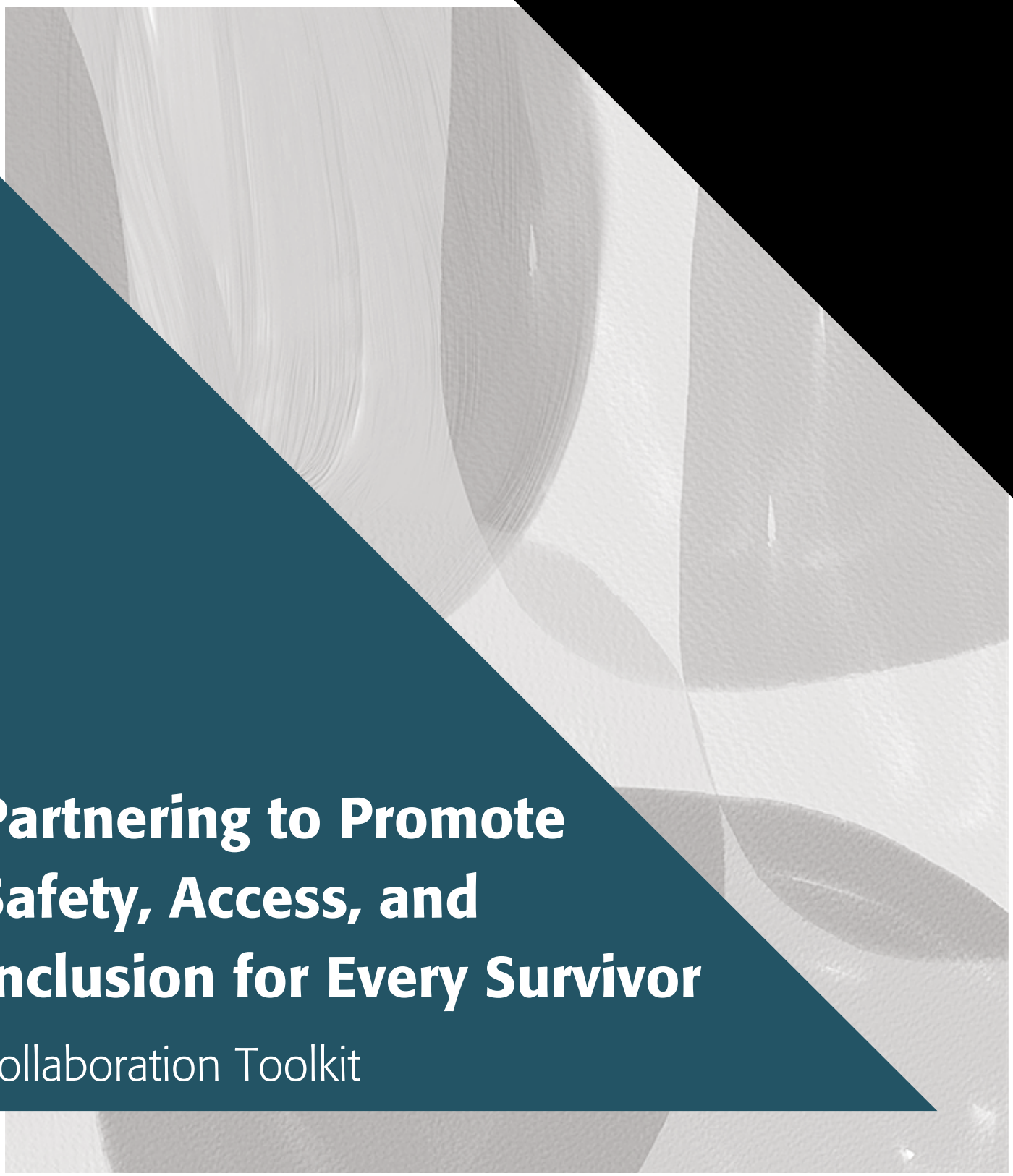

Partnering to Promote Safety, Access, and Inclusion for Every Survivor

Collaboration Toolkit

DDS
NJ DIVISION OF DISABILITY SERVICES

RUTGERS
School of Social Work
CENTER ON VIOLENCE AGAINST WOMEN AND CHILDREN

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Notes on Language

In developing this toolkit, we gave careful consideration to the use of language. The disability community is diverse, and each individual may have different preferences about how they and others talk about disability. Person-first language attempts to keep the emphasis on the person—for example, person with disabilities. Identity-first language acknowledges disability as an inseparable part of identity—for example, disabled people.

Similarly, some people who have experienced interpersonal violence (IPV) prefer the term victim, whereas others prefer the term survivor. Others may choose not to incorporate disability or experiences of abuse and violence into their identities at all.

For the purpose of clarity, this toolkit uses the term survivors with disabilities to refer to individuals with experiences of both disability and interpersonal violence. We acknowledge that language is never politically neutral and that a one-size-fits-all approach to language is disempowering to those who have experiences of both disability and abuse. Honoring individuals' own expressions of their identities and experiences is best practice.

Additionally, when quotes from individual interviews are used in the toolkit, we use DV/SV provider to refer to professionals from domestic and/or sexual violence agencies; CIL provider to refer to professionals from the Centers for Independent Living; survivor to refer to clients of domestic and/or sexual violence agencies; and consumer to refer to clients of Centers for Independent Living. We also acknowledge that survivorship and disability may overlap.

Purpose of the Toolkit

Interpersonal violence, including domestic and sexual violence, is perpetrated against people with disabilities at higher rates than those without disabilities (Plummer & Findley, 2012). This increased rate of victimization is sustained by ableism, or the oppression of people who have, or are perceived to have, disabilities. Systems-wide lack of inclusion in and access to social spaces limit people's ability to meaningfully participate in their communities, which can lead to increased isolation, dependency, and ultimately, an increased risk of violence.

People with disabilities often experience other forms of marginalization and oppression based on race, sex, gender identity, sexual orientation, and class, among other factors. Therefore, as researchers and practitioners, we must always acknowledge the intersecting oppressions people with disabilities and survivors experience. Violence and abuse themselves can also be disabling. Interpersonal violence has the capacity to cause or exacerbate health conditions such as posttraumatic stress disorder and chronic pain conditions (You et al., 2019). Direct physical effects of violence, such as traumatic brain injury, can also have long-term impacts on survivors' quality of life and functioning.

Both DV/SV and disability providers in New Jersey overwhelmingly agree that increasing service access and support to IPV survivors with disabilities is a priority; however, lack of staffing, funding, knowledge, and systemic supports have left this goal unrealized. The good news is that providers have the capacity to decrease harms to people with disabilities if they intervene early when abuse is suspected; provide empathic, person-centered responses; and link survivors of abuse to trauma-informed resources. This is possible through sustained collaboration between disability providers and DV/SV providers across the State of New Jersey. To achieve this mutually shared goal, we must also address and overcome disempowering attitudes and beliefs about disability and violence.

Purpose of the Toolkit (cont.)

Attitudinal barriers are individually and socially held beliefs about people with disabilities and survivors of IPV. These include assumptions and myths that can be positive or negative and that may limit providers' capacity to serve survivors with disabilities. For example, beliefs that people with disabilities do not experience sexual or romantic interest, or that no one would intentionally harm a person with disabilities, contribute to the silence around people with disabilities' experiences of violence.

The power dynamics inherent in helping relationships between service providers and consumers can be magnified in the provision of services for people with disabilities because of beliefs that people with disabilities are not capable of making their own decisions. Organizations can actively decrease these attitudinal barriers at individual, organizational, and interprofessional levels to improve the quality of services to IPV survivors with disabilities by centering the individuals' needs and using supported decision-making strategies.

Disability service providers and DV/SV providers, through the exchange of valuable knowledge and resources, have the capacity to enhance services and improve the lives of survivors with disabilities in New Jersey. This toolkit provides concrete strategies to sustain partnerships in a constantly-evolving human services landscape.

Background of the Work

In 2020, the Center on Violence Against Women and Children, with funding through the New Jersey Department of Human Services, Division of Disability Services, began a needs assessment project to identify key gaps in the provision of domestic and sexual violence services to people with disabilities in the state of New Jersey. The goal was to develop a series of recommendations for strategic action to address the needs of domestic and sexual violence survivors with disabilities.

The needs assessment began in March 2020 and included two phases. Phase one was completed in June 2020 and includes one-time interviews with leadership from 17 domestic and/or sexual violence (DV/SV) agencies in New Jersey. Phase two began in December 2020 and ended in May 2021. As part of Phase two, one-time interviews were conducted with leadership from five Centers of Independent Living (CILs) in New Jersey. In addition, the research team sought to interview clients/consumers from DV/SV agencies and Centers of Independent Living. However, due to COVID-related recruitment challenges, only six clients/consumers expressed interest in participating.

We acknowledge the sample may not be representative of the entire state of New Jersey and may also not reflect the experience of all survivors with disabilities or service providers working with survivors or individuals with disabilities. We also acknowledge that the disability community is diverse as are the scope of agencies that serve individuals with disabilities in New Jersey.

Limitations

We do believe that every voice matters. While the scope of the project has been significantly impacted by the global pandemic, we hope that this work will be a foundation for more robust conversations and that individuals with disabilities and survivors of interpersonal violence are continually given a platform to share their experiences and feel their voices are heard.

This toolkit has been developed based on the gaps and barriers identified through conversations with the providers and individuals indicated above. This toolkit is not an answer, it is simply a way to continue the conversation. It is one step in an ongoing effort to help support DV/SV and disability providers in building sustainable collaborations and increasing their capacity to serve survivors with disabilities.

How to Use the Toolkit

This toolkit is divided into five sections: Increasing Safety, Ensuring Access, Promoting Inclusion, Partnering for Collaboration, and Seeking Sustainability. Each section represents areas of focus for domestic violence, sexual violence, and disability service providers to consider in their work with survivors with disabilities.

We understand that each of the sections intersects. Conditions that limit access may also decrease safety. Not considering inclusion impacts everything. Without meaningful collaboration, sustainability is not possible. Each of these themes is interdependent.

How to Use the Toolkit

Each Section Includes:

An overview of relevant findings from the New Jersey Needs Assessment for Survivors of Interpersonal Violence with Disabilities, highlighting:

1. A general introduction to each area of focus.
2. Highlights from our conversations.
3. Opportunities for growth.
4. Recommendations to help facilitate growth.
5. Tools and resources.
6. Conversation starters that agencies can use to begin or enhance their collaborative work toward increasing safety, ensuring access, promoting inclusion, partnering for collaboration, and seeking sustainability in their work.

One more note:
Throughout the toolkit, you may notice words that are hyperlinked or in boxes. If you are viewing this online, you can click the word to learn more about it in the "Creating a Shared Language" section of this toolkit. If you are reading along in a printed copy, feel free to flip to page 67.

Increasing Safety

> Safety is the most basic task of all. Without sense of safety, no growth can take place.
> Without safety, all energy goes to defense.
>
> -- Torey L. Hayden, Special Education Teacher and Author

Establishing physical and psychological safety is a vital component of trauma-informed care, especially when working with survivors of violence and marginalized communities (SAMHSA, 2014). The following section outlines findings from the needs assessment and strategies to overcome barriers to consumer safety.

Physical safety relates to the physical space where services are provided, what security measures are in place, and who is permitted on the premises. Psychological safety can include consumers' comfort and trust in service providers, as well as the consistent and clear provisions of privacy, confidentiality, and informed consent.

Conversation Highlights

Physical and psychological safety need to be considered simultaneously

The interviews revealed that while physical safety is prioritized by many service providers, psychological safety is not always a primary consideration. Disability providers indicated that safety assessments of their agencies were not routinely conducted by DV/SV providers, and knowledge on adaptive safety planning for survivors with disabilities was limited. To ensure that survivors feel safe, physical and psychological safety should be equally considered in the provision of services. For example, using security personnel in situations that do not pose danger can make survivors uncomfortable accessing services. Fear or distrust of security personnel, law enforcement, or other authority figures can be especially intimidating and uncomfortable for people with marginalized identities. One survivor illustrated this experience:

"Well, I used to go to therapy, and I explained to my therapist what I was going through. She left and security were up there…I felt very uncomfortable that she did that. I never went back to therapy anymore because I felt that like every time that I had to go there, that was the rule. Every time that I had to go there, I had to call the security."

Disability providers also acknowledged consumers' reluctance to engage with law enforcement, which highlights the historical and current ways law enforcement contributes to the harm of marginalized communities:

> "I would consider that the police need to be more trained to work with people with disabilities, because again, it's not easy to disclose that. Also, if somebody shows up in uniform, most of the time it's like, 'Oh no, I'm not talking. This is it. I can't talk to them. They're going to charge me. They're going to do this and that.'
>
> -Disability provider

Conversation Highlights

Physical security, privacy and confidentiality, and comfort and trust all play an important part in someone's feeling of safety.

Important components of safety were identified through our conversations, including:

1. Physical security measures,
2. Privacy and confidentiality, and
3. Comfort and trust.

Providers indicated that comfort and trust were most easily achieved in the presence of peer support, when clients' wishes are valued, and when the limits of confidentiality are clearly discussed. The following quotations from consumers, survivors, and providers represent these components of safety. Additionally, special considerations regarding clients who have guardianship is also discussed in the following pages.

Physical security

Security measures that enhance clients' physical safety were highly valued, especially in domestic violence programs in New Jersey. When these measures are in place, clients are much more able to focus on other important aspects of recovering from violence.

> "[The safe house] is very secure. Nobody knows where the place is. They have cameras. The door, it's always locked. So, you have to have a key to come in and there's cameras outside the building"
>
> - Survivor

Conversation Highlights

Comfort

Comfort plays an important role in increasing safety and the promotion of healing. Both survivors and consumers may benefit from comfortable spaces, as this can help them to regain a sense of calm and safety while receiving services.

> Safety is definitely comfort for me. If I am not comfortable, or can't relax or can't be myself, or let my guard down, I don't feel safe
>
> - Survivor

Privacy & confidentiality

Privacy and confidentiality are also important aspects of clients' physical and psychological safety. Clear confidentiality policies and safeguards to prevent the overhearing of sensitive information give clients the power to make their own decisions about how and when certain information about them is shared.

> We have a general confidentiality clause that every employee completes at the time of hire and then annually thereafter. Any information that they gather is solely for the purpose of supporting that individual. So, it is not shared unless the individual themselves gives us the ability to, signs off a release, that we are able to share that information
>
> - CIL Provider

> We purchased white noise machines to make sure if somebody needed to be in a private office that their privacy, no one was going to hear through the walls.
>
> - CIL Provider

Conversation Highlights

Privacy & confidentiality (continued)

A consumer also illustrated the courage it takes to disclose certain information to providers and what can happen when trust is violated in helping relationships:

> Many people do not have the confidence or guts to speak their mind, so it will break the trust of the relationship if someone told someone else sensitive information. It can create a complicated situation.
>
> - Consumer

Guardianship

Providers additionally noted challenges related to guardianship for clients with disabilities. Guardianship can make respecting a client's wishes more challenging if the client's wishes do not align with what their guardian believes is in their best interests. Further, a client may make decisions about disclosing abuse and violence based on whether they believe this will be reported back to their guardian. This situation can be especially complex when guardians are accused of abuse or neglect of those under their guardianship.

Opportunities for Growth

Community-level

- Having limited knowledge about state standards and resources or direct lines of communication to state-level agencies can leave providers feeling unprepared to work with survivors with disabilities.

- Community-level distrust of law enforcement can impact a consumer/survivor's sense of security. This may be further compounded by intersections of their identity such as race, ethnicity, culture, sexual or gender identity, and many other factors.

Agency-level

- Agencies need to have a clear consent policy in place that considers guardianship.

- Some organizations have confidentiality policies that are not clear and explicit regarding the limits of confidentiality and when and how mandated reporting must occur.

- Even though agency staff may understand what mandatory reporting is, many indicated not receiving training conducted by adult protective services (APS), local ombudsmen, or other investigating authorities on mandatory reporting requirements and procedures.

- Limited education on reporting laws, requirements, or procedures can leave staff feeling unsure about whether it is appropriate to break confidentiality, involve a third party, or what options may or may not be available to a survivor.

Opportunities for Growth

Agency-level (continued)

- Breaking confidentiality unnecessarily can take away a survivor's chance to choose who they would like to tell or how they would like to proceed. Survivors know their lives best. Breaking confidentiality unnecessarily may also increase the risk of harm. Offering choices rather than taking options away can be an important and concrete way to help empower survivors.

- Environmental factors such as lighting, décor, perceived privacy, or even parking lot security may impact how safe or comfortable an individual feels when seeking services.

Attitudinal

- Biases about survivors with disabilities can often leave these individuals out of assessment and decision-making processes, even when they are directly impacted by outcomes.

- Misunderstandings about the limitations of guardianship can harm survivors with disabilities.

Recommendations

- **Conduct planned safety reviews.** In collaboration with community partners and consumers, conduct annual safety reviews to ensure that environments are safe and comfortable for survivors with disabilities.

- **Have safety procedures in place and inform all staff and consumers**. Evacuation plans should be reviewed and posted. Use accessible safety technology that ensures all consumers/survivors can access services. For example, when using security cameras or call buttons, be aware of how this prevents access to nonverbal or Deaf consumers/survivors.

- **Maintain or develop a confidentiality policy.** Have a confidentiality policy in place and provide ongoing training to staff on when it is appropriate to break confidentiality. Policies should be drafted in collaboration with disability and/or DV/SV Providers.

- **Consider guardianship when drafting consent policies**. Have a clear consent policy in place that considers guardianship and seek consultation from disability partners or experts in ensuring policies are safe and clear.

- **Be transparent.** Transparency should be practiced whenever possible. When staff are not transparent with consumers regarding the rationale of actions or policies around confidentiality and safety, this can be disempowering to consumers and can discourage future help-seeking. When confidentiality needs to be broken, consumers should be involved in the process when appropriate, such as when a report must be made to adult protective services (APS) or another authority.
- **Offer ongoing training on mandatory reporting.** Training should involve collaboration with local investigating authorities such as APS, combine components of state-specific mandatory reporting requirements, and be based on trauma-informed practice, considering 1) safety, 2) trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality 5) empowerment, voice, and choice, and 6) cultural, historical, and gender issues (SAMSHA, 2014).

Tools and Resources

- Adult Protective Services (APS): Information on reporting requirements when working with vulnerable adults in the community whom you suspect may have been neglected or abused: https://www.state.nj.us/humanservices/doas/services/aps/

- Ombudsman: Information on filing a complaint when abuse or neglect is suspected in long-term care facilities https://www.nj.gov/ooie/

- SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach for further assistance developing trauma-informed policy and practice at your agency: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

- Agency's Use of Technology: Best Practices and Policies Toolkit for working with clients who have experienced domestic violence: https://www.techsafety.org/resources-agencyuse

- Safety Planning for Persons with Disabilities: Advocate Guide http://www.calcasa.org/wp-content/uploads/files/angie-blumel-advocate-guide-safety-planning-final-printer.pdf

- Washington State Coalition against Domestic Violence: Safety Planning for Domestic Violence Victims with Disabilities https://wscadv.org/wp-content/uploads/2015/06/Protocol_disability_safety_planning-rev-2010.pdf

Conversation Starters

- What confidentiality policies does your agency have in place? Who helped to draft and inform those policies?
- What kind of training does your agency offer around mandatory reporting and the limits of confidentiality?
- How can trainings be expanded to ensure staff can competently handle disclosures of violence and prioritize both the safety and empowerment of survivors?
- Who are your partners in this work?
- Who can you work with to conduct safety and access reviews?
- How can you ensure survivors and individuals with disabilities are a part of the process?

Notes

Ensuring Access

> We ought to be able to bring our whole selves with us to whatever space we are in. Part of the practice of disability justice, which is what my work is rooted in, is honoring the whole body of the person.
>
> ----Lydia X.Z. Brown, Advocate, Organizer, Educator, Attorney, Strategist, and Writer

Survivors with disabilities experience many barriers to accessing services. Physical and service barriers occur when survivors with disabilities are not centered in planning the physical environment and the ways in which services are provided. Ableism underlies and is reinforced by these barriers.

Survivors and service providers referenced policy barriers to accessing both services and basic needs such as housing, fresh food, public transportation, and healthcare. Participants also emphasized attitudinal barriers faced by survivors with disabilities, such as stereotyping and stigma in the criminal justice, healthcare, and social service systems. Survivors with disabilities who have experienced these barriers may be less likely to access services in the future.

Conversation Highlights

Providers understand and value the importance of physical access.

DV/SV service providers demonstrated an understanding of and commitment to providing physically accessible services.

Limited financial resources impact providers' ability to address access needs

DV/SV providers also reported physically inaccessible buildings and parking lots, lack of signage informing survivors of alternate forms of communication and/or where to go for services, and limited access to assistive technology. More specifically, only 47% of DV/SV agencies indicated having a video phone; 35% have a phone for low vision; and 47% have a text line. Lack of financial resources was noted to be a significant barrier to creating physically accessible services:

> "We would love to have an accessible safe house and all of our facilities to be accessible, but we just don't have the financial resources to be able to do that..."
> -DV/SV Service Provider

Conversation Highlights

Accessibility goes beyond meeting the Americans with Disability Act (ADA) requirements.

Survivors described access in terms of advocacy, justice, and trust, reinforcing the importance of understanding access not as an achievable end, but part of a larger process of social justice. Some DV/SV providers addressed the limitations when agencies understand access solely as legal compliance.

> So, accessibility...it's not just making sure things are physically or emotionally accessible; it's also a way of thinking about things. It's a way of approaching the system...we talk about trauma-informed [care], so disability-informed, understanding what that is and also looking at things from a different perspective.
>
> -DV/SV Service Provider

> People don't understand the difference between the Americans with Disability Act and being compliant with that, and being accessible. The ADA, as I explain to people...is the bare minimum.
>
> -DV/SV Service Provider

Conversation Highlights

Marketing, outreach, and programming must be accessible. DV/SV providers described many strategies for making sure services are accessible.

These include 24-hour access to services, TTY, text and chat lines, and using plain language. Fewer agencies market services or engage in community outreach to survivors with disabilities, or engage people with disabilities to test the accessibility of their services. CIL providers talked about needing "more targeted approaches to supporting people and outreaching to the community" and the need for "more plain language literature and staff training to know what's available." Another mentioned the need "to reach out to people that are in congregate care."

Survivors described a need for improved outreach in healthcare and social service offices, churches, schools, and other organizations. Accessible and coordinated care is especially important following disclosures of violence. One disability provider reflected on a need for continuity for survivors with disabilities during the process of reporting violence, across service providers and organizations.

> "I think there should be like, kind of a wraparound service, that if they started out with one department within the organization, that there always will be, like, this anchor there."
>
> -CIL Service Provider

Access limitations determine how survivors with disabilities navigate systems of care. Disability agencies can work with DV/SV agencies to improve processes following consumers' disclosures of violence. Survivors who experience inconsistent responses to disclosure may be less likely to access services.

Opportunities for Growth

Community-level

- Financial resources were described as a limitation by many service providers. This included gaps such as funding for physical access improvements to agency spaces.

- Systemic considerations such as lack of transportation continue to be a practical barrier to services for all survivors, including those with disabilities.

- Survivors expressed a need for more centralized information about services, like a comprehensive website.

Agency-level

- Although a majority of DV/SV providers use local and agency data regarding people with disabilities and access needs to make programming decisions, most disability providers do not make data-informed programming to assess the needs of survivors.

- Disability and DV/SV service providers suggested that they do not have a dedicated staff member or working group for improving services to survivors with disabilities.

- Some survivors described the terms “domestic violence” or “survivor” as marginalizing and not necessarily the way they see themselves.

- All providers agreed that there is a need for increased outreach to people with disabilities. Many DV/SV providers noted that they do not have access to assistive technology that could improve communication with survivors with disabilities or have ongoing training to support their use.

Opportunities for Growth

Agency-level (continued)

- When participants described disability-specific questions asked to survivors as part of intake, responses varied. While some agencies asked about disabilities or necessary accommodations, few talked specifically about how abusers may use a survivors' disability against them as a coercive control strategy.

Attitudinal

- DV/SV service providers suggested that their agencies do not center people with disabilities in decision-making about access needs and other practices that affect survivors with disabilities.

- Attitudinal barriers to increasing access can include preconceptions about whether the demand for assistive technology is substantial enough to justify challenges and costs associated with making these changes. One DV/SV service provider described it like this:

> "I believe, if you build it they will come. Whereas even me getting a deaf-hard of hearing text phone took a lot because [the agency] said we didn't have enough clients. But you don't know if you have enough clients because you don't have [the adaptive technology]."

Recommendations

- **Conduct access testing that involves individuals with disabilities and the voices of survivors.** DV/SV agencies can practice both inclusion and collaboration by engaging people with disabilities in assessing agency spaces, outreach materials, and events for accessibility. This includes websites, social media accounts, in-person and virtual events, awards and fundraising events, and community-based services. Disability providers can seek consultation from DV/SV providers about ensuring safety and access for survivors.

- **Consult with disability partners about best practices for contracting with** organizations that provide assistive technology. Partnerships ensure that DV/SV providers are informed about best practices for use of video phones and text lines, American Sign Language (ASL) interpreters, and addressing confidentiality concerns. This can help agencies make informed purchases or contracting decisions.

- **Post signage promoting access.** Posting signage that indicates your agency has adaptive technology available and/or that it could be requested is an easy way to increase access.

- **Collect Data.** Data-informed programming and including people with disabilities and survivors in access testing can assist service providers in overcoming attitudinal barriers to increasing access for survivors with disabilities.

- **Screen for disability-specific abuse.** Screening has the potential to expand the definition of access beyond accommodation and towards increasing understanding of the experiences of survivors with disabilities. With technical assistance, agencies may be able to integrate questions about disability-specific abuse into their intake process. However, providers need tools (i.e., validated screening questions) and training on asking these types of questions to be successful.

Recommendations

- **Learn from each other.** Cross-training can increase access, inclusion, and safety for all survivors with disabilities regardless of whether their first touchpoint is a DV/SV program or a disability provider. Approaching cross-training collaboratively can allow for greater relationship-building between agencies.

- **Advocate.** Survivors expressed a hope for increased systems advocacy from service providers to improve access and participation for survivors with disabilities. Collaboration between DV/SV and disability service providers provides an opportunity to sustainably advocate for reducing barriers at the community and state level which affect survivors with disabilities. A DV/SV provider described the greatest barrier to increasing access this way:

> “I guess just developing that relationship in earnest, I think. Because you can put a sign or you can put it on your website, but if you're not in the community, then you really don't have credibility.”

Tools and Resources

- The Abuse Assessment Screen-Disability (AAS-D), a four-question screening tool, may be helpful for providers screening for abuse: http://nhcva.org/files/2011/11/abuse-assessment-screen-disability.pdf

The following resources from the VERA Institute of Justice provide guidance on creating accessible events and resources for your organizations:

- Accessible Print Materials: https://www.vera.org/downloads/publications/print_materials_101617.pdf
- Accessible Webinars: https://www.vera.org/downloads/publications/webinars_101617.pdf
- Accessible Electronic Documents: https://www.vera.org/downloads/publications/e_docs_101617.pdf
- Accessible Websites: https://www.vera.org/downloads/publications/websites_090517.pdf
- Budgeting for Access, also developed by the VERA Institute, guides organizations to budget for accommodations in the event-planning process: https://www.vera.org/downloads/Publications/designing-accessible-events-for-people-with-disabilities-and-deaf-individuals/legacy_downloads/budgeting-for-access-updated.pdf
- Rooted in Rights has also developed the guide, How to Make Your Virtual Meetings and Events Accessible to the Disability Community: https://rootedinrights.org/how-to-make-your-virtual-meetings-and-events-accessible-to-the-disability-community/
- The Technology Accessibility Toolkit was developed by Washington University and provides clear ways for institutions and organizations to ensure that their technology can be used and understood by everyone: https://www.washington.edu/accessibility/checklist/

Conversation Starters

- What attitudinal barriers exist within your agency that may impact access?
- How might inclusion and interagency collaboration increase access?
- When was the last time your agency conducted an access review for individuals with disabilities or for survivors?
  - Who was a part of that review?
  - Who can you collaborate with to help with that review?
  - How can you ensure survivors with disabilities are a part of your review process?
- Do you have a line item in your budget for accommodations?
- What funding opportunities exist to help increase access?
- What strategies does your agency use to communicative about adaptive technology for survivors?
- What assistive technology is on your wish list? How can you begin to save or budget for that purchase?
- Does your agency offer materials in Braille or large print? Do you have ASL interpreter that you can call on?

Notes

Promoting Inclusion

> Inclusion is not bringing people into what already exists; it is making a new space, a better space for everyone.
>
> - George Dei, Researcher focused on Anti-Racism

Inclusion means that everyone, regardless of identities or abilities, deserves to meaningfully participate in their communities. This includes having services available to them that meet their needs. Survivors of interpersonal violence and people with disabilities should be considered in policy and programming decisions and should be actively recruited as employees of survivor- and disability-serving agencies.

Conversation Highlights

Dedicated staffing is important.

A majority of DV/SV providers indicated that they did not have a staff person dedicated to serving survivors with disabilities or providing services or hosting events in conjunction with a disability-serving partner agency. However, in our interviews, participants addressed the importance of actively recruiting service providers and board members with lived experiences of disability and violence:

> If you can hire somebody that has lived the domestic violence road, well, now you've got a peer that could relate to that person...I think people really undersell that, and that's why I think it's so important too, when you're hiring, really look for not just qualified people, or if they have a great degree...you lived this experience? That's going to count a lot if you're serving underserved populations
>
> -CIL Provider

Many services to people with disabilities in New Jersey are peer-led, meaning a percentage of employees identifies as having a disability. Peer support services have an established history in the mental health field (Shalaby & Agyapong, 2020). However, there is less emphasis on peer support in DV/SV services.

Conversation Highlights

Inclusive sex education empowers individuals and decreases risk of violence.

Disability providers and DV/SV providers articulated a need for inclusive sex education and relationship education for people with disabilities to increase their autonomy and decrease vulnerability to violence.

Targeted outreach boosts inclusion.

Domestic and sexual violence providers could benefit from targeted outreach to disability-specific organizations and spaces, especially because in the New Jersey Coalition Against Sexual Assault's (NJCASA) statewide needs assessment, 44.4 % of participants who did not seek services did not do so because they did not know they were available (NJCASA, 2021). A quote by a survivor illustrates this desire by consumers for these services:

> "For the people who have disabilities, they should have the same information for them as well. Places that work with disabled people. They should have information about the different services that they could get and the different everything that they could ...Well like I said, everything that they could get and that they are not alone."
>
> -Survivor

Conversation Highlights

Attitudinal barriers by providers impact how effectively services are carried out.

A consumer illustrated their experiences and gave insight into how these barriers can be overcome:

> [Staff] should...know everyone is unique...It has to do with implicit biases about disability, race, sexism, or whatever. [Staff] will sometimes repeat answers assuming that you have intellectual issues when you do not. We are usually smart because we have to think a lot to achieve the same things as everyone else. We have to go through a higher degree of turbulence to have the same level of achievement...Everyone has biases, including myself. These are things we cannot avoid, but education can prevent the most negative parts of them. By giving exposure to these experiences, you can suppress the effects through education.
>
> -Consumer

Opportunities for Growth

Community-level

- In New Jersey, students with individualized education plans (IEP's) do not always participate in sex education programming with their peers. Students with physical and intellectual or developmental disabilities, in particular, are often excluded from sexual health education.
    - Adolescents and adults with disabilities have less knowledge about sexual activity, its consequences, and consent than their same-aged peers, which contributes to vulnerability to sexual violence (Schaafsma et al., 2017).

Agency-level

- Both DV/SV and disability providers admit an uncertainty, awkwardness, or ambivalence around the needs of survivors with disabilities.

- Lack of active recruitment of people with disabilities as employees or board members at survivor-serving agencies or survivors of IPV at disability-serving agencies.
    - 59% of domestic and sexual violence providers indicated their agencies did not post job openings on job boards specific to candidates with disabilities, as most participants did not know these job boards existed.

- Over- or under-accommodating people with disabilities can be marginalizing. A quote from a consumer illustrates the experience of being overaccommodated and the discomfort that comes with this:

> "Sometimes [staff] try to over-accommodate. They move chairs in a very fast manner, for example, and it makes it awkward. I think staff sometimes just rush to accommodate rather than actually asking me what I need. Sometimes, they will just come and push your wheelchair or grab something for you. It is my personal space, but it is not always respected." - Consumer

Opportunities for Growth

Attitudinal

- Beliefs about asexuality or hypersexuality of people with disabilities contribute to stigma against people with disabilities and myths about high rates of perpetration and low rates of victimization (Brodwin & Frederick, 2010).

- Beliefs that people with disabilities will not be in romantic relationships result in deficits in skills navigating romantic relationships, which contributes to intimate partner violence against people with disabilities.

- Ableist microaggressions are often unintentional ways that providers stigmatize people with disabilities and make inaccurate assumptions about their capacities and needs.

Recommendations

- **Develop educational outreach and programming for people with disabilities to be used in Centers for Independent Living and other disability-specific organizations**
    - Increase awareness of sexual violence and domestic violence services available to Deaf survivors, neurodiverse survivors, and survivors with disabilities.
    - Create accessible educational and outreach materials that depict individuals with disabilities and indicate the availability of accommodations for services.
    - Ensure materials are in a variety of formats (Plain Language, Braille, enlarged print, etc.)
    - Ensure materials are accessible in physical and virtual spaces that include individuals with disabilities.
- **Sexual health and relationship education programming delivered by sexual and domestic violence agencies should be inclusive to individuals with disabilities.**
    - Sex education that includes information on consent, coercion, and abuse should be tailored to people with disabilities with special attention to how ableism at the societal and individual level can contribute to abuse and violence. Unfortunately, many public schools are not equipped to provide this, despite requirements by the State Department of Education.
    - Educational programming should be offered at spaces where people with disabilities are present.

Recommendations

- **To best serve a diverse client population that includes people with disabilities, it is important to recruit staff with disabilities.**
    - There are organizations you can connect with to recruit qualified applicants with disabilities including:
        - Centers for Independent Living
        - Vocational Rehabilitation Centers
        - American Job Centers
        - NJ Commission for the Blind and Visually Impaired
- **Universal Design should be considered whenever possible. If Universal Design is not your program standard, consider how this can be changed and the types of accommodations you will provide to employees with disabilities.**
    - Employees with disabilities may not request the accommodations they need due to fears of employers' or managers' reactions, including the possibility of getting fired, losing health benefits, and being denied the opportunity for promotions (von Schrader, Malzer, & Bruyère, 2014).
    - Workplace technology should be universally accessible.
    - University of Washington has developed an Information Technology Accessibility Checklist that can be helpful for assessing your own agency's IT capacity. This includes whether content and controls are perceivable and operable by all users; whether content and user interfaces are understandable by all users; and whether content is robust enough to be reliably interpreted by all users.

Recommendations

- **Make sure your agency reflects appropriate disability etiquette and responsiveness to the need for accommodations in both policy and practice, such as refraining from using ablest or disempowering languag**e.

    - Sometimes when encountering colleagues or consumers with disabilities, staff may feel afraid of saying or doing the wrong thing. This uncertainty can lead to awkward interactions, unintended offense, or employees and consumers with disabilities not having their needs adequately met by your organization.

    - Speaking to people with disabilities directly rather than their caregivers or interpreters and asking people with disabilities if they need assistance before providing it are ways to show respect and avoid making incorrect assumptions about people with disabilities.

Tools and Resources

- New Jersey Commission for the Blind and Visually Impaired
  https://www.state.nj.us/humanservices/cbvi/home/

- Disability: IN's Disability Etiquette: A Starting Guide
  https://disabilityin.org/resource/disability-etiquette/

- Respectability's inclusion toolkit: Etiquette: Interacting with People with Disabilities
  https://www.respectability.org/inclusion-toolkits/etiquette-interacting-with-people-with-disabilities/

- Employer Assistance and Resource Network on Disability Inclusion (EARN)
  https://askearn.org/topics/recruitment-hiring/

- Job Accommodation Network's (JAN's) Workplace Accommodation Toolkit
  https://askjan.org/toolkit/index.cfm

- Disabled and Here
  https://affecttheverb.com/disabledandhere/

Conversation Starters

- What does retention and recruitment of people with disabilities mean for employees with psychiatric disabilities, learning disabilities, and other invisible disabilities or employees who acquire disabilities while employed at your agency?
- How can asking about accommodations become a standard part of the onboarding process?
- How can your agency demonstrate an inclusive organizational culture to employees and prospective employees?
- How does your agency respond to incidents of workplace discrimination and harassment related to disability status? Do your written policies on workplace harassment include disability-related harassment?
- How can you ensure that your programming promotes inclusivity?
- Who can you partner with to consider who is being excluded from your agency or your programming?
- How could the application of Universal Design principles at your agency benefit providers and individuals served?

Notes

Partnering for Collaboration

> There is no such thing as a single-issue struggle because we do not live single-issue lives.
>
> - Audre Lorde, Black feminist, lesbian, poet, mother, warrior

Collaboration is the purposeful development of relationships within agencies, between agencies, and among communities. Collaborative relationships between DV/SV and disability service providers have the potential to increase safety and access for survivors with disabilities. Collaboration also allows us to act collectively towards building anti-oppressive systems of care, with the social support that makes this work sustainable.

Collaboration within agencies allows for individual service providers to feel supported in their efforts to promote safety and inclusion for survivors with disabilities. Collaborations between agencies give service providers access to a broader knowledge base and the ability to share and expand resources.

Conversation Highlights

Trauma-informed practice is essential for all providers.

Survivors and consumers both addressed the need for greater consistency in service providers' empathy and awareness of domestic violence and disability. In order to ensure that survivors can receive trauma-informed care no matter their entry point, all community partners must work together to identify gaps and increase competency.

Care should be coordinated and responsive to disclosures of abuse and violence.

Most DV/SV providers expressed confidence in their ability to serve survivors with disabilities however many disability providers reported that they do not feel confident in their ability to work with people with disabilities who show signs of, or disclose, interpersonal violence. Survivors and consumers described a need for increased training for all service providers and formalized partnerships to support their efforts.

> Well, partnerships, I think is the most significant thing. We can't be the experts of all things. Having solid relationships with agencies that do provide these and being able to have cross-training opportunities, and developing true relationships with them. Not that they're just a resource checklist item that you can provide as a referral source. It's more like really developing a partnership and then being able to expand our resources in a meaningful way.
>
> -DV/SV Service Provider

Conversation Highlights

Dedicated staff and funding for working with survivors of IPV with disabilities can foster increased competence within organizations.

Many DV/SV and disability service providers reported that their agency did not have an internal working group or staff member(s) dedicated to improving services for survivors of interpersonal violence with disabilities, with funding frequently identified as a barrier to this. However, 60% of disability service providers reported that their agency had not raised the issue of domestic and sexual violence among people with disabilities to their primary funding source. 41% of DV/SV service providers said that their agency did not have a written fundraising plan to raise funds for improving services. One disability provider described the need for dedicated staff this way:

> We need a staff person that works hand in hand with the local domestic abuse organization, using each other as the experts in the particular arenas and work collaboratively.
>
> - CIL Provider

Conversation Highlights

Current collaborations among DV/SV agencies and disability-serving agencies vary across the state.

Some service providers described existing and established interagency collaborations, including cross-training for DV/SV and disability service providers, inviting survivors and people with disabilities to assess for accessibility and safety, planning interagency outreach events, increasing access to ASL interpretation through joint meetings, and inviting staff to work in their respective agencies short-term. Others reported no collaborative partnerships or limited, referral-based working relationships. Participants with disabilities described the barriers to identifying and accessing services in a disconnected system.

> People will quit or give up on receiving services because the process is so difficult.
>
> - Consumer

> You even forget, at least in my experience, forget who you've reached out to already. And I'm typically a pretty organized person. But when you're under such a large amount of stress...it's easy to forget.
>
> - Survivor

Conversation Highlights

Specialized training on abuse and violence is valuable and necessary.

Beyond funding, one of the greatest gaps expressed by disability providers was a need for specialized training on interpersonal violence and how this uniquely impacts those in the disability community.

> [We need] more targeted training specific to violence and people with disabilities, because what is out there is very generic.
>
> - CIL Provider

> Targeted training is necessary to ensure people can support the individuals in an appropriate ways so as not to do further harm.
>
> - Survivor

Conversation Highlights

Through collaboration, agencies can expand community education and awareness of IPV and disability.

Service providers, survivors, and consumers described a shared need for increased awareness of domestic and sexual violence and disability in the community. Collaboration within and between DV/SV and disability service providers allows for collective advocacy in our communities, based on shared values. Service providers discussed ways they could partner with agencies in their community to increase education and awareness. As some DV/SV provider shared:

> Making sure that we are actually elevating the voices and not speaking for when someone can do the speaking. Making sure that we're stepping back.
>
> - DV/SV Service Provider

> "My humble opinion is that it would be wonderful if we could continue to bring the 21 counties together...this is a social epidemic that we're dealing with...
>
> -DV/SV Service Provider

Opportunities for Growth

Community-level

- Community based collaborations can help increase awareness about the heightened risk of perpetration experienced by individuals with disabilities.

- Collaborations can increase the reach of individual providers and programs, increasing access for individuals and promoting the prevention of perpetration through education.

- Resource sharing through collaboration may decrease the strain felt by individual providers to have to “do it all.”

Agency-level

- While several CIL providers described being aware of the signs of domestic and sexual violence, many noted that their agencies did not screen for abuse. Both DV/SV and disability service providers indicated an awareness of disability-specific abusive behaviors. Many agencies, however, do not include disability-specific abuse in prevention or outreach activities.

- The majority of DV/SV providers do not partner with disability service providers to conduct safety assessments, tour DV/SV agencies, or offer presentations to staff on working with individuals with disabilities.

- Similarly, disability providers do not partner with DV/SV programs to conduct safety reviews for survivors within their agencies or offer staff training, despite the majority of DV/SV providers reporting that their agency offers these presentations.

Opportunities for Growth

Agency-level (continued)

- DV/SV and disability providers are not often sure about who their community partners are in this work and are not aware of cross-collaborative opportunities.

- Service providers acknowledged that they could be doing more to get accessible information about their services to survivors with disabilities in the community. 40% of CIL providers said they did not attend community-based antiviolence events.

Attitudinal

- Implicit bias regarding who is impacted by interpersonal violence or limiting beliefs about disability may shape how community partnerships develop, specifically who is invited to the table and who isn't.

- The DV/SV and disability advocacy fields may be siloed, having grown from community based and grassroots spaces with an individual and specific focus. Opening up conversations about intersecting identities can strengthen partnerships and advocacy work.

Recommendations

Service providers referenced feelings of being under-resourced in staff and funding, limited by grant restrictions, and frustrated by client's experiences with the healthcare and criminal justice systems. Rather than understanding collaboration as an additional responsibility for service providers, it can be a means of reducing the burden placed on individuals and agencies in addressing social injustice. A consumer described the need for collaboration between agencies this way:

> **"Everyone does not know everything, but being able to point out the next best thing and willingness to look into it when you do not know the answer."**
>
> **--Consumer**

DV/SV and disability service providers can work towards collaboration through the following strategies:

- **Participate in collaborative networking events**. What kind of activities do the service providers in your county provide? Are there opportunities to connect at a holiday party, and awareness-raising campaign, a gallery opening?

- **Define missions and shared values.** Talk about what you want for your clients and communities. Be open with what drives you to do this work and ask what drives others.

- **Share decision-making**. Name the individual strengths of participants and each individual's role and voice. Identify the leadership needed for decision-making and ensure these individuals are involved.

Recommendations

- **Determine how survivors with disabilities will be centered.** What are collaborators' social positions? What are the limitations of each provider's experiences? Identify whether the voices of survivors with disabilities are centered in your collaboration. If they are not, why not?

- **Get to know one another multidimensionally.** Knowing more about each other's experiences can build mutual understanding, respect, and trust (Perrault et al., 2011).

- **Commit to the process.** Shared leadership can facilitate shared commitment to collaborative goals. Acknowledge the time and effort necessary to do this work.

- **Develop a common language**. Ask clarifying questions, define terms, and identify existing opportunities for cross-training. Share resources.

- **Know your home organizations.** Visit each other's facilities. Identify where meetings will take place, with attention paid to accessibility. Understand where clients are being referred.

- **Build together.** Create collaborative training events, co-develop tools for screening and assessment, and facilitate access and safety assessments.

- **Plan for sustainability.** Name what worked and what didn't. Where are the gaps? Share credit for the group's accomplishments.

- **Notice how your agency approaches accountability**. How do the agency and service providers respond to identifying gaps? Are opportunities provided for feedback and discussion of whether the agency is serving clients? Employees? Do these conversations feel safe?

Tools and Resources

- Forging New Collaborations: A Guide for Rape Crisis, Domestic Violence, and Disability Organizations: The VERA Institute of Justice developed this guide for organizations interested in building organizational capacity: https://www.vera.org/publications/forging-new-collaborations-a-guide-for-rape-crisis-domestic-violence-and-disability-organizations

- VERA has also provided the following tools for measuring organizational capacity to serve survivors with disabilities, using a collaborative interdisciplinary approach. Below are guides for specific types of organizations:
  - Measuring Capacity to Serve Survivors with Disabilities https://www.vera.org/publications/measuring-capacity-to-serve-survivors-with-disabilities

  - Disability Organization Implementation Guide https://www.vera.org/downloads/publications/Disability-Organization-Implementation-Guide.pdf

  - Residential Domestic Program Implementation Guide https://www.vera.org/downloads/publications/Domestic-Violence-Program-with-Residential-Services-Implementation-Guide.pdf

  - Non-residential Domestic Violence Program Implementation Guide https://www.vera.org/downloads/publications/Domestic-Violence-Program-without-Residential-Services-Implementation-Guide.pdf

  - Rape Crisis Center Implementation Guide https://www.vera.org/downloads/publications/Rape-Crisis-Center-Implementation-Guide.pdf

Conversation Starters

- What are the goals of collaboration?
- What are the challenges in collaborating with other agencies and organizations around disability and violence?
- What existing partnerships does your agency have? How can these partnerships be strengthened?
    - Who is at your table and who is missing?
- Where do your agency's values and mission converge with other partners?
- What can you do when your values and mission diverge with others'?
- What leadership is required to accomplish these goals?

Notes

Seeking Sustainability

> “Commitment to a shared future and the consequences of a shared past transform an exchange into a relationship. Because relationships are beginnings, not endings, they create opportunity for interests to grow, change, and develop.”
>
> -Marshall Ganz, Grassroots organizer and activist

Sustainable collaboration comes from an ongoing commitment to a shared mission, vision, and values. It is built from relationships and ultimately, individuals and agencies that continue to show up and come to the table. While funding, infrastructure, and policy all play an important part in keeping things going, without the investment of individuals, especially the community impacted by these issues, there can be no sustainable change.

Conversation Highlights

While providers indicated a strong commitment to serving survivors with disabilities and acknowledge the importance of increasing safety, ensuring access, promoting inclusion, and partnering for collaboration—many find there are external barriers to sustaining their collaborations or meeting even some of the basic standards to maintain their commitment. Financial resources, human resources, and support from larger systems all came up in our conversations.

Providers need funding.

DV/SV and disability providers lack the financial resources required to provide adequate ongoing training, secure and retain specialized staff, devote time to consistent collaboration building, or make purchases that ensure access for all survivors.

Limited funding, especially unrestricted funding, limits providers' ability to provide consistent access to all survivors, as noted by these DV/SV providers:

> "Funding is an issue, particularly when we have to get individuals to [provide ASL] ...it's very expensive...the clients deserve it and the professionals who have the skill deserved to be paid for it."
>
> - DV/SV Provider

> "We need the best technology, the best equipment, the best facility as far as all the physical accommodations...and we don't have all of those things."
>
> - DV/SV Provider

Conversation Highlights

CIL providers also acknowledged that while they desire to have dedicated staff who can work collaboratively with DV/SV providers, the money is not there to support it:

> More funding [is needed] to hire and pay one person specifically for domestic violence issues.
>
> - CIL Provider

Agencies across the board agree that ongoing and collaborative training is essential; however, staff turnover and limited funding impact their ability to keep up:

> We seek out and try to provide as much training as possible ...and honestly with the turnover of staff, as soon as you have somebody trained, if they're leaving, then you need to retrain. So continual and regular trainings and in-services...is a huge thing.
>
> - DV/SV Provider

> [We need] more training, always more inclusiveness, and always more funding
>
> - CIL Provider

Conversation Highlights

Providers are looking for structure and state level support.

Agencies are looking for guidelines, structured task forces, and formalized ways to connect. Without internal staffing or funding to support their agency infrastructure, providers are looking for concrete tools, support, and networks to support their efforts. DV/SV providers noted:

> We need…a few statewide liaison workers to bridge this siloed operation. That might help…inform policy and identify technology.

> Have more guidelines, like who could we look to for, are we doing things best practice?

> …there needs to be a task force…there should be very specific response and accountability…and as much as people say you don't need the dollars; you need the dollars to be able to do this work.

> Finds ways to collaborate more across systems and doing it in efficient ways…through statewide networks.

> We need a stronger pipeline…we need MOUs, paid agencies to be held accountable, and…to be vulnerable…to see what's happening. We need education, we need policies, we need collaboration, and all of this should be mandatory.

Disability providers agreed that there need to be protocols within the state system to hold perpetrators accountable and training to ensure professionals within larger systems can support individuals with disabilities.

Conversation Highlights

Data-supported programming is inconsistent across fields.

Although a majority of DV/SV providers are collecting internal data to inform programming and are reviewing local data to assess need, most CIL providers are not making programming decisions based on disclosures or local data regarding reports of violence.

Opportunities for Growth

Community-level

- DV/SV providers and disability agencies need access to unrestricted funds that will allow them to increase service access for survivors with disabilities.
- There are limited state-level standards in place that address the needs of survivors with disabilities; however, the standards that are present do not offer providers concrete guidelines for success or funding.
- Providers are seeking mandatory standards, education, and collaboration opportunities.
- Unified data collection across systems could capture community needs and support resource allocation.

Agency-level

- DV/SV providers and disability agencies need staff who are specially hired and trained to work at the intersection of violence and disabilities.
- DV/SV and disability providers would benefit from having a staff person who specializes in working with survivors with disabilities.
- Ongoing program evaluation at the agency level can support inclusion and increase accountability.
- Agency policies that promote ongoing training, periodic safety and access reviews, and include individuals with disabilities can ensure consistency and the ongoing promotion of safety, access, and inclusion.

Attitudinal

- Competitive funding agreements that focus on individual success rather than community change may limit providers' ability to work together long term.

Recommendations

- **Deepen and sustain your relationships**. Our greatest resource is each other. Collaborations, where people feel connected to each other, are more likely to succeed. This means staying connected, coming to the table, and attending each other's events.

- **Make sure to look around the table.** Ensure members of your community are there and seek to engage them in the process at every level. Ensure that your board is reflective of the people you serve and of individuals with disabilities.

- **Formalize your relationship with a collaborative MOU.** Make sure to include concrete opportunities for collaboration such as:

    - Working together to conduct ongoing safety and access reviews

    - Agreeing to cross-training one another's staff or volunteers once or twice per year

    - Developing mechanisms for referral and communication/confidentiality

    - Shared events

    - Commitment to seek out funding for enhancement

- **Embark on a strategic planning process, even if it's basic.** Take the time to agree on a shared mission, vision, and values. Consider what strengths, weaknesses, opportunities, or threats there might be in the environment that can help or hinder your work. Create a plan for sustainability that does not require ongoing money.

Recommendations

- **Think through a logic model or an action plan.** If a full planning process seems daunting, working together on a logic model can at least set your partnership up for success by outlining concrete goals and outcomes. Plus, a logic model is a perfect way to help evaluate how things are going.

- **Budget for survivors with disabilities.** Ensure that your agency budget includes money specifically allocated to providing accessible services and support for survivors with disabilities and make it non-negotiable.

- **Find ways to support your work.** Consider ways to raise unrestricted funds and perhaps do it in partnership. Seek out collaborative funding opportunities.

- **Make your collaboration work for you**. Explore how collaboration can allow you to pool resources, both financial and in-kind. Before you pay an external expert to offer an in-service, contact your local expert.

- **Advocate.** Work with your partners to advocate for policies that support survivors. Policy advocacy supports individuals with disabilities and can also offer a platform to ask for funding.

Recommendations

- **Develop state-level and agency standards that support access, inclusion, cross-training, ongoing evaluation, and continuous improvement.** It's not simply about offering one-time training, it's about creating standards at the state and local level that outline what kinds of training, how often, by whom, and how to say accountable to that standard.

- **Engage in ongoing data collection and program evaluation.** Ongoing data collection and program evaluation ensure that survivor and consumer voices have space at the table. It means that programs are driven by the needs of the community and increases access, inclusion, and opportunities for continued growth.

- **Develop agency policies that center survivors with disabilities and include a method for ongoing evaluation and improvement.** In partnership, review or develop policies considering:

    - Consent
    - Confidentiality
    - Mandatory Reporting
    - Access
    - Safety

- **Staff to support the infrastructure.** Strive to include staff at all levels of your agency who are invested in and impacted by this work. Make sure it is someone's responsibility to keep the agency accountable to the standards and policies you develop. When determining how to fund these positions, consider opportunities for collaboration with your community partners. Perhaps together you can fund one shared position for a co-located staff expert.

Tools and Resources

- You can find a sample Memorandum of Understanding/Agreement in the appendix of this guide which has been set up to help you start thinking through how to formalize your partnerships.

- This Logic Model sample from the CDC offers a quick snapshot of how the planning tool can be helpful: https://www.cdc.gov/std/Program/pupestd/Components%20of%20a%20Logic%20Model.pdf

- In the appendix, you'll find a Sample Action Plan to help you start thinking through your partnership.

- The following tip sheet from Coalitions Work offers an 8-step overview of a basic strategic plan: http://coalitionswork.com/wp-content/uploads/THE-STRATEGIC-PLANNING-PROCESS.pdf

- VERA has developed the following guide to help programs consider ongoing evaluation: https://www.vera.org/downloads/publications/cultivating-evaluation-capacity-sexual-domestic-violence-guide.pdf

- The Office on Violence Against Women offers funding for collaborations seeking to increase safety and access for survivors with disabilities, you can watch their page for updated opportunities: https://www.justice.gov/ovw/grant-programs

- Finding your local legislator: https://www.njleg.state.nj.us/districts/municipalities.asp

Conversation Starters

- Where do your funding priorities intersect with your community-based partner(s)?
- Are there funding opportunities that would allow you to strengthen your partnerships at this intersection?
- What are the short-, mid-, and long-term benefits of a sustainable collaboration or work?
- What do you need to keep the collaboration going?
    - Who do you need to engage in this work?
    - What barriers exist?
- Who are the decision makers in your agency? How are they engaged in this conversation? Are there individuals with disabilities and/or survivors on your board? If not, how can you ensure that these individuals are included in your long-term planning?

Notes

Final Thoughts

We hope that this toolkit inspires sustained collaboration between disability service providers and DV/SV service providers across the State of New Jersey. With shared knowledge, expertise, and resources, so much more can be accomplished working together rather than alone. Serving survivors of IPV with disabilities is a shared commitment with the long-term goal of eliminating all forms of violence and oppression. As we move forward with this goal in mind, we must remain hopeful that change is possible and likely as we continue our work together. Marshall Ganz, grassroots organizer and political activist, reminds us of this:

“Where do we get hope? One source of hope is the experience of ‘credible solutions,’ not only reports of success elsewhere, but also direct experience of small successes and small victories” (Ganz, 2010, p. 10-11).

More importantly, our work must center the voices of survivors of IPV and people with disabilities. This is what gives our work deeper meaning. An IPV service provider said this best:

“The numbers are important but so is the narrative...the individual story, and focusing on that instead, and making sure that we let the people we’re trying to serve...not tell them what they need.”

Clients and consumers come to us with wisdom and expertise in their lived experience. Through strategic planning, relationship building, empowering the clients and consumers we serve, and elevating their voices, we can make progress. We look forward to our ongoing work together.

Creating a Shared Language

The following section has been developed to ensure that we begin to create a shared language. Oftentimes, we use words, phrases, or acronyms for so long that we forget that not everyone knows what they mean. Building sustainable partnerships means being able to understand one another. This section is only a starting point and mostly includes words that we have mentioned in this toolkit. If there are words that you are unsure of or language that is unfamiliar, we encourage you speak with your partners. You are the experts and have so much to share with one another.

Ableism: The discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior. At its heart, ableism is rooted in the assumption that disabled people require 'fixing' and defines people by their disability. Like racism and sexism, ableism classifies entire groups of people as 'less than,' and includes harmful stereotypes, misconceptions, and generalizations of people with disabilities (Access Living, n.d.).

The Americans with Disabilities Act (ADA): Civil rights legislation which prohibits discrimination against people with disabilities and works to ensure equal access and participation for people with disabilities in all areas of life (ADA, 1990).

Assistive & Adaptive Technology/Equipment: For the purposes of this toolkit, assistive and adaptive technology/equipment refers to any device developed or adapted to facilitate people with disabilities' full participation in everyday life. This includes wheelchairs, walkers, and canes, as well as technological components such as phone and video sessions, text lines, and language lines.

Creating a Shared Language

Congregate care: Housing where 24-hour supervision is provided, such as group homes or residential treatment facilities.

Deaf culture: Term coined by Deaf linguist Carl G. Croneberg to describe the distinct customs, traditions, and values of the American Deaf community (Ballard, 2019).

Disability: Under the Americans with Disabilities Act of 1990, a disability is defined as “a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment” (ADA, 1990).

Guardianship: Some people with disabilities are appointed legal guardians who have partial or full control over a person’s financial and legal affairs in addition to other decision-making powers, such as medical care and housing.

Independent Living: “…Independent living has to do with self-determination. It is having the right and the opportunity to pursue a course of action. And, it is having the freedom to fail - and to learn from one's failures, just as nondisabled people do. There are, of course, individuals who have certain mental impairments which may affect their abilities to make complicated decisions or pursue complex activities. For these individuals, Independent Living means having every opportunity to be as self-sufficient as possible…” (Independent Living Institute, 1992).

Creating a Shared Language

Individualized Education Plan/Program (IEP): This is a legal educational document that outlines a student with disabilities' educational progress and accommodations in the "least restrictive environment" as per the United States Individuals with Disabilities Education Act (IDEA). IEPs includes information on all services for which a student is eligible, the student's current academic performance, specific and measurable educational goals for the academic year, and the student's progress in the general curriculum. IEPs are required to be updated annually in K-12 public education settings (IDEA, 2004).

Interpersonal Violence: Refers to acts of violence committed by and against individuals; this is subdivided into intimate partner violence, community violence, and family violence. Violence refers to physical, psychological, or sexual abuse, deprivation or neglect (WHO, n.d.).

Intimate Partner Violence: Also called domestic violence, intimate partner violence refers to behaviors a person uses in the context of an intimate relationship to maintain power and control over their partner; these behaviors include financial, physical, psychological, and sexual abuse.

Microaggression: "Brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative...slights and insults to the target person or group" (Sue et al., 2007, p. 273).

Peer Support: The advocacy, mentorship, and care provided by those who have shared lived experience to consumers, such as mental health conditions, disabilities, or addictions.

Plain Language: A style of writing that is concise and easy to understand for most readers which avoids the overuse of passive voice, wordiness, and jargon.

Creating a Shared Language

Sexual Violence: Refers to a sexual act in which consent is not obtained or freely given; sexual violence can range from verbal sexual harassment to forced sexual intercourse.

Structural Competency: Describes an awareness of our own position in an unequal society, and how cycles of oppression inform the government policies and inequities in housing, employment, and education, that result in racial health disparities (Cahn, 2020).

Supported decision making: A tool that allows people with disabilities to retain their decision-making capacity by choosing supporters to help them make choices. A person may select trusted advisors, such as friends, family members, or professionals, to serve as supporters. The supporters agree to help the person with a disability understand, consider, and communicate decisions, giving the person with a disability the tools to make their own informed decisions (ACLU, n.d.).

Trauma-Informed Approach: This is embedded in the structures and cultures of organizations, in which members understand trauma's impacts on individuals and communities, recognize the signs that someone has experienced trauma, and respond to trauma with a focus on resilience and recovery (SAMHSA, 2014).

Universal Design: "The design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability" (Centre for Excellence in Universal Design, n.d.).

Resources

State:

- The Arc of NJ, Criminal Justice Advocacy Project
  https://www.arcnj.org/programs/criminal-justice-advocacy-program/criminal-justice-advocacy.html

- The Arc of NJ, Self-Advocacy Project
  https://www.arcnj.org/programs/njsap/self_advocacy.html

- The Attorney General Standards for Providing Services to Victims of Sexual Assault
  https://www.nj.gov/oag/newsreleases18/AG-SART-Standards.pdf

- New Jersey Coalition Against Sexual Assault (NJCASA) https://njcasa.org/

- New Jersey Coalition to End Domestic Violence (NJCEDV)
  https://njcedv.org/

- New Jersey Division of Disability Services (DDS)
  https://www.state.nj.us/humanservices/dds/home/index.html

- New Jersey Department of Human Services, Division of Disability Services 2020-2021 Resource Guide
  https://nj.gov/humanservices/dds/documents/RD/2021/DHS_NJ_Resource_Guide_English-2020-web.pdf

- Rutgers University School of Social Work, Center on Violence Against Women and Children (VAWC)
  https://socialwork.rutgers.edu/centers/center-violence-against-women-and-children

Resources

National:

- ACLU Disability Rights
  https://www.aclu.org/issues/disability-rights

- End Abuse of People with Disabilities
  https://www.endabusepwd.org/

- National Sexual Violence Resource Center (NSVRC)
  https://www.nsvrc.org/

- National Coalition Against Domestic Violence (NCADV)
  https://ncadv.org/

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Action Plan Template

About this tool: This action plan template has been prefilled with sample goals. The goals are separated to look at goals within your agency, between agencies, and outside or your agency. The ideas shared are simply to get you started. The template is set up to help you consider concrete goals, who would be involved in achieving them, what resources are needed, and how you measure outcomes. An action plan often comes from a larger strategic planning process however in the absence of resources to support a full plan, an action plan can be a great tool to help you start outlining and achieving goals.

Activities	Who	When	Resources	Outcome Measures
Goals: Internal				
Establish an internal committee or working group focused on enhancing agency response to serving survivors with disabilities.				
Designate a staff member dedicated to ensuring the needs of survivors with disabilities is being met.				
Assess for disability-specific abuse utilizing validated questions and trained providers.				
Center the voices of individuals with disabilities in all aspects of decision making that impact survivors with disabilities (i.e., focus groups, access testing, and employment).				

Goals: Interorganizational				
Develop working relationships with providers that serve individuals with disabilities. Develop working relationships with providers that serve survivors of interpersonal violence.				
Formalize existing relationships with Memorandums of Understanding (MOU).				
Create a confidentiality agreement to ensure survivors' privacy and safety isn't compromised through interprofessional collaboration.				
Cross-training for domestic and sexual violence organizations about disabilities and accessibility. Cross-training for disability organizations on domestic and sexual violence services.				
Goals: External				
Ensure outreach materials are accessible: Electronic and print resources Social media accounts Websites Ensure in-person and virtual events are accessible: Awards and fundraising events Community-based services				

Sample Memorandum of Understanding Template

About this tool: A Memorandum of Understanding (MOU) is a written agreement between 2 or more partners working towards a similar goal. It is meant to outline the activities of each partner, formalize the partnership, and is not necessarily attached to funding. An MOU may be helpful as you begin your planning work and can also be updated once partners agree upon shared goals. The following template has been adapted from materials shared by the Centers for Disease Control and Prevention. You may use any template or format; this tool has simply been set up with pre-filled ideas about ways to work together to increase capacity for serving survivors with disabilities. The ideas presented offer a few examples, feel free to develop individualized activities that meet your partnership's needs.

Memorandum of Understanding

Between

[Partner]

and

[Partner]

This Memorandum of Understanding (MOU) sets for the terms and understanding between the [partner] and the [partner] to [insert activity].

Background
[Use this section to talk about why your partnership is important including the need for collaboration or scope of the issue in your community]

Purpose
This MOU will [use this section to talk about the purpose or specific goals of partnership or what you hope to accomplish together like, seamless service access for survivors with disabilities, a commitment to strategic planning, or increasing awareness about service availability].

The above goals will be accomplished by undertaking the following activities:

[Disability Agency] will:

- Designate a staff person to facilitate on-going communication between partner agencies.
- Conduct annual in-service trainings with [partner] staff regarding [training topics].
- Inform survivors about the availability of [partner agency] services.
- Designate a staff person to attend [weekly/monthly/annual] meetings to facilitate a strategic planning process.
- In collaboration with individuals with disabilities, provide annual safety and access reviews of [partner agency].
- Meet with [partner agency] bi-annually to discuss project progress, evaluation, and planning.
- Provide technical assistance to [partner agency] on policies and practices related to enhancing services for survivors with disabilities.
- Commit to participation in at least [number of events] [partner] events throughout the year.
- Provide materials to be displayed at [partner agency] to support continuity of care.

[DV/SV Agency] will:

- Designate a staff person to facilitate on-going communication between partner agencies.
- Conduct annual in-service trainings with [partner] staff regarding [training topics].
- Inform survivors about the availability of [partner agency] services and display [partner agency] materials.
- Designate a staff person to attend [weekly/monthly/annual] meetings to facilitate a strategic planning process.
- Supply accessible materials to be shared by [partner agency].
- Will provide annual comfort and safety reviews of [partner agency].
- Meet with [partner agency] bi-annually to discuss project progress, evaluation, and planning.
- Provide technical assistance to [partner agency] on policies and practices related to enhancing services for survivors with disabilities.
- Commit to participation in at least [number of events] [partner] events throughout the year.

Reporting/Evaluation
[Discuss who will evaluate effectiveness and adherence to the agreement as well as when how and evaluation will happen. Maybe you have considered this in an action plan or logic model].

Funding
[Specify that this MOU is not a commitment of funds and discuss methods of sustainability in the absence of funds].

Duration
This MOU is at-will and may be modified by mutual consent of authorized officials from [list partners]. This MOU shall become effective upon signature by the authorized officials from the [list partners] and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from [list partners] this MOU shall end on [end date of partnership] or will be revaluated on [date of evaluation].

_____ Date:
(Partner signature)
(Partner name, organization, position)

_____ Date:
(Partner signature)
(Partner name, organization, position)

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