

Put ME in the Driver's Seat!

A Road Map to Person-Centered Planning



An informational booklet created by the ACT Collaborative

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Who We Are

“It is amazing what you can accomplish if you do not care who gets the credit.” —Harry S. Truman



The ACT Collaborative is a Rhode Island initiative with the *vision* to create an accessible system that is person-centered in its service delivery, and provides a comprehensive spectrum of services, delivered by informed and accountable professionals to individuals with developmental & cognitive disabilities who are survivors of domestic and sexual violence.



What is Our Mission?

Our **mission** is to **ACT** together through Advocacy, Collaboration & Training to end violence against individuals with disabilities with the **purpose** of fostering an environment that works to:

- Improve accessibility to advocacy and safety planning services for individuals with developmental & cognitive disabilities;
- Develop a collaborative network through open dialogue to improve the quality of supports individuals with developmental & cognitive disabilities receive;
- Provide cross-training, cross-fertilization, and bridge-building opportunities for professionals working in the fields of sexual assault, domestic violence and disability services to better detect, react to and reduce violence in the developmental & cognitive disability communities.

Specifically, the ACT Collaborative has pledged to:

- Utilize a person-first approach for responding to violence against individuals with developmental and cognitive disabilities;
- Look beyond crisis intervention to also include long-term futures planning and support for and around these individuals who have experienced violence in their lives;
- Build community relationships and valued roles for individuals who have experienced violence in an effort to keep them safe in the future;
- Include Rhode Island's strong network of self-advocates in the planning and implementation of all ACT initiative goals;
- Include survivors in the planning and implementation of all ACT initiative goals;
- Always ask the question "what will keep people safe?" and assure that it underlies all proposed interventions and implementations;
- Serve as the facilitator of conversations in an effort to create systems change, because it is our belief that change happens one conversation at a time;



- Foster a learning environment;
- Focus on the possibilities, and not on the deficits, within the service provider system;
- Always ask the question "what can we do together that we cannot do alone?"
- Implement cross-training and address policy issues based on collaborative conversations, recommendations and proposals.

These organizations created ACT to help people with disabilities in Rhode Island who are survivors of abuse.

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Thank you, thank you, thank you... to all of our driving instructors along the way!

From Avatar Residential: Karen Batcheller, Laura Beausoleil, Jean Bowerman, Dawn Burke, Corina Carreiro, Christine Dunn, Kathy Ellis, Alissa Forleo, Wendy Girard, Heather Gustafson, Lauren Holden, Diane Ianozzi, Erin Lanphear, Amber Leach, Lenore Plante, Angela Prescott, Jennifer Rochfort, Heidi Schweitzer, Cassandra Summers, Nichole Vilandre, Elizabeth Wilcox

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Where have we been? Where are we heading?

*"Tell me and I'll forget. Show me and I'll remember.
Involve me and I'll understand." —Confucius*



The ACT Collaborative has been working to bring service providers and self-advocates together to begin painting a picture of survivors' experiences with navigating the current service delivery system; uncover the unmet needs of both survivors with cognitive and developmental disabilities and the agencies that are trying to help them; and identify community strengths, best practice approaches and resources available to them.

Who is this booklet for? We have created this booklet to help the helpers. We listened to individuals with cognitive and developmental disabilities tell their stories, and we pledged to pass on to direct support professionals and advocates what these individuals told us they wanted from service providers.

Why did we create this booklet? Throughout our work on this initiative, we have discovered many sobering statistics about abuse in the developmental disability community:

- Among adults who have a developmental disability, it is estimated that as many as 83% of the females and 32% of males are victims



of sexual assault at some point in their lives,¹ (though some estimates recently are even higher!);

- 49% of people with developmental disabilities who are victims of sexual violence will experience 10 or more incidents of abuse.²

There are many factors in the lives of individuals with cognitive and developmental disabilities that unfortunately may contribute to an increased risk for assault or abuse. Many individuals may need assistance with personal and intimate care – including bathing, toileting, meals, and transportation. Reliance on others to assist with the activities of daily living, may increase an individual's exposure to violence. Perpetrators may prey on individuals who are unable to communicate clearly or have a perceived lack of credibility in society. Also, if an individual's life experience has never included an intimate relationship or a relationship free of abuse and exploitation, he or she may be unclear about the lines between sexual abuse and affection or exploitation and attention. Many individuals with cognitive disabilities may lack knowledge about their own bodies, healthy relationships, and how to protect and speak up for themselves.

Individuals with cognitive and developmental disabilities experience violence in many different ways, including some of the following behaviors:

Physical Abuse:

- Hitting, punching, kicking, choking, etc.;
- Actual or threat of physical harm against an individual's family, friends, pets or guide dog;
- Damaging or threatening to damage belongings, including assistive devices;
- Performing daily care in cruel ways;
- Using restraints;
- Over-medicating or sedation;



- Neglect, such as refusing to wash or feed the individual, withholding medications; or leaving the individual unattended without a way to call for help.

Emotional Abuse, Threats and Isolation:

- Verbal abuse such as criticisms, putdowns and insults;
- Taking control of the individual's disability aids, such as moving a wheelchair out of reach; or refusing to fix broken equipment;
- Threatening to withhold basic care and rights;
- Bullying;
- Withholding information; making unilateral decisions for the individual;
- Threatening to take the children and using the disability as justification for the individual's inability to provide custodial care;
- Making treatment decisions and speaking for the individual;
- Treating the individual like a child;
- Limiting employment opportunities due to the caregiver's schedule;
- Coercion by reporting noncompliance to the individual's program;
- Threatening to institutionalize the individual;
- Blaming the disability for the abuse;
- Isolation from family, friends and services.

Sexual Abuse:

- Refusing to offer help until the individual consents to sex;
- Unwanted sexual advances, ranging from unwanted touching to rape;
- Being tricked or threatened into sexual contact;



- Forcing someone to watch pornography;
- Forcing an individual to be sterilized.

Financial Abuse:

- Making decisions on the individual's behalf without consent;
- Using Power-of-Attorney to control, withhold or abuse resources;
- Using the individual's money or property for personal use without permission.

Physical battering, bullying and sexual assault all share a dynamic: one person with greater power than another person, uses that power to manipulate, control and harm the other. When a person is hurt in these ways, there is a loss of personal power. We have created this booklet to help the helpers support someone who has experienced or disclosed abuse, and help return the personal power they have lost.

¹Johnson, I. & Sigler, R. (2000). Forced Sexual Intercourse Among Intimates. *Journal of Interpersonal Violence*, 15.

²Valenti-Heim, D. & Schwartz, L. (1995). *The Sexual Abuse Interview for Those with Developmental Disabilities*.

We recognize that both men and women are victims of sexual and domestic violence, and need equal access to support services. Though we always try to remain gender neutral, in this booklet we will refer to a victim as "her" or "she" for simplicity of reading and editorial purposes. The ACT Collaborative is committed to helping all victims of interpersonal violence, female and male, find the help they need.



How to Use this Booklet: A Guide for the Navigators

"I slept and dreamt that life was joy. I awoke and saw that life was service. I acted and behold, service was joy." —Rabindranath Tagore

How do you use this booklet? We have worked with many self-advocates to uncover what they want you to know about how to best support them when abuse happens. They want you to put them in the driver's seat and be a good navigator!



When you see the **pothole**: this is an opportunity to think about some of the complications that may arise, and what you need to think about to avoid falling in the hole!



When you see the **yield sign**: you will find tips on different ways to return comfort, confidence and control to the individual you are supporting.



When you see the **stop sign**: a reflection question is provided to allow you to think more in depth about what it means to support someone who has experienced abuse.



When you see something **under construction**: these are our next steps to improve the response to individuals with cognitive and developmental disabilities, who have experienced abuse. We're not quite there yet, but we are on our way!

We have also included a list of useful local and national resources at the end of this booklet.



Important Terms to Know:

ACCESSIBILITY: equal opportunity to obtain and utilize services, and to gather and comprehend information. Accessibility must not only be addressed in terms of physical and environmental access, but in terms of attitudinal, programmatic and education access as well.

ADVOCACY: supporting or working to assist a person who is making a change in his or her life. It should include the sharing of information and resources, and providing assistance to meet the individual's self-defined needs.

COLLABORATION: a mutually beneficial and well-defined relationship, entered into by two or more organizations, to achieve results more likely to be achieved together than alone. This relationship includes a commitment to mutual goals, a jointly developed structure, shared responsibility and resources, mutual authority and accountability for success.

DIGNITY OF RISK: respecting an individual's choice as long as his or her actions are not harmful to self or others.

DISABILITY: when a set of functions, either desired or required, cannot be independently performed when attempted in a specific environment. Individuals may have functional limitations with cognition, mobility, communication, sensing and emotions that may have been present at birth or acquired later in life.

DOMESTIC VIOLENCE: a pattern of behavior used by an intimate partner or caregiver in order to gain power and control by using tactics of physical, emotional and sexual violence and/or intentionally limiting or removing access to assistive tools for daily living.

INFORMED CONSENT: helping individuals understand the consequences of their actions and assisting them to make appropriate and safe decisions.

PERSON-CENTERED: the individual is the primary focus of the system of services. Service providers need to be sure that they are not reinforcing old patterns of isolation and powerlessness for the individuals with whom they are working. It is helping individuals to increase their

capacity and to understand available choices. When services are person-centered, they are responsive to the unique needs of each individual accessing them.

PERSON-CENTERED PLANNING: strengthens the voice of an individual in the planning of his or her future. Person-centered plans find and develop the gifts of the individual, develop a vision to express these gifts, foster a support network to help realize these ideals, and change services to be more responsive to the needs and interests of individuals. Person-centered planning means planning with, and not planning for, a person.

PERSON-FIRST LANGUAGE: referring to the person first and then the situation, condition or disability (if it is relevant). Utilizing this approach conveys a message of dignity and respect. Say, "person with a disability," not "disabled person."

SAFETY PLANNING: an individualized plan for someone who has experienced violence that helps reduce the risks of future violence. Safety plans are a choice and must meet the needs and life goals of the individual.

SELF-ADVOCACY: speaking up, alone or with others, to establish rights, equality and freedom. It is knowing personal rights and responsibilities, negotiating for self, asking for what is needed, and making self-directed decisions.

SEXUAL VIOLENCE: a forced, coerced or manipulated sexual act; sexual activity to which someone does not consent, or is unable to consent. Rape and sexual assault are not sexually motivated acts; rather, they stem from aggression, rage, and the determination to exercise power over someone else. Sexual violence also includes unwanted advances or sexual comments, and sexual harassment.

SYSTEMS CHANGE: collaborative efforts to achieve meaningful and sustainable change in the way services are made available and delivered to individuals with disabilities. It is increasing and streamlining the overall capacity of the service delivery system by working with the many stakeholders to influence policies and practices in key components of the system.



The Crowded Bus: The current system when abuse is disclosed.

We learned through our many conversations on this journey that often individuals with disabilities, who have disclosed abuse, are unaware of just how many people get to know what has happened to them!



Disclosing abuse is an intensely personal decision that can be scary and overwhelming for a survivor. For the individual who is being victimized, disclosing abuse involves making choices and decisions that are risky. Is it safer to be silent or to tell? Who can be trusted? Who will believe? Who will know what to do? What will happen to me? Will my life change after I disclose? Will I lose privileges because I disclosed?

Often an individual who is disclosing abuse chooses a trusted person to tell in confidence. But, for many reasons, a lot of other people are called too. The list can get pretty long, and the bus gets crowded!

Who's really in the driver's seat?!

Direct Support Professional
On-Call Supervisor
Residential Manager
Support Agency Executive Director
Support Agency Investigator
Quality Improvement Staff/Investigator
Human Rights Committee Chair
Human Rights Committee
Domestic Violence Advocate
Sexual Assault Advocate
Helpline Volunteer Advocate
Police Officers
Doctor
Nurse
Children's Advocacy Center Forensic Interviewer
Prosecutor
Victim Advocate at Prosecutor's Office
Director of RI Department of Behavioral Healthcare,
Developmental Disabilities & Hospitals



When an individual has a developmental disability, and receives services from a community provider agency, a mandated report must be made in the state of Rhode Island. This of course makes confidentiality a little tricky. Sometimes the person hearing the disclosure may forget to just listen, because he or she may be so worried about what needs to be done next. What regulations come into play? How many people must be told? How will the victim be supported? Will the offender be held accountable?

Support professionals and advocates are in the position of supporting individuals to make their own choices and to intervene when someone is at risk. It is a delicate balance to find a respectful medium between intervention and empowerment.

Ultimately, it is the individual who makes the decision with the support of friends, family, support staff, advocates – *whomever she chooses* to help her make these decisions. An individual who has been victimized needs support, information, and resources shaped to fit the specific experience of abuse and the current situation.

Put ME in the Driver's SEAT!

*The ACT Collaborative is committed to work together to help bring comfort, control and confidence back to the individual who has disclosed abuse. **Here is what individuals with developmental and cognitive disabilities told us is the key to making that happen! They said... "Put ME in the Driver's SEAT!"***

Support
Empowerment
Acceptance
Teamwork



Support

- Listen to me.
- Be honest.
- Don't make promises you can't keep.
- Respect me.
- Talk to me in a way I can understand.
- Give me the opportunity to tell other people how I want to be supported.
- Believe me! Just because people have a disability doesn't mean we are lying about abuse.

POSSIBLE POTHOLE:



- Too many people, some I don't even know, are talking about what has happened to me.
- Sometimes staff forgets I am a person and not a checklist.
- Remember, there is no quick fix, so don't try to find one!
- Staff may immediately jump into trying to solve the incident and forget to just listen.

YIELD:



What is this individual's history of decision making? Is the individual experienced in advocating for her own rights? Can you help the individual identify a friend, guardian, family member or an advocate who can be in the person's network of support, if the individual so chooses?

STOP:



Think about – what are the differences between reporting & supporting? Don't underestimate the power of compassionate listening! Victims of abuse can benefit simply from being heard, believed and supported.

UNDER CONSTRUCTION:



Individuals with developmental and cognitive disabilities said they needed alternatives to “traditional” domestic violence and sexual assault safety planning and counseling. Sometimes it is very difficult for an individual with a cognitive disability to engage in “talk therapy” one-on-one with a counselor, but many of the women we spoke to said they would love the opportunity to meet with each other for peer support or use art and music as a way to express their feelings!



Empowerment

- Put me first in the process.
- Remember, it's about me.
- Be honest about who you have to tell and give me the option of telling them myself.
- Don't take away my rights because you're trying to keep me safer.
- Let me tell you what makes me feel safe.
- Encourage me to talk about it – to let it out.
- Sometimes I withdraw from people; I might need you to help me through it.
- Hear me all the way out!

POSSIBLE POTHOLE:



- Staff may feel they need to limit my rights because they think I can't keep myself safe, but this makes me feel like I am being punished.
- Sometimes staff need to remember I am a person, not a policy.

YIELD:



Create a safe place to talk about abuse, a place of the individual's choosing.

STOP:



Decide - what information and guidance does the victimized person need to be most actively engaged in the process?

UNDER CONSTRUCTION:



Individuals with developmental and cognitive disabilities told us that they would like their support staff and advocates to provide more information on healthy relationships, intimacy, anatomy and health and how to recognize abuse when it happens. They also told us that they would like the opportunity to be educators to their peers and to the "professionals".



Acceptance

- **Meet me where I am.**
- **Respect my values.**
- **Please don't tell me – “you should,” “you need to,” “you ought.”**
- **Please just listen to me; sometimes I just need you to listen, not give advice.**
- **Let me know that the way I am feeling is normal – validate my feelings.**
- **Sometimes I don't use “good” words and sometimes I lose it. Wait until I calm down, then talk to me.**

POSSIBLE POTHOLE:



- Don't impose your values on me.
- Don't focus on the problems. Focus on the possibilities and next positive steps.
- This is not the time to lecture me about what I could have done differently to avoid being hurt. Don't put the blame on what I did or did not do.

YIELD:



Don't exclude the individual from the solution!

STOP:



How do you honor an individual's wants and needs if they are in opposition to what the family wants? How can you help the individual educate the people in the support network?

UNDER CONSTRUCTION:



What policies or guidelines can be developed and implemented within your agency to ensure the individual's wants and needs are respected? How do you train staff regarding these policies?



Teamwork

- **My support team should not be “we are the world” – keep it small and let me choose.**
- **Keep me in the loop!**
- **Helping others helps me; I would like to help advise my peers and the professionals who are supporting me.**

POSSIBLE POTHOLES:



- Sometimes, in working with other agencies, communication and “turf” issues can bubble to the surface. Remember, it is about me and keeping me safe – that will help you keep your focus.
- Keep me informed, but don’t overwhelm me.

YIELD:



Keep language simple and choices clear so that everyone can understand!

STOP:



Can you help the individual identify and access other resources available to her – including the RI Victims of Crime Helpline, Day One, one of the domestic violence agencies, a disability advocacy organization or law enforcement?

UNDER CONSTRUCTION:



Sometimes it is important to bring in other agencies to help work with an individual who has been abused. Agencies working together must have clear guidelines for confidentiality, and defined roles for cross-agency case consultation.



Drivers Need Good Navigators

“A major challenge in providing supported living services is walking the tightrope between supporting people to make their own choices and intervening to prevent choices that put people at risk.” —John O’Brien

In a person-centered response the individual who has been victimized “gets to drive the car” to safety. However, drivers need good navigators (and sometimes, good mechanics, too)!

- If the individual is in immediate danger, call 911.
- Remain calm and be aware of your own reaction. A negative reaction may stop a victim from confiding, AND cause more trauma from the rejection.
- Validate the person’s feelings. Let the individual know that you believe her and that the abuse is NOT her fault. Tell the person they were right to disclose! Reassure the individual that she is not in trouble.
- In that moment your only job is to LISTEN. It may be tempting to ask a lot of questions and find out as much information as possible – but in the moment, let the survivor do the talking. Don’t ask leading questions. Allow time and space for the individual to process what has happened.
- Each individual is very different in terms of skills and needs. Do not make assumptions about a person’s abilities. Do not be afraid to ask the person directly what support she needs from you. Remember, the individual is the expert on any needs related to her disability.
- Treat adults as adults, regardless of their disabilities.
- Clearly describe what your role is, whether you have to report the abuse to a supervisor or a mandated reporting agency,



and what that means. Ask the individual if she would like to make the mandated report or have you do it. Ask if she would like to be present. There is a very fine line between fulfilling the mandate of reporting and depriving an individual of confidentiality.

- If the individual does have a guardian, work with the individual to find out how the guardian should be told and if the individual would like to do it herself.
- Find out what the individual would like to see happen next. Do not make any promises that you are not able or authorized to keep.
- Encourage the individual to seek medical assistance. Ask the individual if she would like an advocate called (from the RI Victims of Crime Helpline) to meet them at the hospital. This advocate can also help explain all of the options available to the individual.
- Let the individual know that you can help contact the police; if that is something the victim would like to do.
- Give the individual options and information that can help her make an informed choice. If you make decisions for the individual, this can further take control and confidence away from that individual. Frame the choices in a way the individual can understand. Keep the individual informed of what you need to do next as well.
- If you are an investigator or in a staff position that requires you to ask more detailed questions about what has happened – go slow in getting information about the abuse incident. Do not ask leading questions – record only the minimal facts of who, what, where and when, and are there other victims or witnesses? Let the individual know that you may need to write down some information so that you will not forget what has been said; let the individual know exactly who will see what you have written down on paper.
- Remember, especially in a sexual abuse situation, that many



individuals with disabilities may have limited knowledge of private parts, sexual activity, and have been told not to talk about it. They may feel very embarrassed and uncomfortable.

- Allow the individual to tell you what happened and help him or her identify feelings. Telling someone about a painful experience can be frightening, so the individual may test your reaction by telling the mildest part of her victimization first, or the individual may tell the story only once.
- Most people with disabilities who are physically or sexually abused are abused by someone they know well, such as a family member, peer, staff person, bus driver, personal attendant, or other caregiver. The personal relationship may make it more difficult for the individual with a disability to assess whether the act was wrong and to tell someone.
- Sometimes an individual with a cognitive disability may need assistance in determining who can and should know about what has happened to her. The individual may freely disclose to strangers and acquaintances alike, and a support person can help process how people might react and how much, if anything, to share.
- Find out if the individual would like to receive any type of follow-up counseling. Help the individual reach out to the domestic violence agency in your area or to Day One, if that is something she would like to do. Don't forget to communicate on a regular basis, and check-in to make sure the individual feels safe and is getting what she needs to feel supported.
- Be present. Listen with all your senses. As you show her you are caring and want to understand, she will be more likely to open up to you. The more you know the better able you are to provide the individual with choices.
- Remember, empowerment – the belief that one has the right and ability to gain control over one's own life – is crucial to safety and feeling safe.



Keys to Person-Centered Planning...

❖ Meet people where they are! ❖ Knowledge = Empowerment ❖ We need easy ways to get information/resources to help people ❖ Utilizing relationships (people, resources, training) ❖ Individual controls the process... it's their story! ❖ Limit the number of people who need to be involved in helping the person ❖ Inform the individual in crisis about who else needs to know ❖ Active Listening: validation, no "shoulds" or "you need to" ❖ Follow through on what you said you would do ❖ Education ❖ **Listen** to people ❖ Be open and honest about confidentiality ❖ It is okay to use humor ❖ Honest, Open & Respectful Communication ❖ Pay attention ❖ Comfort must be established ❖ Trust has to be earned ❖ Honesty is key: don't make promises you can't keep; know what you can and cannot do and be honest about it! ❖ Recognize there needs to be an investment of time dedicated ❖ Choices ❖ The individual should be able to decide who they want to tell, when they want to tell and what should be done about it ❖ One size does not fit all ❖ Open communication between individual and service provider ❖ **Find a way** to be accessible ❖ Educate, support and promote individual rights and privacy ❖ Validate people's feelings ❖ Find the way to be less intrusive ❖ Don't impose your values upon the person you are trying to assist ❖ Providing for safety does not = taking away people's rights ❖ Helping others helps ourselves ❖ Individualize the communication ❖ Individuals and service providers need to be able to access the proper protocols in an easy-to-understand format ❖ Decrease the number of layers (hoops) an individual has to go through to receive real help; it's not just filling out forms and writing reports ❖ Support individuals to make informed choices ❖ Put the person in the driver's **SEAT** (**S**upport, **E**ncouragement, **A**cceptance, **T**eamwork) ❖ Have a conversation **with** the individual instead of talking **to** her ❖ Let the individuals identify what "safety" means to them. ❖



Road Map to Safety

Resources for the Journey

Rhode Island 24-Hour Victims of Crime Helpline
1-800-494-8100 • rivictimsofcrime.org

**Rhode Island Division of Developmental Disabilities –
Office of Quality Improvement**
401-462-2629 • www.bhddh.ri.gov/ddd

Rhode Island Disability Law Center
401-831-3150, 1-800-733-5332, TTY 401-831-5335
www.ridlc.org

Rhode Island Developmental Disabilities Council
401-737-1238 • www.riddc.org

The Accessing Safety Initiative
www.accessingsafety.org

Office on Violence Against Women, U.S. Department of Justice
www.ovw.usdoj.gov

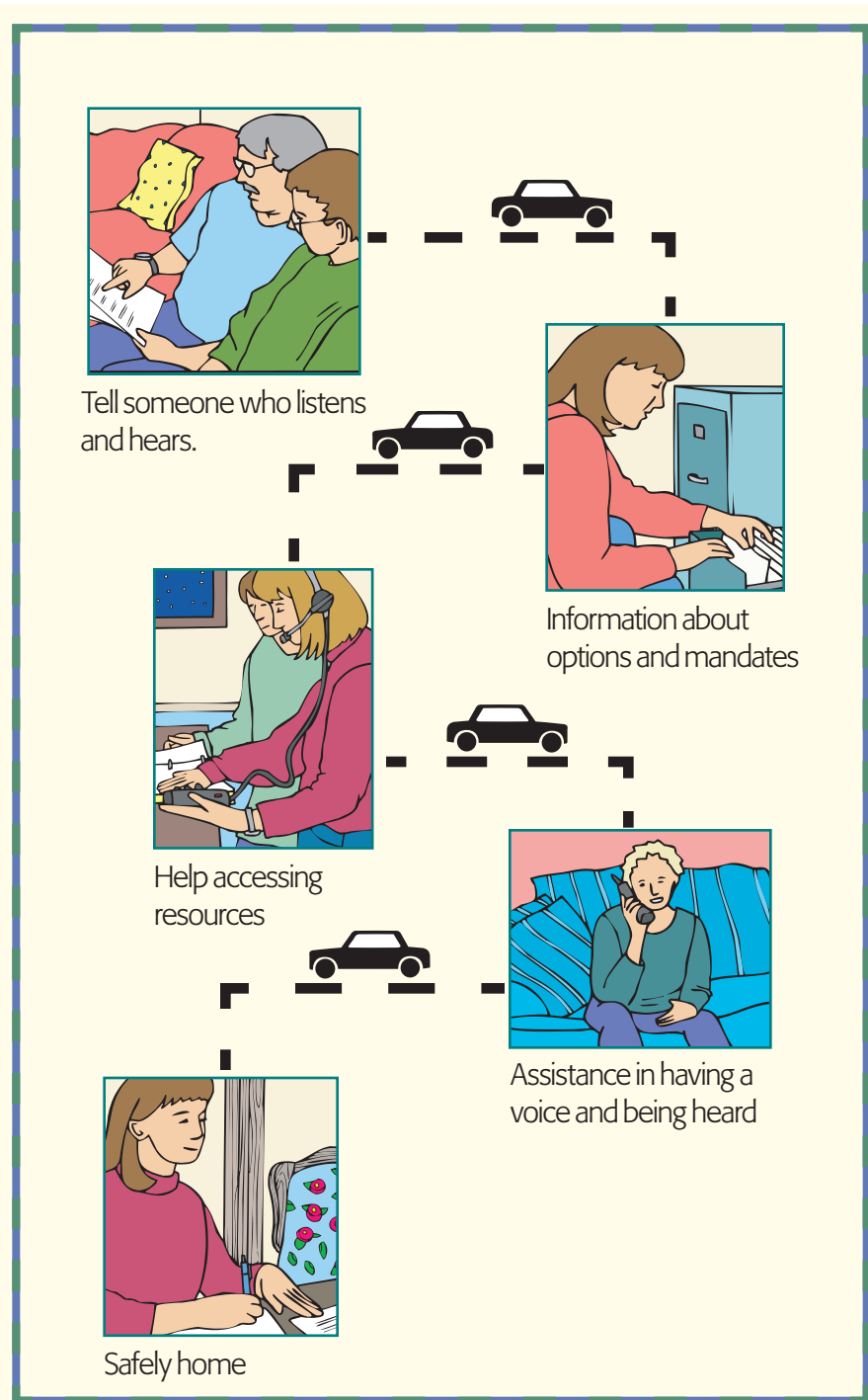
National Center on Domestic and Sexual Violence
www.ncdsv.org

National Domestic Violence Hotline
1-800-799-7233, TTY 1-800-787-3224 • www.ndvh.org

National Network to End Sexual Violence
1-202-543-5566 • www.nnedv.org

Rape, Abuse & Incest National Network (RAINN)
1-800-656-HOPE(4673) • www.rainn.org

National Sexual Violence Resource Center
www.nsvrc.org



Agencies of the ACT Collaborative



Advocates in Action is Rhode Island's statewide self-advocacy organization that

has formed a partnership with PAL. Advocates in Action has its own Board of Directors as well as national and regional affiliates. They raise awareness about people with disabilities, making presentations to over 800 students a year. Advocates in Action coordinates an annual sold-out Beach Bash, a statewide self-advocacy conference with attendance over 400 participants, a leadership series, a No Talent Show for audiences of over 200, and annual statewide meetings. For more information please visit the Advocates-in-Action website: www.aina-ri.org.



Avatar's mission is to work side by side with people to enrich the quality of their lives. Avatar encourages each person to define and achieve his or her goals. This is accomplished by recognizing the individual's talents and by providing the assistance necessary to enhance competencies in areas which are meaningful to the person. Avatar respects the basic need of all people to cultivate relationships and is committed to recognizing the value of individuals to one another. Avatar is steadfast in its belief that families are an essential component of an individual's circle of support. Avatar promotes opportunities for people to participate fully in their communities, enjoying its benefits and demonstrating their value as citizens. Avatar operates on the principle that choice is a basic right of all humanity. Avatar's vision is to stand beside one another respectful of our diverse choices, talents, needs and desires. Avatar offers: Person-centered planning for each individual; support to gain community access and inclusion; access to self-advocacy groups; personalized homes, shared or individual; competent, caring, well-trained staff. For more information please visit the Avatar website: www.avatarresidential.com or call 401-826-7500.



The mission of Bridges, Inc. is to work in collaboration with individuals they support toward a life of opportunity, enrichment, contribution and purpose. Bridges, Inc. provides support services to individuals with developmental disabilities, assisting people in participating as fully as possible in all aspects of their lives and supporting people to be productive members of their communities. They offer round the clock services for people who want or need twenty four hour assistance, and also provide less than twenty four hour support for people who may live more independently, live at home or want day services only. For more information please visit the Bridges, Inc. website: www.bridgesinc.com or call 401- 423-1153.



Day One is the only agency in Rhode Island organized specifically to deal with the issue of sexual assault as a community concern. Day One's mission is to reduce the prevalence of sexual abuse and violence, and to support and advocate for those affected by it. Day One's vision is to create a community that is free of sexual abuse and violence through leadership and action that is responsive to the needs of the community. Day One provides services to victims of sexual assault, domestic violence, and other violent crimes and educates the public throughout the state of Rhode Island. Services include: The 24-hour Victims of Crime Helpline (1-800-494-8100) operated jointly with the Blackstone Valley Advocacy Center; crisis intervention; individual and group counseling for children and adults; adult advocacy for victims and their families; legal advocacy through the Sexual Assault Response Team (SART); Law Enforcement Advocates at local police stations; the RI Children's Advocacy Center; prevention education and professional development trainings. For more information please visit the Day One website: www.dayoneri.org or call 401-421-4100.





Elizabeth Buffum Chace Center

The mission of the Elizabeth Buffum Chace Center (EBCC) is to end the perpetration and societal tolerance of interpersonal violence, including all forms of domestic and sexual abuse, and until that is achieved, to provide comprehensive services to victims and education in the community. EBCC provides services to ten cities and towns: Coventry, Cranston, Foster, East Greenwich, Johnston, North Providence, Scituate, Warwick, West Greenwich and West Warwick. EBCC provides safe, confidential shelter, transitional housing, court and law enforcement advocacy programs, 24-hour hotline, individual and group counseling, and specialized services for seniors. For more information please visit the EBCC website: www.ebcccenter.org or call 401-738-9700 (business line) or 401-738-1700 (crisis hotline).



The mission of The J. Arthur Trudeau Memorial Center is to promote an enhanced quality of life for individuals with developmental disabilities. The Trudeau Center envisions a diverse community where all people are valued, safe, and treated with dignity, respect, and equality. In this community, all people have access to resources to enable them to lead productive lives; have opportunities to learn, grow, and achieve; and have opportunities for self-expression. In this community, there is mutual responsibility between the community and the individual; all contribute to the common good and each individual's potential is realized. Trudeau provides community support and day services, residential, respite, and shared living, case management and self-directed opportunities to the adults with developmental disabilities they support. For more information please visit the Trudeau Center website: www.trudeaucenter.org or call 401-739-2700.



Looking Upwards' mission is to provide individualized service to children and adults promoting growth and independence so individuals can reach their potential and live satisfying lives. Looking Upwards' services



for adults with developmental disabilities include vocational, day enrichment and a variety of residential options, drawing upon over 30 years of expertise in supporting people with developmental disabilities to live fulfilling lives. With the resources of a caring team of professionals, Looking Upwards assists each person in realizing dreams - such as a satisfying home life, gratifying work, enjoyment in relationships and participation in the wider community. For more information please visit the Looking Upwards website: www.lookingupwards.org or call 401-847-0960.



PAL is a statewide, not-for-profit organization that was built on the need to support and empower families and people with disabilities as they advocate for themselves. PAL is committed to supporting families, individuals with disabilities and their network of friends in their effort to achieve their own personal dreams and to assume a social role of respect and dignity as valued members of their communities. PAL works with families, individuals with disabilities, and providers to enhance capacities across the system. PAL has invested enormous energy in assisting folks to tell their stories about how they are connected to their communities, as well as to talk about the contribution they are making in their community. PAL provides informational opportunities to families who have sons/daughters/ family members of transition age as well as staff to help raise their expectations about what is possible. For more information please visit the PAL website: www.pal-ri.org or call 401-785-2100.



The purpose of the Rhode Island Coalition Against Domestic Violence (RICADV) is to eliminate domestic violence in Rhode Island. Their mission is to support and enhance the work of the six member agencies, and to provide leadership on the issue of domestic violence. The Coalition fosters communication, resource sharing, networking and collaboration; raises awareness, responds to community needs, and educates the public about domestic violence; advocates locally



and nationally to impact social and systemic change on the issue of domestic violence; partners with survivors to strengthen the voices of abused women; and accesses resources to maximize community impact. For more information please visit the RICADV website:

www.ricadv.org or call 401-467-9940.



RI MENTOR Shared Living provides quality, individualized residential choices for adults with developmental disabilities

which promote natural relationships and the empowerment of people to become full and valued members of their community. For more information please visit the RI MENTOR Shared Living website:

www.ri-mentor.com or call 401-732-0304.



The mission of the Women's Resource Center (WRC) is to lead domestic violence prevention through the empowerment of individuals and the community by providing advocacy, education and support services. The purpose of the WRC is to empower victims of domestic violence and their children through individual and social change. Education, support and advocacy programs are offered to assist victims to gain control of their lives, exercising their right to live without fear in their own homes. WRC provides public education programs designed to dispel myths surrounding the causes and consequences of domestic violence. WRC provides services to nine cities and towns: Barrington, Bristol, Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton and Warren. For more information please visit the WRC website: www.wrcnbc.org or call 401-846-5263 (Newport County), 401-247-2070 (Bristol County), or 1-866-236-2474 (24 Hour Hotline).





ACT to end violence against
women with disabilities.