honoring and respecting each partner agency and individual participant and utilizing a *strengths-based* approach.
- Valuing the importance of this partnership which allows us to create a seamless experience for survivors with disabilities and properly address the needs of an underserved population.
- Spreading awareness about the intersection of sexual violence and disability and promoting a culture of inclusiveness.
- Creating a safe and comfortable space for survivors with disabilities so they may openly express their needs, knowing their voices are heard and they are supported.

## Values

Middlesex L.E.A.D.S. (the Collaborative) will experience numerous changes as the partnership and its projects develop, but its values will remain consistent throughout. The Collaborative understands and accepts the term “values” with two working definitions. “Values” are intrinsic beliefs in which collaboration members have an emotional investment and commitment. In addition, they are non-negotiable beliefs which are expected from all current key members and any individuals or agencies who join the partnership as it moves forward. These definitions were used in discussion to develop the Collaborative’s core values, which are as follows:

- **Equality** (Collaboration members believe all people regardless of ability, should be treated with equal respect and dignity. All people share the same rights to *self-determination*, safety, and access.)
- **Empowerment** (Collaboration members seek to empower sexual violence survivors and people with disabilities, both of which are groups historically mistreated and marginalized in society. Survivors and people with disabilities often feel *disempowered* by their experiences. They are empowered when they are free and safe to make their own decisions.)
- **Self-Determination** (All people have a right to self-determination, to be able to make independent decisions regarding their own lives.)
- **Nothing about us without us!** (Survivors and people with disabilities should be included in the development of services intended for them. They are the experts on their needs and including them in the process as much as possible will ensure a product that works.)

The Collaborative’s values (equality, *empowerment*, self-determination, and “Nothing about us without us!”) will inform its decisions throughout the strategic planning process as it plans, develops, and implements lasting changes within our agencies and new services for survivors with disabilities.

## Beliefs and Assumptions

- Middlesex L.E.A.D.S. (the Collaborative) believes that disability is a natural and beautiful part of human diversity. This philosophy reminds us to treat all people with equal respect and dignity; to focus on strengths; and respect differences. The culture of people with disabilities is as unique as any culture, and interventions must be deliberate, sensitive, and competent.
- The Collaborative believes in allowing individuals to determine how they chose to identify themselves and in the absence of this clarity, assumes the use of *person-first language*.
- Collaboration members believe in meeting clients and consumers where they are. Whether the person is a survivor, has a disability, or both, it is crucial that we validate their experience and work with the person to determine how we can best support their unique needs.
- Survivors of sexual violence often feel disempowered by their *traumatic* and post-traumatic experiences. Many survivors feel *re-victimized* when they seek help and are met with reactions of indifference, disbelief, and rejection. Survivors with disabilities face additional re-victimization when they are viewed as incapable; are unaware of their options; and/or lack access to information and services. The Collaborative understands that survivors are empowered when they are listened to, believed, and supported. They are empowered when they are informed, encouraged to think independently, and their opinions are valued. Most importantly, they are empowered when they have easy access to such support.
- Sexual violence services should be equitable and accessible for all survivors. The Collaborative believes in the combined expertise of our staff, with the guidance of the Vera Institute of Justice, to develop and implement a strategic plan specifically designed to meet the needs of survivors with disabilities.

- The Collaborative assumes that people with disabilities are more likely to be sexually assaulted or sexually abused and experience multiple accounts of assault/abuse than people without disabilities. This assumption is the foundation that supports the coming together of our two agencies, whose shared purpose is to intentionally address the prevalence of sexual violence against people with disabilities.
- The Collaborative recognizes the risk factors for *sexual assault* or *sexual abuse* of people with disabilities. These risk factors include:
  - Being viewed by *perpetrators* as unable to seek help or lacking social credibility.
  - Being socialized to be compliant to others, especially to authority figures.
  - Relying on others to meet basic needs and the use of multiple *caregivers*.
  - Social isolation which limits experience and access to information about healthy relationships; as well as opportunities to disclose or *report* sexual assault or sexual abuse.
  - Agencies lacking physical and programmatic *accessibility*.
  - Little to no access to sex and health education or information about sexual assault or sexual abuse, safety, or prevention strategies.
  - Having a strong desire for friendship and vulnerability to exploitation.
  - Ableism which fuels discrimination and discomfort towards people with disabilities.

The Collaborative understands these risk factors as vulnerabilities which are intentionally exploited by perpetrators, whose motivation for violence is always power and control. We believe that perpetration of sexual violence is never the survivor's fault. By understanding these risk factors, the Collaborative can work to improve existing services and develop new services to eliminate programmatic discrepancies, counter ableism by increasing social awareness, and decrease opportunities for perpetration.

- The Collaborative protects the rights of all people to self-determination and *confidentiality*. The rights of survivors with disabilities should be maximized to the fullest extent, especially in cases where a legal guardian is involved. Furthermore, we believe all survivors have the right to choose whether or not they disclose, seek services, or report sexual assault or sexual abuse. We understand that influencing a survivor’s decision before considering all available options may put him/her at further risk.
- The Collaborative assumes that each collaboration member is susceptible to *burn out* and *vicarious trauma*. We commit to supporting one another throughout this process and encouraging one another to take preventative measures to avoid feeling overworked and overwhelmed.
- Lastly, the Collaborative believes in the necessity of community partnerships such as ours. We trust in *our* combined abilities to properly address the prevalence of sexual violence against people with disabilities by identifying and closing gaps in service to create a safe and seamless experience for survivors; by educating to eliminate myths and improve community response; and by consistently advocating for change.

## Contributions and Commitments

### *Middlesex County Center for Empowerment's Contributions and Commitments*

The Middlesex County Center for Empowerment (Center), as lead agency of the partnership, contributes the following to Middlesex L.E.A.D.S. (Collaborative):

- Expertise in sexual violence, working with survivors, and clinical social work. Their expertise will inform the Collaborative's projects and protocols as they relate to sexual violence as well as their methods in supporting survivors.
- Assistance and resources available through the Sexual Violence Prevention Coalition of Middlesex County and *Confidential Sexual Violence Advocate* Volunteer Program.
- Access and connection to sexual violence resources, victim services, and other community resources.
- Confidential services including counseling, support groups, hotline, and in-person support throughout the legal process.
- Jeanne Manchin, its Program Director, to act as Decision Maker of the Center.
- Safe and accessible space for weekly meetings and a work space for the Project Director (PD).

The Center commits to the following for the benefit of the Collaborative:

- Educating Alliance Center for Independence (ACI) staff and *volunteers*, throughout this partnership, on sexual violence and the basics of working with and understanding survivors.
- Revising the Collaboration Charter and deliverables through an empowerment and survivor-focused lens.

- Attending weekly meetings with either one or both agency representatives.
- Working with and seeking assistance from the Middlesex County Office of Health Services and County Administration, when necessary.
- Overseeing OVW disabilities grant administration.
  - Collecting reporting information and submitting quarterly financial and semi-annual progress reports.
- Learning about the culture of disabilities.
- Actively advocating for the rights of people with disabilities.
- Creating a safe and accessible office space for people with disabilities.
- Making lasting improvements to the Center’s policies and protocols which may limit accessibility and independence for survivors and loved ones.
- Supporting survivors and loved ones that the Collaborative serves.
- Providing weekly supervision for the PD.

### *Alliance Center for Independence Contributions and Commitments*

ACI, as partner agency, contributes the following to the Collaborative:

- Expertise in disabilities, advocating for and working with people with disabilities. Their expertise will inform the Collaborative’s projects and protocols as they relate to disabilities and accessibility.
- Assistance and resources available through the Board of Trustees and volunteer program.
- Access and connection to disabilities resources, accessibility tools, and community services.

- Existing services for consumers including information and referral services, education programs, and recreational activities.
- Carole Tonks, its Executive Director, to act as Decision Maker of ACI.
- Safe and accessible space for weekly meetings and a work space for the PD.

ACI commits to the following for the benefit of the Collaborative:

- Educating Center staff and volunteers, throughout this partnership, on disability related issues, the importance of accessibility, and best practices when working with a person with a disability.
- Revising the Collaboration Charter and other deliverables to ensure accessibility and sensitivity.
- Attending weekly meetings with either one or both agency representatives.
- Communicating with and seeking assistance from the Board of Trustees, when necessary.
- Submitting agency financial and progress report information to the Center on the 5<sup>th</sup> of the month they are due.
- Learning about sexual violence.
- Actively advocating for the rights of survivors and prevention of sexual violence.
- Creating a safe and empowering space for survivors.
- Making lasting improvements in ACI's policies and protocols which may disempower or re-victimize survivors and loved ones.
- Ensuring the access and support needs of survivors with disabilities are met throughout this partnership.

## *Middlesex L.E.A.D.S. Commitments*

Collaboration members commit to the following for the benefit of this partnership, its projects, and the individuals it serves:

- The strategic planning process set forth by the Vera Institute of Justice (VERA) to help the Collaborative create powerful and sustainable change.
- Following the practices highlighted in the Collaborative’s internal and external communication plans (page 16).
- Following the practices highlighted in the Collaborative’s confidentiality (page 24) and mandatory reporting (page 28) protocols.
- Following the practices highlighted in the Collaborative’s consensus building (page 36) and conflict resolution (page 38) processes.
- Updating collaboration members on ACI or Center projects.
- Reading important Office on Violence Against Women (OVW), VERA, or PD emails.
- Attending 2-hour meetings each week, for a total of 8-hours of meeting time each month.
- Being present and prepared for weekly meetings. This includes reading the meeting minutes and agenda prior to each meeting.
- To reading and answering emails, participating in VERA’s webinars, conference calls, and “all-site “meetings.
- Continuously raising awareness around the intersection of sexual violence and disabilities and advocating for the rights of survivors with disabilities.
- Being accountable and holding each other accountable for following these commitments and bringing our best selves to the table.

- Working on the Collaboration Charter and other deliverables as a team, during and between weekly meetings.

### *Project Director Commitments*

The PD commits to the following for the benefit of the Collaborative, its core members, and their overall vision:

- Working for the Collaborative and being flexible to ensure participation from both agencies and individual collaboration members.
- Developing drafts of the Collaboration Charter and other deliverables.
- Facilitating weekly meetings, developing agendas, and taking minutes.
- Sending meeting minutes and agendas to collaboration members and managing the Collaborative's Google Drive account.
- Keeping collaboration members updated on the latest news from OVW, VERA, the Center, and ACI.
- Maintaining a flexible schedule, generally working at the Center on Monday, Wednesday, and Friday and at ACI on Tuesday and Thursday.
- Reminding collaboration members of important deadlines and ensuring the Collaborative stays on track, does not fall behind in VERA's process, or lose sight of its goals.
- Advocating for and representing the Collaborative at VERA and community meetings and trainings.
- Maintaining close contact with the Collaborative's designated VERA *Technical Assistance* specialist (TA), Lisa Becker.

## Communication Plan

Collaboration members from the Middlesex County Center for Empowerment (the Center) and Alliance Center for Independence (ACI) are committed to communicating honestly, openly, and frequently to maintain healthy individual relationships and a strong community partnership. To ensure this, Middlesex L.E.A.D.S. (the Collaborative) has put in place an internal and external communication plan.

### *Internal Communication Plan*

The following section illustrates the Collaborative's internal communication plan, which ensures routine communication between collaboration members.

- The Project Director (PD) will work from both the Center's and ACI's offices.
  - On Mondays, Wednesdays, and Fridays, the PD will work at the Center at 29 Oakwood Avenue in Edison, NJ.
  - On Tuesdays and Thursdays, she will work at ACI at 629 Amboy Avenue in Edison, NJ.

This system will allow her to become familiar with the staff members, projects, motivations, and cultures of each agency. As the PD of the Collaborative, she is responsible for understanding each agency; as well as facilitating the exploration of each other's philosophies and methods. By dividing her time between the two, she will be equally integrated into both agencies.

- Collaboration members will have weekly meetings to plan, explore, discuss, and solve problems as a team.
  - Weekly meetings will take place every Friday from 1:00 to 3:00 P.M. unless formally decided otherwise by all collaboration members.
  - The PD will facilitate each meeting, create agendas, and document minutes for all collaboration members to share.
  - Each meeting will include the PD and at least one member of each partner agency.

- Collaboration members may be excused from meetings, if they are taking time away from work or are required to attend another meeting. They are responsible for informing the PD of their absence from the meeting.
- Collaboration members are encouraged to attend meetings via web cam or conference call, when they are unable to be physically present.
- Missing three or more meetings in one month is unacceptable. The PD will address excessive absenteeism with the person and other collaboration members to find alternative ways to ensure attendance and participation.
- Meetings may be cancelled for holidays or when the PD and one member from each agency cannot attend. If possible, cancelled meetings will be rescheduled within the same week and if not, the meeting will not take place that week.
- All those attending weekly meetings will adhere to the group’s “Ground Rules”, which were developed by the members themselves. These rules include:
  - Starting and ending meetings on time. (Meetings cannot exceed two hours, unless previously discussed and agreed upon by all collaboration members.)
  - Having one person speak at a time. (Collaboration members should consciously take turns speaking to ensure clarity and understanding among group members and use meeting time most productively.)
  - Limiting phone use. (Phone use is permitted for personal or work emergencies.)
  - Respecting each other’s opinions. (Honest opinions and unique perspectives are encouraged and respected to create a safe space for honesty and trust.)
  - Maintaining a judgment-free zone. (Collaborative members may not know as much about certain topics as others. Moments such as these are not meant for others to judge - they are meant for others to teach. Members may disclose personal experiences or wish to discuss specific cases. We hold each other accountable to make the meeting space as

welcoming and warm as possible so these cases can be heard and colleagues can be supported.)

- When we are getting off track, saving those conversation topics for the “parking lot.” (Loosely connected and personal conversations will be allowed to a certain extent. If the conversation is excessive and disruptive to the purpose of the meeting, it will be saved for the “parking lot,” or put aside to be continued at the end of the meeting if there is remaining time.)
  - Having fun. (All collaboration members are susceptible to burn-out. Light and fun activities will be incorporated into meetings so members can refresh and bring their best selves to the table.)
  - Practicing confidentiality and keeping meeting conversations between the group. (Conversations can be shared with those outside of meetings only if it is previously discussed and agreed upon by all members.)
  - Letting go of assumptions. (Any preconceived ideas of sexual violence, survivors, people with disabilities, rape crisis centers, or independent living centers will be left at the door. This policy will help us develop OVW projects from the ground up, starting at a place of not knowing.)
  - Being open. (This includes being open to change, being open-minded, welcoming ideas and opinions, and respectfully sharing them as well.)
- Collaboration members will communicate with each other between meetings as necessary. The following plan illustrates how they will do so.
    - Collaboration members can communicate between meetings by phone or email. Initial contacts will be made by email.
    - Collaboration members may use the PD to relay information to other members.
    - Collaboration members will practice confidentiality between meetings, reserving private meeting conversations for meeting members only.

- The PD may be contacted at the Center, ACI, by cellular phone, or email.
  - All updates from the Office on Violence Against Women (OVW) or Vera Institute of Justice (VERA) will be shared by the PD to the collaboration members.
  - Between meetings, the PD will type up and send meeting minutes to all collaboration members.
  - Drafts of the Collaboration Charter and other deliverables are developed by the PD and revised by the collaboration members and VERA Technical Assistance (TA) specialist, Lisa Becker. Drafts will first be revised by Lisa, followed by ACI staff, followed by Center staff, and ending with Lisa, again. The PD will make changes between revisions. This way, all collaboration members have the opportunity to review the latest version of the charter.
- The Collaborative will be represented at all “all-site” VERA TA meetings and trainings. The PD and representatives from both ACI and the Center will be present in these meetings, which will provide collaboration members essential guidance throughout this partnership and project.
  - The Collaborative will be represented at all VERA TA webinars and conference calls.
    - The PD will represent the Collaborative at all webinars and conference calls, although representatives from both the Center and ACI are encouraged to attend as well. The PD will share webinar and conference call invitations and notes with the rest of the collaboration members.
    - The PD will attend all mandatory PD webinars and conference calls. She will share notes with the rest of the collaboration members.

### *External Communication Plan*

The Collaborative will submit to the process of VERA and OVW to ensure its success and full utilization of resources and benefits this grant program has to offer. It commits to full participation with one another as well as with external stake holders of the project. These include but are not limited to VERA, OVW,

Middlesex County Government, ACI's Board of Trustees, interns, volunteers, media, clients, consumers, community members, and professionals. Critical external stake holders and their roles are as follows:

- VERA is the Collaborative's TA provider, who provides guidance and support to the Collaborative throughout the program development and strategic planning processes to ensure a sustainable and needs-based product. The Collaborative's designated TA specialist is Lisa Becker.
- OVW is the project's funder, who financially supports the Collaborative and approves its budget throughout the life of the grant.
- The Middlesex County Government houses the Center under the Office of Health Services' Nursing Division. County government offices such as the Department of Finance and County Administration play active roles in the Center's daily functioning. Lester Jones is the Health Services Director and Debee Gash is the Director of Nursing, both of whom approve important decisions regarding the Center.
- ACI's Board of Trustees approves ACI's budget and large projects. The Board Chair is Colleen Roche.
- The PD will maintain regular communication with Lisa Becker.
  - The PD will meet with Lisa via conference call every other Wednesday at 10:00 A.M. to ensure her involvement in and approval of all OVW funded projects.
  - In between conference calls, the PD and Lisa will communicate by email (first), phone, or webcam as Lisa answers questions, reviews deliverables, and supports the Collaborative with unexpected issues.
  - If any collaboration members have questions or concerns for VERA, they may be directed to the PD, who will make the initial contact to VERA through Lisa. Collaboration members may also reach out to VERA and Lisa themselves.
- In cases where the Collaborative needs additional authority or consultation from OVW, the following protocol will take place.

- All questions or concerns for OVW will be directed to Jeanne Manchin, the Center’s Program Coordinator and Decision Maker, who may delegate to Gabrielle Gault, Counselor Rape Victimization and Prevention Program, or the PD to contact the OVW grant specialist.
- Gabrielle will collect and organize information needed for all OVW progress reports and financial reports, with the help of the PD as needed. She will submit the progress reports to OVW and financial reports to the appropriate third party, who will complete and submit them to OVW.
- The Collaborative foresees situations which require additional authority from the County’s Office of Health Services. In these situations, the following protocol will take place.
  - Any situation or decision that requires approval or notification of the Office of Health Services will be brought to Jeanne, who may delegate to either Gabrielle or the PD to bring the matter to Debee.
  - Depending on the gravity of the situation, Gabrielle, Jeanne, or Debee may consult Lester Jones for further authority.
  - Questions, concerns, or ideas pertaining to any County offices will be directed to Jeanne or Gabrielle who will make the appropriate contact within the County.
- The Collaborative foresees situations which require additional authority from ACI’s Board of Trustees. In these situations, the following protocol will take place.
  - ACI’s Board of Trustees oversees the agency’s large projects and budget. Issues regarding these will be brought to the board by Carole Tonks, Executive Director and Decision Maker; or Luke Koppisch, Deputy Director.
- Both the Center and ACI accept interns and allow them to undertake agency projects. If interns are interested in participating in weekly meetings or projects, the following procedures will take place.

- The intern’s supervisor must receive permission from all collaboration members.
  - The intern’s role and expectations should be explained to and discussed by all collaboration members.
  - If attending meetings, interns are expected to follow the meeting “Ground Rules” (page 17).
- The Collaborative foresees situations in which the Center’s Confidential Sexual Violence Advocates (Advocates) or ACI’s volunteers want to be informed or involved in OVW projects. In these situations, the following procedures will take place.
    - Jeanne will be assigned to reach out to Advocates, when necessary, to provide updates and opportunities for Advocates to get involved with OVW projects.
    - Carole will be assigned to reach out to Salma Harris, ACI’s Office Manager and Traumatic Brain Injury Case Manager, who will reach out to volunteers, when necessary, to provide updates and opportunities for volunteers to get involved with OVW projects.
- The Collaborative foresees situations in which it will have to make decisions regarding media involvement. In these situations, the following procedures will take place.
    - If the Center receives a media inquiry regarding an OVW project, Jeanne or Gabrielle will collaborate with Luke or Carole on next steps and bring the proposal to the County’s Office of Communication for final approval.
    - If ACI receives a media inquiry regarding an OVW project, Carole or Luke will collaborate with Jeanne or Gabrielle on next steps. Jeanne or Gabrielle will bring the proposal to the Office of Communication for final approval.
    - The development and submission of media statements is time sensitive in nature. If feasible, collaboration members will develop and review media statements together. Media statements will

always be approved by Jeanne and Carole, before final submission to the Office of Communication.

- If someone other than media contacts the Center or ACI requesting information on OVW projects, the following procedures will take place.
  - If the person contacts ACI, they will speak to Carole or be referred to the PD for more information.
  - If the person contacts the Center, they will speak to Gabrielle or be referred to the PD for more information.
  - Collaboration members have developed “Talking Points” (*Appendix A*) to assist with non-media inquiries or be used as a guide in the drafting of media statements.

The internal and external communication plans will assist collaboration members in communicating more productively and using time more efficiently. With these plans in place, the Collaborative can focus less on process and logistics and more on content, meaning, and ideas. Although these plans are subject to change, they will be used throughout the life of the OVW grant program and beyond to maintain steady communications.

## Confidentiality

Middlesex L.E.A.D.S. (the Collaborative) honors the confidentiality policies of both the Middlesex County Center for Empowerment (the Center) and Alliance Center for Independence (ACI) and commits to developing and implementing new policies for the purpose of this partnership and its projects. The following plan highlights the Center's, ACI's, and the Collaborative's confidentiality policies.

Collaboration members commit to honoring the Center's following confidentiality policies:

- Center staff and Confidential Sexual Violence Advocates (Advocates) do not report sexual or *Intimate Partner Violence (IPV)* disclosures to law enforcement unless it meets New Jersey mandatory reporting requirements (page 28). Center services are confidential and available to survivors and loved ones whether or not incidents are reported.
- All interactions between clients and Center staff or Advocates are confidential.
- Client records are stored in either a locked cabinet or on password protected software.
- Client information can only be released to a third party with the client's written consent.
- Staff and Advocates can breach client confidentiality when a *mandatory report* (page 28) is necessary. These instances include:
  - Child abuse or neglect
  - Abuse of vulnerable adult
  - Abuse of institutionalized elderly
  - Persons at risk of serious imminent harm to self
  - Persons at risk of serious imminent harm to others

- Advocates are available to support survivors and loved ones throughout the legal process. They are confidential and do not disclose client information to law enforcement or *Sexual Assault Nurse Examiners (SANEs)*.
- Only Center staff have access to client information. Staff may use each other for case consultations, sharing only the details which are necessary to ensure proper consultation.
- If necessary for the client's case and with written consent from the client, staff may consult a third party, such as a previous counselor or doctor, sharing only the details which are necessary to ensure proper consultation.
- Clients and legal guardians are required to sign a consent of services form on which it is explicitly stated that counselors will not breach client confidentiality at the guardian's request. If a client requests the presence of their guardian or other support person in counseling, the request will always be accommodated.

Collaboration members commit to honoring ACI's following confidentiality policies:

- ACI ensures that operations, activities and affairs of the organization and its consumers are kept confidential. Employees are to hold in complete confidence all information about consumers and their families.
- ACI employees are to hold in complete confidence all information obtained during the course of business concerning co-workers, which is confidential and medical information.
- ACI employees maintain a professional distance with consumers and their families. Discussions of personal, confidential information between agency staff and consumers and their families, which cross the boundary of professionalism, are prohibited.
- ACI employees will breach confidentiality to make a mandatory report (page 28) for child abuse or neglect.

Collaboration members commit to adhering to each partner agency's confidentiality policies and the following Collaborative confidentiality policies moving forward:

- When making referrals to the Center, ACI staff will provide the interested consumer or family member with the Center's contact information, allowing the person to make the contact on their own when they are ready. This protocol empowers the person by allowing them to seek sexual violence services on their own time and at their own pace while protecting their privacy and right to confidentiality. If the person insists on ACI staff making the initial contact, then ACI staff will do so with the person's full consent.
- Center staff will follow the same protocol, providing interested clients with ACI's information and allowing them to contact the agency on their own when they are ready, unless they request staff assistance in doing so.
- All collaboration conversations are confidential, especially those pertaining to clients or consumers. If ever collaboration members are required to share confidential client or consumer information with a third party, collaboration members are only to share the information which is necessary to the third party's needs.
- All collaboration members are *mandated reporters* and will breach confidentiality for the purposes of reporting, sharing only the information necessary for the third party agency's investigation. Collaboration members understand the dangerous and disempowering impacts mandated reporting can have on survivors. They will do everything in their power to protect an adult survivor's confidentiality and right to self-determination when a report is mandated and take steps to prevent putting adult survivors in a position where they no longer have choice. See the Collaborative's full policies regarding mandated reporting (page 28).
- ACI collaboration members are not mandated reporters for abuse, neglect, or exploitation of adults and will take steps to protect adult survivors who disclose abuse. If adult survivors fit the criteria for a mandated report, but

do not want the abuse reported, their choices will be respected and appropriate services will be offered. If ACI collaboration members are unsure as to whether a report would be necessary for the survivor's safety or survival, they will consult Center staff, sharing the minimum amount of information necessary to ensure the client's confidentiality and a thorough consultation. The collaboration members will discuss the details of the case and agree on a course of action. See the Collaborative's mandated reporting policy regarding reporting consultations (page 32).

- Lastly, all clients and consumers will be informed and reminded throughout their involvement in the program of the Collaborative's confidentiality policies, mandated reporting requirements (page 28), and goals to protect the rights of all survivors. Survivors will be informed of their right to choose what they say and to whom they say it to (also on page 31).

# Mandatory Reporting

## *Overview*

Middlesex L.E.A.D.S. (the Collaborative) has five core members, all of whom are mandated reporters. Both the Middlesex County Center for Empowerment (the Center) and Alliance Center for Independence (ACI) staff are mandated reporters of child abuse and neglect. Center staff have additional responsibilities as they are licensed social workers and are required to report abuse of certain adult populations. The following section illustrates the legal requirements of collaboration members as mandated reporters and the Collaborative's protocol when a report is mandated.

## *Statutory Requirements*

As residents of the State of New Jersey, all collaboration members are mandated reporters of child abuse and neglect. In addition, Monica Avisado, the Project Director (PD); Jeanne Manchin, the Center's Program Coordinator; and Gabrielle Gault, the Center's Counselor and Rape Victimization Prevention Program are social workers licensed by the *New Jersey Board of Social Work Examiners* and are responsible to report abuse of:

- Institutionalized elderly persons.
- Vulnerable adults in the community.

They are also required to contact the appropriate authorities and third-parties regarding:

- Persons at risk of causing serious imminent harm to self.
- Persons at risk of causing serious imminent harm to others.

New Jersey Revised Statute §9:6-8.10 (*Appendix B*) indicates that all residents of the state of New Jersey are mandated reporters of child abuse and neglect. All Center and ACI staff and volunteers are responsible for contacting the *Division of Child Protection and Permanency* (DCPP) at **1-877-652-2873** when they

are aware of a case of child abuse or neglect. They are also responsible for informing their direct supervisor of the report.

According to New Jersey Statute §52:27G-7.1 (*Appendix C*), “any caretaker, social worker, physician, registered or licensed practical nurse or other professional, who, as a result of information obtained in the course of his employment, has reasonable cause to suspect or believe that an institutionalized elderly person is being or has been abused or exploited, shall report such information in a timely manner to the ombudsman or to the person designated by him to receive such support.” This law applies to adults who are at least 60 years of age, who reside in a public or private facility that is regulated or supervised by any government agency. Mandated reports by the Collaborative’s social workers will be made to the *State of New Jersey Office of the Ombudsman for the Institutionalized Elderly* at **609-943-3479**.

In addition, the Collaborative’s social workers are mandated to report abuse of vulnerable adults living in community settings. New Jersey Statute §52:27D-307 (*Appendix D*) states that health care professionals, law enforcement, fire fighters, paramedics, and emergency medical technicians are required to report this to their County’s Adult Protective Services office. Social workers are included in the statute’s definition of “health care professionals” as professionals licensed by the New Jersey Board of Social Work Examiners. “Vulnerable adults” are specified to be those who are 18 years of age or older and have significant disabilities affecting their capacity to understand and make decisions, thus making them more vulnerable to abuse, neglect, and exploitation. Furthermore, “community setting” is defined as a private residence or non-institutionalized setting. If the Collaborative’s social workers become aware of the details of a situation with specific circumstances such as these, they are responsible for calling the Middlesex County Adult Protective Services provider, *Middlesex Family and Children Services* at **732-745-3635**.

Lastly, the Collaborative’s social workers are required to notify the proper authorities or third-parties in the event that a client appears to be at risk of causing serious imminent harm to him/herself or another. New Jersey Revised Statute §2A:62A-16 (*Appendix E*) explains these persons should be hospitalized; law enforcement should be notified; and the person at risk of being harmed and that person’s guardian should be alerted immediately.

## *Middlesex L.E.A.D.S. Protocol*

When collaboration members are mandated to report abuse, neglect, or exploitation, the following protocol will take place to ensure the client's or consumer's safety, knowledge of the laws, and involvement in the process:

- When a report is mandated, the program participant in question will be immediately notified of the situation. The reporter will attempt to speak with the person before contacting the appropriate third-party agency, so they may plan the conversation together.
- If the person is the survivor, the reporter and survivor will develop a personalized safety plan prior to or after contacting the appropriate third-party agency.
- The person's guardian will be notified depending on their type of guardianship. They can also be included in the reporting process, if they are not the perpetrator.
- The reporter will give the person and/or guardian the opportunity to report the abuse, neglect, or exploitation themselves by creating a time frame in which the person and/or guardian can contact the appropriate third-party agency independent from the reporter.
- When it is time to report, the reporter will provide the appropriate third-party agency with the minimum amount of information necessary for the agency to execute a proper investigation.

The following protocol will take place throughout the life of this project to protect the rights of survivors with disabilities to self-determination and confidentiality and enforce prevention of re-victimization, during and after a mandatory report is made:

- Program participants will be informed and reminded of the Collaborative's mandated reporting requirements from the start of and throughout their involvement in the program, so all participants are aware of the possibility

of a report and are not caught off guard when the need for a report is substantiated.

- Program participants will be informed and reminded of the Collaborative's unique mandated reporting protocols from the start of and throughout their involvement in the program, so they are fully aware of their options prior to and at the moment that a report is being made.
- Throughout their involvement in the program, participants will be able to choose who they speak to (or speak near), especially as it relates to abuse, neglect, or exploitation. Program participants will always be informed and reminded of who in the Collaborative are mandated reporters and the responsibilities of which that title entails.
- *Division of Developmental Disabilities (DDD)* or residential program staff will not be included in confidential individual nor confidential group conversations, unless previously discussed and agreed upon by the program participant(s). The Collaborative recognizes the unique reporting requirements of workers of DDD and residential programs and believes that including them in confidential conversations, especially those pertaining to abuse, neglect, or exploitation, may compromise the safety and confidentiality of program participant(s).
- Program participants will be informed and reminded of their right to choose what they say to ACI and Center staff. They are not required to answer questions which make them feel uncomfortable and they are not required to speak about abuse, neglect, or exploitation. They are encouraged to withhold or terminate program participation when they want to, especially if they are feeling uncomfortable, upset, or disempowered.
- ACI collaboration members will take steps to protect adult consumers who disclose abuse. If adult survivors fit the criteria for a mandated report, but do not want the abuse reported, their choices will be respected and an appropriate referral will be made.

- ACI collaboration members will keep disclosures confidential, but may choose to seek consultation from Center staff if they are unsure as to whether or not a report would be crucial to the person’s safety or survival. ACI staff will only share the minimum amount of information necessary to initiate a proper consultation from Center staff. The group will discuss the case carefully and mutually decide on a course of action, which may include reporting the case or offering the person services and resources. See the Collaborative’s confidentiality policy regarding reporting consultations (page 26).

## Decision Making Authority

Middlesex L.E.A.D.S. (the Collaborative) relies on the protocol outlined in this section to delegate which decisions can be made by all collaboration members; by the Middlesex County Center for Empowerment (the Center) as lead agency of the Collaborative; by the Project Director (PD); and by external stakeholders including Middlesex County Government, the Alliance Center for Independence (ACI) Board of Trustees, Office on Violence Against Women (OVW), and Vera Institute of Justice (VERA). The following outline will allow for a cleaner process and clearer direction when any types of decisions have to be made.

The following list includes decisions which are made by all collaboration members by email, telephone, or conversation during weekly meetings. All collaboration members make decisions regarding:

- Scheduling times and locations of weekly meetings.
- Consulting with collaboration members before reporting abuse, neglect, or exploitation of a vulnerable adult or institutionalized elderly person (pages 26 and 32).
- Content of the Collaboration Charter and other deliverables, including revising and editing documents and approving content before deliverables are sent to OVW.
- Approval of weekly meeting agendas and minutes.
- Changing partnership configuration including adding individuals or agencies to the Collaborative or including individuals and agencies in certain projects.
- Choosing Collaborative representatives for weekly meetings, VERA, or community events.
- Policies and protocols for the Collaborative. (The Center and ACI have individual responsibilities to make decisions regarding changing agency policies and may consult the other Collaborative partner in doing so.)

- Holding or rescheduling meetings when attendance is low or scheduling is an issue.
- Determining the work process and timelines of the Collaborative's projects.
- Initiating the decisions making, consensus, or conflict resolution protocols.
- Determining when external stakeholders, including OVW, VERA, Middlesex County, or the Board of Trustees must be involved.
- Defining the role of the Project PD.

As lead agency of the Collaborative, the Center makes some decisions on behalf of the Collaborative. These decisions include:

- Holding weekly supervision with the PD.
- Communicating budget revisions to OVW and Middlesex County.
- Submitting final deliverables to OVW.
- Preparing and submitting progress and financial reports.

The PD, as facilitator of the Collaborative's team building and project development processes, makes decisions concerning:

- Developing timelines for submitting drafts and final deliverables, with assistance from VERA Technical Assistance (TA) specialist, Lisa Becker.
- Developing drafts of deliverables.
- Contacting the Collaborative's TA specialist.
- Preparing sections of progress reports.

- Representing the Collaborative at all events, webinars, phone conferences, and meetings.
- Monitoring meeting schedules and tracking time spent together.
- Preparing materials for meetings, including but not limited to meeting agendas and minutes.
- Initiating decision making, consensus, or conflict resolution protocols.

Finally, external stakeholders which impact the Collaborative’s functioning, including OVW, VERA, Middlesex County Government, or the Board of Trustees, make decisions regarding:

- Content and approval of media statements. (This decision must be made by the Middlesex County Office of Communication.)
- OVW funding and approval of the budget. (Anything having to do with spending OVW funds or modifying the budget must be approved by the OVW grant specialist.)
- Final approval of the Collaboration Charter and other deliverables. (The TA revises and approves the Collaboration Charter and other deliverables before it is sent for final approval to OVW.)
- Approval of budget and large projects regarding the Center. (These decisions are made by Debee Gash, Director of Nursing, or Lester Jones, Health Services Director, of the Office of Health Services’ Nursing Division.)
- Approval of budget and large projects regarding ACI. (These decisions must be made by ACI’s Board of Trustees.)
- Removing and replacing the PD. (This decision is made by the Collaborative and Office of Health Services.)

The roles and scenarios outlined in this section are subject to change as the Collaborative’s projects develop or partners change.

## Building Consensus

Middlesex L.E.A.D.S. (the Collaborative) will work towards achieving consensus for decisions regarding the Collaborative and its projects. The Collaborative chooses consensus over other team decision making models, because it prioritizes the good of the group and fosters empowerment, participation, and cooperation among all collaboration members. Decisions which are made by all collaboration members and require consensus can be found in Decision Making Authority (page 33).

For these decisions, the following consensus model (*Appendix F*) will be utilized. This particular model was chosen (out of three different models) as it is concise, understandable, and practical for use in weekly meetings.

Collaboration members will begin building consensus by engaging in discussion about the situation at hand. The discussion will lead to a proposal for a solution to the problem or next steps regarding the situation. At this point, collaboration members will test for consensus. If consensus is reached, the proposal will take action. On the other hand, if consensus is not reached, collaboration members will share their concerns and a new discussion will be facilitated to address them. A new proposal will be drafted to meet the needs of all collaboration members and consensus will be tested once again. This cyclical process may continue for as long as it takes to achieve consensus as the Collaborative is dedicated to producing win-win outcomes for all collaboration members.

If collaboration members are completely against a proposal, they have the option of “blocking” it. At this point, the proposal cannot be passed and must be put aside or thrown away.

If collaboration members are incapable of reaching a full agreement on a proposal but are supportive of it none-the-less, they have the option of “standing aside” to let the proposal pass and allow the group to achieve consensus.

This consensus model will be utilized at all weekly meetings to ensure full collaboration on decisions and next steps regarding the Collaborative and its projects. The weekly meeting “Ground Rules” (page 17) will be practiced

throughout the consensus building process. If after multiple attempts, consensus is still not reached, collaboration members should initiate the conflict resolution process (page 38) and attempt to agree on the best decision for the Collaborative. If all else fails, the PD will involve Lisa Becker, Vera Institute of Justice (VERA) Technical Assistance (TA) specialist, for further assistance.

## Conflict Resolution

Middlesex L.E.A.D.S. (the Collaborative) views conflict as a natural part of human relationships. Collaboration members understand conflict can be both healthy and unhealthy. Healthy conflict addresses concerns and leads to better understanding. However, if not handled quickly and constructively, conflict can turn unhealthy and damage important relationships. The following section outlines the Collaborative's prevention and resolution strategies regarding unhealthy conflict.

### *Conflict Prevention*

Collaboration members hope to prevent unhealthy conflict, which may negatively impact the group's functioning, productivity, and relationships. This simple prevention plan begins by practicing clear communication and active listening in all interactions. In addition, collaboration members will encourage and welcome each other's opinions, suggestions, and perspectives and adhere to the weekly meeting "Ground Rules" (page 17) to inspire a team culture of listening, respectfulness, openness, and confidentiality.

In addition to these efforts, the group will utilize the Conflict Styles Grid (*Appendix G*). According to the grid, conflict can be handled in one of four ways:

- If the issue and relationship to the person are of equal low importance, conflict may be handled with **avoidance** and neither person wins nor loses.
- If the issue is more important than the relationship, conflict may be handled with **competition** and one person wins while the other loses.
- If the relationship is more important than the issue, conflict may be handled with **accommodation** and once again, one person wins while the other loses.
- However, if the issue and relationship are of equal high importance, then conflict may be handled with **compromise** (also known as collaboration in similar models) and both parties win.

Collaboration members adopt this framework as a reminder that this partnership and the social issue which it addresses is of high importance to all members. Thus, all conflicts should be resolved with the latter conflict style to produce win-win outcomes.

In the event that conflict occurs, collaboration members will take steps to prevent the conflict from growing into a larger, less manageable situation. Collaboration members will take it upon themselves to address conflict as soon as possible, while practicing confidentiality protocols (page 24) to ensure the situation is handled with privacy and care. Individuals in conflict will not let conflict get personal, act defensively, or look for someone to blame. Instead, they will focus on actionable solutions and follow the Collaborative's conflict resolution model.

### *Middlesex L.E.A.D.S. Model*

The Collaborative's conflict resolution model (*Appendix H*) includes six crucial steps:

- Define the problem. (What is the conflict or concern and who are the parties involved?)
- Allow each party to voice their concerns. (Practice clear communication and active listening.)
- Discuss and agree on differences. (Share points of view, agree to disagree if necessary, and avoid looking for someone to blame.)
- Explore solutions and alternatives. (Discuss actionable solutions.)
- Agree on a plan and follow-up steps. (Focus on win-win outcomes.)
- Do what you agree to do! (Hold yourself and the other accountable.)

The parties involved should encourage positive relations and handle negative emotions throughout the conflict resolution process and always attempt to meet in a private setting.

The Collaborative's conflict resolution model is self-explanatory as it provides clear directions; solution-focused as it guides parties to win-win outcomes; and relationship sensitive as it encourages positive interactions between both parties. It will be utilized throughout this partnership to resolve conflict sooner than later and maintain healthy relations. If a conflict is unable to come to a resolution, the involved parties will reach out to the Vera Institute of Justice (VERA) Technical Assistance (TA) specialist, Lisa Becker, for further assistance.

## Work Plan

Middlesex L.E.A.D.S. (the Collaborative) was awarded the Office on Violence Against Women (OVW) Grant No. 2014-fw-ax-k008 in September 2014 to increase accessibility and develop or improve services for survivors with disabilities. The following demonstrates the Collaborative’s work plan from September 2014 to September 2017 as it plans, develops, and implements these changes.

September 2014 .....	Awarded Grant
March – July 2015 .....	Collaboration Charter
August 2015 .....	Needs Assessment Planning
September 2015 .....	Sessions with People Served
October – November 2015 .....	Needs Assessment Report
December 2015 – January 2016 .....	Strategic Planning
February 2016 .....	Listening Sessions with Staff
March 2016 – September 2017 .....	Implementation

Collaboration members will utilize a work timeline (*Appendix I*) throughout the life of the grant to ensure they are on track with the strategic planning process. They will hold each other accountable to ensure their deadlines are met and if they find themselves requiring assistance, will contact the designated Vera Institute of Justice (VERA) Technical Assistance (TA) specialist, Lisa Becker, and explore alternatives together.

## Glossary of Key Terms

*Ableism* is discrimination against and historical social oppression of people with disabilities.

*Access* is to have the option and be able to physically enter a place or freely attain and utilize something.

*Accessibility* is the measure of a place or thing's level of access to all people.

*Burn Out* is the effect of overwork or stress resulting in exhaustion, cynicism, and inability to provide good services.

*Caregivers* are those who care for the needs of other people. Some people with disabilities rely on caregivers to ensure their daily needs are met. Caregivers can be loved ones or hired workers.

*A Center for Independent Living* is a place where people with disabilities can go to obtain services and learn skills to increase independence.

*A Confidential Sexual Violence Advocate (Advocate)* is a person who is trained for at least 50-hours by Middlesex County Center for Empowerment staff to support survivors of sexual violence via the Center's 24-hour hotline or in-person legal support.

*Confidentiality* policies are put in place to ensure the privacy of a person. In agencies like the Middlesex County Center for Empowerment and Alliance Center for Independence, restrictions on sharing client and consumer information are enforced to protect them.

The *Decision Maker(s)* are those designated, within Middlesex L.E.A.D.S., to make the final decisions on all OVW Disabilities Grant projects.

*Disempowered* is the feeling someone experiences when another reduces their level of control over a situation or their life.

*Division of Child Protection and Permanency (DCPP)* is a state agency which serves children and families. DCPP protects children who are survivors of abuse or neglect and provides services for at-risk families.

*Division of Developmental Disabilities (DDD)* is a state agency which serves adults with developmental disabilities and their loved ones. DDD provides housing and other services for adults with developmental disabilities. They protect DDD consumers from abuse, neglect, or exploitation.

*Empowerment* is feeling free to be oneself and being aware of one's own personal-power.

*Equitable* means everyone has equal opportunities and outcomes.

*Intimate Partner Violence* is when a person, usually a romantic partner, loved one, or caregiver is physically, emotionally, psychologically, sexually, verbally, or financially abusive to their romantic partner, loved one, or the person they care for.

*Mandatory Report* is a case of abuse, neglect, or exploitation of another person which must be reported to law enforcement or another government authority.

*Mandated Reporter* is a person who is required to report abuse, neglect, or exploitation of certain populations to law enforcement or another government authority.

*Middlesex Family and Children Services* is a local non-profit which houses the Middlesex County's Adult Protective Services unit, which investigates abuse, neglect, or exploitation of vulnerable adults in the community and protects survivors.

*New Jersey Board of Social Work Examiners* is the state agency which licenses and monitors New Jersey's social workers.

*Office on Violence Against Women* is a federal agency under the Department of Justice which develops laws and services to protect women and children and

provides funding to many local and state agencies that protect women and children.

*Perpetrators* are people who intentionally abuse, neglect, exploit, or hurt in any way another person who is seemingly less powerful than them.

*Person-First Language* is referring to a person with a disability by putting the person before the disability. For example, using “person who is blind” instead of “blind person” or using “person with a developmental disability” instead of “disabled person.”

*A person with a disability (people with disabilities)* is “a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person who is perceived by others as having such an impairment.” (Source: [www.ADA.gov](http://www.ADA.gov))

*Project Director (PD)* is the person responsible for the Middlesex County Center for Empowerment and Alliance Center for Independence partnership and its projects, all of which are derived from the OVW Disabilities Grant Program. The PD facilitates weekly meetings, drafts deliverables, maintains communication with technical assistance, and keeps Middlesex L.E.A.D.S. on track.

*Report* is the act of going to law enforcement to report sexual violence with the intention of pursuing criminal action against the perpetrator(s) of the crime.

To be *re-victimized* refers to an experience that disempowers, shames, judges, rejects, or further abuses a survivor of violence. It can be an intentional or unintentional action.

*Self-Determination* is the right all people have to make decisions regarding their own lives and bodies.

*Sexual Violence Program* is the State of New Jersey’s term for “rape crisis center.” A sexual violence program serves sexual violence survivors and loved ones with free services including counseling, support groups, 24-hour hotline, and 24-hour legal in-person support.

*Sexual Abuse* is sexual violence perpetrated against another.

*Sexual Assault* is forceful (coercive) penetration by any object in any part of the body no matter how slight which is violent and sexual in nature.

A *Sexual Assault Nurse Examiner (SANE)* is a Registered Nurse specifically trained to perform forensic exams on survivors of sexual assault. The purpose of forensic exams is to collect evidence of the assault from the survivor's body. This evidence can be used in court to prosecute the perpetrator(s).

*Sexual Violence* is any non-consensual act that is violent or coercive and sexual in nature including but not limited to sexual assault, sexual abuse, lewdness, voyeurism, sexual harassment, sexual contact, and sex trafficking.

*State of New Jersey Office of the Ombudsman for the Institutionalized Elderly* is a state agency which provides services for institutionalized adults who are 60+ years of age and their loved ones. It also protects institutionalized adults who are 60+ years of age and investigates cases of abuse, neglect, or exploitation in institutionalized settings.

*Strengths-Based* means the focus will be on strengths and how each person's strengths can be utilized in a creative and productive manner.

*Survivor-Focused* means the focus will be on the sexual violence survivor and their needs.

*Survivor* is a person who experiences sexual violence or is affected by a loved one's experience with sexual violence.

*Technical Assistance (TA)* specialists for the OVW Disabilities Grant Program are from the Vera Institute of Justice. They assist grantees throughout the strategic planning, program development, and implementation process to ensure effective and sustainable programs. Lisa Becker is the Collaborative's designated TA specialist.

*Traumatic* experiences are sudden and unexpected. They can wound the survivor's spirit, sense of safety, and self. Someone who is traumatized sees life differently as a result of a traumatic experience.

*Vera Institute of Justice* is an agency which conducts research, develops services, and advocates for underserved populations, including people with disabilities and survivors of violence.

*Vicarious Trauma* is when a person who works with survivors of trauma begins to experience post-traumatic reactions as if they experienced the trauma themselves.

*Volunteers* of the Alliance Center for Independence generously offer their time and skills to perform administrative duties and other necessary tasks around the office. Volunteers at the Middlesex County Center for Empowerment are Confidential Sexual Violence Advocates (page 42) who help the Center maintain 24-hour crisis services.

## Appendices

### *Appendix A*

#### Talking Points

The following information may be provided to professionals, clients, consumers, and community members inquiring about MIDDLESEX LE.A.D.S. and its projects. The information may also be used as a guide for drafting media statements.

#### *About Middlesex L.E.A.D.S.*

- Middlesex L.E.A.D.S. is a local initiative to LISTEN, EDUCATE, ADVOCATE, AND DEMAND SAFETY for sexual violence survivors with disabilities in Middlesex County.
- Middlesex L.E.A.D.S. is a collaborative project lead by the Middlesex County Center for Empowerment and Alliance Center for Independence.
- The Middlesex County Center for Empowerment of the County of Middlesex Office of Health Services provides free counseling, support groups, 24-hour hotline, and crisis intervention services for sexual violence survivors and their loved ones; as well as prevention education and sexual violence presentations for the community.
- The Alliance Center for Independence (ACI) recognizes disability as a natural and beautiful part of human diversity. ACI is a 501(c)(3) community-based, grassroots organization that supports and promotes independent living for people with disabilities in Middlesex, Union and Somerset counties in New Jersey.

- The two agencies came together through grant funding from the Office on Violence Against Women to increase each other’s capacity to support sexual violence survivors with disabilities.

### *Vision and Mission*

- The vision of Middlesex L.E.A.D.S. is to ensure all sexual violence survivors in the community have access to equitable, competent, survivor-focused services regardless of ability.
- The mission of Middlesex L.E.A.D.S. is to identify and close gaps in service by:
  - Commitment to the strategic planning process to create powerful and sustainable change.
  - Honoring and respecting each partner agency and individual participant and utilizing a *strengths-based* approach.
  - Valuing the importance of this partnership which allows us to create a seamless experience for survivors with disabilities and properly address the needs of an underserved population.
  - Spreading awareness about the intersection of sexual violence and disability and promoting a culture of inclusiveness.
  - Creating a safe and comfortable space for survivors with disabilities so they may openly express their needs, knowing their voices are heard and they are supported.

### *Sexual Violence and Disability*

- According to the Americans with Disabilities Act (ADA), a person with a disability is “a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person who is perceived by others as having such an impairment.” (Source: [www.ADA.gov](http://www.ADA.gov))

- Sexual violence is any non-consensual act that is violent or coercive and sexual in nature including but not limited to sexual assault, sexual abuse, lewdness, voyeurism, sexual harassment, sexual contact, and sex trafficking.
- People with disabilities are more likely to experience sexual violence and multiple accounts of sexual violence than people without disabilities, but they are less likely to receive victim services.
- Middlesex L.E.A.D.S. is here to address both of those issues and give survivors with disabilities access to a safe space where they are listened to, believed, and supported.
- You can help by:
  - Learning about people with disabilities and accessibility. (ACI – 732-738-4388)
  - Learning about sexual violence and how to support survivors. (Center – 732-321-1189)
  - Spreading awareness!

**Please note:** Media statements (and other media contact) must be reviewed and approved by Jeanne Manchin, Program Coordinator of the Middlesex County Center for Empowerment; Carole Tonks, Executive Director of the Alliance Center for Independence; and the Middlesex County Office of Communication before they can be released to the public.

## *Appendix B*

### **NJ Rev Stat § 9:6-8.10**

#### **9:6-8.10 Report of abuse.**

3. Any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Division of Child Protection and Permanency by telephone or otherwise. Such reports, where possible, shall contain the names and addresses of the child and his parent, guardian, or other person having custody and control of the child and, if known, the child's age, the nature and possible extent of the child's injuries, abuse or maltreatment, including any evidence of previous injuries, abuse or maltreatment, and any other information that the person believes may be helpful with respect to the child abuse and the identity of the perpetrator.

L.1971, c.437, s.3; amended 1987, c.341, s.4; 2012, c.16, s.21.

Source: [http://lis.njleg.state.nj.us/cgi-bin/om\\_isapi.dll?clientID=251337&Depth=2&TD=WRAP&advquery=report%20of%20child%20abuse&depth=4&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&rank=&record={3702}&softpage=Doc\\_Frame\\_PG42&wordsaroundhits=2&x=0&y=0&zz=](http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=251337&Depth=2&TD=WRAP&advquery=report%20of%20child%20abuse&depth=4&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&rank=&record={3702}&softpage=Doc_Frame_PG42&wordsaroundhits=2&x=0&y=0&zz=)

## *Appendix C*

### **NJ Rev Stat § 52:27G-7.1**

#### **52:27G-7.1. Report of suspected abuse**

a. Any caretaker, social worker, physician, registered or licensed practical nurse or other professional, who, as a result of information obtained in the course of his employment, has reasonable cause to suspect or believe that an institutionalized elderly person is being or has been abused or exploited, shall report such information in a timely manner to the ombudsman or to the person designated by him to receive such report.

b. Such report shall contain the name and address of the elderly person, information regarding the nature of the suspected abuse or exploitation and any other information which might be helpful in an investigation of the case and the protection of such elderly person.

c. Any other person having reasonable cause to suspect or believe that an elderly person is being or has been abused or exploited may report such information to the ombudsman or to the person designated by him to receive such report.

d. The name of any person who reports suspected abuse or exploitation pursuant to this act shall not be disclosed, unless the person who reported the abuse or exploitation specifically requests such disclosure or a judicial proceeding results from such report.

e. Any person who reports suspected abuse or exploitation pursuant to this act or who testifies in any administrative or judicial proceeding arising from such report or testimony shall have immunity from any civil or criminal liability on account of such report or testimony, unless such person has acted in bad faith or with malicious purpose.

f. Any person required to report suspected abuse or exploitation pursuant to this act who fails to make such report shall be fined not more than \$5,000.00. Such penalty shall be collected and enforced by summary proceedings pursuant to "the penalty enforcement law" (N.J.S. 2A:58-1 et seq.). Each violation of this act shall

constitute a separate offense.

g. No provision of this act shall be deemed to require the disclosure of, or penalize the failure to disclose, any information which would be privileged pursuant to the provisions of sections 18 through 23 inclusive of P.L. 1960, c. 52 (C. 2A:84A-18 through 2A:84A-23).

h. When a person has been penalized under this section, a letter making note of the penalty shall immediately be sent by the court to the licensing authority or the professional board, if any, having jurisdiction over the person who has been penalized.

i. The office may bring suit in a court of competent jurisdiction to enforce any of the powers enumerated in this section.

L. 1983, c. 43, s. 2; amended by L. 1987, c. 104, s. 2.

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## **52:27G-2 Definitions.**

2. As used in this act, unless the context clearly indicates otherwise:

...

f. "Facility" means any facility or institution, whether public or private, offering health or health related services for the institutionalized elderly, and which is subject to regulation, visitation, inspection, or supervision by any government agency. Facilities include, but are not limited to, nursing homes, skilled nursing homes, intermediate care facilities, extended care facilities, convalescent homes, rehabilitation centers, residential health care facilities, special hospitals, veterans' hospitals, chronic disease hospitals, psychiatric hospitals, mental hospitals, developmental centers or facilities, continuing care retirement communities,

including independent living sections thereof, day care facilities for the elderly and medical day care centers;

g. "Government agency" means any department, division, office, bureau, board, commission, authority, or any other agency or instrumentality created by the State or to which the State is a party, or by any county or municipality, which is responsible for the regulation, visitation, inspection or supervision of facilities, or which provides services to patients, residents or clients of facilities;

...

i. "Institutionalized elderly," "elderly" or "elderly person" means any person 60 years of age or older, who is a patient, resident or client of any facility;

L.1977, c.239, s.2; amended 1983, c.43, s.1; 1997, c.379, s.9; 2010, c.50, s.79; 2013, c.167, s.10.

Source: [http://lis.njleg.state.nj.us/cgi-bin/om\\_isapi.dll?clientID=251337&Depth=2&TD=WRAP&advquery=52%3a27G-2%20Definitions.&depth=4&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&rank=&record={16BD2}&softpage=Doc\\_Frame\\_PG42&wordsaroundhits=2&x=0&y=0&zz=](http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=251337&Depth=2&TD=WRAP&advquery=52%3a27G-2%20Definitions.&depth=4&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&rank=&record={16BD2}&softpage=Doc_Frame_PG42&wordsaroundhits=2&x=0&y=0&zz=)

## *Appendix D*

### **NJ Rev Stat § 52:27D-409**

#### **52:27D-409 Report of suspected abuse, neglect, exploitation.**

4. a. (1) A health care professional, law enforcement officer, firefighter, paramedic or emergency medical technician who has reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect or exploitation shall report the information to the county adult protective services provider.

(2) Any other person who has reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect or exploitation may report the information to the county adult protective services provider.

b. The report, if possible, shall contain the name and address of the vulnerable adult; the name and address of the caretaker, if any; the nature and possible extent of the vulnerable adult's injury or condition as a result of abuse, neglect or exploitation; and any other information that the person reporting believes may be helpful.

c. A person who reports information pursuant to this act, or provides information concerning the abuse of a vulnerable adult to the county adult protective services provider, or testifies at a grand jury, judicial or administrative proceeding resulting from the report, is immune from civil and criminal liability arising from the report, information, or testimony, unless the person acts in bad faith or with malicious purpose.

d. An employer or any other person shall not take any discriminatory or retaliatory action against an individual who reports abuse, neglect or exploitation pursuant to this act. An employer or any other person shall not discharge, demote or reduce the salary of an employee because the employee reported information in good faith pursuant to this act. A person who violates this subsection is liable for a fine of up to \$1,000.

e. A county adult protective services provider and its employees are immune from criminal and civil liability when acting in the performance of their official duties,

unless their conduct is outside the scope of their employment, or constitutes a crime, actual fraud, actual malice, or willful misconduct.

L.1993, c.249, s.4; amended 2009, c.276, s.2.

Source: [http://lis.njleg.state.nj.us/cgi-bin/om\\_isapi.dll?clientID=251337&Depth=2&TD=WRAP&advquery=report%20of%20suspected%20abuse%2c%20neglect%2c%20exploitation&depth=4&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&rank=&record={16A3E}&softpage=Doc Frame PG42&wordsaroundhits=2&x=0&y=0&zz=](http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=251337&Depth=2&TD=WRAP&advquery=report%20of%20suspected%20abuse%2c%20neglect%2c%20exploitation&depth=4&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&rank=&record={16A3E}&softpage=Doc Frame PG42&wordsaroundhits=2&x=0&y=0&zz=)

## **52:27D-407 Definitions.**

2. As used in this act:

...

"Community setting" means a private residence or any noninstitutional setting in which a person may reside alone or with others, but shall not include residential health care facilities, rooming houses or boarding homes or any other facility or living arrangement subject to licensure by, operated by, or under contract with, a State department or agency.

...

"Health care professional" means a health care professional who is licensed or otherwise authorized, pursuant to Title 45 or Title 52 of the Revised Statutes, to practice a health care profession that is regulated by one of the following boards or by the Director of the Division of Consumer Affairs: the State Board of Medical Examiners, the New Jersey Board of Nursing, the New Jersey State Board of Dentistry, the New Jersey State Board of Optometrists, the New Jersey State Board of Pharmacy, the State Board of Chiropractic Examiners, the Acupuncture Examining Board, the State Board of Physical Therapy, the State Board of Respiratory Care, the Orthotics and Prosthetics Board of Examiners, the State Board of Psychological Examiners, the State Board of Social Work Examiners, the State Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians,

the Audiology and Speech-Language Pathology Advisory Committee, the State Board of Marriage and Family Therapy Examiners, the Occupational Therapy Advisory Council, the Certified Psychoanalysts Advisory Committee, and the State Board of Polysomnography. "Health care professional" also means a nurse aide or personal care assistant who is certified by the Department of Health.

...

"Vulnerable adult" means a person 18 years of age or older who resides in a community setting and who, because of a physical or mental illness, disability or deficiency, lacks sufficient understanding or capacity to make, communicate, or carry out decisions concerning his well-being and is the subject of abuse, neglect or exploitation. A person shall not be deemed to be the subject of abuse, neglect or exploitation or in need of protective services for the sole reason that the person is being furnished nonmedical remedial treatment by spiritual means through prayer alone or in accordance with a recognized religious method of healing in lieu of medical treatment, and in accordance with the tenets and practices of the person's established religious tradition.

L.1993, c.249, s.2; amended 2009, c.276, s.1; 2012, c.17, s.424.

Source: [http://lis.njleg.state.nj.us/cgi-bin/om\\_isapi.dll?clientID=251337&Depth=4&TD=WRAP&advquery=52%3a27D-407%20Definitions.&headingswithhits=on&infobase=statutes.nfo&rank=&record={16A3A}&softpage=Doc Frame Pg42&wordsaroundhits=2&x=0&y=0&zz=](http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=251337&Depth=4&TD=WRAP&advquery=52%3a27D-407%20Definitions.&headingswithhits=on&infobase=statutes.nfo&rank=&record={16A3A}&softpage=Doc Frame Pg42&wordsaroundhits=2&x=0&y=0&zz=)

## Appendix E

### NJ Rev Stat § 2A:62A-16

#### **2A:62A-16 Medical or counseling practitioner's immunity from civil liability.**

1. a. Any person who is licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work or marriage counseling, whether or not compensation is received or expected, is immune from any civil liability for a patient's violent act against another person or against himself unless the practitioner has incurred a duty to warn and protect the potential victim as set forth in subsection b. of this section and fails to discharge that duty as set forth in subsection c. of this section.

b. A duty to warn and protect is incurred when the following conditions exist:

(1) The patient has communicated to that practitioner a threat of imminent, serious physical violence against a readily identifiable individual or against himself and the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out the threat; or

(2) The circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out an act of imminent, serious physical violence against a readily identifiable individual or against himself.

c. A licensed practitioner of psychology, psychiatry, medicine, nursing, clinical social work or marriage counseling shall discharge the duty to warn and protect as set forth in subsection b. of this section by doing any one or more of the following:

(1) Arranging for the patient to be admitted voluntarily to a psychiatric unit of a general hospital, a short-term care facility, a special psychiatric hospital or a psychiatric facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.);

(2) Initiating procedures for involuntary commitment to treatment of the patient

to an outpatient treatment provider, a short-term care facility, a special psychiatric hospital or a psychiatric facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.);

(3) Advising a local law enforcement authority of the patient's threat and the identity of the intended victim;

(4) Warning the intended victim of the threat, or, in the case of an intended victim who is under the age of 18, warning the parent or guardian of the intended victim; or

(5) If the patient is under the age of 18 and threatens to commit suicide or bodily injury upon himself, warning the parent or guardian of the patient.

d. A practitioner who is licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work or marriage counseling who, in complying with subsection c. of this section, discloses a privileged communication, is immune from civil liability in regard to that disclosure.

L.1991, c.270, s.1; amended 2009, c.112, s.21.

Source: [http://lis.njleg.state.nj.us/cgi-bin/om\\_isapi.dll?clientID=251337&Depth=2&TD=WRAP&advquery=medical%20or%20counseling%20practitioner%27s%20immunity%20from%20civil%20liability&depth=4&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&rank=&record={1033}&softpage=Doc Frame PG42&wordsaroundhits=2&x=0&y=0&zz=](http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=251337&Depth=2&TD=WRAP&advquery=medical%20or%20counseling%20practitioner%27s%20immunity%20from%20civil%20liability&depth=4&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&rank=&record={1033}&softpage=Doc Frame PG42&wordsaroundhits=2&x=0&y=0&zz=)

Appendix F

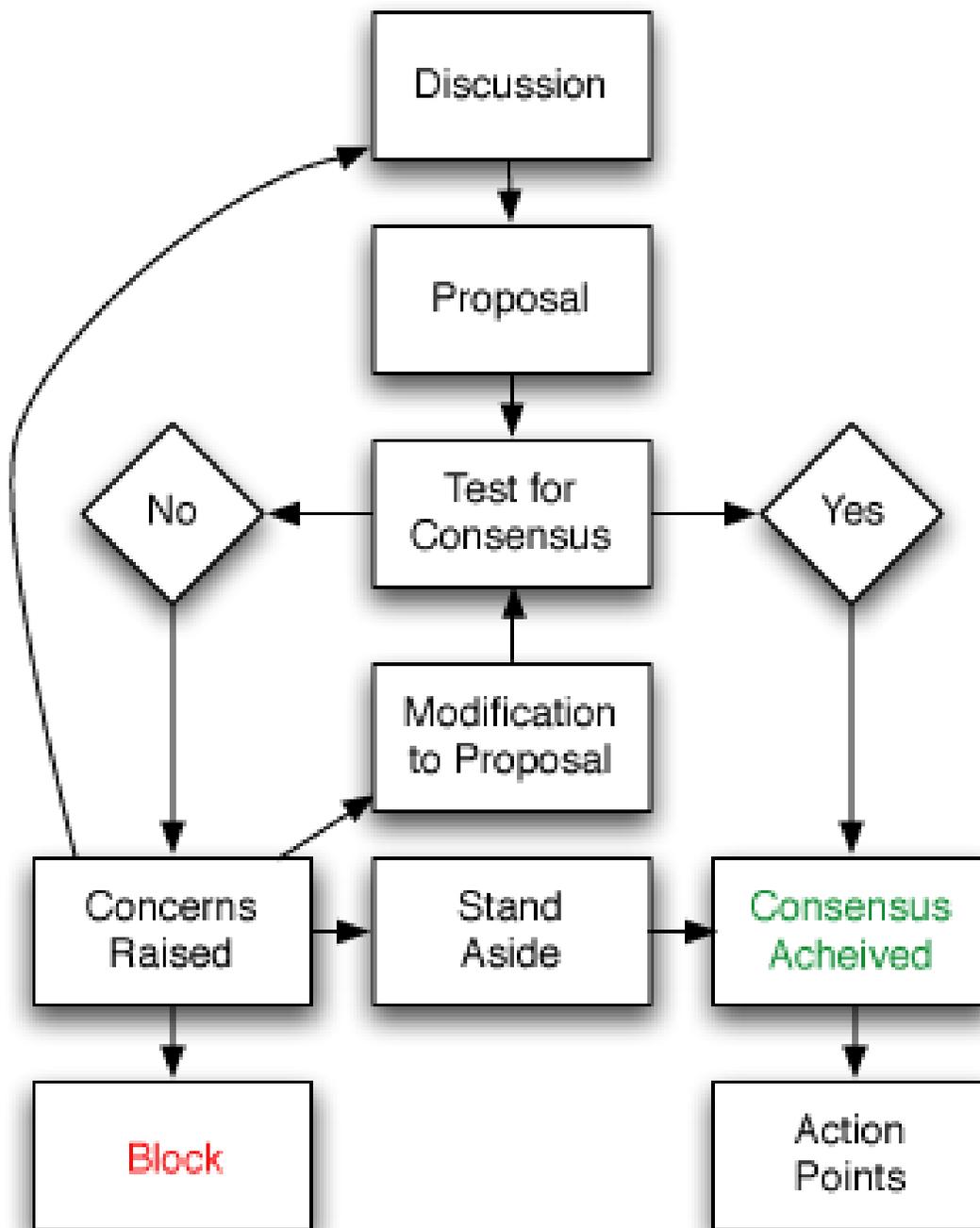


Image Source:

<http://en.wikipedia.org/w/index.php?title=File:Consensus-flowchart.png>

Appendix G

**Conflict Styles Grid**

<b>R E L A T I O N S H I P</b>	<b>High</b>	<b>Accommodation</b> The relationship is more important to you than the issue	<b>Compromise</b> Both the relationship and issue are important to you
	<b>Low</b>	<b>Avoidance</b> Neither the issue nor the relationship is very important to you	<b>Competition</b> The issue is more important to you than the relationship
		<b>Low</b>	<b>High</b>
<b>ISSUE</b>			

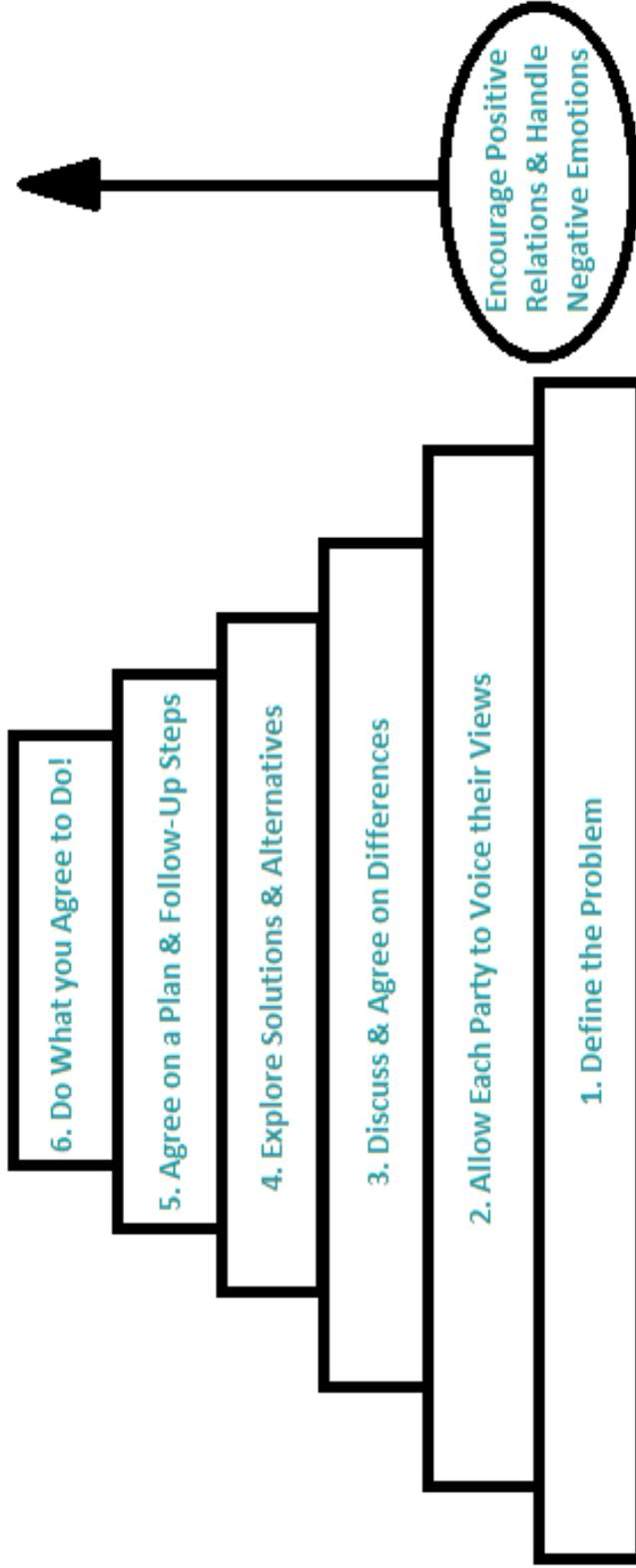
Image Source:

<http://ianrpubs.unl.edu/live/g2115/build/g2115.pdf>

# Middlesex L.E.A.D.S.

**LISTEN, EDUCATE, ADVOCATE, & DEMAND SAFETY**

## Conflict Resolution Model



*Appendix H*

# Middlesex L.E.A.D.S.

LISTEN, EDUCATE, ADVOCATE, & DEMAND SAFETY

## Work Timeline

