

Disability Rights Network of Pennsylvania (DRN)

Pennsylvania Coalition Against Rape (PCAR)

Pennsylvania Coalition Against Domestic Violence (PCADV)

History

Approximately 15 years ago, the Disability Rights Network of Pennsylvania (DRN) joined efforts with the Pennsylvania Coalition Against Rape (PCAR) with the intent to eliminate sexual violence in the lives of persons with disabilities. Some of the products of that collaboration included several cross-trainings and a manual that served as a training tool for victims' service providers (the Co-Opt Victim Empowerment (COVE) manual). Unfortunately over the course of time, the original impetus of that initiative decreased. In the summer of 2004, DRN and PCAR joined efforts again, this time in conjunction with other organizations including Pennsylvania Coalition Against Domestic Violence (PCADV), who became a member of the team a year later. All these entities formed the Cross-Systems Advocacy Coalition. The focus of this collaboration has been improving physical, programmatic and attitudinal accessibility to victims' services for people with disabilities. Additionally, it has focused on raising awareness in the part of disability service's providers of the prevalence and vulnerability to violence of persons with disabilities and the existing community resources available to the individuals they support. Through our work on the Cross- Systems Advocacy Coalition we have come to understand that historically the disability system and the sexual and domestic violence systems have not consistently communicated, collaborated or seen each other as resources; we believe none of our three organizations can continue to do our work in isolation. While partnering as equal members in this project, we will have many more opportunities and resources to continue our work together and affect sustainable change. Although this collaboration evolved from the work of the Cross-System Advocacy Coalition, only the three organizations listed at the beginning of this document are the project partners. The Coalition will serve, for the purposes of this grant, as an advisory committee to our project.

Philosophical Framework

Feminism and Equal Access

This collaboration views feminism and accessibility to all areas of life as interconnected principles, as they complement one another with the goal of ending oppression against women with disabilities. Hence our work is strongly influenced by feminist principles which guide our advocacy for equal access to services for women with disabilities. Feminism addresses “equal access” and justice in all areas of women’s lives. In the battered women’s and anti-sexual violence movements, it is seen as a means for improving the lives of all women by eliminating violence against them and includes a vision of social change in which women’s lives are as valued as the lives of their male counterparts.

In a feminist analysis, the legacy of patriarchy is described in terms of the power imbalances that have historically existed between men and women and the role these factors have played in the perpetuation of violence against women. This analysis reflects an understanding of the interconnections among all forms of oppression (ableism, sexism, racism, ageism, heterosexism, classism, etc.). Our collaboration recognizes that women remain the primary target of the forms of violence addressed in our project; however we acknowledge these power differentials are exacerbated by disability for both men and women.

Person-centered Advocacy

The disability advocacy movement is rooted in principles and beliefs that hold as its fundamental basis empowerment through self-determination and self advocacy. For purposes of this collaboration these beliefs translate into a framework for service provision that views all “personal” problems in the context of a ableist/ sexist society and helps persons with disabilities, women and others to understand the discrimination, oppressions and socially defined roles that reinforce dependency, victimization and feelings of powerlessness. Both the sexual and domestic violence movements are rooted in a feminist approach to helping that reflects the examination of the history of women’s oppression. In our collaboration we will be referring to this approach as *person-centered advocacy*. It serves to shape the ways in which advocates in all three of our systems work (including decisions about the role of victims/survivors, acceptance of funding, etc.) and reflects person-centered activities with women, with or without disabilities, modeling leadership. Victims/survivors seeking help are assumed to be basically healthy but in need of understanding, information and support in order to be able to tap their own strengths and abilities for making changes in their lives. The relationship between an advocate and a person/sexual assault survivor, regardless of her/his disability, is taking place between equals.

Vision Statement

People with disabilities in Pennsylvania who have experienced sexual or domestic violence will receive appropriate, responsive and accessible supports and services.

Our mission is to ensure timely and appropriate services for persons with disabilities in Pennsylvania who are victims/survivors of sexual or domestic violence. This will be accomplished by

- Promoting and fostering collaboration between service providers supporting persons with disabilities and those assisting victims/survivors;
- Establishing policies and practices that will promote responsiveness and accessibility to services and support for individuals with disabilities;
- Eliminating physical, attitudinal, cultural and programmatic barriers that prevent people with disabilities from having equal access to victims' services providers if they have experienced or survived sexual or domestic violence.
- Eliminating physical, attitudinal, cultural and programmatic barriers that prevent people with disabilities from experiencing the timely, appropriate, and supportive response by disability service providers when disclosing sexual or domestic victimization.
- Assuring that local service providers can provide appropriate assistance at whatever point victims/survivors with disabilities enter the service delivery system.

Values and Assumptions

Our collaboration is guided by common values and assumptions that we bring to our work.

Values

- Achieving full accessibility in the service delivery system for victims' service providers requires not only the removal of architectural barriers, but programmatic, cultural and attitudinal obstacles as well as changes in policies and practices to avoid discrimination on the basis of disability.
- Ensuring the appropriate response to disclosures of violence requires not only a knowledge base on the part of disability service providers, but the elimination of preconceived notions related to persons with disabilities, changes in policies and practices to protect the health and safety of individuals, and the removal of other attitudinal barriers.
- Collaboration strengthens each partner's ability to respond appropriately to the needs of people with disabilities that experience domestic and sexual violence. It

also assures that people with disabilities will receive appropriate services regardless of where they enter any of our systems.

- In collaboration, all partners have an equal and valuable voice.
- Systems change is the mechanism that will assure long lasting transformation beyond the scope of the grant in both our organizations and communities.
- Each organization in this collaboration is individually rooted in the belief that collaboration is essential for success, systems change and social change.

Assumptions

- People with disabilities are at higher risk for sexual and domestic violence.
- Among the population of persons with disabilities, women as well as men are at significant risk of sexual or domestic violence.
- With appropriate support and assistance, victims and survivors of dv/sa who are persons with disabilities can be actively involved throughout the process, making decisions about the services they will receive.
- People with disabilities face additional barriers to services than the rest of the population, including lack of awareness of the resources available through any of the systems represented in this project. The preconceived notions and attitudes of victims' and disability service providers often add to these barriers.
- Both people with disabilities and victims of sexual or domestic violence are less likely to be believed by the general population and other service providers than victims without disabilities.
- There is limited awareness within the disability service provider community of victims' services. They often lack the knowledge and expertise to properly support a victim/survivor with a disability within their system.
- Disability service providers generally rely on internal resources and mechanisms to address the needs of people with disabilities who have experienced or survived sexual or domestic violence. They often lack knowledge as it relates to the effects of short and long term trauma for victims/survivors of sexual and domestic violence.
- Victim service providers and society in general often do not understand nor know how to communicate with, nor relate to, people with disabilities, a barrier to service provision.

Partners

Core Team Members

This collaboration consists of DRN, PCADV and PCAR. The core team is composed of staff members from each of these organizations, including:

- Advocacy Specialist and Deputy Director from DRN
- Outreach Coordinator, member of the Training and Technical Assistance Team from PCAR.

- Training and Technical Assistance Specialist, member of the Contracts Team from PCADV.

Floating Members of the Collaboration

In the spirit of collaboration and organizational commitment, there are other individuals who have agreed to provide their support and participate in the decision making process when their input is required or needed:

Chief Executive Officer, DRN

Deputy Director, PCAR

Executive Director, PCAR

Contracts Director, PCADV

Executive Director, PCADV

Key Stakeholders

The Cross-Systems Advocacy Coalition:

The coalition will serve in the capacity of advisory council to this project. It will receive regular updates of the work of this collaboration and will provide feedback when necessary and appropriate.

Roles and Responsibilities

Our collaboration is comprised of individual members who represent each organization in this project. The members of this collaboration are committed to improving the systems of support for survivors of violence. In addition to fostering change at the community level, all partners are committed to changing policies and procedures from within to achieve this goal. What follows are the roles and responsibilities of the respective partner organizations.

DRN:

- DRN will function as the lead organization for this project, taking responsibility for its fiscal and programmatic components.
- DRN will subcontract with each of the partners and will negotiate and administer contracts with any Project consultants as needed.
- DRN will provide expertise in the field of disabilities.
 - **Project Director:** a Senior Advocacy Specialist from DRN will function as the Project Director. Her responsibilities include:

- Coordinating meetings and disseminating information among the team members.
- Serving as the liaison with VERA and OVW.
- Submitting the required reports to OVW.
- Facilitating discussions among the members and compiling their feedback when working on deliverables.
- Making sure that the collaboration is fully invested in the process.
- Keeping DRN apprised of the grant activities/plans.
- Taking the lead by initiating contact with disability advocacy organizations and self-advocates when identifying the potential pilot sites.

PCAR:

- PCAR will assign a staff member to participate in the Project planning and successive phases.
- PCAR will provide expertise in the field of sexual violence.
- PCAR will review information, provide feedback to new documents between meetings, and share resources.
- PCAR will submit invoices and reimbursement forms on a timely basis.
- PCAR representative will keep PCAR apprised of the grant activities/plans.
- PCAR will take the lead when initiating contact with sexual assault centers for the identification of potential pilot sites.

PCADV:

- PCADV will assign a staff member to participate on the Project planning and successive phases.
- PCADV will provide expertise in the field of domestic violence.
- PCADV will review information, provide feedback to new documents between meetings, and share resources.
- PCADV will submit invoices and reimbursement forms on a timely basis.
- PCADV representative will keep PCADV apprised of the grant activities/plans.
- PCADV will take the lead when initiating contact with domestic violence programs for the identification of potential pilot sites.

Decision Making Process

The collaboration is committed to a consensus model of decision-making in which decisions will generally be made through group discussion, wherein each member’s input will be considered equal to all others. On issues where there is initial disagreement, every effort will be made to find common ground and reach consensus.

In those circumstances where consensus is not readily achieved, the group will follow a gradient decision-making process that involves the following steps:

1. DEFINITELY (I’m 100 % in agreement)

- 2.OK (I can agree but need some clarification)*
- 3.ACCEPTABLE (I can support the decision but have some objections)*
- 4. MAYBE (I have as many objections as I have reasons to support this decision)*
- 5 WAIT (Do not move forward with this decision yet. We need more time to discuss)*
- 6. DEFINITELY NOT (I'm 100% in disagreement with this decision)*

Our team began working together prior to this grant. Although we always aspire to consensus, experience has taught us that there are instances in which such a goal may not be achievable. We will move forward in a decision if the responses of the members are at a '4' or above. However, we will not move forward if a member of the collaboration feels that it will impact the mission and vision of this collaboration as well as the interests of each individual organization at the table. Therefore, in those cases where consensus is not possible, members of the collaboration agree to work through each individual situation until the issue is resolved satisfactorily for all parties involved. However, if there is a situation where the issue presents a conflict, the Conflict Resolution Protocol will be utilized (see following section).

Decisions that involve communications with the media or budget and/or policy changes will be deferred to the executive director/chief executive officer of each organization for approval or action.

Conflict Resolution Protocol

The members of the collaboration in this grant are resolved that our differences will neither deter nor sabotage our commitment to the project. We are committed to the resolution of any differences or conflicts that may arise throughout the course of the partnership. The facilitation and conflict resolution skills of several members of the partners will be utilized in this process.

Step 1 Members of the collaboration will set up a meeting with the purpose of agreeing about outcomes (i.e. Is the issue really negotiable? Are our goals compatible?)

Step 2 We will clear the air by expressing all tensions/resentments that distort our communication with each other.

Step 3 We will define the problem, including discussing different perceptions of the problem.

Step 4 We will analyze the problem by mutually critiquing each person's own actions and behaviors as well as each organization's position on the issue in question.

Step 5 Our team will brainstorm solutions. We will ask for what the individual and her organization want in a supportive manner. .

Step 6 We will evaluate the solutions.

Step 7 Once agreement is reached, we will decide how the solution will be implemented. An agreement will be made reflecting how things will be done differently or what each organization/individual will change.

Step 8 In the event that internal facilitation does not result in agreement, the group will enlist the assistance of their VERA technical assistance provider or another outside facilitator agreed upon by the group.

Communication

The members of this collaboration will honor the principles of “Ethical Communication” by providing a framework conducive to the sharing of information in an honest, straightforward and supportive manner, with the purpose of increasing understanding and avoiding misunderstanding between each other.

Members of the collaborative are committed to open and regular communication throughout the duration of the grant period. Several procedures have been set in place to assure each partner is a full participant and equally informed.

Internal Communication

1. The Core Team will communicate via email frequently, copying additional members as appropriate.
2. Initially, the Core Team (at a minimum) will meet weekly. The frequency of these meetings will be reassessed as we proceed. Conference calls will also be used when face to face meetings are not possible.
3. Members of the Core Team shall keep the executive director/chief executive officer or her designee informed of the progress of the project. Each executive director/chief executive officer will report, in turn, to their respective boards of directors on the status of the project as needed and appropriate. Core team members will bring information from their organizations back to the collaboration.
4. Partners from each organization will share information about the project with fellow staff at appropriate meetings and through other forms of communication as needed. To the greatest extent possible, all members of each organization’s staff will be made aware of the project, its goals and progress.
5. All partners agree to share each other’s acronyms and terminology to prevent confusion during the process and enhance our education about each other.

External Communication

1. The Project Director or a Core Team designee will check in with our Vera Institute representative weekly, through a planned phone call. The Project

- Director will complete all necessary reports to OVW on a timely basis, and also be the voice of the project to OVW.
2. The Project Director and other members of the Core Team will update the Cross-Systems Advocacy Coalition monthly on the project (the Cross Systems Coalition serves as an advisory council entity to this grant).
 3. Any formal external communications/discussions with the media/public presentations will be agreed to by partnering organizations prior to release. No one is authorized to speak for the collaboration without prior agreement of all partners. Members will collectively develop a message that can and will be shared publicly as needed. This guideline also applies to all media contacts and, with the purpose of achieving consistency, a number of talking points will be developed by the collaboration.

Confidentiality

We have the highest commitment to confidentiality within our collaboration. In the case of PCADV and PCAR confidentiality is “absolute”. Under no circumstances personal information about a victim/survivor will be shared. However, for DRN, confidentiality is “qualified”; i.e., under very specific conditions, records can be subpoenaed. Taking into account that the members of the collaboration follow slightly different principles within their organizations when honoring confidentiality, we have agreed to specific guidelines when operating under this grant.

Among Partners

When an issue or problem specific to one of the partnering organizations is identified, the members of the partnership will, to the greatest extent possible, adhere to a “what’s said here, stays here” policy, keeping the information internal to the working group and sharing with others on only a “need to know” basis (as in the example of our responsibility to keep the executive director/chief executive officer of each organization informed and updated). The role of the partners will be that of joint problem solving and offering continued support and technical assistance to each other.

What follows are some of the issues this collaboration agrees to keep confidential:

- Personally identifying information
- Politically sensitive issues related to the individual organizations at the table
- Budgetary issues specific to the partner organizations

ADA violations and DRN’s responsibilities

Our collaboration sees part of the purpose of the grant as working collectively with our partners to resolve access issues. We would use the means available within the grant (along with our partners) to encourage the pilot sites to become accessible. We would not consider it appropriate, while involved in a grant the purpose of which is to promote access, to take adverse action against a subcontractor of one of our partners because we had not yet been successful. After the grant is over, in the unlikely event that we had failed to persuade the subcontractor to comply with the ADA, should a client contact us we would consider it appropriate to look to other means to convince the site to become accessible, which could include legal action. This process is consistent with the methods DRN uses on a regular basis, i.e., DRN seeks to achieve access for persons with disabilities by first using education, training, and/or advocacy. As a last resort, when necessary DRN will use litigation to vindicate the legal rights of its clients.

Identifying information

In our work under this grant we will not provide direct service, however, we recognize that personal information might become available. Partners will not share individually identifying information about a victim/survivor/person with a disability without that individual's permission.

We will provide confidentiality agreement forms to both individuals and organizations who participate in this project. If there is any confidential material video or tape recorded as an information gathering tool for the project, it will be destroyed within 120 days.

Working with our pilot sites

Our role in this grant with voluntary participants (pilot sites) will be to provide technical assistance and support. We will encourage participants from pilot sites to share openly with us about any issues or problems they have about serving people with disabilities who have experienced or survived sexual or domestic violence without fear of repercussions.

In those instances where, in the course of the relationship with a pilot site, a problem or issue is identified by the partners, it will be brought to the attention of the pilot site. The partnership will reaffirm and continue to offer support and technical assistance to the pilot site while keeping disclosures of ADA violations confidential to the greatest extent possible (see ADA Violations and DRN Responsibilities above).

Mandated Reporting

For purposes of this project, none of the partners are mandated reporters. We do recognize that in Pennsylvania elder care workers defined by statute (Adult Protective Services Act, Title 6, Chapter 15 of the PA Code, July 1990) as employees and administrators of nursing facilities, personal care homes, domiciliary care homes, adult day care centers/living centers, and home health care services) are mandated reporters for victims age 60 and older. In the case of disability service providers supporting adults between the ages of 18 and 59, there is no mandatory reporting by statute because PA

does not have an adult protective services act. However, those providers are required to report incidents of abuse, neglect, and rights violations to the appropriate entities in order to protect the health and safety of such individuals. Domestic and sexual assault providers are only mandated to report suspected or actual child abuse for children under the age of 18, a population which is not a focus of this project.

Work Plan

- Collaboration Charter. Approximate date of completion: 3/1/08
- Identifying the project focus. Approximate date of completion: 5/1/08
- Designing our needs assessment. Approximate date of completion: 8/1/08
- Conducting the needs assessment. Approximate date of completion: 12/1/08
- Submitting report of findings. Approximate date of completion: 2/1/09
- Developing a strategic plan. Approximate date of completion: 5/1/09
- Submitting strategic plan to OVW. Approximate date of completion: 5/21/09

Glossary

This glossary is an “active document” in that we expect the language we use to describe the experiences of persons with disabilities/ victims/survivors and our own systems will continue to undergo constant change and growth as well as inform our process. We will add to/revise the glossary as needed.

Accessible/Accessibility – In compliance with the ADA (see below) making it possible for the person with the disability to fully participate or use the existing services or physical locations. ‘Accessible’ refers not only to the lack of architectural barriers, but the flexibility of existing programs and attitudes of those providing services at all levels.

ADA – The Americans with Disabilities Act (ADA) of 1990 recognizes and protects the civil rights of people with disabilities and is modeled after earlier landmark laws prohibiting discrimination on the basis of race and gender. The ADA covers a wide range of disabilities, from physical conditions affecting mobility, stamina, sight, hearing and speech to emotional conditions and intellectual disabilities. The ADA addresses access to the workplace (title I), state and local government services (title II), and places of public accommodations or commercial facilities (title III). It also requires phone companies to provide telecommunications relay services for people who have hearing or speech impairments (title IV) and miscellaneous instructions to Federal agencies that enforce the law (title V). To understand and comply with the ADA, it is important to follow the regulations issued under the different titles.

Advocate – One who represents, intervenes with or on behalf of others. An advocate is a person who supports individuals while making sure that their rights are respected and works to improve the response of an agency or institution to persons with disabilities/victims/survivors. The process/actions are referred to as “advocacy.” In the sexual and domestic violence communities the term “advocate” is used interchangeably

with “Counselor/Advocate,” reflective of the often dual role played by those providing services. In the disabilities community, the term “Self-advocate” is used to describe those individuals who identify themselves as having a disability while possessing the tools to assert their rights.

Anti-Sexual Violence Movement – The terms used in PA to describe the grassroots organization, beginning in the early 1970’s, of people (mostly women) all over the country who joined together in outrage over the sexual abuse of women and children. It is also referred to as the Rape Crisis Movement and the Sexual Assault Movement. It should be noted that many of these activities had their origins in Pennsylvania, resulting in the formation of PCAR in 1975 as the first sexual assault coalition in the country.

Assistive Technology – A device or a service that a person with a disability uses to function in his or her daily life. Assistive Technology Device can replace a part of or a function of the body:

- Wheelchairs, walkers, and canes.
- Augmentative communication devices and hearing aids.
- Feeding tubes, prosthetics, and other durable medical equipment.

Battered Women’s Movement – A phrase coined in the early 1980’s, to symbolize the efforts of women across the globe working to end violence in the lives of women; includes individuals and groups providing services and safety in domestic violence programs and those engaged in social change efforts to end violence and ensure justice for all women. In the United States, the roots of the movement originated in Pennsylvania and resulted in the formation of PCADV in 1976 as the first state coalition against domestic violence in the country. In PA the vision of the movement reflects a world in which no woman, no child will be at risk of violence.

Caregiver Abuse - Some persons with disabilities require the assistance of others with activities of daily living. For that purpose, caregivers may take many forms (i.e. family members, intimate partners, paid staff, friends, etc.). We acknowledge that there are instances where caregivers become perpetrators of different forms of abuse. Their actions may include the withholding of medications and/or assistive devices, battering, sexual violence, emotional abuse, neglect, financial exploitation, coercion, rights violations, etc.

Coalition – In PA the term used to describe the ways in which domestic and sexual violence programs organize their work through the joint efforts of local programs to work for the greater good of all programs rather than for the benefit or mission of any one individual or sexual or domestic violence program.

Consumer – an individual utilizing disability related services, including someone in mental health recovery. This concept is currently under consideration as the mental health advocacy community moves toward the term “individual”.

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. It encompasses individuals' desires, willingness and ability to improve systems by drawing on diverse values, traditions and customs, and working closely with knowledgeable persons from the community to develop interventions and services that affirm and reflect the values of different cultures. For purposes of this collaboration "culture" reflects the diversity of individuals and groups that make up the disability community.

deaf/Deaf/Hard of Hearing–

deaf: This term refers to individuals with severe to profound hearing loss. The lowercase "d" reflects a physical or audiological perspective.

Deaf: This term refers to individuals who identify with and participate in the language, culture and community of Deaf people, based on sign language. The capital "D" reflects this socio-cultural point of view.

Hard of hearing: This term refers to individuals who experience hearing loss from a physical or audiological perspective. An individual who is hard of hearing may primarily use spoken language (their residual hearing and speech) to communicate.

Developmental Disability – A severe, chronic disability that 1) is attributable to a mental or physical impairment or combination of mental and physical impairments; 2) is manifested before the individual attains age 22; 3) is likely to continue indefinitely; 4) results in substantial functional limitations in at least three of the following major life activities: self-care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, or economic self-interest; and 5) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are lifelong or of extended duration and are individually planned and coordinated.

Disability – A physical, sensory, intellectual or mental impairment that substantially limits one or more major life activities.

Domestic Violence – A pattern of controlling and coercive behaviors that may include psychological and emotional abuse, sexual or economic abuse as well as physical abuse. This is the definition used by domestic violence programs in PA. The behavior may also be referred to as abuse, battering, family violence, spouse abuse, wife abuse or woman abuse. The definition in the Pennsylvania Protection from Abuse Act requires physical injury or some threat of imminent physical harm in order for someone to receive protection by the court. Our collaboration recognizes that perpetrators of caregiver abuse exhibit the same behavior patterns as batterers even though they are not included in the legal definition of domestic violence in PA.

Dual Programs/Centers – Programs/agencies that provide both domestic violence and sexual assault services under separate contracts with both PCADV and PCAR. Over half of the programs in Pennsylvania are currently funded by both Coalitions to provide dual services.

Empowerment – The process by which individuals are provided the necessary supports, information, and feedback for accessing their personal power. Empowerment is an active process that includes gaining the skills and confidence to exercise power in one’s life.

Empowerment Counseling – A wellness-based healing method in which victims of domestic and sexual violence become increasingly able to take control of their lives. The process of empowerment counseling includes the components of supportive counseling, advocacy and educational counseling. Although this approach is and certainly can be “therapeutic” for all victims, in PA domestic and sexual violence programs do not provide “therapy.”

Inclusion – In the context of disability advocacy, inclusion is defined as the right of all individuals to be part of society as equal members, regardless of their abilities.

Informed Consent – A complex concept that has diverse definitions depending on the context.

For the disability advocacy community: we utilize the term ‘informed consent’ when an individual is aware of what s/he is agreeing to and authorizes other parties involved to share information, carry out a treatment, etc. Under specific circumstances, an adult might not be able to provide consent if s/he has been deemed ‘incapacitated’ by the Court. At that point, a guardian is appointed who becomes responsible for making SOME or ALL decisions related to that adult depending on the type of guardianship afforded by the Judge (i.e. limited guardianship, plenary guardianship, or guardian of the state).

Guardianship should be utilized as a measure of last resort because it is inconsistent with the goal of maximizing a person’s independence.

For the anti-sexual violence community: the act of agreeing to sexual activity. Consent can’t be induced by force, duress or deception; can’t be given by someone who is unable to make a reasonable judgment because of youth, mental ability or intoxication; and can be withdrawn at anytime.

For the sexual and domestic violence communities it also relates directly to the circumstances under which advocates may share information about a victim/survivor's situation; eg., only with a signed, written, time-limited release that reflects to whom the information will go, the nature/extent of information to be released, the reason for the release and the date/time the release will expire.

Intellectual Disability – Characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18.

Mental Health – A broad category, encompassing the emotional stability and behavioral regulation of a person. Specific medical diagnoses to explain lack of balance in the individual include anxiety, depression, and various personality or behavioral disorders. While there is debate around the specific causes of mental health limitations, it

can be understood that both biology (chemical or genetic differences) and outside causes (trauma, society), can have an intense effect on human emotions and behaviors. Considering that most human beings are somewhere in the mental health wellness spectrum, we will be using the term ‘Mental Health’ rather than its opposite, ‘Mental Illness’.

Mental Health Advanced Directive: A document that allows a person to make choices regarding mental health treatment known in the event that the person is incapacitated by his/her mental illness. The person is giving or withholding consent to treatment before treatment is needed.

Oppression – Systematic subjugation of one group by another group that has access to social and economic power; keeping someone down by the cruel or unjust use of authority; requires action against a person or group of people that limits their freedom to exercise the most basic of human rights; a system of interrelated forces and barriers that reduce, immobilize and mold people who belong to a certain group and effect their subordination to another group.

Perpetrator –the individual who engages in the forms of violence experienced by the target population of this grant, with the following nuances specific to the three systems in the collaboration:

- **Disability:** the individual acting in any of the following ways against a person with a disability: battering, sexual assault and other forms of sexual violence, neglect, psychological abuse, financial exploitation, coercion, withholding of medications and/or assistive devices, seclusion, improper use of any kind of restraints (including chemical), unnecessary institutionalization, etc. This person can be a relative, intimate partner, paid professional, friend etc.

- **Domestic Violence:** views the term as legal in nature and more commonly refers to the person who commits the violence/abuse as a “batterer”, “abuser” or “primary aggressor.”

- **Sexual Violence:** an individual who commits a sex offense, often viewed as a legal term to refer to a person convicted of a sexually based crime.

Reasonable Accommodation – Involves meeting an individual's needs through access, work schedule or adaptation of facilities.

Recovery – A self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices, and opportunities that promote people reaching their full potential as individuals and community members*. A paradigm supporting that it is possible to recover from mental illness and the experience of such occurs as a continuum, where the person travels through different stages of this process. In other words, the individual is always at some phase of his/her recovery. (*Shelley Bishop’s presentation *Supporting Recovery in Trauma Survivors*)

Safety-Focused – The core of advocacy with victims and survivors of domestic violence and sexual violence, around which all advocacy work takes shape – this work is grounded in and guided by the survivor’s perspective of what it will take for her/him to feel and be safe.

Sexual Violence – Occurs any time a person is forced, coerced, and/or manipulated into any unwanted sexual activity. The continuum of sexual violence includes rape, incest, child sexual assault, ritual abuse, date and acquaintance rape, statutory rape, marital or partner rape, sexual exploitation, sexual contact, sexual harassment, exposure, and voyeurism.

Social Change – Actions directed to confronting and changing the responses of social systems towards all persons, including victims of domestic and sexual violence, and redefining societal norms/attitudes towards all oppressed persons/groups. Social change in the context of victimization requires a political analysis of the issue of violence against women which acknowledges institutional and cultural supports for battering and sexual violence, and includes strategies for action that reflect a vision of a non-violent world beyond simply service delivery. In Pennsylvania social change guides the work of the Disability Rights Network and the state sexual and domestic coalitions and local domestic and sexual violence programs. Critical elements in the disability advocacy movement, the battered women’s and anti-sexual violence movements in Pennsylvania have been the voices of persons with disabilities/victims/survivors, who are viewed as the “experts” on what serves best to keep them safe and enjoying a meaningful life. “Nothing about us without us” continues to be the motto of the disability advocacy movement. “Social Justice” implies working towards assuring full access to all society has to offer including services that address victimization. “Social Transformation” describes the results of social change efforts.

Survivor – A self-definition wherein persons who have experienced domestic or sexual violence decide whether to identify as victims of the violence or as survivors. Some who use this term describe ceasing to view themselves as victims and moving along a continuum in their belief in their ability to not only change their own situation but at some future point becoming ready to help others move from victim to survivor. It is in this context that local sexual and domestic violence programs often refer to the “victim/survivor continuum.”

Systems Change – Activities with a system (agency or institution) made by an advocate to effect policy or procedural change in order to improve and/or strengthen the system’s response to all persons with disabilities and/or victims of sexual or domestic violence. In the case of this collaboration it includes the creation of new language that crosses the three disciplines and a new system of responses to victims of sexual and domestic violence who have disabilities that assures services are available and fully accessible wherever they may enter any of our three systems.

Trauma – An experience that produces psychological injury or pain with long lasting impact on the individual’s emotional wellbeing. For many victims of trauma, therapy is understood to be an essential part of recovery.

NOTE: Therapy is not a service funded by PCAR or PCADV. If a domestic or sexual violence center is providing therapy, it must be funded from sources other than the contract with either Coalition.

Trauma Informed - To both know the history of past and present abuse of a victim as well as to understand the role victimization plays in the possible mental health and substance abuse issues a victim may display. Service providers who are trauma-informed understand how to deliver services that accommodate and address vulnerabilities, allow for victim participation and address trauma and other service needs in the appropriate order to facilitate recovery.

Victim – In the context of this grant, it refers to a person who has experienced domestic and/or sexual violence. Individuals may or may not identify with this label or may refer to themselves as “survivors”. In PA the broader term “victim/survivor” is commonly used by domestic and sexual violence programs and will be adopted for the purpose of this collaboration. When used in this document, the term “victim” applies to people with disabilities who have experienced some form of victimization as well as the rest of the population fitting the same category.