



## **Collaboration Charter**

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# Contents

<b>Introduction and Collaboration History.....</b>	<b>3</b>
<b>Mission.....</b>	<b>3</b>
<b>Vision.....</b>	<b>4</b>
<b>Values and Assumptions.....</b>	<b>4</b>
<b>Member Descriptions.....</b>	<b>6</b>
<b>Contributions and Commitments.....</b>	<b>8</b>
<b>Communications Plan.....</b>	<b>13</b>
<b>Decision-Making Process.....</b>	<b>17</b>
<b>Confidentiality Protocol.....</b>	<b>19</b>
<b>Planning and Development Timeline.....</b>	<b>22</b>
<b>Glossary.....</b>	<b>22</b>
<b>Appendix A – Media Talking Points.....</b>	<b>36</b>

# **Project SAFE (Safety and Accessibility for Everyone)**

## **Collaboration Charter**

### **Introduction and Collaboration History**

Project SAFE (Safety and Accessibility for Everyone) is a multi-disciplinary network of professionals working to build the capacity of professionals throughout Kentucky to provide safe, accessible and comprehensive person-centered services to individuals with disabilities who have been subjected to sexual assault or domestic violence. Project SAFE was established in 2005 when a small number of sexual assault advocates realized that victim service providers are frequently not prepared to respond to individuals with disabilities and likewise, disability-related service providers are often not trained to address issues of sexual assault or domestic violence. In an effort to narrow this gap, Project SAFE began working with state-level technical assistance providers to raise awareness, improve accessibility, and train service providers and criminal justice professionals about sexual assault and domestic violence against individuals with disabilities.

Since entering into this Cooperative Agreement with the Office of Violence Against Women (OVW), Project SAFE has developed more distinct structure. “Project SAFE Steering Team” is the name selected to identify partners committed to the OVW Cooperative Agreement. The Project SAFE Steering Team (hereinafter, “the Steering Team”) will carry out the requirements of the Cooperative Agreement; “Project SAFE Network” (hereinafter, “the Network”) will refer to the entire membership participating in activities outside the scope of this project.

Cooperative Agreement funds have given Steering Team members the opportunity to refine our efforts by identifying our shared values and assumptions in our work; strengthening our collaboration relationships; examining our work processes and agreements; bolstering our efforts to promote safety and respect for individuals with disabilities who have been subjected to sexual assault or domestic violence; and creating the capacity for the systemic changes necessary to support these efforts. This collaboration charter represents the shared commitment of each of our partners. It reflects our collective expectations, responsibilities and goals as an inter-connected service system.

### **Mission**

The Steering Team’s mission is to facilitate the provision of safe, accessible, comprehensive and responsive person-centered services for individuals with disabilities in Kentucky who have been

subjected to sexual assault or domestic violence. This will be accomplished by:

- Ensuring full accessibility in the delivery of services for individuals with disabilities who have been subjected to sexual assault or domestic violence, which will require the removal of attitudinal, programmatic and cultural barriers that discriminate on the basis of identity.
- Developing a seamless, person-centered service delivery system for individuals with disabilities who have been subjected to sexual assault or domestic violence through cross-training and technical assistance to regional service providers and criminal justice officials.
- Creating a sustainable infrastructure supporting comprehensive services to individuals with disabilities who have been subjected to sexual assault or domestic violence through close collaboration between regional victim service organizations, governmental agencies, the criminal justice system, and organizations serving individuals with disabilities.
- Promoting systems change in the provision of services for persons with disabilities who have been subjected to sexual assault or domestic violence beyond the scope of the cooperative agreement by modifying existing policies, protocols and procedures.
- Ensuring that individuals with disabilities who have been subjected to sexual assault or domestic violence receive timely, appropriate and supportive response by disability service providers when disclosing sexual or domestic victimization by modeling accountability and responsibility in service provision.

## **Vision**

Individuals with disabilities who have been subjected to sexual assault or domestic violence will have access to safe, comprehensive and responsive person-centered services. Such services will be provided with respect and dignity, and will be available to all individuals in need, regardless of whether they initially access services through a disability program or through the sexual assault or domestic violence systems.

## **Values and Assumptions**

As individuals and representatives of agencies, each Steering Team member brings to the collaborative different perspectives, expertise, histories, passions and experiences with respect to decision-making. However, because we share a unique set of values, we are also able to come together in our work to ensure that individuals with disabilities who have been subjected to sexual assault or domestic violence have access to safe and person-centered services. These shared values will guide us in our work together.

## **Values**

### **Respect**

We recognize that collaboration among multiple partners and disciplines is a challenging endeavor. We agree to resolve any differences in a manner that is respectful of our unique approaches and values. All members of the Steering Team have an equal and valuable voice. We feel that using inclusive, person-first language is key to ensuring universal respect in our project.

### **Trust**

Members of our collaborative come from different backgrounds and represent different organizations, but we are grounded in our belief that trust is essential for collaboration success, systems change and social change. Although we will be engaging in a new set of work products for this cooperative agreement, most members of the Steering Team have been working together for several years in an effort to raise awareness, improve accessibility, and train service providers and criminal justice professionals about sexual assault and domestic violence against individuals with disabilities. It is through this work that we have come to depend on each other and have developed a sound sense of trust in ourselves and in our group processes.

### **Safety**

The touchstone of our work is our belief that safety includes freedom from abuse, neglect and exploitation. Individuals with disabilities who have been subjected to sexual assault or domestic violence should be able to feel safe in their environments. We will foster this value in our collaborative, among our member organizations and with our pilot sites and community partners.

### **Confidentiality**

We will work to ensure that our collaborative, pilot sites and community partners respect the privacy rights of individuals and agencies, and that we are knowledgeable of and adhere to confidentiality as it relates to multiple systems and to mandatory reporting requirements.

### **Empowerment**

We will work with our own organizations and with our pilot sites and community partners to foster an atmosphere in which decisions made by individuals with disabilities who have been subjected to sexual assault or domestic violence and their legal decision makers (if applicable) will be respected. We will empower our pilot sites and community partners to help create capacity for systemic changes necessary to ensure that individuals with disabilities who have been subjected to sexual assault or domestic violence receive safe, accessible, comprehensive, person-centered services.

## **Systems Change**

Our collaborative believes that systems change is the mechanism that will assure long lasting and sustainable transformation beyond the scope of the cooperative agreement. We also realize that before we can foster capacity for systems change, change must first take place within our own organizations.

## **Assumptions**

- Individuals with disabilities face attitudinal, programmatic and cultural barriers to service delivery.
- Individuals with disabilities are more likely to be subjected to sexual assault or domestic violence than those without disabilities.
- Disability-related service providers are often not prepared to address issues pertaining to sexual assault or domestic violence.
- Victim service providers and criminal justice officials are frequently unaware of the broad range of disabilities or underestimate the extent to which disability issues interface with sexual assault or domestic violence. They are often unprepared to respond to the unique needs of individuals with disabilities.

## **Member Descriptions**

Each of the seven Steering Team member organizations brings to the project a unique set of strengths and resources that frame our approach to building capacity for safe, accessible and comprehensive person-centered services to individuals with disabilities who have been subjected to sexual assault or domestic violence.

### **Kentucky Association of Sexual Assault Programs, Inc. (KASAP)**

The Kentucky Association of Sexual Assault Programs, Inc. (KASAP) is the statewide coalition of the 13 rape crisis centers in the Commonwealth. KASAP's mission is to speak with a unified voice against sexual victimization. KASAP provides technical assistance, facilitates collaboration, promotes public awareness and develops, promotes, and monitors public policy.

### **Kentucky Domestic Violence Association (KDVA)**

The Kentucky Domestic Violence Association (KDVA) is the statewide coalition of Regional Domestic Violence Programs. Its mission is to ensure that the right to live free of any form of domestic abuse is valued, protected, and defended in the Commonwealth of Kentucky. It

provides statewide technical assistance and training and monitors member programs for compliance with relevant laws and regulations.

### **Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities**

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities provides leadership, in partnership with others, to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people whose lives have been affected by mental illness, mental retardation or other developmental disability, substance abuse or an acquired brain injury. The mission encompasses the following two principles: 1) Self-determination is an international concept for all people everywhere. Relationships and interdependence in our communities is essential. All people can be self-determined even those perceived to have the most severe disabilities, who may or may not communicate with traditional speech. The first step is building those connections and relationships; 2) Self-Advocacy is "a lifelong personal pursuit of control over one's own circumstances. It is the act of advocating for what one wants, for how one desires to live, for how one wants to be treated, within one's family, community and services, and it does not end with one concession or one victory."

### **Kentucky Protection and Advocacy (P&A)**

Kentucky Protection and Advocacy (P&A) is the federally-mandated protection and advocacy system for the Commonwealth of Kentucky. Created as an independent state agency in 1976, its mission is to protect and promote the rights of Kentuckians with disabilities through legally-based individual and systemic advocacy, and education. P&A's staff includes non-attorney disability rights advocates and attorneys who work with individuals who have disabilities, regardless of nature or severity of diagnosis. All client-directed services are free of charge.

### **Office of the Kentucky Americans with Disabilities Act (ADA) Coordinator/ADA Coordinator**

The Office of the Kentucky Coordinator Americans with Disabilities Act (ADA) oversees the state of Kentucky's compliance with, and implementation of, the applicable state and federal law(s). The Office of the State ADA Coordinator functions to ensure nondiscrimination in state employment on the basis of disability, public access to state services, programs, and facilities and to foster public awareness of disability issues, such as accessibility information for contractors and architects.

## **Kentucky Office of the Attorney General (OAG)**

The Kentucky Office of the Attorney General (OAG) is the chief prosecutor and chief law enforcement agency for the Commonwealth of Kentucky, as well as the head of the Unified Prosecutorial System. Through its various divisions, the OAG provides prosecutorial and crime victim advocacy and assistance services at both the trial and appellate levels, and specialized law enforcement services through the Kentucky Department of Criminal Investigations. The OAG's Office of Victims Advocacy works to ensure justice and healing for Commonwealth's crime victims and to implement strategies to reduce the number of crime victims in the future. The OAG also provides training and technical assistance for prosecutors, crime victim advocates and other criminal justice and victim assistance professionals on a variety of subjects including violence against women and, more recently, disability-related topics.

## **The Arc of Kentucky**

The Arc of Kentucky, Inc. is the largest statewide volunteer, community based organization of and for individuals with intellectual and developmental disabilities and their families. Its mission is to advocate for the rights and full participation of all children and adults with intellectual and developmental disabilities. Together with its network of members and affiliated chapters, it improves systems of supports and services, connects families, inspires communities, and influences public policy. The Arc of Kentucky also provides an array of services and support for individuals and families through advocacy, resources, partnerships, education outreach, referrals and help in getting needed services.

## **Contributions and Commitments**

### **Organizational Contributions and Commitments**

Each agency brings to the collaborative a unique set of strengths and resources that frame our approach to ensuring that individuals with disabilities who have been subjected to sexual assault or domestic violence have access to safe, accessible and comprehensive person-centered services.

## **KASAP**

KASAP is the lead agency for the project and will provide general oversight and fiscal and programmatic reporting. As the only statewide organization in Kentucky representing rape crisis centers, KASAP will bring tremendous expertise about sexual assault and the ability to influence the operations of rape crisis centers throughout the Commonwealth.

## **KDVA**

Because KDVA represents the statewide leaders in the area of domestic violence, it will bring to the collaborative valuable expertise in victims services and statewide collaborations, and will grant the Steering Team access to a vast network of service providers.

## **Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities**

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities will play a valuable role in the collaborative as it represents the state's publicly-funded service system for individuals with mental illness, intellectual disabilities and other developmental disabilities, and substance abuse, and will serve as a primary liaison with the vast network of providers who work with individuals with disabilities across the state.

## **Kentucky Protection and Advocacy (P & A)**

P & A will serve as an essential element to the collaborative as it will bring its statewide authority to investigate situations of abuse against individuals with disabilities, vast expertise regarding advocacy to ensure the legal rights of individuals with disabilities, and extensive connections with individuals and agencies dedicated to the needs of individuals with disabilities.

## **Office of the Kentucky Americans with Disabilities Act (ADA) Coordinator/ADA Coordinator**

The ADA Coordinator will serve as a crucial member of Steering Team, as he is the statewide authority for all accessibility issues for individuals with disabilities in the state. He also has access to a vast network of experts in the field of accessibility construction and design.

## **Kentucky Office of the Attorney General (OAG)**

Because the OAG is led by the state's chief prosecutor, it is in a unique position to help the collaborative create systematic change within the prosecutorial system as a whole. The OAG's direct access to prosecutors and prosecutor-based victim advocates will also make it a valued partner in the Steering Team.

## **The Arc of Kentucky**

As the state's lead disability advocacy organization, The Arc of Kentucky will provide the Steering Team access to a rich network of disability rights professionals and service providers, as well as individuals with disabilities and their family members.

## **Individual Contributions and Commitments**

### **Shared Contributions and Commitments**

Individual members of the Steering Team will work to ensure that individuals with disabilities in Kentucky who have been subjected to sexual assault or domestic violence have access to safe, comprehensive and person-centered services. In working toward this goal, Steering Team members are committed to:

- attending each meeting
- participating in discussions and development of materials conducted through Basecamp between meetings
- bringing agency and system specific expertise and knowledge
- bringing field and movement expertise and knowledge
- reporting organizational activities to the Steering Team
- reporting Steering Team activities to our respective partner organizations' executive director or chief executive officer or his or her designee
- serving as ambassadors to other organizations
- using open and regular communication that features inclusive, person-first language that reflects our honor and respect for each other

In addition to creating capacity for systems change in Kentucky's communities, Steering Team members will also work within their agencies to promote safety and respect for individuals with disabilities who have been subjected to sexual assault or domestic violence. To do this, each Steering Team member will:

- examine his or her agency's internal policies and protocols pertaining to the safety of individuals with disabilities who have been subjected to sexual assault or domestic violence
- assist with the development of the Steering Team's strategy for promoting systems change within the Steering Team's member organizations
- coordinate efforts to create capacity for sustainable systems change within his or her own agency

### **Unique Contributions and Commitments**

In addition to the individual duties outlined above, each Steering Team member will bring their own expertise to the collaborative. In some cases, unique contributions and commitments take the form of a leadership position within the collaborative. Individuals in these Steering Team leadership positions include: Eileen Recktenwald, Andrea Fiero, Norb Ryan, MaryLee

Underwood and Sara Clayton. If any of these individuals can no longer fulfill his or her commitment to serving in a leadership role, he or she may request that a substitute or replacement be selected or the Steering Team may determine that a substitute or replacement should be selected.

### **Eileen Recktenwald – Project Director**

Eileen Recktenwald, KASAP Executive Director, will serve as the Steering Team's Project Director and will be the primary contact for OVW on all financial matters. She will consult the Project Coordinator on all financial issues. In financial decisions involving more than \$5,000, Ms. Recktenwald will also consult the full Steering Team. Ms. Recktenwald will attend Steering Team meetings upon request of the Project Coordinator. She will also review all Steering Team cooperative agreement deliverables before they are submitted to OVW.

Ms. Recktenwald is uniquely positioned to serve as the Steering Team's fiscal agent, as she has worked in the victim's service arena for over 20 years and has managed several federal cooperative agreements. Serving as the Project Director will ensure continuity in Steering Team leadership, as she supervises and has daily contact with Andrea Fiero, the Project Coordinator.

### **Andrea Fiero – Project Coordinator**

Andrea Fiero, KASAP Project SAFE Coordinator, will serve as the Steering Team's Project Coordinator and will be the primary contact with OVW on all programmatic issues. The Steering Team has empowered Ms. Fiero to manage the day-to-day operations of the Steering Team and provide overall guidance for activities carried out under the cooperative agreement. In the collaborative, she will represent the interests of the Steering Team – not KASAP.

Ms. Fiero will convene meetings, facilitate discussion during meetings and communicate internally with Steering Team members. She will be the lead writer for the project and will be responsible for all OVW program reporting and submission of cooperative agreement deliverables. She will also be responsible for assuring that the Steering Team completes program activities and deliverables within the Steering Team's Planning and Development Timeline (please see page 18). With respect to the project's communication, Ms. Fiero will serve as the communication "hub" between the Steering Team, the Project Director, pilot sites, Vera and OVW on programmatic issues.

Ms. Fiero is uniquely qualified to serve as the collaborative's Project Coordinator, as she has extensive experience in working with coalitions. She is a KASAP employee and because she reports to the Project Director, she will have close contact and frequent opportunities to communicate with the Project Director about financial matters or other issues pertaining to the

collaborative. Because Ms. Fiero has not previously worked with the Steering Team partners, she brings a fresh perspective to the collaborative.

### **Norb Ryan – Primary Media Spokesperson**

Norb Ryan will serve as the Steering Team’s primary media spokesperson. As the State ADA Coordinator, Mr. Ryan is uniquely qualified to be the voice of individuals with disabilities and make a statement to the media on behalf of the Steering Team. He played a key role in the establishment of the Project SAFE Network, and brings to the Steering Team his organizational memory. As a co-chair of the Project SAFE Network, he is in a prime position to delineate the activities of the Project SAFE Steering Team and the Project SAFE Network when approached by the media.

### **MaryLee Underwood – Alternate Media Spokesperson**

MaryLee Underwood will serve as the Steering Team’s alternate spokesperson. Ms. Underwood has over 15 years of professional experience in victim services, and is uniquely qualified to speak with the media on behalf of individuals who have been subjected to sexual assault or domestic violence. Like Mr. Ryan, Ms. Underwood brings a historical perspective to the formation of Project SAFE.

As an attorney, Ms. Underwood also has the capacity to provide legal information to the pilot sites and community stakeholders in the context of creating capacity for the systemic changes necessary to support safety and respect for individuals with disabilities who have been subjected to sexual assault or domestic violence. However, information provided does not constitute legal advice. Agencies will be encouraged to seek legal advice, as appropriate.

### **Sara Clayton – Secretary**

Sara Clayton, KDVA Training Institute Administrator, will serve as Secretary for the Steering Team. Ms. Clayton will record and distribute minutes of each meeting. She has served as a key member of the Project SAFE Network since 2006 and will bring to the collaborative her extensive experience with working with state-level technical assistance providers to raise awareness, improve accessibility and train service providers about sexual assault and domestic violence against individuals with disabilities. Ms. Clayton also brings expertise with needs assessment through focus groups, including recent completion of the Human Research Curriculum provided by the CITI Collaborative Institutional Training Initiative in conjunction with the University of Kentucky Center for Research on Violence Against Women.

### **Patty Dempsey**

Patty Dempsey, The Arc of Kentucky's Executive Director, will bring to the Steering Team her experience in development, advocacy, information and training on issues facing individuals with intellectual and developmental disabilities and their family members.

### **Sara Gibson-West**

Sara Gibson-West, a Victim Advocate for the OAG, will serve a valuable role in the collaborative, as she provides direct advocacy support to crime victims in Kentucky on appellate cases and through the Office of Victims Advocacy Hotline. She also provides technical assistance to prosecutor-based advocates throughout the state.

### **Lana Grandon**

Lana Grandon is the OAG's Violence Against Women Prosecution Specialist and brings to the Steering Team her expertise in providing training and technical assistance to criminal justice professionals on violence against women related topics.

### **Beth Metzger**

Beth Metzger, Disability Rights Advocate for P & A, has extensive professional work experience assisting individuals with disabilities gain necessary advocacy skills through information and education. Ms. Metzger also brings to the Steering Team valuable experience handling domestic violence and other abuse cases for Kentucky's protective services.

### **Rae Williams**

Rae Williams, a member of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities' Education and Resource Development Team, will bring to the Steering Team connections to numerous disability-related service providers, tremendous collaborations and training experience.

## **Communication Plan**

The Steering Team believes that effective communication is the key to building and maintaining a successful collaboration. Members of our collaborative are committed to using open and regular communication that features inclusive, person-first language that reflects our honor and respect for each other. Communication within our collaboration, with our member organizations

and with our pilot sites and community partners will mirror our collaboration's shared values: respect, trust, safety, confidentiality and empowerment.

The Steering Team's communications plan consists of three levels: (1) the Primary Level of Communication, (2) the Secondary Level of Communication, and (3) the Tertiary Level of Communication. The Steering Team's Primary and Secondary Levels of Communication will be considered internal communications; the Tertiary Level of Communications will be considered external communications.

### **Primary Level of Communication – Internal Communication**

Communication within the Project SAFE Steering Team will be referred to as the Primary Level of Communication and will be considered internal communications.

The Steering Team will hold in-person meetings for 3 hours every other Wednesday. When possible, these meetings will take place at KASAP. The frequency of these meetings will be reassessed after the collaboration charter and needs assessment have been approved. Meetings will begin promptly at 9:00a.m. Eastern Time. Steering Team members may join a meeting via telephone if he or she cannot attend the meeting in person. The Steering Team will explore the use of video calling as an alternative to joining a meeting via telephone. Any Steering Team member who is unable to attend a Steering Team meeting *shall not* send a representative in his or her place.

If an individual can no longer serve as a member of the Steering Team, the agency represented will assign another individual to serve in his or her place. If an individual is no longer able to serve in a specific leadership position, the Steering Team will determine who should fulfill the leadership position thereafter.

The Project SAFE Coordinator is responsible for developing and distributing an agenda at least 24 hours before each meeting. Minutes of each meeting will be recorded by the Steering Team Secretary. A portion of each meeting will be dedicated to reviewing and approving minutes from the previous Steering Team meeting. Between meetings, the Steering Team will communicate electronically via Basecamp, an Internet-based project management tool that enables individuals in different locations to discuss ideas and manage projects.

Communication between meetings via Basecamp should focus on scheduling meetings, suggesting ideas, and making edits to documents; communication via Basecamp between Steering Team meetings *should not* be used to make significant decisions about the project. Steering Team members will respond to all electronic communication in a timely manner. When making changes to documents, Steering Team members should use track changes and then post

their document on Basecamp. Doing so will allow other members to see what changes members have made. Steering Team members will have a set time to make changes to documents or weigh in on issues.

### **Secondary Level of Communication – Internal Communication**

Communication with and among our collaboration’s member organizations will be referred to as the Secondary Level of Communication and will be considered internal communication.

Members of the Project SAFE Steering Team will be responsible for reporting key activities of the Steering Team to their member organizations. Likewise, they should also report member organization activities back to the Steering Team. In this exchange of information, sensitive information about member organizations may become known. Such information may include member organization challenges with accessibility or buy-in; issues of personnel or organizational capacity; funding or financial information; or competing political interests or politically sensitive issues related to the partner organizations. Steering Team members and organizations will work to ensure that such information stays within the collaborative and the Steering Team member organizations. Sensitive information shared among the member organizations will also be done so on a “need to know” basis.

### **Tertiary Level of Communication - External Communication**

Any communication outside the Steering Team or Steering Team member organization will be considered external communications and will be referred to as the Tertiary Level of Communication. The Tertiary Level of Communication will include communication with the Project SAFE Network, the Steering Team pilot sites and community partners. Communication will be conducted in the following manner:

#### **Communication with the Project SAFE Network**

Norb Ryan and MaryLee Underwood are the co-chairs of the Project SAFE Network. As such, they will serve as liaisons between the Project SAFE Steering Team and the Project SAFE Network. Mr. Ryan and Ms. Underwood will be responsible for providing Steering Team updates to the Project SAFE Network and reporting key activities of the Project SAFE Network back to the Steering Team.

#### **Communicating with the Pilot Sites and Community Partners**

The Steering Team will be working closely with the pilot sites and community partners in this cooperative agreement to promote safety and respect for individual with disabilities who have

been subjected to sexual assault or domestic violence by providing technical assistance and support. We will empower the pilot sites to help build the capacity of professionals throughout Kentucky to provide safe, accessible and comprehensive person-centered services to individuals with disabilities who have been subjected to sexual assault or domestic violence.

The Project SAFE Steering Team will provide technical assistance focusing on needs assessment, strategic planning, capacity building and accessibility as it relates to the provision of safe, accessible and comprehensive person-centered services to individuals with disabilities who have been subjected to sexual assault or domestic violence. The collaborative may provide technical assistance to pilot sites in the form of policy development. However, such assistance should not take the place of legal advice. Pilot sites should be directed to consult their own legal counsel.

Although collaborative members have statewide legal and investigatory authority, the Project SAFE Steering Team's role in this project is not to monitor or attempt to find fault with programs or policies at our pilot sites or with our community partners. The collaborative will work with pilot sites and community partners to ensure that they have resources needed to build capacity for systems change. These resources may include the option of adaptive equipment, printing of accessible materials or assistance with securing additional funding. The pilot sites and community partners will be encouraged to share openly with Steering Team members any issues or problems they might have about serving individuals with disabilities who have been subjected to sexual assault or domestic violence without fear of repercussions.

The Project Coordinator will be the primary point of contact between the Steering Team, the staff at the project's pilot sites and community partners. However, members of the Project SAFE Steering Team will also communicate with pilot site staff and community partners to ensure community buy-in at various levels. The Project SAFE Steering Team will develop site-specific communication plans with the pilot sites that make explicit the expectations that both the Steering Team and the pilot sites commit to fulfilling. The Steering Team's pilot sites will also appoint spokespeople who will work closely with the Steering Team's spokespeople on media-related issues.

### **Media Relations**

The Steering Team's designated media spokesperson is Norb Ryan, the Kentucky State ADA Coordinator. MaryLee Underwood, KASAP Staff Attorney, will serve as the Steering Team's alternate media spokesperson. Mr. Ryan and Ms. Underwood were selected as the Steering Team's spokespeople because they bring extensive expertise in the disability and sexual violence arenas, respectively. They also played a significant role in the formation of Project SAFE and may speak to its history with the media.

The Steering Team has developed different protocols for *proactive* and *reactive* media relations.

Proactive media relations include the development of talking points and press releases. These materials will focus on the Steering Team's mission, vision, goals, objectives and activities, and will be vetted by the entire Steering Team before they are released.

Reactive media relations include Steering Team responses to information requests, including media inquiries. Such requests will be processed using the following criteria:

When any member of the Project SAFE Steering Team or Project SAFE Network receives an information request from media and the request pertains to the Steering Team, the request will be referred to Norb Ryan. If Mr. Ryan is unavailable, the request will be passed to MaryLee Underwood.

In responding to information requests, the Steering Team spokesperson will speak from or provide a copy of the Steering Team's pre-approved talking points (please see page 34). If the requestor would like additional information not addressed in the talking points, the spokesperson should consult the Steering Team about the most appropriate response.

If the information request does not allow sufficient time to consult the Steering Team, the Steering Team's spokesperson may respond to the request without vetting the collaboration. He or she will make a good faith effort to respond to the issue at hand on behalf of the Steering Team and immediately report the information shared to the Steering Team. Information requests that are primarily related to a Steering Team member organization area of expertise will be referred to that partner organization.

## **Decision-Making Process**

The Project SAFE Steering Team is committed to a consensus model of decision-making and will work collaboratively to develop concepts and make decisions. On issues where there is initial disagreement, every effort will be made to find common ground and reach consensus. In areas where there is disagreement, the following steps will be taken:

- address the issue on the table
- begin a facilitated discussion with an open and honest debate
- conduct a structured check-in
- attempt to reach a consensus

- if consensus is not reached, return to steps 2-5, table until next meeting, and/or determine if technical assistance is needed

### **Decision-Making Authority**

Steering Team members are committed to a consensus model of decision-making in which decisions will be made through group discussion, wherein each member's input will be considered equal to all others. However, the Steering Team has empowered some members of the Steering Team to provide guidance in the following areas:

**Financial Decisions:** Although the Project Director will consult the Project Coordinator on all financial matters and the full Steering Team on financial matters over \$5,000, she will act as fiscal agent and will have final authority on all financial matters pertaining to the cooperative agreement.

**Programmatic Decisions:** The Project SAFE Steering Team is committed to a consensus model of decision-making. However, the Steering Team has empowered the Project Coordinator to provide direction to the Steering Team and pilot sites when making decisions about the development and implementation of program activities.

**Media Requests:** The Project SAFE Steering Team spokespersons will respond to media requests using a set of talking points approved by the Steering Team. However, if the requestor would like additional information not addressed in the talking points and if the information request does not allow sufficient time to consult the Steering Team, the Steering Team has authorized the spokesperson to respond to the request without vetting the collaboration. In such an instance, the spokesperson will make a good faith effort to respond to the issue at hand and immediately report the information shared to the Steering Team.

**Project SAFE Network:** Although all members of the Project SAFE Steering Team are members of the Project SAFE Network, the Project SAFE Network has no decision-making authority with respect to the activities carried out by the Steering Team.

**Pilot Sites:** The Project SAFE Steering Team pilot sites will work closely with members of the Steering Team to promote safety and respect for individuals with disabilities who have been subject to sexual assault or domestic violence. They will be empowered to help create capacity for the systemic changes necessary to support these services.

## **Conflict Resolution Process**

The Steering Team recognizes that collaboration among multiple partners and disciplines is a challenging endeavor. Members of our collaborative are committed to the resolution of any differences or conflicts that may arise throughout the course of the project. Steering Team members agree to resolve any differences in a manner that is respectful of our unique approaches and values. Conflict will be resolved using open and regular communication that features inclusive, person-first language that reflects our honor and respect for each other. As we resolve our differences, an honest attempt will be made not to allow the conflict to affect the collaboration.

If conflict arises among members of the Steering Team, collaborative members will engage in its Conflict Resolution process, which includes the following steps:

- Set up a meeting
- Clear the air
- Define the problem, analyze, brainstorm, and evaluate
- Reach agreement or agree to disagree

The Conflict Resolution process will be repeated until group consensus is reached or the Steering Team decides to request technical assistance from the Vera Institute of Justice.

If conflict exists between Steering Team members and the Project Coordinator, the concerned parties will consult the Steering Team's Project Director. Conflict between member organizations will be referred to the executive directors of those organizations. If the executive directors of those organizations cannot resolve the conflict, an outside mediator will be engaged to facilitate conflict resolution.

Conflicts between the Steering Team and the pilot sites will be resolved through the Steering Team's Conflict Resolution process. Pilot sites will be encouraged to develop their own conflict resolution processes that will be followed to resolve differences between pilot site agencies.

## **Confidentiality Protocol**

The Steering Team will ensure that confidentiality serves as a guiding principle in promoting the safety and respect for individuals with disabilities who have been subjected to sexual assault or domestic violence. Standards of confidentiality will mirror the partners' shared values of respect and dignity, accountability and integrity.

## **Kentucky Open Meetings and Open Records Laws**

Kentucky law requires that public agencies allow access to meetings and public records (See KRS 61.800 – 61.884). The Steering Team will comply with Open Meetings and Open Records laws by providing information regarding scheduled meetings online at [www.kasap.org](http://www.kasap.org) and making public records available upon written request to the Project SAFE Coordinator. All commitments to confidentiality are constrained by Open Meetings and Open Records requirements. Representation by four collaborative agencies will constitute quorum for all Steering Team meetings. Since the Project Coordinator represents the Steering Team as a whole, her presence will not be counted when determining whether the collaborative has a quorum.

## **Survivor Confidentiality**

The Project SAFE Steering Team does not provide direct services to individuals with disabilities who have been subjected to sexual assault or domestic violence. However, members of the Steering Team may periodically share information pertaining to experiences with individuals with disabilities who have been subjected to sexual assault or domestic violence. Information directly related to any individual will be limited to the minimum necessary to achieve the purpose for which it is shared. In light of Kentucky's Open Meetings and Open Records Laws, the names of individuals with disabilities who have been subjected to sexual assault or domestic violence will not be shared during meetings.

## **Confidentiality Standards – Collaborative Members and Member Organizations**

Members of the Steering Team understand that while working together, some information pertaining to the collaboration's members, agencies or community partners may become known but should not be shared outside the collaborative. Minutes of Steering Team meetings are developed to document progress. However, members shall keep politically sensitive information completely confidential. Politically sensitive information may include:

- challenges with accessibility or buy-in
- issues of personnel or organizational capacity
- funding or financial information
- competing political interests or politically sensitive issues related to the partner organizations

## **Confidentiality Standards – Pilot Sites and Community Partners**

Although collaborative members have statewide legal and investigatory authority, the Project SAFE Steering Team's role in this project is not to monitor or attempt to find fault with programs or policies at our pilot sites or with our community partners. As we work with the pilot

sites, sensitive information about sites (such as an ADA violation) might be revealed. In these instances, the Steering Team will continue to offer support and technical assistance to the greatest extent possible.

### **Needs Assessment and Data Protection**

Each needs assessment participant will be fully informed by a written consent form or oral statement with the following information:

- the purpose of the project
- the benefits to be derived
- risks to participants
- explanation that participation is voluntary
- description of the procedures to be carried out in which the participants are involved
- statement that any language barrier has been taken into account
- statement that researchers are not acting in the role of advocate

Data collected from interviews, focus groups or surveys will contain no identifying information, nor will data be linked in any way back to the participant.

### **Mandatory Reporting**

Kentucky law requires that abuse, neglect, and exploitation be reported when the victim is a child (under 18), the spouse of the offender, or a vulnerable adult [Governing laws include KRS 209, 209A, 620]. All commitments to confidentiality are constrained by mandatory reporting requirements. Those taking part in the needs assessment process will be informed of this requirement.

## **Planning and Development Timeline**

The Steering Team developed the following rough timeline for the planning and development phase:

<b>Activity</b>	<b>Estimated Date of Submission to OVW</b>
Collaboration Charter	July 30, 2009
Narrowing the Focus Memo	September 15, 2009
Submit Needs Assessment Plan	November 30, 2009
Conducting the Needs Assessment	January 15, 2009-March 15, 2010
Submitting Needs Assessment Report Findings	April 30, 2010
Developing the Strategic Plan	June 15 – August 15, 2010
Submitting the Strategic Plan to OVW	August 15, 2010

## **Glossary**

This glossary was developed by the Steering Team to help us facilitate the provision of accessible and comprehensive person-centered services for individuals with disabilities in Kentucky who have been subjected to sexual assault or domestic violence. Because we will work closely with the Kentucky criminal justice system, many of our terms include both the statutory definition and a definition that reflects our collaboration's identity and values. We will communicate these definitions to our community partners.

**Abuse:** Actions with or without physical contact that cause harm. To harm or injure by maltreatment or neglect. Improper use of power or resources.

### **Examples of Abuse:**

**Economic Abuse** - Making or attempting to make a person financially dependent, e.g., maintaining total control over financial resources, withholding access to money, forbidding attendance at school or employment.

**Emotional and Verbal Abuse** - Undermining a person's sense of self-worth, e.g., constant criticism, belittling one's abilities, name calling, damaging a partner's relationship with the children. Withholding of affection.

**Institutional Abuse** - May include any form of abuse occurring within an institution when a provider, fellow consumer or framework structure limits the rights of an individual.

**Neglect** - The deprivation of goods, services, and other forms of support that are necessary to maintain a person's health and welfare. Individuals may be neglected by caretaker/givers or by themselves. See KRS 206.020(16).

**Physical Abuse** - Grabbing, pinching, shoving, slapping, hitting, hair pulling, biting, etc. Denying medical care or forcing alcohol and/drug use.

**Psychological Abuse** - Causing fear by intimidation, threatening physical harm to self, partner or children, destruction of pets and property, mind games or forcing isolation from friends, family, school and/or work.

**Sexual Abuse** - Is committed when a person forces, coerces, or manipulates another person into unwanted or harmful sexual activity.

**Systems Abuse** - Policies and procedures that limit access to existing services and knowledge.

**Accessibility:** Process or actions by an agency, group or program that allow for individuals to have full access/utilization, regardless of disability. This includes all areas covered by the Americans with Disabilities Act (ADA) as well as the mindset of the entities involved.

**Accommodations:** Actions taken that ensure individuals with disabilities are able to fully participate in activities, services, employment, and education. Project SAFE will utilize the ADA rule of what is considered as "reasonable accommodations."

**Addiction:** Compulsive need for and use of a habit-forming substance (as heroin, nicotine, or alcohol) characterized by tolerance and by well-defined physiological symptoms upon withdrawal. Persistent compulsive use of a substance known by the user to be harmful; a psycho-physical state caused by the interaction of a living organism with a drug, characterized by behavior modification and other reactions, usually because of an irrepressible impulse to consume a drug continuously or regularly, order to experience its psychic effects and sometimes to relieve the discomfort caused by the deprivation of it, i.e. the so-called syndrome.

**Adult:** Typically refers to a person 18 years of age or older. For purposes of mandatory abuse reporting laws, adult is defined to include both:

- (a) a person who may be in need of protective services and is 18 years of age or older who, because of mental or physical dysfunctioning, is unable to manage his or her own resources,

carry out the activity of daily living, or protect himself or herself from neglect, exploitations, or a hazardous or abusive situation without assistance from others [Source: KRS 209.020(4)]; and

(b) a person without regard to age who is the victim of abuse or neglect inflicted by a spouse [Source: KRS 209A.020(4)].

**Advocacy:** Championing the rights of individuals or communities through direct intervention or through empowerment (Source: Social Work Dictionary). Includes: (a) individual advocacy, which occurs by assisting an individual in accessing services such as housing or financial assistance; (b) systems advocacy, which occurs by changing policies to be more inclusive; (c) legal advocacy which can occur on individual or systems wide basis; and (d) legislative advocacy, which occurs by working towards changes in law.”

**Disability-Related Advocacy** - Empowerment and representation that allows individuals with disabilities to know and understand civil rights laws and access and maintain services (both disability-related and non disability-related) in order for the individuals to accomplish their life goals.

**Legal Advocacy** – Empowerment of individuals to know and understand their legal rights, stop any ongoing rights violations, and attempt to prevent future violations.

**Advocate:** A person who acts in support of or on behalf of an individual, in order to ensure that the individual’s interests are represented and/or rights are upheld. This term is used in this document to describe individuals who provide various advocacy services, some of which are regulated pursuant to specific authority:

**Certified Domestic Violence Advocate** – An individual who otherwise meets the definition of a *Victim Advocate* as defined by KRS 421.570 and who has completed the 40-hour certification training provided pursuant KRS 194A.550 by the Kentucky Domestic Violence Association (KDVA). Confidential communications between victims and Certified Domestic Violence Advocates are privileged. This certification is only valid while the advocate is employed by a Domestic Violence Program.

**Criminal Justice-Based Advocate** – An individual who otherwise meets the definition of *Victim Advocate* as defined by KRS 421.570 who is employed by a prosecutorial, law enforcement or other governmental agency to assist victims of crime. The primary, but not necessarily exclusive, focus of this advocate is to assist the victim through the criminal justice process. The advocate must comply with the standards set forth in KRS 421.570. Pursuant to KRE 506 communications with a victim advocate employed by a county or Commonwealth’s attorney are not privileged.

**Disability Related Advocate** – An individual who provides disability related advocacy who may be associated with service entities or agencies that work with individuals with disabilities.

**Hospital Advocate** – An individual affiliated with a Domestic Violence program or Rape Crisis Center who provides support and information to victims of physical or sexual abuse who have entered a hospital to seek treatment.

**Legal Advocate** – An individual affiliated with a Domestic Violence or Rape Crisis program that provides support to victims as they go through the legal system. This individual does not give legal advice or act as an attorney in any way, but is simply there as someone who understands victimization and prevents victims from dealing with the court process alone.

**Rape Crisis Advocate** – An individual who otherwise meets the definition of *Victim Advocate* as defined by KRS 421.570 and who is affiliated with a regional rape crisis program, which has provided the person 40 hour training related to rape and sexual abuse. Confidential communications between victims and Rape Crisis Advocates are privileged. May be staff or volunteer.

**Victim Advocate** – An individual at least eighteen (18) years of age and of good moral character, who is employed by, or serves as a volunteer for, a public or private agency, organization, or official to counsel and assist crime victims (Source: KRS 421.570).

**Americans with Disabilities Act (ADA) of 1990:** Federal law that prohibits discrimination against “qualified individuals with disabilities” on the basis of disability in employment (Title I), services/programs rendered to the public by state and local governments (Title II), services/programs by businesses that provide public services (Title III), in telecommunications (Title IV), and provides guidance to federal entities charged with enforcement of the Act (Title V). Disability is defined as a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such impairment. Major life activities may include but are not limited to: seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating. Major life activities also include but are not limited to the following major bodily functions: normal cell growth, respiration, brain activity, reproductive functions, circulation, immune system activity, endocrine system activity, digestive functions, neurological activity, and bowel and bladder functions.

**Assistive Technology:** Devices used that ensure individuals with disabilities are able to fully participate in activities, services, employment, and education. This includes devices ranging from low-tech (i.e. pencil grips) to high-tech (i.e. specialized computer programs).

**Autonomy:** An individual's ability to make independent choices; self-reliance. A person learns to take responsibility for actions, face consequences of mistakes and failures and continue to try again accepting that making mistakes is alright. (Autonomy versus Shame and Doubt)

**Barrier:** Physical object, action (or inaction), or lack of adaptive device that blocks, prevents, or hinders movement or access.

**Batterer's Intervention:** A deliberate and purposeful intervention designed to interrupt the cycle of violence. The classes are specific and structured and do not focus on saving relationships or managing anger, but on ending violence by challenging the batterer's core belief system of male privilege.

**Capacity Building:** Activities to assist and support individuals and systems to successfully implement and sustain change.

**Caregiver:** A person, typically over the age of 18, who is responsible for the direct care, protection, and supervision tending to the needs of a person with disabilities. The person gives assistance to another person who is no longer able to perform personal or household task necessary in daily living.

**Children's Advocacy Centers (CACs):** An agency that advocates on behalf of children who have been abused that assists in the coordination of the investigation of child abuse by providing a location for forensic interviews and medical examinations, and by promoting the coordination of services for children alleged to have been abuse and that provides, directly or by formalized agreements, services that include, but are not limited to, forensic interviews, medical examinations, mental health and related support services, court advocacy, consultation, training, and staffing of multidisciplinary teams (Source: KRS 620.020). In Kentucky, a CAC has been established in each Area Development District. Although addressing abuse against children is outside the scope of this cooperative agreement, our collaborative has chosen to include CACs in our glossary because these agencies are part of Kentucky's core service delivery system for victims.

**Co-Occurring:** The simultaneous occurrence of non-related disabilities. Term used to describe the comorbid condition of a person considered to be suffering from a mental illness , substance abuse and/or intellectual disability. There is considerable debate surrounding the appropriateness of dual diagnosis being used to describe a heterogeneous group of individuals with complex

needs and a varied range of problems. The concept can be used broadly, for example depression and alcoholism, or it can be restricted to specify severe mental illness (e.g. psychosis, schizophrenia) and substance misuse disorder (e.g. cannabis abuse). This term is also used to describe a co-occurring condition in which a person is simultaneously diagnosed with an Axis I and an Axis II psychiatric disorder. Replaces the term “dual diagnosis.”

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

**Community Mental Health Centers (CMHCs):** Term used to refer to the fourteen (14) regional non-profit mental health/mental retardation boards that provide community-based mental health, developmental disabilities, intellectual disabilities, and substance abuse programs throughout the Commonwealth. Some rape crisis programs are housed within CMHCs.

**Consensus:** General agreement among the members of a group or community, each party of which has an equal right and responsibility to decision-making and follow-up action.<sup>ii</sup>

**Consent for Sexual Activity:** The act of agreeing to sexual activity. Consent cannot be induced by force, duress or deception; cannot be given by someone who is unable to make a reasonable judgment because of youth (under age 16), mental ability or intoxication; and can be withdrawn at any time.

**Conservator:** Please see *Legal Guardianship*.

**Confidentiality:** The principle that every individual has the right to determine who knows his or her story. The ethical principle and legal right that a professional will hold all client information, not intended to be disclosed to third parties, in confidence unless the client gives consent permitting disclosure or unless disclosure is required by the law. As used in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the right of an individual to have personal identifiable information kept private.

**Cultural Competency:** The ability of individuals to use academic, experiential and interpersonal skills to increase their understanding and appreciation of cultural differences and similarities within, among and between groups to enhance diverse care. This includes awareness of systemic bias and belief systems and how these impact and can work to oppress survivors with disabilities.

**Cyberstalking:** The use of the Internet or other electronic means to stalk or harass a person. This term is generally synonymous with online harassment or online abuse.

**Developmental Disability:** According to the Developmental Disabilities and Bill of Rights Act, developmental disability is “a severe, chronic disability that: is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age twenty-two; is likely to continue indefinitely; and results in substantial functional limitations in three or more of the following areas of major life activities: (a) self care, (b) receptive and expressive language, (c) learning, (d) mobility, (e) self-direction, (f) capacity for independent living, or (g) economic self-sufficiency.”

**Disability:** As defined by the ADA, a physical or mental impairment that substantially limits one or more major life activities. Pursuant to the ADA, “a qualified individual with a disability” also includes an individual with a history of or regarded as having a disability. Impairments may also be sensory, intellectual, or social in nature.

**Disclosure:** The communication of facts and emotions regarding either event(s) that occurred to self or another individual, or disability.

**Discrimination:** The act or practice of categorically judging rather than individually judging a group or idea.<sup>iii</sup>

**Domestic Violence and Abuse:** Physical injury, serious physical injury, sexual abuse, assault, or the infliction of fear of imminent physical injury, serious physical injury, sexual abuse, or assault between family members or members of an unmarried couple.” [KRS 403.720(1)] KDVA defines domestic violence more broadly as “a pattern of coercive behaviors used in an intimate relationship to gain and maintain power and control over an intimate partner.”

**Domestic Violence Order (DVO):** Please see *Protective Order*.

**Domestic Violence Program:** One of 15 non-profit organizations designated by the Cabinet for Health and Family Services to serve as the primary service provider and regional planning authority for domestic violence shelter, crisis and advocacy services in the area development district in which it is located. In addition to providing a safe, secure environment for victims/survivors and their children, programs also offer a variety of support services to residents and non-residents including: Legal/Court advocacy, Case management, Safety planning, Support groups, Individual counseling, Housing assistance, Job search and Children's groups. Programs also work with clients on resume writing, improving basic job skills, parenting, budgeting, and drug and alcohol issues. The programs are also committed to preventing future domestic violence through public awareness and community education efforts. Domestic violence programs work

with schools, local professionals, and community groups to increase understanding of domestic violence issues. Governing laws: KRS 209.160 and 922 KAR 5:040.

**Dual Diagnosis:** Please see *Co-Occurring*.

**Dual Program:** A Domestic Violence Program, a Rape Crisis Program and/or a Children's Advocacy Center housed within the same agency/organization. Each program provides its own set of services and is governed by its own set of regulations.

**Emergency Protective Order (EPO):** Please see *Protective Order*.

**Empowerment:** A social process that is comprehensive and driven by individual issues, defined as important by a person, which promotes capacity for implementing aspects (power) in the individual's life, community and his or her society.

**Full Guardian:** Court appointed individual/agency who makes decisions over all areas of an individual's life, including finances, domicile, healthcare, etc. Please also see *Legal Guardianship*.

**Forensic Interview:** An interview method by which a neutral, trained professional (a forensic interviewer, detective, child protective services worker, etc.) gathers factual information from a child/adolescent or vulnerable adult victim through a conversation that utilizes linguistically appropriate language and takes into account the victim's emotional needs and developmental level. The goal is to gather as many facts as possible about the allegation of abuse in an unbiased, non-threatening, non-leading manner that causes no further trauma to the child/adolescent or vulnerable adult victim. This method recognizes the fact that disclosure is a process, not necessarily a single event.

**Guardian:** One who legally has the responsibility for the care and management of a person, estate, or both, of a child or an adult for whom a guardian has been established by a court. Please also see *Legal Guardianship*.

### **Housing Types:**

**Boarding Home** - Regulated abode (by regulation can be a home, institution or other place of lodging) which provides room and board for a fee.

**Domestic Violence Shelter** – Temporary housing providing immediate safety to victims of domestic violence and children at an undisclosed location for what is usually a period of 30 – 90 days. (some shelter programs choose to be a public location).

**Family Care Home** - Licensed private home that provides supervision and personal care services to individuals who need some help with self-care, but who do not require constant medical care or skilled nursing services.

**Group Home** - Small, licensed facility (no more than 8 beds) that provides residential and supportive services to individuals with intellectual disabilities and/or developmental disabilities.

**Independent Housing** - House or apartment within the community in which an individual resides by self or with family members/friends; personal assistance/home health workers may or may not provide services within home setting.

**Intermediate Care Facility for Individuals with Mental Retardation (ICF-MR)** - Licensed facilities for individuals who have developmental disabilities and need a nursing facility level of care.

**Personal Care Home** - Licensed facility that provides individuals with supervision and basic health, residential (meals and laundry), and recreational services. Individuals must be at least sixteen (16) years old and be able to perform most of their activities of daily living.

**Nursing Facility** - Facilities for individuals who require 24-hour in-patient high-intensity nursing supervision/care.

**Supports for Community Living (SCL) Staffed Residence** - Home within the community staffed by an agency and funded through the Supports for Community Living Medicaid waiver. Waiver recipients must have either an intellectual disability and developmental disability or a developmental disability.

**Transitional Housing** - Residency program that includes some support services and is designed as a bridge to self-sufficiency and permanent housing.

**Inclusion:** Recognition of all persons being “one” in society and acceptance of the civic responsibility of support systems to ensure that all persons receive the supports they need.

**Individual or Person with a Disability:** The terms “individual” and “person with a disability” are used instead of depersonalizing terms such as “client,” “consumer” or “patient.”

**Informed Consent:** An individual's agreement to participate in and/or allow something to happen, based on accurate and full disclosure of the information needed to make a decision; i.e. knowledge and understanding of risks, alternatives, consequences.

**Institutionalization:** The act of placing someone in the care of an institution, care facility, or other agency that will be responsible for full care of a person. Historically, many individuals with disabilities were institutionalized against their will and/or have been threatened with being placed in a more restrictive environment.

**Intellectual Disability:** Known in Kentucky law as "mental retardation." According to 907 KAR 1:145, is "significantly sub-average intellectual functioning" which is usually typified by a score of 70 or lower in intellectual quotient testing and "concurrent deficits or impairments in present adaptive functioning in at least two of the following areas: communication, self-care, home living, social or interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, or health and safety that occurs before the age of 18."

**Legal Guardianship:** Refers to the outcome of the civil court process set forth in KRS 387 in which an adult with a disability is determined to meet the legal definition of "disabled" and the court designates another party to make legal decisions that would protect and assist the individual.

**Conservator** - Court appointed individual/agency who manages an adult's financial assets.

**Full Guardian** - Court appointed individual/agency who makes decisions over all areas of an adult's life, including finances, domicile, healthcare, etc.

**Limited Guardian** - Court appointed individual/agency who makes decisions in areas specified by the court.

**Mandatory Reporting:** Requires that abuse, neglect, and exploitation be reported when the victim is a child (under 18), the spouse of the offender, or a vulnerable adult. Governing laws include KRS 209, 209A, 620.

**Mental Illness:** A psychological or behavioral pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture.

**Orthotic Equipment:** Devices used to support, align, maintain or aid an individual's strength and/or mobility.

**Perpetrator:** An individual who commits criminal behavior, specifically abuse or assault. This person may also be referred to as an assailant, abuser, defendant, primary aggressor or batterer.

**Person Centered Services:** Recognition of an individual's preferences and needs during all components of service planning giving individuals the power to use resources in ways that make sense in their lives. Planning recognizes a person's interests, strengths, and talents while targeting assistance to achieve specific results in a person's life, increasing choice and control rather than fitting the individual into a program.

**Post-traumatic Stress Disorder (PTSD):** An anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents or military combat (Source: National Institute of Mental Health web site). Criteria for diagnosis are set forth in the *Diagnostic and Statistical Manual (DSM), Fourth Edition*.

**Power of Attorney:** An instrument authorizing another to act as one's agent or attorney. A Power of Attorney is executed by a competent individual to allow another person to make decisions in specified areas on his or her behalf. The individual retains the right to make his or her own decisions and may rescind at any time. A "durable power of attorney" is an instrument written so that it continues if the individual becomes unable to make decisions.

**Privilege:** An exception to the general rule that an individual has a duty to testify regarding relevant matters in a legal proceeding. Where privilege exists, "a client has a privilege to refuse to disclose and prevent any other person from disclosing confidential communications..." (Source: KRE 503 and others). Privileges recognized under Kentucky Rules of Evidence (KRE) are: attorney-client (KRE 503), husband-wife (KRE 504), religious (KRE 505), counselor-client, including a sexual assault counselor and certain victim advocates (KRE 506), and Psychotherapist-patient (KRE 507).

**Project SAFE Network:** All agencies involved with Project SAFE, including those which are beyond the scope of the cooperative agreement with the Office on Violence Against Women.

**Project SAFE Steering Team:** Members of Project SAFE who are participating in the Project SAFE project funded under a cooperative agreement with OVW. The Steering Team will meet all cooperative agreement requirements and provide general leadership to the Project SAFE Network.

**Protective Order:** A protective order is a civil court order that directs one party (the "respondent") to have "no contact" or "no violent contact" with the other party (the "petitioner")

and/or his or her children. An Emergency Protective Orders (EPO) can be issued by a court based solely on the petition of one party, i.e. the victim of abuse, and is typically effective for 14 days. At the end of 14 days, a hearing is held where both parties have the opportunity to be heard and a Domestic Violence Orders (DVO) can be issued. The judge then makes the decision whether to grant the DVO and the duration of that order (which can be up to three years and may be extended if necessary). Statutes governing EPOs and DVOs are KRS 403.715 to 403.785.

**Rape:** Please see *Sexual Abuse*.

**Rape Crisis Program / Rape Crisis Center:** One of 13 nonprofit corporations designated as the regional planning authority for crisis and advocacy services for victims of sexual assault in the area development district in which it is located (Source: KRS 211.600). Services provided include: crisis counseling, mental health and related support services, medical and legal advocacy, consultation, public education, and provision of training programs for professionals. Laws governing Rape Crisis Centers include KRS 211.600 - .608 and 920 KAR 2:010.

**Representative Payee:** Individual, business, or agency designated by the Social Security Administration (SSA) to manage the financial benefits that entity provides to an individual.

**Re-victimization:** Describes the experience of a survivor being victimized or traumatized subsequent to the original abuse by the criminal justice system, health care system, media, victim service providers and/or by another incident of violence.

**Safety Plan:** A detailed approach to maintaining safety for an individual and/or group while living in, escaping from or after surviving domestic violence or other abuse. Domestic violence advocates routinely assist with safety planning.

**Screening:** The process of identifying additional needs of individuals seeking services from programs. This is for the purposes of providing holistic care and ensuring that victims with disabilities are given the opportunity to receive appropriate services.

**Sexual Assault:** Is committed when a person forces, coerces, or manipulates another person into unwanted or harmful sexual activity. Also note that legal definitions for sexual abuse, rape and sodomy are much more narrow. These are set forth in Kentucky in KRS 510.

**Rape** - Pursuant to Kentucky's criminal law, rape is the crime committed when a person engages in sexual intercourse by forcible compulsion or with another person who is incapable of consent. See KRS 510.

**Sexual Abuse** – Pursuant to Kentucky’s criminal law, sexual abuse is the crime committed when a person touches another person’s sex organs or intimate parts by forcible compulsion or where the other person who is incapable of consent. See KRS 510.

**Sodomy** - Pursuant to Kentucky criminal law, sodomy is the crime committed when a person engages in oral or anal sex acts with another person by forcible compulsion or with another person who is incapable of consent. See KRS 510.

**Sexual Assault Counselor:** Pursuant to KRE 506 (addressing Counselor-client Privilege), a person engaged in a rape crisis center, as defined in KRS Chapter 421, who has undergone forty (40) hours of training and is under the control of a direct services supervisor of a rape crisis center, whose primary purpose is the rendering of advice, counseling, or assistance to victims of sexual assault.

**Sexual Assault Nurse Examiner (SANE):** A registered nurse who has completed the required education and clinical experience and maintains a current credential from the board as provided under KRS 314.142 to conduct forensic examinations of victims of sexual offenses under the medical protocol issued by the Office of the Kentucky State Medical Examiner pursuant to KRS 216B.400(4). [Source: KRS 314.011(14)].

**Sexual Assault Response Team (SART):** A multidisciplinary approach to responding to sexual violence.

**SART Advisory Team** – A multidisciplinary team of professionals who meet on a regular basis and are dedicated to working together to respond to the act of sexual violence as a group. This may include representation from the following disciplines: SANE, rape crisis center personnel, prosecution, detectives and other law enforcement, etc.

**SART First Responders** - A multidisciplinary team of professionals dedicated to working together to respond to reports of sexual assault. This includes crisis intervention, information provision, evidence gathering, investigation, and provision of assistance through the legal system.

**Sexual Harassment:** Unwanted sexual or gender-based conduct that interferes with an individual’s ability to perform or advance, especially in a work or school setting. Sexual harassment can be committed by someone of the opposite sex, or by someone of the same sex and victims can be either male or female. As a legal term, *Sexual Harassment* is used to describe a civil cause of action related to violation of anti-discrimination laws. However, behaviors that constitute sexual harassment may also be criminal in nature, including rape.

**Sexuality:** How people experience and express themselves as sexual beings. Biologically, refers to the reproductive mechanism as well as the basic biological drive that exists in all species and can encompass sexual intercourse and sexual contact in all its forms; Emotionally, refers to the bond that exists between individuals, which may be expressed through profound feelings or emotions, and which may be manifested in physical or medical concerns about the physiological or even psychological aspects of sexual behavior; Sociologically, refers to cultural, political, and legal aspects; Philosophically, refers to moral, ethical, theological, spiritual or religious aspects.

**Stalking:** Engaging in an intentional course of conduct (two or more acts) directed at a specific person or persons; that which seriously alarms, annoys, intimidates, or harasses the person or persons; and which serves no legitimate purpose. [Source: KRS 508.130 (1-2)].

**Survivor:** An individual who continues to live, prosper or remain functional after a traumatic event.

**Sustainability:** Effective and efficient enhancement of services for all individuals in a community that can be maintained over time.

**System Change:** The process of improving the capacity of service providers to promote and provide collaborative person-centered services for survivors with disabilities through the creation of sustainable, transferable and replicable change.

**Trauma:** Any physical, psychological or emotional injury resulting in pain, distress or shock, with profound impact on the individual's well being.

**Victim:** As used in the Kentucky Crime Victim Bill of Rights, an individual who suffers direct or threatened physical, financial, or emotional harm as a result of a crime ...” [KRS 421.500(1)]. For certain purposes, victim may also be defined to include a family member, friend, or other person associated with a person who has suffered directly as a result of a crime.

**Victim Blaming:** An overt or covert judgmental response to disclosure of abuse that holds survivors to be in whole or in part responsible for the abuse they experienced. Victim-blaming serves as a barrier preventing survivors from sharing their experience of abuse with others (please also see *Re-victimization*).



**Primary Contact:**

Norb Ryan  
ADA Coordinator  
(800) 423-2933

**Alternate Contact:**

MaryLee Underwood  
Staff Attorney  
KASAP, Inc.  
(502) 226-2704

### **Media Talking Points**

#### **What is Project SAFE?**

Project SAFE (Safety and Accessibility for Everyone) is a multi-disciplinary network of professionals working together to end domestic and sexual violence against individuals with disabilities. We work to improve the capacity of professionals throughout Kentucky to provide safe, accessible and comprehensive person-centered services to individuals with disabilities who have been subjected to sexual assault or domestic violence.

In 2008, Project SAFE received funding under a cooperative agreement by the U.S. Department of Justice, Office on Violence Against Women to refine our efforts to promote safety and respect for individuals with disabilities who have been subjected to sexual assault or domestic violence. Agencies working under this cooperative agreement include:

- Kentucky Association of Sexual Assault Programs, Inc. (KASAP)
- Kentucky Domestic Violence Association (KDVA)
- Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities
- Kentucky Protection and Advocacy (P&A)
- Office of the Kentucky Americans with Disabilities Act (ADA) Coordinator/ADA Coordinator
- Kentucky Office of the Attorney General (OAG)
- The Arc of Kentucky

## **Why Project SAFE?**

Individuals with disabilities are at extremely high risk of being assaulted or abused. Factors linked to increased risk for individuals with disabilities include:

- Limited ability to resist or escape
- Barriers to communication
- Dependence on others for personal care and basic necessities
- Fear of losing needed services
- Limited resources
- History of being taught to comply with authority figures
- Fear of being disbelieved because of perceived non-credibility
- Lack of basic education of anatomy, sexuality, and privacy

Historically, there has been little cross training for service providers to ensure that individuals with disabilities receive appropriate services. Project SAFE was formed by professionals who recognized that these individuals could fall between the cracks and were willing to take action to stop it.

## **What is the Extent of the Problem?**

### **Kentucky**

- In Kentucky, there are 874,156 individuals with disabilities (U.S. Census, 2000).
- In 2008, there were 1,451 rapes reported to the police. In the same year, rape was committed every 6 hours, 2 minutes (Crime in Kentucky 2008, Kentucky State Police).
- In 2008, the Kentucky Administrative Office of the Courts reported that 26,020 petitions were filed by persons seeking Domestic Violence Protective Orders (Crime in Kentucky 2008, Kentucky State Police).

### **Nationwide**

- Up to 90% of individuals with developmental disabilities are sexually abused at some time (Valenti-Hein & Schwartz, 1995).
- Each year an estimated 1.5 million women and 834,732 men are physically or sexually assaulted by an intimate partner (National Institute of Justice and the Centers for Disease Control and Prevention, 2000).
- Women with disabilities are four times more likely to have been sexually assaulted in the last year than women without a disability (Martin, 2006).

- Nearly 25% of surveyed women said that they were raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their lifetime (National Institute of Justice and the Centers for Disease Control and Prevention, 2000).
- It has been estimated that between 39% and 68% of girls and between 16% and 30% of boys with developmental disabilities will be sexually abused by age 18 (Sobsey, 1994).
- Despite the high rates of violence against people with disabilities, a 2003 national survey revealed that only 9% of sexual assault and domestic violence centers reported having a line item in their annual budget for accessibility and accommodations (Schwartz, Abramson & Kamper, 2009).

### **Goals of Project SAFE**

- Ensure that individuals with disabilities receive timely, appropriate and supportive response by disability service providers and victim service providers.
- Increase knowledge regarding domestic and sexual violence against individuals with disabilities.
- Build bridges among service providers who assist victims and those who provide disability-related services.
- Raise awareness about the need for full accessibility in the delivery of victim services.
- Create capacity for seamless, person-centered service delivery system for individuals with disabilities, whether seeking services through a victim service agency or a disability-related service agency.
- Address the need for a sustainable infrastructure to support comprehensive services for individuals with disabilities.
- Promote systems change to ensure sustainability.

### **How Will It Be Done?**

Project SAFE will build the capacity of local organizations by:

- Promoting collaborative partnerships between regional victim service organizations, governmental agencies, the criminal justice system, and organizations serving individuals with disabilities.
- Developing an infrastructure for cross-training and technical assistance to regional service providers and criminal justice officials.
- Promoting the modification of existing policies, protocols and procedures.
- Addressing the need for greater accountability and responsibility in service provision.

- Encouraging the removal of attitudinal, programmatic and cultural barriers that discriminate on the basis of identity.

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<sup>i</sup> This term is cited verbatim from the Accessing Safety Initiative web site at [www.accessingsafety.org](http://www.accessingsafety.org)

<sup>ii</sup> *ibid.*

<sup>iii</sup> *Ibid.*