

WASHINGTON, DC COLLABORATION CHARTER¹

Introduction

This collaboration charter represents the shared commitments of eight community-based organizations in the District of Columbia. Individually, each of these organizations provides direct supports and advocacy services for people with disabilities and/or survivors of domestic and/or sexual violence. Collectively, we have joined together to become the system of responsive supports that survivors in our community need and deserve. This charter does not represent any one of these organizations independently; it represents our shared expectations, responsibilities, and goals as an inter-connected service system. Our actions together, now and in the future, will breathe life into this charter by strengthening our services for survivors with disabilities in the District of Columbia.

Vision

In the District of Columbia, survivors of domestic and sexual violence or abuse who have disabilities will live in safe environments, heal and have healthy, successful lives. They will have access to high quality, seamless supports that are person-centered and responsive to each survivor's needs.

Mission

Together with survivors of domestic and sexual violence and abuse who have cognitive or mental health disabilities, we will:

- Increase physical and emotional safety,
- Facilitate healing, and
- Promote self-agency and support.

We will transform our system to learn from survivors with disabilities, prioritize the needs of those survivors, and build permanent practices that identify these survivors and meet their needs by creating focused partnerships to share our strengths.

Core Values

Accessibility: We think foremost about how to remove barriers and encourage the widest possible participation.

¹ "This project is supported by Grant No. 2007-FW-AX-K010 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this document are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Accountability: We hold ourselves, and each other, responsible for our commitments to survivors with disabilities.

Advocacy: Together, we raise survivors' voices against oppression in all its forms, especially survivors who have been silenced because of their race, gender, ethnicity, socio-economic status, disability, immigration status, faith, and/or sexual and gender identity.

Confidentiality: Each survivor has the right to decide who knows her story.

People First: The voices and experiences of survivors with disabilities are at the center of our work.

Respect and dignity: We value all survivors, ourselves, and each other. We honor the decisions of all survivors. We show understanding and appreciation for our similarities and differences. We treat each other as we want to be treated.

Self-agency: Survivors make, act on, and take responsibility for their own decisions.

Roles and Responsibilities of our Members

This charter is the work product of eight community-based organizations in Washington, DC: Anchor Mental Health, the DC Rape Crisis Center, the DC Coalition Against Domestic Violence, the Lt. Joseph P. Kennedy Institute, Project ACTION!, Quality Trust for Individuals with Disabilities, Inc., Ramona's Way and the Resource Opportunity Center. Each of these agencies has appointed one representative to serve on this project's Working Group. These agencies and their representatives have made the following commitments to our work together:

Member Agencies' Responsibilities

- Ensure consistent representation at collaboration meetings
- Bring agency and system specific expertise and knowledge
- Bring field and movement expertise and knowledge
- Undergo an internal change process and serve as change agents
- Practice self-assessment and reflection
- Serve as ambassadors to other organizations
- Use our sphere of influence to advance the collaboration's goals
- Bring knowledge of our agencies' resources and our capacities
- Offer high quality services that are responsive to needs identified through our project
- Incorporate best practices learned
- Share our strengths

Lead Agency's Responsibilities

- Maintain compliance with grant requirements
- Staff the collaboration with a Project Director

- Convene collaboration meetings
- Serve as the fiscal agent and administer sub-contracts
- Research supplementary funding sources
- Maintain collective focus on long-term sustainability
- Hire Principal Investigator to conduct project evaluation
- Serve as the primary contact with the Office on Violence Against Women and the Vera Institute of Justice

Self-Advocacy Organizations

- Contribute knowledge of barriers in service systems
- Serve as change agents
- Participate in self-assessment activities to identify needs
- Serve as the project's eyes and ears
- Collect resources to share with self-advocacy community
- Bring knowledge and expertise from support groups to collaboration
- Serve as liaisons between provider and self-advocacy communities

Individual Roles and Responsibilities

- Advocate for change within our organizations
- Participate and be fully present in collaboration meetings and activities
- Share project information with leaders and change makers in our respective organizations
- Keep collaboration team members apprised of important information from our individual organizations, disciplines and movements that could influence our work together
- Advocate and support our team members with disabilities
- Challenge ourselves to confront our own biases and positions of privilege
- Question ourselves and our assumptions
- Listen and acknowledge the expertise of survivors and people with disabilities
- Be sensitive to people with disabilities—speak *to* them, not *down to* them
- Be the change we want to see

Decision-Making

Decision-Making Process

Our collaboration strives to achieve unanimous decisions about issues that affect us as a group. Consensus and equal representation in decision-making promotes trust and commitment among our members. Consensus-based decision-making also takes each individual organization's needs into account and results in solutions that work for everyone. To achieve consensus in individual decisions, we will use a gradient scale, so individual members can express support or opposition on a continuum, as opposed to a simple yes or no process.

If we do not achieve immediate consensus, we will use the following gradient scale to assist in structuring our decision making. Individual members express support on a scale of one through five, with one meaning full support and five meaning a veto.

- 1: Yes. I fully support it.
- 2: Yes. I don't love it, but I can live with it.
- 3: I don't know. I need some more information.
- 4: No. But I'm willing to continue the discussion, and I'm open to the possibility of changing my vote.
- 5: No way. I do not support it, and I do not wish to move forward with further discussion.

When every member of our collaboration is a one or a two, we will move forward with a decision. We will continue the discussion if any member is a three or a four. If anyone is a five, the group needs to engage in conflict resolution to evaluate recommendations and alternatives that might lead to consensus. Once we achieve consensus, every member of the group agrees to reflect the group's decision in a positive light to our individual agencies and any external publics, as appropriate.

Decision-Making Authority

Decisions for this project will be made at three different levels: Project Director, Working Group, and Full Group levels.

- *Project Director Authority:* The Project Director can make decisions independently about project logistics, when to reach out to our technical assistance provider or Office on Violence against Women program officer for support, pace-setting for project implementation, and ways to hold the group accountable. The Project Director also contracts with the Principal Investigator and shares findings from her evaluation activities with the collaboration.
- *Working Group Authority:* The project's Working Group includes at least one representative from each of the member organizations. This group can make decisions about day-to-day work on project products (e.g., collaboration, needs assessment, and strategic plan). The Working Group can also make decisions about the project's key priorities and issues as well as offer recommendations about needed changes to agency policies and practices. Based on their knowledge of individual agency protocols, representatives to the Working Group also decide when to elevate decisions to the Full Group.
- *Full Group Authority:* The Full Group for the collaboration includes the Working Group, Project Director, and the leadership of the individual partner organizations. For some organizations, leadership includes the full Board of Directors. The Full Group will approve decisions about changes to organizational policies and practices and changes with a fiscal impact. The Full Group will also approve any decisions that impact public policy or agencies' public images. The Full Group will contribute to and make decisions regarding the project's strategic

plan and long-term sustainability plan. Our members agree to respect the boundaries among these three tiers of decision-making.

Positive Conflict Resolution

Our members recognize that our organizations share common ground, but also bring differences of opinion, perspective, and priorities. These differences can teach us a great deal about each other and the work we do. They can also create barriers and challenges to effective communication and teamwork. We understand conflict is a natural part of relationship-building. We also recognize that our conflicts might impact people who do not participate in them directly, such as our respective organizations and the people we serve. Consequently, we seek positive solutions to our conflicts that are in the best interests of our organizations and the people we support. A positive conflict resolution process creates a context for the free exchange of opinions and ideas that are integral to our success. Our guidelines for positive conflict resolution include the following:

- We will trust each other enough to feel comfortable voicing disagreements;
- We will practice strong listening skills when we experience conflict and hear one another out before defending our own positions;
- We will pay attention to our body language and avoid eye rolling or other indirect forms of communication;
- We will separate problems from people and keep the focus on the issues that led to conflict, as opposed to personalities;
- We will allow time to hear each other out when we have disagreements; and
- We will seek solutions that promote self-governance and work for everyone.

If we are unable to resolve a conflict within the group, we will seek help from the Vera Institute of Justice. If support from our Vera associate does not lead us to a resolution, we will use local facilitators and/or mediation providers such as Mosaica, George Mason University, and the Archdiocese of Washington.

Internal and External Communications

Internal Communications

In all communications, our collaboration encourages broad participation and welcomes alternative perspectives. We seek to minimize defensiveness in our interactions. We strive to listen carefully and respond respectfully to one another. Members of our Working Group will engage in direct and regular communication with one another through email, phone, and face-to-face meetings. Members of our Working Group also serve as liaisons to other change agents in our respective organizations. To this end, Working Group representatives will routinely update senior leadership in their organizations, as well as Board of Directors members, as appropriate. We will update members of our organizations on our progress at staff, management, and Board of Directors meetings.

Meeting Guidelines

Our collaboration's Working Group will meet at least twice each month for two hours each time. This schedule is subject to change as we progress with the project. We also plan to form smaller work groups to accomplish specific tasks; these groups will convene outside of our semi-monthly meetings. These groups will report on their activities to the Working Group. We will rotate locations of our meetings among our member organizations. We will not hold meetings, however, at locations that are not metro accessible. Our Working Group has committed to late afternoon meetings, from 4:00-6:00, to accommodate the work schedules of our team members who are self-advocates and must use leave to attend our meetings. Within meetings, we commit to the use of non-violent and People First language. We also recognize that we will make mistakes. We commit to having patience and learning from one another.

Media Plan

Our external communications strategies will promote uniform and positive messages about our collaboration's mission, activities, and members. We recognize that media coverage presents both opportunities and challenges, which our team will prepare to leverage and/or overcome as necessary. Contacts with the media will promote the collaboration and demonstrate our mutual respect for survivors with cognitive or mental health disabilities, one another and our organizations. We have different protocols for crisis and routine communications. The Project Director is our sole spokesperson, except in crisis situations when, the group has decided, it is more appropriate for us to have two spokespeople (see below).

Ongoing Communications and Media Relations

Planning Phase: We recognize that during the planning phase of our project, community outreach and external communications are not high priority activities. In response to inquiries about the project, we speak from the following simple fact sheet.

Talking Points

Who: A collaboration of anti-violence and disability support agencies that are working together to share their strengths that includes Anchor Mental Health, the DC Coalition Against Domestic Violence, the DC Rape Crisis Center, Kennedy Institute, Project ACTION!, Quality Trust for Individuals with Disabilities, Inc., Ramona's Way and the Resource Opportunity Center (The ROC).

What: Is in the planning phase of a project that will improve services for women with cognitive and mental health disabilities who have been hurt or threatened with violence and/or abuse. The Office on Violence against Women of the US Department of Justice is funding the project.

When: The project is currently in its planning phase, which we anticipate will conclude in December 2008. The implementation phase of the project is another two years after we conclude the planning phase.

Where: Across the District of Columbia.

Why: Women with disabilities are especially vulnerable to violence and abuse. Although they face increased risks for violence and abuse, there is limited outreach and services in our community for survivors with disabilities. Agencies that respond to violence and trauma, as well as agencies that support people with disabilities, need to understand better how to help women with disabilities who experience violence and abuse.

How: The partner agencies in this collaboration have come together to listen and learn from each other and survivors with disabilities. We will change our own systems and services to improve quality and expand access to services for survivors with disabilities.

We believe any woman with disabilities who has been hurt will be able to get help from any involved service provider because of this project.

Contact Information: Janelle Nanavati, Project Director, (202) 281-2722

Implementation Phase: In years two and three of the project, when we envision taking a more proactive stance in external communications with a focus on education and outreach, our collaboration will coordinate all communications with key external stakeholders through the Working Group. Our several audiences and our secondary stakeholders will have different communication needs from those organizations that are represented on our Working Group. These secondary stakeholders include, for example, the DC Department on Disability Services, members of the DC Coalition Against Domestic Violence, members of Quality Trust for Individuals with Disabilities, the DC Department of Mental Health, and any private funders with which our collaborative as a whole or individual partners are involved. Strategies for communicating with these stakeholders might include newsletters, emails, and community outreach through presentations.

In the second and third years of the project, we will create a website to disseminate lessons learned from our work together. Possible content might include portions of the Collaboration Charter, project progress reports, strategic plan goals, and community asset/resource maps. Once we develop our strategic plan, we will have a clearer picture of our project's direction for the implementation years and will be able to develop a more substantive plan for ongoing communications and media relations.

This collaborative is committed to ongoing communication with self-advocates in our community. We recognize that these communications strategies will need to rely less, or not at all, on electronic media. We will conduct more face-to-face and phone communications with them because many people with disabilities do not have regular access to computers and/or do not prefer written communications in general.

Crisis Communications

We have authorized two Working Group representatives to speak with the media on behalf of our collaboration in a crisis, one representing the disability field and one representing the anti-violence field. The Project Director, who represents a disability organization, is authorized to speak with media as our primary spokesperson with support from the Catholic Charities Director of Communications. The team has authorized the DC Coalition Against Domestic Violence's Deputy Director as the second spokesperson; she has extensive media experience, particularly with crisis stories and representing community coalitions and collaborations.

All other members of the collaboration are not authorized to speak to the media on behalf of the group in a crisis. If any other of our partner agencies receives a media inquiry about our collaboration in a crisis situation, that agency's Executive Director or Working Group member will confirm the organization's involvement with the collaboration and refer the reporter to our primary authorized spokesperson. At no time will any member of our group confirm or engage in negative comments about another project partner. When fielding crisis inquiries, all of our agencies will avoid the use of the phrase "no comment" and will instead immediately refer the reporter to the Project Director. In turn, the Project Director will contact the second spokesperson and the Communications Director of Catholic Charities, and the three of them will strategize on how to proceed. This includes the high likelihood of collocation at Kennedy Institute to make a formal statement or hold a news conference. Individuals from our collaboration who are not authorized to represent us to the media will state clearly to reporters that they only have authority to answer questions specific to their individual organizations, as opposed to our collaboration.

The following crisis communications protocols exist for our collaboration:

1. If a person who is not the primary authorized spokesperson receives a crisis call, he or she will first refer the call to the Project Director's cell phone.
2. If the Project Director is not available, the person who received the inquiry about the crisis will contact the Deputy Director of the DC Coalition Against Domestic Violence at her office phone.
3. If both spokespeople plan to be out of town or otherwise unavailable, the Project Director will appoint a third person to serve as the collaboration's media spokesperson.
4. We understand the importance of controlling the message and will not respond to crisis inquiries in haste. The spokespeople will return the reporter's call, request his/her deadline, and commit to calling the reporter back, while indicating the need to double check the facts of the story first.

5. We recognize the potential to turn hostile questions to our advantage. In a crisis, the spokespeople for the collaboration will focus on “the whole story;” that is, educating the media about the broader issues of violence against women with disabilities.
6. In strategizing the collaboration’s response to a crisis in hand, the spokespeople will discuss the allegations, gather information as necessary and decide on their key talking points for the return call. They will then decide whether to collocate or arrange a three- or four-party conference call for the return call to the reporter. (Our previous experience suggests that in a crisis there is seldom only one media representative following a story. Therefore, it is likely that the return call will be to inform the media representative that the spokespeople will collocate at Kennedy Institute to deliver a formal statement and field questions at a particular time.)
7. The Project Director or the second spokesperson, whichever speaks with the media representative first, will also immediately notify all members of the collaboration’s working group of the crisis contacts via email. These representatives are responsible for notifying the appropriate people within their own organizations, such as Executive Directors or Communications Directors, about the contact.
8. The Catholic Charities Communications Department will support either or both spokespeople to prepare for news conferences or scheduled interviews, as needed. The Communications Director will attend news conferences and face-to-face interviews to provide support, identify any red flags, protect the rights and privacy of the people we support, secure written releases, take photos if appropriate, and continue to gather information from media representatives about the progress of the story.
9. Information about survivors is confidential. Spokespeople/agencies cannot share this information or connect survivors directly with the media under any circumstances in a crisis.
10. Spokespeople for the collaboration will use People First and non-violent language in communicating with the media. They will also avoid victim blaming in any stories that involve violence or abuse. Spokespeople will make positive statements about our project and each collaborating organization.

Confidentiality

Our collaboration believes a survivor’s right to confidentiality is born of her right to self-agency. We recognize any limitation of confidentiality concurrently limits self-agency. We believe survivors have the right to implement their own choices on their own terms. Our actions together will, therefore, maximize the survivor’s right to confidentiality, to the fullest extent allowable under District of Columbia law. In DC Adult Protective Services law, the following professions must report abuse against a vulnerable adult: conservators, court-appointed mental retardation advocates, guardians, health-care administrators, licensed health professionals, police officers, bank managers, financial managers, and social workers.

- *Meetings:* If collaboration members share personal information in our team meetings, this information is not shared with anyone outside the group. Team members are not at liberty to repeat personal information shared in these meetings with anyone. We record our meetings to prepare meeting summaries and document progress. Our meeting tapes are the property of the Principle Investigator; she is not a mandatory reporter.
- *Survivor information:* We agree to protect confidential survivor information within our needs assessment to the fullest extent allowable under District of Columbia law. We will be transparent about any limitations of client confidentiality imposed through agency regulations or local law. We will attempt to state the consequences of disclosures before any survivor shares personal information in the presence of a mandatory reporter. As we move forward with this project and have more survivors in common, we agree to respect boundaries and any differences among our agency protocols for confidentiality. For example, some agencies within our group mandate that all employees report abuse and neglect, even if they are not mandated reporters under DC law. We agree to respect these protocols, even when they are grounded in organizational policies rather than local law.
- *Organizational Information:* In the process of assessing our services, we will learn about both the strengths and weaknesses of our organizations. We will limit the availability of information that demonstrates organizational challenges to members of the collaboration. We will not disseminate information outside of our group that is potentially sensitive or damaging to our reputations as service providers. Confidentiality with respect to our organizational challenges will promote both trust and change.
- *Mandatory Reporting:* There are members of our group who are mandatory reporters under District of Columbia law, e.g. social workers and counselors. These members are open about their obligations under the law and the potential consequences of disclosure. Should we want to guarantee confidentiality in any of our activities, we will not include our mandatory reporters directly in those activities. Furthermore, some individual agencies in our collaboration have more stringent mandatory reporting expectations for staff members than what local law requires.

Glossary of Key Terms

Our collaboration adapted this glossary from the Accessing Safety Initiative’s website at www.accessingsafety.org . We reviewed this glossary of terms one-by-one to determine which were most relevant to our collaboration and excluded those we thought were less important. We adapted some of the terms to represent our collaboration’s identity and values; we also included some of the terms without modification. Finally, our collaboration added several terms that the original glossary did not include.

Abuser: Someone who carries out the tactics of domestic or childhood sexual violence. In domestic violence, also referred to as a batterer.

Accessible: The removal of physical, environmental, and attitudinal barriers to encourage the widest possible participation.

Accommodation*: Modifications or adjustments to a program, work environment, or job description that make it easier for a person with a disability to participate in the same manner as other people.

Accountability*: The quality or state of being responsible; willing to accept responsibility of one's obligations.

Adaptive equipment*: A device or devices that someone with a disability or functional limitation will use to adapt the environment in which s/he lives or works in an effort to overcome the barriers it poses. Adaptive equipment could be a wheelchair, cane, electronic equipment, or other assistive devices.

Addiction: A disease with genetic, psycho-social, and environmental factors influencing its development and manifestations. This disease is progressive and can be fatal. It is characterized by continuous or periodic impaired control over drinking alcohol or other drugs, preoccupation with drugs or alcohol, use of drugs or alcohol despite adverse consequences, and distortions in thinking, most notably denial. Addiction is a treatable disease and long-term recovery is possible.

Assault*: An action, threat or attempt to hurt another individual. It can be physical, verbal, sexual, or physical in nature.

Autonomy*: A person's ability to make independent choices; self reliance.

Barrier*: Something that blocks, prevents or hinders participation, action, movement, or passage.

Caregiver: A person who provides direct supports to another, either formally, such as a paid Personal Assistant, or informally, such as an unpaid family member or friend. The term is often used to denote a person who assists people who are very young or elderly, or people with disabilities. Many people with disabilities prefer the term Direct Support Staff to caregiver; they require support and assistance from their staff, and caring from their natural support networks.

Charter*: A document that reminds group members about the commitments, plans, goals and timeline they have agreed to for their work on this project, as well as how they will work together

Collaboration: A team or group that is working together. The jobs and partners are defined well and the group works together toward the same goals. The members share their workloads and resources. Their relationships include mutual authority and accountability for success.

Confidentiality: The principle that every survivor has the right to determine who knows her story.

Consensus*: General agreement among the members of a group or community, each party of which has a responsibility to decision-making and follow-up action.

Cultural competency*: The ability of certain people of one culture (often a dominant one) to acknowledge and consider the needs and interests of other cultures.

Culture*: The values, traditions, norms, customs, arts, history, folklore, and institutions that a group of people, who are unified by race, ethnicity, language, nationality, sexual identity or orientation, or religion, share; the way of life shared by the members of a group.

Cyberstalking*: Threatening behavior or unwanted advances directed at another using the Internet and other devices or forms of technology. Cyberstalkers target their victims by making threatening or obscene e-mails or text messaging, hiding cameras, spamming, tracking computers and internet activity, tracking movement through GPS in cell phones, and in numerous other ways.

deaf*: Individuals with severe to profound hearing loss. The lowercase "d" reflects a physical, medicalized or audiological perspective.

Deaf*: 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.

Deinstitutionalization: The process of moving people, especially those with mental health and developmental disabilities, from large, hospital-like, congregate-care living situations ("institutions") into small-scale or family-centered environments which do not segregate people from neighborhoods or the community and then permanently closing the institutional setting. In DC, people with developmental disabilities transitioned out of Forest Haven from 1978 through 1991, when the institution was formally closed. People

with mental health disabilities continue to transition into the community from St. Elizabeths² Hospital.

Disability: The limitation or loss of opportunities to take part in community life because of physical and social barriers. Attitudes, beliefs, and environments disable people.

Disclosure*: The act of sharing personal information which might, under other circumstances, be kept secret.

Discrimination*: The act or practice of categorically judging rather than individually judging a group or idea.

Domestic violence: When someone repeatedly hurts you or tries to control you; that person is either someone in your family, a boyfriend or girlfriend, a formal support person or an informal caregiver. They might hurt you by yelling at you, hitting you or putting you down. They might also hurt you by keeping you away from your family or by making you do things sexually that you don't want to do. They try to control your behavior in a way that makes you feel unequal and unsafe.

Ethics*: A sense of, or system of, morals and values.

Flashback*: The vivid reoccurrence in the mind of a past, usually traumatic, incident.

Gantt chart: A detailed, written plan detailing the work that a group will accomplish, including an outline of duties, supervisors, checks and balances, resources, and a time frame. See work plan.

Harm Reduction Model: A set of practical strategies that reduces negative consequences of drug use, incorporating a spectrum of strategies from safer use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing the conditions of use along with the use itself. This model calls for a non-judgmental, non-coercive provision of services.

Informed decision*: A decision based on accurate and sufficient information.

Institutionalization: The act of placing someone in a congregate setting, usually as the result of formal commitment proceedings, where s/he lives, eats, works, in return for the expectation of receiving medical and other services, such as training, rehabilitation, etc.,. In DC, many children and adults with disabilities were institutionalized against their will at Forest Haven, and many children and adults with mental health disabilities were institutionalized against their will at St. Elizabeths Hospital.

² The institution spells its name without an apostrophe.

Justice: A survivor's ability to sleep at night.

Mandatory reporting: Laws that require members of certain professional groups to report certain instances of abuse and/or neglect to law enforcement, social services and/or other regulatory agencies. In DC Adult Protective Services law, the following professions must report abuse against a vulnerable adult: conservators, court-appointed mental retardation advocates, guardians, health-care administrators, licensed health professionals, police officers, bank managers, financial managers, and social workers. Some human services agencies have more stringent expectations and policies regarding mandatory reporting for their staff than local laws require.

Non-Violent Language: The deliberate omission of words and phrases that reference violence in communication. For example, the avoidance of common phrases such as "take a stab at" or "target" population.

People-First Language: The use of respectful language in reference to people with disabilities, as mandated by the District of Columbia's *People First Respectful Language Modernization Act of 2006*. This law requires the following: (1) Avoidance of any use of the following terms: "afflicted," "cripple," "crippled," "defective," "feble-minded," "handicapped," "handicap," "idiot," "lunatic," "imbecile," "insane," "invalid," "maimed," "moron," "suffering," "wheelchair user," or "wheelchair bound"; (2) Use of "person," "people," "individual," "individuals," "adult," "adults," "child," "children," or "youth" in sentence construction so that the language refers to individuals: (A) With disabilities or with conditions that result in disability; (B) Who have disabilities or who have conditions that result in disability; or (C) Who use or who need assistive technology.

Perpetrator: A person who executes criminal behavior. Our collaborative uses this term to refer to people who execute sexual violence and rape as perpetrators.

Post-traumatic Stress Disorder (PTSD)*: A complex, long-term response that can develop as the result of a traumatic experience that causes a person to feel an intense fear, horror or sense of helplessness and/or relive the situation in the mind in response to specific stressors. Anyone can develop PTSD – men, women, children, young and old alike – and it can cause them severe problems at home, work or school and/or in their interpersonal relations.

Rape Trauma Syndrome (RTS)*: A complex, long-term emotional response to the extreme stress experienced by the survivor of sexual assault. RTS is a response to the profound fear of death that almost all survivors experience during an assault. RTS is a sub-set of Post-Traumatic Stress Disorder.

Safety: Freedom from the risk of physical and/or emotional harm. It is the stillness that a survivor experiences in her mind when she finds physical and emotional refuge from abuse.

Self-agency: The ability to make, act on, and take responsibility for one's own decisions.

Sexual assault*: When a person makes you do something sexual that you do not want to do. The person can be a stranger or someone you know. The sexual act can include making you look at sexual pictures or movies, touching you in a sexual way, or making you have sex. The person can make you do these things by threatening you, ignoring you when you say no, getting you drunk or high, or by using force.

Self-Esteem: The knowledge that one is important to oneself and others. The identification, understanding, and validation of self.

Sexual harassment: A form of sex discrimination. According to the Equal Employment Opportunity Commission, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's job, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment. Sexual harassment is not limited to the workplace and can also happen in public spaces, domestic situations, and recreational spaces.

Sexual violence: Actions of a sexual nature that violate a person's trust and feeling of safety. It 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.

Shock*: The impact or effect of a violent or jarring experience. A state of being depressed, disturbed, or scared.

Socio-economic status*: Of, relating to, or involving a combination of social and economic factors.

Stalking*: When somebody follows you, contacts you, or contacts your friends and family members many times after you have told them not to. The person might contact you in person, through someone else, or over the Internet, on cell phones or pagers (see cyberstalking).

Substance Abuse: A destructive pattern of use of drugs and/or alcohol, which leads to significant social, occupational, and medical impairment or distress. When a person begins to exhibit symptoms of tolerance and withdrawal, it is likely that the person has progressed from abuse to dependence, or addiction.

Survivor*: A person who has continued to live, prosper or remain functional after a traumatic event; considered an empowering term preferred by the violence against women movement.

Sustainable*: Lasting; a program is sustainable when it can continue over the long term.

System*: A group of organizations that works together to provide services.

Systems change*: A system is a group of organizations that works together to provide services. When the system isn't working, people change it to become better for others. This is systems change.

Trauma*: A disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury.

Universal Design*: A framework for the design of places, things, information, communication and policy that opens them to use by the widest range of people, operating in the widest range of situations without special or separate accommodations. Most simply, Universal Design is human-centered design of everything with everyone in mind.

Victim/survivor*: A phrase that recognizes two perspectives on the experiences of people who have experienced domestic violence, sexual violence, and stalking. While some agencies might refer to someone as a victim, others prefer to use a word that feels more empowering to them – "survivor."

Wellness: The quality of being healthy in both mind and body through deliberate effort.

Work plan*: A detailed, written plan detailing the work that a group or team will accomplish, including an outline of duties, supervisors, checks and balances, resources, and a time frame. See Gantt *Chart.

* This term is cited verbatim from the Accessing Safety Initiative website at www.accessingsafety.org

Gantt Chart: Planning Phase Activities

'07 '08 ►

Goals and Activities	Months ►	1 st Qtr	Ja	F	Ma	Ap	My	Ju	Jl	Au	S	O	N	D
1.0 To accept and sign project agreement (lead agency).		X												
1.1 Hire PD (lead agency).		X												
2.0 To participate in Vera/OVW technical assistance.		X	X	X	X	X	X	X	X	X	X	X	X	X
2.1 Participate in orientation.		X												
2.2 Participate in ongoing Vera consultation.		X	X	X	X	X	X	X	X	X	X	X	X	X
2.3 Participate in all-project meetings.		X			X							X		
2.4 Organize, prepare for and participate in facilitated retreat focused on drafting charter.			X	X	X									
3.0 To reconfirm member commitments to project.		X		X	X	X			X					
3.1 Reconfirm project focus (focal populations). (See also 6.1 below.)		X							X					
3.2 Complete “Premise and Promise” worksheet.		X												
3.3 Recruit and orient 1 additional project partner (anti-DV direct services provider)				X	X	X								
4.0 To execute a management structure to govern, plan and implement the project in collaboration with representatives from each project partner. Revisit structure, as necessary.		X	X	X	X	X	X	X	X	X	X	X	X	X
4.1 Hold the first working group meeting within 2 weeks of orientation, review grant deliverables and responsibilities and set a regular working group meeting schedule. (Note: At the charter retreat, the management group decided to meet only on an as needed basis.)		X												
4.2 Establish initial intra- and extra-project communications plan and decision making protocol.		X												

Goals and Activities	Months ►	1st Qtr	Ja	F	Ma	Ap	My	Ju	Jl	Au	S	O	N	D
4.2 Initiate a CIPP evaluation (see 8.0) for year 1. Develop shared policies and procedures for tracking and supervising activities for Year 1 deliverables. Review regularly.		x	x						x	x	x	x	x	
4.3 Recruit and orient 1 additional partner. (See 3.2, 5.4.)				x	x	x								
4.4 Track completion of deliverables. Revise Gantt chart, as necessary. (See also 5.5, 8.4)			x	x	x	x			x		x		x	x
5.0 To develop and earn Vera/OVW approval of our Collaboration Charter.		x	x	x	x	x	x	x	x	x				
5.1 Learn about other partner agencies (and their members).		x	x	x		x								
5.2 Develop vision, mission, glossary and goal statements and internal and external project communications plan.		x			x	x	x	x	x					
5.3 Reach agreement on project decision making process and protocols for conflict resolution and confidentiality.		x			x	x	x	x	x					
5.4 Orient new project partner and engage in charter drafting process.						x	x	x	x					
5.5 Establish work plan for the planning phase. Revise based on planning phase developments. (See also 4.4, 8.4.)		x			x				x					
5.6 Draft charter, submit drafts to Vera/OVW for approval.					x	x	x	x	x	x				
6.0 To develop and earn Vera/OVW approval of a needs assessment plan* and tools. Implement the assessment. (*strengths and weaknesses portion of the strategic plan).								x	x	x	x	x		
6.1 Identify focus/areas of interest to shape needs assessment. Submit to Vera/OVW. (See also 3.1 above.)		x							x					
6.2 Develop and submit draft assessment proposal to Vera/OVW for approval.								x	x	x				
6.3 Develop assessment tools and submit to Vera/OVW for approval.									x	x	x			
6.4 Conduct assessment activities.											x	x		
6.5 Analyze results.											x	x		

Goals and Activities	Months ►	1 st Qtr	Ja	F	Ma	Ap	My	Ju	Jl	Au	S	O	N	D
6.6 Draft and submit Assessment Report (findings) to OVW/Vera.											x	x		
7.0 To complete and gain Vera/OVW approval of a 5-year strategic plan (for the project and sustainability).												x	x	x
7.1 Review findings re strengths and weaknesses.												x		
7.2 Reach agreement on priorities to address.												x	x	
7.3 Develop strategies for change.												x	x	
7.4 Draft strategic plan and submit to Vera/OVW for approval.												x	x	
8.0 To implement a CIPP (context, input, process, product) evaluation of the Planning Year.			x	x	x	x	x	x	x	x	x	x	x	x
8.1 Conduct context/input evaluations. (For context, see all of 6.0. For input, see all of 4.0 plus review of strategies others are using to meet similar goals.) Disseminate results within project management structure to fuel continuous improvement.			x	x	x	x	x	x			x	x	x	
8.2 Use findings re strengths and weaknesses to establish baseline data.												x	x	x
8.3 Conduct process evaluation. Disseminate results within management structure.					x				x			x		x
8.4 Conduct product evaluation. Disseminate results within management structure. (See also 4.4, 5.5.)									x					x