 

**Strategic Plan**

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**Introduction and overview**

Disability Rights Washington, the Washington Coalition of Sexual Assault Programs and the Washington State Long-Term Care Ombudsman Program established a collaborative project, through a multi-year grant from the Department of Justice Office on Violence Against Women. This Washington State project addresses sexual violence against people with disabilities in long-term care settings.

This document describes the collaboration partner organizations; the vision and mission of the project; summarizes the needs assessment findings, and sets forth the proposed strategic plan, based on the collaboration’s work.

**Collaboration member agencies**

**Disability Rights Washington -** Disability Rights Washington (DRW) is the protection and advocacy system for Washington, founded as a non-profit in 1977, to address rights-related disability issues, including the right to be free from abuse and neglect. DRW’s work is advocacy-based, to advance the disability civil rights movement, uphold the rights of people with disabilities and build capacity for advocacy by people with disabilities. DRW advances change in policies, laws and systems that promote legal rights and responsibilities; adequately funded supports and services; freedom from abuse and neglect; and communities that involve everyone. DRW utilizes multiple advocacy strategies including, coalition building, training and material development, public policy work, and litigation and to advance the rights of people with disabilities. DRW provides disability rights related information and technical assistance to disability advocacy communities, the public and policy makers at every level of government.

**Washington Coalition of Sexual Assault Programs -** Incorporated in 1979, the Washington Coalition of Sexual Assault Programs (WCSAP) is 35 years strong and a leader in the sexual assault movement nationwide. The Coalition is a non-profit organization whose mission is to unite agencies engaged in the elimination of sexual violence. WCSAP provides information, training and expertise to program and individual members who support victims, family and friends, the general public, and all those whose lives have been affected by sexual assault. The Coalition’s core membership is the 42 direct service sexual assault agencies in Washington. Core functions of the coalition are to support sexual assault agencies and advocate for victim-centered and well-crafted laws that address the needs of sexual assault survivors and community safety.

**Washington State Long-Term Care Ombudsman Program -**The Long-Term Care Ombudsman Program (LTCOP) is recognized as the statewide advocacy system that ensures the dignity, rights and well-being of long-term care residents in Washington. Federally mandated to receive and resolve complaints statewide, the LTCOP has served elders, seniors and people with intellectual disabilities, mental illness and chronic physical illness in licensed, long-term care facilities for 40 years. The program is housed within the Multi-Service Center, a private, non-profit agency. LTCOP contracts with local agencies to provide local ombudsman services managed by a Regional Long-Term Care Ombudsman. There are 13 regions in the state, the LTCOP contracts with eleven Regional Ombudsman and two regions are served by the Multi-Service Center. Regional Ombudsmen and 350 volunteers across the state provide residents and their families with assistance with resolution of complaints, and information about rights and available resources. LTCOP provides certification training for all volunteers and staff statewide, as well as continuing education and technical assistance. The LTCOP also provides technical assistance on resident rights issues to disability and aging advocates, and the public. LTCOP serves as an advocate of resident rights at the state policy level, leads and participates on statewide task forces and reports to the legislature on issues of concern.

**Vision**

The vision of the Washington state collaboration (Disability Rights Washington, Washington Coalition of Sexual Assault Programs and Washington State Long-Term Care Ombudsman) is:

People living in long-term care settings experience safe, respectful and dignified environments over which they exert control, self-determination and independence. Long-term care environments communicate that residents are entitled to live free from violence, abuse and neglect with support to make choices about their sexuality, healing and justice pursuits. A strong system of advocacy responds to sexual violence in a trauma-informed, survivor-centered manner at every level. Care providers, organizations and public entities are self-aware of the risks of violence in long-term care settings. All are accountable to the people they serve and promote a model of non-tolerance of sexual violence.

**Mission**

The mission of the Washington state collaboration, Disability Rights Washington, Washington Coalition of Sexual Assault Programs and Washington State Long-term Care Ombudsman, is to:

* Create networks of providers, long-term care residents, individuals with disabilities, and anti-sexual assault, long-term care and disability advocates who have the ability to create long-term care environments which are respectful and safe, and
* Restore trust in the system through authentic long-term care system reform and transformation infused with cultural and disability humility, empowered residents and champions at every level who act against sexual violence.

The collaboration:

* Supports survivors to find their own voice, make their own choices and take action by providing advocacy training, skills and system knowledge;
* Connects residents to advocates who are trained in the needs and circumstances of survivors in long-term care settings;
* Creates platforms to expose the truth about sexual violence in long-term care settings and highlight how the current system promotes vulnerability;
* Uses our influence and expertise to provide tools for change;
* Creates models and benchmarks for achieving a violence and retaliation-free environment in long-term care settings; and
* Cultivates trauma-informed practices at our agencies and assure our statewide constituents know how to prevent violence and respond to survivors.

**Overview of planning process**

The partnership organizations have come together to create this collaboration and work collectively to address sexual violence against people with disabilities in long-term care settings. The collaboration engaged in an extensive planning and development process. The collaboration conducted activities to strengthen partnership, identify focus, and learn about the needs in its organizations. In this planning phase, the partners worked to strengthen its working relationship by determining and agreeing upon: member roles and responsibilities; a vision and a mission; shared values and definitions; decision-making and conflict resolution protocols; policies on confidentiality; and communications and work plans. The project’s jointly created collaboration charter summarizes these decisions.

Throughout the development of the collaboration charter, the partners strengthened working relationships and embraced the strength of true collaboration. The partners committed to the project with the recognition of the increased power of organizations working together to address sexual violence in the lives of people with disabilities. As it moved into the needs assessment process, it continued to acknowledge it could do so much more collaboratively.

“A single bracelet does not jingle” ~African proverb

**Summary of needs assessment process and findings**

The collaboration partners began implementation of the needs assessment in December 2013. The partners understood, even before initial needs assessment implementation, that large gaps existed in advocacy provision for survivors of sexual violence in long-term care. The needs assessment process sought to better identify and categorize these gaps, so the subsequent strategic plan appropriately addressed them.

**Process**  
The Washington State Collaboration needs assessment sought to assess technical assistance needs, for advocacy provision, by state and local long-term care, sexual assault, and disability advocacy networks. Demonstrated needs would illustrate advocacy response gaps to survivors of sexual violence in long-term care.

The partners set forth the following needs assessment goals:

* Identify each collaboration organization’s capacity to provide technical assistance, resources and training to constituents serving those who experience sexual violence in long-term care.
* Identify existing relationships between constituents at all levels, from state to local level. Assess requirements to build and solidify relationships.
* Identify, per residents, survivors and people with disabilities, what makes a respectful, safe, violence-free, empowering service environment.
* Identify current advocacy provision practices to assess strengths and gaps. Identify what capacity would be required to refine and enhance advocacy and technical assistance provision for those with disabilities who experience sexual violence in long-term care.

**Findings**

**Finding one**

**Advocates must understand long-term care system dynamics in order to access resident survivors and provide effective advocacy. DRW, WCSAP and LTCOP must understand these system dynamics to provide effective technical assistance to advocates who will encounter barriers to access and advocacy provision when working with survivors of sexual violence.**

In order for Washington’s collaboration partners and long-term care, sexual assault and disability advocates to provide advocacy within long-term care settings, a better understanding of the long-term care system care is essential. Within the first few grant partner meetings, it became clear that the collaboration needed information on long-term care regulatory systems, abuse response practices, funding, facility types, and demographics. Effective advocacy in this environment will require information, careful planning, strategy, and extensive collaboration between partners, and additionally between local advocates.

As the collaboration gathered information through the needs assessment, a more developed picture of the long-term care system emerged. This system proved complex and at times hindered advocacy provision for resident survivors. Facilities operated under decision-making structures that focused on compliance with reporting requirements, and convenience for facility administration, without primary focus on the needs of individual residents.

Myths around competency, disability, confidentiality, and sexuality profoundly complicated advocacy provision. In some instances, advocates aligned with the facility, or with guardians, instead of resident survivors of sexual violence, under the presumption this alignment was necessary for accommodation provision, or to address alleged competency issues.

In order to hone advocacy provision at the state and resident survivor level, sexual assault, disability and long-term care advocates needed a more sophisticated understanding of sexual violence and barriers within the long-term care system. The collaboration partners must have a solid understanding of these dynamics in order to provide effective technical assistance.

**Finding two**

**DRW, WCSAP, LTCOP, and advocates must understand the culture of denial surrounding sexuality of people with disabilities in long-term care. Resources should illustrate how this contributes to resident isolation and vulnerability, and exacerbates risk factors for abuse.**

The second needs assessment finding exposed the culture of denial surrounding the sexuality of long-term care residents. The collaboration partners, and in turn, the advocates who work with sexual violence resident survivors, will need to understand the dynamics of this culture, and how these dynamics contribute to resident isolation, vulnerability and exacerbated risk factors for abuse. This culture of denial and confusion surrounding the sexuality of residents increased the likelihood that residents would not have sufficient advocacy response after sexual violence. Many long-term care facilities explicitly forbade dating or sexual expression between residents. Long-term care facilities often did not provide information on healthy relationships. Sexual expression in some facilities, especially adult family homes with younger residents with intellectual disabilities, was seen as a problem that needed elimination by behavior management. When long-term care facilities provided information to advocates, in the wake of sexual violence response, this often interfered with advocacy provision. Questions of consent and capacity hindered abuse response, or fostered a reluctance in advocates to provide further individualized support to the survivor. Advocates at every level expressed the need for clear information related to sexuality, consent and facility practice in order to provide effective advocacy.

**Finding three**

**Advocates do not fully understand the needs of survivors in long-term and lack technical assistance to feel confident to support the survivor.**

The third finding focused on the need for empowerment of long-term care, sexual assault and disability advocates who support resident survivors. Advocates expressed confusion around expectations to analyze capacity and consent, to sex, capacity to report abuse or assault, capacity to consent to services, etc. Advocates wondered what to do about residents with dementia or other disabilities who were re-living past trauma, or reporting abuse where facility staff was unable to differentiate whether or not the reported abuse was past trauma. Some advocates thought support for a long-term care sexual violence survivor was beyond the scope of what one could handle in an advocacy position. Advocates feared having to pick the truth out of stories where assault may have occurred; especially when the resident may have concurrent hallucinations, dementia, or need unavailable support to articulate what had happened. Advocates recognized that the response system lacked coordination, and that even with their intervention, the system may not respond as needed for the resident survivor. Advocates recounted tales of abuse that had been ignored or minimized by facilities, sometimes for years, and expressed concern of how best to respond to such situations. The collaboration partners will need to be able to provide technical assistance to sexual assault, long-term care, and disability advocates who work with survivors, so advocates have a more sophisticated skill set to address these issues.

**Finding four**

**Advocates need to provide highly innovative, collaborative and individualized advocacy to facilitate safety of long-term care residents. Technical assistance provision needs to build on the advocates’ collective experiences and procedures to improve access and accommodations for resident survivors.**

Finding four builds on the empowerment of advocates to better support resident survivors, and examines, more closely, what residents determined important during the needs assessment process. Supports and stability in long-term care for residents were often very fragile and loosely-assembled, where removal of one or two supports could buckle an entire support system for an individual. The need for cross-system collaboration and coordination complicated this. Residents acknowledged that trust took time to develop and was easily broken. Information for residents may be hard to find; but residents had strong informal networks and tended to rely heavily on each other. Advocates who work within long-term care systems need to quickly assess accommodations and supports in entirety around an individual, and be able to navigate multiple systems simultaneously to assure maintained provision of accommodations and supports. Advocates need time, resources, technical assistance and an understanding of informal networks to develop the relationships and trust critical to effective, safe advocacy.

**Finding five**

**Examples of collaboration between advocacy agencies exist; but there needs to be more effort to identify needed connections and formalize these relationships. Technical assistance should solidify policies and procedures to foster capacity between advocacy organizations.**

Throughout the needs assessment process, collaboration partners found valued connections between sexual assault, long-term care and disability advocates at the local level. These connections, however, were isolated and often happened between individuals, without organizational knowledge or practice. In some communities, no connections existed between advocacy organizations that serve resident survivors of sexual assault, and there were limited referral processes in place, without cross-training or collaborative problem solving established. Residents reported advocacy services came in siloes, and these gaps were overwhelming to navigate. The needs assessment process inspired some local advocates to seek out and solidify these relationships; but technical assistance development must focus on ways to inspire development of sustained organizational connections and capacity among advocacy organizations.

**Finding six**

**DRW, WCSAP, LTCOP and ombudsman, disability and sexual assault advocates shared a lack of understanding of the specific needs of survivors in long-term care. This inhibits an effective response to the complex needs of resident survivors of sexual violence. Collaboration partners are well positioned to develop and provide technical assistance.**

Throughout the needs assessment process, disability, long-term care and sexual assault advocates, as well as collaboration partners, identified areas needed for training and technical assistance. Additionally, sexual violence survivors, resident of long-term care and individuals with disabilities shared gaps they identified in advocates’ knowledge and skill set. An outline captures this information, and is available in the Appendix B.

**Overview of goals and key short-term initiatives**

An initial plan to build on needs assessment strengths, and address needs assessment gaps and deficits in advocacy provision comprises the following short and long-term initiatives.

Procedurally, collaboration partners recognized a natural progression for strategic plan implementation, by beginning with the vision and working backwards: If residents are to live in environments that are free from violence, with support for their sexuality, healing and justice pursuits, then residents must be empowered, to counteract violence and disability-related myths, with tools to self-advocate. A strong system of disability, sexual assault and long-term care advocates must infuse this environment with information to counteract those myths and empower residents with advocacy tools. Simultaneously, this system of advocates must respond to sexual violence in a trauma-informed, survivor-centered manner.

To build this strong system of disability, sexual assault and long-term care advocates, DRW, WCSAP and the LTCOP will need to develop an infrastructure for training, technical assistance and advocacy development. To do this, DRW, WCSAP and the LTCOP will first need to address internal gaps and barriers in policies, procedures and practices. The collaboration will then develop the agreed-upon infrastructure for advocacy skill development and build its own capacity to provide technical assistance at the intersection of disability, sexual violence, and the long-term care system. Finally, DRW, WCSAP and the LTCOP will implement training and advocacy technical assistance, for advocates who work at the intersection of disability, long-term care and sexual violence at the local level, to set this vision into motion. The training and technical assistance development will comprise three tiers, explained below.

Though safety planning, trauma-informed advocacy, and sexual violence-specific work are paramount, this comprises the third tier of training in this strategic plan. This is because a foundational understanding of long-term care and misperceptions of residents with disabilities is vital to be able to advocate effectively, and navigate cross-system, long-term care sexual violence response. This foundational training on the long-term care system will comprise the first tier, or “101 training.” Training and advocacy technical assistance will first focus on the misperceptions of disability, sexuality and long-term care, and provide navigation of the long-term care system. The second tier of training and technical assistance will build advocacy capacity around issues that are unique to long-term care, sexuality and disability. This “201 training” includes consent to sex and advocacy services, capacity questions, a welcoming environment conducive to advocacy in long-term care, and information about the right to sexual expression. The third tier of technical assistance and training, the “301 training” then addresses resident survivor access and safety, by improving the ability of advocates to closely tailor services to the needs of survivors of sexual violence in long-term care. This includes universal design, and accommodation provision.

The scope of this work is wide and the long-term care system complex. It will take time to build and deepen a shared understanding of needed technical assistance for advocacy provision at the local level intersection of disability, sexual assault and long-term care. This timeframe exceeds the initial grant implementation period.

Accordingly, the work plan is broken up into short-term initiatives, scheduled for completion before the end of the grant, and long-term initiatives, which will comprise those planned for future work after this grant’s completion.

Short-term initiatives focus on strengthening of the collaboration, and building capacity for training and technical assistance. Generally, short-term training will incorporate 1) the ‘lay of the land’ or ‘101’ training pertaining to sexual violence in long-term care; 2) foundational information for 101 technical assistance for advocacy, including effective and empowering training method development; 3) building foundational information for the “201” training, and 4) developing assessment tool development for “301” training and technical assistance. Additionally, short-term initiatives strengthen the collaboration’s technical assistance provision, collaboration shared training initiatives, and partner agencies’ individual and shared policies, procedures and practices related to work at the intersection of disability, sexual violence and long-term care. Short-term initiatives also look at sustainability and building structural support for long-term initiative completion.

Long-term initiatives realize the second and third tiers of training and technical assistance provision for advocacy at the local intersection of sexual violence, disability and long-term care. A strengthened collaboration supports this work. Ongoing work deepens understanding of issues, refines technical assistance and hones advocacy provision. Policies, procedures and practices will continue undergoing modification to support long-term initiatives, as well.

The voice of long-term care residents and survivors are central to all collaboration work, and instrumental to discern how best to provide technical assistance for advocacy. Additionally, local advocates best direct effective technical assistance and training. Throughout short and long-term initiatives, workgroups incorporate these important voices. Needs assessment findings indicated limited time, funding or resources undermine involvement from advocates who consider workgroup participation. The collaboration will factor these limitations into workgroup development, in order to accumulate needed information in a way that is respectful, flexible, and mindful of workgroup participants’ constraints.

Initiatives are as follows:

The initiatives follow the overarching goals of the collaboration: to improve policies, procedures and practices, build knowledge; empower advocates and residents; and improve access and safety for resident survivors.

**Brief description of initiatives**

**Initiative one**

**Address gaps, barriers and opportunities in agency policies, procedures and interagency agreements to ensure ongoing collaboration and advocacy technical assistance.**

1. Address identified internal gaps to build technical assistance for advocacy.
2. Analyze current interagency memoranda, policies, procedures and practices related to identified needs and gaps.
3. Identify opportunities for collaborative training and technical assistance provision.
4. Develop infrastructure for advocacy technical assistance and training implementation.
5. Update communication plan.

**Initiative two**

**Build capacity of DRW, LTCOP and WCSAP to provide technical assistance and training to advocates who serve survivors with disabilities in long-term care.**

1. Utilizing initial needs assessment work, deepen understanding of technical assistance needs for those who advocate on behalf of survivors of sexual violence in long-term care systems.
2. Accumulate basic training and technical assistance information, and develop a “101 at the intersection” training specific to long-term care, disability and sexual violence.
3. Develop training guidelines to empower attendees, and engage and inspire participants.
4. Develop thumbnail of the long-term care system specifically for advocates.

**Initiative three**

**Continue to build capacity of DRW, WCSAP and LTCOP, and empower advocates to navigate long-term care more effectively. A deeper understanding of consent, resident sexuality, sexual violence, a welcoming environment conductive to advocacy in long-term care, and the resident right to sexual expression, will improve advocates’ ability to support survivors in long-term care.**

1. Collect, vet and review information and educational tools on resident rights, consent and sexuality.
2. Recruit and convene resident consultant workgroup.
3. Consult resident workgroup for material review and welcoming environment information.
4. Begin to assemble technical assistance information with elements of rights, consent and welcoming environments.
5. Coordinate technical assistance plan with partners.

**Initiative four**

**Improve ability of disability, sexual assault and long-term care advocates to provide safe, individualized, supportive and trauma-informed advocacy services to resident survivors in long-term care.**

1. Review existing assessment and self-assessment tools for trauma-informed advocacy provision, application of universal design, accommodations, safety-planning, confidentiality, and navigation of barriers to advocacy specific to long-term care.
2. Create plan for assessment tool adaptation, to be used by advocates at the local level of disability, sexual violence and long-term care.

**Implementation plan**

**Short-term initiatives, justification/rationale and activities**

Short-term initiatives are those scheduled for completion during the current OVW grant cycle.

**Initiative one**

**Address gaps, barriers and opportunities in agency policies, procedures and interagency agreements to ensure ongoing collaboration and advocacy technical assistance.**

1. Address identified internal gaps to build technical assistance for advocacy.
2. Analyze current interagency memoranda, policies, procedures and practices related to identified needs and gaps.
3. Identify opportunities for collaborative training and technical assistance provision.
4. Develop infrastructure for advocacy technical assistance and training implementation.
5. Update communication plan.

**Justification/rationale**

The needs assessment report assessed the readiness of DRW, WCSAP, and the LTCOP to provide technical assistance to advocates at the intersection of disability, the long-term care system, and sexual violence. Each organization demonstrated internal gaps and strengths. Often, where a gap existed in one agency, technical assistance to address that gap existed in another. For example, the LTCOP requested information on trauma-informed care for survivor residents, which WCSAP can provide, and WCSAP requested information on the long-term care system, which LTCOP and DRW can provide.

DRW, WCSAP and the LTCOP must address internal gaps to build capacity for technical assistance at the intersection of disability and sexual violence in long-term care settings. This involves analysis of current interagency memoranda of understanding, as well as organizational policies, procedures and practices, related to needs identified in the assessment. Subsequently, the collaboration will need to identify opportunities for collaborative training and technical assistance, to roll out enhanced advocacy training for staff, as well as advocates who work at the intersection of disability, long-term care and sexual violence. These opportunities may exist in already-scheduled conferences, overlapping organizational training policies or practices, or other shared work. There may be a need to develop infrastructures for training and technical assistance that do not currently exist, but are economically feasible and sustainable beyond the scope of strategic plan implementation. Finally, an agreed-upon communication plan will need to accompany strategic plan implementation, to formalize and disseminate information related to enhanced policy, practice, procedure, training and advocacy technical assistance provision.

**Activities**

* 1. Identify needed internal changes of partner policy/procedure/practices based on needs assessment findings.
     1. Each collaboration member identifies an internal policies and procedures workgroup.
     2. Each internal policies and procedures workgroup is trained and assigned work.
     3. Each workgroup identifies policy and procedural gaps that hinder or support collaboration.
     4. Workgroup makes a proposed plan, including prioritizing and sequencing proposed changes.
     5. Workgroup presents plan to collaboration.
     6. Agencies begin to implement changes based on proposed timelines from each policy and procedure workgroup.
  2. Identify gaps, barriers and opportunities for shared learning and collaboration and develop agreements and policies to ensure ongoing collaboration.
     1. An internal training and technical assistance workgroup is identified within the collaboration.
     2. Work assignment given to training and technical assistance workgroup.
     3. Workgroup develops table of existing training, conferences and events.
     4. Workgroup identifies opportunities for cross-training.
     5. Workgroup develops cross-training plan.
     6. Workgroup and executive partners identify needed agreements, MOUs and policies to ensure sustainability of cross-training.
     7. Workgroup and executive partners develop policies and agreements related to cross-training.
  3. Develop communication plan.
     1. Executive partners review current collaboration memorandum in relation to needs assessment report.
     2. Develop communication plan structure and content.
     3. Implement updated communication plan and update as needed.

**Deliverables**

* Plan for policy and procedure change.
* MOU outlining revised collaboration agreements regarding cross-training, training, technical assistance.
* Updated Communication plan.

**Timetable:**  See Appendix A

**Initiative two**

**Build capacity of DRW, WCSAP and LTCOP to provide technical assistance and training to advocates who serve survivors with disabilities in long-term care.**

1. Utilizing needs assessment work, deepen understanding of technical assistance needs for those who advocate on behalf of survivors of sexual violence in long-term care systems.
2. Accumulate basic training and technical assistance information, and develop a “101 at the intersection” training specific to long-term care, disability and sexual violence.
3. Develop training guidelines to empower attendees, and engage and inspire participants.
4. Develop thumbnail of the long-term care system specifically for advocates.

**Justification/rationale**

A systematic framework for training and technical assistance provision will be necessary to build capacity of advocates who work at the intersection of disability, long-term care and sexual assault. The long-term care system is complex, and the misinformation surrounding residents of long-term care and sexual violence in long-term care is prevalent. The needs assessment demonstrated confusion among advocates as to what constituted long-term care, or who resides in long-term care. Questions also surfaced around what the regulatory schemes and abuse response to sexual violence looked like in long-term care. The collaboration recognized that the first training tier would need to address this foundational advocacy information specific to long-term care.

In order to provide this training and technical assistance, DRW, WCSAP and the LTCOP will need to build their own capacity, and deepen their own understanding of the long-term care system and its dynamics.

Needs assessment evaluation also suggested effective training around sexual violence in long-term care should be based on proven methods, build capacity and knowledge, be transformational for advocates, and connect advocates and collaboration members to everyday experiences. Preliminary assessment of training material that works at the intersection of disability, sexual violence and long-term care is often fear-based, and may intimidate or discourage participants. Training methods sought will seek successful and engaging approaches.

**Activities**

* 1. The collaboration will create a thumbnail guide to the long-term care system. Each collaboration member evaluates, based on discipline, organizational gaps in knowledge and advocacy provision specific to sexual violence of residents in long-term care.
     1. Gather information on demographics, regulatory bodies, role of Long-Term Care Ombudsman program and abuse response mechanisms for each facility type.
     2. Adapt information as needed and compile thumbnail.
  2. Collaboration develops training guidelines for empowerment model curricula designed to empower attendees and engage and inspire participants. Identify existing education materials to address gaps, myths, and misinformation as evidenced in needs assessment.
     1. Collect effective training method and empowerment model information. Identify champions, based on needs assessment outreach, who are willing to form a workgroup and evaluate “101 at the intersection” materials.
     2. Create curricula development and training guide.
     3. Send to OVW for approval.
     4. Introduce and train partners on guidelines.
  3. Develop “101 training” that addresses identified gaps, barriers and misinformation held by advocates.
     1. Using needs assessment, each collaboration member evaluates, based on discipline, organizational gaps in knowledge and advocacy provision specific to sexual violence of residents in long-term care.
     2. Using needs assessment, each organization will identify gaps, myths and misinformation related to its discipline.
     3. Identify existing education materials to address gaps, myths, and misinformation as evidenced in needs assessment
     4. Debunk myths and misinformation: Develop ‘right’ information in positive way to accommodate identified gaps.
     5. Develop training guidelines for empowerment model curricula, designed to empower attendees, and engage and inspire participants. Collect effective training method information.
     6. Develop thumbnail of the long-term care system. Test written materials in November 2014.
     7. Develop “101 training” that incorporates thumbnail of the long-term care system.
     8. Send “101 training” to OVW for approval.
     9. Test “101 training” at WCSAP conference in May 2015.
  4. Convene workgroup of champions identified in needs assessment process for “101 training” review.
     1. Recruit champions identified in the needs assessment process to form workgroup to review initial training.
     2. Orient and assign tasks to workgroup.
     3. Champions review empowerment model training methods.
     4. Review thumbnail of the long-term care system.
     5. Review “101 training”.

**Deliverables**

* Long-term care thumbnail
* Training guidelines
* 101 at the intersection training
* Champion workgroup

**Timetable –** see Appendix A

**Initiative three**

**Continue to build capacity of DRW, WCSAP and LTCOP, and empower advocates to navigate long-term care more effectively. A deeper understanding of consent, resident sexuality, sexual violence, a welcoming environment conductive to advocacy in long-term care, and the resident right to sexual expression, will improve advocates’ ability to support survivors in long-term care.**

1. Collect, vet and review information and educational tools on resident rights, consent and sexuality.
2. Recruit and convene resident consultant workgroup.
3. Consult resident workgroup for material review and welcoming environment information.
4. Begin to assemble technical assistance information with elements of rights, consent and welcoming environments.
5. Coordinate technical assistance plan with partners.

**Justification/rationale**

The needs assessment demonstrated that advocates who worked at the intersection of disability, sexual violence and long-term care sought information to address the unique needs of resident survivors. This includes information on sexual violence in long-term care; questions of consent to sexual expression, or consent for advocacy services; how to address individual needs in the presence of a guardian or facility staff; and what rights or policies exist for residents related to sexual expression and relationships in long-term care. Existing information will need to be collected and reviewed for accuracy. Needed information which does not exist will need to be created. This information will comprise a more nuanced “201” training that is build on issues identified by sexual assault, disability and long-term care advocates. A resident workgroup will serve as consultant for training review and strategic plan implementation. These residents are in the best position to review materials and a template for a welcoming long-term care environment. Residents lend their leadership voice to grant implementation work. Once advocates have this information, they will be better able to advocate these issues at the intersection of sexual violence, long-term care and disability at the local level.

**Activities**

1. Collect base information for “201” training.
   1. Collect information on resident rights, consent to sexual expression, advocacy services, consent with guardianship and resident right to sexual expression. Deepening collaboration understanding of rights in light of facility regulations, policies, consent to sexual expression, advocacy, mandatory reporting, medical model-based assumptions, working with guardians, etc. Identify best practices.
   2. Assess collaboration’s organizational response to sexual violence in long-term care.
   3. Accumulate rights-based information related to long-term care regulations, mandatory reporting and sexual violence in long-term care.
2. Convene resident workgroup
   1. Identify and recruit individuals for resident consult workgroup.
   2. Formalize recruitment agreement and application for resident consultation workgroup.
   3. Convene resident workgroup and orient to grant and scope of work.
3. Develop welcoming environment indicators based on workgroup input.
   1. Consult resident workgroup to develop welcoming environment indicators.

**Deliverables**

* Base information collected for “201 training”
* Resident consultant workgroup
* Welcoming environment indicators

**Timetable -** see Appendix A

**Initiative four**

**Improve ability of disability, sexual assault and long-term care advocates to provide safe, individualized, supportive and trauma-informed advocacy services to resident survivors of long-term care.**

1. Review existing assessment and self-assessment tools for trauma-informed advocacy provision, application of universal design, accommodations, safety planning, confidentiality, and navigation of barriers to advocacy specific to long-term care.
2. Create plan for assessment tool adaptation.

**Justification/rationale**

Once sexual assault, long-term care and disability advocates possess a basic understanding of Washington’s long-term care system in relation to the dynamics of its sexual violence survivors, and once these advocates are fluent in resident rights around sexuality, they will possess a basic skill set to provide advocacy services to resident survivors. This knowledge base and anti-oppression lens is foundational for advocates to provide specialized advocacy to survivors of sexual violence in long-term care. Advocates must provide effective advocacy even when others may seek to control advocate or survivor outcomes, refuse to acknowledge abuse, or protect facility or staff at the expense of survivor needs or wishes. Resident survivors in the wake of sexual violence may find themselves without accommodations or relied-upon supports. Survivors may find themselves in a network of systems that offer no individualized advocacy or support. An advocate’s understanding of how to navigate these dynamics comprises the fourth initiative.

The fourth initiative builds on foundational initiatives two and three, so advocates utilize a knowledge base and anti-oppression lens as they acquire, hone and implement more sophisticated, coordinated advocacy for sexual violence survivors in long-term care. Ultimately, an enhanced advocacy skill set will provide accessible, safe, individualized and trauma-informed advocacy services to residents who have experienced sexual violence.

In order to do this, the collaboration must first identify or develop a tool or checklist to assess, internally, its knowledge and capacity for trauma-informed advocacy provision, safety-planning, confidentiality, and spotting and mitigating barriers to advocacy or oppressive tactics used to thwart advocacy in long-term care settings. Once the collaboration determines the best method for assessment, it will assess its partnership, at the state level, of long-term care, disability and sexual assault to identify strengths and gaps. This assessment model will factor replication, so state level application may serve as a model for advocacy assessment at the local level with long-term care, sexual assault and disability advocates. Evaluation will clarify continued technical assistance and advocacy provision roles for WCSAP, DRW and the LTCOP. Additional identified strengths and gaps will inform content of technical assistance and training development for advocacy provision. Long-term initiative implementation will utilize this information to comprise a “301 training” for advocates, a more sophisticated advocacy skill set development for those who advocate for resident survivors of sexual assault at the intersection of disability, long-term care and sexual assault advocacy.

**Activities**

1. Draft knowledge assessment tool. Ultimately, the tool may be used to assess strengths and gaps in the skillset of advocates at the local level intersection of disability, sexual violence and long-term care. Information gleaned from this assessment will help refine training and technical assistance provision. In initial grant stages, this tool assesses the skill set of the collaboration, which will gauge tool effectiveness.
   1. Gather information specific to safe, individualized, supportive, and trauma informed advocacy
   2. Draft preliminary advocate knowledge assessment tool.
   3. Assess knowledge of collaboration members, utilizing tool.
   4. Gauge effectiveness of tool for local level use.
2. Begin to develop plan to use advocate knowledge.
   1. Identify representative sample of advocates, maybe champion workgroup, who may be able to review tool.

**Deliverables:**

* Draft knowledge needs assessment tool for tier three training and technical assistance

**Timetable** - See Appendix A

**Overview of long term plans for each initiative**

Long-term initiatives, to begin after the completion of the current OVW grant, are designed for sustainable change in advocacy provision, to better meet the needs of residents in long-term care who experience sexual violence.

**Initiative one**

**Address gaps, barriers and opportunities in agency policies, procedures and interagency agreements to ensure ongoing collaboration and advocacy technical assistance.**

1. Having begun to address internal gaps to build technical assistance for advocacy,
   1. Utilize workgroups to continue policy, procedure and practices review and modification.
   2. Implement the proposed changes to policy according to timeline.
   3. Utilize workgroups to assess changed policy, procedure and practices. Evaluate if they are working and make additional changes as needed.
2. Having analyzed, modified and implemented interagency memoranda specific to how partners collaborate on technical assistance and training,
   1. Continue to implement modified memoranda of understanding.
3. Continue to identify opportunities for collaborative training and technical assistance provision.
   1. Evaluate opportunities for training, cross-training and technical assistance provision and seek other venues as indicated.
4. Activate infrastructure for advocacy technical assistance and training.
   1. Implement and refine training, cross-training and technical assistance as indicated.
   2. Continue to track issues that arise.
   3. Evaluate training, cross-training and technical assistance.
5. Evaluate communication plan
   1. Evaluate communication plan, edit, modify deliverables as needed and continue implementation.

**Initiative two**

**Build capacity of DRW, LTCOP and WCSAP to provide technical assistance and training to advocates who serve survivors with disabilities in long-term care.**

1. Develop training implementation and technical assistance provision of “101 at the intersection” specific to long-term care, disability and sexual violence.
   1. Implement training and technical assistance for advocates who work at the intersection of long-term care, sexual violence and disability.
2. Evaluate training (101 and thumbnail of long-term care).
   1. Utilize training guidelines for empowerment model curricula to evaluate 101 and thumbnail training and technical assistance.
   2. Refine training based on feedback of champions’ workgroup.
   3. Gauge effectiveness of training. Assess whether tools are transformational and whether individuals are energized around advocacy work with a lens toward anti-oppression.
   4. Advocates should be able to “oppression spot” in long-term care settings, identify other barriers to advocacy and mitigate accordingly with advocacy skills.

**Initiative three**

**Continue to build capacity of DRW, WCSAP and LTCOP, and empower advocates to navigate long-term care more effectively. A deeper understanding of consent, resident sexuality, sexual violence, a welcoming environment conductive to advocacy in long-term care, and the resident right to sexual expression, will improve advocates’ ability to support survivors in long-term care.**

1. Once a basic understanding of the long-term care system, and inherent rights and laws exists, advocates must understand issues that present at the intersection. Utilizing information gathered about the rights of residents for sexual expression, including questions of consent, guardianship, mandatory reporting, etc. develop “201 training for advocacy at the intersection” for advocates who work at the intersection of sexual violence, disability and long-term care.
   1. As issues arise, evaluate whether there is a need to collect information for possible policy change.
   2. Support for survivors includes “welcome environment” indicators, designed by residents, which foster advocacy development. Incorporate resident welcoming environment identifiers in 201 training.
   3. Implement training according to collaboration training and technical assistance plan.
   4. Evaluate training utilizing resident workgroup, as feasible.
2. As resources allow, continue to consult resident and other workgroups for material review and implementation of assessment tool, training and technical assistance.
3. Utilize training guidelines to evaluate implementation of 201 training and technical assistance with elements of rights, consent, and welcoming environment.
4. Coordinate training and technical assistance plan with partners.

**Initiative four**

**Improve ability of disability, sexual assault and long-term care advocates to provide safe, individualized, supportive and trauma-informed advocacy services to resident survivors of long-term care.**

1. Develop the assessment or self-assessment tool to evaluate awareness of trauma-informed advocacy provision, application of universal design, accommodations, safety-planning, confidentiality, and oppression-spotting specific to long-term care.
   1. Utilizing the assessment tool, evaluate identified representative sample of advocates who work at the local level in long-term care, sexual assault and disability.
2. Evaluate knowledge of advocates, based on assessment results.
   1. Assist with local clarification of advocacy roles between disability, long-term care and sexual assault advocates.
   2. Develop plan to provide technical assistance and training.
3. Begin development of “301” training modules for trauma-informed advocacy provision, application of universal design, accommodations, safety-planning, confidentiality, and oppression-spotting specific to long-term care.

**Work/action plans**

See Appendix A.

**Conclusion**

The Washington OVW Collaboration has come together with a commitment to create sustainable change to address sexual violence in the lives of residents in long-term care. Collaboration needs assessment findings showed widespread willingness to understand and address the scope of sexual violence against residents in long-term care, among advocates, partner agencies and residents of long-term care. The needs assessment also indicated a wide gap of needed information to hone advocacy training and technical assistance.

The collaboration will first focus on deepening its understanding of needs assessment implications, and building its own knowledge base, as well as its capacity to create an infrastructure within which it can effectively provide training and technical assistance. This training and technical assistance will ultimately be provided to advocates who work at the local level of sexual violence, disability and long-term care.

The collaboration established this core training and technical assistance in waves, focusing first on the long-term care system, then dynamics specific to sexual violence and rights of sexual expression in long-term care, and finally, advocacy provision specific to the needs of resident sexual violence survivors.

Four short-term initiatives comprise one-year implementation of this strategic plan. These initiatives lay the foundation for the subsequent work through four long-term initiatives. This work is designed to enhance advocacy provision to survivors of sexual violence in long-term care, and build welcoming long-term care environment, safe and respectful to residents.

Though the strategic implementation for this grant period encompasses only the first wave of training and policy and procedure review and revision, it builds a foundation for subsequent training, continued technical assistance, additional policy and procedure revision and the incorporation of survivor and residents input into development of effective and respectful advocacy provision at the local intersection of sexual violence, disability and long-term care.

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| **Appendix A**  **Initiative One: Activities (Policy, procedures and practice)**  Address gaps, barriers and opportunities in agency policies, procedures and interagency agreements to ensure ongoing collaboration and advocacy technical assistance. | Sep  2014 | Oct  2014 | Nov  2014 | Dec  2014 | Jan  2015 | Feb  2015 | Mar  2015 | Apr  2015 | May  2015 | Jun  2015 | Jul  2015 | Aug  2015 | Sept  2015 |
| Activity 1A: Address gaps, barriers and opportunities in agency policies and procedures and interagency agreements to ensure ongoing collaboration and technical assistance. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Each collaboration member identifies an internal policies and procedures workgroup. | X | X |  |  |  |  |  |  |  |  |  |  |  |
| 1. Each internal policies and procedures workgroup is trained and assigned work. |  | X |  |  |  |  |  |  |  |  |  |  |  |
| 1. Each workgroup identifies policy and procedural gaps that hinder or support collaboration. |  |  | X | X |  |  |  |  |  |  |  |  |  |
| 1. Workgroup makes a proposed plan, including prioritizing and sequencing proposed changes. |  |  |  |  | X | X |  |  |  |  |  |  |  |
| 1. Workgroup presents plan to collaboration. |  |  |  |  |  | X | X |  |  |  |  |  |  |
| 1. Agencies begin to implement changes based on proposed timelines from each policy and procedure workgroup. |  |  |  |  |  |  |  |  |  | X |  |  |  |
| Activity 1B: Identify gaps, barriers and opportunities for shared learning and collaboration and develop agreements and policies to ensure ongoing collaboration. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. An internal training and technical assistance workgroup is identified within the collaboration. | X | X |  |  |  |  |  |  |  |  |  |  |  |
| 1. Work assignment given to training and technical assistance workgroup |  | X |  |  |  |  |  |  |  |  |  |  |  |
| 1. Workgroup develops table of existing training, conferences and events. |  | X | X |  |  |  |  |  |  |  |  |  |  |
| 1. Workgroup identifies opportunities for cross-training. |  |  |  | X | X |  |  |  |  |  |  |  |  |
| 1. Workgroup develops cross-training plan. |  |  |  |  |  | X | X | X |  |  |  |  |  |
| 1. Workgroup and executive partners identify needed agreements, MOUs and policies to ensure sustainability of cross-training. |  |  |  |  |  |  |  |  | X | X | X |  |  |
| 1. Workgroup and executive partners develop policies and agreements. |  |  |  |  |  |  |  |  |  |  | X | X | X |
| Activity 1C: Develop communication plan |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Executive partners review current collaboration memorandum in relation to needs assessment report. | X | X |  |  |  |  |  |  |  |  |  |  |  |
| 1. Develop communication plan structure and content. |  | X | X |  |  |  |  |  |  |  |  |  |  |
| 1. Implement updated communication plan and update as indicated. |  |  |  | X | X | X | X | X | X | X | X | X | X |

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| **Initiative Two: Activities (Foundational knowledge base)**  Build capacity of DRW, WCSAP and the LTCOP to provide technical assistance and training to advocates who serve survivors with disabilities in long-term care. | Sep  2014 | Oct  2014 | Nov  2014 | Dec  2014 | Jan  2015 | Feb  2015 | Mar  2015 | Apr  2015 | May  2015 | Jun  2015 |
| Activity 2A: The collaboration will create a thumbnail guide to the Long-term care system. |  |  |  |  |  |  |  |  |  |  |
| 1. Gather information on demographics, regulatory bodies, role of LTC ombudsman program and abuse response mechanisms for each facility type. |  | X | X |  |  |  |  |  |  |  |
| 2. Adapt information as needed and compile thumbnail. |  |  | X | X | X |  |  |  |  |  |
| Activity 2B: Collaboration develops training guidelines for empowerment model curricula designed to empower attendees and engage and inspire participants. |  |  |  |  |  |  |  |  |  |  |
| 1. Collect effective training method and empowerment model information. | X | X |  |  |  |  |  |  |  |  |
| 2. Create curricula development and training guide. |  |  | X | X |  |  |  |  |  |  |
| 3. Send to OVW for approval. |  |  |  |  | X | X |  |  |  |  |
| 4. Introduce and train partners on guidelines. |  |  |  |  |  | X | X | X |  |  |
| Activity 2C: Develop 101 training that addresses identified gaps, barriers and misinformation held by advocates. |  |  |  |  |  |  |  |  |  |  |
| 1. Using needs assessment, each collaboration member evaluates, based on discipline, organizational gaps in knowledge and advocacy provision specific to sexual violence of residents in long-term care. | X | X | X |  |  |  |  |  |  |  |
| 1. Using needs assessment, each organization will identify gaps, myths and misinformation related to its discipline. | X | X | X |  |  |  |  |  |  |  |
| 1. Identify existing education materials to address gaps, myths, and misinformation as evidenced in needs assessment | X | X | X |  |  |  |  |  |  |  |
| 1. Debunk myths and misinformation: Develop ‘right’ information in positive way to accommodate identified gaps. |  |  | X | X | X | X |  |  |  |  |
| 1. Develop training guidelines for empowerment model curricula, designed to empower attendees, and engage and inspire participants. Collect effective training method information. | X | X | X |  |  |  |  |  |  |  |
| 1. Develop thumbnail of the long-term care system. Test written materials in November |  | X | X | X |  |  |  |  |  |  |
| 1. Develop 101 training that incorporates thumbnail of the long-term care system. |  |  |  |  | X | X | X |  |  |  |
| 1. Send 101 to OVW for approval. |  |  |  |  |  | X | X |  |  |  |
| 1. Test 101 training at WCSAP conference in May. |  |  |  |  |  |  |  |  | X |  |
| Activity 2D: Convene workgroup of champions identified in needs assessment process for 101 review |  |  |  |  |  |  |  |  |  |  |
| 1. Recruit champions identified in the needs assessment process to form workgroup to review initial training |  | X | X |  |  |  |  |  |  |  |
| 1. Orient and assign tasks to workgroup |  |  |  |  |  |  | X |  |  |  |
| 1. Champions review empowerment model training methods |  |  |  |  |  |  | X |  |  |  |
| 1. Review thumbnail of the long-term care system |  |  |  |  |  |  | X |  |  |  |
| 1. Review 101 training |  |  |  |  |  |  | X |  |  |  |

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| **Initiative Three: Activities (Empowerment of advocates)**  Continue to build capacity of DRW, WCSAP and LTCOP, and empower advocates to navigate long-term care more effectively. A deeper understanding of consent, resident sexuality, sexual violence, a welcoming environment conductive to advocacy in long-term care, and the resident right to sexual expression, will improve advocates’ ability to support survivors in long-term care. | Sep  2014 | Oct  2014 | Nov  2014 | Dec  2014 | Jan  2015 | Feb  2015 | Mar  2015 | Apr  2015 | May  2015 | Jun  2015 | Jul  2015 | Aug  2015 | Sept  2015 |
| Activity 3A: Collect base information for 201 training |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Collect information on resident rights, consent to sexual expression, advocacy services, consent with guardianship and resident right to sexual expression. |  |  |  |  | X | X | X |  |  |  |  |  |  |
| 1. Assess collaborations’ organizational response to sexual violence in long-term care. |  |  | X | X | X |  |  |  |  |  |  |  |  |
| 1. Accumulate rights-based information related to long-term care regulations, mandatory reporting and sexual violence in long-term care. |  |  |  |  | X | X | X | X | X | X |  |  |  |
| Activity 3B: Convene resident workgroup |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Identify and recruit individuals for resident consult workgroup. |  | X | X | X |  |  |  |  |  |  |  |  |  |
| 1. Formalize recruitment agreement and application for resident consultation workgroup. |  |  | X | X | X |  |  |  |  |  |  |  |  |
| 1. Convene resident workgroup and orient to grant and scope of work. |  |  |  | X | X |  |  |  |  |  |  |  |  |
| Activity 3C: Develop Welcome environment indicators based on workgroup input |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Consult resident workgroup to develop welcoming environment indicators. |  |  |  |  | X | X | X | X | X | X |  |  |  |

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| **Initiative Four: Activities (Access/safety for resident survivors)**  Improve ability of disability, sexual assault and long-term care advocates to provide safe, individualized, supportive and trauma-informed advocacy services to resident survivors of long-term care. | Sep  2014 | Oct  2014 | Nov  2014 | Dec  2014 | Jan  2015 | Feb  2015 | Mar  2015 | Apr  2015 | May  2015 | Jun  2015 | Jul | Aug | Sept |
| Activity 4A: Draft knowledge assessment tool |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Gather information specific to safe, individualized, supportive, and trauma informed advocacy |  |  |  |  |  |  | X | X | X | X |  |  |  |
| 2. Draft preliminary advocate knowledge assessment tool. |  |  |  |  |  |  |  |  |  | X | X |  |  |
| 3. Assess knowledge of collaboration members, utilizing tool. |  |  |  |  |  |  |  |  |  |  |  | X |  |
| 4. Gauge effectiveness of tool for local level use |  |  |  |  |  |  |  |  |  |  |  | X | X |
| Activity 4B: Begin to develop plan to use advocate knowledge assessment tool. |  |  |  |  |  |  |  |  |  |  |  | X | X |
| 1. Identify representative sample of advocates, maybe champion workgroup, who may be able to review tool. |  |  |  |  |  |  |  |  |  |  |  | X | X |

**Appendix B**

**Knowledge gaps outline**

Identified information and knowledge gaps are as follows:

1. **Advocacy, access, and accommodations**
2. Roles: “We need to understand the systems so that our services don’t come in silos. We need a team approach.
   * + 1. We really try to de-silo our work at the organization. It doesn’t mean that people don’t have specialized areas, because they do, but what that means is if you answer that phone and get that call, you are able to provide some level of support to that caller or program. And then you can get them connected to someone with more depth information.”
3. Coordination generally – Externalized processes versus individual advocacy provision
   * 1. These calls go somewhere else
     2. We let the facility handle this
     3. The appropriate authorities were called so I didn’t need to intervene
     4. We let investigators investigate
4. Ombudsmen role in long-term care
   * 1. In relation to residents
     2. In relation to resident survivors
        1. facility considerations (aligning with survivor)
        2. support for ombudsmen
           1. secondary trauma and sexual assault
           2. planning/training/time to feel comfortable
        3. Long-term care ombudsmen staff: “Things I have learned previously would help me if I were in the situation with a victim. I don’t know that our volunteers would pick up on things – some of the things are so discreet, a blink, a flinch, things like that that just go by – it would be difficult for a volunteer to pick up on.” “[the person involved in the investigation needs to] be able to ask the right questions – it’s not our job to interrogate, you know” “We try to work with ombudsman volunteers to develop trust and use open ended questions so that we can help establish communication between ourselves and the person who has a concern or complaint. The other thing we do through training and experience is teach volunteers to be supportive and empowering of the victim. This often takes time.
        4. Volunteer: A resident may share a lot with the ombudsman but not allow ombudsman to access a third party. The ombudsman may not feel comfortable holding information about a sexual assault. Things sometimes go on a long time that ombudsman office doesn’t know about. It’s a gray area: sad and traumatic things happen and the ombudsman is a confidant but what if the resident doesn’t want anything done?
     3. coordination with sexual assault advocates
     4. coordination with disability advocacy organizations
     5. working effectively with long-term care staff
        1. may be treated poorly/high turnover
     6. community-specific resources
     7. Evaluate our work
        1. Internal process
        2. External process
5. Sexual assault advocate role in long-term care
   * 1. In relation to residents
     2. In relation to resident survivors
        1. facility considerations
     3. coordination with ombudsmen
     4. coordination with disability advocacy organizations
     5. working effectively with long-term care staff
        1. may be treated poorly/high turnover
     6. community-specific resources
        1. We have the capability, but need to educate the police and adult protective services. (local community sexual assault advocacy provider)
     7. How do we evaluate our work
        1. Internal process
        2. External process
6. Disability advocacy role in long-term care
   * 1. In relation to residents
     2. In relation to resident survivors
        1. facility considerations
        2. Residents should be able to engage in sexual activity when consent is freely given. DRW promotes the expressed choice of its clients. If institutional policies were overly restrictive in terms of denying the opportunity for sexual interaction, then that might be in conflict with DRW's approach. (disability organization board member)
     3. coordination with ombudsmen
     4. coordination with sexual assault advocates
     5. working effectively with long term care staff
        1. may be treated poorly/high turnover
     6. community-specific resources
     7. How do we evaluate our work
        1. Internal process
        2. External process
7. Survivor access to advocacy in long-term care
   1. “People need advocacy help to get their advocacy moving.”
   2. Assuring confidentiality
      1. Physicality
         1. finding safe space
         2. Telephone access
         3. Access to advocate
   3. Assuring an individualized response for the survivor
      * 1. Person receiving a report of sexual assault has a level of obligation to ask additional questions to figure out what the person is actually trying to say even when initial information may sound like psychosis or like drug related or difficult to piece together.
   4. Response to sexual assault
      1. “We need more information about what the red flags are and how they are ignored, or may not be responded to, by a facility. Staff at a facility and others may not have this information. Staff may not realize that are mandatory reporters.”
         1. Individualized supports available for a resident survivor
            1. Safety planning
            2. Risk reduction
            3. Harm reduction
            4. Informed response decisions
         2. Best practices for resident survivor advocacy support
         3. Best practices for resident survivor advocacy coordination with systems after an assault
      2. Survivor: It does not help when the default question is, “did you report this?”
8. General
   1. Providing advocacy supports for residents with varying cognitive capacity
   2. Power to consent and supporting choice
      1. Consent to enter healthy relationships
         1. Supporting decisions around capacity questions
         2. Advocacy and healthy relationship information
         3. Prevention
      2. Consent to have sex
         1. At the long-term care facilities level, how do we protect privacy and right to healthy expression of sexuality, and protect safety. I am not sure I know the answer because every individual who lives in long-term care has different needs. (sexual assault advocate)
         2. Supporting decisions in light of cognitive capacity issues
            1. Remove right versus wrong from equation
            2. Remove morality/religion from equation
            3. Simplify equation

We talked about it

We understand, to the best of our ability, what it means

We both said yes

We are both old enough

* + - 1. Interplay with law enforcement, facility, family, etc.
    1. Consent to address assault and/or report
       1. Resident-driven
       2. Safety issues
       3. Interplay with law enforcement, facility, family, etc.

1. Training specific to sexual violence
   1. Risk factors
      1. specific to disability
      2. specific to long-term care
         1. “We go out to do the prevention work; but the assault has already occurred.”
   2. Signs of sexual violence
2. Universal design in advocacy provision: accommodations
   1. accommodations throughout assault recognition & identification
   2. accommodations throughout investigation, facility interaction
   3. accommodations with reporting
   4. accommodations with law enforcement
   5. accommodations in advocacy provision
3. Universal design in long-term care
   1. What sexual assault advocates, ombudsmen and disability organizations need to know
   2. Resident rights
   3. Advocating for universal design
   4. Disability specific accommodations
4. Trauma, assault and disability: what advocates need to know
   1. Responding to initial disclosure effectively
5. Relationship building in long-term care
   1. Advocacy coordination with facility
      1. Ombudsmen/sexual assault advocates and disability advocates
   2. Establishing trust with residents
6. **Safety**
   1. Referral processes for sexual assault
      1. How to provide individualized supports throughout referral process
      2. What follow through looks like for the individual
      3. Interaction with law enforcement
      4. Interaction with varying reporting requirements
      5. Interaction with facility
   2. Retaliation
      1. Nuance of doing advocacy and maintaining confidentiality
      2. How perpetrators intimidate victims
      3. Real and perceived retaliation and effects on advocacy and reporting
   3. Confidentiality
      1. “It’s a challenge to keep confidentiality and also advocate for the safety of that resident and maybe even all the residents.”
      2. Assuring confidentiality in long-term care settings
      3. Managing confidentiality across multiple systems
         1. Release of information
         2. Consent
         3. Keeping the survivor in control
7. **Respect/Empowerment** 
   1. Language
      1. Why it matters
      2. Respectful language
      3. Deficit versus empowerment
      4. Sexuality, relationships and assault
         1. Comfort with discussing
         2. Clarity with discussing
   2. Time
   3. Social cues from survivors
      1. “Be authentic. People can tell.”
      2. “I don’t want to know if your 4 o’clock is here. I know if you aren’t listening, even when you doing “active listening.”
      3. “When I give you medical challenges, I don’t want you to check out. You can no longer hear what I am saying.”
   4. The resolution to sex is not how to stop it: Sex is not a problem
      1. Family implications
      2. Healthy relationship development for all ages and all abilities
      3. Sex education
      4. Abuse prevention
      5. Providing accommodations for sex, sex education, abuse prevention and healthy relationship development
      6. Policies and procedures for above
   5. The problem with compliance
      1. “Don’t teach me to hug everyone. I shouldn’t have to touch anyone.” Disability advocacy organization
8. **Violent-free** 
   1. “If we provide consent education to people with disabilities with information on healthy relationships, we have to have systems in place that uphold the person’s right to sexuality. The systems in place need this information and knowledge to uphold an individual’s right to sexual expression.”
   2. Models of disability
      1. Problems with medical and moral model in relation to long term care
         1. Deficit based system
         2. Compliance focus
      2. We need to make sure to include lots of people with disabilities that have a history in disability rights and services, and not just having allies and advocates direct/run the project (disability organization board member)
      3. Pathologizing an individual:
         1. Focus problem-solving on the situation
            1. Don’t identify the person as the problem
            2. Nothing in the person needs to be fixed
   3. Anti-Oppression based work
      1. Rights-based movements in relation to long-term care
      2. From Buck v Bell to the Ashley treatment – the right for people with disabilities to have sex has long been shadowed
      3. The baby-boom bubble, ageism and health care reform
         1. Consumer directed care
      4. Abuse in long-term care
         1. The wheel of power and control in long-term care
            1. Exploitation
            2. Care issues
            3. Medication/food withheld
            4. Sexual harassment
            5. Isolation and control
      5. Interplay of other rights-based movements and oppression
         1. Lesbian, gay, bisexual, transgender, queer (LGBTQ) issues in long-term care
   4. Fighting organizational culture
      1. Training, resource and flexibility planning (internal)
         1. “People don’t have the time or mental space for this training; but we need it.”
      2. Working in oppressive systems (external)
         1. Long-term care
            1. Isolation

The people who run the facilities, the adult family homes, they are isolated. The providers are out there on their own. I don’t know if they get together as a group ever. They have so many challenges. I worry about safety. I worry if they have enough support in this area. Do they have good practices around preventing sexual violence?

* + - 1. Administrative convenience
         1. “Are there enough resources in long-term care to provide quality care?”

1. **Possible resources identified** 
   1. National Multiple Sclerosis (MS) Society description of vulnerable adult – very accessible
   2. Social ecological model - framework on service needs for people with disabilities.
   3. Prevention program for people with disabilities in adult family homes

d. David Hingsburger – sexuality and intellectual disability (consent)

e. Consent model (above from Spokane advocate)

f. The Assessment of Sexual Knowledge – developed in Australia for adults with intellectual/developmental disabilities.