

# **Improving Services to Victims of Sexual Assault**

*An Evaluation of Six Minnesota Model  
Protocol Development Test Sites*

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*An evaluation of six Minnesota sexual assault protocol development teams*

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# Summary

The Model Protocol Project has completed its fourth year of work with six Minnesota test sites. These sites have tested an 8-Step Protocol Development Cycle for improving their communities' responses to victims of sexual assault. These sites embarked on this effort with the help of two Project Administrators who selected the Cycle as a way to help community agencies collaboratively address issues that make the process of using the criminal justice system and other support systems in their community trying for victims of sexual assault. The Project was made possible by a grant from the Minnesota Center for Crime Victim Services with funding from the federal Violence Against Women Act.

## *Methods*

The Project administrators contracted with Wilder Research Center to conduct an evaluation of the project. Wilder has conducted evaluations of all of the sites since their inception. In fiscal year 2000-01 Wilder conducted a meta-analysis of the past four years of data supplemented with a review this year's meeting minutes. Wilder also implemented a survey on collaboration with all of the current members of collaborative teams.

## *Findings*

### **Site progress in 8-Step Cycle**

The 8-Step Protocol Development Cycle was developed by Anita Boles, John Patterson (Sage: 1997) and others to help communities improve their response to crime victims. The model Cycle was originally designed specifically for developing multidisciplinary, victim-centered protocol for responding to sexual assault.<sup>1</sup> It includes the following steps:

1. Inventory the communities' existing services for sexual assault victims
2. Collect data on the existing sexual assault response system via a Victim Experience Survey
3. Compile relevant data into a Community Needs Assessment
4. Write protocol

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<sup>1</sup> Patterson, John & Boles, Anita (1992). Looking Back, Moving Forward: A Guidebook for Communities Responding to Sexual Assault. (Available from the National Center for Victims of Crime, 2111 Wilson Boulevard, Suite 300, Arlington, VA 22201).

5. Renew interagency agreements to comply with the protocol
6. Train agency staff in how to follow protocol
7. Monitor protocol implementation
8. Evaluate protocol effectiveness and take learnings into the next round of the cycle

The original three test sites have completed or are in the process of completing the last steps in the 8-Step Cycle. The urban sites and partially urban site that started the process in earnest a year later have completed the first three steps, have drafted protocol and are either in the process of signing inter-agency commitments to the protocol or refining the protocol for final review. The sixth site that began the cycle two years ago has completed the first three steps in the cycle.

### **Best practices in the 8-Step Protocol Development Cycle**

One of the goals of the meta-analysis was to identify the best practices for working through the 8-Step Protocol Development Cycle. Good communication and effective leadership and support were key themes that emerged over and over again. New and prospective sites can refer to this document to learn about the specific experiences of these early sites. Existing sites can be strengthened in their work by discussing the findings of this report with each other and a representative of a central agency, created to oversee the work of all sites.

In addition to identifying best practices for each of the eight steps in the Cycle Wilder also identified several other issues related to the overall project's success as well as individual sites' successes. These issues include how the project administrators engaged new sites in the process, other administrative issues, and best practices for holding a public forum. These results show that the support of the central agency is critical to getting new sites on board, particularly sites that serve diverse communities, like American Indian reservations. In addition, ongoing site trainings and workshops help to keep project participants engaged in the process. Publicity and outreach about the teams' work help to strengthen the impact that this cycle has on the broader community.

### **Findings from collaboration study**

Respondents felt that the work they are doing is unique to their group, that they have skilled leadership, and committed well-informed members who communicate well with one another. They also report that the timing and political and social climate is right for this work, and that the right people are involved.

The potential areas of concern addressed by collaborative members were related to individual relationships, and the broader community. At the community level the items receiving relatively low scores included the absence of prior relationships between members, representation on the collaborative by all relevant community agencies, and funding. The items that relate to the collaborative members on the team include time committed by all organizations, mutual trust, and team members ability to speak for their entire agency.

There were also some differences among the sites. The newest site in Fond du Lac reported the lowest scores. This may be related to some difficulty the site had in getting people to participate regularly early in their team development. A high profile murder case in the region seriously taxed the resources of the local criminal justice system for several months. It may also reflect the relative novelty of the site, as it takes time to build trusting collaborative relationships. Many of the other sites struggled in the beginning of the process to get to a point where they were willing to discuss their own agency practices and understand other agencies' needs in their community.

## ***Conclusions***

The Cycle has proved to be an effective means of collaboration for all six sites; although there is some variation in the levels of success each site achieved that are related to leadership, membership and agency buy-in. Some of the sites have already made significant improvements in agency practices related to sexual assault, and some are preparing to evaluate the impact that their shift in agency practice has had on the attitudes and behaviors of direct service providers including patrol officers, advocates, prosecutors and medical staff. The next step is to assess whether or not victims benefit from the work these teams have done, and if they do, how.

## ***Recommendations***

A key factor in the success of the six Protocol test sites has been the centralized support and oversight of the administrators in the Model Protocol Project. New sites will likewise need the support of the central agency if they are to be successful. The central agency should be prepared to help engage new sites in the process by providing support in the grant or proposal-writing process, agency training in the Protocol Development 8-Step Cycle, and the provision of ongoing consultation on the best ways to get through the 8-Step Protocol Development Cycle. It should operate as a clearinghouse for forms developed by existing teams so that new teams do not have to "re-invent the wheel." It should also be prepared to step in and provide consultation in the event of site coordinator turnover, or any other negative issue that delays a site's progress. To do all



of these things effectively, the central office will need funding to have an appropriate number of staff support personnel. Two full-time administrators provided support to the three original sites, and continued to be the sole source of support for all of the test sites when they increased to six sites over the next two years. While they did an excellent job of providing the needed support, they were overextended. Therefore, Wilder Research Center recommends that the staff there seek funding through grants or other means to help support the central office's support services and staffing needs.

All of the sites need to continue to consider the needs of the diverse members of their communities, such as immigrants, persons of color, and members of the GLBT community. Focus groups and other data collection efforts conducted by the sites have revealed that members of these communities often face unique barriers to accessing the criminal justice system and the sexual assault support system. Outreach and understanding is needed to build trust among these victims so that they can get the help they might need.

Each of the sites must find a way to get feedback directly from victims. The goal of the project was to develop a more victim-centered response to sexual assault. It is not enough for the agency representatives on the teams to say this is an effective process, and that they think that their protocol is victim-centered, victims must also be able to identify the benefits of the new system. Again, the central office should play a significant role in helping sites develop strategies to collect this data, overcome confidentiality issues, and gather statewide data on victims' experiences to better evaluate what practices are most effective.

Finally, the results of the overall project evaluation are very positive. Collaborative members have benefited from gaining a better understanding of both their communities' resources for, and barriers to serving victims of sexual assault. They have also been able to draw new members in, and improve practices in some agencies to better serve victims. Therefore, new sites committed to this process should be funded. They may be able to overcome some of the time barriers that other sites have faced since they will be embarking on the process with several recipes for success.

# Background

The Model Protocol: Test Site Project, hereafter referred to as the Test Site Project, was commissioned to help Minnesota communities improve the investigation and prosecution of sexual assault cases. The Minnesota Center for Crime Victim Services funded the Project with federal STOP Violence Against Women Act grant funds. Victim Services of Dodge, Fillmore and Olmsted Counties administered the Test Site Project from fiscal year 1997-98 through 2000-01. Since that time the project has evolved and expanded. Three rural or mixed rural and semi-urban counties (Carver, Isanti, and Winona) were the first test sites. They were followed by Ramsey County, a strictly urban site and Olmsted County a mostly rural county with a metro region in fiscal year 1998-99, and by Fond du Lac Indian reservation in Carlton and St. Louis Counties in 1999-2000.

The Test Site Project's goal was to help multidisciplinary agencies work together to develop a more victim-centered protocol for responding to sexual assault victims. To accomplish this goal the Project Administrators used an 8-step cycle for developing, implementing and evaluating the protocol in the test sites. Anita Boles, John Patterson and others developed the 8-Step Protocol Development Cycle (Sage 1997) to help communities throughout the United States improve their response to crime victims. The guidelines of the 8-Step Protocol Development Cycle dictate that, at a minimum, test sites have to secure commitment from four "core" providers of service to victims of sexual assault: law enforcement, victim advocacy, medical, and prosecution. The 8-Step Cycle was first pilot-tested in Pine Bluff, Arkansas and Denver, Colorado.

The steps included in the 8-Step Cycle are as follows:

1. Inventory the community's existing services for sexual assault victims
2. Collect data on the existing sexual assault response system via a Victim Experience Survey
3. Compile relevant data into a Community Needs Assessment
4. Write the protocol for responding to sexual assaults
5. Renew interagency agreements to comply with the protocol
6. Train agency staff in how to follow the protocol
7. Monitor implementation of the protocol
8. Evaluate the protocol's effectiveness and take these learnings into the next round of the cycle

Fiscal year 2000-01 was a transitional period for the project. While Victim Services of Dodge, Fillmore, and Olmsted Counties continued to administer the project, the Minnesota Coalition Against Sexual Assault was awarded funding to develop a plan for the future of the project. The Minnesota Coalition Against Sexual Assault will administer the project in fiscal year 2001-02 when the project will no longer be considered a “test” project. The six existing sites as well as several new sites will be considered “Community Protocol Sites,” rather than “Test Sites.” The new teams will go by the acronym “SMART” which stands for Sexual Assault Multidisciplinary Action Response Teams.

Additionally, as per the recommendations generated by this evaluation project, a newly formed central agency is being developed. The Sexual Violence Justice Institute will function as a clearinghouse for information about the 8-Step Protocol, provide consultation on implementation stages, and provide training and other forms of technical assistance to the sites.

# Methods

As with previous studies for this project, this report includes data on the overall project, particularly the 8-Step Protocol Development Cycle, and the progress of individual sites. In addition, Wilder Research Center examined one of the most important components of the project, collaboration. Creating and implementing an effective multidisciplinary sexual assault response protocol cannot happen without effective collaboration among site participants. The four specific research activities that the Research Center conducted in this final year of the Test Site Project are identified below.

The Project Administrators felt that it would be useful to get an overall view of the project in their final administrative year, before the program moved out of the “test” phase. Therefore, Wilder conducted a meta-analysis of the data collected in prior evaluations to answer several questions that would be salient to new sites. Specifically, Wilder addressed the following questions:

- What factors contribute to successful collaboration in working through the 8-Step Protocol Development Cycle?
- What are the biggest barriers that sites face?
- What lessons are unique to the type of site (urban, rural, reservation, etc.)?
- What recommendations, based on the evaluation research, can the Project make to future sites, the legislature, and other funders?

In addition, the project administrators identified several questions at the beginning of the project that Wilder Research Center has been tracking throughout the evaluation. These questions are central to the goals of the Project:

- Does a victim-centered approach to reports of sexual assault improve case outcomes and the functioning of the criminal justice system?
- What strategies did test sites use to move from a case-centered system to a victim centered one? Which ones were most successful?
- How do victim-centered, multidisciplinary protocols affect case handling practices?

To date, Wilder has been limited in its ability to answer these questions because none of the sites have completed the entire cycle. However, in this report the authors will attempt to glean what they can from the information and data gathered thus far, and they will

discuss the opportunities that sites have to answer these questions in the future. The research activities reported on here include:

- A self-administered survey with current test site team members to assess the strength of the collaborative relationships at each site, and general trends across professions.
- An examination of meeting minutes from interagency council and subcommittee meetings for fiscal year 2000-01. These were a part of the process evaluation documenting each site's progress. Wilder summarized each site's progress for this time period based on the minutes. However, the scope and content of meeting minutes differed from site to site; therefore, some information about site progress may have been missed in this report.
- A review of the three original sites' monitoring and evaluation plans. Monitoring and evaluation are the 7th and 8th steps in the 8-Step Protocol Development Cycle.

# Results

## *Site progress in fiscal year 2000-01*

Figure 1 presents each of the site's progress in the 8-Step Protocol Development Cycle to date. All three of the original sites (Carver, Isanti, and Winona) have completed or begun to implement all of the steps in the 8-Step Cycle. Ramsey and Olmsted Counties are about half way through the cycle. Fond du Lac, in their second year of implementation is close to completing the first three steps. Each site has applied for funding to continue their efforts into fiscal year 2002. A description of each of the site's activities this fiscal year, based on meeting minutes through May 2001, follows.

| <b>1. Progress in the 8-step protocol development cycle</b> |          |          |          |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|----------|----------|----------|
|   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> |
| <b>Winona</b>   | ✓        | ✓        | ✓        | ✓        | ▢▢▢▢▢    | ✓        | ▢▢▢▢▢    | ▢▢▢▢▢    |
| <b>Carver</b>   | ✓        | ✓        | ✓        | ✓        | ✓        | ✓        | ▢▢▢▢▢    | ▢▢▢▢▢    |
| <b>Isanti</b>   | ✓        | ✓        | ✓        | ✓        | ✓        | ✓        | ▢▢▢▢▢    | ▢▢▢▢▢    |
| <b>Olmsted</b>  | ✓        | ✓        | ✓        | ✓        | ▢▢▢▢▢    | ▢▢▢▢▢    | ▢▢▢▢▢    | ▢▢▢▢▢    |
| <b>Ramsey</b>   | ✓        | ✓        | ✓        | ✓        |          | ▢▢▢▢▢    | ▢▢▢▢▢    |          |
| <b>FDL</b>  | ✓        | ✓        | ✓        |          |          |          |          |          |

✓ = task completed

▢▢▢▢▢ = task in progress

1. Inventory; 2. VES; 3. CAN; 4. Protocol; 5. Inter-agency agreement; 6. Train; 7. Monitor; 8. Evaluate

### **Carver County**

During the 2000-01 fiscal year, the Carver County Sexual Assault Inter-Agency Council focused primarily on the training and evaluation steps of the 8-Step Protocol Development Cycle, as well as some revisions to the written version of the protocol. The committee divided itself into three subcommittees; one each worked on the training and evaluation steps, and the other subcommittee was devoted to publicity and public relations.

The Council planned to incorporate a more victim-centered philosophy into the protocol. They also wanted to include language on ways to form connections with other agencies. The team decided not to use the consultant who formatted their protocol document to

make these revisions, as the quoted price was too high. Instead they enlisted the support of clerical staff from one of the participating agencies.

The training subcommittee's primary goal was to create a PowerPoint™ training package that would allow multiple presenters to conduct the training consistently when member agencies hire new staff. They also discussed a number of logistical issues related to the implementation of trainings, as well as the content of the training curriculum. Members conversed about how to schedule trainings for new employees, and whether or not they would be mandatory. One member suggested that the protocol become a part of the scheduled "field experience" training for law enforcement, and that it could be part of the social services orientation. The subcommittee also brainstormed ideas for creating a variety of teaching tools, including developing a fact sheet about Latino culture and creating a packet of materials for the Sheriff's Department. While it appears that the Sexual Assault Inter-Agency Council reached no definite conclusions about these issues, they did take steps forward by translating the Sexual Assault Inter-Agency Council's informational brochure into Spanish. Some Council members participated in a PowerPoint™ workshop and decided to begin using this tool in their next round of training in the Fall of 2001.

In addition to doing a project evaluation based on member surveys in March 2001, the evaluation subcommittee worked with a consultant to create criteria for agencies to use when developing staff checklists based on the protocol. The goal of these checklists was to provide both Sexual Assault Inter-Agency Council members and the Justice Institute with measurable data on protocol implementation and to allow Council members to revise the protocol as needed. These checklists include specific practices described in the protocol. Direct service staff will complete them when they have contact with sexual assault victims. The committee discussed using composite categories and scales in the checklists that would help with data analysis. They also discussed the types of questions that would be useful in measurement. The team completed the first checklist, the Public Health Protocol Implementation Checklist, in March. The evaluation subcommittee then met with each of the eight Sexual Assault Inter-Agency Council agencies to develop final drafts of the remaining checklists for their department areas.

The Council as a whole discussed the subcommittee's monitoring and evaluation plans. They were most concerned about how and when it is necessary to get release forms from victims, particularly victims who receive services in other counties. Committee members considered reviewing specific cases of sexual assault during scheduled Sexual Assault Inter-Agency Council meetings. A member of the committee raised concern about how to effectively maintain a victim's right to data privacy as governed by Minnesota law and the need for a separate release form to do this; another member recommended that every agency on the council have a standard release form.

The public relations subcommittee discussed the use of several methods to publicize the committee's work, and educate the public about sexual assault issues. They produced brochures to distribute in their agencies, and planned to translate the brochure into Spanish – and possibly other languages – to reach a wider audience. The subcommittee developed a multi-language poster and the Center for Cross-Cultural Health reviewed it prior to publication to ensure cultural sensitivity. The subcommittee also fulfilled another county's request for copies their protocol, developed a website, contributed to newspaper articles about the Council, posted flyers and posters in county building restrooms, and made brochures available to the local Welcome Wagon.

The Carver County Sexual Assault Inter-agency Council collectively addressed the issue of funding. The federal Violence Against Women Act (VAWA) guaranteed funding into the next year for all six test sites, two additional test sites and a technical assistance staff person. However, the site still required additional funding to finance a technical assistance center, which would act as a clearinghouse of information related to the processing of sexual assault cases for core agency personnel who might need assistance. Two Council members met with area legislators and private foundations to seek financial support for this project. Grant writing was also a goal for the Council during spring of 2001.

The Council experienced a great deal of turnover in membership during the 2000-01 fiscal year. The Council began fiscal year 2001 with a new site coordinator – who began at the end of first quarter. The Council grew in membership with the addition of representatives of a Sexual Assault Nurse Examiners (SANE) program that started in their area. The SANE program was started because of the initiative of some of the original medical representatives to the Council. Seven members left their positions on the Council and were replaced by new members which made educating new members an important task. Because there was so much transition, the Council may not have made as much progress as a Council with more consistent membership.

### **Isanti County**

The Isanti County Sexual Assault Inter-Agency Council started the fiscal year with a relatively new site coordinator after the removal of the previous coordinator. The team's progress had stalled during the former coordinator's tenure and motivation among council members dropped. This led the Council to adopt the Project's recommendation to elect two co-chairs (other than the site coordinator) to help keep the momentum of the team going in case of site coordinator turnover or other concerns. With outstanding efforts from the new site coordinator, and renewed team interest, the Council made great strides. The team touched on several of the steps in the Protocol Development Cycle during the 2000-01 fiscal year. The team developed a written interagency agreement. It was sent out to all member



agencies, signed and returned by their leadership at the December meeting. The Council formed three subcommittees, one responsible for revising the protocol as needed and training participating agency staff on it, another focused on monitoring and evaluation, and the third addressed educating the public about sexual assault and publicizing the Council's work. The Council also adapted a Victim Feedback Survey from another site as part of their work to develop a monitoring and evaluation plan.

While the team completed a draft of its protocol during fiscal year 2000 and trained agency staff to use it, they refined the protocol a bit more this year. The primary impetus for revising the protocol was to make it more functional by putting it into a checklist format that could be used in the training. This year they held two trainings for staff who missed last year's training. Members of each agency represented on the council presented their parts of the protocol. The entire training was videotaped for later use.

A primary reason Isanti County was selected as a test site was their lack of specialized advocacy services to sexual assault victims. The Model Protocol Project wanted to learn what additional challenges such a community would face in developing a victim-centered sexual assault response protocol. Isanti County has advocates who serve sexual assault victims in their prosecutor-based victim services program, and a local program serving battered women and responding to issues of domestic violence.

However, the lack of a sexual assault advocacy program independent of prosecution is a problem for victims who need support regardless of whether or not they seek help from law enforcement or whether or not the case is charged.

To help address the needs of these victims the team decided to recruit volunteers, get them into a 40-hour professional training and have them available to victims via a pager. Unfortunately, the only training available was several miles away. They were only able to recruit one volunteer. The site coordinator and two other team members did attend this training and agreed to carry the emergency pager on a volunteer basis so that they could provide the immediate support to victims until they are able to build a solid volunteer base. All recognized, however, that this was a short-term solution to their need for 24 hour advocacy services for sexual assault. With leadership from the site coordinator, the local battered women's program applied for funding to house a sexual assault advocacy program, but the funding was not granted. This issue will need to be addressed again if the Council is going to maintain their standard of access to advocacy for sexual assault victims in crisis as their protocol dictates.

The public education and publicity subcommittee accomplished several tasks this fiscal year. They released the Model Protocol Project's informational video to a local public access cable station and they developed a brochure describing their team and the

community resources available to victims of sexual assault. As part of their observance of National Crime Victims' Rights Week, the Council sponsored an essay contest targeted at middle school students. Students were encouraged to submit an essay response to one of two questions about sexual assault and the winner received a pizza party for their class. While submissions were low, the initiative attracted the attention of school officials and has led to a proposal to include more information about sexual assault in the regular curriculum. A member of the subcommittee also did outreach with faith communities and the team as a whole discussed creating an informational website about the Council.

The monitoring and evaluation subcommittee worked on ideas to conduct case studies in their community and collect victim feedback. They also arranged to meet with an independent consultant to help them develop the tools needed in their monitoring and evaluation plans. The Council developed a Victim Feedback Survey – that will help them monitor and evaluate their progress – based on Olmsted County's Victim Experience Survey. The group felt that they would get a better response if they conducted the survey by telephone rather than by mail, and agreed that Public Health staff would be the appropriate professionals to conduct the interviews. While they did not implement their plan to conduct case reviews, they addressed confidentiality expectations in their interagency agreement to set the tone for sharing information about specific cases at team meetings, and expect to do case reviews in the future.

### **Winona County**

Winona County's site coordinator of four years left in February 2001 to pursue a new career. This was a real loss for the team as she had been a dedicated and skilled leader. She was replaced in May by a new coordinator. This description of site activities is based on narrative report produced by the old site coordinator and two sets of meeting minutes (although the site apparently met six times during the course of the year).

Winona County experienced a logistical disaster in September. A false ceiling in the Winona County Courthouse collapsed. It pulled water pipes apart resulting in flooding that damaged over half of the courthouse and the professional offices within it. The site coordinator's office was destroyed and she lost some evaluation materials as well as access to a personal computer and telephone for several weeks.

Despite these setbacks, Winona was selected by the STOP grants Technical Assistance Project (an effort to promote best practices to STOP grantees under the Violence Against Women Act) to co-host a conference on their work as a test site. The team was very busy early on organizing this Site Consultation Conference to demonstrate the process they followed to create a more victim-centered response to sexual assault. This conference

was co-hosted by the Olmsted site, the Model Protocol Project staff, and Victim Services of Dodge, Fillmore, and Olmsted counties. These two sites developed the curriculum for the conference, with most of their Council members participating in conference presentations. Sixty-five professionals from across the nation representing the core agency types, as well as professionals interested in formulating policy related to sexual assault attended the conference. The conference was considered a success by those involved.

The Winona site experienced turnover in medical and advocacy representatives, as well as site coordination. In addition, in the absence of a new, permanent site coordinator, some members did not attend the regular meetings and work tended to lapse. The new site coordinator arranged to contact all inactive members and invite them to the next meeting, at which they would do a refresher on their needs assessment and watch an informational video on the Model Protocol Project.

The site coordinator pointed out that the Council had not yet addressed the concerns of the gay-lesbian-bisexual-transgender populations, and felt that this was an area of potential growth for the team. Representatives from the universities felt that it would be useful to have some student membership on the team, particularly from the GLBT student community.

Winona County also held three trainings during the past fiscal year, one for medical professionals, one for resident assistants and security personnel at one of the universities and one for advocates.

The team developed a consent form to distribute to sexual assault victims so that they could interview them in the future about their experience with the system. However, they have not yet begun distributing these forms. The team also abandoned a prior monitoring and evaluation plan that sought victim feedback using a somewhat open-ended form. The Council members felt that it was not specific enough, and only captured vague information about the process. They have begun work with a consultant to develop a more sophisticated survey instrument.

Finally, at the end of the fiscal year, the council held a “commitment dinner.” Past, current, and new members were invited to a dinner to celebrate the work accomplished and recommit to the future.

### **Ramsey County**

Like many of the other sites, the Ramsey County Sexual Assault Protocol Team experienced site coordinator turnover in fiscal year 2000-01. The original coordinator took a position at one of the member agencies. Therefore, although she remained in

contact with the team, she had new and different responsibilities. In spite of the four-month period during the 2000-01 fiscal year when the team operated without a site coordinator, members made great strides forward in the 8-Step Cycle. The Team put the final touches on the Community Needs Assessment that they had written the previous year. They also drafted agency protocols, which is the next step in the 8-Step Protocol Development Cycle, and began discussing work on the Training and Evaluation steps. The Team also formulated a common definition of sexual assault and worked on plans to distribute victim consent forms, publicize their work and access funding. The Council also obtained information related to the Sexual Assault Forensic Examiner nursing program.

The Team completed the Community Needs Assessment at the very beginning of the fiscal year, and distributed it to the heads of the representative agencies. Members also agreed to produce an accompanying handbook on cultural issues related to sexual assault based on lessons learned from agencies that focus on serving communities of color.

Team members spent most of the past fiscal year writing and reviewing the protocol. Early in the year members made a number of changes to law enforcement's section of the protocol. One addition to the telecommunications section was a clause instructing officers to ask victims if it is safe to stay on the phone if the perpetrator is still in the vicinity. Another suggestion was to ensure that officers conduct the investigative interview in person. The team members felt that conducting an interview in person would benefit both law enforcement and the victim by providing officers an opportunity to notice injuries that the victim may not have reported.

The Team discussed several issues pertaining to prosecution, as well. The Team discussed the need to clarify the role or jurisdiction of the city attorney versus the county attorney. A team member agreed to construct a matrix showing the jurisdiction for various sexual offenses. Members decided to add a statement on involuntary intoxication to the section of the protocol that discussed victim consent. The final discussion was about the "Intake" portion of the protocol and whether the use of the word "promptly" implied a specific timeline. The Team agreed that, because there is so much variation in circumstances, the protocol could not include a specific timeline.

Members raised a number of questions regarding the medical protocol, as well. The Team addressed the questions of how long the lab takes to send results back to the police, as well as the victim's level of intoxication and whether such information is relevant to the process. Questions also emerged about who does the date rape drug testing. It is unclear from the meeting minutes what conclusions the Team formed about these matters.

Much of the discussion surrounding the Corrections portion of the protocol hinged on the fact that it is Correction's responsibility to contact all victims regardless of the outcome of any case that results in court action. The Team was particularly concerned about whether Corrections contacted victims for the same reasons other agencies contacted them causing victims to be contacted too frequently. One member pointed out, however, that the state mandates Corrections to contact victims for specific reasons, and a specific number of times. Finally, a conversation occurred addressing how to track down victims whose addresses had changed. In order to facilitate contacts with these victims, one member suggested that Corrections gather alternate contact names and phone numbers when they first meet with the victim.

Team members suggested that the Corrections portion of the protocol include more detail regarding interactions with other agencies. One team member was particularly concerned about data privacy issues and whether it would be appropriate for Corrections to ask victims if they had the support of an advocate. Eventually the Team decided to include a section on notifying victims of the residence of perpetrators upon their release. The Team addressed the problem of translation when the victim is a minor and the parents do not speak English, although they did not establish a specific item in the protocol for handling this issue.

The advocacy portion of the protocol was the most challenging section to finalize, as it was written for many different organizations serving diverse populations. During the past fiscal year, the Team addressed only three small items before declaring the section complete. The first item arose when a Team member asked whether advocacy talks to victims about risk-laden lifestyles and the inherent increase in chances for sexual assault. The Team feared that talking about this with victims would reinforce a "blame the victim" mentality, and concluded that it was unnecessary to discuss their behavior. The second item was simply a suggestion that the protocol include a line addressing police reporting that mentions that not every reported case is charged. The final item related to funding of evidentiary exams. The Team reestablished the commitment Ramsey County to pay for these exams and to note that an error has occurred if the victim receives a bill.

In March, the Sexual Assault Protocol Team started discussing plans for the staff training. The Team decided the goal of the training was to provide each agency with detailed information specific to its own discipline, as well as a general overview of other disciplines. The Team formed a training subcommittee, and that subcommittee chose the format of the training. The subcommittee decided to produce a video for each of the site's five disciplines (the four "core" disciplines and corrections). The videos will all have three parts, the first two will provide an overview of the protocol and a summary of each individual discipline, the third part of each video will contain in-depth coverage of

that discipline's portion of the protocol. Work on video production was scheduled to begin in June with a projected completion date in August or September.

The Sexual Assault Protocol Team also began discussing the evaluation step of the cycle. In April, the site coordinator met with Wilder Research Center to assess the potential for using an existing Victim Experience Survey to evaluate the success of the protocol implementation, rather than creating an entirely new survey. The existing Victim Experience Survey was implemented in Ramsey County to fulfill the second step of the Cycle. Team members reviewed the survey and suggested ways to make it measure practices that are part of their protocol. They were also asked to give the site coordinator any additional feedback on their section of the survey, which would go back to a Wilder researcher to reformat and present at an upcoming meeting.

The Team developed a consent form shortly after the first Victim Experience survey was implemented to ensure that future data collection efforts would be as statistically valid as possible. They have started developing a cover letter to accompany the forms, detailing their purpose and use, and they discussed the need for translation and decided that a short paragraph on the back of the form conveying the main point of the form would suffice. The consent form went through several iterations, and has been finalized. Each agency has its own system for distribution, however, not all agencies will begin to use it until training has been completed.

The team members also worked to publicize their efforts in professional circles and among the general community through participation in conferences, workshops and via exposure in the newspaper. Following are some examples of these activities:

- The team hosted the conference: Non-Stranger Sexual Assault: A Multi-Disciplinary Approach to Successful Prosecutions (April 2001, St. Paul, MN).
- One team member presented on American Indian victims of sexual assault at The First National Sexual Assault Response Team Training Conference (May 2001, San Antonio, TX).
- Several team members attended a Sexual Assault Forensic Examiner nursing program presentation which included information about costs and reimbursement to hospitals for victims who do not report, and the benefits to victims for reporting crimes to law enforcement.
- Team members attended The Bureau of Criminal Apprehension Conference.
- The team received media coverage of their efforts from the local daily newspaper, the Saint Paul *Pioneer Press*.

In addition they made plans to conduct the first round of protocol training, and develop and implement a monitoring and evaluation plan. They plan to conduct further focus groups to determine the extent of the protocol's reach to communities of color.

## **Olmsted County**

The majority of the Olmsted County's Sexual Assault Inter-Agency Council's work during the 2000-01 fiscal year focused on drafting the written guidelines. At each of the council's meetings team members discussed potential changes to each of the four core agency's sections of the guidelines.

Early in the fiscal year, the Sexual Assault Inter-Agency Council suggested changes to the prosecution guidelines including softening the language in a disclaimer to emphasize their commitment to consider victim's needs and wishes. Council participants also discussed language regarding how to inform victims of delays in the prosecution of their cases, since support staff in the county attorney's office were not allowed to provide case information over the phone. The team also discussed whether or not to include language that guarantees a victim's right to call the attorney's office with questions about their case. Finally, one member pointed out that Victim Services does not usually receive a copy of the complaint. Therefore, because they have very little information about the case, they must ask the victims to retell their stories, which is difficult and unnecessarily invasive.

The Council discussed the medical guidelines at length. Members discussed how to triage victims according to trauma, medical stability, age and sex. They also discussed whether or not to use an evidence kit if the victim did not wish to involve law enforcement; and how to seal bags of clothes for future evidentiary purposes in case the victim later decides to report the incident to law enforcement. The team members discussed medical records and whether or not medical professionals should discuss past incidents of sexual assault with patients. The team decided that, unless the current injury is a result of the sexual assault, medical professionals should not discuss the past assault with the patient.

Confidentiality was considered a particularly important issue in cases where either the suspect or the victim worked at the facility at which the victim was getting treatment. Council members pointed out that a nearby town has a Sexual Assault Nurse Examiner program. The Council decided that each agency's guidelines needed to have an alternative plan for covering victims' needs when service from an Olmsted County agency may create a conflict of interest.

The Council was also concerned that the medical guidelines did not address younger sexual assault victims who were treated at the Patient Receiving Unit. The team felt that

the previous requirement of age 16 was too limiting. Therefore, the Council changed the requirement to “adult and adolescent female victims.” The Council also decided that the medical guidelines needed to include a provision for nurses to inform victims about their right to meet with an advocate. The Council emphasized that victims should have the option to have a culturally competent support person with them during their medical exams and during the administration of a rape kit, if appropriate. During the discussion of the rape kit a member pointed out that other states utilize the evidence kit more than 72 hours after an attack and asked if this should appear in the guidelines. Later, it came to the Team’s attention that the Bureau of Criminal Apprehension would not process kits when evidence was collected beyond the window of 72 hours. Therefore, there was no reason to use rape kits more than 72 hours after the assault.

One member raised the issue of whether hospital staff should contact an advocate before the victim requests one, in order to lessen any guilt the victim may have about waking the advocate up. After consultation with medical staff, the team decided that contacting an advocate without victim consent – even without identifying information about the patient – would not be appropriate. Furthermore, the team wrote very specific guidelines for contacting an advocate that would stress the importance of having nurses fully explain the advocate’s role to the patient before any contact is made.

The team felt that their goal for the future should be to offer the same exam at all medical facilities in their community. This would likely be possible once the new Sexual Assault Nurse Examiner (SANE) program is implemented. However, the team still maintains that a victim has the right to deny any services offered to them, including parts of the evidentiary exam. There was discussion about how to triage victims, whether by telephone or in the emergency room and whether or not the treatment of sexual assault cases should have higher priority for treatment if another patient’s wounds are equally severe.

During the revision of the advocacy guidelines, the team focused attention on the section concerning a “minor’s right to receive care.” These guidelines included more specific information from a booklet entitled “Consent and Confidentiality: Providing Medical and Mental Health Care Service to Minors in Minnesota.”<sup>2</sup> Another revision was to add more information on the appropriate procedures in cases involving vulnerable adults, specifically that someone should accompany these victims to either the Patient Receiving Unit or the Emergency Trauma Unit. Additional revisions to the advocacy guidelines included a greater emphasis on cultural competency, as well as a reiteration of the

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<sup>2</sup> Johnson, JoAnn MD, MPH, Pharris, Maggie Dexheimer, MS, MPH, RN, and Shannon, Karen, MSW. October 1996. With the Department of Pediatrics, Hennepin County Medical Center on behalf of the Hennepin County Board of Commissioners



importance of including a section on mandated reporting since so many adolescent females come to the Patient Receiving Unit.

In addition to these revisions, the Team agreed that language in the guidelines should be gender neutral instead of gender specific and that it should include information about hate crimes. Finally, the team decided they needed to collaborate more closely with Intercultural Mutual Assistance Association to address issues of cultural competency.

The Team requested that law enforcement's guidelines include explanations of each division's role, as well as a more thorough explanation of the role of the investigator. They felt the guidelines needed to be explicit as to whether or not a trained advocate or another support person could be in the room when the law enforcement officer interviewed the victim. The team suggested that the guidelines also include a statement on the importance of using "covert calls,"<sup>3</sup> as this empowers the victim by confronting the assailant in a safe environment. They also felt that the guidelines should emphasize the importance of staying in contact with the victim or advocate regarding the likelihood that law enforcement would be making an arrest, and the general status of the case. The team discussed the possibility of having a case manager in law enforcement who would go to the investigator to find out the status of the case every two weeks.

The Team's representative from law enforcement spoke with a captain from another law enforcement agency about calling an investigator to interview a victim after a patrol officer responded to the call. The two law enforcement professionals agreed that the preference is for an investigator to interview the victim rather than a patrol officer. However, the Team wanted to ensure that patrol officers know the basics of appropriate interviewing. The team decided that more advanced interviewing techniques would be addressed in the training of new police officers.

Finally, the Team felt that the law enforcement guidelines needed to be more explicit in the description of the role of the school liaison officers. These officers are often perceived to be school employees. The Team decided that they will need to train school district employees on the guidelines so they understand the liaisons' roles as law enforcement officers if a victim does report to them, since there is often confusion about mandated reporting.

The Team formed two subcommittees to address the last three steps in the eight-step Cycle. One worked on training and the other worked on monitoring and evaluation. The training committee's goal was to decide how the team should inform people about the guidelines. The goal of the monitoring and evaluation subcommittee was to work with an

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<sup>3</sup> A covert call is a taped (by law enforcement) phone conversation in which the victim engages the alleged offender in conversation about the assault in an attempt to gain an admission.

evaluation consultant (Professional Data Services) to create a plan to monitor how well the guidelines are being implemented and how effective they are at making the system more victim-centered.

Although the training subcommittee made little progress before the end of the fiscal year, the monitoring and evaluation subcommittee made some headway with their consultant. They discussed the difference between process and outcome evaluation, the purpose of the evaluation, who will use it, what the Team wanted to learn, feedback on the collaborative process, and agencies' ability to adapt to the new guidelines. The Team decided to monitor and evaluate agencies' response times. For example, the group planned to develop a tool to identify how soon an advocate is contacted after the victim accesses the system, how long a victim is at the Patient Receiving Unit, how long it takes to investigate and charge a suspect in cases of sexual assault, and how the guidelines affect this.

In addition to the eight-step Protocol Development Cycle, the Olmsted County Team made significant progress in the areas of the Bureau of Criminal Apprehension Training and a Site Consultation Conference. The Bureau of Criminal Apprehension and the Team agreed to hold a half-day forensic training that covered information on the Bureau of Criminal Apprehension's evidentiary kit, medical evidence collection, and date rape drugs. The late April training emphasized the "why" behind evidence collection as opposed to the "how to," and the medical staff who attended were pleased.

The Olmsted County Team co-sponsored the STOP TA National Site Consultation (an effort to promote best practices to STOP grantees under the Violence Against Women Act) in Rochester, Minnesota. They were selected, in part, to highlight their member agencies' successes in working through the 8-Step Protocol Development Cycle. Participants in the workshop provided positive feedback on their experience. The team compiled information from the conference, and attendees and presenters were featured in local newscasts and wrote at least three newspaper articles in conjunction with the conference.

Later in the fiscal year, the team sponsored another presentation on their work and invited county elected officials and other community professionals to hear Wilder's presentation of the evaluation results from the prior year's evaluation.

The team was without a site coordinator for several months while she was on parental leave. The Site Consultation Conference occupied a large portion of the coordinator's and the Council's time during the first part of the fiscal year. Despite these challenges, the team managed to get quite a bit of work done, much of it with the assistance of the site coordinator prior to her absence, and after her return.

## **Fond du Lac**

The Fond du Lac Team is a unique site located on an Indian reservation. Although, many of the team members were extremely dedicated to the project, attending up to two meetings every month, progress on the 8-Step Protocol Development Cycle has been somewhat slow at this site. The site successfully planned public hearings on sexual assault and hired a speaker on personal safety to speak at a local school and an evening community meeting. The Team engaged in preliminary activities related to the Inventory of Existing Services, the Victim Experience Survey, and the Community Needs Assessment, but none of these steps were completed by the end of the fiscal year.

The Tam conducted two public hearings in October at the Tribal Center. The hearings included a traditional pipe ceremony, a presentation on the nature of sexual assault in the community, statements by members of organizations appearing in the Inventory of Existing Services, discussion of sexual assault scenarios, and a voluntary presentation of written and oral statements about sexual assault by community members.

The group distributed invitations at a number of locations, including County Human Services offices, public libraries, grocery stores, community centers, post offices, court houses, laundromats, college dormitories, casinos, bowling alleys, health clinics, the Tribal Center, and in mailings of Fond du Lac employee paychecks.

The primary concern that emerged from these forums was the need for tougher consequences for perpetrators. Attendees suggested that such consequences would help victims feel safer. Additionally, the group emphasized the need for preventative services. One group member felt that the system, in collaboration with prosecution, needed to focus on plea bargaining in order to address these concerns.

The guest speaker's presentations at a local high school and at a community meeting fulfilled the site's responsibility for additional public forums. The Team surveyed the audience at the community presentation to gauge awareness of sexual assault prevalence and issues. The Team circulated flyers and brochures to approximately 150 people and agencies; nearly 300 people attended the event, and the Team received over 100 evaluation forms. In addition to educating the public about sexual violence, the event also served as publicity for the work of Fond du Lac's Team. An article appeared in a local newspaper, and the site coordinator received many calls from the community in response to the posters in local agencies. In addition, area agencies serving survivors of sexual assault were invited to set up display tables at the community event and provide information about their services.

The Team devoted a significant amount of energy to other forms of public relations and publicity as well. They gave project tee shirts and framed copies of the mission statement to members, as well as distributing mints with the team's logo at community events. Members also participated in other events such as an Elder Conference, a Multi-Disciplinary Dialog, and Take Back the Night activities to expand the public's awareness of their work. The team co-sponsored a theatre production with the Women's Health Center, and brought up the possibility of planning readings by local authors on the subject of sexual violence. Additionally, one member participated in a radio interview about the project and its activities.

Members decided that the existing facilitators of support groups and victim advocates would present the written Victim Experience Survey to their clients. They discussed a draft of the Victim Experience Survey in February, and consulted with a faculty member from the University of Minnesota in Duluth about the survey instrument. Later, the team submitted a draft of the survey instrument to the Human Subjects Review Board at the University of Minnesota. This Board suggested a few minor changes in the methodology, and the site coordinator made the changes. The team received the Board's final approval in May, with plans to implement the survey during the first week of June 2001.

In April, the Team discussed ways to work on the Community Needs Assessment. Members decided that the site coordinator would write one section providing an overview of the project, as well as a chapter on the Inventory of Existing Services. Members agreed to review these two sections, and to gather statistics for the chapter entitled "Analysis on Community Data." The fourth chapter, "Public Testimony," will include the results of the survey the team administered to audience members at the community meeting with the guest speaker.

The team discussed very briefly at one meeting the need to begin work on the written protocol. The site coordinator suggested that members bring information on their agencies' mission statements, staffing patterns, and current procedures. However, members did not begin this step prior to the end of the fiscal year.

## ***Best practices in the 8-step protocol development cycle***

Part of the 4-year evaluation of the Test Site Project was to determine the usefulness of the 8-Step Protocol Development Cycle. Wilder Research Center staff considered several sets of historical and current data in this analysis, including observations, data from key informant interviews, meeting minutes and report results. These data confirm that while the process is work-intensive, and the completion of one full cycle may extend beyond team members' expectations for the timeline, the model itself is an effective method for building relationships among very diverse agencies. It gives them an opportunity to successfully collaborate on several consensus-building tasks related to making their approach to serving victims of sexual assault more "victim-centered."

Site coordinators in particular found having a semi-structured plan for developing protocol very helpful. In the first year of the project, there was no model in place for protocol development, and some sites were frustrated by the lack of specific guidance. However, after the first three sites worked through the initial steps of the cycle, other sites looked to them for advice on what worked. The site coordinators at these three sites also looked to one another for support. Finally, the project administrators provided support to all of the sites as they worked through the cycle, while trying to ensure that each site customized the process to their communities' needs so that they could get a complete picture of the range of the model and strategies for implementing it.

### **Engaging a site in the process**

The project administrators did a great deal to help sites learn about the project and get many members of the core disciplines in the community involved in the project. One of their greatest efforts concerned recruitment at the Fond du Lac Indian Reservation. The project administrators created a subcommittee to help them with this task which included three American Indian Advisory Board members (one that continued to consult even after he moved out of state), an American Indian site participant who specialized in sexual assault services to American Indian women, and a specialist in domestic violence (from the Battered Women's Legal Advocacy Project) who does outreach to American Indian reservations. The whole process took nearly three years of outreach and recruitment.

In addition to helping sites get started in the process, the administrators helped sites to stay motivated and work through the Cycle. They organized and sponsored initial and on-going training for teams, and encouraged site participation on the Project Advisory Board by requesting a liaison (other than the site coordinator) from each site to join the Board. Project staff routinely attended team meetings at sites, and offered key support and feedback through these meetings and other contacts with site coordinators (bi-

monthly meetings, monthly telephone conferences, and one-on-one contacts). Site representatives have repeatedly commented on how much they have benefited from the administrators' technical assistance. Therefore, ensuring that some central administrative agency with dedicated staff will be critical to helping new sites successfully engage in this process.

### **Administrative issues**

Turnover was one of the greatest challenges to the project, particularly the loss of site coordinators. Researchers observed a consistent pattern when there was site coordinator turnover, meetings were not held or were poorly attended and the work of the project decreased or came to a complete standstill. Poor site coordination often had the same results. Even when the turnover ultimately led to positive change, the impact of the turnover was substantial. The following practices appear to help reduce turnover, or at least the impact that it has on the site's ability to complete its work:

- Hire a skilled site coordinator. Develop a good job description prior to hiring the coordinator that includes some combination of administrative skills, computer literacy, and leadership. Writing and group facilitation skills are also a plus.
- Elect a chairperson (or co-chairs) to take on a leadership role to support the site coordinator or fill in for the coordinator in the event of site coordinator turnover, or poor site coordination.
- Make the site coordinator position full-time.
- Provide adequate compensation to the coordinator and plan for cost-of-living wage increases over time.
- Reduce isolation by maintaining strong and positive connections between site leadership and the coordinating agency, other sites, and the project's advisory board.

One aspect of the Cycle that needs to be emphasized as more sites joined the project is that the Cycle is supposed to be repeated. It is not a linear process where problems in the sexual assault response system are identified, addressed and forgotten. The nature of this process is that it is repeated. While this might make some agencies reluctant to take part, as the process seems never ending, teams may become more efficient at implementing the steps after the first go-round. The following practices were suggested:

- Collaboratives will be most effective if they continue to monitor and improve the system, revisiting earlier steps as needed.

- Whenever possible, work on tasks associated with the various steps simultaneously as this reduces the amount of time it takes to complete the entire 8-Step Cycle. For example, working on a monitoring and evaluation plan before training is conducted. The team can then train responders on how they will measure success and what information they will need from those implementing the protocol itself.
- Use subcommittees to make members accountable to the project and help distribute the workload.

### **Inventory of existing services**

The first step in the 8-Step Protocol Development Cycle is to compile a list of community resources available to victims of sexual assault. This gives the team an opportunity to get a snapshot view of the resources available in their community, including agencies that might not be a part of the team, but should be. It also gives the site coordinator and the team as a whole a first step in task accomplishment. In collaboration and community development efforts it is important to team cohesion to accomplish specific, useful tasks.<sup>4</sup> Finally, it is an opportunity to create community awareness of the team, particularly among agencies that work in the field of serving victims.

Three effective strategies that would be worth replicating in future inventories of existing services include:

- Use pre-existing resources such as “First Call for Help” to begin the list and get feedback from team members about how to identify additional service providers.
- Include agencies in the inventory that could provide services to sexual assault victims, but might not be dedicated only to serving them, for example battered women’s shelters, immigrant support services or general advocacy, churches, or community action programs.
- Send out a survey with questions about contact information, agency hours, and services provided to all agencies on the list. Include an invitation to the team’s public hearing if one has been arranged at that time, and give the respondent an opportunity to recommend survivors who might be interested in providing testimonials at the hearing.
- Provide detailed descriptions of the specific services provided by agencies in the inventory.

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<sup>4</sup> Mattessich, P., Monsey, B. and Roy, C. Community Development: What makes it work. (1997: Wilder Publishing Center)

- Make a quick reference chart of the services provided by agencies to make it easier for service providers to identify all of the places where specific services are available.
- Format the inventory so the guide can be updated periodically and new service providers can be added as needed.

### **Public forums**

One part of the effort to collect information in the 8-Step Protocol Development Cycle is to hold public forums. The forums are intended to give anyone in the community an opportunity to provide feedback about their experience with sexual assault and the systems' response to their needs. These forums also provided another way for the teams to conduct outreach in the community, some sites used these forms to address the needs of communities of color and other underserved populations. Most of them were structured such that they provided the public with information about their team's efforts as well as offering a venue for criticizing the system and offering suggestions to improve it. Some examples of effective strategies in getting people to participate (which was one of the greatest challenges) and reaching the broader community follow:

- Publicize the forums in all media forms available, including advertisements and news releases in local and culturally specific newspapers, commercials on local cable TV stations, mailings to service providers, radio advertisements, and flyers.
- Provide outreach to relevant agencies and institutions in the form of conversations between team members and their representatives. Include outreach to members of school boards and city councils. One county encouraged middle and high school students to attend by arranging to have extra credit available to students who attended.
- Conduct forums in all parts of the community, particularly where populations of color reside, to insure that the forums are inclusive and that all members of the community feel comfortable attending.
- Provide food and refreshments, if possible, to increase attendance. Ensure that it is culturally appropriate to the forum.
- Consider holding the forum at a time when compatible issues are being addressed in the community – Sexual Assault Awareness month, National Crime Victims' Rights week – to take advantage of the publicity and demonstrate the action being taken on the issue.



- Give potential speakers the opportunity to submit their comments in writing in lieu of giving verbal testimonials.
- Provide people with a way to submit confidential written or oral comments to the team after the forum.
- Have advocates or mental health professionals available to work with members of the public who might need support during or after the forum.
- Include guest speakers to help draw crowds, such as well-known and respected individuals who have a special or significant story to tell.

### **Victim experience survey**

The second step in the 8-Step Protocol Development Cycle is the Victim Experience Survey. Sites are expected to identify a representative sample of victims of sexual assault who may or may not have accessed the system in the past and conduct a survey with them about their experiences with the sexual assault response system. Teams then use this information to help prepare victim-centered protocols. The information can also be used as a baseline measure of victim satisfaction with the system. It can then be compared with future research after the protocols are implemented to determine whether or not victim's perceptions of their treatment has improved.

Sites were most challenged by the third step in the 8-Step Protocol Development Cycle which required them to get feedback directly from victims of sexual assault using a Victim Experience Survey. Most sites were only able to complete a few of these surveys (4 to 14), although one site completed 25. In spite of this fact, a few best practices emerged:

- If it is not possible to get a list of sexual assault victims from all of the agencies on the Team and unduplicate them, select the program that reported the highest incidence of sexual assault (typically advocacy), and develop the survey sample from their records.
- Develop a consent form as soon as the site is formed and start to distribute it as soon as possible to identify a sample of survivors who can be contacted for the survey.
- Get assistance from a consultant familiar with evaluation to expedite the sampling process or the entire survey process.
- Provide incentives to survey participants to improve the response rate (for example, Ramsey County provided each victim who participated in the survey \$20). These

stipends were contributed from agencies that were not on the team, but wanted to help.

- Conduct the surveys over the phone or in person rather than by mail as this will increase the response rate and reduce the chance that survivor's confidentiality will be jeopardized.
- If possible use professional interviewers to implement the survey. However, if the interviewing is done by staff from agencies represented on the team, ensure that they receive appropriate training and begin interviewing as soon as possible after the training. It is also important to avoid having people who had contact with a victim interview them, as the interviewer may be less likely to get candid responses from the victim.
- Be conscientious of safety issues when contacting victims, and the possibility that they might still need the support of an advocate or mental health professional. Be prepared to share professional contact information with victims who need it. Offer to share the results of the study with victims, or tell them when and how they will be available. Invite the victim to the public hearing if one has been arranged.
- Depending on the complexity of the survey, it might be important to use a more open-ended and less complex version of the survey to reach victims who do not speak English or who use sign language to communicate.
- Another option for reaching diverse communities is to hold culturally specific focus groups. These groups can be conducted with sexual assault support groups or other existing culturally-specific groups, even groups that are not composed of sexual assault victims. Olmsted County conducted eight such focus groups with recent immigrants using a vignette methodology. The facilitator told the participants a story of sexual assault, and asked them how a victim in their community would and should behave if something like that happened. They were also asked several other questions about sexual assault and service use. It is important to conduct these groups in the participants' native languages, and the provision of incentives is key to getting broad participation.
- Learn for the survey efforts of others. It is not necessary to re-invent the wheel, a few versions of the Victim Experience Survey as well as focus group scripts and the vignette script exist, and minor modifications should make them relevant to any new site.

While these suggestions will be helpful to any new site, it is important to emphasize that conducting the Victim Experience Survey is a difficult undertaking. Some of the problems that new sites might want to anticipate and avoid from the start follow.

Because of confidentiality policies, the sharing of victims' contact information was restricted. Also, some of the agencies' methods of record-keeping made it difficult to determine the total number of assaults that their own agency handled in a given period of time, and some sites experienced difficulties with the maintenance of databases. In addition, agencies have different definitions of sexual assault, some of them mandated by the state or federal government and some of them based on professional norms. For these reasons, it was not possible for most of the sites to develop a comprehensive unduplicated list of victims from which to draw sample. One way to help mediate these problems is to implement a victim's consent to be contacted form, that when completed, goes to the site coordinator. Because victims are often hard to locate, it is helpful to include a space on the consent form for the phone number of someone such as a parent or friend with whom they are likely to stay in contact.

### **Community needs assessment**

The third step in the 8-Step Protocol Development Cycle is to compile the results from the first three steps, plus agency statistics on sexual assault and any other relevant data into a Community Needs Assessment. This document identifies the strengths and weaknesses of the community's response to sexual assault. It should help the team understand some of the issues they need to address when they write their protocol. The document can also be used as a form of outreach within participating agencies and to the broader community by letting organizations and the public know what the team has been doing and what they intend to address in the future.

Most sites used the same process to develop their community needs assessment. The site coordinator took the lead in compiling the information from the prior three steps. She then worked with a business consultant to format the document and work on the language for introductory chapters or explanatory sections of the text. In some cases a sub-committee helped with this work. Drafts of the document were reviewed by the larger team and edits were made, sometimes repeatedly, until a final version was agreed upon. Team members' biggest complaint was the time it took to produce and finalize the document. While this was frustrating to many team members, the process of developing the document and finalizing it with agency leadership often help solidify the agencies' commitment to the process.

While many sites shared the document with the leadership and gave them a deadline to provide feedback, problems emerged if they did not hear anything back from the

leadership. The team members sometimes considered this to indicate consent. However, this method of consent is passive and often led to concerns being raised later in the process. One site insisted on active consent in the development of their executive summary. They required the leadership from all participating agencies to sign off on the document. This caused delays and the rewriting of documents that may have been detrimental to the timeline, but it ensured that all agencies were truly committed before they moved on.

Production of the document and the time it took to thoroughly review it caused other delays at the test sites. Very few participants offered suggestions to improve the final document until several deadlines were imposed. At one of the sites a disagreement over the validity of data collected from communities of color at public hearings and in focus groups delayed the progress. Finally, one site's team members were in disagreement about the meaning of the term "victim-centered," which is central to the change in practice and philosophy that the Project is attempting to promote. However, this conflict was resolved by explicitly describing what victim-centered meant in the context of the executive summary, particularly how it related to the practices and policies of prosecution and health care providers. Although all these issues did slow the process down, they also served the purpose of fostering communication between Team members, and coming to a point of consensus.

Wilder Research has developed the following suggestions for strategies to make the development of the community needs assessment more manageable:

- Develop a timeline for the process and stick with it. The timeline should include when materials need to be submitted, when an outline of the document needs to be created, and when sections of the document need to be drafted, reviewed, and finalized.
- Create a sub-committee of team members to help with developing a draft of the document. They would assist with writing sections of the document, considering formats for the document, and reviewing first drafts. They might also be involved in looking for a business consultant to help with some of these tasks.
- If the site coordinator does not have the software or computer skills to create the document, contracting with a business consultant can expedite the process. However, not all sites were pleased with the consultant who was referred to them, especially after the consultation firm experienced some employee turnover. Therefore, future sites should consider multiple consultants and be very clear about what they expect from them.

- Share the document with agency leadership who are not members of the team. If possible give a presentation of the document's contents to agency members. Depending on the circumstances, use passive or active consent to finalize the document after they review it. Include the time it will take for this review and consent process to be completed in any planned timelines.

### **Writing the protocol**

The fourth step in the 8-Step Protocol Development Cycle is writing the protocol. All of the sites developed separate sections of the protocols for each agency or agency type. Representatives of different organizations often collaborated on a section of the protocol. For example, the Sheriff's Department(s) collaborated with the Police Department(s) to create the law enforcement portion of the protocol. Agencies or groups of agencies drafted their own sections of the protocol or used pre-existing protocols. Most medical facilities had pre-existing protocols. They brought these documents to the larger group for suggestions. This was sometimes a tense situation, although in the end everyone had the opportunity to comment on all other sections of the protocol and shared their own documents. Not all suggestions were accepted, although people did make some concessions and modifications to their sections of the protocols. In addition, people got a better understanding of why different agencies have procedures that may have seemed unnecessary or counter-productive to them previously.

As was the case with some of the other steps, a few best practices emerged regarding the writing of the protocol; however, there were notably more areas of opportunity for improvement. Therefore, some suggestions are based on the sites' negative experiences.

- It may be helpful to use focus groups to gather information about the organizations in the collaborative and the staff's attitudes prior to protocol implementation. The introspection that went on in the focus groups was valuable in the development of Carver County's "big picture" view of their goals.
- The Project funded a monitoring and evaluation training for sites. Those sites that received the training prior to writing protocol felt that it was helpful in giving them guidance as to the type of information that should be in the protocol.
- Emphasize the message that the goal of the process is to improve the system through change rather than simply codifying existing practices. Some of the participants tended to be fatalistic in their attitudes about change. They would cite agency policies, legally binding or otherwise, of their profession that make change difficult. Sharing examples of the changes or accomplishments made by the original Test Sites might help future sites understand that all policies are not set in stone. For example, the Mayo Clinic, which was not heavily involved with the team at the outset has

become a full partner at the Olmsted site. Mayo has extensive policies related to patient treatment and a legal department that must be consulted regarding any changes. However, the Olmsted team has managed to learn their system for handling change and make it part of their process.

- One of the major areas of concern to team members was the time it took to complete the Protocol. Wilder Research Center suggested hiring a full-time site coordinator as one possible way to move the process forward more quickly. However, it may not be necessary if Sexual Assault Inter-Agency Council members are thoroughly engaged in the process and complete some of the tasks that would otherwise fall to the site coordinator. In addition, the central agency that provides technical assistance to sites could help to streamline the process by sharing relevant forms and information with sites.
- To improve the cultural competency of the protocols it is critical to have a diverse group review the protocols. If the team itself is not diverse, it would be wise to consult with existing cultural organizations or informal cultural groups to get feedback on the protocols. The central agency that provides technical support might be able to help sites identify appropriate groups to help with this process.
- Get feedback from victims themselves whenever possible. Winona County's advocacy program presented their protocol with a sexual assault support group to get feedback.
- Make "final" versions available to the site coordinator in an electronic format or another format that can be edited so that changing any individual piece of the protocol is easy. Carver County produced a three-ring binder with chapters dedicated to mission, protocol and other topics that were relevant to victims and staff that work with victims of sexual assault.
- Develop a version of the protocol that is easily accessible to front-line workers. For example Winona County created a pocket-sized version of the protocol with laminated pages. Each section was color-coded and tabbed for quick and easy access. It is likely that the portability of the protocol positively influences the frequency with which it is used.
- Refer back to the community needs assessment and the results of trainings and workshops to help the team identify needs and goals and ensure that these are addressed by the protocols. A few of the sites did not address these issues, for example one site did not address specific timelines in terms of response to victims' questions, although that was identified as a concern in the community needs

assessment. In some cases, sites did not address the need for training for medical staff in how to use a rape kit, or trying to minimize the number of times that victims are required to tell the details of their assault, although these were needs they identified.

### **Renew interagency agreements**

The fifth step in the 8-Step Protocol Development Cycle is to renew inter-agency agreements following the development of the protocol. Some sites did this after they developed their community needs assessment and some sites do this informally each year in conjunction with their funding application when they commit to allowing their staff to participate in the Project. However, this step was intended to ensure that protocols would be implemented. It is very important for sites to get buy-in from agency leadership after the protocol is developed, otherwise it is unlikely that agency staff will be committed to implementing it. Generally, sites seemed to feel that it was most appropriate to get inter-agency commitments in conjunction with other Project activities.

### **Train agency staff**

The sixth step in the 8-Step Protocol Development Cycle is to train agency staff to use the protocol. The sites that got to this point in the process conducted very different trainings, each tailored to their own community's needs and resources. Since there has been no evaluation of the efficacy of these trainings to date, the comments and suggestions offered below are based on observations of the trainings and the evaluator's perceptions of their value. Future sites might consider the different options and determine which one is most suitable for their community.

- Make the training mandatory for agency staff who have contact with victims; voluntary participation in training implies that compliance with the protocol is also voluntary.
- Some agencies were not able or willing to commit the staff time or resources required to provide the best possible training. Therefore, finding innovative solutions such as offering professional credit or certification appears to help make the training more desirable to direct service staff and management. One site also learned that they should have given training participants credit for attending at the end of the session rather than the beginning to ensure that participants attend the full session.
- Customize the training for each agency involved. Provide a clear and thorough overview of their piece of the protocol and a more general description of other agencies' portions of the protocol. Ramsey County is preparing several videotapes in this format to train agency staff.

- Provide a thorough overview of the resources available to victims of sexual assault in the county.
- Make sure that trainees are engaged in the training. It was apparent at some of the trainings that participants were not engaged by the lecture-style presentation of the protocols. One of the most engaging aspects of the training was a brainstorming session about victim's experience and the appropriate professional response in breakout sessions. Other highly engaging portions of the training were the inclusion of an authentic 911 call of an assault in progress, small group breakout sessions in which participants responded to scenarios, and presentations of each agency's protocol.
- Ideally, the trainings would be several hours or even a full day long. Participants in an all-day training in Isanti County got a more in-depth view of the protocol and the issues surrounding a collaborative response to sexual assault than participants from counties with shorter trainings. Unfortunately lengthy training periods are not realistic for all sites, given the cost of staff time.
- Regardless of the type of training conducted initially, it would be helpful to develop a video that can be used to train new employees as they enter an agency. This will help maintain some consistency across training sessions.

### **Monitor protocol implementation and Evaluate protocol effectiveness**

The seventh step in the 8-Step Protocol Development Cycle is to monitor protocol implementation. That is, the teams are expected to set up a plan to monitor the extent to which the protocol is being followed by agency staff. The monitoring part of the cycle also sends a message to direct service staff that the agency leadership is serious about compliance with the protocol.

The teams are also expected to evaluate the efficacy of the protocol; this is the eighth step in the Cycle. The evaluation step is intended to help sites determine which agency practices are "best" or "most victim-centered," where the system has done well and where it could continue to improve. Finally, another benefit associated with this part of the cycle is that it has the potential to address new issues or gaps in the system that the team had not previously identified. In fact, one victim in Winona County provided feedback on an agency that was not part of their team, and because of the feedback this agency became a member.

The original three sites in Winona, Isanti, and Carver counties are the only ones to have developed and start implementing monitoring and evaluation plans.



The best practices below are based on meeting minutes, comments from key informant interviews, and a review of the three teams' written plans for monitoring and evaluation.

- Organize monitoring and evaluation subcommittees from the larger team to help complete the work and extend ownership in the plan to the larger group. Ideally, this subcommittee would have a representative from each of the core disciplines.
- Get assistance from an independent evaluator to help the team develop sound and useful monitoring and evaluation plans if they do not have a team member with these skills. This professional assistance might be a workshop on monitoring and evaluation or consultation on monitoring and evaluation forms and plans for implementation.
- Include the goals the team identified in workshops, their community needs assessment and their protocols in the monitoring and evaluations plans. These plans should include measures of what makes a response victim-centered.
- Use common intake and consent forms for victims so that an individual's progress through the system can be monitored, or reviewed. For example, some sites are considering conducting case reviews at council meetings to help identify remaining gaps or barriers in the system.
- Ask staff from each of the member agencies to complete checklist to monitor compliance with various procedures recommended in the protocol.
- Get information directly from victims. One of the most difficult parts of the process is getting victim feedback. Because this is the most important data that any team collects it is important that it is meaningful. Ask victims specific questions about each part of the system with which they had contact. Address the aspects of the system that the team is most interested in improving, but also give the victim the opportunity to talk about what they feel worked best (or worst) for them. Finally, these forms should include demographic information so that the team can identify meaningful differences that might be related to age, race, gender, income or other victim characteristics. (For more information, see best practices section on the Victim Experience Survey.)
- Develop an outline (or timeline) that lists the person (or position) who is accountable for implementing each aspect of the plan, including data collection, compilation, and analysis; and reporting and dissemination of results. Isanti County has a very detailed plan that includes all of these components.

## *Opportunities for future evaluation*

One of primary goals of the Test Site Project was to evaluate whether or not the site's implementation of the 8-Step Cycle resulted in more victim-centered case handling practices and an improved response to sexual assault in general. Wilder has not been able to answer these questions to date, because the original three test sites are still in the process of completing the last steps in the 8-Step Cycle. While it is evident that the sites have made tremendous strides in terms of their professional understanding of their own systems and the agencies involved, and some have changed policies that one would expect to be positive for victims, this is not the same as getting victims' perspectives of the system. The goal of the project was to make the system more victim-centered, and until a site or an independent evaluator talks to victims who have been through the system, it will be unclear how each site's work has benefited victims.

Over the course of the past four years Wilder Research Center has conducted many evaluation activities at all six sites. The forms used and results documented could be used in the future by these sites. They all have some baseline data that could be compared with post-implementation data. Some of them have already conducted pre-tests with agency staff prior to implementing their protocols and have plans to conduct post-tests. In addition, all of the sites collected some information directly from victims prior to protocol implementation. Pre and post comparisons are the best ways to determine whether or not the project has made a difference in the way that a community's sexual assault response system handles incidents of sexual assault, and whether or not this difference is perceived as an improvement to victims of sexual assault.

Figure 2 lists the analyses that have been conducted at each site that could be used as part of future evaluation efforts. The most compelling measures of change looks at the same individuals (or similar groups of individuals) at two points in time using the same instrument. The test sites have conducted three types of studies: Victim Experience Surveys; self-administered surveys with agency staff who provide services to victims of sexual assault; and focus groups with agency staff to gather similar information. Each of these approaches lend themselves to making pre-post comparisons.

Ramsey County had the most success with their Victim Experience Survey, although the sample was, to some degree, a self-selected convenience sample. Carver, Isanti and Winona had such small sample sizes that their data should not be considered conclusive. However, all four sites could use their data as a rough baseline measure of the status of the system before they implemented the protocol.

The same four sites have data from agency staff who serve victims of sexual assault. Ramsey, Winona, and Carver Counties have the most reliable data, and responses could potentially be matched by individual in a pre and post analysis to determine whether or not agency staff's knowledge of and attitudes about sexual assault and the appropriate protocol for serving them have changed.

Finally, Carver and Olmsted Counties conducted focus groups with agency staff to assess attitudes. While the content of the focus groups differed, they could hold similar focus groups after the protocol is implemented. In the case of Olmsted, and possibly Carver, it is likely that they could invite many of the same participants to comment on the changes. Or, they could hold separate groups with people who did not participate in the past. The participants in both groups could be invited to another set of groups in the following years to look at change again.

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## 2. Data available to incorporate into future research efforts

|  | Carver | Isanti | Winona | Olmsted | Ramsey | FDL |
|--|--------|--------|--------|---------|--------|-----|
| <b>Opportunities for quantitative pre-post comparisons with victims and agency staff</b>                     |        |        |        |         |        |     |
| Victim Experience Surveys  | ✓      | ✓      | ✓      |         | ✓      | ✓   |
| Pre-tests to gauge attitudes and knowledge of agency staff not on the teams or councils                      | ✓      | ✓      | ✓      |         | ✓      |     |
| Focus groups with agency staff to gauge attitudes and knowledge of agency staff not on the teams or councils | ✓      |        |        | ✓       |        |     |
| <b>Opportunities for pre-post comparisons of the community</b>   |        |        |        |         |        |     |
| Community needs assessment   | ✓      | ✓      | ✓      | ✓       | ✓      | ✓   |
| Public Hearings  | ✓      | ✓      | ✓      | ✓       | ✓      |     |
| Focus groups with diverse communities  |        |        |        | ✓       | ✓      |     |
| <b>Opportunities for pre-post comparisons of collaborative members' perception of the system</b>             |        |        |        |         |        |     |
| Descriptive materials from grant application and initial training  | ✓      | ✓      | ✓      | ✓       | ✓      | ✓   |
| Results of monitoring and evaluation workshops   | ✓      | ✓      | ✓      | ✓       | ✓      |     |
| Collaboration survey with Council members  | ✓      | ✓      | ✓      | ✓       | ✓      | ✓   |

All of the sites have developed or are drafting documents that outline the needs of sexual assault victims in their community. These community needs assessments typically include agency statistics on sexual assault, inventories of services for sexual assault victims of which the team is aware, summaries of the results of the Victims Experience Surveys, testimony from public hearings and data collected from culturally specific focus groups. Teams could look at how well their protocols have addressed the needs identified in their community needs assessments, or revisit their statistics, service inventories or other data sources.

Many of the teams also held public hearings. They could conduct these again after the protocol is implemented to determine whether the content or concerns that the members of the public raise are the same or different from the original hearings. This might be something to look towards doing much further in the future, after the work the team has had done has more exposure in the broader community.

Two sites in Ramsey and Olmsted Counties could conduct focus groups with members of the same ethnic communities that they did in the past. However, it will be important to be aware of whether or not the groups were conducted with sexual assault victims; some were held with victims who participated in support groups, but others were not. The perceptions of people who are members of the community are much less likely to be influenced by systemic changes than actual victims who have had direct contact with the system.

The last area in which sites could do research and compare their results with data collected prior to implementing protocol is the council member's perceptions of the system. This is perhaps the least influential measure in the public's eye, as the Council members are, in essence, evaluating themselves. However, there are data from their initial grant applications that could be useful. The applications and pre-training materials contained polished narratives, and individual surveys about community issues, such as the status of collaboration at the sites, their perceived weaknesses and strengths in responding to sexual assault victims in general and victims from diverse communities. Some of the applications also include statistics on sexual assaults and focus on populations that might be useful to revisit as these communities change.

Five of the sites participated in monitoring and evaluation workshops during which they developed goals for change. The summaries of these workshops could be used in conjunction with their needs assessments to determine if they have done what they felt they needed to do to make their system more victim-centered.

Finally, sites might want to look at the results of the collaboration survey discussed in this report, and consider conducting it again in the future if there are areas of change that they would like to address.

### ***Findings from collaboration study***

The Wilder Foundations has been involved in countless efforts to help non-profit collaborations succeed. In the past few years demand for these services has increased substantially. In an effort to make their services more accessible, the Wilder Publishing Center commissioned the Research Center to develop a book on collaboration. This book describes the elements that contribute to successful collaboration, identified in an extensive literature review of collaborative projects. Greg Owen, a Consulting Scientist at the Research Center developed a survey that addresses each of the factors that contributes to successful collaboration. The survey used in this part of the report is an updated version of that survey (to be published in the summer of 2001).

Wilder Research Center distributed 99 collaboration surveys to all current members of the six protocol development teams. Wilder followed up by sending postcards to people who did not respond to the survey, sending out second and third mailings of the survey and making telephone calls. Seventy-four people returned completed surveys for a response rate of 75 percent. Figures 3 and 4 present the response rates by site and agency type. The aggregate response rate was 75 percent, which is a reliable response rate for this population. Response rates by site varied from 61 percent at Fond du Lac to 100 percent in Isanti County.

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### **3. Response rates by site**

|              | <b>Total</b> | <b>Completes</b> | <b>Response rate</b> |
|--------------|--------------|------------------|----------------------|
| Carver       | 15           | 11               | 73%                  |
| Isanti       | 16           | 16               | 100%                 |
| Winona       | 9            | 6                | 67%                  |
| Olmsted      | 16           | 13               | 81%                  |
| Ramsey       | 25           | 17               | 68%                  |
| FDL          | 18           | 11               | 61%                  |
| <b>Total</b> | <b>99</b>    | <b>74</b>        | <b>75%</b>           |

The response rate was also acceptable across agency type. The two largest groups of potential respondents were “advocacy” and “law enforcement” agencies. The category, “advocacy” included culturally specific agencies, prosecutor-based advocates who

provide advocacy to victims whose cases are charged, and agencies serving sexual assault victims and battered women. The overall response rate for the advocacy group was 69 percent. Seventy-one percent of the representatives of law enforcement agencies (Police Departments and Sheriff's Departments) responded to the survey. Sixty-nine percent of other victim support agencies including social services, public health and mental health representatives responded to the survey. All of the site coordinators who were active at the time of the survey (there was no active site coordinator in Winona), all of the representatives of prosecution, and all of the people from Universities responded. Eighty percent of the Corrections representatives and 67 percent of the medical representatives responded to the questionnaire. While the sizes of many of these sub-samples are too small to consider independently, in some instances differences between their responses have been highlighted.

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#### 4. Response rate by agency type

|   | Total     | Completes | Response rate |
|---|-----------|-----------|---------------|
| <b>Advocacy</b>                               | 32        | 22        | 69%           |
| Sexual assault and battered women's advocates | 16        | 12        | 75%           |
| Culturally specific advocacy                  | 13        | 7         | 54%           |
| Prosecution-based victim services             | 3         | 3         | 100%          |
| <b>Law enforcement</b>                        | 21        | 15        | 71%           |
| Police Departments                            | 12        | 8         | 67%           |
| Sheriff's Offices or Departments              | 9         | 7         | 78%           |
| <b>Other victim support</b>                   | 13        | 9         | 69%           |
| Social Services                               | 8         | 6         | 75%           |
| Public Health                                 | 3         | 2         | 67%           |
| Mental Health                                 | 2         | 1         | 50%           |
| Medical                                       | 15        | 10        | 67%           |
| Prosecution                                   | 7         | 7         | 100%          |
| Corrections                                   | 5         | 4         | 80%           |
| Site Coordinators                             | 5         | 5         | 100%          |
| University representatives                    | 2         | 2         | 100%          |
| <b>Total</b>                                  | <b>99</b> | <b>74</b> | <b>75%</b>    |

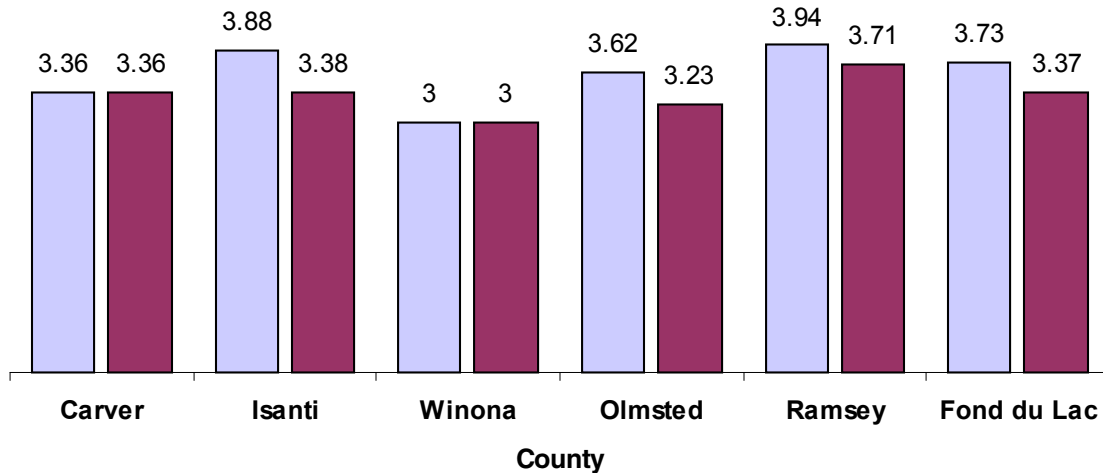
The survey instrument includes 40 multiple-response questions about collaboration that correspond to 20 general areas that contribute to collaborative strength. Possible responses for the individual questions were 1=strongly disagree, 2=disagree, 3=neutral,

4=agree, and 5=strongly agree. Wilder Research analyzed the data by calculating mean (average) scores for each item and presenting these scores in bar charts.<sup>5</sup> Scores of 4.0 or higher show a “strength” and probably do not need special attention from the group. Scores from 3.0 to 3.9 are “borderline” and should be discussed by the group to see if they deserve attention. Scores of 2.9 or lower reveal a “concern” and should be addressed by the collaborative group.

### History of collaboration and cooperation

Figure 5 presents the distribution of scores by site for two questions about the team’s history of working together and solving problems collaboratively. Ramsey and Isanti Counties had the highest scores for history of collaboration; Ramsey and Fond du Lac had the highest scores for solving problems collaboratively. Winona County was the only site to have scores low enough to be of concern, although all the agencies involved in the Test Site Project have been solving problems together for four years. An analysis of the data by agency type revealed that Universities (both of which come from Winona county) were the only agencies to have scores in the “danger zone.” Mental health and medical providers also had slightly lower scores than others for these items.

#### 5. History of collaboration or cooperation in the community



- Agencies in our community have a history of working together.
- Trying to solve problems through collaboration has been common in this community. It's been done a lot before.

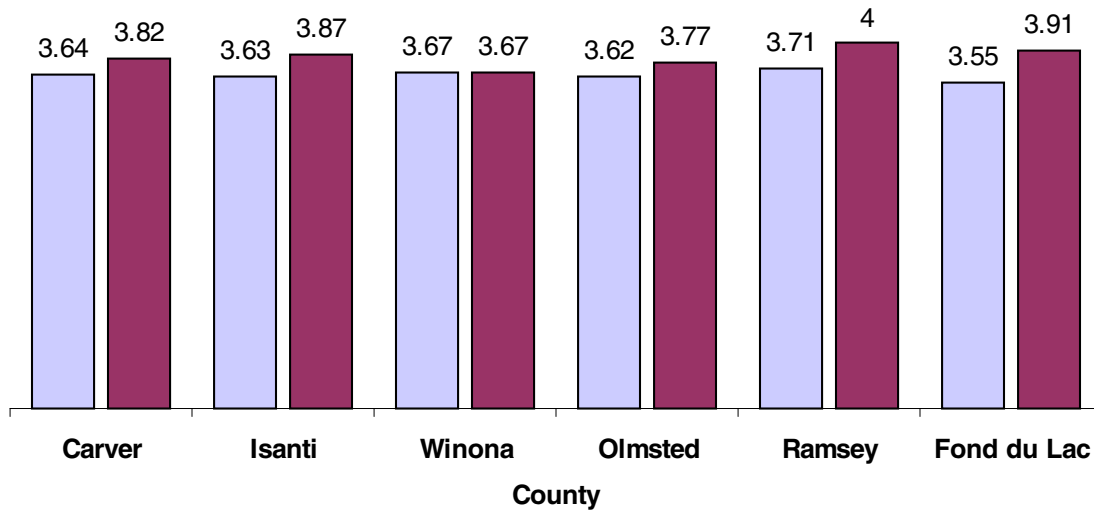
<sup>5</sup> Detailed tables that present the distribution of responses by site are included in the appendix.

## Reputations as leaders

The next two items on the collaboration survey asked respondents to rate whether or not the collaborative group is seen as a legitimate leader in the community. Specifically, respondents were asked how much they agree or disagree with the following two statements: leaders in this community, who are not part of our collaborative group, seem hopeful about what we can accomplish; and others (in this community) who are not part of this collaborative would generally agree that the organizations involved in this collaborative project are the “right” organizations to make this work. Figure 6 presents each county’s scores for these questions.

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### 6. Collaborative group’s reputation as leader in community



- Leaders in this community, who are not part of our collaborative group, seem hopeful about what we can accomplish.
- Others (in this community) who are not part of this collaboration would generally agree that the organizations involved in this collaborative project are the 'right' organizations to make this work.



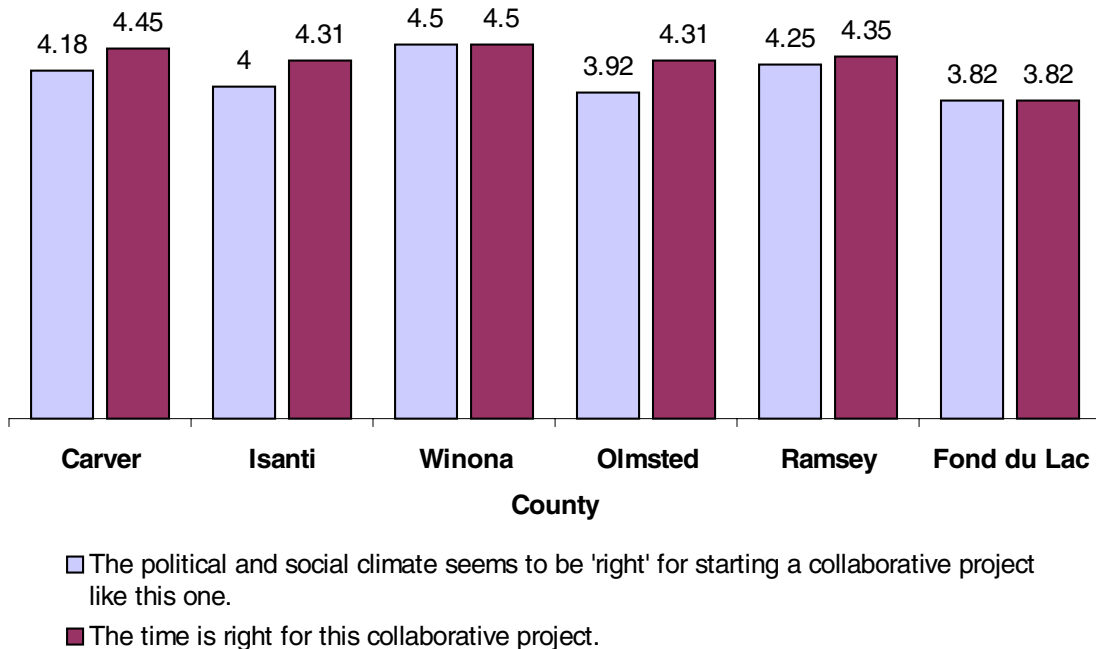
## Political and social climate

As the figure shows, respondents were much more likely to agree that members of the community would consider the agencies involved in the collaborative as the right people, than they were to agree that leaders in the community would be hopeful about what they could accomplish. This was due largely to the large proportion of respondents who gave a “neutral, no opinion” response (42%), that has a value of “3.” Only 3 percent of respondents said they disagreed with this statement, and a majority of respondents agreed or strongly agreed (56%). Respondents from all sites tended to agree that community members who are not involved with their collaborative would consider them to be the “right” people to do the work. Site coordinators gave substantially higher ratings to these questions than agency representatives.

Figure 7 presents survey respondents’ scores related to how favorable the political and social climate is in their community concerning the work they are doing. They were asked how much they agree or disagree that: the political and social climate seems to be “right” for starting a collaborative project like this one; and the time is right for this collaborative project.

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### 7. Favorable political and social climate



## Mutual respect, trust and understanding

Respondents from most counties gave high scores to both questions about the political and social climate in their community, although they were more likely to say that the timing is right than the social and political climate. Fond du Lac rated this factor lower than others, but not low enough to be an area of concern.

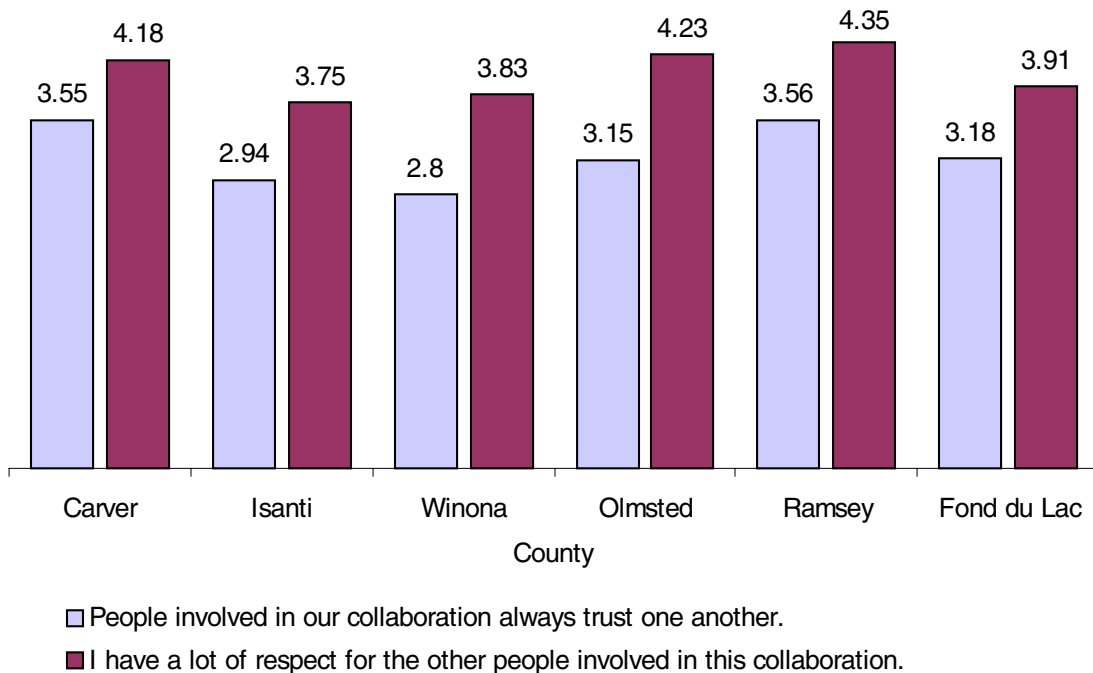
Respondents were asked whether people involved in their collaborative always trust one another and if they have a lot of respect for the other people involved in this collaborative to assess members' mutual respect, understanding and trust. Figure 8 presents respondents' mean scores by site.

Respondents were very positive about their respect for other members of their collaboration, in fact, the Ramsey, Olmsted and Carver County sites had high enough scores to consider their respect for other team members a strength. The other sites do not need to be concerned about this issue. However, advocacy and medical providers rated these items lower than representatives of other agencies.

Council members were a little less confident about the mutual trust between one another. Isanti and Winona Counties scores on this item are just below the “danger” threshold. This means that the team might want to discuss strategies for addressing this issue.

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### 8. Mutual respect, understanding and trust



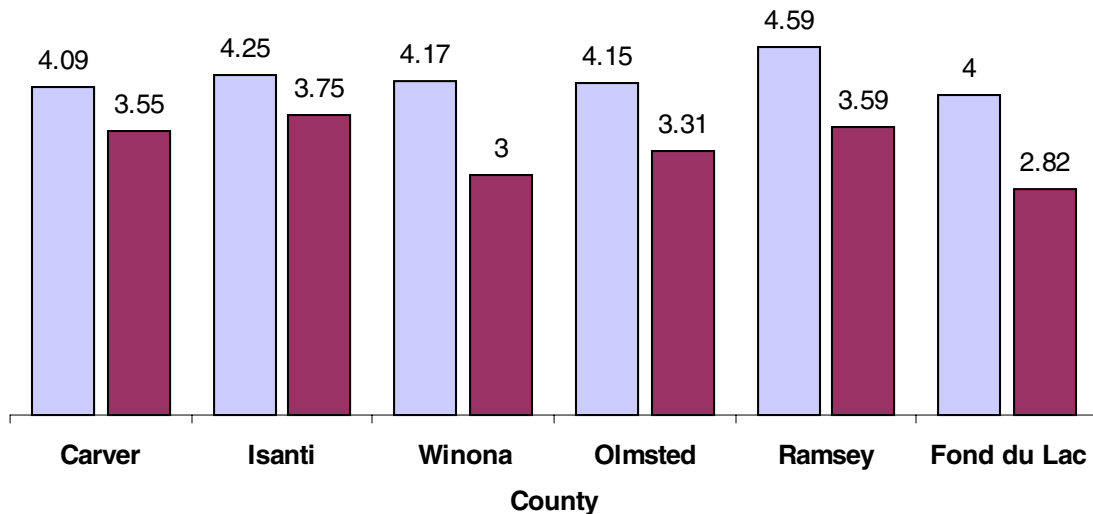
## Appropriate representation

Respondents were asked whether or not they agreed that the people involved in their collaboration represent a cross-section of those who have a stake in what they are trying to accomplish, and if all the organizations that they need to be members of the collaboration group have become members of the group. These two questions assess whether or not there is an appropriate representation in the collaborative group. Figure 9 presents each site's scores for these items.

All of the sites scored in the “strength zone” for the former question about having an appropriate cross-section of stakeholders on the Council. Most sites were in the “comfort zone” for the latter question about appropriate representation from all organizations in the community, with the exception of Fond du Lac, which scored just below the site concern threshold. The analysis by agency type revealed that mental health professionals and site coordinators also considered this a weakness with combined average ratings of 2.0 and 2.8 respectively.

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### 9. Appropriate representation



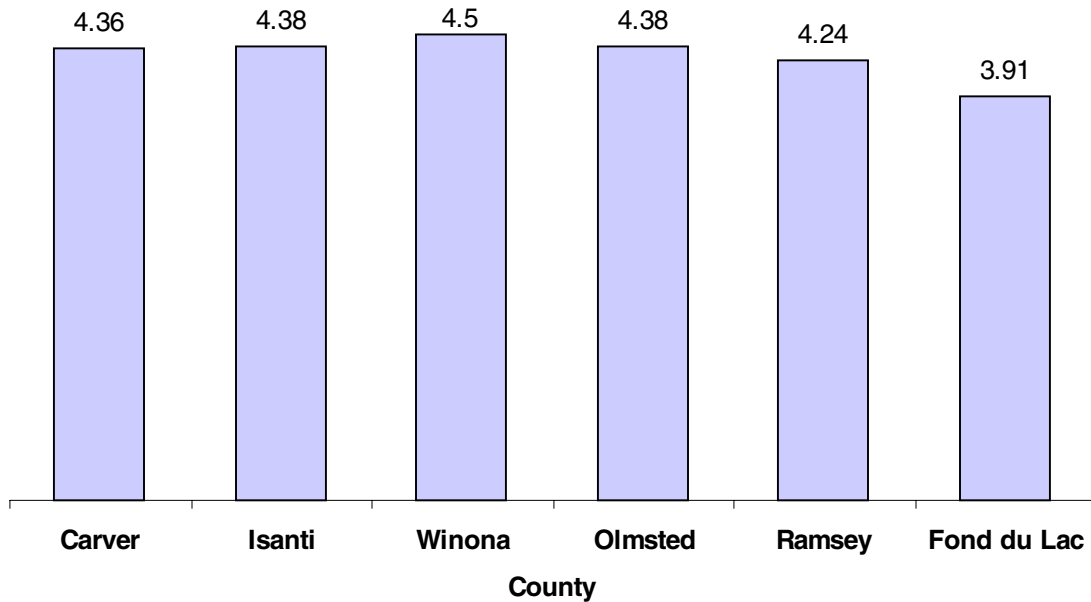
- The people involved in our collaboration represent a cross-section of those who have a stake in what we are trying to accomplish.
- All the organizations that we need to be members of this collaborative group have become members of the group.

## Organizational benefits

The next question addressed individual member's perceptions of how much their organization benefits from being involved in the collaboration. Figure 10 presents the results of this analysis. All of the sites except Fond du Lac achieved scores high enough on this item to consider it a "strength;" Fond Du Lac's score on this item was just below the strength threshold. Winona County, in particular, had many representatives who strongly agreed that their organization benefits from this collaborative effort. The analysis by agency type did not reveal substantial differences, although law enforcement, site coordinators and universities had the highest scores.

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### 10. Organizational benefits



□ My organization will benefit from being involved in this collaboration.

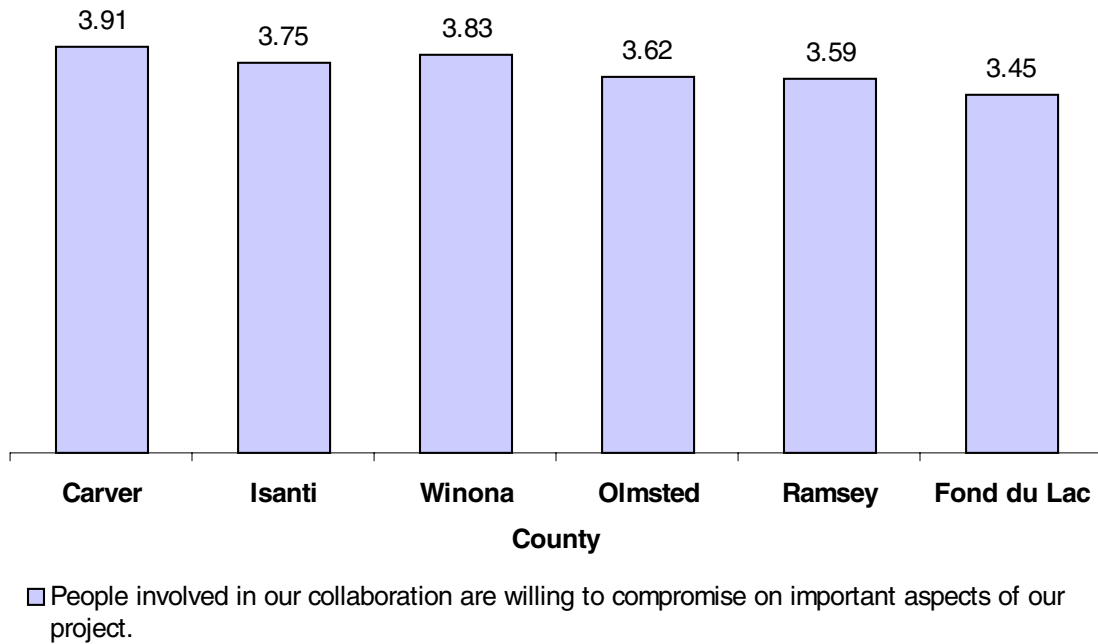
### Ability to compromise

Respondents were asked how much they agreed or disagreed that people were willing to compromise on important aspects of the project. The mean scores for each site are presented in Figure 11. There was very little difference in the scores of individual sites, with all sites scoring in the mid to upper part of the “borderline” range, somewhere between neutral and agree.

The analysis by agency type revealed that representatives from social services, universities and mental health all rated their collaborative’s ability to compromise as a strength.

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#### 11. Ability to compromise



## Shared stake in process and outcomes

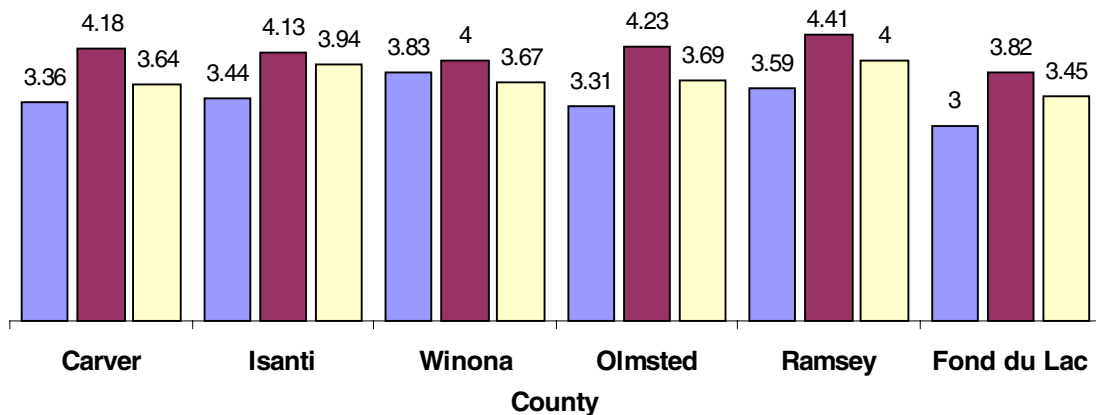
Respondents were asked three questions about how much members share a stake in the process and outcomes of the project. First they were asked if the organizations that belong to the collaborative group invest the right amount of time in their collaborative efforts. Next they were asked if everyone who is a member of their collaborative group wants the project to succeed. Finally, they were asked if the level of commitment among the collaboration participants is high. Figure 12 presents these results.

Respondents were most positive about collaborative members' desire to see the project succeed. All of the sites except Fond du Lac rated this high enough to be included as a collaborative "strength," and Fond du Lac was just below that threshold. Site members were much less positive about the amount of time that organizations dedicate to the process, although none of them scored low enough to consider this a concern. The third element about individual commitment to the process scored in between the two. In Ramsey County, individual commitment was scored high enough to be considered a "strength."

Medical and mental health providers gave lower ratings to the time invested in the project than other respondents, although their scores for the other items in this factor were comparable to the scores of other agency representatives.

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### 12. Shared stake in process and outcomes



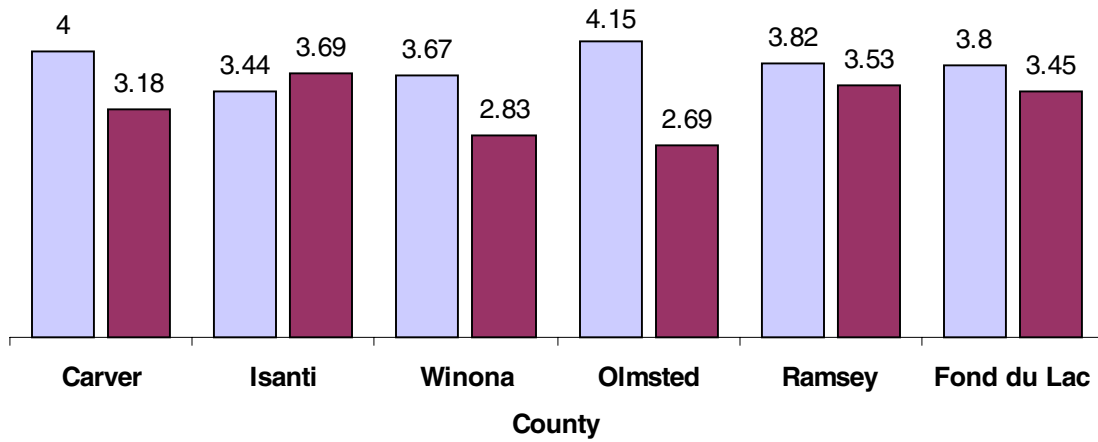
- The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.
- Everyone who is a member of our collaborative group wants this project to succeed.
- The level of commitment among the collaboration participants is high

## Decision-making

The next part of the survey covered decision-making. Respondents were asked if collaborative members were able to take information back to their organizations to confer with colleagues about what the decision should be. They were also asked if each of the collaborative members who participate in decision making can speak for their entire organization, or just a part. Figure 13 presents these results.

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### 13. Decision-making



- When the collaborative group makes major decisions there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.
- Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part.

## Flexibility

Respondents were more likely to say that the collaborative gives members time to go back to their organizations and confer about decisions than they were to say that the members of the collaborative were able to speak for the entire organization. Carver and Olmsted Counties achieved high enough average scores to consider the former item a “strength” of their collaboration. The other sites had scores just below the “strength” threshold. On the other hand, Olmsted and Isanti Counties had mean scores below the “comfort level” for their members’ ability to speak for the entire organization they represent.

Analysis by organization revealed that site coordinators, as well as representatives from law enforcement, corrections, medical and mental health all had mean scores above 4.0

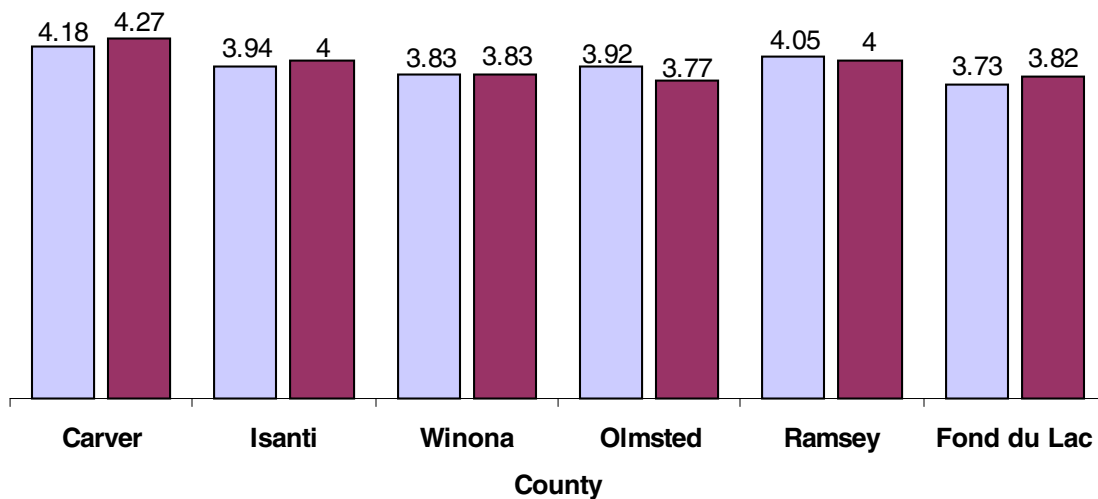
for the time available to confer with their organization about decisions, which means that this is a strength for these agencies. All of the remaining agency types had mean scores in the “intermediate” zone for this question, and no agencies had scores in the “strength” or “concern range” for the question about members’ levels of representation at their agency.

The next collaborative issue addressed by the survey was the level of flexibility collaborative members had. They were asked if there was flexibility when decisions are made, for example being open to discussing different options; and if members are open to different ways of doing their work. Figure 14 presents these results.

All of the sites approached or exceeded the mean score required to consider these items “strengths.” Carver and Ramsey scored 4.0 or above for both items and Isanti County scored 4.0 for flexibility in doing work. Representatives from corrections, the attorney’s office and medical providers were the only agency types that did not have scores high enough on one or more of the items measuring flexibility to consider them a “strength,” although they did not have scores low enough to be considered a “concern.”

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#### 14. Flexibility



- There is a lot of flexibility when decisions are made; people are open to discussing different options.
- People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.



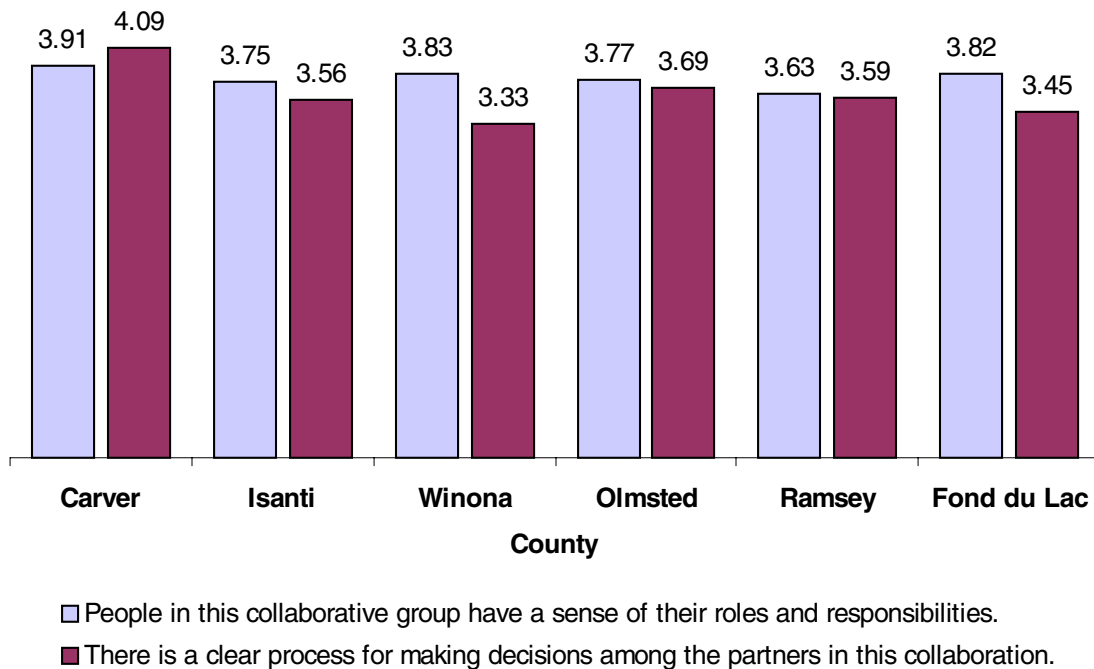
### Clear roles and policy guidelines

The next part of the questionnaire addressed the collaborative’s development of clear roles and policy guidelines for its members. These results are presented in Figure 15. Respondents were asked how much they agreed or disagreed that members of their collaborative have a clear sense of their roles and responsibilities and if there is a clear process for making decisions among partners. All of the sites had generally positive scores for both items, although Carver County was the only site that achieved a score above 4.0 for either item (they achieved a score of 4.1 for the latter item).

Analysis by agency type revealed that site coordinators and representatives from the universities rated these items high enough to be considered “strengths.” The representatives from mental health gave the lowest rating to the question about decision making (mean=3.0).

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#### 15. Clear roles and policy guidelines



## Adaptability

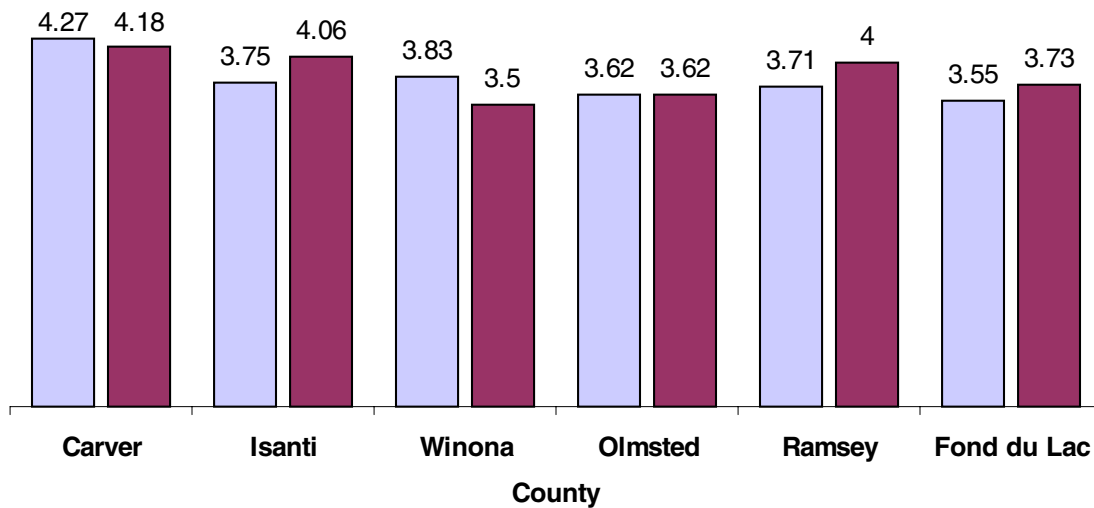
Respondents were next asked about their adaptability. They were asked how much they agreed with the statement, “This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership,” and the statement, “this group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.” Figure 16 presents the distribution of each site’s scores.

Representatives from Carver gave the highest ratings to these items, both of which were rated as “strengths.” Isanti and Ramsey also rated their ability to survive despite changes in representation. In fact, both sites have experienced a fair amount of turnover.

Representatives from most agency types rated these items fairly high with the exception of representatives from Universities who rated their collaboratives’ ability to survive just above the threshold for “concern.”

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### 16. Adaptability



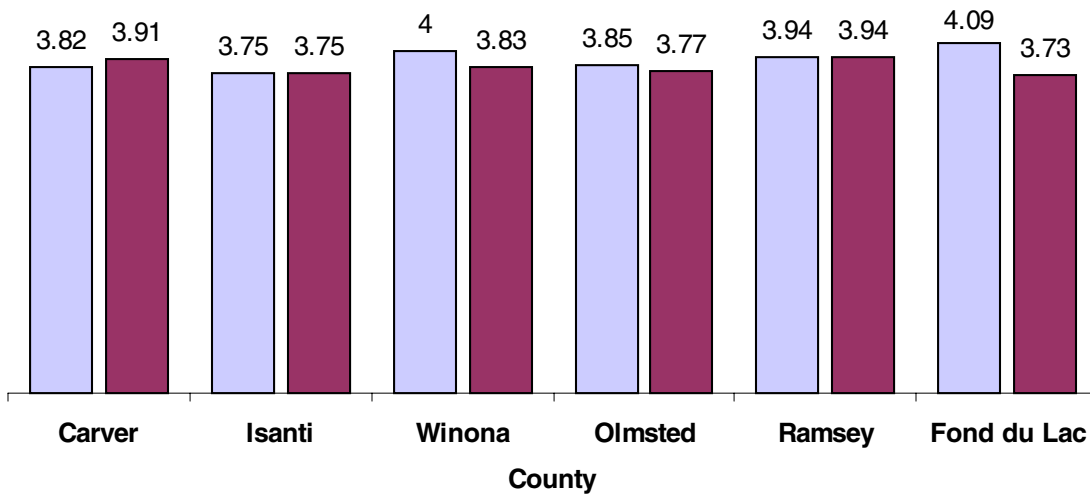
- This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.
- This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.

## Project pace

Respondents were next asked about the pace of the project. Specifically they were asked how much they agreed or disagreed that they had not tried to take on too much at too fast a pace and if they are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project. Figure 17 presents these results. All of the sites had similar mean ratings that ranged from 3.7 to 4.1. There was little variation by agency type, with the same range of mean scores.

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### 17. Project pace



□ This collaborative group has not tried to take on too much at too fast a pace.

■ We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.

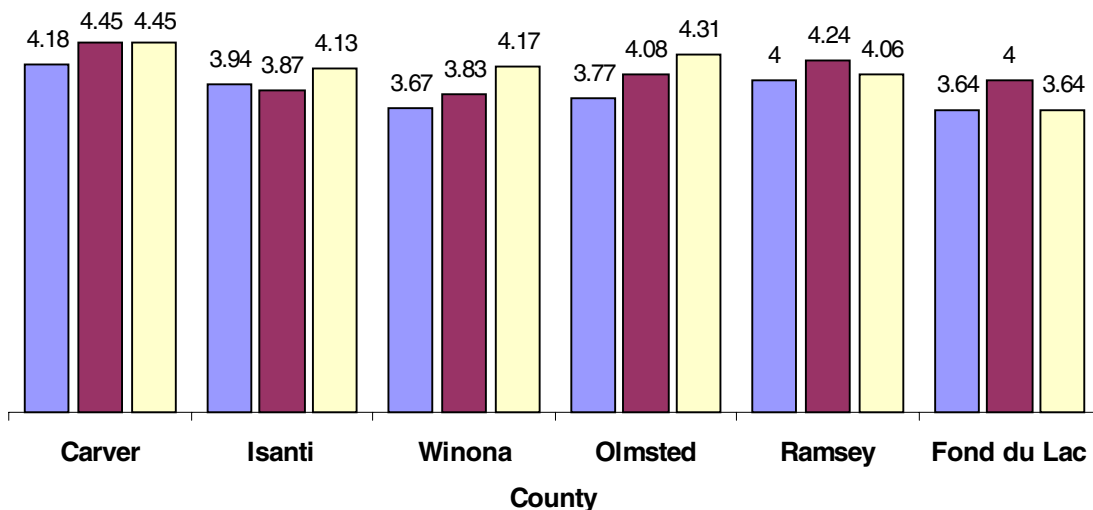
## Quality of communication

Respondents were asked three questions about communication. First they were asked if people communicate openly, next they were asked if they felt that they are informed as often as they need to be about collaborative activities, and finally they were asked if the people who lead the collaborative communicate well with members. The results of this analysis are presented in Figure 18.

All of the sites achieved scores in the strength range for one or more of these measures of good communication. Carver County achieved strength scores for all three items. While scores were also high for most agency types, representative of mental health and corrections had somewhat lower scores than others related to open communication (3.0 and 3.3 respectively).

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### 18. Quality of communication



- People in this collaboration communicate openly with one another.
- I am informed as often as I should be about what goes on in the collaboration.
- The people who lead this collaborative group communicate well with the members.

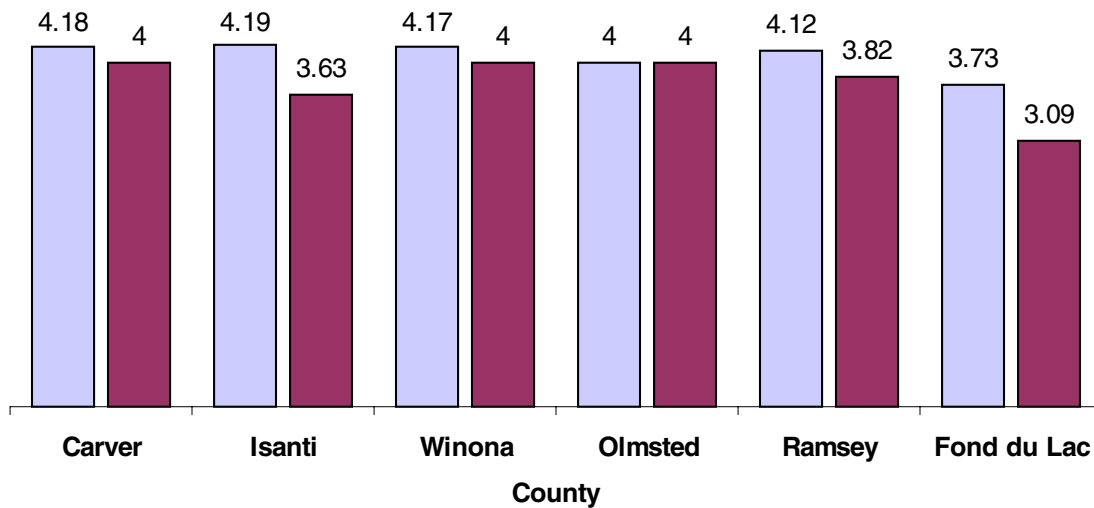
## Informal relationships

Respondents were asked about informal relationships and communication links. They were asked if communication among people in the collaborative occurs both formally and informally and if they personally have informal conversations about the project with others involved in the collaborative. Figure 19 presents these results.

All of the sites achieved scores in the “strength” range for one or both of the measures except Fond du Lac. However, Fond du Lac’s score was not low enough to be considered a “concern.” Scores did not differ substantially by agency type.

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### 19. Informal relationships



- Communication among the people in this collaborative group happens both at formal meetings and in informal ways.
- I personally have informal conversations about the project with others who are involved in this collaborative group.

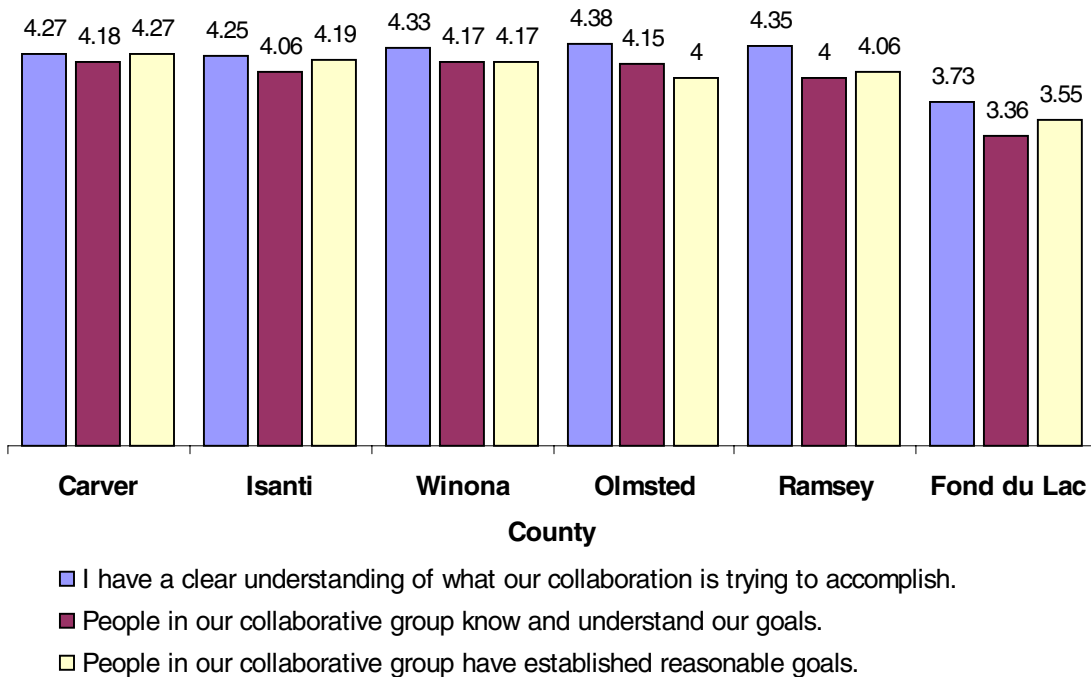
## Goals and objectives

Next, respondents were asked three questions about their goals and objectives. They were asked if they have a clear understanding of what their collaboration is trying to accomplish, if people in their collaborative group know and understand their goals and if people in their collaborative group have established reasonable goals. Figure 20 presents this data.

With the exception of Fond du Lac, all of the sites achieved scores high enough on all three measures to consider them “strengths.” Fond du Lac scored in the intermediate range for these items. Representatives from advocacy, medical and corrections did not rate these items high enough to meet the criteria for a strength, although average scores for the other agency types did.

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### 20. Goals and objectives



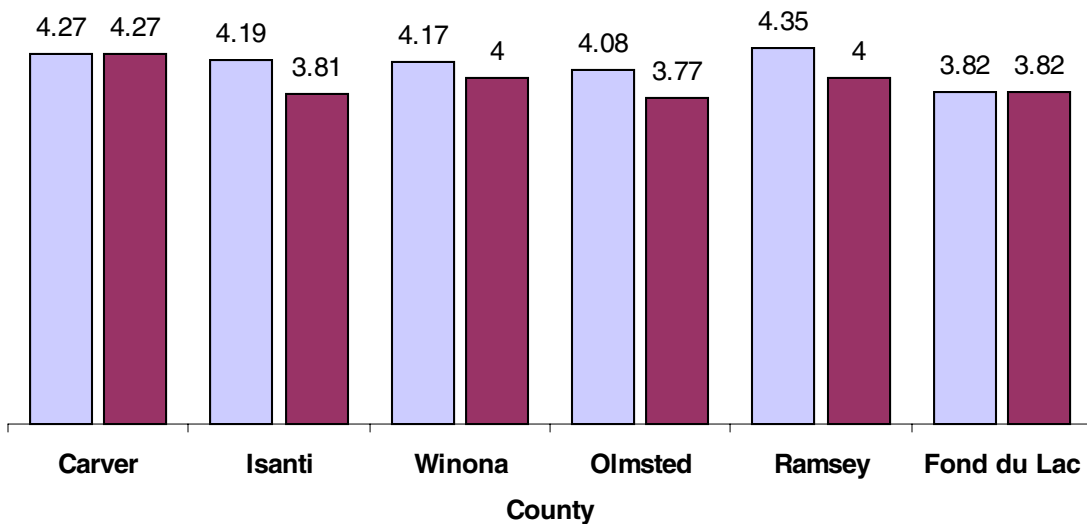
## Shared vision

Next respondents were asked if they thought that their collaborative had a shared vision. Specifically they were asked to rate their level of agreement with the following two statements: “The people in this collaborative group are dedicated to the idea that we can make this project work;” and “My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.” Results are presented in Figure 21.

Ramsey, Winona and Carver Counties all rated both items as “strengths,” Isanti and Olmsted Counties rated collaborative member’s dedication as a “strength” and Fond du Lac did not rate either item high enough to be considered a “strength.” Representatives from the attorney’s office and corrections had somewhat lower scores for the second item than representatives of other agencies.

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### 21. Shared vision



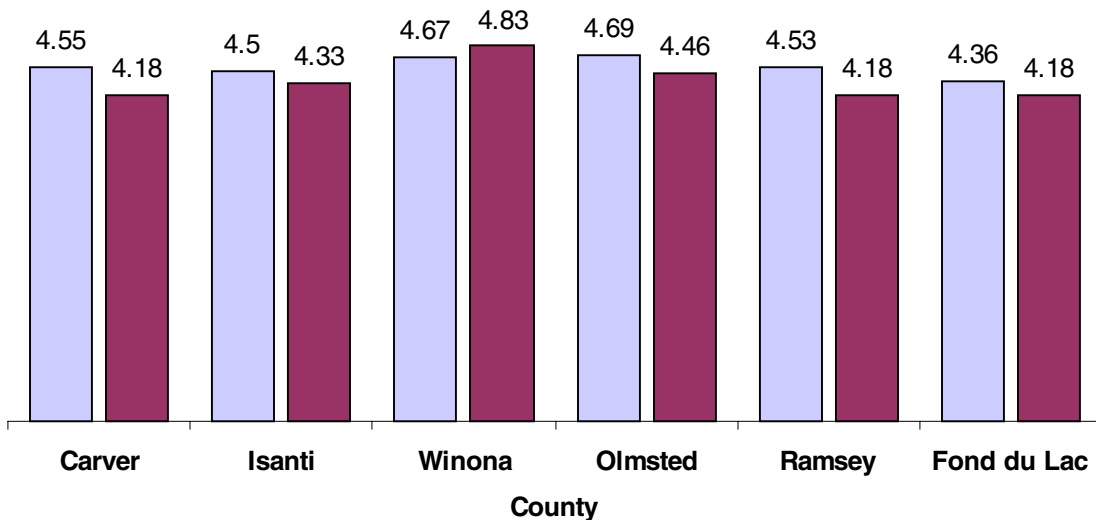
- The people in this collaborative group are dedicated to the idea that we can make this project work.
- My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.

## Unique purpose

The next part of the questionnaire addressed the collaborative's purpose. Respondents were asked if their collaborative project would be difficult for any single organization to accomplish by itself. They were also asked to rate how much they agree or disagree with the statement, "No other organization in the community is trying to do exactly what we are trying to do." Figure 22 presents these data. All of the sites rated both items high enough to be considered "strengths." Winona County's representatives gave these items particularly high scores of agreement. Law enforcement was the only agency that did not give scores in the "strength" range for both items. They had an average score of 3.9 for the second item describing how their work is unique.

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### 22. Unique purpose



□ What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.

■ No other organization in the community is trying to do exactly what we are trying to do.

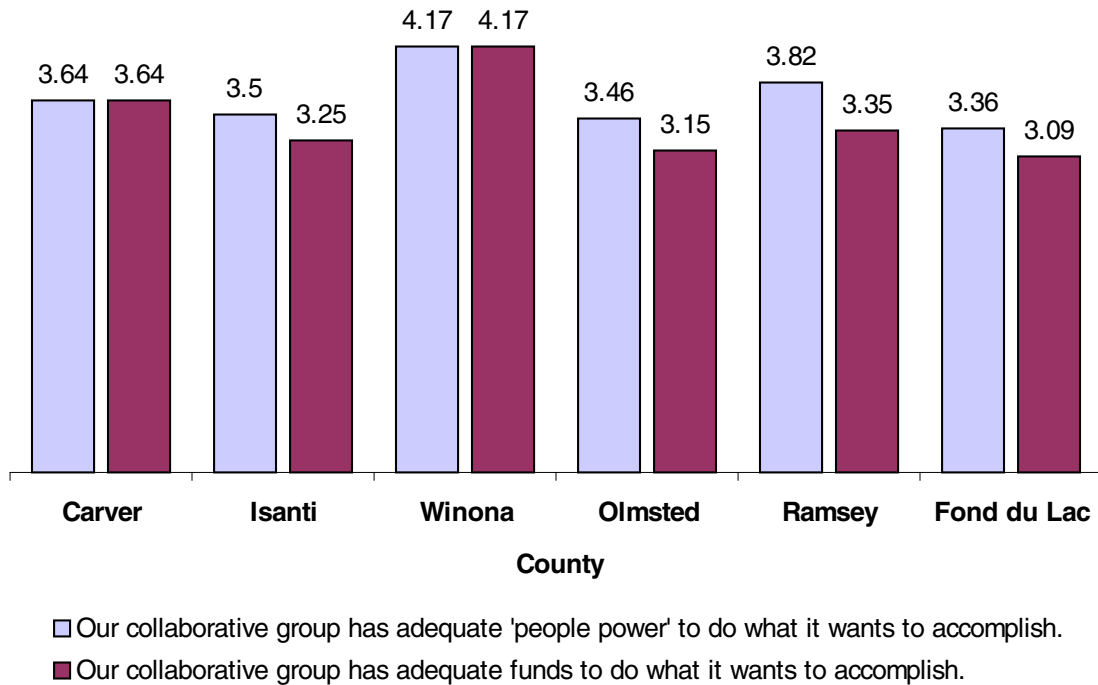


### Sufficient resources

Respondents were asked two questions about the availability of resources. They asked if their collaborative group has adequate funds and if they have adequate “people power” to do what it wants to accomplish. Their mean ratings are presented in Figure 23. Winona county rated these items high enough to be considered “strengths,” all of the other sites had scores in the intermediate level, and some of them were at the low end of the intermediate level. Site representatives were slightly more concerned about funds than they were about people power, particularly site coordinators and representatives from corrections.

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### 23. Sufficient resources

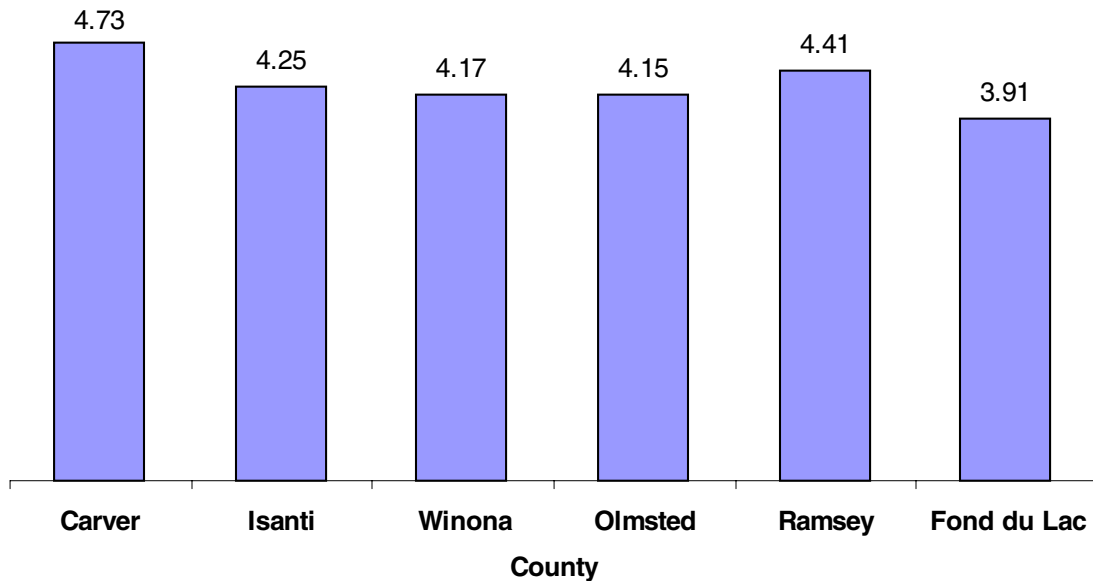


## Skilled leadership

The last question respondents were asked was if they thought the people in leadership positions for their collaboration have good skills for working with other people and organizations. All of the sites except Fond du Lac had scores in the “strength zone,” and Fond du Lac was just below the “strength” threshold.

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### 24. Skilled leadership



■ The people in leadership positions for this collaboration have good skills for working with other people and organizations.

## Project level strengths

Wilder Research also looked at aggregate scores to assess project level strengths and opportunities for improvement. Respondents’ ratings for 15 items produced mean scores in the “strength” range. These items appear in Figure 25. The lowest aggregate score was 3.24, which is in the intermediate range. Therefore the analysis did not uncover any overall “weaknesses.”

Respondents felt that the work they are doing is unique to their group, that they have skilled leadership, and committed well-informed members who communicate well with one another. They also reported that the timing and political and social climate is “right” for this work, and that the “right” people are involved.

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## 25. Project strengths

|   | <b>N</b> | <b>Mean</b> |
|---|----------|-------------|
| 36. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself. | 74       | 4.54        |
| 37. No other organization in the community is trying to do exactly what we are trying to do.  | 73       | 4.32        |
| 40. The people in leadership positions for this collaboration have good skills for working with other people and organizations.             | 74       | 4.28        |
| 11. My organization will benefit from being involved in this collaboration.   | 74       | 4.28        |
| 6. The time is right for this collaborative project.  | 74       | 4.28        |
| 9. The people involved in our collaboration represent a cross-section of those who have a stake in what we are trying to accomplish.        | 74       | 4.24        |
| 31. I have a clear understanding of what our collaboration is trying to accomplish.   | 74       | 4.23        |
| 34. The people in this collaborative group are dedicated to the idea that we can make this project work.                                    | 74       | 4.16        |
| 14. Everyone who is a member of our collaborative group wants this project to succeed.  | 74       | 4.16        |
| 28. The people who lead this collaborative group communicate well with the members.   | 74       | 4.12        |
| 27. I am informed as often as I should be about what goes on in the collaboration.  | 74       | 4.09        |
| 5. The political and social climate seems to be 'right' for starting a collaborative project like this one.                                 | 73       | 4.08        |
| 8. I have a lot of respect for the other people involved in this collaboration.   | 74       | 4.07        |
| 29. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.                        | 74       | 4.07        |
| 33. People in our collaborative group have established reasonable goals.  | 74       | 4.04        |

### **Project level intermediate items**

The items respondents rated in the intermediate range are presented in Figure 26. Figure 27 presents five items in the intermediate range that had scores below 3.5. While they are not necessarily items to be concerned about, they have been highlighted to give the project an indication of what they might want to consider addressing for future sites.

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## 26. Project level intermediate scores

|   | <b>N</b> | <b>Mean</b> |
|---|----------|-------------|
| 32. People in our collaborative group know and understand our goals.  | 74       | 3.99        |
| 19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.  | 74       | 3.96        |
| 18. There is a lot of flexibility when decisions are made; people are open to discussing different options.   | 74       | 3.96        |
| 35. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.   | 74       | 3.93        |
| 23. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.  | 74       | 3.89        |
| 24. This collaborative group has not tried to take on too much at too fast a pace.  | 74       | 3.89        |
| 26. People in this collaboration communicate openly with one another.   | 74       | 3.89        |
| 4. Others (in this community) who are not part of this collaboration would generally agree that the organizations involved in this collaborative project are the 'right' organizations to make this work.   | 74       | 3.86        |
| 25. We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.   | 74       | 3.82        |
| 16. When the collaborative group makes major decisions there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be. | 73       | 3.81        |
| 22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.   | 74       | 3.77        |
| 15. The level of commitment among the collaboration participants is high.   | 74       | 3.77        |
| 20. People in this collaborative group have a clear sense of their roles and responsibilities.  | 73       | 3.77        |
| 30. I personally have informal conversations about the project with others who are involved in this collaborative group.  | 74       | 3.74        |
| 1. Agencies in our community have a history of working together.  | 74       | 3.68        |
| 12. People involved in our collaboration are willing to compromise on important aspects of our project.   | 74       | 3.68        |
| 3. Leaders in this community, who are not part of our collaborative group, seem hopeful about what we can accomplish.   | 74       | 3.64        |
| 21. There is a clear process for making decisions among the partners in this collaboration.   | 74       | 3.64        |
| 39. Our collaborative group has adequate 'people power' to do what it wants to accomplish.  | 74       | 3.62        |

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### **Project level low ranking items**

The potential areas of concern addressed by collaborative members were related to individual relationships, and the broader community. At the community level, the items receiving relatively low scores included the absence of prior relationships between members, representation on the collaborative by all relevant community agencies, and funding. The items that relate to the collaborative members on the team include time committed by all organizations, mutual trust, and team members ability to speak for their entire agency.

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#### **27. Lowest scored items**

|  | <b>N</b> | <b>Mean</b> |
|--|----------|-------------|
| 2. Trying to solve problems through collaboration has been common in this community It's been done a lot before.                                       | 74       | 3.45        |
| 10. All the organizations that we need to be members of this collaborative group have become members of the group.                                     | 74       | 3.41        |
| 13. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.                             | 74       | 3.41        |
| 38. Our collaborative group has adequate funds to do what it wants to accomplish.  | 74       | 3.36        |
| 17. Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part. | 74       | 3.30        |
| 7. People involved in our collaboration always trust one another.  | 72       | 3.24        |

## Conclusions

All six “test sites” have made steady progress in the 8-Step Protocol Development Cycle. The original three test sites have completed or are in the process of completing the last steps in the 8-Step Cycle. The other three sites have completed steps in the process commensurate with their tenure as test sites. Many of the sites developed new strategies for addressing some of the issues they face as they work to transform their communities’ responses to sexual assault. The Cycle the Project Administrators selected to support sites as they do this work has proved to be an effective means for collaboration between diverse agencies. Therefore, it is appropriate that the existing sites and new sites that take on this work will no longer be considered “test” cases, but Community Protocol Sites.

The Project Administrators purposefully selected sites with dissimilar geographic and demographic characteristics to test out the 8-Step Protocol Development Cycle. Despite these differences, the meta-analysis of four years of data revealed that there are some strategies that worked for multiple sites. These strategies or “best practices” for working through the 8-Step Protocol Development Cycle often revolve around good communication, effective local leadership and strong support from the administrative agents. In addition to identifying best practices for each of the eight steps in the Cycle Wilder Research also identified several other issues related to the experiences and the support provided to the sites, including how to engage a new site in the process, administrative issues, and best practices for holding a public forum. New sites can benefit from the specific experiences of earlier sites by referring to this document or by discussing the findings of this report with a representative of the central agency.

The collaboration study gave further evidence of the value of the 8-Step Protocol Development Cycle and the project as a whole. Respondents felt that the work they are doing is unique to their group, that they have skilled leadership, and committed well-informed members who communicate well with one another. They also report that the timing and political and social climate is “right” for this work, and that the “right” people are involved.

The potential areas of concern addressed by collaborative members were related to individual relationships, and the broader community. At the community level the items receiving relatively low scores included the absence of prior relationships between members, representation on the collaborative by all relevant community agencies, and funding. The items that relate to the collaborative members on the team include time committed by all organizations, mutual trust, and team members ability to speak for their entire agency.

There were also some differences between sites, with the newest site in Fond du Lac generally reporting lower scores than the other sites. This may be related to some difficulty the site has had in getting people to participate regularly because of a high profile murder case in the region that seriously taxed the resources of the local criminal justice system. It may also reflect the relative novelty of the site, as it takes time to build trusting collaborative relationships. Many of the other sites struggled in the beginning of the process to get to a point where they were willing to discuss their own agency practices and understand other agencies' needs in their community.

## ***Recommendations***

New sites will need the support of the central agency if they are to be successful. The central agency should be prepared to provide consultation on the best ways to get through the 8-Step Protocol Development Cycle. It should operate like a clearinghouse for forms developed by existing teams so that new teams do not have to "re-invent the wheel." It should also be prepared to step in and provide consultation in the event of site coordinator turnover, or any other issue that delays a site's progress. To do all of these things effectively, the central office will need continued funding for staff and material resources. Therefore, Wilder Research Center recommends that the existing central agency staff seek funding through grants or other means to help support their role in this project.

Sites other than Winona County might consider following its example by including Universities or colleges in their council's work, as students' ages puts them at greater risk for sexual assault. It might be a real opportunity to include a segment of the community that is often distanced by the transient nature of student life.

All of the sites need to continue to consider the needs of the diverse members of their communities, such as immigrants, persons of color, and members of the GLBT community. Focus groups and other data collection efforts conducted by the sites have revealed that members of these communities often face unique barriers to accessing the criminal justice system and the sexual assault support system. Outreach and understanding is needed to build trust among these segments of the community so that all victims of sexual assault can get the help they might need.

The individual sites must find a way to get feedback directly from victims. The goal of the project was to develop a more victim-centered response to sexual assault. It is not enough for the agency representatives on the teams to say this is an effective process, and that they think that their protocol is victim-centered, victims must also be able to identify the benefits of the new system.

Finally, the results of the overall project evaluation are very positive. Collaborative members have benefited from gaining a better understanding of their communities' resources for, and challenges to, serving victims of sexual assault. They have also been able to draw new members in, and improve practices in some agencies to better serve victims. Therefore, new sites committed to this process should be funded and supported. They may be able to overcome some of the time barriers that other sites have faced particularly since they will be embarking on the process with several recipes for success.