Peace of Mind FL

A Collaboration between The Brain Injury Association of Florida and The Florida Coalition Against Domestic Violence

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FCADV
Florida Coalition Against Domestic Violence

By your side.
BRAIN INJURY ASSOCIATION OF FLORIDA INC

PEACE OF MIND FL

INTRODUCTION

Survivors[1] of domestic violence (DV) and traumatic brain injury (TBI) have several parallels. Survivors of both often feel "silenced". Survivors of domestic violence are often silenced by batterers through isolation, and other tactics to separate them from their support systems. Traumatic brain injury is known as the "silent epidemic" because an injury to the brain is frequently unseen.

The Problem

Domestic violence affects one in three women; a woman living with a disability is 85% more likely to be a victim of domestic violence (DV) or sexual assault than a woman without a disability.[2] A disability as a result of a traumatic brain injury puts a woman at higher risk of experiencing violence in a relationship. There are 210,000 people living with a traumatic brain injury in the state of Florida.[3]

Survivors of both domestic violence and traumatic brain injury are marginalized in society and when seeking safety they face barriers such as lack of transportation, legal help, and access to medical services. .To address these barriers, the Florida Coalition Against Domestic Violence (FCADV) and the Brain Injury Association of Florida (BIAF) joined together to form Peace of Mind FL to learn how these challenges can be addressed. The partnership will also seek to build the organizational capacity of each respective organization on the barriers and gaps in service survivors of domestic violence living with brain injury experience.

The work done by *Peace of Mind FL* will have many unique areas to address because of the diversity of the state of Florida. Florida is the fourth largest state in the country, with a racially and ethnically diverse population of just over 18 million residents.[4] According to the US Census, 80% of the residents of Florida identify themselves as White, 16% are Black, and 4% another race. Florida has a higher percentage of residents who report a Hispanic or Latino background, speak a language other than English at home, and those who are foreign-born, when compared with national averages.[5] Approximately 51% of the population is female.[6]

Through many conversations and trainings both FCADV and BIAF have discovered these intersections and hope through an examination of internal policies and procedures we may better serve survivors of domestic violence living with a TBI.

[1] Survivors will be used in this document instead of victim, for further information refer to Glossary of Key Terms
[2] Domestic Violence Initiative
[3] BIAF, 2011.
[4] Office of Economic and Demographic Research, 2007a
[5] Florida International University 2007
[6] Office of Economic and Demographic Research, 2007a

During the past several years, the impact of traumatic brain injury has surfaced as an imperative issue for FCADV and its member programs. The member programs of FCADV provide empowerment-based, women centered, and voluntary services including:

- Information and Referrals
- Counseling
- Case Management
- Emergency Shelter
- Hotline Services
- Child Advocacy/Assessment
- Professional Training
- Community Education

FCADV has increased efforts to provide training and technical assistance to member programs regarding complexities faced by all survivors living with a disability. For example, FCADV's Disability Compliance and Later Life Specialist provides intensive onsite training and technical assistance for member programs on[…]. Through the Specialist's work in the lack of knowledge both at the local level and at the state level regarding how to best provide services to domestic violence survivors living with both traumatic brain injury. It was apparent both domestic violence and traumatic brain injury service providers lacked the capacity to provide appropriate and effective service provision to this population. Both organizations possessed the resources at the time to create a systemic and deliberative approach to address this gap both statewide and locally through a funding opportunity from the Office of Violence Against Women's under the Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant.

Parallel Philosophies and Differing Approaches

It was apparent after only a brief time of working together that both BIAF and FCADV have similar philosophical approaches to working with survivors. BIAF utilizes the resource facilitation model which complements the empowerment-based advocacy provided by local domestic violence providers. BIAF Resource Facilitators are available to provide confidential support following a brain injury. Persons with brain injury, their family or friends, and professionals can use this free statewide telephone service to answer questions, problem-solve issues, find brain injury support resources, navigate complicated systems, and to educate callers about living with a brain injury. Each Resource Facilitator is uniquely familiar with the resources and supports available within their geographic region.

While both models have the cornerstone of information and referrals for their respective populations, further discussions revealed there are some intrinsic differences These differences will be addressed in this charter including: conflicting philosophies, perceptions, and practices which guide each organization in developing and providing services for survivors. A crucial example is the safety of the survivor is rarely presented

as a need when BIAF is contacted, whereas safety of the survivor is the foremost and primary concern for domestic violence providers.

While there are various intersections of the populations served by our agencies as described above, there are also differences. Ninety-eight percent of those seeking services from domestic violence centers are women, while the majority of those affected by traumatic brain injury are men. The ways services are provided different. Domestic violence providers help survivors create self directed safety plans, because center's highest priority is safety. Resource facilitators may or may not include safety in their service provision in addition to other needs like accessing benefits care. Through this multiyear project, the collaborative will examine the lack of education among service providers regarding both DV and TBI, and survivors' reluctance to seek service. This reluctance could be a result of pervasive cultural stigmas, and the fear of institutional care women living with a disability may have.

The collaboration will conduct a comprehensive needs assessment will reach out to a wide variety of participants in various settings to identify needs and differences in service provision in communities. Based on information gathered in the needs assessment, the partners will construct and implement a strategic plan will lead to organizational policy changes and more effective service provision. Our hope is to increase direct service and organizational capacity among statewide partners and local programs.

The result of this project will be more effective services available to those living in the state of Florida who are survivors of domestic violence living with a disability as a result of a traumatic brain injury.[7]

[7] All items discussed in the charter will be fully disclosed and used if/when a new member is added to the collaboration.

VISION STATEMENT

All Floridians who are Survivors of domestic violence (DV) and traumatic brain injury (TBI) have accessible, responsive, comprehensive, multicultural, and sustainable services that foster empowerment-based advocacy and promote community integration and participation. Survivors have options that offer an autonomous life, free of violence.

MISSION STATEMENT

This collaborative is committed to creating sustainable change for survivors of domestic violence living with traumatic brain injury and their support systems through:

1. The development of policies, practices, and procedures that are responsive to and provide accessible services in a seamless and timely manner;
2. The creation of mechanisms to work collectively and share knowledge in an ethical manner;
3. The cultivation of a network of communication among collaboration members and member organizations that allows for more effective advocacy and access to appropriate services; and,
4. The promotion of linguistic and culturally specific services for survivors.

This transformative response will exemplify choice, safety, dignity and justice to empower survivors, with a focus on their ongoing and ever-changing needs.

VALUES

Ethical Communication:

As a collaboration we believe strongly transparent, ethical communication is the cornerstone to our success. We work with the intention that all communication is done "above board." We feel if communication is questionable the collaborative members will check their motives and assume good intentions. All of our communication will be purpose driven.

Dependent:

It is a value of this collaboration to examine what is meant by the term dependent. For the sake of service provision it refers to any person that relies on aid, financial or otherwise. It does not imply an adult person cannot make their own decisions otherwise.

Cognitive Capacity:

We believe as a group cognitive capacity is a place where clarity may be needed. When working with survivors of domestic violence living with a traumatic brain injury our intention is to ensure all direct service is carried out with informed consent. It is important for our group to define what cognitive capacity means to *Peace of Mind FL*. It encompasses all levels of cognitive difference including emotional and intellectual. Specifically, it applies to their ability to:

- Make judgments
- Formulate and understand language
- Shorter attention span
- Remember information
- Problem solve
- Reason

Accountability:

It is the assertion of this collaborative that everyone is accountable for their actions individually and as a group and there are clear expectations of this accountability. If there is a decision, problem or harm done, the intention is to correct the action and take responsibility. The process will include direct communication and asking questions for clarity will lead to solving the problem with the betterment of the group in mind.
Requests for accountability are always done after self reflection and with the intention of the success of the project.

Within our accountability structure responsibility is paramount and finger pointing is not acceptable.

As a collaborative we are accountable to the Office of Violence Against Women, Vera, and participants. This accountability applies to both products created and decisions.

Safety:

Is a value we realize has significant meaning to the survivors we serve. Therefore, when speaking about safety, the implication for survivors is different. The dynamics around power, control and violence have no place in our collaborative relationships. Additionally, our concern about using the word safety is we will minimize the impact of that term particularly with the people we serve. An example of this is a collaborative member saying, “They don’t feel safe saying that here.” This is an environment where they may feel uncomfortable, distrusting or uncertain and per our ethical communication value they should truly state how they feel.

Unified Voice

This collaboration recognizes creating a comfortable internal environment for discussion and differing points of view is imperative and productive. Members agree once decisions are final; all will respect these decisions and speak with a unified voice about the project and practices to and with outside parties.

Teamwork/Cooperation

We will continually promote tolerance and cooperation values both individual contributions and teamwork toward project goals.

Confidentiality

Much like safety, confidentiality is paramount to the populations we work with. Within the collaborative, we will ensure all members work from the framework of:

- Trust
- Free communication
- Willingness to be transparent
- Safety within the collaboration
- Ethical

This allows for greater information sharing which leads to a more robust solution. However, there are legal and ethical limitations we will:

- Openly acknowledge
- Honest about responsibilities
- Regularly reflect

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

Accessibility

The collaborative recognizes inquiring about and accommodating the needs of all individuals with disabilities is an inherent component of this project and incorporating accessible strategies frequently improves the lives of people of all abilities. We further

recognize this project can be a statewide model for respecting and protecting the rights of the individuals that will be served. Therefore, this value will inform all decisions made by the collaborative, including those regarding service provision.

Stigmatization

There are many indications of societal stigmas that exist for survivors of domestic violence and survivors of traumatic brain injury. This collaborative values and will strive to create and implement strategies that raise awareness about DV and TBI and provide ways to improve identification of their presence.

Survivor First language

Language will be carefully used within all collaborative documents when referring to the populations we serve. See glossary of terms for survivor first language.

Self-Determination

This collaborative respects and upholds the value person-centered services and encourage, to the greatest extent possible, a person to make choices and decisions for themselves free from outside pressures and outside influences that may impact such decisions.

Self Identity

It is a value of this collaborative we take into account what creates or identifies who each person is. We will acknowledge and respect all aspects of people who are impacted by this project.

Trauma Informed Response: The Entirety of You

Within the context of the collaborative our purview of trauma informed care includes working with a survivor and their lifetime of experience of violence and when their brain injury occurred. We will also take into account the societal oppression that creates an environment of oppression and violence against women and how this societal experience impacts their service needs and present state of mind.

In the context of traumatic brain injury and domestic violence the time of injury, in both contexts, by whom or the injury was caused by and where the survivor is in their development are all factors when considering trauma informed care.

An example in the TBI context is when someone is injured and a portion of their brain has not developed, it may never develop. In the context of DV, violence against a woman may happen across the span of her life. When she seeks services she may need these services related to one incident, but the provider takes into account her experience of violence across her entire lifetime.

Organizational systems change

This collaboration recognizes the need for and is committed to the development and implementation of systems change within each organization. This includes policy changes during implementation that will help to sustain the goals of the project.

Oppression

The collaborative will be aware of the impacts of societal oppressions on survivors and will work to address them as they arise internally and in service provision. Oppressive cultural stigmas and marginalization may affect a survivors' willingness to seek services and the collaboration will address these issues to better provide outreach, education, and services. We know in the realm of direct service, survivors will self identify which structures or institutions may be oppressive to them. Those providing direct service will not assume what is oppressive.

Transparency

Describes the expectation of professionalism and being able to say is needed. It is a professional courtesy and expectation of the collaboration, no matter how "difficult" the conversation.

Difficult conversations may include issues regarding:

- Practicing ethical communication
- Philosophical differences
- Accountability
- Safety of participants
- Inherent differences in the way the individual organizations function, i.e.-staff size difference and general size difference
    - This would need to be taken into consideration during the focus group stage to make sure there is equal representation from both entities.

ASSUMPTIONS:

The Problem

Domestic violence is a major cause of traumatic brain injury (TBI) and repeat injuries can have a cumulative effect and worsen TBI. According to research, "Women who enter domestic violence shelters frequently report they have received numerous blows to the head, have been unconscious for unknown periods of time, and have been in comas as result of head trauma."[8]

When an individual suffers damage to their brain, many issues may arise such as memory loss, inability to problem solve, lack of impulse control, and significant problems with sight, hearing, and movement. The Centers for Disease Control and Prevention estimates at least 5.3 million Americans currently have long-term or lifelong need for help to perform activities of daily living as a result of a TBI. If a survivor was living in an emergency shelter and they needed to identify resources to secure permanent housing, their TBI may make it a daunting activity.

Many survivors with a TBI experiencing domestic violence may not seek services because they may not recognize their symptoms as TBI; may not identify as a victim of violence; may not be aware of available services; or, may be dependent on an abusive partner for basic needs.

Domestic violence advocates may confuse TBI symptoms with crisis reactions and may not fully recognize a survivor seeking domestic violence as also living with symptoms of brain injury. Additionally, a survivor may have difficulty concentrating, remembering, or solving problems. This may cause difficulty when navigating through different systems including seeking domestic violence services and safety planning.

The Approach

Both FCADV and BIAF agree in order to achieve the project's goals, significant changes to the manner in which we think about and serve our respective populations must be introduced.

BIAF's model of service provision called Resource Facilitation relies on working with individuals via telephone. This model poses significant challenges to communication when talking to an individual with speech, hearing, or cognitive issues. To overcome these barriers, BIAF's staff frequently confers with the survivor's caregiver. When domestic violence exists, this model may create safety risks to the survivor because if they refer to a local domestic violence provider and the caregiver has access to their phone, find the referral and more violence may ensue.

Women who may want to stay in emergency shelter and who have sustained brain injuries may have impairments preventing them from understanding the challenges of communal

[8] Monahan and O'Leary

living. For example, survivors may have difficulty understanding social cues or practices which may make it challenging to have a roommate. Also an environment that is constantly stimulating with many people around, children being loud may be challenging with a TBI.

Both organizations recognize there are gaps in how individuals are served and will identify gaps through a thorough needs assessment which will lead to the development of specific strategies to minimize or eliminate these gaps in services.

During preliminary discussions among collaborative members, the following potential gaps emerged:

i. Re-victimization due to the survivor's vulnerabilities in certain circumstances. Individuals with brain injury and domestic violence may need different types of supports.
ii. Challenges in ensuring and accessing safety with a survivor
iii. Significant social, emotional, health, housing, and economic barriers regardless of their specific circumstances or health condition.
iv. Attitudinal, programmatic, societal and cultural barriers to service delivery by employees, which may make it difficult to identify appropriate resources to assist individuals.
v. Social stigma and isolation related to identification as an individual with domestic violence and a disability.
vi. Social stigmas may create a set of circumstances making it difficult for a person to reach out for services, or conversely, for an employee to provide services.

Guidelines and processes related to obtaining services through federal, state, and local programs may be challenging for people to understand/navigate when they are under high stress, have significant health issues, or are cognitively impaired. It is the hope of the collaborative to address all these nuances and provide safety and services to survivors living with TBI and experiencing DV.

COLLABORATION MEMBERS

The history of *Peace of Mind FL* is one with many changes. The core members of our collaboration are members from BIAF and FCADV including our Executive Directors. Within in this structure information will be shared such as project updates, finalized deliverables, and the workload in general.

Our external stakeholders include Vera and OVW. Any member of our core collaboration can contact Vera and our core collaboration will participate in guidance calls with Vera. The core collaboration of *Peace of Mind FL* will participate in determining the structure and agenda of said calls.

The Project Coordinator will contact the members of the Core collaboration if there is more information to share from either Vera or OVW.

The primary contact to the Office of Violence Against Women is the Project Coordinator. The Project Coordinator will carbon copy (cc) their supervisor (Director of Training and Technical Assistance) on emails to OVW which are administrative in nature. The Project Coordinator will cc the Contract Manager at FCADV on collaboration submission of deliverables. Finally, the Core Collaboration members agree they will not contact OVW directly.

Allied Organizations may include the Agency for Persons with Disabilities and other organizations that may be able to support the findings or implementation of this project. Contact with these organizations will be done by the Project Coordinator when appropriate.

Organizations:

The Florida Coalition Against Domestic Violence (FCADV):

FCADV
Florida Coalition Against Domestic Violence

425 Office Plaza Dr.
Tallahassee, FL 32301
Phone (850) 425-2749
FAX (850) 425-3091

Domestic Violence Hotline: 1-800-500-1119
Domestic Violence TTY Hotline: 1-800-621-4202

The Florida Coalition Against Domestic Violence (FCADV) serves as the statewide membership association representing Florida's forty-two (42) certified domestic violence centers. In 2004, the Governor and Florida Legislature designated FCADV in statute as

the organization responsible for administering state and federal funding earmarked for domestic violence core services. FCADV monitors, through the Quality Assurance Department the centers for programmatic and fiscal areas outlined in Standards.

FCADV serves as the entity responsible for quality of services for domestic violence survivors and their children and ensures centers offer voluntary empowerment based services. FCADV is the training and technical assistance provider for the 42 centers and allied partners.

FCADV serves as the primary representative of survivors of domestic violence and the children in the public policy arena.

Core Services for all 42 Centers Include:

- **Information and Referral**: Education and recommendations on services to those persons seeking assistance.
- **Counseling:** Supportive advocacy services such as crisis intervention, safety planning, assessment of risk, and intervening with the various social and legal agencies on behalf of the center participant, including legal advocacy, medical advocacy, housing advocacy, interpretation services, and additional services as needed.
- **Case Management:** A collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet a center participant's needs.
- **Emergency Shelter:** 24/7 safe housing provided for adult victims of domestic violence and their dependents.
- **Hotline Services:** A telephone operated 24 hours a day, seven days a week to provide crisis intervention, safety planning, information, and referral to victims of domestic violence or on behalf of a survivor.
- **Child Assessment:** An evaluation of the basic needs of children served by the center and the referral of children to services if needed.
- **Professional Trainings:** Education on the dynamics of domestic violence provided to law enforcement personnel, other professionals, and paraprofessionals who have contact, as part of their work, with victims of domestic violence.
- **Community Education:** Are efforts, activities, and presentations performed to increase public awareness about domestic violence and the availability of services for victims of domestic violence.

Brain Injury Association of Florida, Inc.

1637 Métropolitain Blvd Suite B
Tallahassee, FL 32308
Phone 850 410 0103
Helpline at 1- 800-992-3442

Brain Injury Association of Florida, Inc. (BIAF) assists individuals with brain injuries, their families and allied professionals throughout the state of Florida. Their mission is to improve the quality of life for persons with brain injury and their families by creating a better future through brain injury awareness, prevention, research, education, support services, and advocacy. BIAF is a non-profit organization, founded in 1985 by the mother of a young man who sustained a traumatic brain injury from an automobile crash. It is an organization of individuals with brain injuries, their families, and professionals working to help people cope with the long term effects of brain injury.

BIAF provides its primary services through **the Traumatic Brain Injury Resource and Support Center (TBIRSC)** which operates the following:

Website: BIAF's website is www.ByYourSide.org and functions as a one-stop resource for individuals who are able to access information online. The website offers an extensive library of materials for download and viewing.

Toll-Free Helpline: Any individual seeking help by phone can call the Helpline at 1- 800-992-3442. All calls are answered within 24-hours and Spanish-speaking operators are available.

Resource Facilitation: BIAF operates five regional resource facilitation offices in Florida. Resource Facilitators are available to provide confidential support following a brain injury. Persons with brain injury, their family or friends, and professionals can use this FREE statewide telephone service to answer questions, problem-solve issues, find brain injury support resources, navigate complicated systems and assist with educating family, employers and professionals about living with a brain injury. Each Resource Facilitator is uniquely familiar with the resources and supports available within their geographic region

Persons affected by brain injury or their families can seek support from the Resource Facilitation service anytime after a brain injury. Many are referred to the service at the point of hospital discharge, but anyone can self-refer or be referred by a professional, such as a social worker, rehabilitation provider, teacher or nurse, at any time.

Participants in Resource Facilitation can receive scheduled calls at regular intervals for up to two years or longer to ensure their needs are met. Resource Facilitation allows

individuals to determine the level of support needed and provides information and support for each person to actively guide and direct his or her rehabilitation process. Participants can initiate further calls at any time.

Interpretation services are available for non-English speakers. Resource Facilitation does not replace any medical or rehabilitation follow-up that may be needed.

Collaboration Team Members:

FCADV:

- Vice President of Programs and Planning
- Director of Training and Technical Assistance
- Disabilities and Later Life Specialist
- Project Coordinator

BIAF:

- Senior Vice President of Operations
- Manager of Programs and Services

The contributions and commitments for each member of the collaboration will be described further in the next section of this document.

COMMITMENTS AND CONTRIBUTIONS

The history of *Peace of Mind FL* is one with many changes. When starting the process we anticipated working within a three partner collaboration consisting of the FCADV, BIAF and the Florida' Governor's Commission on Disabilities. Shortly after commencement of work, the Governor's Commission was dissolved and the staff allocated was unable to continue to participate. In July of 2011, BIAF underwent significant downsizing due to funding cuts and staffing for the collaboration was reduced accordingly. Also, in July, the collaboration's Project Coordinator left and it took many months to find a replacement. Despite these occurrences, FCADV and BIAF remain committed to the work of the collaboration.

The contributions and commitments included in this charter were created as a result of hours of collaborative member conversations, shared experiences, and a mutual understanding of roles and responsibilities.

Florida Coalition Against Domestic Violence

FCADV commits to examining internal policies and procedures as it relates to survivors living with a TBI and is open to changing policies and practices. There are many complexities to working with survivors who have a TBI and it is acknowledged the learning process will be an ongoing one.

FCADV, with input during the hiring process from BIAF, will hire and manage the Project Coordinator. FCADV will be responsible for all human resource aspects related to the Project Coordinator, including termination. The Project Coordinator's allocation of time, trainings they attend, and other job related tasks will be managed by FCADV.

As the fiscal agent FCADV commits to submitting required paperwork to OVW such as: budget modifications, financial status reports, and the semi-annual reports. FCADV will ensure fiscal oversight of the grant and all aspects related to grant reporting. As the lead entity FCADV commits to preparing and submitting the no-cost extension or at cost extension paperwork, and approval for meeting space.

FCADV is committed to dedicated staff time on this project. Those key staff members, in addition to the Project Coordinator, are the Vice President of Programs and Planning, the Director of Training and Technical Assistance, and the Domestic Violence, Disability Compliance and Later in Life Specialist. The VP of Programs and Planning will dedicate at minimum two hours of her time weekly to this project. The Director of Training and Technical Assistance will dedicate between four and two hours weekly to this project. The Disability Compliance and Later in Life Specialist will dedicate two hours a week to this project.

The roles specifically of the collaboration members are not limited to what is listed within this charter, but will include the following at minimum. The role of the Vice President of Programs and Planning is to supervise the Director of Training and Technical Assistance

and will act as a direct liaison to the Executive Director of FCADV. The Director of Training and Technical Assistance will supervise the Project Coordinator and engage as representative of FCADV. The Domestic Violence, Disability Compliance and Later in Life Specialist will bring a specific expertise and point of view to the project due to the direct work with membership programs regarding access, disability and domestic violence. They will all work as representatives of FCADV reflecting the organization's values, mission and vision.

The Project Coordinator will serve as the central connector for the collaboration members working with the intention of the best interest of the collaboration. This coordination includes coordinating meetings and schedules of the group members. The Project Coordinator will be primarily responsible for information sharing across all the collaboration members. The Project Coordinator will serve as the primary author on deliverables, as well as record the content of group meetings both in person, and over video and conference call settings. The concepts the Project Coordinator incorporates into all documents will be done with input and feedback from the Core Collaboration. The Project Coordinator will manage the individual budgets for the deliverables for the grant.

A group expectation for the Project Coordinator is they will participate in self-reflection through the collaboration process. The Project Coordinator will gather consistence feedback from the group and be mindful of practicing ethical communication when dispersing the information.

As part of the scope of this grant FCADV commits to infusing the lessons learned from this project across FCADV to build the capacity of staff and inform member centers in their work with survivors. It is recognized that there is a unique opportunity allotted by this grant and invite BIAF to train staff at the state and local levels. In the programmatic realm the lessons learned from this project will be infused across trainings and when providing technical assistance. In the Quality Assurance and Contracts departments considerations will be taken when examining programmatic and administrative standards for the membership centers.

Adherence to the ADA and assessing accessibility practices those are in place and will continue to be one of the primary functions of FCADV to best serve survivors.

Brain Injury Association of Florida

The Brain Injury Association of Florida (BIAF) commits dedicated staff to the collaboration, specifically the Senior Vice President of Operations at this juncture and other staff as the project demands. Weekly the Senior VP of Operations will dedicate eight hours a week to this project.

BIAF commits to an in-depth examination of service provision and is open to changing and or creating new policies and procedures. BIAF is committed to providing their own expertise to the collaboration and products from the collaboration. They are open to

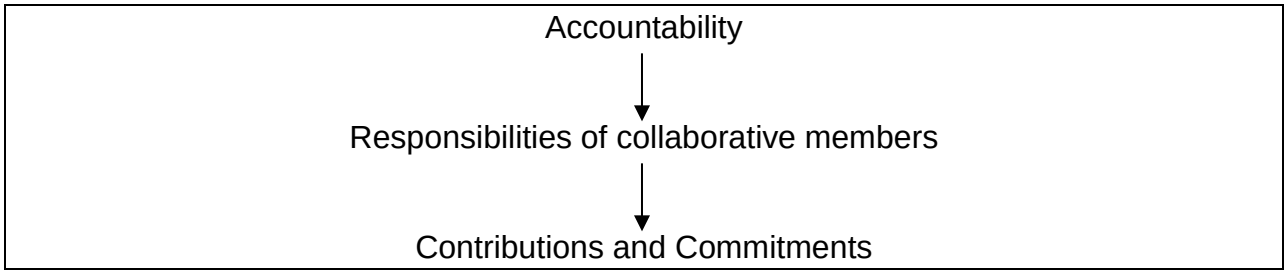
learning and are committed to becoming a safer organization for their participants who may be experiencing domestic violence.

The Senior Vice President of Operation is the primary BIAF representative to the Core Collaboration. She will engage as the representative of BIAF's values, mission, and vision to the collaboration. She will act as the direct liaison to BIAF's Executive Director and to the direct service members of the organization.

DECISION MAKING PROCESS

The overarching philosophy of the collaborative is focused on achieving cooperative decisions which positively impact survivors of DV and TBI. The collaborative believes each project member has valid opinions and her or his voice deserves to be acknowledged and heard. When making decisions, the group will reach agreements that are satisfactory to all members. Each decision is to serve the greater good of the project, which is always seamless service provision to survivors of DV and TBI.

The group agrees each member will make a good faith effort to come to a consensus when a decision needs to be made. This assumes everyone supports the decision even if they are not in individual agreement. All individual opinions will be heard and respected by other members. There will be no "majority rules" unless it is a small decision, as defined by the collaborative.



We reserve the right to change decisions previously made based on new information that would change, impact, or influence the materiality of the project.

Decision Making Authority

At the collaboration level we will have discussions and make decisions around the key items that impact the success of this project. Those items can include, but are not limited to:

- purpose and focus of the project,
- composition of the collaboration, including adding new members,
- any and all changes to substantive and conceptual elements of collaborative agreements,
- submitting deliverables for approval,
- decisions about attending optional technical assistance events,
- products developed in implementation,
- meeting schedule and format,
- use of grant funds for activities that have not already been mutually agreed upon, and
- elements of subcontract.

The Project Coordinator will make decisions regarding the meeting logistics for the group, including the room set up and location. They will be responsible for the disbursement of

information to the collaboration. This is outlined in the contributions and commitments portion of this charter.

As the lead fiscal agent for this grant FCADV has unique decision making ability within the collaboration. Ultimately, FCADV will make the decision on the hiring or termination of the Project Coordinator. How the Coordinator's time is allocated will be decided by FCADV, always with the intention of the success of the project.

The budget portion of the decision making process may include making the final decision as it relates to budget modifications and applying for no cost extensions. The responsibility of financial status reporting and the content of the semi-annual reporting will be done by FCADV. Finally, the decision of where meetings will be held will be discussed by the collaborative, but ultimately cost has to be considered and FCADV can make that decision.

As collaborative we have several values attached to the decision making process. We agree everything is negotiable. We acknowledge there has to be discussion around barriers for individual positions and entities and those nuances will be part of the conversation. As mentioned in our general values ethical communication and transparency will be where we work from. We comprehend we may need to distinguish between individual intention and the impact on the success of the project.

If and when the group reaches a grey area we will reflect and rely on our agreed upon mission statement.

After a decision is made using the agreed upon process and after the appropriate amount of reflection we agree we will act with a unified voice with unified messaging.

We feel strongly as a group we need to explore all unintended consequences and relying on collaborative members to bring up all the consequences to enrich the discussion around the decision.
Examples may include:

- A product or action of the group may potentially impact the experience of the survivor.
- Qualities included in the hiring practices
- Policy changes within the hiring practices

The Decision Making Process:

We will use this process to prioritize and problem solve.

- Gradient Crucial Conversation Scale 1-5
- Anyone can poll the room
    - Conversation continues if anyone is a four or higher
    - Three is a maybe to continue the conversation
    - Two or a one moves the conversation on

- Table or continue depending on polling
- Allow for periods of reflection when decision requires it

We value consensus in making decisions because as a process it promotes trust and open communication. It results in understanding all opinions, especially opposing ones. The decisions we make will be impactful and will require ownership and commitment from each of us. We will use a gradient scale approach as the primary decision-making process. We agree to leave room for disagreement and opportunities to discuss positions.

We will use a five point gradient scale which ranges from "Total Disagreement" to "Total Agreement." In making a decision, each group member will determine where they are on the gradient scale. The group leader, i.e. Project Coordinator, will check-in with members for their scores. The individual will share where he or she is on the scale and discusses what needs to be done to move towards consensus.

1. TOTAL DISAGREEMENT
   Is there room for movement?
   Where are you coming from?
2. SOMEWHAT DISAGREE ("I have some problems with this.")
   Can you talk to us about your problems with this?
   What might move you? What other information do you need?
3. NEUTRAL
   What will move you?
   What other information might you need?
4. MOSTLY AGREE
   What might your reservations be?
5. TOTAL AGREEMENT

Discussion items which require consensus will be assigned a priority number by the group members. High priority items will be discussed immediately and early in the meetings. These may be time sensitive issues or topics creating collaborative roadblocks.

If a matter is "time-sensitive", the collaborative will be given advance notice by the Project Coordinators via email. Members will be expected to review the information prior to meeting. The matter will be prioritized on the agenda for immediate discussion.
If, through consensus, an issue can be discussed at the next meeting, then the issue will be tabled until the next meeting.

In situations where consensus cannot be reached, more information will be gathered via assigned tasks with specific due dates, the gradient scale will be applied, Vera will act as a mediation resource, and additional meetings and conference calls may be scheduled. Between meetings, feedback on the issues may be generated via email or telephone.

Peace of Mind FL will create a supportive and encouraging environment for members to revisit or reconsider decisions if new information, insight, circumstances or conflicts within their agencies arise.

Assumptions:

- Each member makes a good faith effort to come to a consensus when a decision needs to be made; this assumes everyone supports the decision
- All individual opinions are heard and respected.
- Team members agree decision making is a process not an event.
- Team members shall be accountable for the decisions they make.
- As the need to make decisions arise, the collaborative will craft an environment that supports the reality of the differences of each organization. We will come to a decision which best supports the work of the collaborative.

COMMUNICATION PLAN

Transparent and ethical communication is the cornerstone to any successful collaboration. *Peace of Mind FL* is committed to clear internal communication among its members and clear external communication to other organizations.

INTERNAL COLLABORATION COMMUNICATION

There are various levels and methods of communication *Peace of Mind FL* will engage on in the process of the project. We have worked together on the following items and these are what we deem most crucial to our group communication.

Agenda, minutes, significant decision points, action items, technical assistance guidance from Vera, OVW communications, project deliverables, and media talking points are what needs to be captured in a written manner at minimum.

More specifically in *Peace of Mind FL* meeting minutes the following should be articulated for historical record keeping and to refer back to when there may be a new piece of information introduced. The pros and cons of a final decision shall be captured with legitimate justification. This is especially important if the group is working through one of the “hard conversations” that may arise. The final decision will be recorded. The attendance of the call or meeting (video or in person) shall be recorded including the organization the person is from. Finally, the location and method of the meeting shall be included as well.

While information needs to be recorded for continuity of the project and information sharing there are items the collaboration has agreed upon shall not be recorded in a written manner.

Politically sensitive information for either entity or members may not be recorded. The group will use their discretion to identify this information in the moment. The Project Director will use their best judgment to access this information as well.

Any information the collaboration considers information that may a liability or risk. The risk or liability may be for themselves, their organizations, or their member programs.

Participant information shall not be documented; only hypothetical information and/or antidotal experiences. All information related to disclosures and mandated reporting will be taken on a case by case basis by the group. Examples of these items may include information pertaining to the needs assessment participants, staff of either entity, and/or participants of support groups, shelter, or other outreach entities.

Collaboration members’ personal information will not be recorded at the discretion of the group and individual members.

We recognize the limitations to communications within this project. Limitations for communication for *Peace of Mind FL* are as follows. FCADV will not share agency operations, particularly limited to issues of human resources.

As it relates to the needs assessment we will agree as a group how to share the information in the report findings to protect the participants of the needs assessment. If there is a disclosure during a needs assessment that has to be mandatorily reported that information will not be captured in a written manner.

Relating to reporting ADA violation both organizations of BAIF and FCADV reserves the right to report if there is a violation.

INTERNAL COMMUNICATION PLAN: MEETING, CONFERENCE CALLS AND EMAILS

As a statewide collaboration in an expansive state *Peace of Mind FL*'s communication plan is crucial to the success of the project. We acknowledge there are challenges to being a statewide entity and the below methods are ways to address group communication for clarity's sake and to ensure the project moves along appropriately.

Meetings & Conference Calls:
The Project Coordinator will facilitate all meetings and calls. During which they will record the content of the meeting or the call and distribute to the members within 48 hours of the event. If the collaboration has any additions or edits to minutes they shall forward them to the Project Coordinator within 24 hours of receiving the notes.
Mode of communication: Several forms of communication will be utilized.

In Person Meetings:
Will happen one day per month for eight hours at alternative locations. These meetings must include at least one member from each organization.

Video Conference Meetings:
Will happen once a month for one and half to two hours at minimum. They may happen more depending on the tasks needed to be accomplished by the group. These meetings must include at least one member from each organization.

Email Communication
Will be used for exchange of information and sharing feedback on deliverables. There is a group expectation of one Business day for response. The Project Coordinator will be responsible for disseminating meeting agenda, notes, and other relevant information. Group members will "reply to all" individuals when responding to an e-mail to ensure all members of the collaborative will have the same information.

EXTERNAL COMMUNICATION

Peace of Mind FL anticipates external communication with Vera, OVW, external stakeholders and the media. All other external communication will be discussed on a case by case basis.

Vera INSTITUTE OF JUSTICE:

The Project Coordinator is the key contact for the collaboration with the Vera Institute of Justice and will communicate for technical assistance. The content of such communication shall be agreed upon by the full collaborative. The Vera program associate will participate in collaborative meetings, retreats, or other communications to foster good relationships between the agencies and the Vera Institute of Justice.

The core collaboration members can contact Vera at anytime and the group will participate in guidance calls. Core collaboration will participate in determining structure and agenda of calls. As mentioned in the contributions portion of the charter the Project Coordinator will be the contact for information sharing

OFFICE OF VIOLENCE AGAINST WOMEN (OVW):

The primary point of contact is Project Coordinator for communication with OVW. They will cc their supervisor (Director of T &TA) on emails which are administrative in content. The Project Coordinator will cc the FCADV Contract Manager on collaboration submission of deliverables. The other members of the collaboration agree not to contact OVW directly.

OTHER COMMUNICATIONS:

The content of all communication with allied organizations shall be agreed upon by the full collaborative. The Project Coordinator is responsible for day-to-day contact with and communication with local domestic violence centers and /or direct staff.

Written contact with local agencies and/or direct staff should be done with the intention for systemic change in agencies. Our best practice when working with membership prior to implementation is conversations will be had a core collaboration level regarding messaging.

MEDIA COMMUNICATION

Peace of Mind FL anticipates throughout the course of this project the media may contact the collaborative reactively or proactively. We have discussed the following plan for such instances.

Proactive Communication:

When the collaboration wants to release information regarding the project it will be a coordinated effort between the media department at FCADV and Executive Offices of BIAF. Only agreed upon talking points will be used by discussion with each agency's designees.

Each media point person will use only agreed upon talking points which are:

- Who the members of the collaboration are.
- How long we have been working together.
- What the purpose of the project is.
- What we hope to be the results of our project.

Proactive communication may include advertising or promoting the work of the collaborative. Some other examples of what the collaborative anticipates may be examples of proactive communication are:

- the formal announcement of the project/collaboration,
- connected social media such as websites and press releases,
- the rollout of any products, and
- presentations done at conferences on the work of the collaboration, both statewide and national.

Responsive Communication:

This is a plan when the media directly and actively seeks out the collaboration. The designees from each agency will develop content together and timeline of responding to the outlet.

Each media point person will use only agreed upon talking points which are:

- Who the members of the collaboration are.
- How long we have been working together.
- What the purpose of the project is.
- What we hope to be the results of our project.

Crisis Communication:

Crisis communication includes when the collaboration is responding to a media inquiry or there is such a situation they need to release information following and incident. Such incidents may include:

- Homicide of participant(s)
- Suicide of participant(s)
- Attempted suicide of participant(s)
- Violence as it relates to centers, staff, or participants
- Any legal proceeding related to centers, staff or participants.

The process will include accessing the content by the collaborative team assigned, creating timelines and assigning who would develop the content depends entirely on the situation—if domestic violence is the primary crisis it is likely FCADV would be developing the majority of the content.

The timeline for crisis communication includes all designees responding to the request, within an hour of initial request.

CONFIDENTIALITY PROTOCOL

Collaboration Level

We all work from the empowerment based model, but we acknowledge the challenges inherent. We know the way confidentiality is valued differently in our separate organizations. As a collaboration we recognize it is paramount to ensuring the policies and procedures we may put in place take confidentiality and its importance to safety into account.

The following are examples are ways we choose to address those challenges as *Peace of Mind FL:*

- Consent is consistent—with both entities—when direct service is involved will be examined particularly in privilege
- Protection of survivor will be considered particularly when deciding where and when to share the information of a needs assessment.
- Advocacy and informing the survivor of the ramifications of releasing information to entities and how they may or may not be protected under the victim advocate privilege statute

Our Collaboration values confidentiality:

- Trust
- Free communication
- Willingness to be transparent
- Comfort within the collaboration
- Ethical behavior

Allows for greater information sharing which leads to a more robust solution, however, there are legal and ethical limitations:

- Openly acknowledge
- Honest about responsibilities
- Regularly reflect

CONFIDENTIALITY OF COLLABORATION DISCUSSIONS

All collaborative discussion and records of work will be kept confidential among collaboration members and not shared with any outside party without permission by all collaboration members. See communication plan for further clarification.

CONFIDENTIALITY OF SURVIVOR INFORMATION

The collaboration recognizes internal organizational policies regarding confidentiality may differ; however, both organizations agree it is imperative to safeguard, to the greatest extent possible, personal and situational information that is divulged by survivors.

Both organizations employ professional staff, who abides by ethical and legal principles for protecting survivor information and in what circumstances information can be shared.

The collaboration further recognizes the amount, content sought, and rules about handling confidential information will differ according to the variable need for service delivery. For example, BIAF's Resource Facilitators typically seek as much information as possible about the individual to be served and this information is recorded in BIAF's internal database for reference and follow-up later. However, if abuse exists, issues of safety and protection of information are introduced and alternative methods of questioning and creating records will be necessary.

As a group who has had many conversations about documentation we may need to address it after the needs assessment is completed. This collaboration, therefore, will engage in continued conversation regarding how to reconcile these and other dilemmas that may be identified by the needs assessment.[9]

Policies and procedures will be shared around confidentiality will be shared with the collaborative to examine best practices and make new policies and procedures if identified as a need in the assessment.

Finally, as it relates to confidentiality and the needs assessments human resources consults/attorneys will be privileged to the information of the focus group.

[9] Regarding the focus groups of each organization the project Coordinator will facilitate them and will have in place a process that staff can remain anonymous with their comments.

MANDATED REPORTING

Peace of Mind FL acknowledges mandated reporting has nuances that have been discussed and while we cannot anticipate every situation, the following are best practices to follow.

Currently BIAF's mandated reporting is based on the judgment of Resource Facilitators, particularly on a participant's cognitive capacity [as defined in values portion of this document] and the participant's vulnerability, which is very individualized. It can be dependent on some of the following:

- Where they life
- Mobility disability?
- Whom they rely on
- Cognitive or speech disabilities

If the situation warrants a report the following factors are taken into consideration:

- Dependency on primary care assistant
- Emotional Abuse
- Neglect
- Physical Violence
- Sexual Abuse
- Financial Abuse

If abusive factors exist and there is a report in Florida the process is as follows:

1. Investigation opened
2. Parties interviewed
3. Act or not
4. If action taken, APS takes over

For purposes as a collaborative in the arena of focus groups to process through mandatory reporting we need to understand our own responsibilities as entities and clearly articulate to participants. We all agree to work from an empowerment based model. We agree we shall clearly communicate to wide variety of participants and survivors about said responsibilities and roles. We recognize there may be a need to share information between programs and to do this only as necessary and the most ethical way possible.

A note about children:

While the collaborative recognizes working with children is not in the purview of this project we recognize during the focus groups or when working in direct service with families in shelter. We acknowledge and will address it on a case by case basis.

CONFLICT RESOLUTION PLAN

Conflict is an inevitable part of a strong collaboration. Our collaboration is committed to respectful problem solving to improve services and safety for survivors of TBI & DV.

The following assumptions exist for the collaborative when dealing with conflict:

1. We will be honest
2. We will be respectful towards one another.
3. We will hold ourselves accountable for our words, actions, judgments, and for creating a safe environment.
4. We will go directly to the source if we have concerns. This will eliminate gossip, group fragmentation, and triangulation.

The process for solving conflict is as follows:

1. If a conflict arises the collaborative will use the charter to see how it connects back to the mission and/or vision statement.
2. If that does not clarify the conflict the collaborative may use the glossary to see how the terms defined may help to clarify the problem.
3. Every party involved will do their best to clearly articulate their issue and others involved may ask questions for clarity.
4. If after there is discussion where each member feels they have had a chance to speak their piece the group must come to a decision and if there is consensus everyone must support the solution.
5. If there is a conflict that is consistent it may be appropriate for there to be discussion between each party and the executive director and/or supervisor of the parties involved.

If clarity is needed in solving a conflict the collaboration will refer to the decision making process, particularly the gradient system and work from that purview. In the case of conflict cannot be resolved by the collaborative, we will consult Vera. Final resolution will be obtained through mediation provided by Vera.

WORK PLAN

Activity:	Target Completion Date:
Collaboration Charter will be submitted for approval to OVW	End of March
Narrowing the focus memo	Mid-April 2012
Develop a needs assessment plan and tools. Possibly with another site visit from Vera	March-April 2012
Conduct needs assessment	June-Sept 2012
Compile findings and analyze themes (ongoing)	June-Sept 2012
Write needs assessment findings	June-Sept 2012
Vera site visit with a focus on strategic planning	October 2012
Create strategic plan	Mid November 2012
Implement strategic plan	December 2012

GLOSSARY OF KEY TERMS

A

Abuse: Is a behavior used by one person in a relationship to control and assert power over the other. Partners may be married or not married; heterosexual, gay, or lesbian; living together, separated or dating. (i.e.: 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, intimidation.)

Abuser: Someone who carries out the tactics/acts of violence on another person (in order to get, maintain or sustain power and control). Also referred to as a batterer, perpetrator or offender.

Accessible: Easy to approach, enter, operate, participate in, and/or use safely and with dignity by a person with a disability. Areas to consider include attitudinal, programmatic, physical, and cultural.

Accommodation: Modifications or adjustments to a program, service, work environment, or job description that make it easier for a person with a disability to participate in the same manner as other people.

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

Acquired Brain Injury: Injury to the brain that occurs after birth and which is not hereditary, congenital, or degenerative, and may include brain damage resulting from events such as stroke, aneurysm, and anoxia from near drowning, toxic substances or traumatic brain injury (TBI). *See also Brain injury.*

Advocate: A volunteer or paid staff person whose job it is to support the survivor, help identify options and resources, explain processes, and/or speak on the survivor's behalf when given permission by the survivor to do so. The advocate may work in different settings, such as an emergency shelter, hospital, or court. Advocates provide crisis intervention counseling and supportive, survivor-directed counseling services, but are not considered a mental health therapist.

American with Disabilities Act (ADA): National civil rights legislation passed in 1990. The purpose is to eliminate discrimination on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a place of public accommodation.

Adaptive equipment: Equipment that someone with a disability or functional limitation will use to adapt to the environment in which they live or work. Adaptive equipment could be a wheelchair, cane, electronic equipment, or other assistive devices.

Advocacy: Guiding and empowering the survivor, through provision of resources and information, to make survivor-driven choices that ensure safety.

Assault: The statute of domestic violence in the state of Florida includes assault as a primary method of how domestic violence is perpetrated. For the purpose of this collaboration we recognize a broader definition that includes emotional and verbal abuse.

Assessment: A tool used to evaluate situation(s) for the purposes of providing services.

Assistive technology devices: As used in the Assistive Devices Supplement to the 1990 NHIS, the operational definition of assistive technology includes devices that enhance the ability of an individual with a disability to engage in major life activities, actions, and tasks. These devices assist people with deficits in physical, medical, or emotional functioning.

Autonomous decisions: A decision that does not affect the whole group, but only the decision-maker, and can be made by that sole party.

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

B

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 1970s as an outgrowth of the Ant-Rape and 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.

Brain injury: Injury to the brain caused by an external physical force and not of a degenerative or congenital nature. The injury results in an impairment of cognitive abilities or physical functioning. Additional consequences of the injury may include changes in behavior and/or emotional functioning.

C

Caregiver: A person who provides direct service care to another, both formally, such as a hired Personal Care Attendant, or informally, such as an unpaid family member or friend. The term is often used to denote a person who specifically provides care for the young, the elderly, or people with disabilities.

Clinical/Medical Model of Service Delivery: Traditional methods of treatment or "fixing" of a disease or disability and where decision making is not always done by the person seeking treatment. See Person-Centered Planning. Empowerment Chart

Closed head injury: an injury that occurs when the head suddenly and violently hits or is hit by an object but the object does not break through the skull.

Cognitive impairment: Difficulty with perception, memory, attention and reasoning skills. Activities of daily living, such as hygiene, eating, household management, community re-integration and many other aspects of day-to-day living are affected by cognitive changes.

Collaboration: According to the Fieldstone Alliance, collaboration is "a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone." This relationship includes commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and awards.

Competency or capacity: A legal term that basically reflects a mental ability to understand the nature and effect of one's acts.

Concussion: An injury to the brain caused by a hard blow or violent shaking, causing a sudden and temporary impairment of brain function, such as a short loss of consciousness or disturbance of vision and equilibrium.

Confidentiality: The ethical principle and legal right that a professional will hold all information relating to a client in confidence, unless the client gives informed, written consent permitting disclosure or unless disclosure is required by the law. (Legal exceptions/exemptions including…)

Consent: The ability to make a judgment or decision not under duress, under the influence, and with full faculties.

Consumer: The user of the services provided by the collaborative partners and can include the survivor, family members, caregivers, and professionals. Interchangeable used in BIAF with participant

Control: The ability to block or limit influence.

Co-occurring disorders/disability: Traditionally refers to the existence of more than one type of substance abuse and/or psychiatric disorder. However, for this project, the term refers to survivors who may experience multiple factors such as brain injury and spinal cord injury or multiple deficits such as vision and speech impairments.

Crisis: Any unstable and dangerous social situation regarding: economic, military, personal, political, or societal affairs. More loosely, it is a term meaning 'a testing time' or 'emergency event'.

Crisis Services & Interventions: Services that provide specific short-term care and intervention strategies to a person due to the need for relief and support of the caregiver and/or protection of the person or others living with that person. This includes addressing both medical and behavioral needs. For domestic violence these services include safety planning, harm reduction, and outreach.

Culture: The values, traditions, norms, customs, arts, history, folklore, and institutions that a group of people, who are unified by race, ethnicity, language, nationality, or religion, share; the way of life shared by the members of a group.

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.

D

Dating Violence: Violence between individuals who are not married or in civil partnership.

Developmental disabilities: 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. To distinguish between brain injury and someone is not developmentally disabilities.

Disability: Inability to engage in substantial gainful activity by reason of any medically determined physical or mental impairment that can be expected to last for a continuous period of not less than 12 months. To be eligible for one of the waiver programs, the Social Security Administration or the State Medical Review Team (SMRT) must certify the person as disabled.

Disability Determination: Person must meet the disability definition from the Social Security Administration to be eligible to receive MA benefits as a disabled person. A person may also be certified disabled by the Social Security Administration or State Medical Review Team (SMRT).

Documentation: Any piece of information about a survivor/participant in written, electronic, and/or verbal form.

Domestic abuse/violence: is abusive behavior (i.e.: emotional, psychological, physical, or sexual) that one person in an intimate relationship uses in order to control the other. Forms of domestic abuse can be, but not limited to:

- Economic Abuse:
- Emotional Abuse:
- Psychological Abuse:
- Physical Abuse
- Sexual Abuse: Forcing sexual intercourse or contact; forcing partner to view pornography, withholding sex.
- Stalking
    - Exploitations
- Threats of violence.

Partners may be married or not married; heterosexual, gay, or lesbian; living together, separated, dating and in some cases a personal care attendant.

E

Ethical Communication: Communication as defined in the values portion of our charter. It includes transparency, honesty and operating "above board."

Empowerment: Refers to increasing the spiritual, political, social, or economic strength of individuals and communities. Developing confidence in one's own capacities.

Empowerment-based Advocacy: The frame work for domestic violence advocates where the survivors direct service provision including prioritization of issues and methods in which they are delivered.

F

G

Glasgow Coma Scale: This is a measure customarily used by physicians to determine the severity of a brain injury. Typically scores range between 3 and 15, and the lower the score the severity of the brain injury. The GCS is computed by adding the score from each category.

Guardianship: Court-ordered or confirmed protective arrangement whereby an interested person or party is nominated and appointed as a guardian for an incapacitated person for the purpose of managing the personal care and affairs of a person.

H

HELPS Card: A pocket-sized questionnaire used to aid in determination as to whether a brain injury may have occurred. The following questions are asked of the injured individual:

H: were you HIT in the head?
E: did you seek EMERGENCY room treatment?
L: did you LOSE conscience?
P: are you having PROBLEMS with concentration and memory?
S: did you experience SICKNESSS or other physical problems following the injury?

I

Inclusion: When persons with disabilities are not only in the same place as persons without disabilities but also participate in the same activities at the same time

Independent living skills – TBI therapies: Specified in the individual plan of care that have specific therapeutic goals and outcomes established and are not merely diversion in nature. Independent living skills – TBI (ILS-TBI) therapies may be provided in the home of the person or in the community.

Informed Choice: Voluntary decision, made by a survivor, after becoming familiarized with potential alternatives.

Interpersonal Violence: A synonym for domestic violence or abuse. This term can utilize non intimate relationships when describing abusive behaviors. Example: care giver violence. It is also an inclusive term that may not denote the gender of the two parties in the relationship.

J

K

L

Least restrictive environment: As part of the Individuals with Disabilities Act, this is one of the six principles that govern the education of students with disabilities which states that a student who has a disability should have the opportunity to be educated with non-disabled peers, to the greatest extent possible.

M

Mandatory reporter: A professional who is required by law to make a report to federal, state, or local agencies when abuse, neglect or violence have occurred. Oftentimes, such reporters include health care workers, welfare workers, teachers or social workers, residential service workers, and law enforcement personnel. Laws vary by state.

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.

Mayo Portland Adaptability Inventory: Evaluation tool developed to clinically evaluate individuals who have sustained a brain injury and to measure the range of physical, cognitive, emotional, behavioral, and social problems that may be encountered.

Memory problems: Considered the most disabling consequence of brain injury, impaired memory affects a person's ability to learn, retain, and use new information and may significantly affect a person's ability to live independently.

Mild brain injury: Characteristics include: loss of consciousness for less than 30 minutes (or no loss); Glasgow Coma Scale of 13-15; post-traumatic amnesia for less than 24 hours; temporary or permanently altered mental or neurological state; post concussion symptoms.

Moderate brain injury: Characteristics include: coma more than 20-30 min., but less than 24 hours; Glasgow Coma Scale of 9-12; possible skull fractures with bruising and bleeding; signs on EEF, CAT or MRI scans; some long term problems in one or more areas.

Modifications and Adaptations: Physical adaptations to the person's home and/or vehicle.

N

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. Includes: failing to provide sufficient supervision, nourishment, medical care or other needs, for which the individual is helpless to provide for him or herself.

O

Open Head Injury- Penetration of the skull with direct injury to the head.

Order for Protection: A legal process that limits the contact an offender can have with a victim (and/or their children and pets) of domestic violence, harassment, stalking or sexual assault. Referred to as restraining order in many states.

P

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

Perpetrator: A person who executes criminal behavior such as sexual assault, rape, and assault

Person-First Language: Language that is used to identify a person living with a disability, disease or other identifiable situation. Person-first language refers to the person first as in, "person with a brain injury" rather than "a brain-injured person."

Physical disability: The World Health Organization defines as follows: "Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives."

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.

Privilege:

a. Special entitlement or immunity granted by a government or other authority to a restricted group, either by birth or on a conditional basis.

b. Victim/Advocate privilege relates to the protection granted to a domestic violence advocate in the state of Florida under statute.

Q

R

Rape: An event that occurs without consent that involves the use of or threat of force and there is penetration of vagina, mouth or rectum.

Resource Facilitation: A model of care that includes confidential services provided via telephone and email to survivors of traumatic brain injury, their family members, and caregivers, that link them to appropriate, accessible resources and help them make informed choices to meet their individual needs. Resource Facilitation services include: review of rights and entitlements, personalized advocacy, help with completing paperwork, help with problem analysis and prioritizing needs, and emotional support.

Referral: The act, action, or instance of sending or directing to treatment or assistance of some kind.

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.

S

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's or family's situation, and usually address things like securing documents and other necessary items, building support systems, and identifying places to go in a time of crisis.

Self-determination: Free choice of one's own acts without external compulsion.

Self-sufficiency: A state of not requiring any outside aid, support, or interaction, for survival; it is therefore a type of personal or collective autonomy

Sexual abuse/assault: the forcing of undesired sexual behavior (physical or emotional) by one person upon another, when that force is immediate, short duration, or infrequent, it is called sexual assault.

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

Stalker: Someone who obsessively pursues another person. People who execute stalking behavior and break stalker laws.

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

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

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

Survivor: A person who has continued to live, prosper or remain functional after an event, possibly traumatic in nature; considered an empowering term.

T

TBI Model Systems: Research centers involved in prospective, longitudinal multi-center efforts to examine the course of recovery and outcomes following TBI.

Trauma: An altered sense of self resulting from severe mental or emotional stress or physical injury. "An emotional shock that creates substantial and lasting damage to the psychological development of an individual."

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.

Traumatic Brain Injury (TBI): A specific type of damage to the brain that results when the head: hits a stationary object, is hit, is penetrated, and is violently shaken by external force, concussion blast injury. The severity of a traumatic brain injury (TBI) may range from "mild," i.e., a brief change in mental status or consciousness to "severe," i.e., an extended period of unconsciousness or amnesia after the injury. See Appendix __ for Statute

U

V

Victim: A person against whom a crime is committed; most often used as a legal term, but also used in some organizations when discussing women or survivors who come in for services. 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 entirely or partially responsible for the unfortunate incident that has occurred in their life. It is also about blaming individuals for their personal distress or for social difficulties, rather than the other parties involved or the overarching social system in place.

Victim/survivor: A phrase that recognizes two perspectives on the experiences of people who have experienced domestic violence, sexual assault, and stalking. While some agencies might refer to someone as a victim, others prefer to use survivor as based on the empowerment model of advocacy.

Violence: As defined in the mission/vision statement is a synonym for abuse or domestic violence.

Violence Against Women Act (VAWA): A law passed by 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 offenses and violations of protective orders are deportable offenses.

Vision statement: A statement giving broad, aspiration image of the future that an organization is aiming to achieve.

Vulnerable Adult: *See appendix for full description*

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