

WV SAFE PARTNERSHIP
(West Virginia Sexual Assault Free Environment Partnership)

**West Virginia's Multi-Disciplinary Collaboration to Create a New Norm Ensuring the
Seamless Provision of Effective Sexual Assault Services and Advocacy for All Women
Regardless of Ability**

Collaboration Charter
Adopted August 10, 2007
Revised 10/5/2007

Article 1 – Vision and Mission

1-1 Vision Statement

The ultimate dream of this collaboration is an environment where sexual assault no longer exists or is tolerated. Toward this end, it is the vision of the WV SAFE Partnership to create permanent systems changes at all levels of the sexual assault and disability service delivery systems and state policy in which effective services for women with disabilities and Deaf women are fully integrated into the existing structure of victim services and advocacy -- thus eliminating any potential differentiation based on ability among populations of survivors of sexual assault. In short, all women will have equal access to all services regardless of ability.

Note, the above vision statement reflects the overall or ultimate vision for our collaboration. As a result, we recognize that not all of it may be achieved under the scope of the current OVW grant alone. Refer to Articles 3 and 7 for a recitation of specific goals and objectives pertaining to the current OVW grant.

1-2 Mission Statement

The mission of the WV SAFE Partnership is to identify and address gaps and barriers in services and policies at the state and local levels that impede the provision of effective, accessible services and the seamless provision of services to survivors of sexual assault among women with disabilities and Deaf women. These barriers and gaps will be addressed by building sustainable partnerships among existing community-based sexual assault service providers, advocates, disability service providers, persons with disabilities, Deaf women and the state and local oversight agencies (including medical professionals and other professionals) charged with protecting and serving victims/survivors of sexual assault with disabilities and Deaf women. The objective of these efforts will be to ensure that new and existing policies and procedures are institutionalized as a part of each organization's standard practices – ensuring that all women who are victims of sexual violence have equal access to effective support and services.

Short term- and long-term components of actualizing this mission include:

- Learning from people with disabilities about their experiences of sexual assault, the barriers they encounter when seeking services, and desired changes to improve service delivery.
- Developing consumer directed services utilizing the principles of self-determination.

- Increasing awareness of the issues surrounding sexual assault among persons with disabilities and Deaf women via multidisciplinary education initiatives.
- Providing cross-training among sexual assault and disability service providers and advocate organizations to ensure that each are educated on the mission and philosophy of each discipline, and understand the terminology and principles of service delivery for each discipline. This cross-training will occur among the state partners and on the community level at selected project pilot sites to implement and sustain systems changes. Such cross-training should ensure commonality of purpose among all.
- Fostering/facilitating local partnerships/collaborations among sexual assault, disability service providers and other local community organizations.
- Encouraging local ownership of program components among key stakeholders (refer to definition of “stakeholders” provided under Article Two of this document).
- Building the capacity of local stakeholders to effect systems change.
- Improving accessibility of all partner organizations (physically, programmatically, and attitudinally).
- Promoting permanent systems and policy changes directed toward the institutionalization of responsive (i.e., proactive) services and establishing an accessible infrastructure among sexual assault and disability service providers on both the local and state levels.
- Promoting healthy social norms and positive attitudinal changes among all key stakeholders in an effort to eradicate sexual violence.

Article 2 – Definition of Terms

2-1 Access and Accessibility

“Access” or “accessibility” means that individuals who have a disability have an equivalent ability to obtain services as other individuals. Access includes physical access, communication access, and programmatic access and is ensured through specific written policies and procedures.

2-2 Confidentiality

Keeping information private and protecting the privacy of individuals and organizations.

2-3 Culture

The way of life shared by members of a group. This includes what the group believes, their values, how they act, and the shared features of their past experiences, successes and struggles.

2-4 Cultural Competency

Knowing and understanding the cultures of the people served and making services friendly, comfortable and welcoming to those people. For example, an organization that wants to be “culturally competent” in serving the Deaf will train their staff in what it means to be a part of the Deaf culture, hire staff from the Deaf Community and interpreters to facilitate the provision of services to the Deaf, and employing the signs and symbols commonly used by the Deaf. In addition, for the WV SAFE Partnership, we must be mindful of and competent in dealing with the unique features of Appalachian culture which characterize many rural communities, such as historical gender roles, sexual norms and the general mistrust of anyone outside of the local community.

2-5 Community-Based Advocacy Services

The concept of community-based services tends to differ somewhat in terminology between the disability and sexual assault communities. However, they do not differ substantially in their intent or philosophy – both protect the rights of the individual to choose their course of action/self-determination in the utilization and provision of advocacy services. In the disability community, “community based services” generally refer to services that follow the individual or are available within the community in which they reside rather than services imposed by an outside governmental or other entity that could result in the individual being forced to relocate to an institutional setting to be eligible for/receive services. In the sexual assault services community, the phrase “community based advocacy services” refers to advocacy services that are based on the choices of the victim/survivor and are provided by advocates who do not work for a government agency or for-profit organization. As a result, our definition of “community-based advocacy services” will be: Community-based advocacy services are those which honor the choices of the individual and preserve their right of self-determination (i.e., protect them from relocation or institutionalization in order to receive services), utilizing local community advocates unaffiliated with government agencies, rather than being driven by the needs or desires of outside agencies such as police departments, prosecutors or advocates employed by such organizations.

2-6 Deaf

The term “Deaf” means individuals who identify as being a part of the Deaf culture. We recognize that some Deaf individuals do not identify as having disabilities, but the Deaf community is included in our definition of disability to ensure their inclusion in our work and to recognize that Deaf individuals who are abused do not have the same access to services as other individuals.

2-7 Disability

“Disability” means anyone with mobility, sensory, or communication issues; mental illness, intellectual or developmental disabilities; anyone who is Deaf or has hearing loss. It also includes people who have “invisible” disabilities, such as traumatic brain injuries.

2-8 Joint-Advocacy

“Joint-advocacy” means when advocates from different disciplines collaborate to provide the best possible solution for an advocacy problem.

2-9 Self-Determination

The recognition that individuals are best able to identify and determine their own needs and maintain their safety when they can control/direct their choices for services and supports.

2-10 Sexual Assault/Sexual Violence

“Sexual assault” or “sexual violence” mean when a person is forced or manipulated into doing something sexual without their consent. Sexual violence can be an assault by someone that is known or a stranger. It also includes unwanted sexual comments, unwanted sexual contact, or sexual harassment. Sexual violence is any behavior of a sexual nature that makes you feel uncomfortable.

2-11 Stakeholders

Anyone who has a “stake” or prescribed role in serving victims/survivors of sexual assault with disabilities or women Deaf including (but not necessarily limited to): state-level officials/policy makers, consumers or individuals with disabilities/Deaf women, advocates and non-governmental community leaders from the disabilities or Deaf communities, local and state governmental officials such as local adult protective or child protective service workers, medical personnel (including doctors, nurses, and EMS workers, mental health professionals, social workers/social services personnel, rape crisis center staff, disability service providers (including those in the private sector), educators (e.g., teachers and guidance counselors, traditional support systems such as churches, local community and faith-based organizations, relevant professional associations, Directors and Officers’ liability/risk management insurance providers, state and regional Ombudsman, and the community at large.

2-12 Universal Design

Although the term “universal design” generally refers to making physical products or environments as usable to all people to the greatest extent possible, our definition is expanded to include not only making physical places or products accessible to people with disabilities -- but making services, ideas, and the way we talk/communicate with each other work best for everyone, regardless of ability; without the need for specialized adaptation or design.

2-13 Victim/Survivor

A person who has experienced sexual assault/sexual violence.

Article 3 - Goals for Our Work for Year One

3-1 Team Building

Team building through regularly scheduled face-to-face meetings, regular communications, participation in all-sites meetings and conducting a retreat where the partners have dedicated time set aside to share information with one another about the history, philosophy, concepts and terms of art/language of the sexual assault and disability services movements. The planned outcome of the team building component is to develop a strong collaborative working relationship among the project partners.

3-2 Cross-Training

Cross-training of collaboration partner members on sexual assault and disability services issues through the inclusion of issue specific trainings at each regularly scheduled team meeting, conducting an internal evaluation of one another’s cross-disciplinary knowleagability/competence and knowledge of state-level policies and procedures with regard to the processing of suspected incidents of sexual assault, and attendance at national conferences with a focus on relevant issues of sexual assault among persons with disabilities and Deaf women. The planned outcome of the cross-training component is for all team members to have a working knowledge of the challenges and resources for persons with disabilities and Deaf women who are victims of sexual violence in West Virginia.

3-3 Creation of a Sustainable Infrastructure Among Core Team Member Organizations and Selected Community-Level Partnerships

Creation of infrastructure within our respective organizations to support and sustain effective and culturally competent services to victims/survivors of sexual assault through a common vision. The planned outcomes for creating this infrastructure include completing the MAP and PATH processes and the creation of an agreed upon collaboration charter for the project.

3-4 Needs Assessment

Conducting a needs assessment of disability and sexual violence service providers to identify gaps and barriers to the provision of effective and accessible services to sexual violence victims with disabilities and Deaf women at the state and local levels. The planned outcome for the needs assessment is a compilation of data-based information identifying system gaps and barriers.

3-5 Documentation of Collaboration Efforts

Documenting our efforts to ensure that they can be replicated in the future (both within the core team of the collaboration as staffing changes and at the local level). The planned outcomes for documentation include creating an archived history of the project to assist in the replication phase and to collect training module content for capacity building efforts.

3-6 Creation of a Strategic Plan

The development of a comprehensive strategic plan to improve the capacity of local sexual assault and disability service providers, community service agencies and government entities to work collaboratively in order to better serve victims/survivors of sexual assault with disabilities and Deaf women.

Article 4 – Core Values and Guiding Principles

4-1 Self-Determination

Recognizing that individuals are best able to determine their own needs and maintain their safety when they control their services and supports, the WV SAFE Partnership will operate according to the disabilities axiom of “nothing about us without us.” The wishes and choices of survivors will guide what we do, first and foremost, rather than what service providers may see as in the best interest of survivors. Toward this end the collaboration will work to strengthen the autonomy and safety of survivors with disabilities and Deaf women in their home communities by:

- Increasing advocacy skills and encouraging joint advocacy between sexual assault and disability service providers.
- Supporting leadership among survivors with disabilities and Deaf women to identify strategies that enhance safety and independence.
- Improving the accessibility (physical, programmatic and attitudinal) of sexual assault, disability service providers and other community and governmental organizations for services to victims of sexual violence.

- Identifying policies, practices and procedures (including funding systems) at the state and local levels which serve as barriers to or facilitate access for sexual violence service providers.
- Documenting and disseminating strategies and promising practices that can be employed by community-based advocacy organizations to remove barriers to the provision of effective sexual violence services to women with disabilities and Deaf women.

4-2 The “Voice of the Consumer” is of Preeminent Importance

Coextensive with the principle of self-determination, the collaboration believes the primary experts on sexual assault against people with disabilities and Deaf women are the individuals that have experienced such violence. As a result, the experiences and expertise of survivors will guide the work of the collaboration in all phases of the project. Specifically, we will seek the input of victims/survivors with disabilities and Deaf women in planning, implementation, and evaluation phases.

4-3 Collaboration Activities will be Data Driven

It is a core principle of the collaboration that all decisions should be based on hard data whenever possible. In this regard, however, it is equally important to note that the inclusion of qualitative information, particularly that concerning the experiences of victims/survivors with disabilities and the Deaf, will be critical to the success of the project.

4-4 Decision-Making will be Cross-Checked Against the Overall Vision and Mission of the Project

In addition to including the voice of the consumer, all decisions will be based on and cross-checked against the vision and mission of the project in order to ensure that they are consistent with and advance the mission of the project.

4-5 Promoting Positive Change Among Sexual Assault Services Programs

We are committed to making community-based sexual assault programs and services accessible. In addition, we will encourage the creation of relationships with disability serviced advocates and organizations and cross-training initiatives to orient service providers on disability specific issues and practices.

4-6 Promoting Positive Change Among Disability Service Provider and Advocacy Organizations

We are committed to disability advocacy organizations becoming oriented to the dynamics of sexual assault as well as the policies, procedures, and laws governing the processing of suspected incidents of sexual violence within our state.

4-7 The Work of the Collaboration Will Become Fully Integrated Into the General Operations of All Partner Organizations

Each partner commits to incorporating culturally competent, respectful, accessible services into their existing organizational policies and procedures, thus ensuring that accessible and culturally competent services are an automatic, responsive/proactive part of their standard services rather than “add-ons” to existing policies and procedures. In so doing, our collaboration will model the changes we wish to foster among stakeholders at the local community level.

4-8 Sustainability of the Project will be Fostered by Facilitating the Establishment of Collaborative Partnerships Among Stakeholders at the Local Level

Given the need to address social isolation risk factors and realities inherent in rural settings, WV SAFE is committed to growing beyond the initial collaboration team by promoting local community-based collaborations among sexual assault and disability services providers, community services, government entities (including local DHHR officials and APS workers), and traditional support systems such as churches and other faith-based organizations.

Article 5 – Partnering Organizations, Roles and Responsibilities, and Decision Making Procedures

5-1 Partner Organizations

There are four partner organizations on the core collaboration team. They are:

- **The West Virginia Foundation for Rape Information and Services (WVFRIS)**
Founded in 1982, the West Virginia Foundation for Rape Information and Services (FRIS) serves as the state coalition network for the nine rape/sexual assault crisis and outreach centers serving West Virginia which provide intervention and prevention services on the issue of sexual violence and stalking. WVFRIS coordinates numerous multidisciplinary statewide initiatives on the issue of sexual violence, develops training initiatives, and serves as the state’s clearinghouse for information and resources on these issues.
- **Center for Excellence in Disabilities (CED)**
The CED, part of West Virginia University, Robert C. Byrd Health Sciences Center, offers an existing university-wide presence with a 25 year history of training, technical assistance and services in the field of disabilities. The CED is a University Center for Excellence in Developmental Disabilities Education, Research and Service (UCEDD), funded through the Administration on Developmental Disabilities, U.S. Department of Health and Human Services. Over 135 faculty, professionals and support personnel provide expertise in conducting interdisciplinary training, service, outreach, technical assistance, policy development activities, and research.
- **Northern West Virginia Center for Independent Living (NWVCIL)**
NWVCIL is a member of the National Council of Independent Living and works directly with the WV Statewide Independent Living Council, which works cooperatively with the West Virginia Division of Rehabilitation Services in developing, implementing and monitoring the West Virginia State Plan for Independent Living. NWVCIL is a community based, consumer directed disability resource center that offers services and supports that facilitate individuals with disabilities to identify their goals and determine what is needed to facilitate meeting and maintaining these goals. Through advocacy, peer support, information and referral and independent living skills training, NWVCIL assists consumers in breaking down barriers to their independence. The NWVCIL’s fundamental belief is that each individual is unique and that persons with disabilities are the most qualified to explain their needs and what issues are important to them.

- **West Virginia Department of Health and Human Services (WVDHHR)**
WVDHHR is the state agency responsible for policies regarding and the oversight of services to persons with disabilities as well as assists in coordinating statewide effort in the prevention of sexual violence.

5-2 Organizational Roles and Responsibilities

Each partner organization has signed a Memorandum of Understanding (MOU) that describes the roles and responsibilities of each partner and the history of collaboration between the partners. This MOU has been signed by the executive directors or governing officials of the partnering organizations. While the MOU contains a detailed discussion of the roles and responsibilities assumed by each of these organizations the basic roles and responsibilities of each organization can be summarized as follows.

- **WV FRIS** -- WVFRIS will serve as the lead agency for the project, managing and coordinating the day-to-day grant activities. Activities will include scheduling and coordinating meetings and conference calls, managing and coordinating communications among the partners, administering grant funds, maintaining communications among the partners, maintaining the work schedule, committing the support of the state's rape crisis centers to implement the project, providing expertise in the area of sexual violence, and providing fiscal and program accountability.
- **CED** -- In addition to playing a primary role in the planning and curricula/development review phases of the project, CED will take a lead role in curricula/materials development and the provision of on-sight technical assistance and training to regional and statewide disability organizations, and provide facilities/meeting space for all project participants.
- **NWVCIL** – The NWVCIL will participate equally in the planning and implementation phases of the project, serve as a critical liaison to relevant state and regional advocacy agencies, and provide onsite training expertise. In addition, NWVCIL will ensure the inclusion of the advocate and consumer voice in the planning and implementation process.
- **WVDHHR** – Through the Office of Epidemiology and Health Promotion (OEHP) within WVDHHR, WVDHHR will participate equally in the planning and implementation phases of the project. In addition, WVDHHR will play a critical role in assessing state agency policies and revisions as well as serve as a critical liaison to relevant state agencies and policy making authorities (e.g., Adult Protective Services and Licensure), and provide expertise in the collection and interpretation of relevant epidemiologic data.

All partners will participate equally in the development of a master strategic plan for the project that includes the evaluation of measurable outcomes, and the development of policy revisions directed toward the delivery of effective services to **all** survivors of sexual assault regardless of ability.

5-3 Establishment and Inclusion Additional Input from Expertise-Based Advisory Groups

The core team, comprised of the four primary partner agencies, will establish and elicit additional input from ad hoc advisory groups on an as needed basis. Such advisory groups will be empanelled based on the need for additional input in designated areas of specialization or expertise.

5-4 Decision Making Procedures

Decisions affecting the collaboration will be made by the core team/partners at regularly scheduled partner meetings or through phone, e-mail or other direct contact according to the following principles:

- WVFRIS will serve as the administrative agency on the grant and single point of contact with OVW. As a result, WVFRIS will make decisions when needed regarding the administration of the grant while the core team/partners will make decisions collaboratively regarding the development and implementation of the project.
- Whenever possible, decisions about project work will be made by consensus using the thumb polling model: thumbs up indicating agreement, thumbs sideways indicating a willingness to compromise/accept the majority opinion of the group, and thumbs down indicating serious opposition/issues that need further work by the partners in order to be resolved. Efforts will always be made to have full agreement of the team. Decisions will require one vote from each partnering agency.
- In the event of a tie, short of serious disagreement, WVFRIS will cast the deciding vote.
- All decisions will be cross-checked for consistency with the stated Vision and Mission of the project in order to ensure that they advance the core objectives and values of the project.
- All partners reserve the right to consult their organization's governing body or superior concerning decisions that could directly impact their organizations prior to casting a vote or committing to a particular position on any issue.
- Should any partner be unable to attend a meeting, conference call or respond to an electronic request, they shall identify a proxy to participate in the decision making process on their behalf.
- No decisions regarding project work will be made absent the participation/inclusion of all partners or their designated proxy.
- All decisions impacting the execution of the work of the project will be documented in meeting minutes and/or other project documentation.

5-4a Conflict Resolution Procedures -- Should serious conflicts or disagreements arise, which can not be resolved employing the normal decision making procedures, they will be addressed by all parties in a manner that respects the differing approaches, constraints and values of the organizations involved. Any partner may be asked to facilitate a discussion directed toward the resolution of the issue to everyone's satisfaction. In the event that internal facilitation fails to resolve the issue, the collaboration may seek an experienced outside facilitator to assist the group in reaching a consensual resolution to the problem. Such a facilitator would be chosen by the group and be acceptable to all parties.

Article 6 -- Communication and Confidentiality Procedures

6-1 Internal Communication Plan

The collaboration is committed to developing and sustaining effective communication among all partnering organizations. The collaboration's internal communication plan includes, but is not limited to the following components:

- The collaboration will meet at least monthly, with scheduled meetings lasting approximately four hours. In the event that in-person meetings are not possible, a conference call will serve as a substitute if agreed upon by all partners.
- The lead agency will notify the partners of meetings and proposed agenda items for those meetings in a timely fashion. All partners must agree upon the meeting date/time. Any partner may request additional subjects be added to the meeting agenda or otherwise be addressed by the group at any time.
- All regularly scheduled meetings will begin with a general collaboration update from each partner detailing any issues affecting the project or their organization's role in the project.
- The work of the collaboration will be reviewed at each meeting. Completed tasks will be noted and outcomes discussed. Potential work plans will be considered and the responsibility for completing specific tasks will be mutually agreed upon. The need to adjust, modify or update current work plans will be discussed and necessary changes made on a consensus basis.
- Written minutes for each meeting and other significant events will be provided to all partners for review and approval in a timely fashion. In addition, each partnering organization will be provided with a project notebook containing the archived history of materials related to the project in order to ensure the smooth transition should staffing change or if new individuals or personnel are brought into the project.
- Each partner is committed to the principle that maintaining open and forthright communication among all partners is essential to the success of the collaboration. It is expected that communication among partners will not be limited to scheduled meetings but will be ongoing. Consequently, partners are encouraged to inform one another of events, developments or resources relevant to the collaborations work on an on-going basis.
- The partners will communicate as needed between meetings by phone, e-mail, or in person with e-mail designated as the preferred means of initiating communication/contact. As a result, a dedicated list serv has been established to keep all project partners informed of developments and distribute meeting agendas, meeting minutes, and other relevant materials.
- Partner organizations will actively maintain a presence at appropriate conferences, meetings and other gatherings sponsored by other partners or relevant organizations.
- Each partner is committed to ensuring that every partner's personnel working on the project has equal access to communications within the collaboration and other relevant information. Toward this end, interpreters, assistive technology and other reasonable accommodations will be provided to ensure effective communication.
- All partners will regularly update their governing boards and/or superiors (as appropriate) on the activities of the collaboration.

- All communications with Vera and OVW will be shared with all partners in a timely fashion
- WVFRIS, through the hiring of staff for the project, will facilitate and maintain the open communication process for the project.

6-2 External Communication Plan

The collaboration is committed to sharing its work with the broader networks of the member organizations and with the community at large. The collaboration will develop an external communication plan that includes, but is not limited to the following components and principles:

- In communicating with others outside of project, core team/partners recognize the importance in “speaking with one voice.” As a result, when appropriate the project partners will develop a set of “talking points” using common language for each partner to work from in describing the mission and activities of the project. These talking points will be regularly updated to reflect the contemporaneous activities of the project. Current talking points include:
 - The award of the OVW grant
 - The name of the project
 - Who the partners are
 - The shared vision, mission, and goals of the collaboration
- All partners will keep one another informed about requests for information and other inquiries about the project made either to them as individuals or their respective organizations.
- Media requests will be referred to the Project Director at WVFRIS
- Any and all requests to Vera for Technical Assistance will follow Vera’s established protocol.
- All written and electronic documents produced by the collaboration for use by or release to audiences outside of collaboration will contain the following standard language/acknowledgement: *This project is supported by Grant No. 2006-FW-AX-K001 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the Department of Justice, Office of Violence Against Women.*

In addition, as the project matures, the collaboration will:

- Create e-mail distribution lists to inform broader networks and the designated communities of activities planned or completed, the successes and challenges encountered by the collaboration, and other relevant information (e.g., research findings).
- Develop and maintain relationships with other advocates, victims/survivors, and other stakeholders.
- Actively seek out and maintain a presence at relevant conferences, meetings and gatherings of people with disabilities and women who are Deaf, advocates, state-level officials, and sexual assault and disability service providers.
- Develop strategies and tools to inform and invite additional organizations and persons with disabilities to participate in our work.

6-3 Confidentiality

The collaboration partners have adopted the following “internal” and “external” confidentiality policies and procedures. Internal confidentiality refers to how the core team will operate with regard to information sharing within and among the collaboration members themselves and external confidentiality refers to how the core team/partners will operate with regard to interactions with those outside of the core team/collaboration itself.

6-3a Internal/Core Team Confidentiality

Given that our work on this project will require working with a wide variety of organizations and individuals (which undoubtedly have their own histories with one another as well as with one or more of the partner organizations) and the fact that these individuals and organizations have their own concerns and agendas, the importance of open and honest communication is recognized among the partners as an important component to the success of the project resulting in the following internal confidentiality policy:

- The core team members commit themselves and their organizations to being respectful of individuals’ and organizations’ privacy and agree not engage in information sharing about other individuals/organizations unless the information shared has a direct impact on the collaboration or its activities. Furthermore, such discussions and information will be held strictly confidential by the core team/partners and will not be divulged to anyone outside of the core team members/partners.

6-3b External Confidentiality

The collaboration partners are fully committed to ensuring the complete confidentiality of all participants in the project outside of the collaboration. As a result, the collaboration has adopted the following external confidentiality principles and procedures:

- Any and all research data/information obtained from individuals or organizations will be held in the strictest confidence and reported in the aggregate only – without the ability for anyone to identify a specific organization or individual.
- Any and all potential information that could be used to identify a specific individual or organization will be deleted from published databases or other project records.
- Passive consent procedures will be employed when gathering information from organizations and professionals. All potential respondents will be informed of the voluntary nature of their participation and will be given the opportunity to decline to participate without being identified in any way shape or form.
- Informed/written consent procedures will be employed when gathering information from individual victims/survivors. When necessary, the consent protocol may be read to the potential participant and/or other assistive technology employed to ensure that the consent protocol is appropriately/properly executed.
- All information obtained from survivors will be treated in adherence with HIPAA requirements and guidelines, as applicable or when they provide a useful guide (e.g., in conducting focus groups with women with disabilities and Deaf women who are victims/survivors of sexual violence).

- Finally, some of the collaboration members and organizations may have mandatory reporting responsibility while others do not. The collaboration recognizes that mandatory reporting requirements could compromise the choices a survivor may want to make. Therefore, prior to engaging in any discussion of issues of sexual assault when a vulnerable adult may be present, the collaborative will: (1) inform the individual of mandatory reporting requirements and the potential implications, and (2) this communication will be conducted in a manner that ensures the individual understands the law and its implications, and has an opportunity to decide whether or not to continue the conversation and/or requests that certain parties (e.g., partners) not be present during the discussion.

Article 7 – Project History and Work Plan

The West Virginia SAFE Partnership is somewhat unique because of the groundwork laid immediately preceding the formation of the Partnership. The lead agency (WVFRIS) received a grant from the West Virginia Developmental Disabilities Council (WVDDC) in 2005-06 to assess the need for services and training focusing on individuals with developmental disabilities in our state. The research gained from that project, which focused specifically on the issue of sexual assault among persons with disabilities, created a good knowledge base on the overall needs of the state on this topic. It also enabled the Partnership to transition that high level of expertise (in both knowledge and research design) into its current project. Because that history impacts the current work, a brief summary of the components of the 2005-06 initiative are included as follows:

- ***The First Known Comprehensive Survey of Licensed MR/DD Service Providers in the State Focusing on the Issue of Sexual Abuse Among Persons with Developmental Disabilities*** -- Conducted via the Internet, this survey focused on service providers' general perceptions of the prevalence of sexual abuse among persons with developmental disabilities and perceived risk factors; organization specific questions about the average number of incidents of suspected sexual abuse encountered annually, internal investigation policies/procedures, and knowledgeability of state reporting requirements/procedures; questions about internal sex education efforts for clients and staff, awareness of existing sexual abuse prevention initiatives focusing on persons with disabilities, resource currently available to the organization (e.g., contact information for local rape crisis centers); and the perceived need for additional training and desired education/training components for staff and clients.
- ***Qualitative Interviews with State-Level Officials and Non-Governmental Disability Community Leaders*** -- The standard protocol employed with state-level officials charged responsible for setting policies/procedures and oversight governing persons with disabilities and non-governmental community leaders (e.g., disability advocates and private sector service providers) was comprised primarily of open-ended questions based on a subset of measures from the survey of licensed MR/DD service providers. These measures included: general perceptions of the prevalence of sexual abuse among persons with developmental disabilities, perceived risk factors, knowledgeability of state reporting requirements/procedures, awareness of existing prevention programs, the perceived need for additional training and desirable education/training components for staff and consumers.

In addition, the standard protocol contained questions pertaining to record keeping and tracking of incidents of sexual abuse involving persons with disabilities, and opinions about how a program should be implemented to address the issue of sexual assault among persons with disabilities (e.g., what organizations should be involved and who should take the lead).

- ***A Written Survey of a Sample of Local Adult Protective Service (APS) Workers --*** Also based primarily on a subset of questions from the survey of licensed service providers, this survey covered: general perceptions of the prevalence of sexual abuse among persons with developmental disabilities, perceived risk factors, the average number of cases of suspected sexual abuse involving persons with disabilities processed each year, the perceived need for additional training and desirable education/training components for staff and consumers.

The findings from these research initiatives were remarkably consistent in several important ways. Foremost, 100% of licensed service providers, non-governmental community leaders, and local APS workers rated the need for a sexual abuse prevention program focusing on people with disabilities as at least somewhat important on a five point scale from not at all important to extremely important, while 75% of state-level officials did so, and none of the respondents were aware of any prevention programs currently addressing the issue either in West Virginia or nationally. Other findings included a lack of awareness on the part of the service providers regarding support services (e.g., rape crisis centers) and an overall lack of a clear understanding of policies and procedures for reporting suspected sexual abuse. These findings served as the impetus for addressing the issue of sexual assault and persons with disabilities in West Virginia and have solidified the core team members' commitment to a "data driven" approach in seeking solutions.

The remaining sections of this Article detail: (1) the core teams'/partners' work on the issue of effectively addressing sexual abuse among persons with disabilities prior to the award of the OVW grant, (2) the work conducted by the group since being awarded the OVW grant, and (3) our work plan for the remainder of Years One through Three of the grant.

Summary of Key Elements of Work Previously Completed Since the Award of the OVW Grant (Note, the following is not intended as a complete recitation of all collaboration activities. At each of the meetings a primary focus was on team building, cross-training, and collaboration development.)

Month and Year	Activity
October 2006	<ul style="list-style-type: none"> • Preliminary core team process meeting held to discuss inter-organization contract issues, communication and decision-making procedures, and tentative objectives (i.e., what the team hoped we would accomplish). Initial “working” shared vision statement reviewed.
November 2006	<ul style="list-style-type: none"> • Core team meeting to discuss the implications of the findings from the WVDDC research initiative. • Dedicated project listserv established. • Initial MAP process completed with facilitator from CED.
December 2006	<ul style="list-style-type: none"> • New grantee orientation, San Jose CA
January 2007	<ul style="list-style-type: none"> • Core team meeting to: review initial grantee orientation, discuss contracts, establish collaboration record keeping procedures, decision making procedures adopted, communications procedures adopted, confidentiality procedures adopted, and project record keeping/archiving procedures adopted. • Grantee profile submitted to Vera. • Project archive/handbooks created for each partner.

Month and Year	Activity
February 2007	<ul style="list-style-type: none"> • Core team meeting to: review inter-agency contract status, identify and discuss cross-training opportunities, generate comprehensive list of stakeholders and identify existing sources of relevant information/data for each stakeholder regarding sexual abuse among persons with disabilities in order to avoid “reinventing the wheel” in establishing assessment and formal needs assessment priorities, and review existing accessibility assessment tools. Cross-training added as standard component of regularly scheduled meetings. • Cross-training of core team members on how a victim/survivor would progress through sexual assault services and legal process. • Discipline specific terms, concepts and acronyms discussed. • Formal name for the project adopted: WV SAFE Partnership.

<p>March 2007</p>	<ul style="list-style-type: none"> • Core team meeting to: prioritize information gathering priorities and potential sources of data collection (priorities identified included rape crisis centers focusing on accessibility since this had never been done before, disability service providers focusing on awareness/perceptions and training needs, and consumers focusing on experiences dealing with sexual abuse and improvements in service delivery), a review of draft accessibility instrumentation. • Core team members from disabilities community and WVFRIS attend a portion of SANE training as cross-training opportunity. • Core team members meet with APS Director at DHHR to review results of previous APS survey and secure commitment of time and personnel to participate in cross-training on sexual assault among persons with disabilities in Year 2 of the grant as well as to identify process for partnering in systems changes. • Core team completes PATH process with facilitator from CED reviewing vision, mission and goals/desired outcomes, for the remainder of Year 1 and into Years 2 and 3. • Decision made to take advantage of annual SANE training to collect background information/qualitative feedback on awareness of hospital policies. Purpose: to help identify formal/informal procedures, identify training regarding working with victims with disabilities, and help narrow the scope of the project for the actual Needs Assessment Plan. • Accessibility self-report distributed to all Rape Crisis Centers at quarterly WVFRIS Board meeting.
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Month And Year	Activity
April 2007	<ul style="list-style-type: none"> • Core team meeting to: finalize inter-agency contracts/reimbursement, discuss additional cross-training opportunities and needs, plan for core-team retreat (e.g., team cross-training and team building activities), review results of the PATH process, and discuss data elements of potential survey of disability service providers. • Decisions made to have individuals from each discipline develop a core list of questions about their respective fields to be used as an internal assessment tool to determine cross-training needs for core team retreat. • WVFRIS representative participates in OVC Web Forum on violence against persons with disabilities. • Commitments obtained from team members to attend National SART Conference in Tampa, FL and Office of Victims of Crime (OVC) conference disabilities track in Washington DC for team member capacity building.
May 2007	<ul style="list-style-type: none"> • Core team members attend 2nd OVW all-sites grantee meeting in Providence, RI. • Core team members from both disciplines and DHHR attend 4th Annual National SART conference in Tampa, FL. • Team members complete internal cross-training needs assessment. • Core team meets, via conference call, to: discuss learning from OVW and SART conferences, and set agenda for core team retreat. • Core team completes Fieldstone Collaboration Inventory. • Analysis of findings from SANE and Rape Crisis Center data collection initiatives completed and reviewed.
June 2007	<ul style="list-style-type: none"> • Core team members from both disciplines attend OVC conference disabilities track in Washington DC. • Core team retreat held in Canaan Valley – one half day dedicated to history/philosophy of disabilities movement, features of the ADA and other relevant laws; one half day dedicated to history/philosophy of sexual assault service movement and relevant West Virginia law; and final day dedicated to finalizing elements of Collaboration Charter.
July 2007	<ul style="list-style-type: none"> • Submitted Collaboration Charter to Vera and OVW for review. • Submitted preliminary Needs Assessment Plan to Vera and OVW for review. • Submitted Technical Assistance requests to Vera for (1) guidance on conducting focus groups with victims/survivors, and (2) assistance in development of the work plan component of the strategic plan. • Submitted OVW semiannual financial/progress reports.

Month And Year	Activity
August 2007	<ul style="list-style-type: none"> • Created “asset map” of local rape crisis centers, disability service providers and advocates on a county-by-county basis. • Created state profile utilizing pertinent data. • Reviewed MAP/PATH process in relation to strategic planning. • Site visit with OVW and Vera.
September 2007	<ul style="list-style-type: none"> • Revised and submitted revised Collaboration Charter to Vera for review and OVW for approval. • Established pilot site selection criteria based on asset mapping and state demographic profile. Three sites selected (i.e., Marion, Ohio and Preston counties). • Core Team meeting and conference call with Vera to discuss workplan and strategies/criteria for site selection. • Site visit with Vera to review workplan and review pilot site Needs Assessment Plan. • Revised and resubmitted Needs Assessment Plan. • Preliminary contacts made with potential pilot site key contacts to gauge interest and willingness to commit to and participate in implementation phase.

Article 7-1 Work Plan for the Remainder of Year One

October 2007	<ul style="list-style-type: none"> • Submit revised Collaboration Charter to OVW for approval. • Receive Technical Assistance from Vera on conducting focus groups with women with disabilities and Deaf women who are victims/survivors of sexual assault (10/30/07). • Conduct informational presentation to pilot site Key Partners in Marion, Ohio and Preston counties. • Formalize process for conducting Needs Assessment of pilot sites (e.g., identify focus group moderator, facilities, and recruitment procedures and finalize data collection procedures for disability service providers). • Finalize Needs Assessment Plan and submit revised provisional Needs Assessment Plan to Vera for review and OVW for approval. (See Note on Page 20.)
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Month And Year	Activity
November 2007	<ul style="list-style-type: none"> • Conduct ‘kickoff’ meeting with all pilot site participants/decision-makers in Marion, Ohio and Preston counties to overview project/roles/expectations and discuss needs assessment and strategic planning issues. • Submit Needs Assessment instrumentation to Vera for

	<p>Review and OVW for approval.</p> <ul style="list-style-type: none"> • Upon approval of instrumentation, begin local disability service providers' and rape crisis center data collection process. (lead time four weeks) • Recruit focus group participants for three pilot sites. • Upon approval of instrumentation, conduct focus groups (lead time six to eight weeks). • Identify additional experts/advisory groups that need to be recruited for the successful execution of Year 2 of the project. • Attend OVW all-sites meeting.
December 2007	<ul style="list-style-type: none"> • Begin recruitment of additional experts/content based advisory groups for Years Two and Three. • Begin analysis of local needs assessment (i.e., demographics, focus groups, rape crisis center and local disability service providers). • Finalize recruitment of additional advisory groups for Year 2
January 2008	<ul style="list-style-type: none"> • Finalize analysis of local needs assessments and submit Needs Assessment Report to Vera for review and OVW for approval. • Meet with pilot sites for input into Strategic Plan. • Draft Strategic Plan.
February 2008	<ul style="list-style-type: none"> • Submit Strategic Plan to Vera for review. • Revise Strategic Plan based on input from Vera and submit revised Strategic Plan to OVW for approval. • Review staffing needs for Years Two and Three and begin recruitment process, as necessary.

7-2 Work Plan for Years Two and Three of the Project

Grant Year	Activity
2008	<ul style="list-style-type: none"> • Implement Strategic Plan for Year 2 • Evaluate success of Year 2 of the project (late FY 2008). • Make adjustments to Strategic Plan for Year 3 (late FY 2008).
2009	<ul style="list-style-type: none"> • Implement Strategic Plan for Year 3 of the project.

Note, since additional learning will likely be gained as a result of the engagement process with local pilot sites, the current strategy is to submit an initial but phased Needs Assessment Plan that presents the basic logic/approach to the needs assessment process including delineation of the purpose of the Needs Assessment Plan, broad questions to be answered, target audiences and methodology. Following the approval by OVW of the initial timeline, adjustments will be made and instrumentation submitted to OVW for approval in phases as each step is completed and additional learning incorporated into the next phase of the process.

This approach has been selected in consultation with Vera in order to expedite work on the needs assessment and enable assessment instrumentation to be adapted as needed to the specific sites, since several activities can be occurring simultaneous to the approval of instrumentation. In addition, the ability of WV SAFE to meet the timeline presented is subject to the turnaround time required by Vera and OVW to review and approve attending documentation and instrumentation.

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