

Project CARE (Collaboration, Accessibility, Response, Education)
Hamilton County, Ohio
Collaborative Charter

Partners

The Partners in Project CARE are:

- **The Center for Independent Living Options** serves individuals of all ages who have physical, sensory, cognitive, and/or psychological disabilities. The Center for Independent Living Options helps people become self reliant and live independently to ensure their full inclusion in our community.
- **The Family Violence Prevention Project** is a collaborative of 40+ agencies dedicated to preventing all forms of family violence (child abuse, intimate partner violence, abuse of people with disabilities, and elder abuse). The Family Violence Prevention Project strives for systems-based change by implementing strategies through a public health model.
- **The INclusion Network** is a nonprofit organization whose mission is to promote, support and celebrate efforts to include people who have disabilities in all aspects of community life. This mission is accomplished by networking in the community to provide information and assistance aimed at welcoming participation and contribution of people who have disabilities, and is based on the belief that universal design in spaces, policies and practices creates better opportunities for everyone.
- **The Hamilton County Board of MRDD** provides a variety of services to eligible individuals of all ages with developmental disabilities and their families. Services are individualized so that each person's plan reflects what is important to him or her and designed to maximize choice and control over resources.
- **United Way of Greater Cincinnati/211** is the easy to remember telephone number (2-1-1) that connects people with important community services and volunteer opportunities 24 hours a day. Trained specialists provide callers with information about and referrals to human services for every day needs and in times of crisis. 2-1-1 is free and confidential.
- **The University of Cincinnati, Division of Criminal Justice** is a division of an urban, public, research university that includes among its PhD fields of expertise crime prevention and victimology. The division's 22 full-time faculty members serve more than 1,500 undergraduate and graduate students. In 2005, the Division of Criminal Justice was ranked third nationally by US News and World Report.
- **The University Hospital Sexual Assault Forensic Examiner Program** is committed to providing professional, compassionate and timely collection of forensic evidence for adult survivors of sexual assault in all communities, to promote comprehensive health care and to avoid further trauma to all sexual assault survivors.
- **Women Helping Women** serves Southwestern Ohio as a unique provider of crisis intervention and support services for direct and indirect victims of domestic violence,

sexual assault and stalking. The agency also takes a leading role in building awareness in the community to prevent these crimes.

- **The YWCA of Greater Cincinnati** was founded in 1868. Its mission is to empower women and to eliminate racism. Strengthened by diversity, the YWCA strives to create opportunities for women's growth, leadership, and power in order to attain a common vision: peace, justice, freedom, and dignity for all people.
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Vision

Our vision is that women with disabilities and Deaf women who are victims or survivors of violence are empowered to access highly effective services that are welcoming, comprehensive, and pose no barriers.

Mission

Project CARE's mission is to transform services into a seamless system that fully meets the needs of women with disabilities and Deaf women who are victims or survivors of violence, by:

1. cultivating and sustaining collaboration;
 2. changing and improving policies, practices and culture; and
 3. strengthening the abilities and responsiveness of our organizations.
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Core Values and Assumptions

The following core values and assumptions guide the Collaborative and the deliverables that will be produced.

Collaboration

- We believe collaboration is necessary for developing and achieving shared goals.
- We seek the participation of women who have experienced violence, abuse or stalking, especially those with disabilities, Deaf women and those from diverse cultures.
- We advocate for change at the community and systems levels.
- We are committed to developing, sustaining and continuously improving healthy, supportive and safe communities for all people.

Attitude

- We place the highest value on accessibility of services, opportunities and leadership roles and we welcome the participation and contributions of all women. We will provide accommodations to anyone so that they can fully experience what we have to offer and to assist anyone interested in adding their skills and talents to our resource pool.

- We strive for flexibility in the decisions we make and their implementation.
- We perform our work with integrity, passion and joy.

Responsiveness

- We believe service providers need to be knowledgeable, skillful, respectful, flexible and creative in addressing violence against women with disabilities and Deaf women.
- We respect and honor the confidentiality of personal information, including mental and physical health, and victimization experiences.

Empowerment

- We empower women by helping them acquire information, resources and skills to act on their own behalf.
- We believe in the principle of self determination; we will initiate and support services that respect individual plans and choices, including choices that involve risk.

Confidentiality Policy

A complete confidentiality policy is paramount for the safety of survivors. It is also essential for trust, so that Collaborative Partners can be honest and grasp the core issues that must be addressed. All Partners have agreed to this confidentiality policy and have agreed to abide by it.

The provisions of this policy shall apply to all Collaborative Partners; board members, staff, volunteers/interns, and contract services staff of all Partner Organizations; and any persons enlisted by the Collaborative to participate in the work of the Project. Sharing of information with the media is covered in the Communications section.

This confidentiality policy will cover the following:

1. personal information about individual representatives of Partner Organizations;
2. personal information about people served by each agency;
3. politically sensitive information about Partner Organizations;
4. information about respondents and organizations collected during needs assessment;
5. HIPAA requirements;
6. mandatory reporting requirements; and
7. records storage.

Detailed instructions for each numbered element follow:

1. **Personal information about individual representatives of Partner Organizations** (participants in Collaborative meetings and communications) should remain confidential and not be shared with anyone outside of the

meeting/conversation in which this information was shared, unless permission is granted by the individual, verbally or in writing.

2. **Personal information about people served by each agency** must remain confidential, and be shared with Partner Organizations only as needed and as permitted under the policy and/or law governing the process by which this information was obtained. A breach of confidentiality will occur when individual information is passed along to a second person without the consent of the individual or his/her parent (if a minor) or legal guardian; when information can be used against the individual's welfare or services; when information draws undue attention to the disability, rather than to the person's capabilities.
3. **Politically sensitive information about Partner Organizations** should remain confidential and be shared outside of the Collaborative only with the permission of the relevant organization's executive director or comparable executive.
4. **Information about respondents and organizations collected during needs assessment:** this will be covered in the confidentiality and reporting policy to be developed in the needs assessment plan.
5. **The requirements of the Health Insurance Portability and Accountability Act (HIPAA)** will be followed. HIPAA covers the disclosure of protected health information to law enforcement, agreements between business associates, and the release of patient protected health information. University Hospital, the Project CARE partner that provides health care services, obtains an acknowledgement of receipt of HIPAA privacy practices from each patient or patient's legal representative.
6. **Mandatory reporting requirements:** Ohio state law requires certain individuals to report suspected cases of abuse or neglect to state authorities and, in some cases, to law enforcement. Staff of the University Hospital SAFE Unit, and employees of the Hamilton County Board of Mental Retardation/Developmental Disabilities, both Project CARE Partners, are required to follow mandatory reporting requirements. The collaboration recognizes that mandatory reporting requirements may eliminate or compromise some choices a survivor may choose to make. Therefore, prior to engaging in any discussion of issues of domestic or sexual violence the collaborative will take the following steps:
 - a) Identify who is a mandatory reporter;
 - b) Make participants aware of mandatory reporting requirements and potential implications;
 - c) Conduct this communication in a manner that ensures that the relevant individuals understand the law and its implications, and has an opportunity to decide whether to continue the conversation and/or request that certain Partners not be present during the discussion.
7. **Records Storage and Staff Access:** All records for Project CARE will be maintained in a secure manner to ensure the safety and confidentiality of the information. The

Project Manager will store all records from data collection and any other confidential information in a locked cabinet in a locked office at the YWCA of Greater Cincinnati. The Administrative Assistant will have a key to these file, to use at the discretion of the Collaborative. Copies of needs assessment data records will also be stored in a locked cabinet in the University of Cincinnati office of Bonnie Fisher, the lead Partner for needs assessment. These individuals, as members of the Collaborative, are informed of the Confidentiality policy and all other requirements of this charter and shall be responsible for following these policies. Any data collected during the needs assessment that contains information that could potentially identify participants will be destroyed upon approval of the needs assessment report by OVW.

Roles and Responsibilities

Project CARE is led by a Committee of Collaborative Partners. This Committee will be joined by invited professionals, persons with disabilities and those who are Deaf, and victims and survivors of violence on an ad-hoc basis to provide a wide range of expertise and perspectives to guide the Project. Project Staff coordinate and carry out Project activities at the direction of the Committee. Partner Organizations are the organizations that are contractually bound by the cooperative agreement. Partner Organizations supply the members of the Committee of Collaborative Partners

A. Committee of Collaborative Partners

This committee will be made up of a minimum of one representative from each Collaborative Partner organization. This representative must serve in a leadership capacity at that organization.

Roles

The committee of Collaborative Partners will undertake the following roles:

- Set direction and goals for the Initiative.
- Practice and model servant leadership to guide and support Project staff.
- Support one another for the benefit of the collaborative and our individual organizations.
- Ensure that the following are included:
 - voices of women with disabilities and Deaf women;
 - voices of victims and survivors from each of these categories: financial exploitation, threats of abuse, psychological abuse, caregiver abuse, domestic and intimate partner physical and sexual violence, sexual assault, stalking, and other abuses of power and control;
 - concerns/needs of the systems that serve victims and survivors of violence or abuse; and
 - concerns/needs of the systems that serve persons with disabilities and Deaf women.
- Develop and implement a strategic plan to accomplish the mission identified in the Collaborative Charter

- Serve as the liaison between Project CARE and Partner organizations (each Partner on the committee to be the liaison to their organization, keeping both Project CARE and their organization informed of any pertinent information)
- Monitor and evaluate progress.

Responsibilities

The committee of Collaborative Partners is responsible for the following:

- Leadership in the development and attainment of Project objectives.
- Implementation of all aspects of the cooperative agreement.
- Compliance with cooperative agreement requirements.
- Selection and performance of Project staff.
- Maintenance and nurturing of collaboration.
- Involvement of women with disabilities and Deaf women, victims and survivors of violence, and representatives from service systems.
- Systems change, starting with our own organizations' policies, procedures and culture.

B. Project Staff

1. Project Manager

Roles

The Project Manager will undertake the following roles:

- Coordinate and facilitate Project activities at the direction of the Collaborative.
- Serve as the liaison with the funder.
- Function effectively as both employee of the YWCA of Greater Cincinnati and Manager of the Collaborative.
- Serve as spokesperson for the Collaborative.

Responsibilities

The Project Manager is responsible for the following:

- Coordination of the Collaborative.
- Development and implementation of Project activities.
- Distribution of required and otherwise relevant information to Partners, in a timely manner.
- Compliance with cooperative agreement requirements, including all reporting and financial requirements.
- Effective internal and external (i.e., general public and the press) communication.

2. Administrative Assistant

Roles

The administrative assistant will undertake the following roles:

- Assist Project Manager.
- Provide administrative and support services to the Collaborative.
- Communicate with Collaborative Partners as needed.
- Assist in identifying and securing accommodations for Partners and guests as needed.

Responsibilities

The administrative assistant is responsible for:

- Distribution of meeting minutes to Partners.
- Maintenance of records of collaboration activity, expenses and official reports to the funder.

C. Partner Organizations

Roles

Partner organizations will undertake the following roles:

- Provide staff to the Committee of Collaborative Partners and for other work of Project CARE
- Champion Project CARE, including multilayer buy-in from staff to board levels.
- Implement changes to policies, procedures and culture as agreed to by all members of the Collaborative and their organizations.

Responsibilities:

Partner organizations are responsible for the following:

- Dedication of staff as specified in the Collaborative Charter, in particular the Roles and Responsibilities subsection.
- Cooperation in a review by the Collaborative of their organization's policies, procedures and culture.
- Commitment to making changes to their organization to accomplish the mission and strategic plan of the Project CARE collaborative.

Decision-Making Protocol

This section describes how decision-making will happen and who is authorized to make decisions.

A. Decision-Making Process

1. A proposal is presented to the Partner organizations of Project Care (the Collaborative). Presentation of a proposal is not limited to the meeting facilitator. All Partners have an equal opportunity to make proposals to the Collaborative. A core value of Project CARE is that our decision making process includes women with disabilities as well as survivors of family violence.
2. The facilitator opens the floor for clarifying questions. The purpose of this time is to ensure that Partners have an adequate understanding of the proposal. The facilitator will make an effort to seek feedback from all Partners, understanding that some may not be comfortable raising objections or asking questions.
3. Once Partners understand the proposal, the facilitator then opens the floor to discuss any legitimate concerns Partners may have about the proposal. Legitimate concerns are those that question the feasibility, effectiveness and congruence of the proposal with the Project's scope, goals, values, and mission.
4. If no concerns are raised, the facilitator will call consensus. If no objections are raised after the call for consensus, consensus has been reached.

5. If concerns are raised, however, consensus has not been reached. The facilitator continues to generate a list of concerns. These concerns are recorded on a flip chart and reiterated audibly, in addition to any appropriate alternate forms of communication.
6. Partners then discuss and address each of the concerns. Concerns may be resolved through further discussion of the proposal (and its relationship to the Project's scope, goals, values, and mission) or Partners may try to integrate the concerns into the proposal. As concerns are resolved, they are removed from the list of concerns.
7. If all concerns have been resolved, the facilitator will call consensus. If no objections are raised after the call for consensus, consensus has been reached.
8. In the event that a critical deadline is in danger of not being met and consensus has not been reached, the Collaborative will decide by majority vote. This method will only be used when the mission and/or viability of the Collaborative would be jeopardized by failure to reach a decision by a certain date. The Vera Institute and/or OVW will be consulted, in advance if possible, when the majority vote method is used.
9. Decisions may be subject to OVW approval.

B. Decision-Making Authority

1. Administrative Decisions: the Project Manager is authorized to make the following decisions:
 - a. logistics involving guests, OVW or Vera staff (such as lodging, travel, etc.);
 - b. impact-neutral changes in vendors, within budget (such as food, transportation for members and guests);
 - c. determining the scheduling/timing of work allocation if it is within deliverable deadlines;
 - d. answering questions and providing general information about Project CARE to the public and press, when time does not permit involving Partners;
 - e. determining when to contact Vera or OVW for assistance with the Project CARE mission and objectives.
2. Collaborative Decisions: the following criteria apply to decision making delegated to the Collaborative:
 - a. the Collaborative must employ the decision-making process described above for all decisions related to Project CARE;
 - b. the collaborative is responsible for decisions not specified as "Administrative" and not in conflict with the collaborative charter or cooperative agreement regulations; for example:
 - i. development of Collaborative Charter
 - ii. Collaborative structure and protocol;
 - iii. needs assessment protocol;
 - iv. strategic plan process;
 - c. external parties may be called in to assist with planning and decision-making; and
 - d. board members and/or staff that are required for an organization to make commitments may be called in for the decision-making process.

Communication Plan

This section describes the methods by which Partners in the Collaborative will communicate with one another, what methods of communication to use in certain situations, and a process for communicating with external parties such as professionals outside the partnership, the press, and the general public.

A. Internal Communication

1. **Contact information:** a contact list of Collaborative Partners, including mailing address, telephone/TTY number, and email address will be distributed. Any communication format needs/preferences will be noted and accommodated to the maximum extent possible for each collaborative member.
2. **Meetings:** Partners will meet in person twice monthly on the second and fourth Monday of each month of Phase One. The length of the meetings will be determined by the work that needs to be completed but meetings will be a minimum of two hours. In addition, work groups that meet more frequently will be employed as needed, including a needs assessment work group that will meet weekly. Meeting location will vary with the YWCA of Greater Cincinnati as the default location. Partners that are out of town or otherwise unable to meet in person will participate by telephone. The meeting schedule for subsequent phases will be determined during strategic planning. Emergency meetings may be called and all Partners must attend.
3. **Email:** primary communication will be via email, using a distribution list containing email addresses of all Partners. Alternate communication methods will be used as appropriate. Currently all Partners are well served by email for routine as well as ad-hoc communication. Requests for feedback will be responded to within one week unless the deliverable timetable requires a quicker response. Email will be used to discuss developing and drafting deliverables, meeting attendance and logistics, and comments or concerns that need to be aired before the group meets in person.
4. **Telephone:** telephone communication may be used for communication between Partners and the designated point of contact (described below), urgent or other matters as appropriate.
5. **Point of contact:** the point of contact for Partners regarding the cooperative agreement and the Collaborative will be the Project CARE Manager (Rob Bonney). The Project CARE Manager will also be the point of contact for external parties, described below. The Project CARE Manager may communicate with individual Partners as appropriate.
6. **Partner communication to and from their own organization:** Each Partner will be required to report back to their organizations regarding specific aspects of Project CARE as determined by the Collaborative. In addition, the organization will bring information relevant to Project CARE to the Collaborative. This will include informational emails, documents and

presentations at meetings. The Project Manager will monitor intra-organization communications and formally record them if needed.

7. **Accessible communication:** The following accessible communication procedures will be used:
 - a. email messages – Arial font, 14 point size, avoiding italics if possible;
 - b. handouts and attachments – Arial font, 18 point size;
 - c. attachments – copy into the body of email messages in addition to attaching them as Microsoft Word documents;
 - d. an electronic copy of meeting agendas and handouts will be emailed to Partners in advance;
 - e. Adobe “PDF” files are to be avoided or a text file sent in addition to any PDF file;
 - f. when participating in a meeting where one or more Partners is joining by telephone, persons speaking will state their name first; this practice will also be followed if requested by ad-hoc participants or in circumstances where there are people present who may not know or immediately recognize the speakers; and
 - g. meetings will be recorded using digital technology and be archived for access by Partners.
8. **Safe communication:** The following safety procedures will be followed:
 - a. the confidentiality policy described elsewhere in the collaborative charter will be strictly followed;
 - b. when issues of violence are discussed, all communications will be respectful and sensitive to the predicament of victims;
 - c. victim-blaming language will not be used;
 - d. members will be sensitive and refrain from using language which also has violent meanings. A few examples are:
 - 1) target (i.e. “target populations”);
 - 2) bullet (i.e. “bullet points”);
 - 3) take a stab at (i.e. “Let’s take a stab at revising the communication plan”).

B. External Communication

1. **Vera Institute:** The Project Manager will be the point of contact for The Vera Institute (the technical support contractor for the funder, the Office on Violence Against Women). Communication will include requests for technical assistance on deliverables and procedures, scheduling of deliverables, and clarification of regulations specified in the cooperative agreement.
2. **Office on Violence Against Women (funder):** The Project Manager will be the point of contact for OVW. Communication generally will be at the recommendation of Vera or at the request of OVW. Critical issues with the cooperative agreement may be addressed by the Project Manager directly with the funder.
3. **General public, including professionals outside the partnership:** The Project Manager will be the point of contact for the general public including professionals outside the partnership. All Partners will have occasion to discuss Project CARE with the general public, and should keep in mind that

the current funding period is for work within our own organizations, although broadening our reach and impact following completion of the cooperative agreement is an objective. Partners should also note that the cooperative agreement does not cover criminal justice. External communication should be based on the vision and mission statements. Since the vision and mission do not describe all relevant aspects of the cooperative agreement, the Collaborative will develop talking points that all Partners must adhere to. These talking points must be approved by OVW.

4. **Media:** The Project Manager will be the point of contact for the media. All requests from the media should be directed to the Project Manager or, in his absence, the Project Manager's supervisor. Any Partner speaking with the media should not discuss criminal justice and should base their comments only on the vision, mission statement and approved talking points.

Conflict Resolution

In the event of conflict, the Collaborative will discuss the conflict by way of an open, respectful, informal process. All Partners in this Collaborative are committed to its mission and vision, and are grateful for the opportunity to make much needed changes. To preserve the Collaborative and this opportunity, we will utilize the following conflict resolution process:

1. Any concern or conflict will be brought to the attention of the Project Manager. One of the following will then be done:
 1. clarification of any misunderstanding by the Project Manager;
 2. discussion amongst relevant parties if the conflict does not involve all Partners;
 3. placement of the conflict on the meeting agenda; or
 4. some other method of communication by which the conflict will be discussed.
2. If the conflict is with the Project Manager, the concerned party will consult with the Project Manager's supervisor.
3. If the conflict arises during a Collaborative meeting, the group will attempt to resolve the conflict following the communication plan and decision-making protocol described above. In the event that the conflict cannot be resolved during the meeting, the steps listed below will be followed.
4. In the event that we are not able to satisfactorily resolve a conflict internally, we will request assistance from our program associate at the Vera Institute of Justice.

5. If our program associate is not able to assist us in resolving the conflict, then we will request that additional assistance be provided by the Vera Institute of Justice, or the Office of Violence Against Women, if necessary.
6. If the conflict remains unresolved, a mediator (neutral third party) may be enlisted to identify mutually acceptable solutions.

Work Plan

The Work Plan is a schedule of activities and submission dates for deliverables required by the cooperative agreement.

July 18, 2008	Collaboration charter.
Aug 1, 2008	Narrowing the focus memo.
Sep 30, 2008	Needs assessment plan.
Oct. - Dec, 2008	Development of needs assessment tools. Selection of desired sample for needs assessment. Administration of needs assessment instruments to respective samples. Analysis and presentation of data. Discussion of needs assessment results.
January 23, 2008	Needs assessment report.
Jan. 26 – Feb. 28, 2009	Strategic planning for activities in phase two.
Feb. 28, 2009	Strategic plan.
Mar. 2009 – Dec. 2010	Implementation of strategic plan, development of a sustainability plan, and evaluation of Project activities.

Key Terms

The following Key Terms are used in the Collaborative Charter, are expected to be used in the work of the Collaborative, and/or are expected to be used in the products resulting from the work of Project CARE:

Accessible

The word accessible refers to the extent to which places, programs, services, and/or information is available. The term accessible includes being free from attitudinal as well as physical barriers. In its broadest sense, an accessible organization can be entered by anyone, information is easily understandable by all, and services are flexible enough

to be used by everyone. Accessibility requires an orientation that involves planning for alternatives and finding solutions. It requires people to think ahead about how to ensure that whatever programs and products are made available can be effectively adapted to work for any person.

Collaboration

Collaboration refers to collective work amongst parties that have agreed to use common strategies and relinquish some degree of autonomy in order to achieve a jointly determined purpose. A formal plan for working together is created by these parties which establishes the agreed-upon purpose, scope, commitments and procedures of the collective work. Collaboration involves commitment that goes beyond cooperative or coordinated efforts. It recognizes that we are better together because interconnected organizations are able to more fully achieve their individual and collaborative missions.

Disability

The following definition of disability is based on the World Health Organization definition and is consistent with the Project CARE Collaborative's vision and mission. It is a broad definition, intended to prevent the exclusion of women from the benefits of systems that meet the needs of victims and survivors.

According to the newest definition developed by the World Health Organization, disability is not something that a person has but, instead, something that occurs outside of the person. Disability occurs when the interaction between a person and his or her environment results in a functional limitation. A person's environment can be the physical environment, communication environment, information environment, social environment and/or policy environment.

So, Project CARE will use the following definition: Disability is the intersection of abilities and the many types of environments with which a woman interacts. Moreover, the experience of disability can be minimized by designing environments and services to accommodate varying functional abilities and by providing individualized solutions when needed.

Disability is a predictable, typical condition of human life. It is a matter of degree and kind, and it is derived from and minimized by surrounding cultural context.

Note: The terms Deaf or hard of hearing, defined elsewhere in this document, will be included in conjunction with the term disability in all communications of Project CARE.

Deaf

Deaf people generally prefer to be called simply "Deaf." The term "hearing-impaired" is found objectionable by many Deaf people because it emphasizes what is wrong and in need of repair. Most Deaf people don't consider themselves "impaired." They consider themselves a part of cultural minority group of which they are proud. Deaf can mean a profound hearing loss, but may also be used by someone with a less severe loss.

Domestic violence / Intimate partner violence

Domestic violence/intimate partner violence occurs when one person in an intimate relationship attempts to gain power and control over his or her partner and knowingly or recklessly causes or attempts to cause that person physical harm. In addition, domestic violence/intimate partner violence occurs when one person in an intimate relationship knowingly uses the threat of force to cause his or her partner to believe that physical harm is imminent.

Domestic violence/intimate partner violence always encompasses a pattern of behavior that is characterized by a lack of respect for the victim's mind, body, and spirit.

Domestic violence/intimate partner violence includes a wide range of violence that may include physical, sexual, and psychological attacks, as well as financial control and pet abuse. Domestic violence/intimate partner violence is not an isolated, individual event, but rather a pattern of multiple tactics of abuse and repeated events exerted to maintain and sustain domination and control.

Domestic violence/intimate partner violence can involve a current spouse, former spouse, current dating partner or former dating partner.

Hard of hearing

The term 'hard of hearing' is used to describe a person who has some degree of hearing loss. As there are specific conditions that are age-related and cause hearing loss, many older people may be referred to as hard of hearing. The majority of individuals that identify as Deaf fit this definition of hard of hearing.

Sexual violence

Sexual violence is any sexual act that is forced against someone's will. Any person can be a perpetrator of sexual violence, including paid caregivers. Sexual violence involves the use of coercion. Coercion refers to the intentional use of physical force or power (e.g., threats, intimidation).

These acts can be physical, verbal, or psychological. There are four types of sexual violence (completed sex act, attempted sex act, abusive sexual contact, and non-contact sexual abuse*). All types involve victims who do not consent, or who are unable to consent (e.g., due to alcohol-or drug-intoxication**, alcohol-or drug-facilitation***, limited mental ability) or refuse (e.g., due to coercion such as physical violence or threats). Consent is not obtained or freely given.

*Non-contact sexual abuse is defined as abuse that does not involve physical contact. Examples of non-contact sexual abuse include voyeurism, intentional exposure of an individual to exhibitionism, pornography, verbal or behavioral sexual harassment, threats of sexual violence, and taking nude photographs of a sexual nature of another person.

**Victim voluntarily uses drugs or alcohol.

*** Perpetrator deliberately gives the victim drugs without her permission or tries to get her drunk.

Sexual violence may involve members of opposite sex or involve members of the same-sex or transgender identity.

Stalking

Stalking occurs when a person engages in a pattern of conduct that knowingly causes another person to believe that the offender will cause physical harm and/or mental distress. It includes but is not limited to repeated, unwanted, intrusive, and frightening communications from the perpetrator by phone, mail, text messaging, electronic tracking, and/or email; direct or indirect threats to harm the victim, the victim's children, relatives, friends, or pets; repeatedly leaving or sending victim unwanted items; and following or laying in wait for the victim at places such as home, school, work, or recreation place.

Victim/Survivor

A victim or a survivor is a person who has experienced domestic violence, intimate partner violence, sexual assault or stalking.

Violence (in the context of domestic or intimate partner violence)

Violence is the use of physical force exerted for the purpose of violating, damaging, or abusing to gain unjust power and control over an intimate partner or member of the household.

Self-determination

Self Determination involves a process of exercising power and control in one's own life. It requires 1) knowledge of and respect for self; 2) planning; 3) choosing/deciding; and 4) communicating effectively. Being self-determining is a key in maintaining dignity in our lives.

Servant leadership

Servant leadership is a style of leadership that contradicts the mindset that only those at the top of the hierarchy can create change. Servant leaders believe in the capacity of a human community to shape its future, and exercise ethical persuasion as a means of influence. Servant leadership is characterized by listening, empathy, healing, persuasion, awareness, foresight, conceptualization, commitment to the growth and self-expression of people, ethical stewardship, and building community through a shared vision.

Systems change

A system is a group of organizations that work together to provide services. When the system isn't working, people attempt to change it for the better. This includes making sure that each organization does its own work well. Systems change also involves creating some degree of interdependence among organizations to ensure that programs and services are not unnecessarily duplicated and that gaps or cracks in services are eliminated through sharing a survivor-first mission and collaborating to use resources wisely.