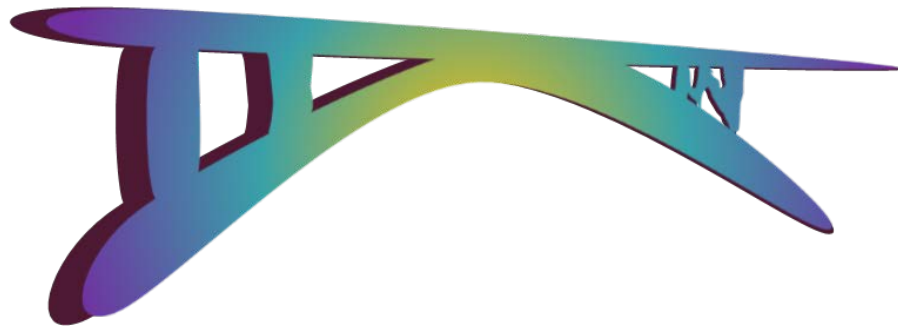


# Bridging South Dakota



## COLLABORATION CHARTER

Bridging South Dakota is supported by grant no. 2013-FW-AX-K005 of the Education, Training, and Enhancing Services to End Violence Against and Abuse of Women with Disabilities Grant Program awarded by the Office on Violence Against Women, U.S. Department of Justice.

## CONTENTS

Introduction.....	2
Project Partners .....	2
Our Collaboration Members:.....	4
History of the Project.....	4
Vision .....	6
Mission.....	6
Shared Understanding and Values of the Collaboration .....	6
Commitment and Contributions.....	9
Communication .....	12
Roles and Responsibilities .....	14
Decision Making Process .....	16
Decision Making Authority .....	17
Conflict Management plan .....	18
Confidentiality and Mandatory Reporting.....	19
Mandatory Reporting .....	20
Timeline .....	22
Glossary of Shared Terms .....	22
Appendix A: Media Talking Points .....	35
Appendix B: Thomas-Kilmann Conflict Mode Instrument .....	37
Appendix C: Conflict Management Styles Quiz .....	42
Appendix D: South Dakota Codified Law - Mandatory Reporting Statutes .....	44

### PROJECT PARTNERS

The **South Dakota Network Against Family Violence and Sexual Assault** was established in 1991. The Network is a non-profit agency comprised of caring people dealing with the concerns of domestic violence and sexual assault victims. The member programs employ and support individuals of all racial, social, religious and economic groups, ages, and lifestyles. Rural, urban and tribal areas are proudly represented. The Network believes that the abuse of power in society fosters domestic violence, rape, gender inequality, racism, and poverty by perpetuating conditions in which certain groups benefit from the domination of others. The Network membership believes that domestic violence results from the use of force or threat to achieve and maintain control over others in intimate relationships. The Network opposes the use of violence as a means of control over others and supports equality in relationships. All programs and services are rooted firmly in the belief that people victimized by crime have the right to assume power over their own lives by making informed choices regarding their empowerment journey. The Network is dedicated to the empowerment of those victimized by domestic or sexual violence. Networking with other entities in our community creates avenues to impact long-term systemic and social change. The Network provides ongoing training, technical assistance, funding, system change work, and consultation to its member organizations.

The **South Dakota Coalition of Citizens with Disabilities (Coalition)**, incorporated in 1990, is a statewide, cross-disability membership organization whose members include consumer, provider and advocacy organizations and individual members with and without disabilities. The Coalition advocates for public policy that ensures the self-determination, independence, empowerment, integration and inclusion of people with disabilities of all ages in South Dakota.

The Coalition believes in full inclusion of all people in all aspects of society, and believes that everyone should have the freedom of choice to pursue their own quality of life.

The Coalition has an extensive history of advocacy and training, and it has an extensive history of collaborative efforts across a variety of constituencies to promote social change at the local, state and national levels, which supports the full inclusion of people with disabilities of all ages.

The Coalition provides resources and advocacy for all individuals to exercise their rights and freedoms.

- We support the idea that people with greater needs should receive greater support, and people with greater gifts are called to share those gifts with others.
- We support the idea that people should be as active and independent members of society as they choose to be.
- We promote self-responsibility, self-determination, and freedom of choice.
- We want to expand our network of partners to provide opportunities for their involvement.
- We promote unity by serving as a single point of contact for all disability groups.

**Communication Service for the Deaf (CSD)** opened its doors in 1975 with a mission to both advocate for and create access to essential programs and services that make the world more equal for deaf and hard of hearing individuals. CSD began its journey as a small, but passionate grassroots movement in South Dakota and we have evolved in the decades since into an international organization that has positively affected millions of lives. For nearly forty years, CSD has worked to challenge convention by championing innovation, which has transformed the communications experience for deaf and hearing people. CSD is proud of our heritage, our talented and dedicated global workforce, and our persevering, unwavering devotion to our community.

We provide a variety of services such as:

- Interpreting
- Relay Services
- Contact Centers
- Human Services

- Advocacy
- Peer Support
- Community Integration Training
- Technical Assistance
- Communication Assistance
- Deaf Awareness training
- Information and Referral
- Adult Basic Education
- Domestic Violence (DV and SA)
- Equipment Distribution Program (EDP)
- Deaf Health
- Consultations

---

## OUR COLLABORATION MEMBERS:

- South Dakota Network Against Family Violence and Sexual Assault, Executive Director, Krista Heeren-Graber
- South Dakota Coalition of Citizens with Disabilities, Executive Director, Shelly Pfaff
- South Dakota Coalition of Citizens with Disabilities, Program Specialist, Colette Wagoner
- Communication Service for the Deaf, National Programs Manager, Nikki Soukup Darland
- Communication Service for the Deaf, Community Outreach & Advocacy Specialist, Katie Peterson
- Bridging South Dakota, Disability Project Coordinator, Rebekkah Kruse

---

## HISTORY OF THE PROJECT

In 2010, CSD staff approached the Network director and the Coalition director to begin a partnership to address the increased awareness of intimate partner violence within their community and the disability communities. The three agencies began meeting and prepared a grant application to OVW but the request was denied for several years. Despite the lack of federal funding, the three agencies decided that their team would meet every few months and

attempt to move ahead with the project. In an effort to support this partnership the Coalition and CSD became paid agency members of the Network, started attending Network functions, began establishing partnerships and professional working relationships with advocates and other Network members, and provided cross training as appropriate to the Network members. The Network became a paid member of the Coalition and provided resources to them and their members regarding intimate partner violence - domestic and sexual violence, stalking, human trafficking, and other related topics.

Coming into this project there is a strong partnership with efforts to form a specific response for violence against individuals with disabilities and/or Deaf individuals in our state and collaboration to assist victims with disabilities, among these three partner agencies - Network, Coalition, and CSD. Prior to receiving funds, it was very difficult to determine the exact need and how to best approach the need to create sustainable change within and between victim services' organizations and disability organizations that would produce safe, accessible and effective services for victims with disabilities and Deaf individuals.

Our project name and logo came together as our collaboration convened. Bridging South Dakota is representative of bridging our agencies together to help survivors of domestic violence and sexual assault who have disabilities or are Deaf cross the gaps in services between agencies. The bridge is modeled after the bridge that leads to Mt. Rushmore, one of South Dakota's most famous destinations. The colors of our logo are purple, teal and yellow to illustrate the awareness colors of domestic violence, sexual assault and disabilities respectively.



## VISION

We envision that survivors of domestic violence, sexual assault and stalking, who have disabilities or who are d/Deaf, will receive knowledgeable, culturally sensitive and effective services from providers and advocates throughout the state of South Dakota.

## MISSION

Bridging South Dakota seeks to improve services for victims and survivors with disabilities or who are d/Deaf by cultivating the capacity of our statewide organizations to provide trauma-informed, safe and accessible interventions through technical assistance, training and curricula.

## SHARED UNDERSTANDING AND VALUES OF THE COLLABORATION

As state and national organizations, we have the unique ability and responsibility to be change agents by building the capacity of our member programs, organizations and systems to ensure that quality, trauma-informed, safe, and accessible interventions and responses to domestic violence, sexual assault, and stalking are available to the people we serve. Each organization believes that through technical assistance we will be able to cultivate the capacity of ourselves, the agencies and individuals we serve to enhance our skills, accessibility, understanding and confidence to better serve victim/survivors with disabilities and those who are Deaf.

The shared understanding and values of Bridging South Dakota will guide the work we carry out. We are committed to these values and will strive to demonstrate them throughout the work we do.

### Choice

We believe that all survivors have the right to make informed choices; including what services and programs they use, when and with whom they want to share their story, and how they want to live in safety, free from violence. In order to

make informed choices, individuals must be provided with and advised of alternatives and any possible outcomes.

### Safety

Safety is an individualized and fluid concept that is determined by each person in a particular moment and during a period of time. In order to provide safety, we must not only think of physical safety, but emotional, attitudinal, and environmental safety. Safety will be at the forefront of our dialogues and planning. We will utilize these principles with the agencies and individuals we serve and within our own organizations to create a safe and welcoming environment.

### Accessibility

Accessibility is more than simply removing physical barriers. It also includes the ability to be understood and to understand, an absence of discrimination, a welcoming and respectful attitude and the willingness to make accommodations. We want all victims/survivors of domestic violence, sexual assault, or stalking to be welcomed and understood no matter where they seek help or with whom they share their story.

### Person First Language

Person First Language puts the person before the disability and defines the disability as an attribute, not the person's entire identity. This language is to promote dignity and respect in order to abandon language that marginalizes people from society.

*Note: Some members of the disability justice movement have intentionally chosen not to use person first language because they take pride in their disability and believe it is an integral part of who they are as a person. It is imperative that we use the language of which the people we serve utilize to identify themselves in order to provide respectful and trauma informed services.*



## Victim/Survivor

The transformation from victim to survivor can be a lifelong journey where stages or traumas are revisited at different times in one's life. We subscribe to person first language and also meeting a person where they are and how they refer to themselves and their situation in order to be trauma focused and respectful.

## Effective Communication

Effective Communication is about more than just exchanging information; it's also about understanding the emotion behind the information. Effective communication may improve relationships at home, work, and in social situations by deepening connections to others and improving teamwork, decision-making, and problem solving. It enables people to communicate even negative or difficult messages without creating conflict or destroying trust. Effective communication combines a set of skills, including nonverbal communication, active listening, the ability to cope, and the capacity to recognize and understand personal emotions and those of the person that one is communicating with. Throughout our collaboration process we will strive for open, honest and effective communication.

## Confidentiality

Confidentiality is extremely important for the populations we work with and is paramount to safety and building trustworthy professional relationships. Within the collaboration, we will ensure all members work within the following framework:

- Trust
- Free Communication
- Willingness to be transparent
- Openness to constructive criticism, feedback and change
- Safety within the collaboration
- Ethics

This will allow for greater information sharing in order to produce great and sustainable change. We will:

- Openly acknowledge limitations;
- Be honest about responsibilities; and
- Regularly reflect upon these limitations.

This collaborative is committed to maintaining the confidentiality of our discussions and any survivor-specific information that comes from this work.

## COMMITMENT AND CONTRIBUTIONS

Each of the organizations in this collaboration brings a unique set of skills, resources and expertise to the group. Each agency has shown a commitment to each other by becoming a member of each other's membership. Joint commitments shared by all include:

- All partners will work together to honor our values, principles, and shared philosophy;
- All partners are involved in every stage of the project beginning in the planning and development, through identified implementation activities. Including:
  - Providing staff for key guidance and feedback in the development and/or identification of resources or products;
  - Participation in organizational needs assessment and strategic planning;
  - Participation in and support for local level needs assessment and strategic planning;
  - Ongoing organizational and system change efforts
- Work to provide sustainable programming to serve deaf and hard of hearing individuals who experience domestic violence, sexual assault or stalking, in collaboration with Charter partners.
- Committed to support collaborative relationship with partners and other network providers throughout the state of South Dakota.

- Capacity building and organizational change are an emphasis for each organization involved with the project
  - Developing and implementing processes to increase accessibility and responsiveness within their own organizations by enhancing and expanding existing policies and procedures
  - Identifying and networking with potential state and local project partners to build and enhance sustainable relationships
  - Providing guidance and support to state and local entities
  - Being aware of opportunities for larger systems change efforts across the intersections of DV/SV and disability advocacy and services
- This partnership requires significant allocation of time and resources. This includes:
  - Participation in a minimum of two meetings per month (face to face, GoToMeeting, conference call)
  - Additional meetings or calls as required
  - Maintaining regular communication between meetings
  - Participating in recommended webinars provided by national TA providers or others
  - Agency representation at national grantee meetings as agreed upon
  - In-kind contributions such as meeting space, conference call technology, etc.

#### Organization Specific Responsibilities:

South Dakota Network Against Family Violence and Sexual Assault will:

- Provide domestic violence, sexual assault, and stalking specific content expertise for the project
- Bring its connection to an extensive network of domestic violence, sexual assault and stalking organizations
- Provide knowledgeable and committed staff with expertise in a wide range of violence issues for all phases of the project
- Use networks and existing relationships to inform project activities and to further disseminate lessons learned from the project
- Provide information dissemination through our website, Facebook page and community partners

- Additional responsibilities as specified in the Roles and Responsibilities section

South Dakota Coalition of Citizens with Disabilities will:

- Provide disability specific content expertise for the project
- Bring its connection to an extensive network of disability organizations that practice an inclusive and person driven mission and skill building
- Provide knowledgeable and committed staff with expertise in a wide range of disability issues for all phases of the project
- Use networks and existing relationships to inform project activities and to further disseminate lessons learned from the project
- Provide information dissemination through our website, Facebook page and community partners

Communication Service for the Deaf (CSD) will:

- Provide culturally specific content and act as a subject matter expert in regards to working with D/deaf and hard of hearing individuals
- Provide knowledgeable, experienced staff, devoted to the community that we serve, for all phases of the project
- Connect local, statewide and national resources pertaining to services to deaf individuals who have experienced domestic violence, sexual assault, and stalking
- Provide training from certified Deaf providers in the field of domestic violence, sexual assault and stalking.
- Disseminate information through all our networks: social media, website, e-distributions and print materials.
- Work to provide sustainable programming to serve deaf and hard of hearing individuals who experience domestic violence, sexual assault or stalking, in collaboration with Charter partners.

- Remain committed to support collaborative relationship with partners and other network providers throughout the state of SD.

## COMMUNICATION

Communication is an interactive process of sharing information between partners – by sending and receiving information in a manner that ensures understanding of the message by all parties. Honest and frequent communication among collaboration partners will more likely prevent misunderstandings, build relationships, and ensure that everyone has an equal understanding of the initiative's work.

### **Internal Communication**

- Partners will meet face to face a minimum of once a month to ensure meaningful collaboration.
- Meeting times, dates, frequency, and method of meeting will be revised as needed.
- All meetings will be held in agreed upon accessible locations or formats e.g., "GoToMeeting".
- Agendas will be emailed out by the Project Coordinator prior to the meetings. Additions or changes to agenda will be sent to the Project Coordinator prior to the meetings in a timely manner.
- Partner meetings will still be held if a charter member is unable to attend. The partner unable to attend the meeting will be informed of the discussion had via meeting notes, and if need be, via a meeting with the Project Coordinator.
- All documents, meeting notes, and collaboration information will be maintained by the Project Coordinator and made available to all partners.
- A summary of meetings held between the Project Coordinator and OVW and/or Vera Institute will be emailed and/or reported to all partners by the next meeting of the partners.

- The Project Coordinator will make all meeting arrangements including requested auxiliary aids and services e.g., qualified sign language interpreters, note takers.
- Between meetings, partners of Bridging South Dakota will communicate with each other via phone, email or other communication modes.
- All partners are expected to respond promptly when information or feedback is requested by a specific due date unless circumstances occur, to which they are unable to respond, e.g. vacation, out due to illness.

### **External Communication**

- Collaboration partners are responsible for providing information regarding the work of Bridging South Dakota to their own organizations and/or members.
- Partner agency leadership e.g., board presidents, CEOs, the Vera Institute technical assistance provider and OVW have open invitations to attend any collaboration team meetings.
- Communication with the Vera Institute technical assistance provider will take place with the Project Coordinator. The Project Coordinator will participate in conference calls with Vera and other project directors on a regular basis.
- Project Coordinator is responsible for submitting confirmed deliverables to Vera for review before submitting a final draft to OVW; any changes to be made will be reported back and discussed with the partners.
- The fiscal agent, SD Network Against Family Violence and Sexual Assault (The Network), will have primary contact with OVW. The Network is responsible for submitting required grant reports and requests for budget modifications.
- The Project Coordinator is the primary contact person for any incoming information requests from outside parties or organizations.

Once a request is received, the Project Coordinator will direct the request to the most appropriate person for a response. If a partner is to receive an information request, the partner will defer to the Project Coordinator for further direction to the most appropriate resource.

## Media Plan

- Any media requests in regard to Bridging South Dakota will be directed to the Network Executive Director, who will ask for support and feedback from partner agencies.
- All press releases regarding Bridging South Dakota will come from the lead agency (The Network).
- Bridging South Dakota collaboration partners have developed a written media fact sheet, which include the following talking points:
  - Mission
  - Vision
  - Goals of Project (See Appendix A)
- In very rare situations, partner agencies may find themselves responding to media without prior consultation with the lead agency. In such instances, it is the partner agency's responsibility to contact the lead agency immediately following the media contact. Partners will encourage media contact the lead agency, though they may provide comments due to such instance.

## ROLES AND RESPONSIBILITIES

This project is a state focused project where the partner organizations all operate at a state level and the organizations will be the focus of the grant activities. The dual domestic and sexual violence organization is the South Dakota Network Against Family Violence and Sexual Assault. The disability organizations are the South Dakota Coalition of Citizens with Disabilities and Communication Services for the Deaf.

All members of this project commit to:

- Maintain open communication with all collaboration partners at all phases of the grant

- Provide staff time to attend all meetings and mandatory trainings including any travel required
- Be accountable on both an individual and agency level to participate fully and facilitate discussion by voicing their thoughts and opinions
- Provide a welcoming and understanding environment to allow for judgment free learning and growth
- Not conduct any activities that compromise victim safety and recovery
- Understand that confidentiality and safety for victims must always be top priority.
- Implement and influence changes to their organizations policies and procedures

The South Dakota Network agrees to:

- Be the lead applicant and fiscal agent for this project
- Employ and supervise the Project Coordinator
- Fulfill all grant reporting through the Project Coordinator and Financial Director
- Participate in team meetings

The Project Coordinator agrees to

- Manage and guide this project
- Coordinate and facilitate meetings
- Keep all members up to date with the project via emails, phone calls and meetings
- Attend VERA and OVW trainings and webinars and communicate knowledge back to the group

The South Dakota Coalition of Citizens with Disabilities agrees to:

- Participate in team meetings
- Agrees to commit staff time to carry out project related activities.
- Provide cross training and outreach activities as deemed appropriate



Communication Service for the Deaf agrees to:

- Participate in team meetings
- Employ a part-time position dedicated to the project and commit to finding funds to sustain services beyond this project.
- Provide additional staff as needed to contribute to this project.
- Attend VERA and OVW trainings and webinars and share with organization members as relevant
- Provide cross training and outreach activities as deemed appropriate

## DECISION MAKING PROCESS

Bridging South Dakota is dedicated to a consensus decision making model. Decisions are to be made by allowing each member and member agency to share their thoughts and concerns prior to moving forward when discussing an idea, concept or decision. We will look at possible positive and negative outcomes in order to fully explore issues and allow for enriched discussions. Each party has an obligation to ensure that all members are heard and feel comfortable contributing, especially when there may be unintended consequences for any decision made.

A consensus will be reached by the Project Coordinator or facilitator asking each member if they agree to the proposed decision. Each member will indicate yes or no. If a member indicates no, they will provide reasoning for their disagreement and an alternative solution if available. The group will consider the proposed alternative solution and indicate agreement through a check in by the Project Coordinator. If a member still indicates no, the Project Coordinator will ask what it would take for the person to live with the decision. If a proposed alternative solution is not available or discussion needs more time, the issue can be tabled until the next meeting.

Our group will always strive to find the best solution keeping our project's mission and vision in the forefront of the decision making process. When consent is given we recognize that giving agreement doesn't mean that the proposed solution is

each individual's first choice. However, once the best solution is agreed upon, each member will support the decision in order to move forward and to not undermine the integrity of the collaboration and project.

We recognize that as we continue to move forward in the project, we will continue to gather information and may realize that decisions previously made will need to evolve as our understanding does. We will revisit issues and decisions when necessary to best serve the purpose of this collaboration.

---

## **DECISION MAKING AUTHORITY**

Bridging South Dakota will be discussing a variety of topics and make decisions around key aspects to the success of this project.

It may not be realistic for every member of the collaboration to be available for every instance of decision making, but every effort will be made to be present or to have an agency representative for each meeting in order to continue momentum on the project. Decisions can be made as long as there is a member representative from each agency (Network, Coalition and CSD). If a collaboration member is unable to attend two or more consecutive meetings, that agency may look at appointing another member or proxy to serve in that person's role. It is encouraged to keep all collaboration members aware of this need/decision and allow for input when necessary. In the event that agency representation is not available, decisions will be postponed until the Project Coordinator can meet or speak with the agency. This meeting will be followed by an update to the collaboration of any decision that arrives during the conversation.

Each agency will continue to be responsible to supervise and evaluate individual members' effectiveness in the collaboration. Decisions surrounding employment of the Project Coordinator lay with the Network, however the collaboration guides the roles and duties of the Project Coordinator. As the fiscal agency, the Network has the authority to make final decisions relating to budget modifications with input from the collaboration, when necessary. In the event of a disagreement on how to spend funding, such as training opportunities, the

collaboration will utilize the following process. Members would look at the type of training being offered, who in the collaboration would benefit the most, who has the availability and desire to attend and then arrive at a consensus.

The Project Coordinator will make decisions regarding meeting logistics, such as room set up and location taking in consideration the collaborations preferences and needs. The Project Coordinator will be responsible to work on deliverables and rely on the collaboration to determine when they are ready to send in for review by OVW.

## CONFLICT MANAGEMENT PLAN

Our collaboration maintains that conflict is not something to be resolved but managed. Conflict is a part of everyday life and can be a catalyst for change. The collaboration took the Thomas-Kilmann Conflict Mode Instrument and Conflict Management Styles Quiz (See Appendix B & C). It was found that most collaboration members scored high in collaborating style. This style allows for problems to be solved in a way that allows for building trust, positive relationship and commitments. Conflict can be handled in a way to provide for growth when done in a respectful way.

Our collaboration will manage conflict in the following way:

1. Acknowledge that there is a conflict and clarify what that conflict is.
2. When conflict arises, we will focus on the issue at hand and refrain from discussing multiple issues at once.
3. We will be respectful and hold ourselves accountable for our words, actions and judgments.
4. We will utilize conflict management skills including:
  - a. Refraining from using attacking statements
  - b. Utilizing “I” statements, when needed
  - c. Reflection
  - d. Active listening

5. We will recognize that there are multiple perspectives and must keep an open mind to understand our partner agency views.
6. Each party involved in the conflict will have the opportunity to speak without interruption.
7. We will offer solutions to the conflict and recognize that it may be a temporary fix to a long standing issue.
8. If we are unable to come to an agreement, we will take a break and revisit the issue at an agreed upon time.
9. If the conflict would benefit from input from experts in the domestic violence, sexual assault, disability, deaf or a combination of these fields we will seek out an individual or membership agency to assist.
10. If the conflict is still not giving way to a consensus, Vera and/or OVW would be called in to assist with mediating the issue.

## CONFIDENTIALITY AND MANDATORY REPORTING

Confidentiality is necessary within our collaboration to promote an honest and trusting working relationship. As a collaboration we agree to the following guidelines while we continue our work together.

### General Guidelines of Confidentiality:

- During the course of the grant we will be working to create systemic change within and among partner organizations; partners may disclose information about their organizations or membership that they do not wish to have repeated outside of the collaborative group. The partners agree to keep such information within the collaboration and recognize these changes as an opportunity for growth and change.
- Nothing that is considered as confidential will be shared outside the collaboration without the express permission of the concerned parties.
- Sensitive organizational information will not be shared outside of the collaboration, e.g., sensitive information could include, personnel and/or

organizational conditions, financial information, or information regarding membership agencies.

- Information gathered through the needs assessment process will remain confidential. No identifying information will be disclosed in the findings report.
- Partners will not disclose any identifying information about a victim/survivor unless the victim/survivor provides a time limited authorization for release of information.

---

## **MANDATORY REPORTING**

Due to the different roles collaboration members have some members may be mandatory reporters. As a collaboration, Bridging South Dakota understands the mandatory reporting requirements for children, elders, and adults with disabilities in South Dakota to be:

Individuals in the medical and mental health professions, and employees of agencies that have ongoing contact and exposure to children, elders, and adults with disabilities, must report when there is reasonable suspicion of neglect or abuse.

South Dakota's statute does not specifically include Deaf individuals. Bridging South Dakota understands that exclusion, when Deafness is the only determined disability, to not meet the South Dakota definition for 'adult with a disability'. (See Appendix D for the South Dakota Codified Law regarding mandatory reporting of abuse and neglect of elders and adults with disabilities).

In the event that a disclosure occurs determining the need to make a mandated report, our collaboration will discuss the situation with at least one other collaboration member on the best way to proceed and keep in mind any possible risks to the individual. Every effort will be made to include the individual during the process of reporting and keeping them informed and aware of the process taking place.

Bridging South Dakota members understand how mandatory reporting can have implications on confidentiality including:

- Loss/lack of trust in staff of an agency
- Fear of seeking help
- Thought that confidentiality does not exist
- Fear of information getting back to perpetrator
- Fear of losing children
- Fear of losing care, services, or resources
- Fear of losing independence
- Report resulting in increased danger
- Isolation
- Re-traumatization
- Manipulation of mandatory reporting policy by perpetrator

We anticipate to be informed and educated about experiences and stories from victim/survivors, individuals with disabilities or those who are d/Deaf while we are creating system change, despite not providing direct services to individuals. During the course of the needs assessment or if the scope of the project changes, the collaboration will inform individuals of any mandatory reporting requirements and potential implications.

Bridging South Dakota takes a trauma-informed approach to mandated reporting, which includes:

- Discussing mandatory reporting beyond an initial intake
- Informing the victim/survivor if a report needs to be made
- Offering the victim/survivor the opportunity to be involved in the reporting process
- Explaining possible events following the report.
- Processing the implications of the report with the survivor, e.g., how it may affect relationships with family members or care providers, if safety planning is needed.

## TIMELINE

Deliverable/Activity	Time Frame
Building Collaboration/Collaboration Charter	January – Sept 2014
Needs Assessment Planning	September - Oct 2014
Conduct Needs Assessment	October - Nov 2014
Needs Assessment Report	December 2014
Strategic Planning	January – Feb 2015
Implementation	March 2015 – Sept 2016

## GLOSSARY OF SHARED TERMS

Dialogue during our meetings has revealed that the more we listen to one another, the more we can learn from each other. Our partners have acknowledged that the list of vocabulary is growing and evolving. Terms have meaning in one world (domestic violence/sexual assault/stalking) and another meaning in a different realm (disability). The following terms were discussed as a collaboration and agreed upon for shared understanding amongst the partners. It should also be noted that these terms and definitions are an attempt to capture the ever evolving language of respect for people with disabilities experiencing domestic violence, sexual assault, stalking.

**Ableism** is a form of discrimination or social prejudice against people with disabilities – when a given person with a disability is judged as incapable of a particular behavior, occupation, skills, ability, or achievement due solely to that disability, whether or not there is evidence of that inability.

**Abuse and Neglect of Elder or Disabled Adult** is physical harm, bodily injury, or attempt to cause physical harm or injury, or the infliction of fear of imminent physical harm or bodily injury on an elder or disabled adult. (SDCL – 22-46-1)

**Advocate** is someone who works on behalf of and towards equality of opportunity and access of people with disabilities and/or survivors of domestic violence or sexual assault.

**American Sign Language (ASL)** American Sign Language (ASL) is a visual language. With signing, the brain processes linguistic information through the eyes. The shape, placement, and movement of the hands, as well as facial expressions and body movements, all play important parts in conveying information.

Sign language is not a universal language -- each country has its own sign language, and regions have dialects, much like the many languages spoken all over the world. Like any spoken language, ASL is a language with its own unique rules of grammar and syntax. Like all languages, ASL is a living language that grows and changes over time.

**Assistive Technology Device** is defined as any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

**Assistive Technology Service** is defined as any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. (Assistive Technology Act of 1998, as amended.)

**Audism** is a form of discrimination when a given person with hearing loss is judged as incapable of a particular behavior, occupation, skills, ability, or achievement due solely to their hearing loss, whether or not there is evidence of that incapacity. This is an example of oppression which can take many forms on various levels e.g., within the workplace, within their family.

**Auxiliary Aids and Services** are provisions by public accommodations that may be necessary to ensure that individuals with disabilities or who are d/Deaf are not excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services, unless the public accommodation can demonstrate that providing such accommodation would



fundamentally alter the nature of the goods, services, facilities, privileges, advantages, or accommodations being offered or would result in an undue burden, i.e., significant difficulty or expense.

**Barrier** is a circumstance or obstacle that prevents communication, progress or movement.

**Center for Independent Living (CIL)** is defined by the Rehabilitation Act of 1973, as amended, as a consumer controlled, community based, cross-disability, non-residential, private non-profit agency that is designed and operated within a local community by individuals with disabilities. The four core services all CILs must provide are: information and referral, peer support, independent living skills training and advocacy services.

**Choice** means the right, power, or opportunity to choose from a meaningful array of possibilities rather than the limits someone has placed on them.

**CODA** is an acronym for “child of a deaf adult” and typically refers to a hearing child(ren) born to deaf adults.

**Confidentiality** is the ethical principle and legal right that a professional will hold all client information, not intended to be disclosed to third parties, in confidence unless the client gives consent permitting disclosure or unless disclosure is required by law or conflicts with the providers’ ethical and/or legal duty to warn or report.

**Confidential Information** means any written, oral, or electronic communication between a person seeking or receiving services and an advocate; any records or written, oral, or electronic information identifying an individual seeking or receiving services; and any information relating to services provided to an individual including the location of services. (SD DSS Victims’ Services Grantee Guide)

**Consumer Direction** is a philosophy and orientation to the delivery of home and community-based services whereby informed consumers make choices about the services they receive. They assess their own needs, determine how and by whom these needs should be met, and monitor the quality of services received.

Consumer direction may exist in differing degrees and may span many types of services. It ranges from the individual independently making all decisions and managing services directly to an individual using a representative to manage needed services. The unifying force in the range of consumer-directed and consumer choice models is that individuals have the primary authority to make choices that work best for them, regardless of the nature or extent of their disability or the source of payment for services. (National Council on Aging)

**deaf** refers to individuals with hearing loss. The lowercase “d” reflects a physical or audiological perspective, or those who choose not to be defined by the uppercase “D”.

**Deaf** refers to individuals who identify with and participate in the language, culture and community of Deaf people, based on sign language. The capital “D” reflects this socio-cultural point of view, which may or may not be accepted by all people with varying hearing status, e.g., hard of hearing individuals.

**Developmental Disability** (1) is attributable to a mental or physical impairment or combination of mental and physical impairments; (2) manifested before the person attains age twenty-two; (3) is likely to continue indefinitely; (4) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and (5) reflects the person's need for an array of generic services, met through a system of individualized planning and supports over an extended time, including those of a life-long duration. (SDCL 27B-1-18)

**Different Ability** is a more positive term to identify the wide range of abilities each individual has to contribute to society as a whole.

**Disability** is defined by the Americans with Disabilities Act Amendment Act (ADA) as a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment, OR being regarded as having such an impairment.

The World Health Organization (WHO) provides a more evolving and inclusive definition of disability.

The biopsychosocial model of disability focuses on functioning at the level of the whole person in a social context. The person is more or less disabled based on the intersection between herself and the many types of environments within which she interacts.

One is more or less disabled based on whether the physical, information, communication and the social and policy environments are accommodating and welcoming of variation in ability.

The new definition emphasizes function over diagnosis and establishes equity between physical and mental types of functional limitation.

Note: A person who has an impairment may not identify as a person with a disability. Regardless of self-identification, they are still protected under ADA. Additionally, “mainstreaming” may not be the best choice, in particular, for children who are deaf, who may benefit from a deaf school environment.

**Discrimination** is the prejudicial treatment of an individual or group based on their actual or perceived membership in a certain group or category, in a way that is worse than the way people are usually treated. It involves the group’s initial reaction or interaction, influencing the individual’s actual behavior towards the group or the group leader, restricting members of one group from opportunities or privileges that are available to another group, leading to the exclusion of the individuals or entities based on logical or irrational decision making.

**Diversity** means differences amongst people based on ethnicity, race, socioeconomic status, gender, exceptionalities, language, religion, sexual orientation, and geographical area.

**Domestic Abuse** means physical harm, bodily injury, or attempts to cause physical harm or bodily injury, or the infliction of fear of imminent physical harm or bodily injury when occurring between any person who is involved in one of the following relationships with another party: (1) Spouse or former spouse; (2) is in a significant romantic relationship; (3) Has a child or is expecting a child with the abusing party; (4) Parent and child, including a relationship by adoption, guardianship, or marriage; or (5) Siblings, whether of the whole or half blood, including a relationship through adoption or marriage. Any violation of § 25-10-13 or chapter 22-19A or any crime of violence as defined in subdivision 22-1-2(9) constitutes domestic abuse if the underlying criminal act is committed between persons in such a relationship (SDCL 25-10-1).

**Empowerment** is the process that allows one to gain the knowledge, skill-sets and attitude needed to cope with the changing world and the circumstances in which one lives. This process enables one to gain power, authority, and influence over themselves, institutions or society.

**Empowerment Model** is a multi-dimensional, social process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. This process creates the power to use these choices in his or her own life, community, and society, with individuals acting on issues that they deem as important. In this model the individual is not blamed for his or her problems but is responsible for generating a solution.

**Exploitation of Elder or Disabled Adult** is the wrongful taking or exercising of control over property of an elder or a disabled adult with intent to defraud the elder or disabled adult. (SDCL – 22-46-1)

**Hard of Hearing** refers to individuals who experience hearing loss from a physical or audiological perspective. An individual who is hard of hearing (may primarily use spoken language (their residual hearing and speech) to communicate.

**Hearing Loss** is usually acquired by a person who at some point in life had no hearing impairment. When describing hearing loss, there are varying degrees of hearing status which may be generally within three categories: type of hearing loss, degree of hearing loss, and configuration of hearing loss. With children, it is especially important to diagnose and treat a hearing loss as early as possible. This limits its potential impact on learning and development. Hearing loss can greatly affect the quality of life for adults as well. Unmanaged hearing loss can have an impact on employment, education, and general well-being.

**Hidden Disabilities** (invisible disabilities) are disabilities that are not immediately apparent; e.g., visual, hearing, cognitive, mental, traumatic brain injury, cardiac, pulmonary, circulatory.

**Inclusive** is when all people have access to quality community necessities and amenities; all people, regardless of any difference, have the same opportunities to take part in all aspects of community life; all people, regardless of any difference, have a sense of belonging and respect in the community. (Canadian Center on Disability Studies)

**Independent Living (IL)** is a philosophy based on the belief that persons with disabilities have the same basic human rights as persons without disabilities to participate in and contribute to community life. It is about persons with a disability having the right and seeking the opportunity to be self-determined in matters such as living arrangements, transportation, social life, employment, and physical care. Independent Living is a philosophy and a movement of people with disabilities who work for self-determination, equal opportunities and self-respect. (Idaho Charter)

**Informed Consent** is consent and understanding of possible outcomes must be obtained prior to releasing any information to another agency or individual from the person who has experienced domestic violence or sexual assault within a specific time frame. A person also must be informed of any obligatory exceptions to confidentiality, such as mandatory reporting. Informed consent is an on-going

process and allows for trust to be built between those helping and those seeking help.

**Intellectual Disability** is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This diagnosis originates before the age of 18. (AAIDD)

Is a below-average cognitive ability with three (3) characteristics:

- Intelligent quotient (or I.Q.) is between 70-75 or below
- Significant limitations in adaptive behaviors (the ability to adapt and carry on everyday life activities such as self-care, socializing, communicating, etc.)
- The onset of the disability occurs before the age of 18 (The Arc)

**Interpreter** is a person who converts a thought or expression in a source language into an expression with a comparable meaning in a target language either simultaneously in “real time” or consecutively after one party has finished speaking. The interpreter’s function is to convey every semantic element (tone and register) and every intention and feeling of the message that the source-language speaker is directing to target-language recipients.

Interpreting means the process of providing accessible communication between and among persons who are deaf or hard-of-hearing and those who are hearing. This process includes communication between American Sign Language and English. Interpreting may involve various other modalities that involve visual, gestural, and tactile methods. (SDCL 1-36A-10.2.)

In the state of South Dakota it is a misdemeanor for a person to be paid for interpretation if they are not certified and registered to interpret for any person who is deaf or hard of hearing (SDCL 1-36A-10.3). It is generally unacceptable for those who are not qualified to interpret, e.g. family member or friend who knows sign language, to act as an interpreter.

**Intimate Partner Violence** describes a set of tactical behaviors including physical, sexual, or psychological harm by a current or former partner or spouse in order to gain power and have control over their partner. Intimate partner violence can happen to anyone of any age, gender, race, culture, religion, sexual orientation, education, employment or marital status and does not require sexual intimacy.

**Mandatory Reporting** – South Dakota law requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to children, elders, and adults with disabilities, to report knowledge or reasonable suspicion of abuse or neglect of children, elders, and adults with disabilities. (SDCL 26-8A-3 and 22-46-7)

**Mental Disorder** is a mental or bodily condition marked primarily by sufficient disorganization of personality, mind, and emotions to seriously impair the normal psychological functioning of the individual. (Substance Abuse and Mental Health Services Administration - SAMHSA)

**Mental Illness** is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. (NAMI)

**Mobility Disability** is a condition limiting physical ability; generally considered to include lack or decreased movement due to disease, amputation, paralysis, injury, or developmental condition; or limitation of movement due to cardiovascular or other disease.

**Mobility Devices/Aids** are devices used by persons with a mobility disability to increase their movement in daily life. "Under the new rules, covered entities must allow people with disabilities who use wheelchairs (including manual wheelchairs, power wheelchairs, and electric scooters) and manually-powered mobility aids such as walkers, crutches, canes, braces, and other similar devices into all areas of a facility where members of the public are allowed to go." (ADA Requirements: Wheelchairs, Mobility Aids, and Other Power-Driven Mobility Devices)

**Neglect of Elder or Disabled Adult** is harm to an elder's or a disabled adult's health or welfare, without reasonable medical justification, caused by the conduct of a person responsible for the elder's or disabled adult's health or welfare, within the means available for the elder or disabled adult, including the failure to provide adequate food, clothing, shelter, or medical care. (SDCL – 22-46-1)

**No Contact Order** is an order put in effect after a criminal arrest on a defendant stating that “while in custody after arrest for assault or stalking, no defendant may have or be permitted any contact or communications, either directly or by means of a third party, with the victim or the family or household members of the victim, until the defendant's initial court appearance or until such contact or communication is specifically authorized by the court.” (SDCL 22-19A-17)

**Person Centered** is the idea that any person has the best knowledge on what his or her needs are.

**People First Language** aims to avoid perceived and subconscious dehumanization when discussing people with disabilities, as such forming an aspect of disability etiquette. The basic idea is to impose a sentence structure that names the person first and the condition second, in order to emphasize that people come first and that a disability is a secondary attribute not a primary characteristic of their identity (i.e. people with disabilities, rather than disabled people).

**Protected Persons** is a specific relationship that entitles a person to apply for a protection order or a temporary protection order or to be included under the Domestic Abuse statute (SDCL 25-10-1) which is defined as “any person who is involved in one of the following relationships with another party: (1) Spouse or former spouse; (2) is in a significant romantic relationship; (3) Has a child or is expecting a child with the abusing party; (4) Parent and child, including a relationship by adoption, guardianship, or marriage; or (5) Siblings, whether of the whole or half blood, including a relationship through adoption or marriage” (SDCL 25-10-3.1).



**(Domestic Abuse) Protection Order** is an order restraining “any person in a relationship described in [protected persons] from committing any act of domestic abuse or an order excluding any person in a relationship described in [protected persons] from dwelling or residence of another person in such a relationship, whether or not the dwelling or residence is shared. A protection order has a duration of five years or less” (SDCL 25-10).

**Reasonable Accommodation** is any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities. (Americans with Disabilities Act)

**Reasonable Modification** is modification of policies, practice, or procedures to avoid discrimination by public entities, unless the modification would fundamentally alter the nature of the service, program or activity.

**Restraining Order** is not a protection order in South Dakota. In South Dakota, restraining orders are typically part of divorce proceedings and do not have immediate criminal repercussions for violations of the order.

**Safety** is an emotional, psychological or physical sense of being safe. Safety can be physical measures (i.e., changing locks, moving locations, staying in shelter), psychological measures (i.e., practicing self-meditation, attending support group) or emotional measures (i.e., rebuilding boundaries and trusting relationships).

**Safety Planning** is a personalized, practical plan that includes ways to remain safe while in an abusive relationship, planning to leave or after leaving.

**Self Advocacy** is defined as speaking up for one’s self about the rights and responsibilities in one’s life and attempting to acquire such rights.

**Self Determination** is the freedom to live as one chooses, or to act or decide without consulting others or fear of retaliation.

**Self-Sufficiency** is a belief that a person who has experienced domestic violence or sexual assault will feel enabled once they can gain empowerment and resilience.

**Service Providers (Disability)** may be community support providers, individuals that provide job placements, job coaching, situational assessments and/or follow along services, centers for independent living, CSD, rehabilitation centers, community mental health centers, various other agencies/professionals and family members providing services in support of persons with disabilities living their daily lives.

**Service Provider (DV/SA)** is any shelter or service program that's primary purpose is the provision of services to victims of domestic violence or sexual assault includes a 24/7/365 crisis hotline phone, access to 24/7/365 shelter, prevention and educational programs, victim advocacy, and confidentiality of identity, location, records, and information pertaining to any person to whom services are or were provided.

**Stalking** is the act of willfully, maliciously, and repeatedly following or harassing another person; making a credible threat to another person with the intent to place that person in reasonable fear of death or great bodily injury; or willfully, maliciously, and repeatedly harassing another person by means of any verbal, electronic, digital media, mechanical telegraphic or written communication. (SDCL 22-19A-1).

**Stalking Order** (Stalking, or Physical Injury as a Result of an Assault, or a Crime of Violence Protection Order) is an order that grants relief from stalking or physical injury as a result of an assault or a crime of violence. It can also order other relief as the court deems necessary for the protection of the person seeking the protection order, including orders or directives from law enforcement officials. Any relief granted by the order of protection shall be for a fixed period and may not exceed five years. (SDCL 22-19A-11).

**Translators** transfer meaning from text to text (written or recorded), with the translator having time and access to resources (dictionaries, glossaries, etc.) to produce an accurate document or verbal artifact. Lesser known is transliteration used within sign language interpreting, which takes one form of a language and transfer those same words into another form (ex: spoken English into a signed form of English, Signed Exact English, not ASL).

**Trauma-Informed Approach** is grounded in and directed by a thorough understanding of the neurological, biological, psychological, and social effects of trauma and violence on humans and the prevalence of these experiences in persons who receive services. In a trauma informed system, trauma is viewed not as a single discrete event but rather as a defining and organizing experience that forms the core of an individual's identity. The explanations about abuse, the far-reaching impact, and the attempts to cope with the aftermath come to define who the survivor is. (A Practical Guide for Creating Trauma Informed Disability, Domestic Violence and Sexual Assault Organizations – Developed through Wisconsin's Violence Against Women with disabilities and Deaf Women Project)



# Media Talking Points

*Primary Contact: Krista Heeren- Graber, The Network, Executive Director (605) 731-0041*

*Alternate Contact: Rebekkah Kruse, The Network, Disability Project Coordinator (605) 731-0041*

## What is Bridging South Dakota?

Bridging South Dakota is a collaboration of organizations coming together to end domestic and sexual violence against individuals with disabilities or who are d/Deaf. We work to improve the capacity of professionals, both disability agencies and non-disability related, to provide safe, accessible, comprehensive, and trauma informed services to individuals with disabilities or who are d/Deaf who have been subjected to sexual assault or domestic violence.

In 2013, Bridging South Dakota received funding through the Office on Violence Against Women (OVW) in order to create sustainable change within and between organizations that result in accessible, safe and effective services throughout the state of South Dakota for individuals with disabilities or who are d/Deaf. These funds will be used to strengthen the collaborative relationships between the partners of the project and identify needs within our organizations and across the state in order to develop a plan on how to meet those needs in the future. The partners on this project include:

- South Dakota Network Against Family Violence and Sexual Assault (The Network)
- South Dakota Coalition of Citizens with Disabilities (The Coalition)
- Communication Service for the Deaf (CSD)

## Why Bridging South Dakota?

One in six women report having been raped or physically/sexually assaulted in her lifetime (Tjaden & Thoennes, 2006). Individuals with developmental disabilities are at high risk of being assaulted or abused. That risk is estimated to be anywhere from four to 10 times higher than it is

for adults without disabilities (Sobsey, 1994). Young, et al (1997) found that women with and without disabilities were equally likely to experience physical or emotional abuse from intimate partners. Women with disabilities experiencing abuse tended to experience abuse for an increased length of time. Some of the factors that are linked to increased risk include:

- Perpetrator believes individuals with disabilities are easier to manipulate
- Perpetrator withholding necessary adaptive equipment
- Individuals with disabilities have been taught to comply with authority figures
- Fear of being disbelieved due to perceived non-credibility
- Barriers to communication
- Need for support for personal care and basic necessities
- Lack of trauma informed and accessible services

In the past, there has been very little cross training for domestic violence service providers to ensure that individuals with disabilities or who are d/Deaf receive appropriate services or conversely, the agencies who serve individuals with disabilities or who are d/Deaf have adequate knowledge and understanding about the dynamics of domestic violence, sexual assault or stalking.

## **Vision**

We envision that victims/survivors of domestic violence, sexual assault and stalking, who have disabilities or who are d/Deaf, will receive knowledgeable, culturally sensitive and effective services from providers and advocates throughout the state of South Dakota.

## **Mission**

Bridging South Dakota seeks to improve services for victims and survivors with disabilities or who are d/Deaf by cultivating the capacity of our statewide organizations to provide trauma-informed, safe and accessible interventions through technical assistance, training and curricula.

## **How Will Bridging South Dakota Reach its Goals?**

- Promoting collaborative partnerships between regional victim service organizations, governmental agencies, the criminal justice system and organizations serving individuals with disabilities or who are d/Deaf.
- Developing an infrastructure for cross-training and providing technical assistance to service providers and criminal justice officials
- Promoting the modification of existing policies, protocols and procedures.
- Addressing the need for greater accountability and responsibility in service provision

### Thomas-Kilmann Conflict Mode Instrument

**Directions:** For each question, compare statements A and B and circle the one that best describes you.

1	A	There are times when I let others take responsibility for solving the problem.
	B	Rather than negotiate the things on which we disagree, I try to stress those things upon which we both agree.
2	A	I try to find a compromise solution.
	B	I attempt to deal with all of his/her concerns.
3	A	I am usually firm in pursuing my goals.
	B	I might try to soothe the other's feelings and preserve our relationship.
4	A	I might try to find a compromise solution.
	B	I sometimes sacrifice my own wishes for the wishes of the other person.
5	A	I consistently seek the other's help in working out a solution.
	B	I try to do what is necessary to avoid useless tensions.
6	A	I try to avoid creating unpleasantness for myself.
	B	I try to win my position.
7	A	I try to postpone the issue until I have had some time to think it over.
	B	I give up some points in exchange for others.
8	A	I am usually firm in pursuing my goals.

	B	I attempt to get all concerns and issues immediately out in the open.
9	A	I feel that differences are not always worth worrying about.
	B	I make some effort to get my way.
10	A	I am firm in pursuing my goals.
	B	I try to find a compromise solution.
11	A	I attempt to get all concerns and issues immediately out in the open.
	B	I might try to soothe the other's feelings and preserve our relationship.
12	A	I sometimes avoid taking positions which would create controversy.
	B	I will let the other person have some of her/his positions if she/he lets me have some of mine.
13	A	I propose a middle ground.
	B	I press to get my points made.
14	A	I tell the other person my ideas and ask for his/hers.
	B	I try to show the other person the logic and benefits of my position.
15	A	I might try to soothe the other's feelings and preserve our relationship.
	B	I try to do what is necessary to avoid tensions.
16	A	I try not to hurt the other's feelings.
	B	I try to convince the other person of the merits of my position.
17	A	I am usually firm in pursuing my goals.

	B	I try to do what is necessary to avoid tensions.
18	A	If it makes other people happy, I might let them maintain their views.
	B	I will let other people have some of their positions if they let me have some of mine.
19	A	I attempt to get all concerns and issues immediately out in the open.
	B	I try to postpone the issue until I have had some time to think it over.
20	A	I attempt to immediately work through our differences.
	B	I try to find a fair combination of gains and losses for both of us.
21	A	In approaching negotiations, I try to be considerate of the other person's wishes.
	B	I always lean toward a direct discussion of the problem.
22	A	I try to find a position that is intermediate between her/his and mine.
	B	I assert my wishes.
23	A	I am very often concerned with satisfying all our wishes.
	B	There are times when I let others take responsibility for solving the problem.
24	A	If the other's position seems very important to them, I would try to meet their wishes.
	B	I try to get the other person to settle for a compromise.
25	A	I try to show the other person the logic and benefits of my position.



	B	I approaching negotiations, I try to be considerate of the other person's wishes.
26	A	I propose a middle ground.
	B	I am nearly always concerned with satisfying all our wishes.
27	A	I sometimes avoid taking positions that would create controversy.
	B	If it makes other people happy, I might let them maintain their views.
28	A	I am usually firm in pursuing my goals.
	B	I usually seek the other's help in working out a solution.
29	A	I propose a middle ground.
	B	I feel that differences are not always worth worrying about.
30	A	I try not to hurt the other's feelings.
	B	I always share the problem with the other person so that we can work it out.

### Scoring the Thomas-Kilmann Conflict Mode Instrument

Circle the letters below that you circled on each item.

	Competing (forcing)	Collaborating (problem solving)	Compromising (sharing)	Avoiding (withdrawal)	Accommodating (smoothing)
1				A	B
2		B	A		
3	A				B
4			A		B
5		A		B	
6	B			A	
7			B	A	
8	A	B			
9	B			A	
10	A		B		
11		A			B
12			B	A	
13	B		A		
14	B	A			
15				B	A
16	B				A
17	A			B	
18			B		A
19		A		B	
20		A	B		
21		B			A
22	B		A		
23		A		B	
24			B		A
25	A				B
26		B	A		
27				A	B
28	A	B			
29			A	B	
30		B			A

Total Number Circled in each column:

Competing	Collaborating	Compromising	Avoiding	Accommodating
-----------	---------------	--------------	----------	---------------

## Conflict Management Styles Quiz

Source: Reginald (Reg) Adkins, PhD, Elemental Truths  
<http://elementaltruths.blogspot.com/2006/11/conflict-management-quiz.html>

We each have our own way of dealing with conflict. The techniques we use are based on many variables such as our basic underlying temperament, our personality, our environment and where we are in our professional career. However, by and large there are five major styles of conflict management techniques in our tool box. In order to address conflict we draw from a collaborating, competing, avoiding, harmonizing or compromising style of management. None of these strategies is superior in and of itself. How effective they are depends on the context in which they are used.

Each statement below provides a strategy for dealing with a conflict. Rate each statement on a scale of 1 to 4 indicating how likely you are to use this strategy.

*1 = Rarely*

*2 = Sometimes*

*3 = Often*

*4 = Always*

Be sure to answer the questions indicating how you would behave rather than how you think you should behave.

1. I explore issues with others so as to find solutions that meet everyone's needs. \_\_\_\_\_
2. I try to negotiate and adopt a give-and-take approach to problem situations. \_\_\_\_\_
3. I try to meet the expectations of others. \_\_\_\_\_
4. I would argue my case and insist on the merits of my point of view. \_\_\_\_\_
5. When there is a disagreement, I gather as much information as I can and keep the lines of communication open. \_\_\_\_\_
6. When I find myself in an argument, I usually say very little and try to leave as soon as possible. \_\_\_\_\_
7. I try to see conflicts from both sides. What do I need? What does the other person Need? What are the issues involved? \_\_\_\_\_
8. I prefer to compromise when solving problems and just move on. \_\_\_\_\_
9. I find conflicts challenging and exhilarating; I enjoy the battle of wits that usually follows. \_\_\_\_\_
10. Being at odds with other people makes me feel uncomfortable and anxious. \_\_\_\_\_
11. I try to accommodate the wishes of my friends and family. \_\_\_\_\_
12. I can figure out what needs to be done and I am usually right. \_\_\_\_\_
13. To break deadlocks, I would meet people halfway. \_\_\_\_\_
14. I may not get what I want but it's a small price to pay for keeping the peace. \_\_\_\_\_
15. I avoid hard feelings by keeping my disagreements with others to myself. \_\_\_\_\_

How to score the Conflict Management Quiz:

As stated, the 15 statements correspond to the five conflict resolution styles. To find your most preferred style, total the points in the respective categories. The one with the highest score indicates your most commonly used strategy. The one with the lowest score indicates your least preferred strategy. However, if you are a leader who must deal with conflict on a regular basis, you may find your style to be a blend of styles.

<u>Style</u>	<u>Corresponding Statements:</u>	<u>Total:</u>
Collaborating:	1, 5, 7	_____
Competing:	4, 9, 12	_____
Avoiding:	6, 10, 15	_____
Harmonizing:	3, 11, 14	_____
Compromising:	2, 8, 13	_____

### **Brief Descriptions of the Five Conflict Management Styles**

**Collaborating Style:** Problems are solved in ways in which an optimum result is provided for all involved.

Both sides get what they want and negative feelings are minimized.

Pros: Creates mutual trust; maintains positive relationships; builds commitments.

Cons: Time consuming; energy consuming.

**Competing Style:** Authoritarian approach.

Pros: Goal oriented; quick.

Cons: May breed hostility.

**Avoiding Style:** The non-confrontational approach.

Pros: Does not escalate conflict; postpones difficulty.

Cons: Unaddressed problems; unresolved problems.

**Harmonizing Style:** Giving in to maintain relationships.

Pros: Minimizes injury when we are outmatched; relationships are maintained.

Cons: Breeds resentment; exploits the weak.

**Compromising Style:** The middle ground approach.

Pros: Useful in complex issues without simple solutions; all parties are equal in power.

Cons: No one is ever really satisfied; less than optimal solutions get implemented.

### **Mandatory Reporting of Elder or Disabled Adult Abuse or Neglect**

SDCL 22-46-1. Definition of terms. Terms used in this chapter mean:

(1) "Abuse," physical harm, bodily injury, or attempt to cause physical harm or injury, or the infliction of fear of imminent physical harm or bodily injury on an elder or a disabled adult;

(2) "Adult with a disability," a person eighteen years of age or older who suffers from a condition of intellectual disability, infirmities of aging as manifested by organic brain damage, advanced age, or other physical dysfunctioning to the extent that the person is unable to protect himself or herself or provide for his or her own care;

(3) "Elder," a person sixty-five years of age or older;

(4) "Exploitation," the wrongful taking or exercising of control over property of an elder or a disabled adult with intent to defraud the elder or disabled adult; and

(5) "Neglect," harm to an elder's or a disabled adult's health or welfare, without reasonable medical justification, caused by the conduct of a person responsible for the elder's or disabled adult's health or welfare, within the means available for the elder or disabled adult, including the failure to provide adequate food, clothing, shelter, or medical care.

SDCL 22-46-9. Mandatory reporting of abuse or neglect to state's attorney, Department of Social Services, or law enforcement officer--Violation as misdemeanor. Any person who is a:

(1) Physician, dentist, doctor of osteopathy, chiropractor, optometrist, podiatrist, religious healing practitioner, hospital intern or resident, nurse, paramedic, emergency medical technician, social worker, or any health care professional;

(2) Long-term care ombudsman;

(3) Psychologist, licensed mental health professional, or counselor engaged in professional counseling; or

(4) State, county, or municipal criminal justice employee or law enforcement officer; who knows, or has reasonable cause to suspect, that an elder or disabled adult has been or is being abused or neglected, shall, within twenty-four hours, report such knowledge or suspicion orally or in writing to the state's attorney of the county in which the elder or disabled adult resides or is present, to the Department of Social Services, or to a law enforcement officer.

Any person who knowingly fails to make the required report is guilty of a Class 1 misdemeanor.

**Source:** SL 2011, ch 119, § 1.

SDCL 22-46-10. Mandatory reporting of abuse or neglect by staff and by person in charge of residential facility or entity providing services to elderly or disabled adult--Violation as misdemeanor. Any staff member of a nursing facility, assisted living facility, adult day care center, or community support provider, or any residential care giver, individual providing homemaker services, victim advocate, or hospital personnel engaged in the admission, examination, care, or treatment of elderly or disabled adults who knows, or has reasonable cause to suspect, that an elderly or disabled adult has been or is being abused or neglected, shall, within twenty-four hours, notify the person in charge of the institution where the elderly or disabled adult resides or is present, or the person in charge of the entity providing the service to the elderly or disabled adult, of the suspected abuse or neglect. The person in charge shall report the information in accordance with the provisions of § 22-46-9. Any person who knowingly fails to make the required report is guilty of a Class 1 misdemeanor.

**Source:** SL 2011, ch 119, § 2.

SDCL 22-46-11. Voluntary reporting of abuse or neglect. Any person who knows or has reason to suspect that an elderly or disabled adult has been abused or neglected as defined in § 22-46-2 or 22-46-3 may report that information, regardless of whether that person is one of the mandatory reporters listed in §§ 22-46-9 and 22-46-10.