

## **PROJECT PEER**

### **GUIDING PRINCIPLES FOR IDENTIFYING AND ACCOMMODATING SURVIVORS WITH DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH ISSUES**

Project Peer is a collaboration of eight community-based organizations in Washington, DC, that share a commitment to improving service access and quality for women with developmental disabilities and/or mental health issues who experience domestic violence and/or sexual abuse. Individually, each of these organizations provides direct supports and advocacy services for people with developmental disabilities and/or mental health issues 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. Project Peer organizational partners include Anchor Mental Health, D.C. Coalition Against Domestic Violence, D.C. Rape Crisis Center, Lt. Joseph P. Kennedy Institute, Quality Trust for Individuals with Disabilities, and Ramona's Way. Our self-advocacy partners include Project ACTION! and The Resource Opportunity Center ("The Roc").

In Project Peer's Strategic Plan, the Policies and Procedures Initiative recognized that each of our eight partners is unique, as are the particular requirements of our fields; we knew we could not create specific policies what would work for everyone. Therefore, we decided with the guidance of our Vera Institute technical assistance consultants, to develop guiding principles that our partners will use to improve their organizational policies and practices related to access, identification, response, accommodation, and referrals for survivors of domestic violence and/or sexual assault who have developmental disabilities and/or mental health issues.

To develop these guiding principles (following), we reviewed our Needs Assessment findings, existing and draft policies and procedures, and local and national best practices (see Attachment 1). We grounded this review in findings from our Needs Assessment that:

- None of the organizations in our collaborative has formal policies or procedures to guide identification, responses or accommodations/supports for survivors with mental health issues or cognitive/developmental disabilities.
- The policies, procedures and related trainings for incident reporting and management in our disability-related agencies are not equivalent to guidance on effective ways to identify, respond to and support survivors.
- The use of comprehensive intake forms and procedures meant to help identify survivors' disability-related needs does not mean our partner organizations are identifying survivors and/or their disability-related needs, addressing accessibility issues or making effective accommodations.
- None of our disability-related organizations has policies to guide staff in how to assist survivors, when appropriate, to take advantage of the legal rights and protections associated with domestic violence.

During strategic planning, our partners committed to adopting the guiding principles and changing their organizational policies to be consistent with them. Implementation will occur

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after this grant period concludes; however, we are documenting the commitment to these changes in our ongoing Memorandum of Understanding.

## I. ACCESS

1. We recognize the importance of creating safe, trusting, and welcoming environments for people we support. Ways in which we make our services accessible include:
  - Respecting the rights of survivors<sup>1</sup> with disabilities as equal citizens. This includes listening to their expressed wishes and goals, including their opinions on how to maximize access and create welcoming environments.
  - Complying with the requirements of the Americans with Disabilities Act (ADA), which include making reasonable modifications in our policies, practices, and procedures that are necessary for survivors with disabilities to take full advantage of our services. Respectfully listening to survivors' wishes is an essential part of providing reasonable modifications/accommodations needed for meaningful access. If a survivor with a disability requests an accommodation that would result in an undue burden/hardship to our organization or would fundamentally alter the nature of the services we provide, we will work collaboratively with the survivor to come up with an alternative that will meet the survivor's needs.
  - Speaking directly to survivors we are serving, even if they are using an interpreter or are accompanied by family members, support staff, or a personal assistant.
  - Addressing survivors in an age-appropriate manner.
  - Allowing enough time for survivors seeking our services to respond to questions. If staff do not understand what a survivor is saying, they ask the person for clarification in a respectful way.
  - Acknowledging and respecting the sensitive nature of any information survivors might share with staff. We have private conversations in private spaces, whenever possible. We honor survivors' control of their own stories. (See "Confidentiality Principles," Tab 3).
  - Meeting survivors where they are and giving them time to process their experiences while maintaining a non-judgmental approach. Staff offer survivors options and thoughtfully talk through what each might mean. We then support survivors' decisions, even if we do not agree with them.
  - Recognizing that staff turnover and under-staffing disrupt or interfere with survivors developing trusting relationships with staff. When staff change occurs, we inform the survivors as soon as possible of the change and do our best to facilitate a smooth transition.

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<sup>1</sup> Consistent with this principle and our conversations with our technical assistance advisor at Vera Institute of Justice, we use the term "survivor" to mean any person that our organizations serve or might serve.

- Recognizing that attention to the layout of our work environments is an important component to ensuring a welcoming environment. This goes beyond physical accessibility and could include, for example, survivor-informed seating arrangements, where survivors are not seated with their backs to the door if they do not want to be.
  - Ensuring that pictures on our brochures or posters reflect the entire community we serve, including people with disabilities.
2. We think creatively about how to encourage the widest possible participation of survivors with developmental disabilities and/or mental health issues, recognizing that individual staff members or our organizations as a whole might have biases that interfere with survivors feeling welcome, safe, and willing to disclose. Regardless of survivors' diagnoses, we believe their reports of sexual assault and/or domestic violence and recognize them as sexual beings. Sexuality is a basic human right.
  3. We are dedicated to making our services and resources more accessible not only to survivors with developmental disabilities and/or mental health issues, but also survivors who are deaf or hard of hearing, have little or no English proficiency, are unable to read, have physical disabilities, or are blind.

## **II. IDENTIFICATION**

1. Our sexual assault- and domestic violence-focused partners do not exclude survivors from receiving services based on disability. Our disability-related partners provide disability-specific services. They do not exclude people from services based on their status as survivors of domestic violence and/or sexual assault.
2. We know that everyone we serve might have a disability and/or be a survivor of domestic violence and/or sexual assault – whether or not they choose to disclose. Survivors decide for themselves whether to disclose, and they may change their minds about doing so at any time. We honor survivors' assessments of their own needs and respect their choices about disclosing.
3. In line with these guiding principles, each of our partners will adapt or develop its own practices and procedures for accommodating survivors with disabilities or to promote their emotional recoveries from experiences of domestic violence or sexual abuse. We consistently apply these procedures to everyone seeking our services – not only people we *suspect* might be survivors with disabilities. (Attached are examples of high quality screening tools that our organizations will want to review to guide changes in their identification and assessment practices, see Tab 4. See also Part II.5 for sample questions for identifying accommodation needs, and Part IV.3 for examples of ways to accommodate survivors with developmental disabilities and/or mental health issues.)
4. We are aware of the unique issues survivors face, and all our staff know that having disabilities increases vulnerability to abuse. (See Tab 4.)

5. We recognize that identification might not occur at the beginning of our relationship. We review and re-visit possible survivor status and/or accommodation needs. We ask survivors at every encounter if anything has changed for them since our last visit or if there is anything they would like us to know about them. Our intake and on-going assessment practices help us understand what a survivor needs to access our services and to heal. Our goal is to provide the survivor with an empowering and helpful assessment/intake experience.
  - We always explain to survivors at intake and with on-going assessment that these processes are our way of identifying what their needs might be and how best to serve them, based on what they share with us and our observations. We welcome their questions about how our services might benefit them.
  - We routinely explain our mandated reporting requirements to ensure all survivors are aware of what information we are required by law to report to authorities, giving them both control over their own stories and building trust in our working relationship.
  - We always explain why we ask for demographic or identifying information and how we will use it.
  - We recognize survivors as experts both on their experiences and their disabilities. We reassure them that we want to support them and address any concerns they might have. (See Part I, Point 2 above on providing reasonable accommodations pursuant to the ADA.)
  - We ask open-ended questions to encourage survivors to disclose information that will help us to identify and meet their individual needs. We understand that we might need to ask the same question in different ways. (For example: How can we best support you in our work together? Is there anything we need to know? Have you had problems in the past getting services? Are there any needs or concerns you would like to share with us?) We continue to ask these questions over time because survivors might feel more comfortable letting us know what supports they need as they build trusting relationships with us.
  - We script all intake and on-going assessment tools to ensure they do not re-traumatize survivors. We pay careful attention to the order of the questions we ask. We listen thoughtfully to survivors' responses, allowing them time to process the memories, experiences, and emotions that might come up for them.

### **III. RESPONSE AND SUPPORT**

1. Responding to Survivor Disclosures

- We view ourselves as survivor-centered advocates. When survivors disclose experiences of sexual assault and/or domestic violence, our first response is to affirm to survivors that what has happened or is happening is not their fault. They did not deserve or “ask” for it. We assure survivors that we believe them, that they are not alone, and that we are here to help them. We continue to offer these assurances.
- We ask survivors what will help them feel safe right now, with a focus on physical and emotional safety. We view survivors as the experts in what will keep them safe and that this might change over time. If survivors do not know what will help them feel safe, we offer to help them explore options by connecting them with Project Peer partners (see Referrals, Part V).
- When survivors disclose experiences of sexual assault and/or domestic violence, we remind them of our mandated reporting requirements, so they can decide what information to disclose to us. Staff who have a mandatory reporting obligation as a result of a survivor’s disclosure first support the survivor (in the ways listed above), and then make a report within the mandated timeframes. We engage the survivor in making the mandated report, recognizing that doing so can be an empowering experience. We explain why we are required to report, the extent of the information we need to share, who will receive that information, and what we anticipate the next steps will be. We emphasize that we are reporting the perpetrator and not the survivor, who has done nothing wrong. We use our Confidentiality Principles (Tab 3) to guide our efforts to respect survivors’ privacy and limit the information we share. We support the survivor through any resulting investigation or process.
- We educate ourselves and survivors about local resources specific to survivors’ needs. With survivors’ permission, we connect them with appropriate Project Peer partners that provide services related to their experiences (see Part V). Making that connection can be time-sensitive, particularly if the survivor was recently assaulted. However, even if we are facilitating a referral to another organization, we continue to support the survivor, recognizing that we do not have to be “experts” to do so and that it is important to maintain the trusting relationship that led the survivor to feel comfortable disclosing to us.

## 2. Recognizing Personal Boundaries

- We safeguard against any possible exploitation or harm of the people we serve. This includes roommate-on-roommate, housemate-on-housemate, or staff or transportation provider initiated abuse or violence.
- We train staff that their relationships to people we support are first and foremost professional relationships involving a power differential that staff must be sure not to exploit. We do not tolerate sexual relationships or financial abuse between staff and people served. This includes any sexual contact, survivors making purchases for staff, etc.

- We do not tolerate staff engaging in behavior that is verbally abusive or might be viewed as either sexual- or disability-related harassment, whether it is directed toward other staff or the people we support. (A pattern of verbal abuse can be considered domestic violence.)

### 3. Prioritizing Staff Knowledge Development

- We recognize the importance of training that covers the intersections of our four fields — developmental disability, domestic violence, mental health (including substance abuse), and sexual abuse.<sup>2</sup> Our training focuses on these intersections, accessibility awareness, sensitive identification efforts, supportive responses, and responses that incorporate accommodation. We train staff and volunteers on these intersections at the beginning of their employment and on an on-going basis. We commit to being survivor-centered advocates by integrating knowledge about domestic violence and sexual assault and its effects into service delivery practices. Becoming survivor-aware and survivor-centered while sustaining this focus is an ongoing process requiring specific, ongoing professional development
- We also train staff and volunteers:
  - To be survivor-centered and supportive as they encourage survivors to be proactive about their healing and recovery.
  - To be aware of the unique issues facing survivors with disabilities and recognize that survivor status influences their lives and behavior. This means that we always consider the possibility that “challenging behavior” can be an indication that they are (unidentified) survivors; it can be an indirect message or side-effect of current or past abuse. We need to try to understand behavior better, rather than focusing first or only on eliminating it.
  - To be aware that patterns of staff initiated, roommate-on-roommate, or housemate-on-housemate verbal or physical abuse or violence (whether or not sexual in nature) are considered domestic violence in the District of Columbia.
  - To always be alert to the possibility that someone is a survivor by using or adapting our intake, screening, or other assessment methods to assist in ongoing identification and response. While we recognize that these assessments are not precise guides, they might provide information to shape better and more compassionate responses to survivors. (See Tab 4.)

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<sup>2</sup> This training emphasis is guided by our understanding that: If sexual assault and domestic violence organizations were to focus on the population facing the highest risk of violence and serve them first, that group would be women with disabilities. Adapted from Civjan, Sheryl Robinson. 2000. "Making Sexual Assault and Domestic Violence Services Accessible." In Abramson, W., Emanuel, E. Gaylord, V. & Hayden, M., eds. *Impact: Feature Issue on Violence Against Women with Developmental or Other Disabilities* 13(3): 10.

4. Promoting Staff Self-Care

- We maintain safe and welcoming work environments where our staffs feel valued and respected. The layout of our offices and work environment matters to our staff, just as it matters to the survivors we serve.
- We acknowledge that working with survivors will impact staff. On a regularly scheduled basis, supervisors will bring staff together for check-in, self-reflection, and support about the impact their work has on them. We encourage staff to use available agency resources to address their own potential traumatization constructively, e.g., Employee Assistance Plans. We do not penalize staff for appropriately talking with their supervisors or peers about the traumatic impact of their work. (Inappropriate ways of engaging in these discussions would include, for example, staff talking about survivors and their confidential information in places or ways that make it possible for confidential information to be overheard publicly.)
- We do not penalize staff for requesting reasonable accommodations necessary to fulfill their job responsibilities, including those related to any disability.

**IV. ACCOMMODATIONS**

1. Our organizations recognize that we are obligated to provide reasonable accommodations. We inform survivors of their right to request accommodations at intake and periodically thereafter. We continue to assess and re-assess accommodation needs, document the accommodations we develop, and ensure we continue to provide accommodations as necessary and possible throughout our delivery of supports and services.
2. We familiarize staff with how our organizations accommodate the needs of survivors with developmental disabilities and/or mental health issues, and encourage them to work with their supervisors or management teams when they identify that new approaches or resources might be necessary to provide reasonable accommodations.
3. We are focused on accommodations beyond physical access to our facilities that might be crucial to a survivor participating in a healing process. These accommodations include honoring survivors' preferences about staff gender; altering the length and time of appointments, intake, or counseling sessions; reading through documents with survivors; becoming familiar with and using different methods of communication; and allowing staff from our partners to accompany survivors who want their support during intake and initial counseling sessions. Hotlines can accommodate survivors by having staff slow down the conversation, use plain and understandable terms, check with the survivor to be sure the information being provided is understood, and set up appointments to speak face-to-face.



4. We consult our Project Peer partners when creating reasonable accommodations in areas outside our own organization's expertise, while respecting the survivors' confidentiality rights.
5. When using an interpreter, we use professional interpreting services rather than family members, caregivers, or guardians.
6. We strive to use plain language and explanatory illustrations in our written materials to make sure that our audience understands our message. We avoid jargon, long words, and complicated sentence construction. (Resources for how to use plain language can be found at [www.plainlanguage.gov](http://www.plainlanguage.gov).) We always offer to read our materials to people, suggesting it might be easier for them.

## **V. REFERRALS**

1. Our staffs understand they do not have to be "experts" to interact with survivors whose abilities and experiences are different from their own or the people they are used to supporting. We rely first and foremost on consultation with and referrals to/from Project Peer partners to meet the needs of all survivors.
2. When we provide external referral information, we take responsibility for the quality of the referral by staying connected to survivors to make sure referrals meet their needs and supporting them through the referral process.
3. Staff and self-advocates have information about Project Peer's Liaison System, which is central to ongoing knowledge sharing among the partners. Our policies and procedures will require use of the system, where appropriate.
4. We respect survivors' choices about whether to take advantage of their legal rights and protections as survivors, and we use our Project Peer partners to assist us in making referrals for those who are considering pursuing related legal claims.
5. We inform survivors with developmental disabilities and/or mental health issues about the self-advocacy opportunities offered by collaboration partners Project ACTION! and The Resource Opportunity Center ("The Roc").

<p style="text-align: center;"><b><i>Vision</i></b></p> <p>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.</p> <p style="text-align: center;"><b><i>Mission</i></b></p> <p>Together with survivors of domestic and sexual violence and abuse who have cognitive or mental health disabilities, we will:</p> <ul style="list-style-type: none"><li>• Increase physical and emotional safety,</li><li>• Facilitate healing, and</li><li>• Promote self-agency and support.</li></ul> <p>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.</p>	<p style="text-align: center;"><b><i>Project Peer Confidentiality Principles</i></b></p> <p style="text-align: center;"><b><i>Our partnership:</i></b></p> <ul style="list-style-type: none"><li>• We use our project’s core values (see sidebar) and these confidentiality<sup>1</sup> principles to explain to our staffs the importance of respecting survivors’ privacy and limiting the information we share about the people we support. We are their allies.</li></ul> <p style="text-align: center;"><b><i>Practices that do not re-traumatize survivors:</i></b></p> <ul style="list-style-type: none"><li>• We understand and use person-centered decisionmaking<sup>2</sup>: We encourage survivors to make, act on and take responsibility for their own decisions.</li><li>• We provide survivor-centered supports: We make every effort to support survivors in the most responsive and sensitive ways.</li><li>• We choose the least invasive and least restrictive responses to survivors, even though some of us must report “unusual incidents”. When we must report, we only report to those who really need to know.</li></ul> <p style="text-align: center;"><b><i>Respect and dignity:</i></b></p> <ul style="list-style-type: none"><li>• We meet survivors where they are in their healing process. We honor survivors’ ownership of their own stories. We respect and do not try to influence or judge survivors’ decisions about sharing their stories when and with whom they choose.</li></ul> <p style="text-align: center;"><b><i>Upholding privacy<sup>3</sup> and confidentiality:</i></b></p> <ul style="list-style-type: none"><li>• We understand and acknowledge survivors’ concerns about their privacy and the confidentiality of information about them and the services they are seeking or using.</li><li>• We do all we can to maintain confidentiality. We are aware of and guard against recording too much confidential information (“over documentation”) and oversharing information.</li></ul> <p style="text-align: center;"><b><i>Accountability:</i></b></p> <ul style="list-style-type: none"><li>• We are responsible to survivors to assure that we respect their confidentiality as much as possible. At the beginning of the service relationship, we explain any limitations to confidentiality, including mandatory reporting, in sensitive, clear and understandable language.</li></ul>
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<p style="text-align: center;"><b><i>Core Values</i></b></p> <p><b><i>Accessibility:</i></b> We think foremost about how to remove barriers and encourage the widest possible participation.</p> <p><b><i>Accountability:</i></b> We hold ourselves, and each other, responsible for our commitments to survivors with disabilities.</p> <p><b><i>Advocacy:</i></b> 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.</p> <p><b><i>Confidentiality:</i></b> Survivors have the right to decide who knows their stories.</p> <p><b><i>People First:</i></b> The voices and experiences of survivors with disabilities are at the center of our work.</p> <p><b><i>Respect and dignity:</i></b> 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.</p>	<ul style="list-style-type: none"><li>• Some of us must share files/other information among staff or across providers. We explain this information sharing to the survivors we support. We honor their rights to time-limited consent forms that describe in detail the specific information we are able to share with specific service providers. We let them know whenever we do have to share information about them under this consent.</li><li>• Staff who must report offer survivors the choice of speaking with someone who is not a mandatory reporter. This might include making a referral to a partner organization.</li></ul> <p style="text-align: center;"><b><i>Self-agency:</i></b></p> <ul style="list-style-type: none"><li>• Our staffs understand the limited scope of authority of most guardians and family members over the lives of survivors aged 18 and over. They are prepared to question a guardian's/family member's authority and insist on seeing court or other documentation before they permit guardians/family members to speak on behalf of or limit survivors' access to services and supports.</li><li>• We offer services and resources that create the greatest opportunities for survivors to feel empowered to take control of confidentiality issues in their own lives.</li></ul> <p style="text-align: center;"><b><i>Access and accommodations:</i></b></p> <ul style="list-style-type: none"><li>• We provide our services in environments that survivors find safe and welcoming. Survivors have described these as the product of trust. We respect the sensitive nature of any information survivors share with us. We have private conversations in private spaces, whenever possible.</li><li>• When using an interpreter<sup>4</sup>, we use professional interpreting services rather than using family members, caregivers or guardians, to ensure survivors' safety and control over their stories.</li></ul> <p><sup>1</sup><b><i>Confidentiality</i></b> is an ethical or professional duty not to share information with a third party. We create and use confidentiality principles, policies and procedures as a best practice to help decrease outside access to information about the people we support.</p> <p><sup>2</sup><b><i>Person-centered decisionmaking</i></b> means that we listen to what survivors say, and we respect and support them to take responsibility for their choices. We help them take and keep control over their stories and their lives.</p>
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<p>We treat each other as we want to be treated.</p> <p><b><i>Self-agency:</i></b> Survivors make, act on, and take responsibility for their own decisions.</p>	<p><sup>3</sup><b><i>Privacy</i></b> has two definitions. It means being alone, away from other people. It also describes a right to protection from public attention, e.g., to have a one-on-one conversation in a space where others cannot overhear.</p> <p><sup>4</sup>An <b><i>interpreter</i></b> is a person who forms a connecting link between the users of different languages.</p>
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