

Project Peer:

Supporting Survivors with Mental Health Issues and/or Developmental Disabilities

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What is Project Peer?

- The Collaborative
- “Nothing about us without us”
- Mission, vision, values
- Collaboration Charter

Why?

- “If sexual assault and domestic violence organizations were to target the populations facing the highest risk of violence and serve them first, that group would be women with disabilities” (Civjan, 2000:10).
- The CDC (2006) has confirmed the opposite is typical practice, indicating “community resources for victims of physical and sexual violence are usually designed to assist people *without* disabilities [cf. Passouneh-Phillips & McNeff, 2005; Oschwald, et al., 2009]. Organizations that provide such resources do not routinely collaborate with organizations that assist people *with* disabilities” [*emphasis added*].

Needs Assessment

Over the course of data collection (qualitative),

- We spoke directly with **139 people** using focus groups of no more than 8 people each and individual interviews for Executive Directors and any staff, women with disabilities or survivors who preferred not to speak in a group.
- We received responses from **136 people** through two different online surveys – one for staff and managers and another for members of Boards of Directors.

(Designing focus group and interview scripts revealed that we had work to do to arrive at a shared, cross-field understanding of confidentiality.)

... the Needs Assessment,

- Identified that every field and every partner had strengths and weaknesses; it leveled the playing field.
- Drove strategic planning, how we structured our implementation phase and the nature of our products.
- Reconfirmed that a core strength of the collaborative was our Shared Values – the core values we set out in our Charter.

Staff Knowledge Development

- Women said that a welcoming and supportive environment results from their trusting individual staff members. Trusted staff are not judgmental, take them seriously, connect with them as individuals and treat them with dignity and respect. Protecting their privacy and confidentiality are paramount. Our organizations had varying degrees of welcoming environments..
- None of our DROs had policies or offered training specific to identifying and supporting survivors. None of our SV and DV organizations had policies or offered training on identifying disabilities and developing accommodations to make their supports accessible. Supports existed, but they depended on the good intentions of individual staff.
- In DROs, there was considerable confusion around the difference between incident reporting v. supportive responses to survivors.

In response, we ...

Women's Knowledge Development

“Women with developmental disabilities and mental health issues were not well informed about sexual or domestic violence. As survivors, they might not recognize that how they have been or are being treated is abuse or that it should not be happening to them. They did not have practical information about how to stop or mitigate abuse or violence or how to get help or support to heal, if they were survivors. Some felt that staff did not listen to them. It was unclear how many of them knew how to speak up in their own behalf.”

In response, we ...

Strengthening the Collaboration

- None of our direct service provider organizations had formal partnerships for referrals to or consultations with cross-field, outside resources.
- None of our disability-related organizations had policies or offered training specific to identifying and supporting survivors. None of our sexual and domestic violence organizations had policies or offered training on identifying disabilities and developing accommodations to make their supports accessible.
- None of our disability-related organizations does safety planning, even though the women they support all have either annual support or treatment plans.
- OVW expected the Collaborative to continue after the end of the award.

In response, we ...

What's Next?

