

**Safety First Initiative: Kansas City Collaborative to
End Violence Against Women with Disabilities**

*Collaboration Charter
Adopted 1-29-07*

1. Mission & Purpose

- 1.1. To enhance the capacity of victim service and disability support agencies to provide the protections and services needed by victims with disabilities.
- 1.2. To improve the coordination of supports and services between victim service and disability service agencies that support victims with disabilities to navigate and access needed services.

2. Values & Assumptions

- 2.1. First, do no harm.
- 2.2. We recognize that individuals are generally best able to maintain their safety when they control their services and supports. Therefore, our approach is empowerment-focused versus protection-focused.
- 2.3. We will include survivors with disabilities & their families in all stages of our collaboration. Specially, we will seek their input during planning, implementation, and evaluation.
- 2.4. Our collaboration will grow beyond our initial partnerships. We recognize that we are only the initial planners.
- 2.5. We do not seek to create a new system of service. We are working within and between existing service systems that include but are not limited to disability service systems and social service systems addressing the needs of victims/survivors of violence.
- 2.6. Each partner commits to integrating culturally competent, respectful, accessible, empowerment based services into their agencies, ensuring that service for women with disabilities is not merely an “add-on” issue. We will represent the changes we wish to see in the community as a whole.
- 2.7. We adopt the biopsychosocial model for understanding disability, represented by the World Health Organization’s new definition of disability, which is as follows:

Disability is not something that a person has but, instead, something that occurs outside of the person—the person has a functional limitation. Disability occurs in the interaction between a person, his or her functional ability, and the environment. A person’s environment can be the physical environment, communication environment, information environment, and social and policy environment.

- 2.7.1. This new definition helps us to understand that disability is a matter of degree: one is more or less disabled based on the intersection between herself, her functional abilities, and the many types of environments with which she interacts. Moreover, the experience of disability can be minimized by designing environments to accommodate varying functional abilities and providing individualized solutions when needed.

2.7.2. This new definition can benefit our organizations by: providing a practical way to solve problems and remove barriers; meeting the needs of survivors with disabilities who don't disclose; improving services for current survivors; creating a positive interactive and liberating role for service providers; and inviting a new type of engagement between staff and survivors.

2.8. We adopt the following definition for domestic violence: Domestic violence is a pattern of behavior used to establish power and control over another person through fear and intimidation. Domestic violence occurs within intimate relationships, and abusers can be spouses, partners, boyfriends/girlfriends, family members, or caregivers. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. Abusers use various tactics to achieve power and control, including behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. Legal definitions of domestic violence and the protections available to victims vary from one jurisdiction to another.

2.9. We adopt the following definition for sexual violence: Sexual assault is any form of nonconsensual sexual activity, encompassing all unwanted sexual acts from intimidation to touching to penetration. Sexual assault is a form of violence that uses sex to humiliate, intimidate, control or instill fear in another person, including any forced or unwanted sexual activity, rape, incest, and sexual abuse. Sexual assault can be committed by the use or threat of force or under circumstances where a person is incapable of consenting. Sexual assault is a crime in all 50 states; laws vary among states and jurisdictions.

2.10. We adopt the following approach to addressing universal access/accessibility including the environments of communication, information, physical, and social/policy:

Understand and meet our responsibilities to provide equal opportunity. These responsibilities are established by the Americans with Disability Act, Section 504 of the Rehabilitation Act, and the Fair Housing Act. These responsibilities serve as the “floor” or minimum of what you have to do. Creating an environment and a program that is welcoming to women with disabilities and Deaf women requires solutions that exceed legal requirements.

Design welcoming and supportive environments for the widest range of potential users and circumstances in mind. Through this process, using the principles of universal design, we will develop a good general set of solutions. It's likely that most people with functional limitations will experience substantially reduced barriers, a better fit with any needed assistive technology (e.g., screen readers, wheelchairs, canes). In addition, others, without functional limitations, will have an enhanced experience that reduces stress and builds confidence, comfort and a sense of control.

Provide individualized solutions to address individual needs. There is no solution that is guaranteed to solve every need. Some people and some circumstances inevitably will require individualized solutions that may involve you taking additional steps and, possibly, providing individualized assistive technology. If steps have been taken to design environments that anticipate diverse users, then individualizing solutions is simpler (e.g., if all materials are designed for low literacy readers, survivors with limited English proficiency will also benefit).

Identify community supports specifically for people with disabilities. A core area of community supports are the variety of federal, state, and local supports available specifically to people with disabilities. Providers are already familiar with the systems - housing, transportation, employment and TANF (welfare) - but may not be familiar with special provisions for people with disabilities. These supports can provide additional resources for the survivors that we serve.

2.10.1. The use of this approach underlies the entire approach to access to services and support for survivors. The new paradigm of disability coupled with a universal design approach builds from the critically important progress catalyzed by the passage of the landmark Americans with Disabilities Act (ADA). This more holistic approach also aligns with the vision of the ADA to establish a more inclusive society in which everyone, regardless of ability, has an equal opportunity to participate.

This new strategy is a more holistic and creative approach for providers. It is also inherently interactive between providers and survivors. Our role is not limited to knowing what we have to do but becoming an expert in a process of problem-solving and providing a sense of comfort, confidence and control for each woman we serve. Over time, our solutions will serve everyone without creating separate or costly additions to existing services. When we need to provide an individual accommodation, it will be a more manageable step in keeping with the culture we've created.

3. Vision

To change the mindset in the Kansas City metropolitan area resulting in a sustained collaborative response that provides culturally competent, respectful, accessible, empowerment based services to women with disabilities who are victims/survivors of violence.

4. Timeline & Milestones

10-06:	Project Began
11-06:	Site Visit from TA Provider the Vera Institute
12-06:	New Grantee Orientation, San Jose, CA
01-07:	Vision Statement
01-07:	Collaboration Charter Initial Draft
01-07 to 12-07:	Community Needs Assessment
05-07:	All-Site Meeting, Providence, RI
05-07:	Site Visit from TA Provider the Vera Institute
06-07:	Advisory Committee Formed
06-07:	Collaboration Factors Inventory
10-07:	Site Visit with Valerie Fletcher and the Vera Institute
11-07:	All-Site Meeting, St. Louis, MO
01-08:	Strategic Plan
01-08 to 09-09:	Strategic Plan Implementation
On-going:	Collaboration Building, Establishing Partnerships

5. Members, Roles & Contributions

5.1. Primary Partner Agencies:

5.1.1. Metropolitan Organization to Counter Sexual Assault (MOCSA)—Member since 10-01-06

- 5.1.1.1. **Project Administrator:** “MOCSA” will act as the lead agency for the project, managing and coordinating day-to-day grant activities. Activities will include coordinating meetings, managing communications among partners, administering grant funds, maintaining statistical data, and providing fiscal and program accountability.
- 5.1.1.2. **Supporting Strategic Planning:** “MOCSA” will collaborate with other partners on the development of a comprehensive strategic plan. This will include collaborating with other partners in (a) designing a community needs assessment, (b) conducting the needs assessment, and (c) summarizing results.
- 5.1.1.3. **Technical Assistance and Expertise:** “MOCSA” will provide technical assistance and knowledge related to sexual violence. “MOCSA” staff will participate in educational

- and technical assistance services provided throughout this program.
- 5.1.1.4. **Conducting Outreach to Community Sexual Violence Agencies and Related Groups:** “MOCSA” has extensive existing relationships with many advocacy and provider groups. “MOCSA” will work closely with these groups to identify training and technical assistance needs and to meet these needs through cross-discipline training and outreach initiatives.
 - 5.1.1.5. **Other Activities:** “MOCSA” agrees to complete other activities as deemed necessary. The first year of this program may include activities such as building the collaboration, defining key terms, creating a work plan, stating a vision, developing a collaboration charter, and further defining roles and responsibilities for collaboration members.
- 5.1.2. Rose Brooks Center (RBC)—Member since 10-01-06
- 5.1.2.1. **Supporting Strategic Planning:** “RBC” will collaborate with other partners on the development of a comprehensive strategic plan. This will include collaborating with other partners in (a) designing a community needs assessment, (b) conducting the needs assessment, and (c) summarizing results.
 - 5.1.2.2. **Technical Assistance and Expertise:** “RBC” will provide technical assistance and knowledge related to domestic violence. “RBC” staff will participate in educational and technical assistance services provided throughout this program.
 - 5.1.2.3. **Conducting Outreach to Community Domestic Violence Agencies and Related Groups:** “RBC” has extensive existing relationships with many advocacy and provider groups. “RBC” will work closely with these groups to identify training and technical assistance needs and to meet these needs through cross-discipline training and outreach initiatives.
 - 5.1.2.4. **Other Activities:** “RBC” agrees to complete other activities as deemed necessary. The first year of this program may include activities such as building the collaboration, defining key terms, creating a work plan, stating a vision, developing a collaboration charter, and further defining roles and responsibilities for collaboration members.
- 5.1.3. University of Missouri-Kansas City, Institute for Human Development—Member since 10-01-06
- 5.1.3.1. **Conducting Project Evaluations:** This will include conducting process evaluations and collecting data related to specific training, technical assistance, and outreach activities. “UMKC” will also conduct outcome evaluations that assess changes in the capacity of victim service and disability support organizations to effectively serve victims with disabilities.
 - 5.1.3.2. **Supporting Strategic Planning:** “UMKC” will collaborate with other partners on the development of a comprehensive strategic plan. This will include collaborating with other partners in (a) designing a community needs assessment, (b) conducting the needs assessment, and (c) summarizing results.
 - 5.1.3.3. **Developing Products:** “UMKC” will take the lead in developing competency based training and resource materials to support training of victim service and disability support organizations. These materials will be used by Cross Discipline Training and Technical Assistance teams to support delivery of the training.
 - 5.1.3.4. **Conducting Outreach to Advocacy and Disability Provider Groups:** “UMKC” has extensive existing relationships with the many disability advocacy and provider groups. “UMKC” will work closely with these groups to identify training and technical assistance needs and to meet these needs through cross-discipline training and outreach initiatives.
 - 5.1.3.5. **Other Activities:** “UMKC” agrees to complete other activities as deemed necessary. The first year of this program may include activities such as building the collaboration,

defining key terms, creating a work plan, stating a vision, developing a collaboration charter, and further defining roles and responsibilities for collaboration members.

5.2. Advisory Committee

5.2.1.1. The Safety First Advisory Committee will be comprised of key stakeholders representing domestic violence services, sexual assault services, disability services, medical services, law enforcement, women with disabilities, and family members of women with disabilities. The task of the advisory committee is to offer insight, guidance, and support to the needs assessment process, the development of the strategic plan that unfolds from the needs assessment, and eventually the implementation of the strategic plan.

5.2.1.2. Time Commitment & Role as a Committee Member

5.2.1.2.1. Advisory committee will meet 3-4 times annually

5.2.1.2.2. Advisory committee will review summaries of findings and make recommendations as to: (1) Whose voice is not being heard; (2) Strategies for reaching the unheard voices; (3) How to improve services for women with disabilities; (4) Strategies for recruiting participation from additional stakeholders; (5) Input into whether or not data reflects the issues and needs of the community; (5) Recommendations for the Needs Assessment design and the Strategic Plan.

6. Decision Making

6.1. There will be a core-decision making group, comprised of primary partner agencies, herein referred to as “partners,” with input from the advisory committee on an as needed basis.

6.1.1. Within the core-decision making group, smaller work groups may be assigned to complete specific tasks.

6.1.2. Tasks completed by the work group will be brought to the core-decision making group for final approval.

6.2. Decisions will be made by consensus of the core-decision making group, voting will be used on an as needed basis.

6.2.1. We will always go back to the VISION statement to provide checks and balances in our decision-making process.

6.2.2. We will ensure that our Strategic Plan is based upon our Community Needs Assessment.

7. Communications Plan

7.1. We will meet at least once a month, and email as needed between meetings. Meeting notes will be provided via email. The advisory committee will meet on a quarterly basis, and we will email as needed between meetings.

7.2. The collaborative, including the advisory committee, will end in December 2009. Prior to the completion of this collaborative effort, we will discuss and decide the need to continue formal collaborative efforts.

7.3. We will create a work group website on UMKC’s Blackboard Learning System. This secure website will only be accessible to primary partner agency members. All meeting notes and Safety First Initiative documentation will be stored on the website.

7.4. External communications

7.4.1. Any public Safety First Initiative correspondence will need to be approved by the collaborative (for example, community forum invites).

7.4.2. As each agency has their own media policy, an agency representative from each collaborative partner will be consulted prior to any information being disseminated to the media.

7.4.3. Communications with OVW and Vera will be funneled through the Project Director or as needed, a collaborative designee.

7.4.4. Each agency will be responsible for disseminating information from the collaboration meetings and the advisory committee meetings throughout their own organizations. Examples of such efforts include: lunch and learns, presentations at staff meetings, emails, newsletters, etc.

8. Conflict Resolution

- 8.1. We are committed to resolving conflict and using conflict as a way to incorporate feedback for improvement of our collaboration. We believe that debate and disagreement can be healthy and constructive if handled ethically. Conflict will be resolved with the best interest of women with disabilities and our collaboration in mind.
 - 8.1.1. We will be honest about our organizational and personal agendas.
 - 8.1.2. We will be respectful towards one another. Put-downs, verbal attacks, threats, innuendos, teasing, minimizing, or interrupting each other will **not** be permitted.
 - 8.1.3. We will be honest about our individual responsibility. We will hold ourselves accountable for our words, actions, judgments and for creating a safe environment.
 - 8.1.4. Our goal is to create a positive, well-functioning environment built on strong relationships and openness to different perspectives.
 - 8.1.5. We will go directly to the source if we have concerns. This will eliminate gossip, group fragmentation and triangulation.
- 8.2. In the case of conflict that can not be resolved by the collaborative, we will consult our Technical Assistance provider. Final resolution will be obtained through mediation provided by our Technical Assistance provider.

9. Confidentiality & Mandated Reporting

- 9.1. We recognize that each organization has its own confidentiality and professional ethics standards.
- 9.2. For the purpose of this initiative, in an effort to create a safe place for discussion and learning, personally identifiable information (either individual or organizational) will not be shared with anyone outside the collaboration and/or advisory group without explicit permission from the individual or organization of which the information pertains.
 - 9.2.1. Prior to each meeting, in whatever communication means a person uses, confidentiality will be agreed upon.
- 9.3. Information obtained for the needs assessment will be done so anonymously. Consent for participation in a research study will be obtained.
 - 9.3.1. All audio tapes related to the needs assessment will be stored in a locked closet at the Institute for Human Development. Only staff from the Institute for Human Development will have access to the audio-taped data. Audio tapes will be used to obtain quality notes for report writing. After the report has been written, the tapes will be destroyed.
- 9.4. The completed needs assessment will be shared with collaborative partners, the advisory committee, and anyone that participated in the needs assessment and requests the final report. The strategic plan will be considered a public document, reflecting our planned community response.
- 9.5. We recognize that each primary partner agency has varying mandated reporting requirements. For the purpose of our needs assessment, as to ensure anonymity, mandated reporting will not take place if situations arise in needs assessment focus groups / interviews. However, a therapist will be available during and after all focus groups and for consult after interviews. Focus group participants and interviewees will also be given information on resources for support in case they would later desire to seek professional help.
- 9.6. Any breaches of confidentiality will be brought back to the collaborative for discussion per the conflict resolution policy.