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A collaboration between:





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**Introduction**

Nationally, 1 in 4 women and one in nine men will be abused by an intimate partner. Sadly, only 1 in 7 incidents of domestic violence is reported[[1]](#footnote-1). Violent victimization occurs at an average of 3x more for those with a disability than those without[[2]](#footnote-2). The statistics continue to be disparaging, reflecting that someone who has a disability is 3x more likely to experience rape, sexual assault, aggravated assault, and robbery; 3x more likely to be sexually abused as children; 1.6x more likely to experience abuse or neglect as children; 1.5x more likely to experience repeated abuse or neglect as children[[3]](#footnote-3).

Helping Others through Protection and Empowerment of Western New York (HOPE of WNY) is a collaboration of two expert agencies from their respective fields, Community Services for the Developmentally Disabled and the Family Justice Center. The goal of this collaborative is to improve access to domestic violence services and prevention education for people with Intellectual and Developmental Disabilities (I/DD).

We recognize that people with I/DD face increased risk for abuse and violence and strive to link those experiencing domestic violence with specialized resources that will help lead them on their journey towards healing. HOPE of WNY strives to understand the unique risks that people with I/DD face, and their challenges in disclosing experiences of violence/abuse and accessing services. We work to create sustainable, equitable, and holistic change in our organizations and community.

The following Collaboration Charter outlines the core beliefs and values; policies and protocols; and essential plans that will serve as a foundation for the partnership as it moves forward. It will act as a guide for our work and will extend beyond the three-year grant period as a living document. It will be reviewed and revised based on the ongoing needs of the collaborative.

**Vision Statement**

Building a community…

* Where those in WNY with I/DD, having been subjected to domestic violence are safe, respected, valued, and supported, but not controlled;
* Where the stigma of acknowledging a need for help and barriers to that help, have been eliminated by staff;
* Where representatives from both Community Services for the Developmentally Disabled and the Family Justice Center are able to recognize the warning signs of unhealthy relationships; and
* Where the WNY I/DD community are empowered to rebuild self-esteem and break the cycle of domestic violence and abuse.

**Mission Statement**

HOPE of WNY will improve access to domestic violence services and prevention education for people with Intellectual and Developmental Disabilities (I/DD). This coalition will also ensure those with I/DD who are experiencing domestic violence are identified and linked to the specialized resources that will help lead them on their journey towards healing.

This will happen through:

* Formalizing the connections between Community Services for the Developmentally Disabled and the Family Justice Center. This will open both organizations’ systems for a fluid exchange of resources and knowledge in order to improve the understanding and awareness among those who come in contact with people in a domestic violence situation to the characteristics of those who have I/DD.
* Providing education and outreach that focuses on recognizing and preventing domestic violence for those with I/DD within both organizational structures.
* Increasing the awareness, skills, and comfort level of staff to support those with I/DD involved in a domestic violence situation through identification and obtaining the supports for which they are eligible.
* Identifying and enhancing policies and procedures to remove barriers that have limited those with I/DD access to domestic violence services through systemic change within Community Services for the Developmentally Disabled and the Family Justice Center.

**Values**

In order to break the cycle of domestic violence and abuse, these are the values we affirm:

*Access:*

Survivors have the right to a welcoming environment and flexible services which provide choice and meet their individual needs. We believe that service providers have the responsibility to remove the physical, attitudinal and programmatic barriers that prevent access to their services. Foundational to our work, is the belief that people with disabilities are important members of society with the right to be actively welcomed and involved in our community to access any and all services and supports offered with plain, non-violent language.

*Education:*

Eradication of domestic violence requires education. Society neither fully acknowledges nor understands the complexity and persuasiveness of domestic violence and its immediate and long-term impact on victims, families, and communities. Building awareness and eliminating this epidemic requires widespread education. Recognition is needed of the warning signs as a way of preventing and breaking the cycle.

*Empowerment:*

We hold the belief that all individuals are resilient. As such, empowerment is internal and created through opportunities for informed choice with the support to take a stand to confront systems of oppression. Those with I/DD are often historically marginalized and stigmatized by society. When services are sought, they should not feel disempowered by the process, but rather feel they are the driving force behind their own lives and feel supported while navigating this direction of healing.

*Person-Centered:*

Those who seek help from our services should be included in the development as a driving force because they are the experts on their needs and thus, should be included as much as possible to produce a product that works. It is also important to look at the whole person to address each need that may be of concern, including cultural cognizance and being mindful of adaptability as needs shift. We embrace person-first language where the person is placed first, not the disability or circumstance and encourage self-advocacy throughout the process.

*Respect:*

We believe that each person has a unique life experience and valid interpretation of it. We value each person’s inherent worth and dignity; striving to understand and appreciate our similarities and differences. Those who turn to our services should feel safe, valued, supported, and protected and not dismissed or further stigmatized. Services should also be designed with the impact of trauma on the person in mind. A level of trust and willingness to be transparent needs to be established with the building of a rapport. All those presenting for services do not use the same identifying language with either having a disability or of the language surrounding their current circumstance. It is important to be perceptive to this when navigating through services.

*Safety:*

Everyone has the right to feel physically and emotionally safe and live without fear. It is our goal to maintain protection through confidentiality and eliminate any barriers to breaking the cycle of abuse. Our collaboration strives to create systems that support safety and foster comfortable, open environments which provide options and choice. It is our goal to empower the community in identifying “risk” and access to services. Additionally, safety should include maintaining an environment where disclosures of abuse can be made without fear of judgment or victim blaming.

*Sustainability:*

It is crucial for the work on revamping the way those with I/DD navigate the system and the language and education used throughout be sustained. In order for this to happen there must be stakeholder endorsement and staff buy-in. This collaboration must be dynamic and incorporate lessons learned to progress beyond the scope of this grant and respond to the changing needs of those served.

**Beliefs and Assumptions**

* Domestic Violence is never acceptable and is a crime. It should never be viewed as the victim’s fault.
* Survivors are the experts on their experiences and those experiences impact their choices.
* All forms of societal victim-blaming silences survivors and will promote a pro-violent mindset.
* We recognize that there are different perspectives about how one will self-identify. The project’s approach strategizes and promotes following someone’s lead about how they believe and characterize themselves to be.
* Service providers may not always be attuned to the symptoms of violence and abuse.
* People with disabilities are at greater risk for sexual abuse/violence. Perpetrators use tactics to exploit the vulnerabilities of people with disabilities (such as denying access to adaptive equipment or medication, taking advantage of the need for assistance or trusting nature, or further limiting access to services and crime reporting), and people with disabilities have less ability to remove themselves from abusive situations.
* People with disabilities may lack knowledge of how to identify abuse/violence and how to access services that are available. Abuse/violence may be normalized in the lives of people with disabilities and they may lack the educational opportunities to equip themselves with the tools to identify abuse/violence and access services to help them heal.
* People with disabilities have severely limited options if and when they attempt to leave an abusive environment. Abusers are almost always known to the victim. They are often caregivers or providers of support, and victimization is likely to be repeated.
* People with disabilities who have experienced abuse/violence face additional physical, attitudinal and communication barriers to services in addition to discrimination, legal disparities, and caregiver issues.
* Collaboration members believe in meeting people where they are. Whether the person is a survivor, has a disability, or both, it is crucial that we validate their experience and work with the person to determine how we can best support their unique needs.
* Survivors of violence often feel disempowered by their traumatic and post-traumatic experiences. Many survivors feel re-victimized when they seek help and are met with reactions of indifference, disbelief, and rejection. Survivors with disabilities face additional re-victimization when they are viewed as incapable; are unaware of their options; and/or lack access to information and services. The collaborative understands that survivors are empowered when they are listened to, believed, and supported. They are empowered when they are informed, encouraged to think independently, and their opinions are valued. Most importantly, they are empowered when there is easy access to support.
* Social isolation from platonic and romantic relationships, limits experience and access to information about sexual education, healthy relationships, what constitutes an unhealthy relationship; as well as opportunities of prevention and the opportunity to disclose or report assault/abuse.

**Member Agencies**

Family Justice Center:

The Family Justice Center delivers comprehensive client services by staff and partners to address offender accountability, safety, healing and prevention to enable clients and their children to break the cycle and live free from domestic violence. It is a place where safety is acknowledged as a basic human right and that eradication of domestic violence requires education. At the Family Justice Center, services are client-driven, children are protected, violence stops, and healing, safe havens and hope are realized. The Family Justice Center leads the coordinated community response to deliver collaborative services without barriers in one safe place. Any victim that comes to the Center can receive emergency counseling, develop a safety plan, have their injuries documented, obtain a civil emergency order of protection, file criminal charges, link with an attorney, receive transportation assistance, and more. Since its inception in 2006 through the end of year 2015, the Family Justice Center has seen more than 13,500 clients take the first steps towards safety and a life free from domestic violence.

*Mary Travers Murphy – Family Justice Center of Erie County Executive Director*

Mary Travers Murphy is the Executive Director of the Family Justice Center of Erie County – a nonprofit agency serving domestic violence victims and their children.  The Family Justice Center is a collaboration of 13 community agencies that work together to create a “one-stop” shop for victims by providing all the services they need to safely escape the abuse at one location.

During her tenure as Orchard Park Town Supervisor from January 2006 to December 2009, Travers Murphy dealt with two domestic violence homicides in the town.  The homicides, which included the death of her friend, Aasiya Hassan, compelled her to forgo another term as Town Supervisor and take on the role of Executive Director of the Family Justice Center.  As Executive Director she not only oversees the collaboration, but also maintains an aggressive public outreach and prevention campaign to inform the community about the services available at the Family Justice Center and to educate the public on what can be done to break the cycle of violence.

Prior to her time as Orchard Park Supervisor, Travers Murphy spent 19 years as a television news reporter at WKBW-TV, the last 17 of those years as the “Action 7” consumer news reporter. She is a multiple winner of the New York State Broadcasters Award for Outstanding News Coverage and won the 1989 Regional Investigative Reporting Award from the Radio Television News Directors Association. In addition, the United States Attorney for Western New York presented her with a Certificate of Merit in 1997 for her role in exposing telemarketing fraud in Western New York.

*Tiffany M. Szymanek, Development Director for the Family Justice Center*

Tiffany Szymanek is the Development Director for the Family Justice Center of Erie County – a nonprofit agency serving domestic violence victims and their children.  The Family Justice Center is a collaboration of 13 community agencies that work together to create a “one-stop” shop for victims by providing all the services they need to safely escape the abuse at one location.

As Development Director she is not only responsible for the implementation of the agency’s overall development strategy, but also maintains an aggressive public outreach and prevention campaign to inform the community about the services available at the Family Justice Center and to educate the public on what can be done to break the cycle of violence.

Szymanek is a graduate of University at Buffalo Law School and has practiced privately in the areas of Criminal Defense, Family and Matrimonial law for several years.  Prior to joining the Family Justice Center, she was the Assistant Director of Genesee Justice – a department of the Genesee County Sheriff’s Office.  As Assistant Director, Szymanek managed the County’s alternative to incarceration and victim services programs, including oversight of the Justice for Children Advocacy Center.

Community Services for the Developmentally Disabled:

Community Services for the Developmentally Disabled began serving those with developmental disabilities in 1989. Since the agency was first established, it has strived to realize its mission: to provide or obtain services for people with developmental disabilities and their families in Western New York, which will assist in achieving their highest level of independent living, enable their fullest participation in society, ensure that their civil and human rights are protected, and promote their ability to be productive, contributing members of the community. To advance this mission, Community Services has dedicated itself to developing and delivering a comprehensive spectrum of assistance through service coordination, habilitation, pre-vocational, residential, respite and behavioral intervention programs; specializing in aiding people who are facing acutely complex challenges and dual/triply diagnosed.

*Mindy Cervoni –President and CEO at Community Services for the Developmentally Disabled*

Mindy Cervoni has been with Community Services for the past 15 years. She holds a Master’s degree in Clinical Psychology from the University of South Carolina. In her initial role at the Agency, she developed a women’s group providing counseling to victims of domestic violence. Mindy Cervoni currently sits on several boards including the Developmental Disability Alliance of Western New York, Person Centered Services of WNY, Community Services Housing Corporations, and is the Secretary of the Community Services Support Foundation Board. Mindy is on the NY Start Advisory Council and an Advisory Board member for the West Seneca Schools Academy of Digital Media. Mindy is a member of the Community Based Organizations Task Force for Millennium Collaborative Care, a member of the Buffalo Niagara Human Resource Association Workforce Readiness Committee (since 2007), a member of the Region 1 OPWDD Workforce Transformation Steering Committee and is the former Chair of the Developmental Disability Alliance of Western New York Human Resource Committee. Mindy has a CLP Certification in lean processing, a Yellow Belt in Six Sigma and holds a certificate in Administrative Management from the University at Buffalo. In 2015, Mindy was honored with a C-Level Executive Award for her achievements in the non-profit sector.

*Kelly O’Connell-Kinderman – Vice President of Program Support and Development*

Kelly oversees the planning and implementation of the Agency's quality assurance and quality improvement program, program development, strategic planning, fundraising, community relations and employee development.  She ensures compliance with all government and contractual rules and regulations. She also serves as a Corporate Compliance Officer and HIPAA Compliance Officer. Additionally, Kelly serves as the DDAWNY Co-Chair for the Corporate Compliance Committee.

Kelly is a graduate of Niagara University with a Bachelor of Arts in Psychology and a graduate from State University of New York College at Buffalo with a Master of Science in Human Services Administration and Certificate in Adult Education. Kelly also possesses a certification in Program Evaluation from the University Of Buffalo School Of Social Work and a Six Sigma Yellow-Belt Certification. Kelly has extensive years of experience in support, management and administrative positions within Article 16 Clinic, Day Habilitation, and Residential programs.  Kelly is also active in the community, serving as a Board Member of Miles for Smiles, an organization who is dedicated to improving the quality of life for patients with special needs and craniofacial differences through education and support.  She as well serves as an Advisory Board Member for Hope for Two…the Pregnant with Cancer Network who provides women touched by cancer while pregnant with information, support and hope.

*Sharon Chmielnicki - Vice President of Programs and COO at Community Services for the Developmentally Disabled*

Sharon maintains extensive years of experience, passion for the Community Services Mission, and tremendous leadership skills.  Sharon is a graduate of the University of Buffalo with Bachelor of Arts in Psychology and Interdisciplinary Social Sciences and has a Master’s Degree in Business Administration from Medaille College.  She holds certifications as a Fraud Examiner through the Association of Certified Fraud Examiners (ACFE) and as a Lean Six Sigma Blue belt through the UB School of Engineering and Applied Sciences.  As Chief Operating Officer, Sharon is responsible for overall operation of all programs and services of the Agency, including program administration, service delivery, program staff supervision, monitoring of program services, completing required reports and maintenance of records. She ensures compliance of all programs with regulatory and contractual requirements. Also, ensures achievement of financials and program outcome objectives. Sharon Chmielnicki serves as Acting CEO in the absence of the President and CEO.

*Tiffany Moore – Project Manager*

Tiffany Moore is the Project Manager for the HOPE of WNY partnership. She has a Bachelor of Science in Sociology from the State University of New York College at Buffalo and a Master of Arts degree from the University of Buffalo in Global Gender Studies. Moore began working with Community Services for the Developmentally Disabled in their Domestic Violence Safe House in 2007 and quickly transitioned to become the Alternative to Incarceration Assessor and Court Liaison for the agency. This position provided services to Developmentally Disabled Offenders throughout Erie and Niagara Counties involved with a Criminal Court, Treatment Courts, Probation, or NYS Parole. She currently oversees the day to day tasks of the collaborative.

**Contributions and Commitments**

HOPE of WNY is committed to the vision, mission, and implementation of system changes that will ensure our ability to provide enhanced services for those with I/DD, impacted by domestic violence. In order to optimize our efforts, this collaboration has created clear expectations and guidelines towards enhancing our contributions and commitments.

Project partners will support and strengthen relationships within our collaboration. We will seek opportunities to deepen our understanding of our collective work by respecting the input and expertise of each partner. Project partners will actively participate in the development, implementation, and evaluation of each phase of the program.

*Collaboration team members commit and contribute to HOPE of WNY by:*

* Maintaining the commitment of each organization to the collaboration’s work through continued engagement of members.
* Attending collaboration team meetings.
* Providing updates to members within each organization to keep them fully informed.
* Providing updates and applicable information to the collaboration on individual organization values, policies, and dynamics, as well as anything occurring that could impact the collaboration’s work, i.e. staffing or policy changes.
* Informing individual organizations of the core elements of HOPE of WNY in order to promote change.
* Demonstrating continued self-reflection and self-growth that comes from addressing our own biases, assumptions, and experiences as they relate to domestic violence, survivors, and those with developmental disabilities.
* Abiding by OVW guidelines and attending all mandatory trainings and meetings provided by OVW, Vera, or any other organization required by the grant.
* Implementing and influencing systemic change through organizational policy and procedural changes needed to accommodate someone with a developmental disability experiencing domestic violence.
* Following through with all areas of planning, development, and implementation phases, as well as putting into effort changes developed in the strategic plan.

*Community Services for the Developmentally Disabled commits to:*

* Being the fiscal agent and managing the funds provided by OVW.
* Filing necessary forms and reports for the grant.
* Employing and supervising the project manager.
* Provide expertise on the arena of developmental disabilities.

*Family Justice Center commits to:*

* Provide expertise on domestic violence.
* Being the physical location for program participants to receive domestic violence assistance and services.
* Providing ongoing and comprehensive training/education for the community and partner agency staff.

*Project Manager commits to:*

* Lead the collaboration through key planning and implementation activities.
* Develop drafts of the collaboration charter and other deliverables.
* Facilitate weekly team meetings.
* Serve as the contact person for OVW and Vera, maintaining close contact with the Vera Technical Assistance Specialist.
* Submit OVW progress reports and indicators.
* Work with the fiscal manager to execute the project budget.

**Decision Making Process**

HOPE of WNY is committed to a consensus model of decision-making that is guided by group discussion in which all members are encouraged and expected to freely participate. We will openly discuss issues that affect our collaboration and empower each project partner to voice opinions while being an integral part of the solution. Decisions affecting the collaboration will be made by the core team/partners at regularly scheduled partner meetings, through phone or e-mail. All member opinions and comments hold the same value and will be regularly solicited during dialogue surrounding each issue. In most cases, a group consensus will be apparent after appropriate discussion. In circumstances in which consensus cannot be reached by this informal process, HOPE of WNY will seek common ground and explore all avenues of reaching consensus including bringing the CEO’s of each partnering agency to the discussion.

The Project Manager will have the autonomy to network and draft deliverables. The full collaboration will review and weigh in on any possible feedback prior to submission. All partners reserve the right to consult their organization’s governing body concerning decisions that could directly impact their organization prior to weighing in on a matter. The Board of Directors and/or CEO’s approval will be sought if there are any issues that may conflict with either agency’s mission, bylaws or what had originally been discussed and agreed upon at collaboration conception.

**Conflict Resolution**[[4]](#footnote-4)

1. Acknowledge that a conflict exists.
2. Identify the problem.
   1. State the problem, limiting the discussion only to the facts.
3. Decide whether the conflict can be resolved utilizing our consensus based decision making strategy.
4. Determine the relevant parties needed to address the conflict if a consensus is unobtainable (i.e. full collaboration or individual group members). If additional members are required, the Family Justice Center will utilize the voice of their Executive Director and Community Services for the Developmentally Disabled will utilize the voice of their CEO.
5. Decide if the conflict can be addressed immediately or whether it needs to be tabled and addressed at a later date when the additional members are able to be present.
6. The Project Manager will assume the role of facilitator for mediating the dispute.
7. Conduct the conflict negotiation.
8. During the negotiation.
   1. Think for the collective, rather than in individual terms.
   2. Keep in mind the long term relationship.
   3. Utilizing the tools/techniques:
      1. A desire to understand the importance of each perspective on the topic.
      2. Active listening.
      3. Asking questions.
      4. Understanding.
      5. Accepting, even if it is of the mindset to “agree to disagree.”
      6. Ask questions if needed for clarification.
   4. Identify solutions
      1. Outline and sort the issues.
      2. Review and jointly modify the issues.
      3. Create different ways to solve the problem.
      4. Discuss the pros and cons of each proposed solution.
      5. Agree on a resolution.

**Confidentiality Agreement**

To achieve the vision for HOPE of WNY, we must ensure a safe, supportive and confidential environment for team members, staff, and the people we serve. Without the trust and safety created through a commitment to confidentiality, we cannot help to empower survivors with Intellectual/Developmental Disabilities in their journey from crisis to healing.

All direct service staff at the Family Justice Center are mandated reporters, which includes domestic violence advocates and Forensic Medical Unit nurses. During the initial intake with a client, the domestic violence advocate informs the client that the service providers at the FJC are mandated reporters and that if any allegations of abuse/neglect are shared with the provider, they will be contacting Child Protective Services. FJC does not retain a position of privilege.

If during the course of disclosure by a non-mandated reporter at the FJC, a discovery is made that a perpetrator is directly providing services to a service recipient, immediate corrective actions are put into place as a safeguard.

All staff employed by Community Services for the Developmentally Disabled are mandatory reporters (see Justice Center parameters under the Mandatory Reporting section). Education and literature will be disseminated for service recipients of CSDD to understand a non-mandated reporter option for disclosing abuse is available through FJC.

*Victim/Survivor Confidentiality:*

We understand that members of the collaborative are required to abide by different rules, laws, and guidelines for confidentiality of victims who have a disability. We therefore commit to honor the confidentiality of victims/survivors who have I/DD except in cases where a victim/survivor has provided consent or waiver, in cases where there is a serious risk of bodily harm, or a report is mandated.

*Confidentiality within the Needs Assessment:*

The confidentiality of information gathered as part of the collaborative Needs Assessment will be protected except where the law requires a mandatory report. All participants in the Needs Assessment will be advised in writing and in person of the limitations in the confidentiality of their responses.

**Mandatory Reporting**

Under §413 of the Social Services Law and the guidelines provided by the NYS Office of Child & Family Services, mandated reporters who are social services workers have expanded reporting requirements. Social service workers are required to report when, in their official or professional role, they are presented with a reasonable cause to suspect child abuse or maltreatment where any person is before the mandated reporter and the mandated reporter is acting in their official capacity.

Mandated reporters under the N.Y.S. Protection of People with Special Needs Act (the Act) are required to report Abuse, Neglect, and Significant Incidents involving vulnerable persons[[5]](#footnote-5) to the Vulnerable Persons’ Central Register (VPCR), a 24/7 hotline operated by the Justice Center for the Protection of People with Special Needs (Justice Center), effective June 30, 2013.

According to the Act, Mandated Reporters[[6]](#footnote-6) have a legal duty to:

* Report to the Justice Center, by calling the VPCR at 1-855-373-2122, if they have reasonable cause to suspect abuse or neglect of a Vulnerable Person, including a child receiving residential services in a facility or provider listed below. Certain Mandated Reporters may also submit reports by completing a form available on the Justice Center website.
  + The first step is to always intervene, stop the abuse, and ensure the person’s safety.
* Report all Significant Incidents to the Justice Center by calling the VPCR at 1-855-373-2122 or by completing the form on the Justice Center website.
  + All eyewitnesses and anyone with knowledge must report the incident.
* Call the Statewide Central Register of Child Abuse and Maltreatment if they have reasonable cause to suspect abuse or maltreatment of children in family and foster homes, and day care settings. Suspicion of child abuse or neglect in a day care setting, foster family boarding homes, or within a family home must continue to be reported to the Statewide Central Register of Child Abuse and Maltreatment at 1-800-635-1522.

**Communications Plan**

Communication is essential to a successful collaboration. We value open, respectful, and non-judgmental dialogue which encourages participation and welcomes alternative perspectives. We strive to promote positive messages and discourage defensiveness and hostility. Attitudes and actions are generated though the words we use, and the communication strategies that are employed by our organizations, our Grant Team, and by us individually. All communication will be based on person-first language that values the person and their strengths over other limiting verbiage.

*Internal Communication Plan*

* The Collaboration will meet weekly during the initial development phase. We will meet as needed after that but no less than once per month.
  + If a team member cannot attend a scheduled meeting, the meeting will take place as planned. If there is no representative from an organization available to attend, the meeting will be rescheduled or cancelled based on a consensus decision of the entire collaboration.
* Necessary communication between meetings will primarily be conducted through email.
* An agenda will be generated and submitted to the collaborative at least one day prior.
* Communication within team meetings will be respectful, where all perspectives and opinions will be valued. Meting discussions will be considered confidential (per the confidentiality agreement) to foster open and honest communication. Team members are expected to be proactive in seeking clarity in discussions and reducing misunderstandings among members and disciplinary perspectives.
* Changes or developments within the individual agency framework will be discussed at the beginning of a collaboration meeting, as needed. Respective agencies will bring the progress of the collaboration back for further discussion and implementation.

*External Communication Plan*

Ongoing and consistent external communication will increase the likelihood of stakeholders and the public working with the collaboration for systematic change. All external communications will promote positive and uniform messages consistent with our mission and values.

* External technical communication:
  + Both the Project Manager and the Fiscal Manger will be key contacts for OVW.
    - The Project Manager will prepare the OVW progress reports and submit through GMS.
    - The Fiscal Manger will prepare the financial reports for OVW and submit via GMS.
  + The Project Manager will be the key contact with the Vera Institute.
* Media Relations:
  + HOPE of WNY will seek to be an initiator, as well as responder to the media. At different stages of the project, press releases and/or conferences may be considered to inform the community of collaboration activities and solicit buy-in. These messages will be approved by the collaboration prior to public release.
  + All media relations will be handled as a joint effort between the Executive Director of the Family Justice Center and the Chief Executive Officer of Community Services for the Developmentally Disabled. When the CEO and ED are unavailable to respond, Community Services for the Developmentally Disabled will defer to their acting CEO and the Family Justice Center will defer to the Executive Director’s designee.
  + In the event of a negative situation, representatives will be united. The responder will show care and concern for the event, emphasize a cooperation with whichever agency is involved, viz., law enforcement, and discuss the protective elements that have been established.
* Crisis Communication:
  + Crisis communication will be based on the mission and values of the collaboration. We will use the opportunity to educate the public on issues of abuse/violence against people with Intellectual/Developmental Disabilities in an accurate, honest, and timely way, while protecting confidentiality.
  + Talking Point Guidelines:
    - Be candid, brief, simple, and apologetic if necessary.
    - Show compassion.
    - Return all calls from the media as soon as possible.
    - Provide updates to media, families, and employees.
    - Remain calm and concise.
    - If necessary, express your displeasure over the situation.
    - Be mindful of body language.
    - Be human. There is a grave mistrust of corporations but the community will be able to sympathize with an individual.
    - Create a sense that things are under control.
    - Provide press packets when appropriate.
    - Avoid negativity because it will often end up as the headline.
    - Do not lie, panic, speculate or lose control.
    - Do not say “no comment” or make up an answer. Instead focus on “This is what we can confirm at this time.”
    - Do not overstate or understate.
    - Do not be thrown by hostile questions.
    - Do not reveal proprietary information.
    - Do not blame or denigrate.
    - Do not be afraid of silence. If you need to pause and gather your thoughts it will be better to have a brief silence than a damaging quote.
    - Do not treat the media like the enemy or tell them how to do their job.
    - Do not go “off the record.”
    - Do not stonewall or be defensive, it may be perceived as guilt.
    - Do not discuss classified information or acknowledge in any way that either organization has provided services to someone without previous authorization.
* Collaboration Talking Points:
  + The collaboration is comprised of representatives from both Community Services for the Developmentally Disabled and the Family Justice Center.
  + The collaboration received its initial funding of the three year grant, from the Office on Violence Against Women on October 1, 2016.
  + This is not a service grant, but rather an analysis of systemic issues. We are looking to create sustainable changes within each organization to provide the best level of service for those in WNY who have I/DD and are experiencing domestic violence.
  + The purpose of the collaboration is to improve access to domestic violence services and prevention education for people with Intellectual and Developmental Disabilities (I/DD). This coalition will also ensure those with I/DD who are experiencing domestic violence are identified and linked to the specialized resources that will help lead them on their journey towards healing.

This will happen through:

* + - Formalizing the connections between Community Services for the Developmentally Disabled and the Family Justice Center. This will open both organizations’ systems for a fluid exchange of resources and knowledge in order to improve the understanding and awareness among those who come in contact with people in a domestic violence situation to the characteristics of those who have I/DD.
    - Providing education and outreach that focuses on recognizing and preventing domestic violence for those with I/DD within both organizational structures.
    - Increasing the awareness, skills, and comfort level of staff to support those with I/DD involved in a domestic violence situation through identification and obtaining the supports for which they are eligible.
    - Identifying and enhancing policies and procedures to remove barriers that have limited those with I/DD access to domestic violence services through systemic change within Community Services for the Developmentally Disabled and the Family Justice Center.
* Background Information on the Office on Violence Against Women Grant Program:
  + This is a three-year grant funded by the United States Department of Justice, Office on Violence Against Women (OVW).
  + OVW funds multi-disciplinary teams across the nation to address violence against those with disabilities. The goal of the Disability Grant Program is to build capacity, enhance collaboration, and create accessible, appropriate services for those with disabilities who are victims of domestic violence, dating violence, stalking, and sexual assault.
  + The Disability Grant Program was created as a result of the Violence Against Women Act of 2000 (VAWA).
  + Congress, OVW, and victim advocates recognized the need to focus on domestic violence, dating violence, stalking, and sexual assault against those with disabilities after identifying the gaps in services and the criminal response for this population.
* Community Services for the Developmentally Disabled Talking Points:
  + Community Services for the Developmentally Disabled began serving those with developmental disabilities in 1989.
  + Since the agency was first established, it has strived to realize its mission: to provide or obtain services for people with developmental disabilities and their families in Western New York, which will assist in achieving their highest level of independent living, enable their fullest participation in society, ensure that their civil and human rights are protected, and promote their ability to be productive, contributing members of the community.
  + To advance the mission, Community Services has dedicated itself to developing and delivering a comprehensive spectrum of assistance through service coordination, habilitation, pre-vocational, residential, respite, and behavioral intervention programs; specializing in aiding people who are facing acutely complex challenges and dual/triply diagnosed.
* Family Justice Center Talking Points:
  + The Family Justice Center delivers comprehensive client services by staff and partners to address offender accountability, safety, healing, and prevention to enable clients and their children to break the cycle and live free from domestic violence.
  + It is a place where safety is acknowledged as a basic human right and that eradication of domestic violence requires education.
  + At the Family Justice Center, services are client-driven, children are protected, violence stops, and healing, safe havens, and hope are realized.
  + They lead the coordinated community response to deliver collaborative services without barriers in one safe place.
  + Any victim that comes to the Center can receive emergency counseling, develop a safety plan, have their injuries documented, obtain a civil emergency order of protection, file criminal charges, link with an attorney, receive transportation assistance, and more.
  + Since its inception in 2006 through the end of year 2015, the Family Justice Center has seen more than 13,500 clients take the first steps towards safety and a life free from domestic violence.

**Draft Work Plan**

October 2016………………………………………………….……………..……..Grant Awarded

February – May 2017………………………………….……Creation of the Collaboration Charter

May - July 2017…….….Submit Collaboration Charter and Start the Needs Assessment Planning

July – October 2017………..…………………………………Sessions with Program Participants

October 2017……………………..………………Develop and Submit Needs Assessment Report

October - January 2017………………...……………………………………….Strategic Planning

January 2018……………………………………..………………………….Submit Strategic Plan

February 2018 – September 2019…………………………….……………………Implementation

**Glossary of Key Terms**

Ableism: A form of discrimination against persons with disabilities.

Abuse: A behavior used by one person in a relationship to control and assert power over the other. Partners may be married or not married; hetero or homosexual; living together, separated or dating. This may include, but is not limited to: name-calling or putdowns, keeping a partner from contacting their family or friends, withholding money, stopping a partner from getting or keeping a job, actual or threatened physical harm, sexual assault, stalking or intimidation.

Abuser: Someone who perpetrates abuse against another. In domestic violence, an abuser is also referred to as a batterer, perpetrator, or offender.

Accessibility: Making a product, device, service or environment as available, welcoming, and beneficial to as many people as possible. It anticipates, reducing and eliminating physical, procedural, cultural and attitudinal barriers that inhibit a person from experiencing meaningful advocacy and supportive services as a result of domestic violence, sexual assault or stalking.

Accommodation: A modification or adjustment to a program, practice, environment, or job requirement that makes it easier for someone to participate in the same manner as others.

Accountability: The quality or state of being responsible; willing to accept responsibility of one’s obligations.

Advocate: (1) A person who supports and speaks up for the rights of others. (2) A person who has received training to work with survivors and provide short and long-term emotional support, information, options, and assistance in legal and medical issues related to the survivor’s experience. They act as a liaison between the survivor and law enforcement, emergency room and other medical personnel, and others throughout the criminal justice process to ensure that survivors’ rights are protected. Central to their work is respect for survivors’ choices and decisions concerning their experiences to help them regain control in their lives.

Advocacy: An act or process of speaking out on an issue in order to exert influence over others on behalf of an individual or group for the purpose of affecting a positive change for the individual/group. Advocacy can occur at an individual or a systematic level.

Autonomy: A person’s ability to make independent choices; self-reliance; control over environment.

Batterer: A person who perpetrates physical, verbal, sexual or emotional abuse.

Batterer Accountability: The desire to place accountability for the perpetration of domestic violence on the batterer rather than on the victim. This includes accountability in the legal system and other entities.

Battered Women’s Movement: Movement starting in the 1970’s as an outgrowth of the Anti-Rape and Second-Wave Feminist movement. One result of the movement was the creation of the first battered women’s shelters as well as the collective examination of gendered violence.

Burn Out: The effect of overwork or stress resulting in exhaustion, cynicism, and inability to provide good services. This is something for those working in the field that they should be mindful of and incorporate regular self-care to combat.

Campaign of Violence: Is a term to describe the pattern of abuse which has the following characteristics: (1) It is based on non-physical and/or sexual tactics a batterer may use. (2) Suggests that these acts may only have to happen once for the batterer to gain power and control. (3) Suggests that the violence can be ongoing or sporadic. (4) It is the preferred method of viewing domestic violence because it is a broader, survivor informed explanation.

Caregiver/Direct Support Professional: A person who provides direct support to another, either formally, i.e. a paid personal assistant, or informally, i.e. an unpaid family member or friend. The term is often used to denote a person who assists people who are very young or elderly, or people with disabilities.

Child Abuse: Abuse or neglect that results in harm to a child or puts the child at risk of harm. An “abused child” is a child whose parents or other person legally responsible for his/her care inflicts upon the child serious physical injury, creates a substantial risk of serious physical injury, or commits an act of sex abuse against the child. Not only can a person be abusive to a child if they perpetrate any of these actions against a child in their care, they can be guilty of abusing a child if they allow someone else to do these things to that child.

Child Maltreatment: Maltreatment refers to the quality of care a child is receiving from those responsible for him/her. Maltreatment occurs when a parent or other person legally responsible for the care of a child, harms a child, or places a child in imminent danger of harm by failing to exercise the minimum degree of care in providing the child with any of the following: food, clothing, shelter, education or medical care when financially able to do so. Maltreatment can also result from abandonment of a child or from not providing adequate supervision for the child. Further, a child may be maltreated if a parent engages in excessive use of drugs or alcohol such that it interferes with their ability to adequately supervise the child.

Cognitive Impairment: Difficulty with perception, memory, attention and reasoning skills. Activities of daily living, i.e. hygiene, eating, household management, community re-integration and many other aspects of day-to-day living are affected.

Collaborative: An organic partnership between organizations for the purpose of accomplishing a common end result. This relationship includes several factors: commitment and mutual relationship goals, a jointly developed structure and shared responsibilities, mutual authority and accountability for success and sharing of resources. It requires frequent, open and clear communication among all collaborative participants, collective clarity about our mission, purpose and strategies, and a recognition that the more we learn and grow with each other, the more we are able to accomplish – individually as organizations and collectively.

Community: A collective group of people who share common beliefs and values.

Competency or Capacity: The reflection of a person’s mental ability to understand the nature and effect of one’s acts.

Confidentiality: The ethical and legal responsibility held by professionals to not disclose client information a release of information form has been signed or unless required by law.

Consensus: General agreement among the members of a group or community, each party of which has an equal right and responsibility to decision making and follow-up action.

Consensus Decision Making: A cooperative decision making process that seeks to reach decisions that best satisfies the whole group and resolves or mitigates minority objections. It requires that all group members have a common goal and are willing to work together on problems openly and creatively.

Counseling (for sexual abuse/violence survivors): Short or long-term in nature, provided to the survivor and non-offending family members in individual and/or group settings. The survivor is regarded as the authority on what is best as they work to redefine themselves to reduce the effects of the trauma and to maximize their safety.

Crisis: Any unstable and dangerous social situation regarding: economic, military, personal, political, or societal affairs.

Cultural Competency: The ability to interact effectively with people of different cultures, requiring an awareness of one’s own culturally defined worldview; a positive attitude toward cultural difference, knowledge of different cultural practices, belief systems and worldview, with an ability to adapt to the diversity of cultural contexts one encounters. Services and systems that are culturally competent foster equity and social justice.

Culture: The learned and shared knowledge that people use to generate behavior and interpret experiences through beliefs, customs, and values.

Disabilities: Those with disabilities are more than an “impairment” or “limitation.” They are whole and individual with their own personality, life experiences, sense of humor, values, strengths, and ways of learning and communicating. Each is also someone who might have a past or ongoing problem related to violence in their life. Under New York State Office for Persons With a Developmental Disability, someone is categorized as having a disability if the qualifying condition occurred prior to the age of 22 and the person has an IQ under 70, cerebral palsy, a seizure disorder significantly affecting the daily function of someone’s life, autism or another neurological impairment.

Discrimination: The act or practice of treating a person or group differently than others based on categorical or stereotypical judgments about that person or group. Discrimination is often based on a person/group’s real or perceived sex, sexual orientation, race, nationality, age, or physical disability.

Disempowered: The feeling someone experiences when another reduces their level of control over a situation or their life.

Domestic Violence: A pattern of coercive tactics that are used to gain and maintain power and control in an ongoing, familiar relationship. Generally, several forms of abuse, such as psychological, emotional, physical, sexual, stalking, threats of violence, and/or economic, are used in combination. Abusers believe they are entitled to control how their victims think, feel and behave. This control extends to the entire household, and children in the home are harmed by the behavior and parenting tactics of the abuser. Physical and sexual violence may be a component of the abuse but some victims are controlled through intimidation, threats, emotional and psychological abuse and isolation – no physical abuse is necessary to control the victim. In an abusive relationship, one party fears the other and attempts to comply with the other’s wishes to avoid harm. Anyone can become a victim of domestic abuse. Abuse occurs in all racial, ethnic, economic, religious and age groups, across the lifespan. The aggressors may be spouses, partners, adult children, other family members, caregivers or others with whom the victim has an ongoing, trusted relationship. Intimate partners may be of the same or opposite sex. Acts constituting a pattern of domestic violence often increase in frequency and severity over time.

Economic abuse: Maintaining or threatening to maintain control over finances for the purpose of exerting power and control over another including, but not limited to: maintaining total control over financial resources, withholding access to money, or forbidding attendance at school or employment.

Elder Abuse: Abuse that results in harm to an elderly person, age 65 or older, or puts that elderly person at risk of harm. Neglecting or deserting an elderly person whom one is responsible for, and/or taking or misusing an elderly person’s money or property are also considered forms of elder abuse.

Emotional/Psychological Abuse: An act or pattern of behavior intended to undermine a person’s self-worth, autonomy, and mental health for the purpose of exerting power and control over another including, but not limited to: engaging in constant criticism, belittling, or name calling, damaging a partner’s relationship with the children, inflicting physical harm on loved ones, such as children and pets, destroying property, etc.

Empowerment: Refers to increasing the spiritual, political, social, or economic strength of individuals and communities; feeling free to be oneself and being aware of one’s own personal-power.

Equitable: Everyone has equal opportunities and outcomes.

Health: State of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Holistic: A totalizing, all-encompassing perspective that understands the human experience as within an interconnected web of social-structural, cultural, environmental and personal processes influenced by history and future potentials. This perspective ensures that all aspects of an issue are considered and all perspectives are taken into consideration because it is all valuable.

Indicated Report: Upon conclusion of the investigation, the local investigative agency will determine if there is credible evidence to support the allegations made in the report.

Institutional Abuse: The mistreatment of a person living in an institution such as a nursing home, foster home, group home, or board and care facility, brought about by poor or inadequate care and support.

Interpersonal Violence: A synonym for domestic violence or abuse. This term can utilize non-intimate relationships when describing abusive behaviors; i.e. caregiver violence.

Intersection of violence and people with disabilities: The coming together of two service systems (victim services and disability services), joining forces and sharing expertise to improve their individual and complimentary response to serve survivors with disabilities.

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

Isolation: Restricting a person’s freedom, controlling his/her personal and social contacts, and controlling his/her access to information and participation in groups or organizations. Isolating tactics include, but are not limited to: not allowing a person to have visitors, forcing a person to stay only in one room of the house, not allowing a person to use the telephone, not allowing a person to go out alone, not allowing an interpreter, removal or control of a wheel chair or other assistive device, etc.

Mandatory Reporting: All states have mandatory reporting laws, and although the specifics may vary among states, these laws require that certain professional groups report certain cases of abuse and/or neglect to law enforcement, social services and/or other regulatory agencies.

Medical abuse: Any act or threat designed to interfere with a person’s proper medical care or treatment including, but not limited to: withholding medication or over medicating, not allowing a victim/survivor to obtain medical care or physical therapy, refusing to provide an interpreter or an explanation of a diagnosis.

Neglect: A passive form of abuse in which a person is responsible to provide care for another who is unable to care for oneself, but fails to provide adequate care to meet the person’s needs. This includes but is not limited to: failing to provide sufficient supervision, nourishment, medical care or other needs, for which the individual is helpless to provide for him or herself.

Office on Violence Against Women: A component of the U.S. Department of Justice, providing federal leadership and funding in developing the nation’s capacity to reduce violence against women and administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault, and stalking.

Order of Protection: A legal process that limits the contact an offender can have with a victim (and/or their children/pets) of domestic violence, harassment, stalking or sexual assault.

Person-Centered Services: The system of providers and services to meet the needs of the client.

Person-First Language: The use of respectful language where people are identified before any negative perceptions or disabilities.

Person Legally Responsible: Includes the child’s custodian, guardian, and any other person responsible for the child’s care at the relevant time. Custodian may include any person continually or at regular intervals found in the same household as the child when the conduct of such person causes or contributes to the abuse or neglect of the child.

Perpetrator: A person who engages in criminal behavior such as sexual assault, rape, or assault.

Physical Abuse: Includes non-consensual physical contact or the threat of non-consensual contact intended to exert power and control over another. This includes, but is not limited to: grabbing, pinching, shoving, slapping, hitting, hair pulling, biting, etc.

Post-Traumatic Stress Disorder: A condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience with dulled responses to others and to the outside world.

Power and Control Wheel: A framework for viewing and studying the behaviors of abusers.

Power of Attorney: Authorization to act on someone else’s behalf in a legal or business matter.

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

Resilience: Refers to personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses, and enable us to go on with life with a sense of mastery, competence, and hope.

Re-victimization: a pattern wherein the victim of abuse and/or crime has a statistically higher tendency to be victimized again, either shortly thereafter or much later in adulthood in the case of abuse as a child. Re-victimization in the short term is often the result of risk factors that were already present, which were not changed or mitigated after the first victimization; sometimes the victim cannot control these factors.

Safety: A basic human right where an environment is free of abuse, danger, (risk of) harm, violence, fear, power, and control.

Safety Plan: Identifies specific strategies and resources to help individuals try to protect themselves before, during, or after a dangerous situation. Safety plans are customized to an individual/family’s situation, and usually address things; such as, securing documents and other necessary items, building support systems, and identifying places to go in a time of crisis.

Self-Advocate: Those that communicate about the things important in their lives.

Self-Determination: Free choice of one’s own acts without external compulsion involving their own lives and bodies.

Self-Sufficiency: A state of not requiring any outside aid, support, or interaction, for survival; personal or collective autonomy.

Sexual Abuse/Assault: Forcing, coercing, attempting or threatening to coerce any non-consensual sexual contact with a person for the purpose of exerting power and control over that person. This includes but is not limited to: marital rape, forcing sex, attacks on sexual parts of the body or treating another in a sexually demeaning manner for the purpose of power and control.

Shelter: A place where individuals and their children can live in a safe and supportive environment for a short period of time, usually during a crisis, free of charge. This gives families time to determine their options.

Stalking: Refers to unwanted, obsessive attention by individuals (and sometimes groups of people) to others, relating to harassment and intimidation.

Stakeholder: One that has an interest in and connection to the outcome of a certain gain or loss.

Strength-based practice: A social work practice theory that emphasizes people’s self-determination, strengths, talents, and skills. It is client led, with a focus on future outcomes and strengths that the people bring to a problem or crisis.

Subject of a Report: Any parent of, guardian of, custodian of or other person eighteen years of age or older legally responsible for, as defined in subdivision (g) of section one thousand twelve of the family court act, a child reported to the central register of child abuse and maltreatment who is allegedly responsible for causing injury, abuse or maltreatment to such child or who allegedly vows such injury, abuse or maltreatment to be inflicted on such child, or a director or an operator of or employee or volunteer in a home operated or supervised by an authorized agency, the division for youth, or an office of the department of mental hygiene or in a family day-care home, a day-care center, a group family day care home or a day-services program, or a consultant or any person who is an employee or volunteer of a corporation, partnership, organization or any governmental entity which provides goods or services pursuant to a contract or other arrangement which provides for such consultant or person to have regular and substantial contact with children in residential care who is allegedly responsible for causing injury, abuse or maltreatment to a child who is reported to the central register of child abuse or maltreatment or who allegedly allows such injury, abuse or maltreatment to be inflicted on such child.

Survivor(s): A term that is typically used to refer to an individual who has left an abusive relationship or an individual who has been sexually assaulted in the past, where people have taken steps toward addressing the physical and psychological trauma that s/he experienced as a result of the abuse or assault. Domestic violence and sexual assault advocates sometimes prefer to use the term “survivor” instead of “victim” because they consider the term to be more empowering for the individual.

Survivor Centered Approach: Culturally appropriate advocacy focusing on the needs, concerns and circumstances as expressed by the survivor – meeting the survivor where they are at in their lives. Ensuring trauma informed, compassionate and sensitive delivery of services, are in a nonjudgmental manner.

Systems Abuse: Policies, procedures, or practices for responding to domestic violence and/or sexual violence that minimize or trivialize a victim/survivor’s complaints of abuse or otherwise have the effect of discriminating against, or unjustly harming the victim/survivor.

Systems Change: The modification of the policies, practices, and culture of a system in a manner which results in long-lasting, fundamental changes in the way that systems operate in an effort to eliminate barriers and holistically improve service quality. These modifications are meaningful and sustainable, and not dependent on short-term funding or special initiatives.

Technical Assistance: Specialists for the OVW Disabilities Grant Program are from the Vera Institute of Justice. They assist grantees throughout the strategic planning, program development, and implementation process to ensure effective and sustainable programs.

Trauma: An altered sense of self resulting from severe mental or emotional stress or physical injury.

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

Trauma Informed Care: A treatment environment based on a thorough understanding of the profound neurological, biological, psychological, and social effects of trauma and violence on the individual, and an appreciation for the high prevalence of traumatic experiences in persons who receive mental health services.

Unfounded Report: Upon conclusion of the investigation, the local investigative agency determined there was no credible evidence to support the allegations in the report.

Vera Institute of Justice: A nonpartisan non-profit agency which conducts research, develops services, and advocates for underserved populations, including people with disabilities and survivors of violence.

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

Victim/Survivor: The victim/survivor dichotomy represents two perspectives on the experiences of people who have experienced abuse or an assault. This is not the preferred term for domestic violence providers as it is not part of the empowerment based model and can imply responsibility on the person seeking services that the violence is their fault.

Victim Blaming: Holds that the victim of a crime, accident, or any type of abusive maltreatment to be partially or entirely responsible for their personal distress or for social difficulties, rather than the other parties involved or the overarching social system in place.

Violence Against Women Act (VAWA): A law passed by the U.S. Congress in 1994 and again in 2005. The legislation strengthens law enforcement’s response to domestic violence, strengthens services to victims, promotes education about domestic violence, and provides immigration relief for victims (self-petitioning for immigration status and cancellation of deportation). VAWA also provides that domestic violence offences and violations of protective orders are deportable offenses.

Violence Prevention Education: Educational programming for children and adults to help enact change in our cultural biases and assumptions. Programming for children addresses such topics as body safety, healthy versus unhealthy relationships, sexual harassment, sexting, gender stereotyping, bullying, cyber-bullying, and internal safety. Education for adults highlights positive role modeling and healthy parenting techniques, and strives to change attitudes and beliefs about gender roles, stereotypes, and violence in our society.

**Abbreviations**

ADA: Americans with Disabilities Act

APS: Adult Protective Services

AT: Assistive Technology

CSDD: Community Services for the Developmentally Disabled

DIR: Domestic Incident Report

DDRO: Developmental Disability Regional Office

FAS: Fetal Alcohol Syndrome

FJC: Family Justice Center

GMS: Grants Management Systems

I/DD: Intellectually/Developmentally Disabled

IRA: Individual Residential Alternative

ISP: Individualized Service Plan

NYS JC: New York State Justice Center

OCFS: Office for Child and Family Services

OP: Order of Protection

OP1: A non-offensive order of protection

OP2: A stay-away order of protection

OPWDD: Office for Persons With a Developmental Disability

OVW: U.S. Department of Justice, Office on Violence Against Women

PCP: Person Centered Plan

PTSD: Post-Traumatic Stress Disorder

VAWA: Violence Against Women Act

1. National Coalition against Domestic Violence [↑](#footnote-ref-1)
2. Disability Organization Indicator Guide…. Harrell(2014). *Crimes against Persons with Disabilities, 2008-2010* – *Statistical Tables.* Washington, DC: United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. [↑](#footnote-ref-2)
3. Endabusepwd.org [↑](#footnote-ref-3)
4. Based on the Holton Model for Conflict Management. [↑](#footnote-ref-4)
5. The Act defines a Vulnerable Person that needs services or placement based on a physical or cognitive disability from a facility or provider within the systems of the State Oversight Agencies (SOA). [↑](#footnote-ref-5)
6. Mandated Reporters are (1) Custodians: Employees, volunteers, directors and operators of covered facilities and programs; whom also have external staff that are regular and substantially contracted with the people being served. (2) Human Service Professionals: Child Care or Foster Care Worker; Chiropractor; Christian Science Practitioner; Coroner; Dental Hygienist; Dentist; District Attorney or Assistant District Attorney; Emergency Medical Technician; Hospital Personnel engaged in the admission, examination, care or treatment of persons; Intern; Investigator employed in the office of the district attorney; any other Law Enforcement Official; Licensed Creative Arts Therapist; Licensed Marriage and Family Therapist; Licensed Practical Nurse; Licensed Psychoanalyst; Licensed Speech/Language Pathologist/Audiologist; Medical Examiner; Mental Health Professional; Nurse Practitioner; NYS Office of Alcoholism and Substance Abuse – all persons credentialed by OASAS; Optometrist; Osteopath: Peace Officer; Physician; Podiatrist; Police Officer; Psychologist; Registered Nurse; Registered Physician’s Assistant; Resident (medical); Social Services Worker; Social Worker; Surgeon, and School Official, including but not limited to: School Teacher, School Guidance Counselor; School Psychologist; School Social Worker; School Nurse; School Administrator; or other school personnel required to hold teaching or administrative license or certificate. [↑](#footnote-ref-6)