Improving Services to Sexual Assault Victims

Carver, Isanti and Winona Model Protocol test sites
Fiscal year 1998-99 report

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Executive summary

Brief project description

The Model Protocol Project is a four-year effort to develop a model sexual assault response protocol. Through working with multi-disciplinary teams in six communities across Minnesota the project seeks to identify aspects of an improved response and the factors that lead to its sustainability. Early learnings indicated that the model needs to be customized to the specifics of a given community for it to be useful.

Carver, Isanti and Winona Counties are the first test sites to implement the process in Minnesota and are the subject of this evaluation report. The other three test sites include two counties, Olmsted and Ramsey, and the Fond du Lac Indian Reservation. The Minnesota Center for Crime Victim Services has provided support to these test sites with federal STOP Violence Against Women Act grant funds. These sites have all secured additional financial support for fiscal year 1999-2000. The project is administered by Victim Services of Dodge, Fillmore and Olmsted Counties.

This project is intended to help county agencies work together to develop a more victim-centered protocol for serving victims of sexual assault. An eight-step model for developing protocol (Boles, Anita and Patterson, J.), developed by Boles and Patterson is the model used by Olmsted County Victim Services to guide three test site counties in the development of their own protocols for responding to sexual assault. The steps in this process are as follows:

Completed in year 1

1. Inventory of existing services
2. Victim experience survey (VES)
3. Community needs assessment

Completed or under way in year 2

4. Write protocol
5. Renew inter-agency agreements
6. Train agency staff
7. Monitor protocol implementation
8. Evaluate protocol effectiveness

All three of the original Minnesota test sites obtained participation from local law enforcement, medical providers, advocacy agencies and county attorney offices, the four core agencies that are considered integral to the process. Each site has the commitment of a few additional agencies including universities, social services, mental and public health and corrections. Members of these agencies were recruited to be on the Sexual Assault Inter-Agency Council in their county. This group is responsible for implementing the eight-step model. Current Sexual Assault Inter-Agency Council members have varying degrees of influence in the agency they represent.

Methodology

Wilder Research Center contracted with Olmsted County Victim Services to evaluate the first two years of implementation of the Test Site Project. To evaluate progress in the three counties, Wilder Research Center used the following techniques and data sources:

Observations of four Sexual Assault Inter-Agency Council monthly meetings or subcommittee meetings on the writing of protocol at each site

Analysis of protocol (either final product or draft of most recent version at year-end)

Key Informant interviews with site coordinators, Sexual Assault Inter-Agency Council chairs, heads of lead agencies, and test site project administrators

Summary of monitoring and evaluation training conducted by Wilder Research Center, and review of evaluation forms from training participants

Self-administered surveys with agency staff not on the Sexual Assault Inter-Agency Council

Key informant interviews with site coordinators from sites in Denver, Colorado and Pine Bluff, Arkansas that tested the eight-step process

Analysis of feedback from the project directors and site coordinators, and reviews of site specific meeting minutes and memos

Each of the test sites has taken unique local approaches to the eight-step process and they have also faced different challenges to completion of these steps. Therefore, the evaluation plan has been flexible to accommodate the observation of their unique experiences. Following are the site-specific evaluation activities undertaken in year 2.

Observation of one Carver County focus group with agency personnel, and review of summaries of additional focus groups

Observation of Winona County's first protocol training session with a local university, and review of evaluation forms completed by training participants

Following are the key research questions addressed in this study:

How do Test Sites go about developing inter-agency sexual assault protocols? Which strategies were most successful in protocol development?

What strategies did the test sites use to move from a case-centered system to a victim-centered one? Which ones were most successful?

How do multi-disciplinary, victim-centered protocols affect case handling practices?

What actual changes are proposed in the investigation and prosecution of sexual assault and sexual abuse cases in the pilot communities? What changes are implemented in Year 2?

How do the attitudes of participating agency personnel toward each other change over time?

What resources are helpful in the process and how can they be more effective? (i.e. monetary and professional)

Results to date

In the second year of program implementation Wilder Research Center collected and analyzed both baseline data and process data. The baseline data describe the three counties' responses to sexual assault prior to implementation of the protocol. The process data describe what the test sites have done thus far in the process of developing a new protocol. These data contribute to the understanding of what works well and what does not in the eight-step model.

Baseline data

The only baseline data collected for this study in the second year of the evaluation are the self-administered surveys of agency staff who do not sit on the Sexual Assault Inter-Agency Council. This survey captures staff attitudes prior to training and implementation of the new protocol. However, the process data also give a baseline illustration of the commitment and expectations of the Sexual Assault Inter-Agency Council and, to some degree, of the community prior to the introduction of the new protocol.

Low response rates from Carver and Isanti Counties limit the results of this aspect of the evaluation. However, some themes emerged that can be generalized across counties, and the baseline data will be useful to compare with future results of the same survey instrument.

Most of the staff members who participated in the survey are white (97 percent) and about half are female (51 percent).

About a quarter (24 percent) of the respondents had not personally worked on a case of sexual assault in the past two years, and 70 percent had worked on 1 to 10 cases.

A majority of respondents said that their agency meets most or all of the needs of victims (63 percent), and that all of the core agencies in the system would be likely to agree to and implement change (91 percent).

About half of the respondents said that their agency was well equipped to help non-English-speaking victims (51 percent), and deaf or blind victims (46 percent). Larger proportions felt that they were well equipped to help culturally diverse victims (65 percent), and victims with mental (74 percent) or physical disabilities (86 percent).

Most participants reported that their agency would be somewhat or very open to changing policies or procedures related to sexual assault (96 percent) and would be likely or very likely to encourage victims to have input in decisions about their case (96 percent).

The agency with which most other agencies have ongoing communication about cases is law enforcement. The agency with which other agencies are least likely to have ongoing communication is the medical field.

Process data

Protocol Writing

Wilder Research Center staff's observations of the protocol writing process revealed that it was quite different for each site. Much of this difference was related to leadership styles and group dynamics. Each site hired a part-time site coordinator to help facilitate the Sexual Assault Inter-Agency Council's implementation of the eight-step model and the ultimate development of a new protocol. Site coordinators in these three sites take on or are expected to take on strong leadership roles, although this role is shared to some degree with the Sexual Assault Inter-Agency Council chair, particularly in Isanti and Carver counties.

None of the three sites met the timelines they had set for themselves. Since this was the first time that this eight-step process has been fully implemented, it is not surprising that the teams were somewhat over-ambitious in the goals they set. One possibility for moving the process forward more quickly would be to make the site coordinator a full-time position. This would probably be helpful to one or two of these sites, as time constraints have made task completion more difficult. 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. This was corroborated in feedback from site coordinators in other Minnesota test sites and the sites in Colorado and Arkansas.

Representatives from all three counties said that the system for responding to sexual assault needed three kinds of improvements:

Better communication and cooperation between involved agencies

Better understanding of each agency's needs and roles in a sexual assault incident

Group training in how to handle sexual assault cases for all agency personnel

All three sites through their involvement in the eight-step process have successfully addressed the first two needs. Wilder Research Center observations as well as key informant interviews with all of the Sexual Assault Inter-Agency Council site coordinators, Sexual Assault Inter-Agency Council chairs and the project administrators confirmed this. The sites will address the need for training next year.

The content of the three protocol documents developed by the three sites differs widely. The intent of these protocols is to improve participating agencies' response to sexual assault victims. Comparing each county's protocol document with its community needs assessment revealed mixed results, which may be related to a mismatch in the level of specificity in the community needs assessment and the protocol. While all three counties identified broad philosophical needs, such as greater cultural competence, they also mentioned more concrete themes, or needs that could be addressed in their protocols. However, some of these were so specific, that they were not appropriate to be addressed in the protocol. For example, Winona and Carver Counties identified the need to inform the victim promptly about case-related changes or information; which has been addressed in their protocols. Isanti County's community needs assessment identified the need to electronically monitor defendants who are able to leave jail pending trial, yet, the agency protocols do not approach this level of specificity. This should not be taken as a criticism of Isanti County's assessment, however, it was necessary for Wilder Research Center to synthesize some of these very specific needs into thematic needs that the protocol could address. All three sites' protocols addressed most of the needs or synthesized categories of needs identified in their community needs assessments.

The three test site's protocols differ not only in content, but also in format, portability, specificity, and a number of other characteristics. While it is not yet clear which protocol characteristics will prove most useful in training and implementing a victim-centered response, it will certainly be important that the protocol provide guidelines that can be followed. All of the sites have done a good job of codifying their participant agencies' existing guidelines. However, some of these guidelines do not appear to be victim-centered. It will be important to consider how the new protocols change existing procedures. This shift will be measured when the sites implement their monitoring and evaluation plans, although it will be difficult to monitor and evaluate protocols with vague descriptions of agency activities.

Another area of concern is cultural competency. All three sites have discussed a need for greater cultural competency in their community needs assessment, grant application and/or introductory portions of their protocols. However, specific issues related to serving people of color and other underserved populations, as well as actions to address these issues, were lacking in all three protocols.

Despite these criticisms of the protocols, it is important to note the progress made in inter-agency cooperation that allowed these sites to come to a consensus on the protocols. It is also important to note that these protocols remain as working drafts, as they are part of a circular process. The participants are constantly learning about and improving upon better practices for responding to victims of sexual assault. The two sites that have "final" versions of their protocols had the foresight to format them so that changing any individual piece of the protocol will be easy.

Renew Inter-Agency Agreements

Winona County completed their protocol writing during this fiscal year and asked participating agencies to recommit to the project by signing an inter-agency agreement. Council members in Carver County had significant conversations with department heads from participating agencies near the end of year 2 as they contemplated shifting their project's lead fiscal agency. The Isanti Sexual Assault Inter-Agency Council did not complete this step by fiscal year's end.

Training

The only site to hold a training during year 2 was Winona County. While some members of the Sexual Assault Inter-Agency Council felt that the training was jumping the gun a bit, they went

forward because they had funding for the current fiscal year. Furthermore, the timing was important because university personnel were about to depart for the summer. The training proved to be a good learning experience for the Sexual Assault Inter-Agency Council, and resulted in the site coordinator seeking additional research and training in how to conduct interactive trainings. The training format has been altered for year 3.

Monitoring and Evaluation

The seventh and eighth steps of the eight-step process are the implementation of procedures to monitor and evaluate how the protocol is working. While the book describing the eight-step process gives some guidance on how to develop and implement monitoring and evaluation plans, the test site project administrators felt that the sites would benefit from some professional consultation. To avoid any potential conflict of interest, the administrators attempted to enlist the services of evaluators other than Wilder Research Center. However, the logistics of informing new evaluators about the program and time constraints related to the end of the fiscal year precluded this. Thus, the administrators contracted with Wilder Research Center to provide a one-day training for all three of the test sites.

The tri-county sites participated in a half-day follow-up training in their county within a month of the monitoring and evaluation workshop. The training included:

   Review of homework assignments which had training participants identify the specific goals
   that their agencies have that are written into their protocol and strategies for monitoring these
   goals; and participant identification of overall outcome goals

   Refining and prioritizing identified monitoring goals

   Brainstorming strategies to monitor prioritized goals, including who would be responsible for
   collecting and compiling the data

   Developing a timeline for getting the work done

The three sites were at very different stages when the half-day training occurred. Winona County had written a protocol, held one training session and begun to develop some monitoring forms. This site was able to agree on a timeline and get some feedback on how to compile their evaluation forms. The other two sites made a great deal of headway in identifying monitoring and evaluation goals, but still needed to complete their protocol. The monitoring and evaluation training helped them understand the challenges they face in ensuring compliance with the

protocol. This was a concern because some of the Sexual Assault Inter-Agency Council participants thought other, less involved participants might be wary of change. The trainer suggested that participants monitor what the less committed partners thought they were doing particularly well. For example, the referral of victims to victim advocates. Less committed agencies may be more open to change when they see that the monitoring activities are not intended to make them look bad. Another possibility is that these agencies will discover that there are opportunities to improve the service they provide, even in areas where they feel their service is adequate.

Conclusions

These three original test sites have made a great deal of progress in the second year of implementation of the eight-step process. They have all produced written protocols that cover all four core agencies and some additional agencies, although some are not considered complete. Many of them have weathered political challenges and staff turnover and remained intact with moderate to high levels of commitment from participating agencies. In addition, the pioneering work of the tri-county test sites have contributed a great deal to the implementation of the eight-step process at the three sites that began the process after them.

The original sites still have some areas of concern that they will need to address in year 3. The first is the issue of cultural competence, which needs to be considered by each of the Sexual Assault Inter-Agency Councils. Also, the sites need to shore up the commitment of all of the participating agencies to attend meetings, engage in the process, and prepare to implement and monitor the protocol. Finally each site should consider the extent to which the protocol reflects real, measurable change in the way things are done. The eight-step process is circular, calling for continuous improvement to each agencies' response as evaluation results show the effectiveness of their efforts.

The next steps for the Carver and Isanti test sites are to renew inter-agency agreements and to implement the new protocol. The Winona site continues in this implementation process, which includes training agency staff, monitoring the implementation of the protocol, and evaluating its effectiveness.

Brief project description

The Model Protocol Project is a four-year effort to develop a model sexual assault response protocol. Through working with multi-disciplinary teams in six communities across Minnesota the project seeks to identify aspects of an improved response and the factors that lead to its sustainability. Early learnings indicated that the model needs to be customized to the specifics of a given community for it to be useful.

Carver, Isanti and Winona Counties are the first test sites to implement the process in Minnesota and are the subject of this evaluation report. The other three test sites include two counties, Olmsted and Ramsey, and the Fond du Lac Indian Reservation. The Minnesota Center for Crime Victim Services has provided support to these test sites with federal STOP Violence Against Women Act grant funds. These sites have all secured additional financial support for fiscal year 1999-2000. The project is administered by Victim Services of Dodge, Fillmore and Olmsted Counties.

This project is intended to help county agencies work together to develop a more victim-centered protocol for serving victims of sexual assault. An eight-step model for developing protocol (Boles, Anita and Patterson, J.), developed by Boles and Patterson is the model used by Olmsted County Victim Services to guide three test site counties in the development of their own protocols for responding to sexual assault. The steps in this process are as follows:

Completed in year 1

1. Inventory of existing services
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All three of the original Minnesota test sites obtained participation from local law enforcement, medical providers, advocacy agencies and county attorney offices, the four core agencies that are considered integral to the process. In addition, each site has the commitment of a few additional agencies including universities, social services, mental and public health and corrections. Members of these agencies were recruited to be on the Sexual Assault Inter-Agency Council in their county. This group is responsible for implementing the eight-step model. Current Sexual Assault Inter-Agency Council members have varying degrees of influence in the agency they represent.

The evaluation is intended to provide an external perspective on the process of implementing a new protocol and to give the administrators feedback on which aspects of the process have been successful and which have not. This has already been useful as the program has been expanded to include a total of six test sites in Minnesota, including an urban site and a site on an American Indian reservation.

Methodology

Wilder Research Center collected several different types of data from many of the stakeholders in this process. The data collected for the evaluation of all three test sites includes:

Observations of four Sexual Assault Inter-Agency Council monthly meetings or subcommittee meetings on the writing of protocol at each site

Analysis of protocol produced (either final product or draft of most recent version at year-end)

Analysis of semi-structured key informant interviews with site coordinators, Sexual Assault Inter-Agency Council chairs, heads of lead agencies, and Test Site Project administrators

Analysis of unstructured interviews with sites in Pine Bluff, Arkansas and Denver, Colorado

Summary of monitoring and evaluation training conducted by Wilder Research Center, and review of evaluation forms from training participants

Analysis of self-administered surveys with agency staff not on the Sexual Assault Inter-Agency Council

Analysis of feedback from the project directors and site coordinators, and reviews of site specific meeting minutes and memos

Each of the three test sites have taken unique local approaches to the eight-step process. They have also faced different challenges to completion of these steps. Therefore, the evaluation plan has been flexible to accommodate the observation of their unique experiences. Following are the site-specific evaluation activities undertaken in year 2:

> Observation of one of Carver County's focus group with agency personnel, and review of summaries of additional focus groups

> Observation of Winona County's first protocol training session with a local university and review of evaluation forms completed by training participants

Results to date

In the second year of program implementation Wilder Research Center collected and analyzed the data described above. This data is either baseline or process data. The baseline data describes the three counties' responses to sexual assault prior to implementation of the protocol. The process data describes what the Test Sites have gone through thus far in the eight-step protocol development cycle. This data contributes to the understanding of what works well and what does not in this model.

Baseline data

The only baseline data collected for this study is the analysis of the self-administered surveys with agency staff who do not sit on the Sexual Assault Inter-Agency Council in their county. This is intended to get an idea of staff attitudes prior to training and implementation of the protocol.

Methodology

Each site used a different methodology for distribution and collection of these surveys described below.

Winona County: Each Sexual Assault Inter-Agency Council member distributed the surveys to people in their agencies. People were given a deadline to have the surveys returned. The surveys were turned into the Sexual Assault Inter-Agency Council representative in that agency who forwarded them to the site coordinator. The site coordinator then turned them over to Wilder Research Center.

Isanti County: The self administered surveys were sent with a letter of explanation and instructions for completion with a stamped envelope, addressed to Wilder Research Center. The site coordinator did multiple follow up calls to individuals at the agencies to remind them of the importance of completing the surveys.

Carver County: Ten surveys were distributed to each Sexual Assault Inter-Agency Council member who was asked to distribute them among their staff, and make copies as needed. An Sexual Assault Inter-Agency Council member filling in for the site coordinator asked that they be returned to her, and she forwarded them to Wilder Research Center.

This evaluation activity was embarked upon late in the fiscal year. This was likely to have had a negative impact on the response rate. Unfortunately, Sexual Assault Inter-Agency Council members did not track the number of surveys they distributed so that response rates could be calculated.

A total of 80 surveys were collected; 18 from Carver County, 12 from Isanti County and 50 from Winona County. However, three from Isanti County and 2 from Winona County were removed because Sexual Assault Inter-Agency Council members completed them. The disparity in the number of surveys in each county is related to poor response rates, rather than the sizes of the participating agencies.

The data from these surveys have typically been presented by county and in aggregate. Despite wide differences among counties, certain themes recur across counties. In addition, Wilder Research Center does not typically report percentages for samples smaller than 10. However, for consistency in presentation, percentages have been included for all three counties in the tables. Reviewers should note that these self-selected samples are often too small to be considered conclusive. Rather, the responses given can be considered representative of a variety of perspectives that exist within these agencies prior to protocol implementation; and quite possibly the perceptions of persons who are most interested in the process.

Results

To get an idea of the characteristics of the survey respondents, they were asked to give the name of their agency, their gender, race and age (calculations of age are made as of September 1, 1999.). Some respondents declined to provide this personal information, however, the

distribution of those who did is presented in Table 1. The largest proportion of respondents came from law enforcement (30 percent), which includes members of sheriff's departments (23 percent) and police departments (7 percent). Twenty-eight percent of the respondents came from advocacy (12 percent) and social services (16 percent); 21 percent came from medical facilities (18 percent) and public health departments (3 percent); 12 percent represented prosecutors; 7 percent (all from Winona County) represented schools or universities; and 1 percent represented corrections.

In terms of personal characteristics, about half of the respondents are women (51 percent), and almost all of them (97 percent) are white. While a plurality of the respondents (38 percent) were between the ages of 21 and 34 as of September 1, 1999; they were fairly evenly distributed between all three age groups with one third (33 percent) ages 35 to 44, and 28 percent ages 45 and older. These aggregate percentages do not necessarily reflect the characteristics of each county or agency.

Table 1. **Demographic characteristics of survey participants**

	County						Total N=75	
	Carver n=18		Isanti n=9		Winona n=48			
	#	%	#	%	#	%	#	%
Agency								
Sheriff	2	13%	-	-	15	31%	17	23%
Police	4	25%	1	11%	-	-	5	7%
Corrections	-	-	-	-	1	2%	1	1%
Medical	3	19%	1	11%	9	19%	13	18%
Public Health	2	13%	-	-	-	-	2	3%
Prosecution	5	31%	1	11%	3	6%	9	12%
Advocacy	-	-	1	11%	8	17%	9	12%
Social Services	-	-	5	56%	7	15%	12	16%
University	-	-	-	-	5	10%	5	7%
Total	*16*	*100%*	*9*	*100%*	*48*	*100%*	*73*	*100%*
Gender								
Male	3	23%	6	67%	24	52%	33	49%
Female	10	77%	3	33%	22	48%	35	51%
Total	*13*	*100%*	*9*	*100%*	*46*	*100%*	*68*	*100%*

Table 1.   Demographic characteristics of survey participants (continued)

	County						Total N=75	
	Carver n=18		Isanti n=9		Winona n=48			
	#	%	#	%	#	%	#	%
Race								
White/Caucasian	17	100%	9	100%	46	96%	72	97%
Hispanic	-	-	-	-	2	4%	2	3%
Total	*17*	*100%*	*9*	*100%*	*48*	*100%*	*74*	*100%*
Age								
21 to 34	4	27%	4	44%	15	42%	23	38%
35 to 44	7	47%	3	33%	10	28%	20	33%
45 and older	4	27%	2	22%	11	31%	17	28%
Total	*15*	*100%*	*9*	*100%*	*36*	*100%*	*60*	*100%*

Respondents were asked about their tenure in their position and the regularity of their contact with sexual assault victims as part of their jobs. The distribution of their responses to these questions appear in Table 2. On average, respondents from all three sites had been at their position between 8.5 and 9.5 years, although they were most likely to have worked at their agency for 1 to 5 years (27 percent) or over 15 years (23 percent). Most respondents (82 percent) have personally worked on five cases or fewer in the past two years. (If respondents who had worked at their agency for less than two years are removed from this analysis the proportion who have worked on five or fewer cases drops to 79 percent.) Further analysis revealed that the number of sexual assault victims a professional worked with personally did not vary significantly by type of profession.

Table 2. Professional characteristics

| | County | | | | | | Total N=75 | |
| | Carver n=18 | | Isanti n=9 | | Winona n=48 | | | |
	#	%	#	%	#	%	#	%
Time in position								
Less than 1 year	-	-	1	11%	8	17%	9	12%
1 year up to 5	4	24%	1	11%	15	31%	20	27%
5 years up to 10	5	29%	4	44%	6	13%	15	20%
10 years up to 15	5	29%	1	11%	7	15%	13	18%
Over 15 years	3	18%	2	22%	12	25%	17	23%
Total	17	100%	9	100%	48	100%	74	100%
In your job, how many cases of sexual assault have you been personally worked on in the past two years that involved a victim who was 14 years old or more?								
0	2	11%	5	56%	11	23%	18	24%
1-2	6	33%	1	11%	15	32%	22	30%
3-5	6	33%	2	22%	13	28%	21	28%
6-10	1	6%	1	11%	7	15%	9	12%
11-20	1	6%	-	-	1	2%	2	3%
more than 20	2	11%	-	-	-	-	2	3%
Total	18	100%	9	100%	47	100%	74	100%

Respondents were asked what they know or have heard about the decision to develop an inter-agency protocol for responding to victims of sexual assault in their county. About a third of the respondents said that they did not know anything about this effort (34 percent), and a large proportion of those who said this were from law enforcement in Winona County. Those who had heard about the decision said that they had just heard something about it, but did not mention any specifics (30 percent); they knew something about it because a coworker was involved in the effort (11 percent); or they had done some work with the group involved in the effort (5 percent). Twenty percent of the respondents provided some specific information about what they believed to be the intent of the effort, or what they heard would happen in their agency. A few of their comments are included below.

> *Attempt to integrate the functions of different agencies so as to streamline the process and best assist the victim.*

> *I think it is good—heard a lot about it but what is taking so long? Why not model someone else's who's been successful—I've seen presentations of programs at various trainings.*

> *The goal is to train nurses, specifically sexual assault nurse examiners, and eliminate other staff being involved.*

> *Have (advocacy organization) available immediately.*

Respondents were asked if they had any input (either formal or informal) in the process. Most people (64 percent) had not provided any input in the effort. The respondents who had provided input, did so by providing feedback about their agency's role in the effort in focus groups, staff meeting or other informal means (22 percent), or through a formal protocol review process (7 percent). Two to three percent of these respondents mentioned discussing the process with a coworker on the Sexual Assault Inter-Agency Council, helping with publicity, and being asked to provide assistance on diversity issues related to the protocol. Participants from Carver County were the most likely to have provided input, which may be a result of their focus groups with agency staff. A few comments from respondents from all three sites are included below.

> *I have been asked on several occasions for suggestions and input during the development of the protocol.*

> *I represented our office in a focus group.*

> *Have been given information as the process has been progressing and the opportunity to look at and comment on some of the materials.*

> *Encouraged a media campaign to bring support to the development of a protocol.*

> *I did attend one meeting early on in the process where we discussed reporting sexual assault.*

Respondents were asked to explore their perceptions of the system in which they work. They were asked how well the current system's response to victims of sexual assault meets their needs, how likely their agency would be to include sexual assault victims in decisions related to their case. The distributions of their responses by county are presented in Table 3.

A majority of respondents (60 percent) said that the system meets most of victims' needs and just over one-third (35 percent) report that the system meets some of victims' needs. Very few

respondents said that the system meets none (3 percent) or all (3 percent) of victims' needs. Respondents from Carver County were the most confident in their systems ability to meet the needs of victims. Further analysis comparing respondent's mean ratings by agency type indicates that professionals from law enforcement (regardless of county) were also the most confident in the system's ability to meet the needs of victims.

Table 3. **Respondent's perceptions of system's response**

| | County | | | | | | Total N=75 | |
| | Carver n=18 | | Isanti n=9 | | Winona n=48 | | | |
	#	%	#	%	#	%	#	%
How well do you believe the system meets the needs of victims of sexual assault in your county?								
Meets all needs	-	-	-	-	2	4%	2	3%
Meets most needs	8	44%	7	78%	28	62%	43	60%
Meets some needs	9	50%	2	22%	14	31%	25	35%
Meets few needs	1	6%	-	-	1	2%	2	3%
Total	18	100%	9	100%	45	100%	72	100%
How likely is it that your agency encourages a victim of sexual assault to have input into the decision-making process about their case as it goes through your part of the system?								
Very likely	10	56%	4	44%	26	57%	40	55%
Somewhat likely	7	39%	4	44%	19	41%	30	41%
Somewhat unlikely	1	6%	1	11%	1	2%	3	4%
Total	18	100%	9	100%	46	100%	73	100%

About half (55 percent) of the respondents said that they felt that their agency would be very likely to encourage sexual assault victims to have input into the decision-making process as their case goes through their part of the system. Forty-one percent said that their agency would be somewhat likely to encourage victims to give input. Their responses did not vary substantially by county. However, analysis by agency type revealed that in Winona County medical providers and schools were the most likely to encourage victims to have input in the decision-making process and members of the legal system and law enforcement were least likely. This pattern

was not necessarily consistent across counties, and the sizes of the samples in the other two counties were too small to do meaningful independent analysis. An interesting result was that respondents from advocacy organizations did not feel that their organization made more of an effort than respondents from other agencies to encourage victims to be involved in decision making.

Respondent were also asked how receptive the system and the agencies that comprise it are to changing policies and procedures related to the handling of incidents of sexual assault. The distributions of their responses are presented in Table 4.

About half of these respondents (51 percent) report that their agency would be very flexible about making changes to existing policies and procedures related to sexual assault. Most of the others said that their agency was very flexible (45 percent), although a few respondents (all from Winona County) reported that their agency was very inflexible.

Analysis by agency type revealed that in Winona County medical providers and legal professionals had the highest mean ratings related to their perceptions of their organization's flexibility. This pattern was not necessarily consistent across counties, and the sizes of the samples in the other two counties were too small to do meaningful independent analysis. However, it is again interesting to note that advocates did not rate their organizations as being particularly flexible.

Respondents were asked to describe how likely all of the core agencies in the system would be to agree to and implement changes in the way they respond to incidences of sexual assault. They were slightly less positive about the flexibility of all agencies than they were about their own agencies, regardless of county, although a vast majority of the responses to both questions from all three counties still fell in the somewhat likely to very likely categories (88 percent to 100 percent). The perception that other agencies were less open to change than one's own was least pronounced among law enforcement professionals in Winona and Carver Counties.

Table 4.   Respondent's perceptions of system's openness to change

How flexible do you think your agency would be to changing existing policies or procedures relating to sexual assault?	Carver n=18		Isanti n=9		Winona n=48		Total N=75	
	#	%	#	%	#	%	#	%
Very flexible	6	35%	6	67%	21	44%	33	45%
Somewhat flexible	11	65%	3	33%	24	50%	38	51%
Very inflexible	-	-	-	-	3	6%	3	4%
Total	17	100%	9	100%	48	100%	74	100%
How likely do you believe it is that professionals from the fields of law enforcement, prosecution, medicine and advocacy would agree to and implement changes in the way their agencies respond to incidences of sexual assault?								
Very likely	3	17%	3	33%	14	29%	20	27%
Somewhat likely	14	78%	6	67%	28	58%	48	64%
Somewhat unlikely	1	6%	-	-	4	8%	5	7%
Very unlikely	-	-	-	-	2	4%	2	3%
Total	18	100%	9	100%	48	100%	75	100%

The project administrators are concerned about the cultural competency of the system's response to communities of color and other underserved populations in each test site. To help get an understanding of how the system currently operates respondents were asked whether or not they felt that their agency was well-equipped to help sexual-assault victims who do not speak English, are culturally different from the majority community, are deaf or blind, have physical disabilities or have mental disabilities. In addition respondents were asked why their agency does or does not have this capacity.

About half of all respondents (51 percent) said that their agency is well-equipped to help non-English speaking victims. Respondents from Winona County were most likely to feel that they were well equipped to help these victims (58 percent), and respondents from Isanti were most likely to say that they were not well equipped (75 percent). This is consistent with needs identified in their community needs assessment. An analysis of the data by agency type revealed

that professionals from law enforcement in Winona and Carver Counties were most likely to feel well equipped in this area.

Over half (65 percent) of these respondents felt that they were well equipped to handle victims with cultural differences. Again, respondents from Winona were most likely to feel confident about their abilities in this area (69 percent) and respondents from Isanti were least likely to feel confident (50 percent). There was very little difference in the responses by agency type.

Table 5.   Agencies' ability to help diverse populations

Do you think agency is well equipped to help sexual assault victims with the following characteristics?	County						Total N=75	
	Carver n=18		Isanti n=9		Winona n=48			
	#	%	#	%	#	%	#	%
Non-English speakers								
Yes	8	47%	2	25%	25	58%	35	51%
No	9	53%	6	75%	18	42%	33	49%
Total	17	100%	8	100%	43	100%	68	100%
Cultural differences								
Yes	9	60%	4	50%	29	69%	42	65%
No	6	40%	4	50%	13	31%	23	35%
Total	15	100%	8	100%	42	100%	65	100%
Deaf/blind								
Yes	7	44%	3	43%	18	47%	28	46%
No	9	56%	4	57%	20	53%	33	54%
Total	16	100%	7	100%	38	100%	61	100%
Physical disabilities								
Yes	16	94%	8	100%	33	80%	57	86%
No	1	6%	-	-	8	20%	9	14%
Total	17	100%	8	100%	41	100%	66	100%
Mental disabilities								
Yes	10	59%	7	88%	32	78%	49	74%
No	7	41%	1	13%	9	22%	17	26%
Total	17	100%	8	100%	41	100%	66	100%

Just under half of the respondents (46 percent) felt that their agency was well equipped to help deaf or blind victims and most respondents felt that their agency is well equipped to help victims with physical disabilities (80 percent). Their responses did not vary much by county or agency type, although all of the medical providers reported being well equipped to deal with victims with physical disabilities.

Seventy-four percent of respondents felt that their agency was well equipped to handle victims with mental disabilities. Respondents from Isanti County were most confident in their competence in this area (88 percent), followed by Winona (78 percent) and Carver counties(59 percent).

Respondents were asked to explain what their agency does or does not do to help victims outside of the mainstream. A large proportion of these respondents, often a majority, did not respond to this question or said that they did not know how to answer these questions. Most of the respondents who did respond to the questions about what their agency does to help underserved victims said that they provide interpreters, cultural liaisons or that they have a well trained or culturally diverse workforce. A few respondents said that other agencies handle these issues.

Respondents who said that they were not well equipped to handle victims who fall outside of the majority population, said that there are too few interpreters or that it took too long to access interpreters, they need more training, or they need a more diverse workforce. A few respondents said that they lacked resources in general, that there is not a need in general or that there is no need because other agencies handle these issues. A few people pointed out that the community is getting more diverse, so these needs will have to be addressed.

To assess general needs in these test sites, respondents were also asked to describe what resources would improve their agency's response to sexual assault. Forty-two percent of respondents did not answer this question, or said that they did not know what would help. Over half of the respondents from Winona County (52 percent), about a quarter of the respondents from Carver County (27 percent) and about a tenth of the respondents from Isanti County (11 percent) did not respond to this question. However, several themes emerged in the comments given. Respondents were most likely to say that additional training for existing workers was needed, followed by an increase in trained advocates, specially trained nursing staff with experience conducting rape kits and helping victims of sexual assault, and investigators

dedicated to sexual assault. There was also a desire to have more access to resource people who can act as interpreters or liaisons to underserved populations. Diversity within the workforce was cited, for example, hiring more female and Spanish-speaking officers and having greater diversity among advocates. Finally better inter-agency communication and cooperation, perhaps with a protocol, or at least written descriptions of these roles would help some staff.

Inter-agency communication

Fluid inter-agency communication is at the crux of the eight-step process and the expected shift to a victim-centered response to sexual assault. To assess how the system operates in the test site counties, respondents were asked how likely they would be to have ongoing communication about a case with professionals from the four core agencies. Possible choices were 1=very unlikely, 2=somewhat unlikely, 3=somewhat likely and 4=very likely.

Rather than present this data by County, it has been presented by the type of agency from which respondents come. Generally, the aggregate means for all three counties reflect the mean ratings for each of the counties. If representatives from an agency within a particular county deviate substantially from the norm, that difference has been noted. However, due to the small sample sizes, particularly in Carver and Isanti counties, these differences should not be considered conclusive.

For the purposes of analysis in this report, the distribution of responses from participants from different agencies have been presented in general categories. Wilder Research Center recognizes that the agencies included in these categories often provide unique services and have different case-related goals. For example, the category of advocacy includes prosecution-based advocacy, community-based advocacy and social services personnel. The medical category is composed of personnel from hospitals and public health. And, representatives from sheriff's departments, police departments and corrections make up the law enforcement category. Despite the heterogeneity of the component agencies, they share some goals and service strategies, and reviewers glean more meaning from groups of people than single respondents.

Figure 1 presents the analysis of inter-agency communication for law enforcement. Mean ratings above 2.5 are in the somewhat likely to very likely to communicate range, and ratings below 2.5 are in the somewhat unlikely to very unlikely to communicate range. Law enforcement

professionals were most likely to report that they have regular communication with other law enforcement professionals and prosecution staff. This was true across counties, although in Isanti County respondents from law enforcement were equally likely to report having ongoing communication with advocates.

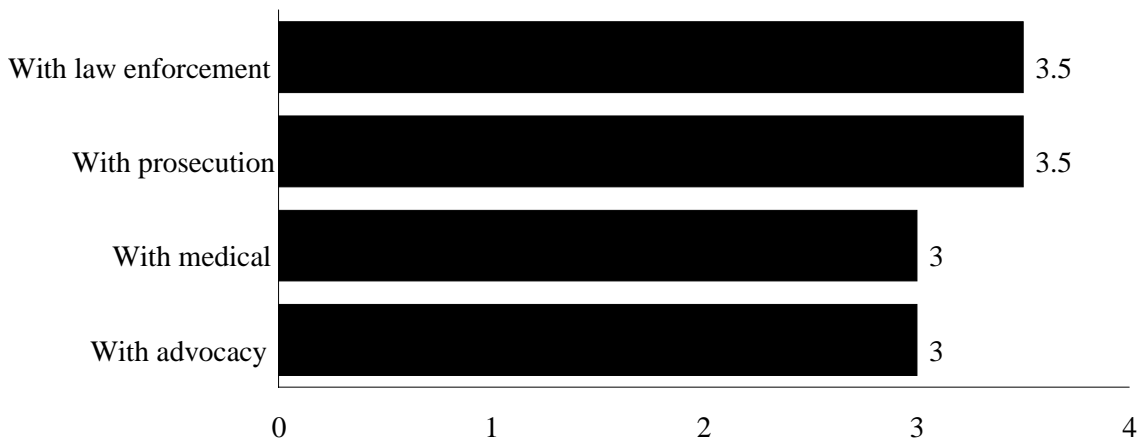**Figure 1.   How law enforcement professionals rated the likelihood of ongoing communication**

Figure 2 presents advocates' ratings of their likelihood of having ongoing communication with other systems professionals. Respondents from advocacy agencies were most likely to have ongoing communication with law enforcement officers, prosecution staff and with other advocates. No advocates completed surveys in Carver County, but these results were consistent in Isanti and Winona, although advocates were much more likely to report having ongoing communication with other advocates in Isanti, than in Winona.

Figure 2.   How advocacy professionals rated the likelihood of ongoing communication
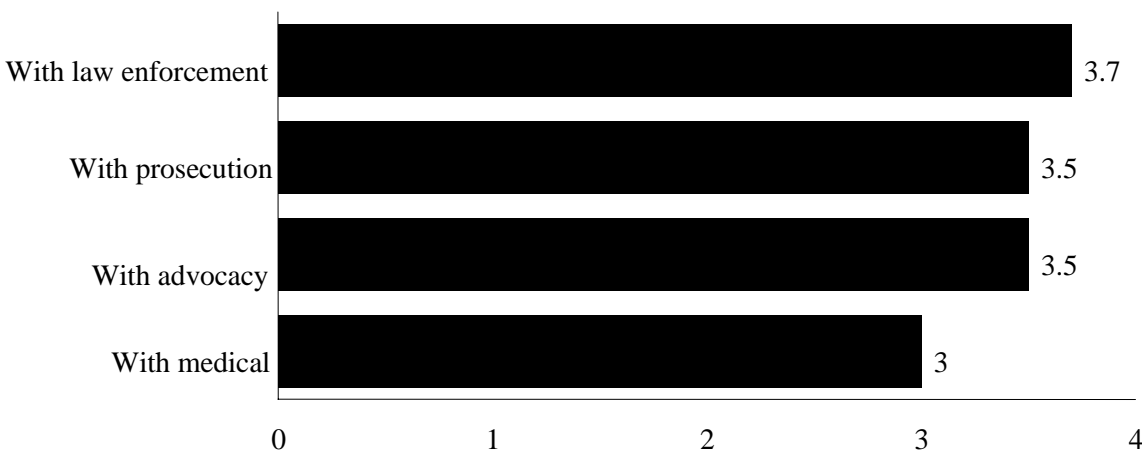
Figure 3 presents an analysis of medical professional's perceptions of inter-agency communication. Respondents from the medical profession were most likely to report having ongoing communication with other medical professionals about any given case, and least likely to have contact with prosecution staff, perhaps because law enforcement agencies are responsible for the collection of medical evidence related to court cases. This was true for Carver and Winona Counties, in Isanti County medical professionals were equally unlikely to have ongoing communication with professionals from any of the agencies (including communication with other medical staff).

Figure 3.   How medical professionals rated the likelihood of ongoing communication
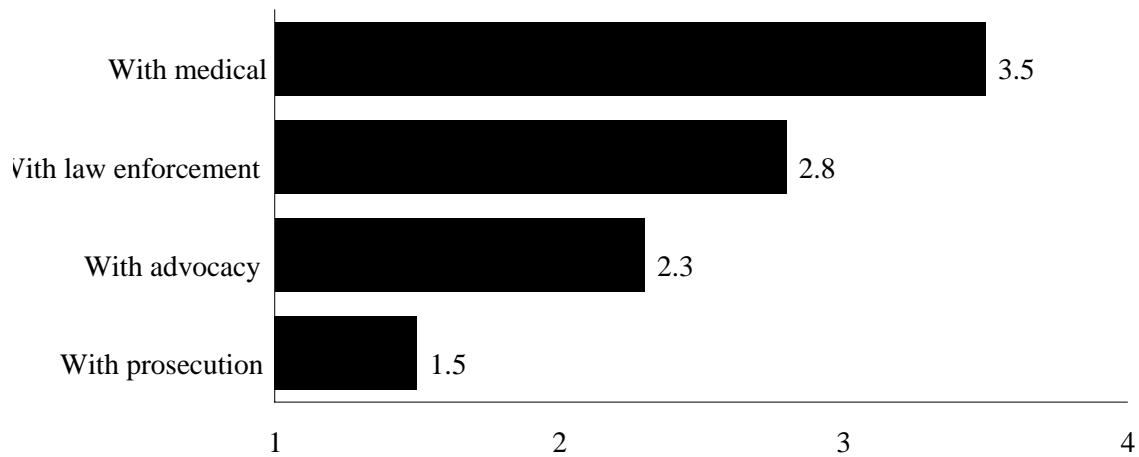
Figure 4 presents prosecution's ratings of their likelihood of having ongoing communication with other systems professionals. Respondents from prosecution offices were most likely to have ongoing communication with law enforcement officers and other prosecution staff. They were also more likely to have contact with advocates than with medical professionals, particularly in Isanti County where they were equally likely to have ongoing communication with other prosecution staff, law enforcement and advocacy agencies.

Figure 4. How prosecution professionals rated the likelihood of ongoing communication

Category	Rating
With law enforcement	3.8
With prosecution	3.8
With advocacy	3.5
With medical	2.7
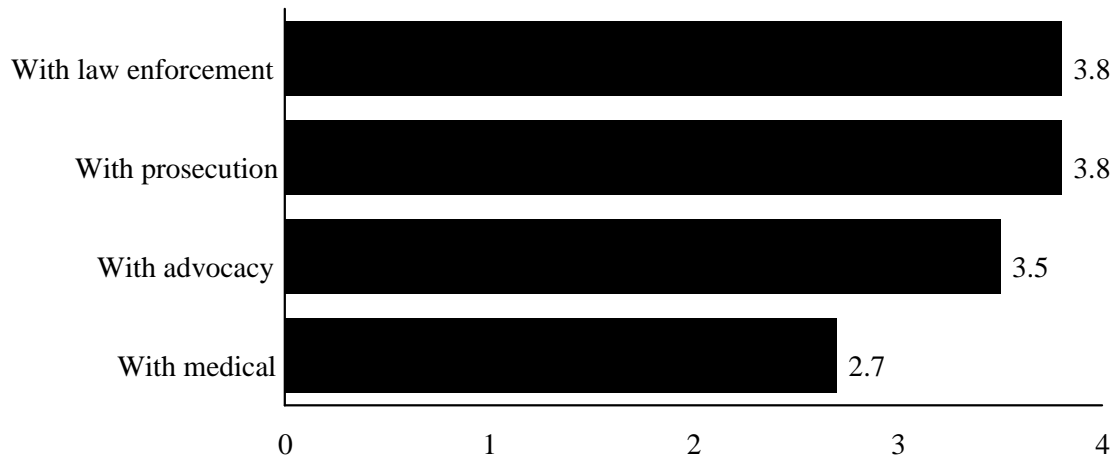
Respondents from universities in Winona County were most likely to have ongoing communication with law enforcement officers, and they were somewhat likely to have ongoing communication with professionals from prosecution and medical staffs.

Figure 5. How university professionals rated the likelihood of ongoing communication

Category	Rating
With law enforcement	3.4
With advocacy	2.8
With prosecution	2.4
With medical	1.8
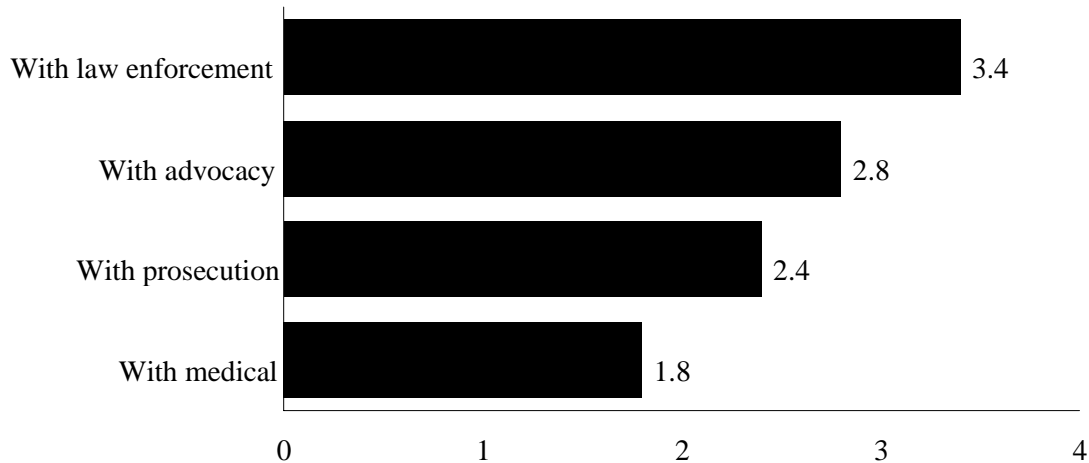
The two major themes that this analysis brought to light, is that personnel from all five kinds of agencies represented were most likely or highly likely to have ongoing communication with law enforcement officers, and least likely or less likely to have ongoing communication with medical professionals. This might have to do with the limited contact that medical providers have with victims; however, it may also be an indication that there is room to improve the communication between medical providers and other system's professionals.

Victim-centered versus case-centered

Respondents were also asked a series of open-ended questions about their knowledge of and involvement in the model protocol development process. They were asked to describe what they felt the terms "victim-centered" and "case-centered" mean, and what they thought the advantages and barriers would be to moving from a case-centered to a victim-centered approach in their jobs. Analysis of their responses to these questions helps to add context to the data that has already been presented.

Respondents were told that one of the goals of the protocol was to move from a case-centered system to a victim-centered system. They were asked to describe what they thought victim-centered and case-centered meant. About half of the respondents described the term victim-centered as fulfilling the needs of the victims (48 percent). Sometimes they spoke of victims' needs in general, but a few identified specific needs. These needs included the need for safety, to feel that their pain is recognized and to have appropriate service providers respond to their needs for treatment of mental and physical health difficulties that are a result of the incident. Some respondents talked about more than the victim's immediate needs. They said that a victim-centered approach would involve victims in the decision-making process (23 percent), put the victim first (13 percent), be personal—treat the victim like an individual (10 percent), keep victims informed (9 percent), and avoid revictimizing victims. Two to 5 percent of these respondents said that a victim-centered response would help in the healing process and not take as long as current cases do to go through the system. There were no substantial differences in the responses by county or respondent type. Several of their comments are included below.

➢ *The case is handled as a healing process.*

➢ *Addressing the victim as an individual with her own needs, history, situation, fears, feelings, opinions, etc.*

➢ *Making victim aware of every stage of proceeding and soliciting her input.*

➢ *Taking into account what they've been through, keeping them an active part of decision-making and timing issues.*

➢ *The victim will be the person to be treated and benefit from treatment. Treatment will be focused on patient's feelings and experience. Patient mental health and needs.*

Respondents' descriptions of a case-centered approach were both negative and positive. They focused on what the approach was, sometimes including the rationale for why it needed to be

that way, despite the ways that it might negatively impact the victim. They pointed out that people with a case-centered approach make the case and the issues surrounding it (including the perpetrator and the circumstances under which the alleged assault took place) the priority (46 percent). Thirty-five said that a case-centered approach treats victims like numbers or objects that must go through standard operating procedures. Ten percent said that people with a case centered approach make the arrest and conviction of the criminal the priority (10 percent). Two to 7 percent of these respondents said that a case-centered approach looks towards fulfilling agency needs, blames the victim or fails to involve the victim in the process. In all three test sites, the comments about case-centered approaches were similar. However, Winona County respondents were much more likely to say they did not know how to answer the question, choose not to answer the question or say that they did not think there was a difference in the two terms. Several of the respondents' descriptions of a case-centered approach are included below.

> *This is X degree assault, this is what happens, this is what the recommended policy is and this is what the victim must do.*

> *Doing a thorough job in investigating the case.*

> *More clinical evidential approach to case—victim as "evidence."*

> *Moving a case through the system efficiently.*

> *Process the paperwork without much contact with victim.*

> *Case first—public safety more important than plight of individual.*

One in five respondents failed to answer a question about the benefits of moving from a case-centered approach to a victim-centered approach to handling incidents of sexual assault. A large proportion of those not responding came from law enforcement agencies in Winona County. Only 60 respondents answered this question, A plurality (43 percent) of the 60 respondents who answered said that the transition in approaches would meet the needs of victims and be more considerate and sensitive to victims as individuals. They also mentioned that victims would feel better about how the case was handled (16 percent), it would help victims in general (12 percent), victims would be empowered (10 percent), and that it would speed up the healing process (8 percent). Two to 7 percent of respondents mentioned that the transition in approaches would improve agency response and cooperation, improve the way the case was handled because victims would be more involved and cooperative, and that victims might be more prone to report incidents of sexual assault if the process were more victim-friendly. Seven percent of

respondents said that there was no difference between the two approaches or that both were needed. Several comments are included below.

> *If the victim feels more a part of what is happening rather than just that it happened to them, they will be more at ease and willing to assist in it's prosecution.*

> *More healing for the victim, more rights, confirmation that she is worthwhile, her voice counts, knowledge that she has at least as many rights as the perpetrator.*

> *Victim does not get victimized again. Victim gets empowered. Over time victims might be more inclined to report (societal change) if they know they have input and will be listened to.*

> *I think this is semantics.*

Finally, respondents were asked what they saw as the barriers they would face in moving from a case-centered approach to a victim-centered approach. While people gave a wide variety of responses, the most common response, voiced by 19 respondents (26 percent), was no response, no opinion or do not know. It appears by the ever-decreasing response rates, that survey participants became less and less comfortable with the questions they were asked. A plurality of the respondents who described possible barriers were cautions that this transition in approaches might not be ideal. People were concerned that it would damage the case, be an inefficient use of resources or be contrary to the public interest (27 percent). Several of these comments are included below.

> *I've seen too many cases of false accusations. It's important to treat the case as an "accusation" and the persons as "alleged victims" or "alleged assailants." Also, we need to say an assault was "reported," not that one "occurred."*

> *Is case-centered a more efficient use of limited resources: time, money?*

> *Must be mindful that victim cannot control prosecution. Victim is not county attorney client—state of MN is county attorney client.*

> *Become too marshmallowy on the suspect, maybe forgetting that justice needs to be addressed.*

Many respondents brought up other barriers that the Sexual Assault Inter-Agency Council might face in implementing this change. Fifteen percent each mentioned the lack of motivation to change and time and work constraints that these agencies face. Two to 10 percent of the respondents mentioned the following barriers: attitudinal issues at various agencies, including male bias; the court system; training needs and implications, multi-agency communication and

cooperation; old grudges or turf issues between agencies; confidentiality; collection and validity of evidence; variation in cases and victims' failure to cooperate. There were also a few respondents who felt there were no barriers. Several of these responses are included below.

➢ *The court system is set up to handle just "court cases" and prosecutions, and not very victim friendly.*

➢ *The victim may not be willing to cooperate in prosecuting the perpetrator.*

➢ *Continuity of care: The medical field (i.e. the ER) only sees the patient briefly and we don't really know if there is any follow through by other agencies.*

➢ *Advocacy needs to relax against the law enforcement personnel working on the case—we are supposed to be on the same team. There are always two sides to a story. Just don't assume you are right.*

➢ *It's the way we've always done it. Lack of training, understanding from victim perspective. It's not fashionable to work in sexual assault/violence.*

Conclusions

As these results show, agency staff are at different levels of awareness and interest in the Sexual Assault Inter-Agency Council's work. There are clearly some apprehensions about changing the current system, because of the implications it might have on case outcomes, individuals' roles and the perception of agency and system-wide performance. Many people from all three counties and the full spectrum of agencies were positive about this shift. However, it is clear that education through training and the assuagement of fears about people's roles and responsibilities will be critical in a successful transition from a case-centered to a victim-centered approach to sexual assault.

Process information

To gain a perspective on the eight-step process as it unfolds in each site Wilder Research Center conducted several research activities. These, included observing four Sexual Assault Inter-Agency Council or Sexual Assault Inter-Agency Council subcommittee meetings on the writing of protocol at each site; collecting and analyzing semi-structured key informant interviews with various stakeholders; summarizing the monitoring and evaluation training conducted by Wilder Research Center; analyzing feedback from the project directors and site coordinators; and reviewing site specific meeting minutes and memos. This information has been incorporated into a discussion of how each site approached the steps they were able to complete in their

second year. In addition an analysis of Carver County's focus group has been included in the summary of this Sexual Assault Inter-Agency Council's protocol-writing experience.

The information has been presented by site to explore the different strategies used by the three sites. The experiences that these trailblazing sites have had and the descriptions of their experiences are being compiled to help future pioneers in this realm implement the process more effectively. Any discussions of challenging situations should not be perceived as criticisms of individuals.

Protocol writing

Wilder Research Center staff's observations of the protocol writing process revealed that it was quite different for each site. Much of this difference was related to differences in leadership styles, and the dynamics of the Sexual Assault Inter-Agency Council teams. The site coordinators in these three sites take on or are expected to take on strong leadership roles, although this role is shared to some degree with the Sexual Assault Inter-Agency Council chair, particularly in Isanti and Carver counties.

None of the three sites was able to meet the timelines they had set for themselves in terms of task accomplishment. Seeing as this was the first time that this process has been fully implemented, it is not surprising that the teams were somewhat overzealous in the goals they set. One theory about how the process could be managed to be more timely is the transformation of the site coordinator position from a part-time position to a full-time position. This would probably be helpful to one or two of these sites, as time constraints have made task completion more difficult. However, it may not be necessary when Sexual Assault Inter-Agency Council team members are thoroughly engaged in the process and help complete some of the tasks that would otherwise fall on the shoulders of the site coordinator. This was corroborated in feedback from site coordinators in other Minnesota test sites and the sites in Colorado and Arkansas.

Winona

Winona was first to finish its protocol. This site had steady leadership of a well-organized site coordinator. This coordinator had a great deal of support from the head of the lead agency who was also the Sexual Assault Inter-Agency Council chair. This helped keep up momentum when Sexual Assault Inter-Agency Council members began to feel bogged down by the protocol

writing process. The process can be somewhat tedious, as the protocols tend to go through much iteration to allow all parties to provide feedback on the content of the protocol. Rather than feeling pressured by the Sexual Assault Inter-Agency Council chair to cajole Sexual Assault Inter-Agency Council members into producing results, the site coordinator felt comfortable enough to let the team members know that it would not be completed until they took the initiative to finalize it. This was effective in getting team members to realize their responsibility to the project and, in turn, provide feedback and approve to have it printed before the end of the fiscal year.

The speed with which this protocol was developed had both positive and negative effects. The pros of the quick turnaround were that the task was completed, which gave the Sexual Assault Inter-Agency Council a sense of accomplishment; and that it was completed in time to begin testing the training format before the end of the fiscal year. Realistically, when programs are dealing with funding issues that last for a limited time it is important to successfully accomplish the smaller tasks in a timely manner for the larger goals to be realized (Community Development, Mattessich, Monsey and Roy). However the con of the quick turnaround is that the protocol that different agencies developed might not have gone far enough beyond the status quo in terms of the goals that the Sexual Assault Inter-Agency Council sought to accomplish. Detailed rationales for individual steps in the protocol have not been developed. These explanations can be useful when fleshing out the pieces of a protocol checklist to victims, and to justify why specific procedures are in place when staff are trained.

Generally the Winona County protocol addresses the needs identified in their community needs assessment. The specific needs raised in Winona's community needs assessment that could be addressed by the protocol include:

Victims may need referrals to housing and food assistance.

Victims may need help understanding the criminal justice system.

Victims may prefer to have the support of an advocate when dealing with agency personnel.

Victims need to be aware of or included in all discussions where decisions are being made or options are being listed.

Providing victims with choices about who hears her/his story and the number of times they have to tell it.

Need for a quick response to reports of sexual assault by all agencies.

Better development of harassment and restraining orders.

Charging decisions need to be discussed sensitively with victims.

Winona's protocol does cover several of these issues from multiple agencies. It is in the law enforcement protocol that responding officers notify victims of the availability of advocacy services, and obtain this assistance if the victim requests it. The protocol also guides the supervisor of the responding officer to work with appropriate agencies to address issues of advocacy and housing, although it does not explicitly mention food assistance.

The advocacy protocol addresses the issue of referral services in general and for safe housing. It guides advocacy staff to respect the decisions made by victims. The protocol is designed to cover all of the areas in which a victim might use the support of an advocate as they go through the system, as well as suggesting that advocates be willing to answer questions victims have about the system. Finally, the advocacy protocol covers assisting victims in seeking an Order for Protection.

The medical protocol recommends that victims be offered advocacy support and be provided with a list of other resources for victims of sexual assault. Staff are also expected to explain the different medical examinations that can be given and respect victims' choices when they decide whether or not to proceed with any given exam.

The County Attorney's protocol addresses the issue of referrals to advocacy, and explanations of the court system. The protocol also suggests that prosecution involves victims in the legal process, discuss charges with victims, and considers victims' input when making decisions. The protocol does not address the issue of sensitivity, perhaps because the notion of sensitivity is too subjective or broad, and would need to be defined explicitly before it is mandated.

The university protocol is structured to give students some decision-making authority in how the incident is handled. It is also designed to provide students with the information they need to make informed decisions.

The format of Winona's protocol is a pocket-sized booklet with laminated pages. Each section is color-coded and tabbed for quick and easy access. The portability of the protocol is convenient,

which is likely to positively influence the frequency with which it is used. The participants of the first training criticized the protocol for proposing guidelines that are too broad. They pointed out that their internal protocols already dictated that they do most of the things listed in this protocol. However, the protocol was also credited for being a good source of information about other agencies.

Carver

Carver County has made a great deal of effort to take the protocol as far towards the goals of the Sexual Assault Inter-Agency Council as possible. After compiling and critiquing protocols from each of the disciplines, the team decided to gather more information about the system and system staff's attitudes. They accomplished this by holding four focus groups on the topic of sexual assault. The first was a test-run in which Sexual Assault Inter-Agency Council members themselves participated. The next three were with staff from agencies with representation on the Sexual Assault Inter-Agency Council. None of the participants in the latter three groups were directly involved in Sexual Assault Inter-Agency Council activities.

Focus group participants were asked to respond to a hypothetical scenario in which a sexual assault has occurred. Two common themes identified by the consultant who facilitated and analyzed the focus group data were as follows:

Communication: It is critical that there be ongoing communication with the victim about the process s/he is going through or may go through. In addition the system's response would improve if a "stable, clear and consistent flow of information" were created.

Relationships: Having at least one systems person maintain a consistent relationship with the victim would help the victim be more involved in the process. This was seen as a good role for advocates. In fact, there was a fair amount of criticism directed at advocacy agencies because of their policy of not initiating contact with victims after they seek help. While this is an issue for many advocacy agencies who are trying to balance confidentiality and empowerment with support, some people viewed the lack of follow-up as a failure to reach out to vulnerable people.

Despite the participants' enlightened views on improving the system's response through improved communication and relationships, the Sexual Assault Inter-Agency Council noted that there were some attitudinal issues that need to be addressed if change is to occur. Some of the

participants tended to be fatalistic in their attitudes about change. They would cite the policies, legal or otherwise, of their profession that currently exist and make change difficult. If service providers distance themselves from the effort by not seeing the individual change that they are capable of making it will be difficult to make systemic change. Sexual Assault Inter-Agency Council members felt that the focus groups confirmed the need for more and perhaps higher quality training in all agencies, which is where system change can be introduced. Finally, some participants raised the issue of confidentiality as a barrier to inter-agency communication. The introspection that went on in the focus group research was valuable in the development of the team's "big picture" view of their goals, although it also delayed the finalization of the protocol.

Another issue that hindered timely task completion was an internal political issue. This site has committed leadership from the site coordinator, who is also employed by the agency that acted as the Sexual Assault Inter-Agency Council's fiscal agent. The director of this agency was concerned about budgetary issues, and had specific ideas of the way the budget should be handled. She felt that the time the Sexual Assault Inter-Agency Council took to debate budgetary issues took away from the time that should have been dedicated to the eight-step process. The site coordinator was caught in the middle of this debate, due to her dual role as a leader in the Sexual Assault Inter-Agency Council and as an employee of the Sexual Assault Inter-Agency Council's fiscal agent, which may have undermined some of her authority as a leader. In addition, funding for the site coordinator's time ran out before the end of the fiscal year, which may have added to some delays or barriers to task completion (for example the implementation of the self-administered survey of non-Sexual Assault Inter-Agency Council agency personnel). This internal conflict has been resolved for year 3 by shifting fiscal responsibility from the prior lead agency to another agency.

After the Sexual Assault Inter-Agency Council resolved the budgetary issues, strong commitment from the Sexual Assault Inter-Agency Council chair and the enlistment of support

from an impartial outside facilitator helped this team to envision and take steps towards developing a detailed protocol. An outside publishing consultant assembled the protocol document. It includes an introduction, explanations of the reasons for specific protocol items and several appendices of forms and other information relevant to the process and victims of sexual assault.

The needs identified by Carver County's Sexual Assault Inter-Agency Council in their community needs assessment and the areas within the protocol that address these needs are included below:

Need to provide services dedicated to supporting victims who are persons of color and other underserved populations

Need for consistency of response by agency staff

Need to reduce the number of times victims are required to tell the details of their assault

Need to ensure that all victims are treated with respect by the agencies they contact

Need to keep victims informed about the process and their rights.

Need to give victims someone with whom they can discuss the impact the assault has had on their life.

Need for standardized , complete reporting of agency statistics on sexual assault to help Carver County get a better understanding of this crime in the community.

Both cultural competence and consistent collection of agency statistics are addressed in the "framing responsibility" portion of the protocol. However, no specific mention of services to be provided to persons of color or underserved populations are mentioned in the systems process portion of the protocol, neither is what agencies must do to be consistent in the collection of statistics.

The need for consistency of response by agency staff is addressed in the specific procedures identified in the protocols of the agencies that comprise the Sexual Assault Inter-Agency Council along with a commitment to monitoring that these procedures are followed.

The law enforcement protocol suggests that responding officers collect only information that is immediately relevant to securing the scene of the crime. This may reduce the number of times victims have to tell the details of their assault to systems personnel.

Both the law enforcement and medical protocols address the issue of sensitive treatment of victims. The law enforcement protocol addresses the language and phrasing used by responding officers, as well as how much information is requested and how judgements about the case need to be avoided until a complete investigation has been made. The medical protocol suggests that the health care provider give initial emotional support and help victims contact other support if they request it.

Most of the agency protocols have at least one mention of the types of information that their staffs are responsible for communicating. The protocol for advocacy agencies suggests that advocates inform victims of what to expect from law enforcement, the medical exam and reparations. The county attorney's victim witness coordinator is expected to inform victims of their rights related to a charged case, and generally guide them through the prosecution process. The protocol for law enforcement agencies also dictates that victims be given explanations of the process as it unfolds. The protocol for corrections addresses communications with the victim after a defendant is found guilty.

While the specific activities of mental health, public health and social service agencies are not presented in the protocol as steps in a response, it is clear that they will work with other partner agencies to provide someone who can discuss the impact the assault has had on victims' lives. Advocacy agencies are also suited to fulfil these needs.

In addition to the needs described above, the following needs were identified in both the Community needs assessment and the agency focus groups:

Victims need a support person throughout the criminal justice process.

Inter-agency communication and cooperation needs to be backed up by a written protocol.

Advocacy has clearly been identified as the best source of support throughout the criminal justice process. In addition, all other agencies that might act as points of entry into the system for the victim have protocols that recommend that they contact a victim advocate shortly after they are made aware of the incident.

Besides the inter-agency cooperation that has gone on for two years as the Sexual Assault Inter-Agency Council moves through the eight-step process, there is also a written protocol in place,

and a commitment to monitor this protocol. Most agencies have specific guidelines for suggested contact with other agencies.

Carver County's protocol is very detailed and addresses, to some degree, all of the needs addressed in the community needs assessment. The format is a 3-ring binder with chapters dedicated to mission, protocol and other topics that are relevant to victims and staff that work with victims of sexual assault. It will be a valuable resource for training, monitoring and informing staff of other agencies' roles and responsibilities.

Isanti

This site had an unexpected shift in leadership that created a loss of momentum that has been difficult to restore. Three different people have acted as the Isanti County Model Protocol site Coordinator since the project's inception. The first site coordinator was a strong leader who was well organized, but tended to get tasks accomplished without as much assistance from Sexual Assault Inter-Agency Council members as some of the other sites.

The second coordinator received very little training from the first site coordinator, and the Sexual Assault Inter-Agency Council members may not have had as much confidence in her because they were not used to carrying so much of the burden of task completion. This position did not work out and a third site coordinator was hired. While this turnover was going on, several months passed without activity, which likely reduced Sexual Assault Inter-Agency Council member commitment to the process. An impartial outside facilitator helped to jump-start the process again. However, the new site coordinator had other job responsibilities; and because she was more familiar with these responsibilities than the site coordination responsibilities, the former responsibilities tended to take precedence. This site often fails to have representation from all agencies at meetings, which begs the question of this county's commitment.

Isanti County's sexual assault response protocol is still in process. However, a version completed in August of 1999 (beyond the scope of year 2) incorporates and expands upon the work done in year 1. Needs or issues described in the community needs assessment that directly reflect upon the practices of the core agencies involved in the Isanti County Sexual Assault Inter-Agency Council are included below. These needs were identified in the data collected through public forums and the Victim Experiences Survey.

Cases should be considered for prosecution even if other victims are not cooperating.

It is important that the agency responding initially to a call helps the victim to feel comfortable and remain calm and that all agencies treat the victim with respect and sensitivity throughout the process.

Medical staff should be given more training on how to use the rape kit.

The many difficulties that victims experience during prosecution should be addressed. These include:

Taking too long

Not being given the right to remain in the courtroom at all times during hearings

Being contacted directly by the defendant's lawyer

Feeling at risk from defendants who are able to leave jail pending a trial without being electronically monitored

Not having sexual assault counselors and counselors in general called to testify about the general reactions of people who have been sexually assaulted

Law enforcement and prosecution should improve their communications with victims. The three areas in which improvement is perceived as needed are:

The clarity and validity of communication

The promptness of response to victim's questions

The frequency with which victims are contacted with progress or updates on the case or the perpetrator's whereabouts

The lack of a specific program serving victims of sexual assault should not preclude victims who want the support of advocates from having one present from the beginning.

Victim Services Programs and other community support agencies should keep victims informed of what has happened, support them during the ordeal and there should be people available to listen them about how the ordeal has impacted their lives.

Victims should not be required to tell their story so many times.

The issue of prosecution without victims' consent is very controversial among systems people. However, at times public interest takes precedence over victims' wishes. This issue is addressed by Isanti County's protocol for prosecution which states that while the prosecutor's office will take the wishes of the victim into account, the needs of the community are also a concern. Furthermore advocates are expected to encourage victims to follow through with an evidentiary

medical examination even if they do not anticipate reporting to law enforcement, although if they do not proceed with a report to law enforcement advocacy will not report the assault.

Several agencies have included statements about how victims should be treated in their protocols. Law enforcement's protocol for dispatchers specifically mentions the importance of having a courteous, victim-centered approach when dealing with callers, and to refer them to other agencies when it is deemed that they are safe. Law enforcement officers are required by the protocol to treat each report as factual, unless significant information develops that indicates otherwise. Investigators are described as conducting the investigation with a victim-centered philosophy. Advocacy uses specific language in the type of response expected of advocates in their protocol, such as being caring, nonjudgmental, supportive and respectful.

While many of the complications related to the legal process were not specifically addressed in the protocol, and may be beyond the current scope of the prosecutor's office, the prosecutor's office protocol does recommend that court proceedings be filed "promptly."

The issue of poor communication from law enforcement and prosecution has been addressed in several areas of the two agencies' protocols that overlap with the support provided to victims during the criminal justice process. The prosecution's protocol dictates that all victims whose cases are rejected for prosecution will be notified of the reasons in a letter. The attorney's office and in-house advocate will be available to discuss this decision at the victims' request. The protocol for cases that are accepted by prosecution is for an in-house advocate to provide the victim with information about the case proceedings, although the frequency of these contacts is not noted. Advocates are also expected to provide referrals to other service providers and generally support the victim throughout the criminal justice process. In addition, the protocol for mental health professionals suggests that they will be available to victims before, during and after the criminal justice process.

In terms of the timeliness of response to victim's questions, specific timelines were not discussed in Isanti County's protocol, although "prompt response" is frequently used to emphasize that time is an issue of which these professionals are aware. Finally, Isanti County's protocol for law enforcement dictates that jailers make reasonable efforts to notify victims prior to an offender's release.

Neither 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 are addressed in the protocol.

Isanti County's protocol covers most of the needs identified in its community needs assessment. The protocol is still in draft form, but if the format remains the same it will have an introduction followed by the protocols of all of the supporting agencies.

Conclusions

There are two areas that are of interest in this analysis, the process and the product. The process was the act of developing the protocols—some of which are still in draft form. The product is the protocol, or compilation of protocols that cover system-wide practices.

The lessons learned from the sites related to protocol development include the following:

  Be sure not to lay too much responsibility, or allow the site coordinator to take too much responsibility for completing tasks, particularly when this means that other Sexual Assault Inter-Agency Council members are disengaged from the process.

  Moving forward in a timely manner is difficult but important, particularly when there are financial constraints.

  Impartial, outside facilitation can be very advantageous to working with groups where internal conflicts may exist.

Three areas in which there is a need to improve the system that were mentioned by representatives from all three counties in their grant application surveys include the following:

  Better communication and cooperation between involved agencies.

  Better understanding of each agency's needs and roles in a sexual assault incident.

  Group training in sexual assault for all agency personnel.

The first two needs have been successfully addressed by all three sites in differing degrees through the process of writing protocol, and being involved in the eight-step process. Training agency personnel is the next step in the eight-step Process.

The content of the three protocol documents developed by the three sites differs widely. It is the intent of these protocols to improve participating agencies' response to sexual assault victims.

When the protocol documents are compared with each of the counties' community needs assessments, there were mixed results, which may be related to a mismatch in the level of specificity in the community needs assessment and the protocol. While all three counties identified broad philosophical needs, such as greater cultural competence, they also mentioned more concrete themes, or needs that could be addressed in their protocols. However, some of these were so specific, that they were not appropriate to be addressed in the protocol. For example, Winona and Carver Counties identified the need to inform the victim promptly about case-related changes or information; which has been addressed in their protocols. Isanti County's community needs assessment identified the need to electronically monitor defendants who are able to leave jail pending trial, yet, the agency protocols do not approach this level of specificity. This should not be taken as a criticism of Isanti County's assessment, however, it was necessary for Wilder Research Center to synthesize some of these needs into themes to which the protocol could be applied. All three sites' protocols addressed most of the needs or synthesized categories of needs identified in their community needs assessments.

The three test site's protocols differ not only in content, but also in format, portability, specificity, and a number of other characteristics. While it is not yet clear which protocol characteristics prove most useful in training and implementing a victim-centered response, it will certainly be important that the protocol provide guidelines that can be followed. All of the sites have done a good job of codifying their participant agencies' existing guidelines. However, some of these guidelines do not appear to be victim-centered. It will be important to consider how the new protocols change existing procedures. This shift will be measured when the sites implement their monitoring and evaluation plans, although it will be difficult to monitor and evaluate protocols with vague descriptions of agency activities.

Another area of concern is cultural competency. All three sites have discussed a need for greater cultural competency in their community needs assessment, grant application and/or introductory portions of their protocols. However, specific issues related to serving people of color and other underserved populations, as well as actions to address these issues were lacking in all three protocols.

Despite these criticisms of the protocols, it is important to reflect on the progress made in inter-agency cooperation. It is also important to note that these protocols are always technically

drafts, as they are part of a circular process. The participants in the process are constantly learning about and improving upon best practices for the systems response to victims of sexual assault. The two sites that have "final" versions of their protocols had the foresight to format them so that changing individual pieces of the products will be easy.

Training

The only site to hold a training was Winona. While some members of the Sexual Assault Inter-Agency Council felt that the training was premature, they went forward because they had been given some funding that needed to be used in the current fiscal year. Furthermore, it was a good opportunity to conduct the training, as the participants were personnel from one of the universities represented on the Sexual Assault Inter-Agency Council. These personnel were about to depart for the summer. The Sexual Assault Inter-Agency Council felt that the training could be a learning experience for all council participants.

The objective of the training was to inform student development staff about Winona County's university protocol. It is intended to provide these staff members with the tools to identify their own response process and to describe how the university response interfaces with the response of other agencies in Winona County. The training was also designed to provide university staff with information about resources in the community that are available to victims of sexual assault. Finally the trainers also presented one of the ways that the protocol will be monitored, and the steps that university staff will need to take to ensure that this is done consistently.

The format of the training was a panel presentation format, with representation from each of the disciplines represented on the Sexual Assault Inter-Agency Council and in turn in the protocol. Two hours were set aside for a brief description of the Sexual Assault Inter-Agency Council, followed by presentations of the individual protocols, a description of the evaluation process and a question and answer period. At the completion of the training, attendees were asked to complete an evaluation survey about the training. Seven of 12 trainees completed the evaluation form.

The evaluation results revealed that training participants generally found the workshop to be effective. Table 6 presents the results of the evaluation that covered training objectives. All of these participants reported that they now have a good understanding of Winona County's Sexual

Assault Response Protocol (SARP) and that they now have a good working knowledge of the university's interaction with other agencies in responding to sexual assault. Six of seven respondents report that they can now state and explain the resources and services available to an adult victim of sexual assault in Winona County. Six also said that they now have a good understanding of Winona County's evaluation process and their responsibility and accountability to the contact person for universities for the purpose of on-going evaluation of this SARP. The one area in which fewer people (n=4) reported having a good working knowledge was in the protocol developed by the Sexual Assault Inter-Agency Council for universities. This is partly a function of the staff being aware of a pre-existing protocol, specific to their university. These participants felt that it was more comprehensive than the Sexual Assault Inter-Agency Council's protocol for universities in general.

The first member of the Sexual Assault Inter-Agency Council to present was a representative of the university being trained. It was clear from the questions that came up during this presentation that it is impossible to plan for every possible situation with a victim. Also, there are two universities in Winona County, only one of which is affiliated with a religious denomination. The protocol developed for universities by the Sexual Assault Inter-Agency Council overlooked at least one of the unique points of entry that a victim could access at the university with a religious affiliation. Therefore, the participants agreed that it will be important to still reflect on specific aspects of their own agency's pre-existing protocol for handling sexual assault. Nevertheless, the general guidelines laid out in the Sexual Assault Inter-Agency Council's protocol for agencies, such as universities, can be applied when the private agency protocol does not cover a situation. In addition, the Sexual Assault Inter-Agency Council's protocol will be available to people who might not be the typical points of entry to the university system's network of support for victims. The protocol will give them general guidelines to follow, as well as an idea of what to expect from other systems. The training in the Sexual Assault Inter-Agency Council's general protocols for other types of agencies was also valuable to participants who are already familiar with their own protocol.

Table 6. Trainee reports of training effectiveness

	N=7		
	Yes	**No**	**Not Sure**
I now have a good understanding of Winona County's Sexual Assault Response Protocol (SARP)	7	0	0
I now have a good working knowledge of University's SARP	4	2	1
I now have a good working knowledge of University's interaction with other agencies in responding to sexual assault	7	0	0
I can now state and explain Winona County's resources and services available to an adult victim of sexual assault	6	0	1
I now have a good understanding of Winona County's evaluation process and my responsibility and accountability to University's contact person for the purpose of on-going evaluation of this SARP	6	0	1

Table 7 presents the distribution of participants' responses to questions about the content and format of the training. All seven of the participants felt that the training would help them to perform their jobs and that the faculty was well prepared. Six of seven respondents agreed that the length of the training was adequate, the training will improve their skills in assisting victims of sexual assault, the training faculty adequately explained their portion of the protocol and that the format or design of the training was effective. Six participants disagreed with the statements that the training contained some information that is not needed and that should be deleted and there were some important topics missing from the training that should have been included.

While these ratings indicate that the content and format of the training was effective, there were areas in which improvements were suggested. The issue of time came up a few times despite most participants reporting that the length of the training was adequate. Two participants mentioned that they would have liked more time spent on some of the individual presentations, one person suggested that there needed to be more time for questions at the end of the session. Wilder Research Center recommends that at least three hours be dedicated to future trainings.

One person was uncomfortable with the format of the training, in that the university protocol was presented first, which might have set a tense tone for the other presenters. It would be a good idea to take this into consideration, although a chronological perspective on the system is also

useful. If university staff who have contact with victims are typically the first responders, then it would make sense from a chronological perspective for them to present first.

Finally, one participant made the following statement "More clear statement on purpose of protocol book and its intended use." This supports the prior discussion of the lack of detail in the protocol and its implementation. It also supports the contention that the training itself should be longer and more detailed.

Table 7.   Adequacy of training content and format

	N=7		
	Agree	**Disagree**	**Not Sure**
The training contains some information that is not needed and that should be deleted	0	6	1
There were some important topics missing from the training that should have been included	1	6	0
The content of the training is helpful to me in performing my job	7	0	0
The length of the training was adequate	6	0	1
The training definitely will improve my skills in assisting a victim of sexual assault	6	1	0
The training faculty were well prepared	7	0	0
The training faculty adequately explained their portion of the protocol	6	1	0
The training design—utilizing a panel presentation—is an effective design	6	0	1

The Site Coordinator was aware of the weaknesses in this training session and cancelled a later training so that the format could be reworked. She also attended a conference on inter-disciplinary training to learn ways to address this issue.

It is important to note that this site had identified a need for education about sexual assault. While people need to be trained in the protocol, it is also important that they be trained about why the protocol is important, and what doing things in a certain way can mean to a victim.

Monitoring and evaluation

The seventh and eighth steps of the eight-step process are the implementation of monitoring and evaluation plans. While the book describing the eight-step process gives some guidance on how to develop and implement monitoring and evaluation plans, the program administrators felt that the sites would benefit from some professional consultation. To avoid any conflict of interest between the evaluators and the training, the administrators attempted to enlist the services of evaluators other than Wilder Research Center. However, the logistics of informing new evaluators about the program and time constraints related to the end of the fiscal year precluded this. Therefore, the administrators contracted with Wilder Research Center for a one day training that was attended by teams from all three of the original sites as well as representatives from the Ramsey test site, which is going through the same process with limited support from the project administrators. The latter two sites are in earlier stages of the eight-step process. They found this part of the process informative, but they are not ready to develop their monitoring and evaluation plans.

The agenda of the all-day training was developed by Wilder Research Center with consultation from the project administrators, although it was somewhat flexible to the needs of the participants. The topics covered in the training included introductory descriptions of monitoring and evaluation; a broad overview of how these tools can be used by the Test Sites; and several exercises in the types of goals these sites might have related to their missions and how they might address them. The participants were all asked to complete an evaluation form about this training. Table 8, below presents the results of this evaluation.

The mean scores fell between four and five, which is between a good and very good rating. The areas that got the highest ratings were the trainer's ability to communicate evaluation concepts and the practical usefulness of the training to participants' agencies or organizations. It is essential that the participants felt that the concepts were useful to their agencies, as some evaluation activities will have to be developed, implemented and monitored at the individual agency level.

The area that received the lowest ratings was the breakout sessions. One of the raters made the following comment on the evaluation form, "We only did two, maybe it's just my county, but most of these issues have already been discussed." This sentiment was voiced by a couple of

other persons during breaks. There was some concern that the sites might not be as prepared to change and have an adequate view of the big picture in their community. However, the session was described to the sites as a training in monitoring and evaluation; therefore, it will be important to keep that in mind when promoting participation in future sessions as many of the participants, particularly representatives from law enforcement agencies, departed before the second half of the training.

The participants were asked if they would recommend the training to others. Four participants said that they probably would and six said that they would definitely recommend it. The other two options were probably and definitely not recommend. One of the participants wrote in "maybe" with the caveat that it would depend on how far the team had gotten prior to the option of training.

Table 8.   Satisfaction with monitoring and evaluation training

	Mean	Terrible	Poor	OK	Good	Very Good	Outstanding
Increasing understanding of outcome-based evaluations	4.36	-	-	1	5	5	-
Practical usefulness to your agency/organization	4.64	-	-	-	5	5	1
Relevancy of topics covered in training	4.46	-	-	1	4	6	-
Helpfulness of hand-outs/written materials	4.60	-	-	1	1	2	1
Helpfulness of breakout sessions	3.40	-	-	6	4	-	-
Trainer's ability to communicate evaluation concepts	5.00	-	-	1	1	6	3
Overall quality of training workshop	4.46	-	-	2	3	5	1

Participants also had with space to comment on the ratings they gave, and the evaluation asked general questions about what was most helpful, what could be improved and what types of training and consultation would be most useful. Only 5 of the 10 people responded to the open-ended questions. Most of their responses have been included below:

Positive Aspects of Workshop

➢ *Trainer's skill. Full group discussions*

➢ *The reminder that "don't evaluate your program until you are proud."*

➢ *Identification of the parts of evaluation.*

How to Improve

➢ *I feel that much of the information could be covered in a shorter amount of time.*

➢ *Better billing—more team members should have been there.*

➢ *Cut down on time spent identifying goals/outcomes. More time should have been spent on how to measure outcomes and process and less time on identifying goals.*

Follow-Up Services Identified

➢ *Once our protocol is written consultation would be welcome. Also, maybe the first part of the day for team before protocol is written.*

➢ *Help when we get to this point—maybe a site training or consultation.*

➢ *More site-specific training*

Each of the original test sites participated in a half-day follow-up training in their county within a month of the monitoring and evaluation workshop. Participants from each site were asked to complete a homework assignment that had them identify the specific goals that their agencies have that are written into their protocol and how they felt that these goals could be monitored. Participants were also asked to identify a few overall outcome goals that the team might be able to evaluate. The half-day training focused on refining these goals as they relate to specific changes that agencies expect to see as a result of the protocol. They were then asked to prioritize the items they selected for each agency and brainstorm the best possible way to monitor these goals, including who would be responsible for collecting and compiling the data. Finally, depending on how far they got towards accomplishing these tasks, they were asked to think about a timeline for getting the work done.

The three sites were at very different stages in the process. One had already written protocol, held one training and begun to develop some monitoring forms. This site was able to agree on a timeline and get some feedback on how to compile their evaluation forms. The other two sites made a great deal of headway in identifying monitoring and evaluation goals, but still needed to complete their protocols. They found that the monitoring and evaluation exercise was useful in

helping them understand the challenges they face in ensuring compliance with the protocol. This was a concern because some of the Sexual Assault Inter-Agency Council participants were described as being wary of change. The training participants were asked to think about what the less committed partners thought they were doing particularly well, and monitor that. For example the referral of victims to victim advocates.

Key informant interviews

Key informant interviews were conducted with all of the Sexual Assault Inter-Agency Council site coordinators, Sexual Assault Inter-Agency Council chairs and the project administrators to get an overview of their perceptions of how the eight-step process went in the second year of implementation. Some positive themes arose from these interviews that were confirmed in Wilder Research Center staff's observations. They fall into three areas of inter-agency relations: communication, trust and cooperation between agency personnel, and commitment to the Sexual Assault Inter-Agency Council. While it is suggested in the eight-step process that Sexual Assault Inter-Agency Council members accomplish specific tasks to help them better understand and serve victims of sexual assault, one of the benefits of having a diversity of core and peripheral agencies involved in this process is the improvement in inter-agency relations. It is clear from the data that the members of the Sexual Assault Inter-Agency Council have an improved understanding and respect for their system's colleagues. However, the challenge has been and continues to be getting the entire agency on board, from the agency directors to the direct service staff. Several of their comments arranged by topic category have been presented below:

Trust

➢ *The "hatchets" to be "buried" are largely buried. We now have parts of the services being shared by agencies and departments cooperatively.*

➢ *Creating trust among Sexual Assault Inter-Agency Council members is the most important element that there is. Trust, open communication and honesty.*

Commitment

➢ *Almost everybody we asked to become involved did become involved and stayed involved. A couple of people floated in and out. But the lion's share stayed committed and involved and worked together to produce the protocols.*

➢ *Overall, I am really pleased. For the most part people are still really committed to it after two years.*

> ➢ *If the goal is to have a working document that people actually use, their involvement was invaluable—if you want people to use a document it is important to have their participation and commitment throughout the process, and all were involved.*

Communication

> ➢ *Significantly increased communication, and it has increased our understanding of the different functions and responsibilities of team member agencies.*

> ➢ *Probably the most important thing is to focus more on the victim-centered approach and make sure all in the Sexual Assault Inter-Agency Council understand what it is and how we can achieve that. And two to build better connection and communication between agencies so we can have a more unified resource to victims.*

Cooperation

> ➢ *I think it has been great. We have had great cooperation. It has become increasingly functional as a team. Confidence and comfort increases as we work together.*

> ➢ *I think the lesson is that you first must recognize the problems, put aside agendas and biases, and recognize the time which is necessary to commit to the process.*

Survey participants also discussed challenges that their Sexual Assault Inter-Agency Council has faced in the last year. The issues that they brought up included a lack of resources—particularly time, and problems with inter-agency relationships—typically one person or agency that fails to rise to the same level of commitment to the process as others. Several of their responses have been included below arranged by topic category.

Resources

> ➢ *It is very time consuming. There is a lot of detail. People on the team are very busy in their regular assignments. It is overwhelming sometimes.*

> ➢ *I think that just getting to the stage where the protocol is actually written down took a lot of time. Because of that, we didn't finish all of the steps—especially the training piece. That was more of a problem, probably, than a barrier.*

> ➢ *Lack of resources—we never had money.*

Lack of Commitment

> ➢ *Victim Services—they have been resistant toward change. They don't seem to trust the Sexual Assault Inter-Agency Council. They seem threatened by it. It was really hard for them to follow through with tasks.*

> ➢ *Prosecution. People who got bogged down in their own stuff. That they are limited in their thinking by the traditional definition of their job. They say we can't think of it any other way, because this is how it has always been, or this is what the law says.*

> *We have had some delay with the medical.*

> *Law enforcement—they haven't been as receptive to having a victim-centered approach.*

> *From human services—they have been less receptive to changing protocols, which sometimes made it difficult.*

Participants were asked about the helpfulness of the project administrators and the advisory board. The project administrators were also asked about the helpfulness of the advisory board. Based on observations of the past two years progress and the comments of the Sexual Assault Inter-Agency Council leadership, it is apparent that the project administrators have been very active in providing support, guidance and backbone to the site coordinators, which has clearly made their jobs easier. Three comments that capture the general consensus of the key informants are included below:

> *This (project administrators) have been wonderful. They are honest, open, have clarified a lot of things, supportive.*

> *They have provided financial guidance and support. They have kept us aware of the work of other Sexual Assault Inter-Agency Councils, so we haven't had to reinvent the wheel. They have regularly attended some of our local meetings, which has provided moral support as well as leadership and guidance.*

> *They have always been available, by phone and physically, to field and respond to questions, to attend meetings here—they have been very helpful people. Again, they were very available and helpful during the transition of coordinators.*

The key informants were not as positive about the advisory board. Two participants reported that the board provides the same type of assistance as the project administrators, however the others did not feel that the board was terribly helpful at the local level. It should be noted that the purpose of the advisory board was not to involve themselves in local activities. The board's purpose is to help define the broader purpose and vision of the project and to provide technical assistance as needed related to the progress of the process, the evaluation of the process and the production and release of public documents related to the process. The project administrators felt that the advisory board was invaluable in helping them accomplish these tasks. Several comments about the advisory board from both the Sexual Assault Inter-Agency Council key informants and the project administrators are included below.

Project administrators

➢ *Generally it has been helpful to me to have a group of people who bring information home. Also people not connected to the sites give us a reality check and are motivating. They are going to take a greater role in talking to the state leadership in their disciplines….*

➢ *When I look at the big picture, the advisory board was the first fight. It is multi-disciplinary and it gave them a base to start from. They established a vision. They have been the support we needed. They give us feedback that we need. They attended the training. They got involved in the review of the urban site grant. They've been helpful in so many ways.*

Sexual assault inter-agency council key informants

➢ *I haven't had much contact with them. They have given good comments on protocols. Perhaps their input may be hidden, in that they may be passing things along through the administrators, so I don't realize it comes partly from them. But I just don't really see them at all.*

➢ *They have still remained "exclusive feeling" from the [County] site. They never attended any Sexual Assault Inter-Agency Council meetings, never communicated with the Sexual Assault Inter-Agency Council regarding the process. The only time I saw any of them was at their advisory board meetings. When I attended their meetings, they were very interested in receiving updates, interested in what we were doing, but that was it, never interacted with the sites.*

➢ *[They are] available to answer questions when needed.*

Another aspect of the process that is important to the funders and the project administrators is the system's response to communities of color. While the demographic composition of Minnesota is not particularly diverse, and the three counties involved in the second year of the test site project are over 95 percent white (data based on MN State Demographer's 1996 estimates.), there are growing communities of color. These communities are largely composed of Native Americans, Hispanics, and recent immigrants from East Africa and Southeast Asia. Unfortunately these communities tend to be underserved, possibly because of cultural barriers, but also due to accessibility issues. Language barriers and issues surrounding the use of interpreters can make facing the legal system seem unbearable. Key informants and project administrators were asked if they believe that the sites have adequately addressed the issue of their system's response to a culturally diverse population. Both types of respondents report that while they have made some efforts to address this issue, they have not gone far enough. Several of their comments are included below:

Sexual assault inter-agency council key informants

➢ *We have tried to have people from specific ethnic groups—Latino—join, but they never attended any meetings. We are planning to find new avenues to connect with that population. We want to do a survey in Spanish with as many people as we can. We want to hold a forum with that particular group in [site] County.*

➢ *We have talked about it, but haven't tackled it in depth. We have a small population of people of color in [site] County and they are in the areas where we have less enthusiasm and participation for the project. We will take this up more in our third year.*

➢ *Though we do have systems in place, there is not that much opportunity, because the minority population in the county is so small.*

Project administrators

➢ *I think [site] doesn't have many people of color, but they still located a group of women of color to critique their protocol and then addressed their input at the council meeting.*

➢ *More needs to be done. The process isn't over. The three original sites don't have huge diversity in their populations or organizations….I think the results have been somewhere between nothing and adequate. I hope it will continue to improve. [Site] attempted to address cultural diversity by sponsoring a kind of focus group on the subject. Unfortunately their turnout wasn't what we expected and the group has become another advocacy group instead of a group to deal with cultural issues.*

Conclusions and next steps

The tri-county test sites have made a great deal of progress in the second year of implementation of the eight-step process. They have all produced written protocols that cover all four core agencies and some additional agencies. Many of them have weathered political challenges and staff turnover and remained in tact with moderate to high levels of commitment from participating agencies. The three test sites that began their process after these have learned a great deal from their experiences which has helped them in their implementation of the eight-step process, and plans for the future.

Despite the positive work that these sites have accomplished in Year 2, there are also some areas of concern. The first is the issue of cultural competency, which needs to be considered by each of the Sexual Assault Inter-Agency Councils and the populations who would benefit from greater cultural competence. There is also a need to shore up the commitment of all of the participating agencies to attend meetings, engage in the process, and prepare to implement and monitor the protocol.

Finally each site should consider the extent to which their set of protocols developed by the Sexual Assault Inter-Agency Council reflects real, measurable change in the way things are done. Results from the training and examinations of the protocol drafts revealed that there may be some conflict between individual agencies' pre-existing protocols and the Sexual Assault Inter-Agency Council's protocol for that type of agency. One way of avoiding that conflict is to make the Sexual Assault Inter-Agency Councils protocol vague, which does not result in a shift in the way that service is provided. Yet, the eight-step process is circular, calling for continuous improvement to each agencies' response as evaluation results show the effectiveness of their efforts.

The next steps that these test sites will be taking on are renewing inter-agency agreements, implementing the protocol, which includes training agency staff in the new protocol, monitoring the implementation of the protocol and evaluating its effectiveness.

References

Boles, Anita and Patterson, J. Improving Community Response to Crime Victims: an Eight-
   Step Model for Developing Protocol. Sage, California: 1997.

Appendix A: Instruments used in year 2 evaluation

Model Sexual Assault Protocol Development Project
Survey Questions for Agency Personnel

1. What is the name of the agency you work for? _____

2. How long have you worked for this agency? _____

3. In your job, how many cases of sexual assault have you been personally worked on in the past two years that involved a victim who was 14 years old or more?

    0   1-2   3-5   6-10   11-20   more than 20

4. What do you know or have you heard about the decision to develop an Inter-Agency Protocol for responding to victims of sexual assault in your county?

    _____

    _____

    _____

5. Have you had any input (either formal or informal) into this process?   1. Yes   2. No

    5.1 If yes: What kind of input? _____

    _____

    _____

6. Please list all of the agencies you believe to be on the Sexual Assault Inter-agency Council (SAIC) in your county?

    _____

    _____

    _____

7. How flexible do you think your agency would be to changing existing policies or procedures relating to sexual assault?

    1. Very flexible,   2. Somewhat flexible   3. Somewhat inflexible   4. Very inflexible

8. How well do you believe the system meets the needs of victims of sexual assault in your county?

    1. Meets all needs   2. Meets most needs   3. Meets some needs   4. Meets few needs

9. How likely is it that your agency encourages a victim of sexual assault to have input into the decision-making process about their case as it goes through your part of the system?

    1. Very likely   2. Somewhat likely   3. Somewhat unlikely   4. Very unlikely

10. How likely do you believe it is that professionals from the fields of law enforcement, prosecution, medicine and advocacy would agree to and implement changes in the way their agencies respond to incidences of sexual assault?

    1. Very likely   2. Somewhat likely   3. Somewhat unlikely   4. Very unlikely

11. Do you think your agency is well-equipped to help sexual assault victims with the following characteristics? Why or why not?

	Yes	No	Why or why not?
Non-English speakers	1	2	
Cultural differences	1	2	
Deaf/blind	1	2	
Physical disabilities	1	2	
Mental disabilities	1	2	

12. What additional resources would help you improve your agency's response to sexual assault?

_____

_____

_____

13. Consider a situation in which all of the agencies below are handling the same incidence of sexual assault that you are handling? How likely would you be to have ongoing communication about the case with professionals from:

	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
Medical	4	3	2	1
Law Enforcement	4	3	2	1
Prosecution	4	3	2	1
Advocacy	4	3	2	1

14. One of the goals of this process is to make the system more "victim-centered" as opposed to being "case-centered." What do these terms mean to you?

Victim-centered: _____

_____

Case-Centered: _____

_____

15. What advantages do you see in moving from a "case-centered" approach to a "victim-centered" approach?

_____

_____

_____

16. What barriers do you see in moving from a "case-centered" approach to a "victim-centered" approach?

_____

_____

_____

Demographics (Please fill in your personal information below):

Date of Birth: _____/_____/_____

Gender: Male, Female

Race: 1=white/caucasian   2=African American   3=Hispanic

             4=American Indian   5=Asian/Pacific Island   6=Other (Specify_____)

For tracking purposes <u>only</u> we request that you print your name below. This study will be conducted again, and to make the study sound we need to be able to be sure that the surveys we analyze are from the same group of people both times the study is conducted. Your name will only be seen by Wilder Research Center (WRC) staff. Your responses will not be attached to your name in any way, or revealed to any person outside of WRC. If you are not comfortable including your name, you could alternatively include the last 4 digits of your social security number.

Name:_____   OR   Last 4 digits of SSN_____

Tri-County Model Protocol Development Project
Key Informant Interview with SAIC Leaders

County	Name (Circle 1)	Telephone #	Site Coordinator	SAIC Chair	Head of Sponsoring Agency
Carver	Shawna Egan	(612) 448-5425	X		
	Paul Schnell	(612) 361-1251		X	
	Barbara Novy	(612) 871-5100 ext 16			X
Isanti	Randy Yankowiak	(612) 689-8346	X		
	Jeff Edblad	(612) 689-2253		X	X
Winona	Polly Maki	(507) 457-6595	X		
	Chuck McLean	(507) 457-6310		X	X

Hello, my name is _____ from Wilder Research Center, I am calling about the survey to be conducted with Site coordinators, Sexual Assault Inter-Agency Council (SAIC) chairs and heads of sponsoring agencies. Have you heard about this survey?

IF NOT:
We were asked to collect some information form the leadership at each of the Tri-County Test Sites. This information is related to the process that the SAIC has gone through thus far, in terms of participants relationships, diversity and lessons learned.

ALL PARTICIPANTS:
All of your responses will be completely confidential. Do you have a few moments to be interviewed right now?

IF NOT SCHEDULE ANOTHER TIME.

REFUSED (Try to find reason for refusal_____)

1.   Why did you become involved in this process? (i.e., personal interest and experience in the field, designated as part
      of my job, looking for a job—and this came up, etc.)

      _____

      _____

      _____

      _____

      _____

      _____

2. How comfortable have you been so far with the composition and commitment of the team in terms of representation from the four core agency types?

_____

_____

_____

_____

_____

_____

3A. Have you had participation from agencies other than the four core agencies on your SAIC?

Yes .... (3B. Which ones? _____ 1

_____

_____

_____

_____

_____

_____

No 2

3C. How valuable has the participation of these other agencies been?

_____

_____

_____

_____

_____

_____

4A. I would like you to think about the individual SAIC team members, past and present. Are there people who have been particularly helpful?

Yes .. (4B. From which discipline(s) did they come and how were they helpful.. 1

_____

_____

_____

_____

_____

_____

No 2

4C. Have there been people who made the SAIC's work more difficult?

Yes .. (4D. From which discipline(s) did they come and how were they helpful.. 1

_____

_____

_____

_____

_____

_____

No 2

5A. Have the Program Administrators been helpful to you?

Yes .... (5B. How? _____ 1

_____

_____

_____

_____

_____

_____

No .... (5C. Why not? _____ 2

_____

_____

_____

_____

_____

_____

6A. Has the Project's Advisory Board been helpful to you?

Yes .... (6B. How? _____ 1

_____

_____

_____

_____

_____

_____

No .... (6C. Why not? _____ 2

_____

_____

_____

_____

_____

_____

7A. What are the biggest barriers you have faced in the second year of this process?

_____

_____

_____

_____

_____

_____

7B. How have you dealt with these barriers?

_____

_____

_____

_____

_____

_____

8A. Have you adequately addressed the issue of the system's response to a culturally diverse population in your county?

Yes 1

No .... (8B. Why not and what more do you plan to do? _____ 2

_____

_____

_____

_____

_____

_____

9. What are the most positive changes to the system or individual agencies that you feel are related to the work of the SAIC during the past year?

_____

_____

_____

_____

_____

_____

10. What lessons did you learn in the past year that you feel would be important to pass on to other sites that become involved in this process?

_____

_____

_____

_____

_____

_____