Delaware Collaboration
Equal Access to Safety

Delaware Coalition Against Domestic Violence
Center for Disabilities Studies at the University of Delaware
National Alliance on Mental Illness Delaware

Collaboration Charter

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Introduction

The Delaware Domestic Violence/Disabilities/Mental Illness Collaboration consists of the Delaware Coalition Against Domestic Violence (DCADV), the Center for Disabilities Studies (CDS) at the University of Delaware, and the National Alliance on Mental Illness in Delaware (NAMI-DE). This collaboration was formed in October of 2010 with a grant from the Office of Violence Against Women to identify and implement statewide changes necessary to create a system which is welcoming and responsive to the needs of survivors of domestic violence who have disabilities, including mental illness.

This charter is a record and reflection of the work that we have done, and will continue to do, within and between our organizations to realize our vision for the women we serve. By addressing the values, prejudices, preconceptions and cultural biases within our own organizations, we can begin to address those barriers in the larger community.

We recognize that many persons living with disabilities, including mental illness, have relationships of extraordinary intimacy which make them particularly vulnerable to types of exploitation and abuse not covered in our grant. While intimate partner violence victims are most frequently women, men with disabilities, including mental illness, are victimized at higher rates than their counterparts without these conditions. Although we will focus on women who are victims/survivors of intimate partner violence during this grant period, any services we and our organizations provide are available to all victims of abuse regardless of gender. Our vision is to create a system in Delaware in which individuals, service providers and advocates for people with disabilities, including mental illness, will be given the tools to recognize and respond to all potentially abusive relationships.

<u>Vision Statement</u>

We envision a system in Delaware in which:

- Survivors of intimate partner violence with disabilities, including mental illness, will be met by accessible and welcoming services that are responsive to their unique circumstances.
- Survivors with disabilities, including mental illness and their advocates will better comprehend the dynamics of intimate partner violence and the range of options and services available to them.
- Providers of services to those with disabilities, mental illness and victims of domestic violence will have the knowledge, skills, capacity, resources and organizational support to feel comfortable and confident serving survivors of all abilities and capacities.

Mission Statement

The Mission of this Collaboration is to ensure that individuals with disabilities, including mental illness, in Delaware who are survivors of intimate partner violence are informed and educated about the dynamics of abuse and domestic violence; that they are aware of the range of services available to them, and that they have easy access to safe, supportive and appropriate services. We will:

- Include survivors and individuals with disabilities and mental illness and involve them in the development, delivery and evaluation of this initiative.
- Develop and maintain sustainable collaborative relationships between domestic violence service providers and disability and mental illness organizations.
- Increase the knowledge and skills of domestic violence service providers about the unique needs of individuals with disabilities, including mental illness, who experience intimate partner violence.
- Provide information and resources to disability and mental illness organizations to assist them in recognizing and responding to domestic violence in a trauma-informed manner.
- Create opportunities for cross-training among domestic violence service providers, disability and mental illness organizations.
- Transform our organizations to be more trauma-informed, and promote the trauma-informed approach to our community partners.

Values & Assumptions

These shared values will shape and inform our work and interactions with each other.

Choice – We believe that everyone should be free to choose what services and programs they use, and with whom they want to share their story. In order to make an informed choice, individuals must be aware of alternatives and informed of the consequences or possible outcomes of each. We will try to educate and inform individuals, including members of the Collaboration, of the range of options available to them.

Respect – We will be person-centered, including using person-centered, non-violent language. We will try to resolve any differences and conflicts in a manner that acknowledges and respects our individual and organizational differences, and honors the unique contributions of every member of the team. All individuals with disabilities and/or mental illness who reveal abuse should be treated with respect by anyone to whom they choose to tell their story.

Collaboration – We believe that collaboration is a valuable way to effect systems change and improve services statewide. We believe that collective work between equal partners with equal commitment and decision-making authority is the best way to ensure true and lasting change. Our commitment to shared goals, mutual respect

and effort is reflected in our decisions to use consensus for all decisions affecting our work and in our conflict resolution plan.

Social Justice - We believe in basic rights and equality of opportunity for all. Our work is not only focused on policies, procedures and programs - there are significant oppressions and injustices that have dramatic effects on the lives of the people we service. These include social stigmas attached to disabilities, mental illness and domestic violence; economic and gender based biases and prejudices as well as denial of access to basic human rights.

Safety - We believe that everybody has the right to live a life free of violence, abuse, neglect and exploitation. Shelters and other service providers should be places where victims can feel safe sharing their stories without fear of dismissal, ridicule, skepticism or judgment. Safety will be at the forefront of our planning, and safety-planning a core practice for our organizations. We will apply these principles within our own organizations and meetings and strive to create safe and welcoming environments for every member.

Inclusion - "Nothing about us without us". This slogan of the Disability Rights Movement will remind us that we cannot design safe, accessible and welcoming programs without including survivors and those with disabilities or mental illness in the process.

Accessibility - A survivor of domestic violence can be any age, race, class, culture, religion, gender, sexual orientation, ability or occupation. Accessibility includes not only the absence of physical barriers; it includes the ability to be understood, an absence of discrimination, a welcoming and respectful attitude and the willingness to make accommodations. We want all survivors of domestic violence, whatever their situation, to be welcomed and understood no matter where they enter the system or to whom they tell their story.

Empowerment - Empowerment is the process of enhancing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. In essence, empowerment speaks to self-determined change. While you cannot 'empower another', you can make them aware of their choices as well as their legal and human rights, thus enabling them to better influence the course of their lives.

Cultural competency and cultural awareness – We are each as individuals and organizations a product of our backgrounds. We must be aware of our own biases, prejudices and attitudes and recognize that the people we serve may have widely divergent attitudes and backgrounds. While we cannot be aware of all cultural attitudes we must recognize that in addition to mental illness, disability and domestic violence, survivors carry with them cultural norms that must be respected and acknowledged if we are to serve them effectively.

Assumptions

- Domestic violence is most often directed at women, although men with disabilities (including mental illness) are at increased risk.
- Violence against women with disabilities/mental illness is underreported.
- Disability and mental health service providers are often not aware of the prevalence of abuse in their communities, and do not routinely screen for abuse.
- Domestic Violence victim service providers and the criminal justice system may not have training or be aware of the unique vulnerabilities of victims with disabilities and mental illness.
- Persons with mental illness or disabilities are more vulnerable to abuse because of their diagnoses or disabilities.
- Service providers need to increase their knowledge and skill competence about using a trauma-informed approach.
- We can make a difference.

Member Agencies

The **Delaware Coalition Against Domestic Violence** (DCADV) is a statewide, nonprofit coalition of agencies and individuals working to stop domestic violence. DCADV member agencies provide shelter and direct services to adult victims of domestic violence and their children. The mission of the Coalition is to act as an educational and informational resource for our member agencies and the community; to advocate on domestic violence issues and to provide a strong, unified, statewide voice for battered women and their children.

The Center for Disabilities Studies (CDS) at the University of Delaware is one of 67 University Centers for Excellence in Developmental Disabilities (UCEDDs) in the country. The center supports the well-being, inclusion and empowerment of people with disabilities and their families—through education, prevention, service and research related to disabilities—so they can fully participate in the life of their communities. CDS assumes a lead role or is a collaborative partner on a wide array of projects that influence policy and practice for persons with disabilities, including: promotion of inclusive education and accessible instructional materials for school age children; education and employment initiatives that prepare youth for the transition to adulthood; initiatives that promote health and wellness; assistive technology programs; dissemination of information about living with a disability; advocacy; and more.

The National Alliance on Mental Illness in Delaware (NAMI-DE)
NAMI-DE is a statewide organization of families, mental health consumers, friends, and professionals dedicated to improving the quality of life for those affected by life-changing brain diseases such as schizophrenia, bipolar disorder, and major depression. NAMI-DE has a number of programs including:

- Support: Free weekly recovery and monthly support groups for both individuals and families; the telephone WARMLINE providing support, information and coping strategies.
- Education: Increasing the public's understanding of mental illness and its causes and treatments through programs and presentations. NAMI-DE's free signature education programs, Peer-to-Peer and Family-to-Family, help individuals and families deal with mental illness.
- Advocacy: Working in collaboration with others with governing and advisory committees to analyze and recommend mental health policy changes and educate policymakers on mental health issues.
- Housing: NAMI-DE is a key developer of safe, affordable housing for adults with mental illness in partnership with the State Division of Substance Abuse and Mental Health (DSAMH), The Delaware State Housing Authority (DSHA) and the U.S. Depart. Of Housing and Urban Development (HUD).

Contributions and commitments

Organizational Contributions and commitments:

Each of the organizations in this collaboration brings a unique set of skills, resources and expertise to the group. In order to create a whole that is stronger than the individual parts we have committed to the following:

- Providing content expertise and organizational knowledge, as needed, to the collaboration.
- Sharing agency and system-specific knowledge and expertise.
- Acknowledging each organization's best-practices, ethics, and legal requirements and restrictions.
- Embracing a shared people-centered philosophy of inclusion, diversity, and hope.
- Ongoing growth and development of knowledge and skills regarding domestic violence and people with disabilities, including mental illness.
- Modeling the change that we seek to make in the delivery of services to survivors of domestic violence by changing policies and procedures within our organizations to reflect the values and assumptions of this collaboration.
- Implementing changes to our organizational structures, including budget, staff commitments and board of directors, needed to effect the changes recommended by this collaboration.
- Maintaining commitment to the project for the three year grant period.
- Maintaining compliance with grant requirements.
- Engaging fully as an active partner in the work of the collaboration, including the process of planning, developing and implementing all project deliverables.
- Providing meeting space, supplies and materials to support the collaboration as needed.

In addition to these shared commitments the Delaware Coalition Against Domestic Violence, as the lead agency, commits to:

- Following the guidelines of the Cooperative Agreement with OVW.
- Serving as the fiscal agent.
- Overseeing the Project Director.

Roles and Responsibilities and Decision Making Authority

Within the collaboration we have identified groups and individuals with unique responsibilities and roles. These are:

Full Collaboration – This group consists of the Executive Directors of each organization (Beth Mineo, CDS; Carol Post, DCADV; Ken Singleton, NAMI DE), the Project Director, Lisa Becker, the Project Coordinators from each of the organizations (Kathie Herel, CDS; Suzanne Tuthill, NAMI DE), the Trauma and Mental Health Associate at DCADV (Marilyn Siebold); the Director of the Health Unit at CDS (Ilka Riddle) and the Director of Programming at NAMI DE (Pat McDowell). In the event of staff turnover in any of the above positions it is expected that new staff will have the same responsibilities.

The Full Collaboration team members commit to:

- Attend monthly meetings
- Attend training on Consensus Building
- Support Project Coordinators by providing information, expertise and resources as necessary

This group has the authority to make decision regarding:

- Work Process
- Content and context of all deliverables
- General direction of the collaboration
- Scope of Work

The Executive Director of DCADV has the authority to make decisions regarding:

- Budget (with input from Full Collaboration)
- Interpretation of grant guidelines

Core Collaboration team consists of the Project Coordinators from each organization plus the Project Director and the Mental Health and Trauma Associate from DCADV.

Core Collaboration team members commit to:

- Attend weekly meetings, or as work demands.
- Attend meetings as scheduled and on time.
- Come prepared to meetings.
- Complete assigned tasks in a timely manner.

- Provide updates and applicable information to the collaboration regarding individual organization values, policies, and dynamics, as well as anything that could impact the collaboration's work. *Examples* include key staffing changes, policy changes related to the project, or crisis communication.
- Communicate Collaboration activities and work to our individual organizations, including staff, clients, Boards of Directors and member organizations.
- Attend all mandatory trainings and meetings provided by OVW, Vera, or any others required by the grant.

This group has the authority to make decisions regarding:

- Tasks
- Style and content of deliverables (with the input of the Full Team)
- Developing priorities and work process
- Division of duties and responsibilities between team members to accomplish tasks

The **Project Director** (Lisa Becker):

The Project Director commits to:

- Coordinate and facilitate individual and collaboration meetings.
- Prepare and finalize products for submission to OVW and Vera based on collaboration concept and product development, incorporating collaboration team member input and feedback.
- Manage the project to meet goals and objectives.
- Complete and submit semi-annual reports to OVW.
- Serve as the primary contact with Vera and the Office of Violence Against Women (OVW).
- Take meeting minutes and distribute to team members in a timely fashion.
- Document progress of the collaboration as necessary, including meeting notes and monthly reports.

The Project Director has the authority to make decisions regarding:

- Meeting logistics.
- Time-sensitive decisions which do not affect the direction of the program.
- Contact with VERA for technical assistance, support or product development.

The **DCADV Director of Communications and Development**, Stephanie Ferrell, will act as the Primary Press liaison. Her responsibilities are more fully explained in the Media Plan.

Stephanie has the authority to make decisions regarding:

- Media contacts and responses.
- Marketing materials related to the Collaboration.

Additional significant parties:

Board of Directors – The Boards of each of our organizations will be kept advised of our work and will have the authority to make decisions regarding:

- Changes to the board recommended by this Collaboration.
- Changes to policies suggested by the Collaboration to reflect the goals and mission of the Collaboration.

Decision Making Process

The Delaware Collaboration is committed to a consensus model of decision-making and will work collaboratively to develop concepts and make decisions. Our commitment to consensus is rooted in our belief in inclusion, safety and respect. On issues where there is initial disagreement every effort will be made to find common ground and reach consensus. When we have disagreement on issues we will:

- Address the issue on the table
- Begin a facilitated discussion with an open and honest debate
- Conduct a structured check-in holding up fingers to indicate agreement/disagreement using the following gradient:

  5 Total agreement
  4 Can live with the decision
  3 Neutral/no opinion
  2 Leaning toward No
  1 Total disagreement

- Attempt to reach a consensus
- If consensus is not reached follow the Conflict Management Plan below.

Conflict Management Plan

The agencies involved in this collaboration each have deeply held convictions and beliefs. Each has a history of leadership and innovation within Delaware; staff members are passionate and committed. We expect there to be differences of opinion and seemingly incompatible belief systems which may be challenged by the work before us. The members of this collaboration are committed to resolving our conflicts in an ethical and respectful manner which avoids lingering resentments and unspoken reservations. We believe that by working through these conflicts in a respectful, ethical and structured manner we will be able create the system we envision for individuals with disabilities, including mental illness, who experience intimate partner violence.

If a personal conflict arises, we will follow these steps:

- If the conflict cannot be resolved within a scheduled meeting the issue will be tabled and readdressed after the parties have attempted to resolve it through the following steps:
  - The parties will discuss the matter directly to define the problem, analyze and evaluate.
  - During the period between meetings individuals may seek guidance, but should not seek collusion.
  - The issue will be readdressed at the next meeting with the parties reporting the resolution if any.
  - In the event that the conflict is still unresolved the parties will check-in; if it seems a resolution may still be possible the process will be repeated.
  - In the event that outside mediation is required, we will seek outside mediation from a mutually agreed upon outside party.

If the conflict is a value-based disagreement, we will follow the procedure below:

- If the conflict cannot be resolved within a scheduled meeting the issue will be tabled until the next meeting.
- The issue will be readdressed at the next meeting, and the Vision Statement will be revisited if necessary.
- If consensus is still not reached and a check-in reveals significant differences, the group will determine if technical assistance is needed. If not, we will table the discussion and begin the process again.
- If consensus is still not reached and a check-in reveals significant differences, the group will seek technical assistance, and/or mediation.

Conflicts which are grant related will be mediated by Vera; other conflicts will be mediated by a mutually agreed upon outside mediator. If we encounter a conflict which cannot be otherwise resolved, Amy Loder of the OVW will be brought in as the final arbiter.

Communications Plan

We recognize that in order for our collaboration to be successful we must communicate regularly and openly. We are committed to using inclusive, people-first language with one another, with member organizations and with our community partners. Our internal and external communications should reflect our shared values of respect, safety, confidentiality and empowerment.

Internal

The Core Collaboration team will meet weekly, or as needed, for two hours to discuss, review and plan tasks. Meetings will rotate between organizations. In the event that a core member cannot attend a scheduled meeting, we will either attempt to

reschedule or wait until the next scheduled meeting as work dictates. Communication between meetings will be via e-mail or telephone.

The Full Collaborative team will meet monthly for three hours, or as needed. These meetings will rotate between organizations. In the event that a member of the Full Collaboration team is unable to attend a scheduled meeting we will meet in the absence of that member. If an important, time-sensitive decision needs to be made we will schedule a meeting or conference call to discuss that issue. The other team member(s) from the same organization will be responsible for briefing her colleague on the meeting unless she delegates that task to another team member. In between meetings, communication will be through email, telephone and teleconference if necessary. We will also participate in site visits from Vera as needed.

All members are encouraged to speak frankly and openly; we recognize that there will be times when debate may become lively and include some strongly held divergent views, but believe that if we maintain our commitment to ethical conversation and mutual respect we can use this time to forge a collaboration whose influence will live beyond the grant term.

Document Sharing

The Core Team intends to use the document sharing capabilities of Google Docs as much as practicable to work on deliverables. This ensures real collaboration, and real time updating of documents. The Project Director will be the 'owner' of these documents and will share editing privileges with other Core team members. Any member of the Full Collaboration team can request access to these documents. While the documents are available each member will be able to contribute to, but not delete, other's contributions. We will come to consensus before considering a document final.

Media and other External Communications Plan

All communications should accurately reflect and reinforce the Vision, Mission and Values of the collaboration. Communication includes, but is not limited to, newsletter articles, brochures, advertisements, press releases, crisis communication, event information, mass emails, website content and presentations. The following guidelines are designed to ensure that we are consistent in our message.

Due to the nature of our work with vulnerable individuals it is important that we adhere to these guidelines. The safety and integrity of the people we serve should be paramount.

- Never discuss a client/consumer with the media or acknowledge in any way that any organization has or has not provided services to a particular client (unless

you have pre-authorized written release from that client for your specific organization).

- Always use People First and non-violent language in communicating with the media; avoid victim blaming in any stories that involve violence or abuse.

In order to present a consistent face, Stephanie Ferrell, DCADV Director of Communications and Development, will be the designated media contact for the Delaware Collaboration. Stephanie has experience working with members of the media in Delaware through her work with DCADV and other non-profit organizations and has been oriented in our privacy and confidentiality guidelines.

- The project team agrees to pass all media requests through the media contact. Carol Post will be the designated media spokesperson for the collaboration, but all requests should be directed to the media contact.
- All press releases directly related to the work of the Collaboration will be drafted by the DCADV Director of Communications and Development with the input and approval of the other members of the team. Press releases from other members which mention, but are not directly related to, the work of the collaboration should be sent to the Project Director, who will send to the media contact. Drafts of any press releases about the Collaboration will be sent to the Executive Director of each organization and to Michele Sands, Dissemination and Advocacy Unit Director at CDS, with enough time to get any needed approvals and will not be released without those approvals.

Requests for a media response will be processed using these criteria:

- If the inquiry is primarily related to a crisis situation in a specific area of expertise (domestic violence, disability or mental illness) and not primarily related to this collaboration, then the media representative will be referred to the appropriate partner organization.
- If a question about a crisis situation is initially directed at a partner with appropriate expertise, that representative may respond as seems appropriate but should make partners aware as soon as possible.

Designated media representatives at partner organizations are:

Organization	Subject	Primary Contact	Second Contact	Contact info
DCADV	Domestic Violence, Sexual Assault	Stephanie Ferrell	Carol Post	302 658 2958
NAMI DE	Mental illness	Ken Singleton	Pat McDowell	302 427 9787
CDS	Disabilities, Assistive Technology	Michele Sands*	Beth Mineo	302 8316974

*The University of Delaware Office of Communications and Marketing will be advised of all media contacts.

All other media requests will be filtered by the Primary Media Contact (Stephanie Ferrell) and referred appropriately:

- Requests regarding the work of this collaboration will be referred to Carol Post, Exec. Director DCADV, as the Lead Agency.
- The team will refer to a set of talking points (see Appendix A) to be used for all media calls. These talking points will serve as a starting point for conversations regarding the Delaware Collaboration, but are not intended for external distribution.
- The spokesperson will decline immediate response to inquiries until she has evaluated the purpose of the contact and gathered any additional relevant information from project partners.
- If practicable, the Spokesperson will respond to media requests concerning the work of the Collaboration after the team has agreed upon an appropriate response.
- The media spokesperson will respond using the talking points as a basis.
- In the event that an immediate response is required, or it is not practicable to confer with the full collaboration, the spokesperson will respond appropriately, and alert the team as soon as possible.
- The outcome of any conversations and inquiries from the media which may impact our work should be reported to the Project Director for distribution to the rest of the Collaboration.

Confidentiality Agreement and Mandatory Reporting

Confidentiality

Confidentiality is necessary to establish a safe and respectful working relationship, and is vital to the safety of survivors of intimate partner violence. As a Collaboration, as individuals and organizations we embrace a confidentiality standard which is grounded in mutual respect for privacy and the safety needs of survivors and individuals with disabilities, including mental illness, and complies with Delaware law. We agree to the following guidelines below while working together.

General Confidentiality Guidelines:

- Any personal experiences shared among collaboration members through any means of communication shall remain confidential to the extent compatible with the mandatory reporting requirements in Delaware.
- Written communications (including e-mail) which might mention survivors or other vulnerable individuals will not contain personally identifiable information.
- No written communications will contain personally identifiable information about individuals who may disclose incidents of abuse or victimization.
- All meetings will be held in locations and at times that are not only accessible but also ensure privacy and confidentiality.
- Sensitive organizational information will not be shared outside of the collaboration. Examples of sensitive information include, but are not limited to, personnel and/or organizational conditions, financial information, or any competing political interests.
- Nothing deemed confidential will be shared outside of the Collaboration without the express permission of the concerned parties.
- If a member of the collaboration feels that information shared compromises safety, or threatens the fidelity and effectiveness of the collaboration, that person may share the information as appropriate but will inform other members of her/his intent before doing so.

Confidentiality Standards for Survivors:

Domestic violence survivors must be able to make informed decisions about what they disclose and to whom; their safety and well-being will always be our priority. The Violence against Women Act (VAWA) prohibits the disclosure of personally identifying Information without the informed, written and reasonably time-limited consent of that person. All partners in the Collaboration will honor and respect the privileged nature of these disclosures to the extent allowed by Delaware Law and mandatory reporting

requirements. In the course of our work we will limit the amount of information we gather about individuals to that information which is necessary to support the work.

Mandatory Reporting

Delaware's General Assembly recognizes that many adult citizens of Delaware are in need of protection from abuse because of physical or mental infirmity, disease or other causes which render them incapable of providing for their basic daily living needs.
In the course of our work, Collaboration members will have contact with many individuals who are "incapacitated" or "infirm" and, as by Delaware law we are all mandated reporters, we must be mindful of what information we collect, particularly during the Needs Assessment phase. Collaboration Members will adhere to Delaware law regarding mandatory abuse reporting and confidentiality for individuals with a disability.

Delaware's Duty to Report, 31 Del. Code §3910 (a) states that "any person having reasonable cause to believe that an adult person is infirm or incapacitated as defined in §3902 of this title and is in need of protective services as defined in §3904 of this title shall report such information to the Department of Health and Social Services."

Domestic violence is not subject to mandatory reporting requirements.

31 Del. Code §3902: …incapacitated person: a person for whom a guardian of person or property, or both, shall be appointed, and infirm adult: any person 18 years of age or over who, because of physical or mental disability, is substantially impaired in the ability to provide adequately for the person's own care and custody.

Because the repercussions from disclosure of abuse can be so serious, and because not reporting suspected abuse can contribute to on-going harm, the following guidelines will be followed by all members of the Collaboration:

- If, during the course of work on this project, a disclosure is made that a member of the collaboration believes requires a report, that member will reflect carefully on the various definitions and facts to determine if a report is required.
- If possible, she or he will discuss the situation with at least one other member of the Collaboration, adhering to our confidentiality standards, to ensure that there is a common understanding that the individual involved meets the definition of "infirm or incapacitated adult", and that there is cause to believe that abuse, neglect, or exploitation has occurred.
- In keeping with our belief in self-determination, the individual will be informed about the need to report, our belief that a report should be made, and encourage him or her to participate in this process.
- If the affected individual does not give approval, and the team member is still convinced that a report must be made, she/he will proceed, but give notice to the affected individual if possible.

- She will advise the full Collaboration of the report, and share the general facts underlying the report (without violating confidentiality) to aid the group in understanding the impact and import of this work.

Prior to any event, such as a Focus Group, during which we think revelations of abuse might be made, we will make sure that everyone is aware of our duties to report. This disclosure will be made in a format that is accessible and understandable to individuals.

In the event of a disclosure which involves child abuse or neglect the incident will be reported; the affected individual will be informed that a report will be made, and will be encouraged to make it herself.

DE law states that anyone "…participating in good faith in the making of a report shall have immunity from any liability, civil or criminal that might otherwise exist and such immunity shall extend to participations in any judicial proceedings resulting from such report."

Workplan/Timeline

Product	Expected Date of Completion
Collaboration Charter	June 30, 2011
Develop Needs Assessment	Aug – Nov 30
Conduct Needs Assessment	Dec – Feb 2012
Write Needs Assessment Report	March 2012
Develop Strategic Plan	April –May 2012
Submit Strategic Plan to OVW	May 31, 2012
Implementation	June 2012 – Sept. 30, 2012

Glossary of Key Terms

Throughout our conversations developing this charter, we have discovered shared vocabulary and values; at the same time we have learned that we sometimes have different definitions for the same terms. In addition, each organization has words or terms that are fundamental to their work and mission. We have had many in-depth discussions about the words in this list, and found each discussion to be a learning experience which has added significantly to our understanding of each other's work.

Abuse

- Physical Violence - Intentionally using physical force to harm, injure, disable or kill. It can involve using a weapon or restrains or merely using body size or strength to harm another person.
- Sexual Violence - Sexual abuse not only includes forcing someone to have sex, but it can also include having sex with someone who is unable to refuse due to disability, illness, intimidation or the influence of alcohol or other drugs.
  - Using physical force to compel someone to have sex against their will, whether the act is completed or not.
  - Attempting or having sex with someone who is unable to understand the nature of the act or unable to decline participation or is unable to communicate their unwillingness.
  - Abusive sexual contact of any kind.
- Threats of Violence - The use of words, gestures, motions, looks or weapons to communicate a threat to harm, injure, disable, rape or kill another. The act does not have to be carried out for it to be abusive behavior.
- Psychological and Emotional Abuse – The use of acts, threats of acts or coercive tactics to cause someone emotional trauma. If there has been previous physical or sexual abuse in the relationship, any further threat of abuse is considered psychological or emotional violence.
  - Humiliation
  - Controlling what the victim can and cannot do.
  - Withholding information.
  - Diminishing or embarrassing the victim.
  - Isolating the victim from friends and family.
  - Denying the victim access to money or other resources.
  - Denying the victim access to jobs, school, training or other opportunities.

Accessible/Accessibility - The degree to which an environment (physical, social or attitudinal) makes appropriate accommodations to eliminate barriers or other impediments to equality of access to facilities, services, and the like for persons with disabilities.

Accommodations - Any modifications or adjustments to an environment or program that will enable an individual with a disability to access and participate in the same manner as others.

ADA - (Americans with Disabilities Act) Passed by the U.S. Congress and signed into law by the President in July 1990, the ADA is the first comprehensive declaration of equality for people with disabilities. The ADA protects the civil rights of people with disabilities in all aspects of employment, in accessing public services such as transportation, and guaranteeing access to public accommodations such as restaurants, stores, hotels and other types of buildings to which the public has access (NICHCY).

Adult – A person over the age of 18.

Advocate - A person who represents, intervenes with or on behalf of others. An advocate is a person who supports individuals while making sure that their rights are respected and works to improve the response of an agency or institution to persons with disabilities/victims/survivors. See also *self-advocate*.

Advocacy – is the process for acting as an advocate for an individual, but may also refer to the act of promoting systems or social change.

Assistive Technology - Any item, piece of equipment, or product system, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Examples of equipment: wheelchair, cane, remote controls, smart phone applications such as video-phone, text-to-speech.

Barrier - A tangible or intangible obstruction or impediment that limits access to necessary or desired activities or services. There are four categories of barriers: physical, communication, attitudinal, and systemic/policy based. Physical barriers interfere with or impede a person from accessing the particular location or service. Communication barriers deter a person from accessing information in a usable format. Attitudinal barriers are inaccurate beliefs or perceptions which limit a person's ability to participate in or access a service or activity. Systemic/policy barriers occur when practices of an organization restrict participation in services/activities.

Batterer - A person who uses tactics of power and control to intimidate or threaten.

Battered woman - A victim of domestic violence or abuse.

Capacity building - Process of assisting an individual or group to identify and address issues and gain the insights, knowledge and experience needed to solve problems and implement change. Facilitated through the provision of technical support activities, including coaching, training, specific technical assistance and resource networking. http://www.cta.int/en/FAQ-Plus/Glossary/Capacity-building

Caregiver - A caregiver is a paid or unpaid support person who assists a child or adult with a disability or special health care need in their daily life activities and routines. This includes family members, friends, volunteers, and paid professionals who provide support.

Caregiver privilege - Power and control tactic used by caregivers. Treating person as a child or servant; defining narrow, limiting roles and responsibilities; providing care in a

way that accentuates the person's dependence and vulnerability; ignoring, discouraging, or prohibiting the exercise of full capabilities.

Case Manager - *Also known as a Care Coordinator by mental health personnel in some states to reflect a more person-centered approach.* Assists individuals and families with obtaining needed resources and navigating various health care and social service systems.

Civil Law/Criminal Law - In domestic violence situations, there may be both civil and criminal cases occurring at the same time as a result of the same violent act.

- *Civil law* deals with disputes between private parties, or negligent acts that cause harm to others. Civil law includes family law cases involving divorce, parental responsibility for children, spousal support, child support and division of property between parties. The party or person who brings the legal action (such as Protection from Abuse order) is known as the plaintiff or petitioner, while the party or person against whom the action is brought is the defendant or respondent. In a civil domestic violence action, the petitioner is asking the court for protection from the abuser.
- The *criminal law* system handles all cases that involve violations of criminal law such as harassment, assault, murder, theft, etc. In a criminal complaint the plaintiff is always the government; it is the county/state that has brought the case against the abuser, not the victim

Collaboration - A working partnership between organizations for the purpose of accomplishing common goals. Partners all have a stake in the success of the collaboration and have a high level of interactivity. The partnership includes the sharing of information, resources and effort, as well as sharing the benefits of achieving the goals.

Confidentiality - 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 the law or conflicts with the providers' ethical and/or legal duty to warn or report. As used in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the right of an individual to have personal identifiable information kept private.

Consumer - An individual utilizing disability related services, including someone in mental health recovery. This term has replaced patient and client to imply choice and self-direction.

Developmental disability - According to the CDC, developmental disabilities are a diverse group of severe chronic conditions that are due to mental and/or physical impairments. People with developmental disabilities have problems with major life activities such as language, mobility, learning, self-help, and independent living. Developmental disabilities begin anytime during development up to 22 years of age, and usually last throughout a person's lifetime. (Examples: Autism spectrum disorders, Cerebral palsy, Hearing loss, Intellectual disability and Vision impairment).

Direct Support Professional (DSP) - DSPs may provide a wide range of supportive services to individuals with disabilities on a day-to-day basis, including habilitation, health needs, personal care and hygiene, employment, transportation, recreation, housekeeping and other home management-related supports and services so that an individual can live and work in their community and lead a self-directed, community and social life (US Dept. of Health & Social Services/Assistant Secretary for Planning and Evaluation).

Disability - A physical, sensory, intellectual or mental impairment that substantially limits one or more major life activities.

Diversity - Recognizing, appreciating, valuing, and utilizing the unique talents and contributions of all individuals regardless of age, culture, disability, educational level or background, gender, religion, or sexual orientation.

Domestic Violence/Dating violence - Domestic violence is a pattern of assaultive and coercive behaviors that an adult or adolescent uses to gain and maintain power and control over an intimate partner. The behaviors can be physical, sexual, psychological, and/or economic. These behaviors are not always criminal acts. Domestic Violence is a learned pattern of behaviors. *see Family Violence*

Domestic Violence Services - Services provided by DV service organizations can include: providing emergency shelter for victims; providing transitional housing; case management services, individual advocacy and information and referral services.

Empowerment - The processes by which people, organizations, or groups who are powerless or marginalized: (a) become aware of the power dynamics at work in their life context; (b) develop the skills and capacity for gaining some reasonable control over their lives.

Family Violence - Sometimes used interchangeably with domestic violence, family violence is a broader definition which includes child abuse, elder abuse, and other violent acts between family members. Many criminal justice statistics conflate domestic violence (between intimate partners) and family violence in reports and statistics.

Housing –

- Group home - A small, community-based residence, usually under 6 residents, that provides affordable housing with supports 24 hours a day, 7 days week to those with special needs including individuals with mental illness or physical disabilities, youth, and women with their children fleeing abuse.
- Independent living - A mode of life pursued by a person capable of providing for their own care or who is able to live outside of an institution with assistance in obtaining essential services.
- Congregate living - Similar to Supportive Housing. Congregate housing is multi-unit housing with support services. Residents have a private bedroom or apartment and share some living spaces and activities. Support services do not include medical or 24/7 supervisions.

- Residential Healthcare - Facilities which provide 24-hour medical care, activities, supervision, and social services to those who have significant physical disabilities, learning disabilities, mental illness, alcohol or drug dependency, or who are at risk of injury or abuse. These facilities sometimes referred to as Nursing Homes, can be intended for short-term or long-term stays.
- Supported housing - housing is linked to support services that are voluntary and flexible to meet the residents' needs and preferences.
- Shelter - Emergency housing for individuals and families who need a safe place to escape violence and/or abuse. Length of stay is generally short term (less than 45 days).
- Transitional housing - Housing from 30 days to two or three years that includes the provision of support services, on- or off-site, to help people move towards independence and self-sufficiency. Transitional housing provides people with help after a crisis. Transitional housing programs may offer individualized services such as counseling, support groups, safety planning, and advocacy services as well as practical services such as licensed child care, employment services, transportation vouchers, telephones, and referrals to other agencies. Trained staff and case managers may also be available to work with clients to help them determine and reach their goals.

Inclusion - In the context of disability advocacy, inclusion is defined as the right of all individuals to be part of society as equal members, regardless of their abilities.

Inclusive - Creating a hospitable and welcoming environment in which interactions occur with all members of the community regardless of their individual characteristics.

Intellectual Disability - Intellectual disability is characterized both by a significantly below-average score on a test of mental ability or intelligence and by limitations in the ability to function in areas of daily life, such as communication, self-care, and getting along in social situations and school activities.

Intimate Partner - Intimate partners include people, who are currently or formerly in dating, sexual, marital, or domestic partner relationships or who otherwise define themselves as being in an intimate relationship.

Intimate partner violence (IPV) - IPV occurs between two people in a close relationship. The term "intimate partner" includes current and former spouses and dating partners. IPV includes physical, sexual, and emotional abuse as well as threatening words or gestures.

Mental Illness - Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Mental illnesses are serious medical illnesses. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence. Mental illness falls along a continuum of severity. (NAMI)

Severe and persistent mental illness, or SPMI, is the term mental health professionals use to describe mental illnesses with complex symptoms that require ongoing treatment and management, most often varying types and dosages of medication and therapy. People with SPMI may be able to function independently for periods of time but may need intensive support with housing, school, work, social functioning, and other everyday life concerns when they experience a stressful event. (UNC Health system)

Perpetrator - A person who engages in criminal or abusive behavior.

Person First Language - Person First Language is a more respectful, accurate way of communicating. A person with a disability is not their diagnoses or disability; they are a person first. For example, a person would be referred to as a person who is blind, not as a blind person. (Disability is Natural)

Person-centered/Person-centered planning – Person-centered planning is a collection of tools and approaches based upon a set of shared values that can be used to plan with a person - not for them. Person-centered planning is built on the values of inclusion and looks at what support a person needs to be included and involved in their community. Person centered approaches offer an alternative to traditional types of planning which are based upon the medical model of disability and which are set up to assess need, allocate services and make decisions for people (Inclusive Solutions www.inclusive-solutions.com/pcplanning.asp).

Power and Control - The intentional use of abusive tactics used to gain power and to exert control over another in order to meet the abuser's needs. The abuser aims to acquire and employ power in the relationship or interaction. With sufficient power, the abuser can control another person – forcing or coercing them to do as the abuser wishes. These tactics, which can be different for each batterer, may be emotional, psychological, physical, financial and/or sexual.

Prevention – Violence prevention programs are divided into primary, secondary and tertiary prevention.

- *Primary prevention* focuses on stopping violence or abuse before if happens. Many primary prevention programs are focused on teens as this is a time when attitudes and behaviors can be molded. Other targeted populations may be those that are at risk for violence in their relationships, but where it has not yet occurred. A primary prevention program is successful when violence/abuse does not occur. Much of this work is done by changing social norms to discourage images and attitudes which condone or encourage violence.
- *Secondary prevention* – a secondary prevention program is directed at abuse that is already happening. A program is successful when either the victim leaves the relationship or the abuser stops the abuse.
- *Tertiary prevention* efforts are the most common and emphasize the identification of domestic violence and its perpetrators and victims,

control of the behavior and its harms, punishment and/or treatment for the perpetrators, and support for the victims.

Protection from Abuse Order (PFA) - An Order of Protection from Abuse is a civil order that provides protection from harm by another. In Delaware PFAs are issued by the Family Court and order someone to stop abusing another person, and may include other relief, such as ordering the abuser to stay away from the person being abused. Abuse is defined as any threatening or harmful conduct including serious emotional harm. Relationships eligible for a PFA include family members, former spouses, a man and a woman cohabitating together with or without a child of either or both, or a man and a woman living separate or apart with a child in common, and persons who are, or were, involved in a substantive dating relationship.

Safety Planning - A complex set of strategies and resources that a victim uses to minimize abuse directed by the abuser at the victim and his/her children. Safety plans are fluid, ongoing, multi-layered and guided by the victim/survivor.

Self-Advocacy/Self-Advocate - Self-advocacy means taking the responsibility for communicating one's needs and desires in a straightforward manner to others. It is a set of skills that includes: Speaking up for yourself; Communicating your strengths, needs and wishes; Being able to listen to the opinions of others, even when their opinions differ from yours; Having a sense of self-respect; Taking responsibility for yourself; Knowing your rights; Knowing where to get help or who to go to with a question (PACER Center).

Self-Determination - Self-determination means having a combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior. An understanding of one's strengths and limitations, together with a belief of oneself as capable and effective are essential to self-determination. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in our society (Michael Weymeyer).

Service Provider – An individual or organization that, because of training and/or certified skills, is authorized to provide specialized services to someone in need. It covers a variety of skills in many different settings.

Stalking - Stalking is a pattern of repeated, unwanted attention, harassment and contact. It is a pattern of conduct that can include:

- Following the victim
- Appearing at the victim's home or place of work
- Making unwanted and frightening contact with the victim through phone, mail and/or email
- Harassing the victim through the Internet
- Making threats to harm the victim, the victim's children, relatives, friends or pets
- Sending the victim unwanted gifts
- Intimidating the victim
- Vandalizing the victim's property

- Securing personal information about the victim by accessing public records, hiring private investigators, using Internet search services, contacting friends, family, work or neighbors, or going through the victim's garbage.

  Cyber Stalking is the use of the Internet, e-mail or other telecommunications technology to harass or stalk another person.

Stigma/Social stigma - Stigma is the negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual. Stigma surrounding the receipt of mental health treatment is among the many barriers that discourage people from seeking treatment.

Survivor - A person who has continued to live, prosper or remain functional after a traumatic event; considered an empowering term preferred by the violence against women movement. The term can be used interchangeably with "victim" although the latter is more likely to be used in the criminal justice system.

Sustainability - The likelihood that a project will continue once initial funding has been exhausted. Changes can be maintained over time with few new resources or new funding.

Systems Change - Systems change refers to alterations to internal organizational policies, procedures, practices, and budgets, as well as how the organization interacts with other organizations.

Trauma - Trauma is the impact on the individual of an event that involves the threat of death or serious injury and an emotional response of fear, helplessness, or horror. It is different from other painful and stressful events that constitute the normal vicissitudes of life, such as divorce, loss, serious illness, and financial misfortune. Examples of traumatic events include domestic violence, stalking, child abuse, sexual assault and witnessing interpersonal violence, disasters, war, etc. (Adapted from After the Crisis Initiative: Healing from Trauma after Disasters)

Trauma-Informed: The awareness of how a trauma survivor's behavior, actions, and needs may be in response to the trauma they have experienced. Professionals who are trauma-informed understand the neurological, biological, physiological, and social effects of trauma. As a result, such professionals are able to make decisions about organizational structure, programming, protocols and services that take such considerations into account. Services may address mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support.
Trauma-Informed Care is treatment that starts with an understanding of the trauma a person has experienced and is based on collaboration with consumers and survivors.
The Trauma-Informed Approach acknowledges the role that trauma plays in people's lives, recognizes the presence of trauma symptoms in clients, and seeks to deliver services in a trauma-informed environment.

Victim - This term is commonly used in the criminal justice system to refer to those who experience domestic violence, sexual assault and stalking; the term "survivor is often used by the domestic violence community as a more empowering term.

Victim blaming – Blaming the victim for not being able to prevent, avoid or cope with the violence; suggesting that her actions caused the abuse; suggesting that by not leaving the batterer she is complicit in the abuse. Assessing responsibility to the victim rather than holding the abuser accountable.

Vulnerable adult - A person 18 years of age or older who, by reason of isolation, sickness, debilitation, mental illness or physical, mental or intellectual disability, is easily susceptible to abuse, neglect, mistreatment, intimidation, manipulation, coercion or exploitation.

Appendix A

Collaboration Talking Points

Historically, there has been little cross training for domestic violence service providers to ensure that individuals with disabilities, including mental illness, receive appropriate services. Our collaboration was formed to not only ensure that domestic violence providers are equipped to help victims/survivors with disabilities, but that all individuals, advocates and providers who might serve/support victims with disabilities are aware of the dynamics of intimate partner violence and how to plan for their own safety.

- The Collaboration is a multi-disciplinary collaboration between the Delaware Coalition Against Domestic Violence, the Center for Disabilities Studies at the University of Delaware and NAMI Delaware.
- The Collaboration work is supported by a 3 year grant from the Office on Violence Against Women.
- This is not a grant to provide services; our goal is to increase awareness in our partner agencies of the special problems faced by survivors of intimate partner violence who have disabilities, including mental illness, and increase access to services for them.
- The 3-year grant is structured by the OVW to include an extensive planning period during which the members of the collaboration will explore their own values, experiences, preconceptions and policies around mental illness, disability and domestic violence.
- Individuals with disabilities, including mental illness, are at extremely high risk of being assaulted or abused. Factors linked to increased risk for individuals with disabilities include:

    - Limited ability to resist or escape
    - Barriers to communication
    - Dependence on others for personal care and basic necessities
    - Fear of losing needed services
    - Limited resources
    - History of being taught to comply with authority figures
    - Fear of being disbelieved because of perceived non-credibility
    - Lack of basic education of anatomy, sexuality, and privacy

DCADV Talking Points

- DCADV is a statewide non-profit domestic violence coalition
- DCADV is one of a network of 54 state and territory domestic violence coalitions.
- DCADV membership includes 4 non-profit shelter and/or direct service providers, 25 supporting organizations, and over 100 individuals.

- Member Organizations of the DCADV are Delaware organizations whose primary focus is to provide direct services to adult victims of domestic violence, and/or operate a shelter for battered women.
- Raises awareness about domestic violence
- Provides training, educational programs and technical assistance to service providers, justice system personnel, advocates, child welfare advocates and others statewide
- Engages in collaborative efforts with local, regional and national partners to improve services and responses to victims and their children
- Advocates for system and policy reform to promote victim safety and offender accountability
- Engages in economic justice initiatives
- Builds statewide capacity for prevention and social change initiatives

The Center for Disabilities Studies (CDS) Talking Points

- CDS is located at the University of Delaware.
- CDS is one of 67 University Centers for Excellence in Developmental Disabilities (UCEDD) in the country.
- CDS assumes a lead role or is a partner on a wide range of projects that focus on enhancing the lives of individuals with disabilities, their families and communities.
- CDS projects and initiatives center around education, prevention, service and research related to disabilities.
- CDS projects and initiatives focus on a variety of issues including: assistive technology, healthy lifestyle choices, positive behavior supports for students and individual and family advocacy, leadership and dissemination of information.
- In collaboration with other organizations and project partners, CDS coordinates and manages a number of activities/programs including:
    - Jr. Partners and Policymaking: a one-week program for youth with disabilities ages 15-22 that involves a hands-on approach to the world of advocacy
    - Community Connectors: a leadership and social skill-building and service-oriented group for young adults with disabilities
    - Delaware Recycles and Reuses Assistive Technology (DRRAT): a program for Delawareans with disabilities to ensure that they have access to safe and appropriate reused equipment; and that equipment is used efficiently
    - Positive Behavior Support: a project providing professional development to educators about how to implement effective positive behavior strategies
    - Healthy Delawareans with Disabilities: a project designed to promote the health and wellness of Delawareans with disabilities
    - Emergency Preparedness Initiative: a grant to set the groundwork for family-centered and inclusive emergency planning and preparedness in Delaware for individuals with disabilities

- Healthcare Transition Initiative: a grant to address the transition process of youth and young adults with disabilities and their families from the pediatric to the adult health care system.

NAMI DE Talking Points

- The National Alliance on Mental Illness in Delaware is the state chapter of the non-profit National Alliance on Mental Illness (NAMI).
- NAMI is the nation's largest grassroots organization serving individuals with mental illness and the their loved ones
- NAMI Delaware offers an array of support and education programs for families and people living with mental illness.
- Over 2000 individuals in Delaware with mental illness have been helped by NAMI's subsidized housing program
- Collaborates with others to analyze and recommend mental health policy changes
- Educates policymakers and professionals on mental health issues
- Telephone help line provides necessary support, information and referrals.
- Programs and presentations are also directed at erasing the stigma and discrimination of mental illness.